NHS Devon

NHS Devon Integrated Care Board (ICB) Meeting

The Board Room, Aperture House, Pynes Hill, Exeter, EX2 5AZ

30 May 2024

09:30 – 13:00

One Devon

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

Agenda for meeting in public

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

1.		Introductory Items	Lead	Action	Time
1.1	ICB24-001	Welcome, introduction and apologies for absence	Sarah Wollaston, Chair	Discussion	09:30
1.2	ICB24-002	Declarations of interest	Sarah Wollaston, Chair	Noting	
1.3	ICB24-003	Minutes of the meeting held on 26 March 2024	Sarah Wollaston, Chair	Approval	
2.		**Leadership Reports**	**Lead**	**Action**	**Time**
2.1	ICB24-004	Chair's Report	Sarah Wollaston, Chair	Noting	09:35
2.2	ICB24-005	Chief Executive's Report	Steve Moore, Chief Executive	Noting	09:45
3.		**National Oversight Framework Segment 4**	**Lead**	**Action**	**Time**
3.1	ICB24-006	Progress Towards NOF4 Exit	Bill Shields, Chief Finance Officer Anthony Fitzgerald, Chief Delivery Officer	Assurance	09:55
4.		**For Approval and Endorsement**	**Lead**	**Action**	**Time**
4.1	ICB24-007	Delivering the Joint Forward Plan: i. 2024-25 Annual Plan ii. System Oversight and Co-Ordination	Steve Moore, Chief Executive	Approval	10:10
4.2	ICB24-008	Organisational Development Plan	Piers Tetley, Interim Chief People Officer	Approval	10.25
BREAK					
5.		**For Assurance – fulfilling our statutory and regulatory duties in respect of Children and Young People**	**Lead**	**Action**	**Time**
5.1	ICB24-009	Citizen's Story	Penny Smith, Interim Chief Nursing Officer	Discussion	10.55
5.2	ICB24-010	Structure and Processes Supporting Children and Young People's Services	Penny Smith, Interim Chief Nursing Officer	Assurance	11.15

5.3	ICB24-011	JTAI Written Statement of Action	Penny Smith, Interim Chief Nursing Officer	Assurance	11.35
6.		**Governance, Performance and Assurance Reports**	**Lead**	**Action**	**Time**
6.1	ICB24-012	Integrated Quality, Performance and Finance Report	Anthony Fitzgerald, Chief Delivery Officer	Assurance	11.50
6.2	ICB24-013	Board Assurance Framework	Philippa Harding, Company Secretary and Interim Communications and Corporate Affairs Officer	Approval	12.05
7.		**Working with Partners**	**Lead**	**Action**	**Time**
7.1	ICB24-014	Cornwall and Isles of Scilly ICB Update	Kate Shields, Chief Executive Officer Cornwall and Isles of Scilly ICB	Information	12:15
7.2	ICB24-015	One Devon Integrated Care Partnership Update	James McInnes, Chair, One Devon Integrated Care Partnership	Information	12:20
8.		**Committee Chair Reports**	**Lead**	**Action**	**Time**
8.1	ICB24-016	Finance and Performance Committee – 11 April and 9 May 2024	Kevin Orford, Independent Non-Executive Member	Assurance	12:25
8.2	ICB24-017	Quality and Patient Experience Committee – 11 April and 9 May 2024	Thandiwe Hara, Independent Non-Executive Member	Assurance	12:30
8.3	ICB24-018	Primary Care Commissioning Transition Committee – 18 April 2024	Judy Hargadon, Independent Non-Executive Member	Assurance	12:35
8.4	ICB24-019	Audit and Risk Committee – 22 April 2024	Graham Clarke, Independent Non-Executive Member	Assurance	12:40
9.		**For information only:** **Key sections included within Item 6.1 – Integrated Quality Performance and Finance Report**	**Lead**	**Action**	**Time**
9.1	ICB24-020	Finance Reports i. NHS Devon Month 12 Report ii. ICS Month 12 Report	Bill Shields, Chief Finance Officer	Noting	
9.2	ICB24-021	Quality Report	Penny Smith, Interim Chief Nursing Officer	Noting	
10.		**Closing Items**	**Lead**	**Action**	**Time**
10.1	ICB24-022	Action Register	Sarah Wollaston, Chair	Approval	12:50

10.2	ICB24-023	Questions from Members of the Public	Sarah Wollaston, Chair	Discussion	
10.3	ICB24-024	Any Other Business	Sarah Wollaston, Chair	Discussion	
		Close			**13:00**

NHS Devon Board Declaration of Interest Report - 30 May 2024

Employee	Role	Interest Description	Active/Date Ended	Interest Category	Mitigating Actions
Sarah Wollaston	ICB Independent Chair	I am a trustee of Landworks, a Dartington based charity that works with ex-offenders and people at risk of going to prison to support them into employment and reduce the risk of reoffending	Active	Non-Financial Professional	To declare a relevant interest when any discussions may relate to this organisation
		Relative is a registrar in Obstetrics and Gynaecology on the South West training scheme currently based at RDUH	Active	Non-Financial Personal	To declare a relevant interest and if appropriate withdraw from decision making that may directly affect their employment
		Relative is a registrar in Anaesthetics on the South West training scheme and currently based at Bristol	Active	Non-Financial Personal	To declare a relevant interest and if appropriate withdraw from decision making that may directly affect their employment
		Relative is a GP research registrar based in Devon	Active	Non-Financial Personal	To declare a relevant interest and if appropriate withdraw from decision making that may directly affect their employment
		Husband is a consultant forensic psychiatrist employed by Devon Partnership Trust	Active	Non-Financial Personal	To declare a relevant interest and if appropriate withdraw from decision making that may directly affect their employment
Nigel Acheson	ICB Chief Medical Officer	Director of H Smith Safety Associates	Active	Financial	Manage the conflict in line with the standard of business conduct policy
		Patron of the FORCE cancer charity in Exeter	Active	Financial	Manage the conflict in line with the standard of business conduct policy
		Director on the board of the South West Academic Health Science Network	Active	Financial	Manage the conflict in line with the standard of business conduct policy
		Wife works as an associate with the South West Academic Health Science Network	Active	Financial	Manage the conflict in line with the standard of business conduct policy
		Wife works as a Director for H Smith Safety Associates	Active	Financial	Manage the conflict in line with the standard of business conduct policy
		Wife works as a Consultant forensic psychiatrist for DPT	Active	Financial	Manage the conflict in line with the standard of business conduct policy
		Relative consultant Dermatologist at the Royal Devon University Hospital	Active	Financial	Manage the conflict in line with the standard of business conduct policy
		In-law is a GP partner in the Woodbury Practice	Active	Financial	Manage the conflict in line with the standard of business conduct policy
Sheena Asthana	Non-Executive Member	Director, Plymouth Institute of Health & Care Research (PIHR). It is likely that members of my institute will undertake funded research for NHS Devon partners	Active	Financial	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote
		Member of the Advisory Committee on Resource Allocation (ACRA) which independently advises on NHS funding formulae	Active	Financial	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote

NHS Devon Board Declaration of Interest Report - 30 May 2024

Employee	Role	Interest Description	Active/Date Ended	Interest Category	Mitigating Actions
		Member of the project board of the proposed West End Health and Being Centre in Plymouth	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
		Director, Plymouth Centre for Health Technology. It is likely that members of my institute will undertake funded research for NHS Devon	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
		Co-Director, Plymouth Centre for Coastal Communities. It is likely that members of this centre will undertake funded research for NHS Devon	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
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	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
		Trustee and Treasurer of the Cornwall Community Foundation	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.
		Spouse is CEO of Cornwall Partnership Foundation Trust	Active	Indirect	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
		Spouse is a Board Member of Cornwall & Isles of Scilly ICB	Active	Indirect	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
		Member, Institute of Cancer Research. It is a both a charity and a college within London University with Membership (c 50 in total).	Active	Non-Financial Professional	To be managed in line with the Standards of Business Conduct Policy.

NHS Devon Board Declaration of Interest Report - 30 May 2024

Employee	Role	Interest Description	Active/Date Ended	Interest Category	Mitigating Actions
Liz Davenport	Partner Member, NHS Devon Board	Chief Executive Officer, Torbay and South Devon NHS Foundation Trust	Active	Financial	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
Anthony Fitzgerald	ICB Chief Delivery Officer	Nil Declaration	Active	N/A	N/A
Thandiwe Hara	Non-Executive Member	Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality.	Active	Financial	There should be no conflict of interest in current circumstances, but this may arise if, they became a provider during the course of time. I will declare my interest at any meeting that may result in them being considered for service provision and leave
		Member on the NIHR SW Clinical Research Network Board.	Active	Financial	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
Philippa Harding	Company Secretary	Founding Director of Harding Advisory Ltd, a professional services company providing corporate governance expertise.			The company is currently dormant. Should any conflicts relating to NHS Devon be identified they will be managed as they arise in line with the NHS Devon Standards of Business Conduct Policy
Judith Hargadon	Non Executive Member	Nil Declaration	Active	N/A	N/A
Ruth Harrell	Director of Public Health	Nil Declaration	Active	N/A	N/A
Kate Kerley	System Development Lead – Integrated System Development Programme	Brother in law is a GP partner at Townsend House Medical Centre - Seaton	Active	Indirect	I have not been involved with the procurement process or the evaluation process. Confidentiality and non-disclosure will be a priority at all times. I will maintain confidentiality about work issues
Donna Manson	Partner Member - NHS Devon Board	CEO Of Devon County Council	Active	Financial	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
James McInnes	Chair of One Devon Partnership Board (ICP)	Manage Europe, Chief Executive – Governance and Leadership consultancy	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.
		The Safeguarding Community, Managing Partner – safeguarding governance and practice consultancy	Active	Financial	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.

NHS Devon Board Declaration of Interest Report - 30 May 2024

Employee	Role	Interest Description	Active/Date Ended	Interest Category	Mitigating Actions
		Schumacher Institute, Fellow – multiple interest in infrastructure resilience consultancy	Active	Non-Financial Professional	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
Steve Moore	Chief Executive Officer	Nil Declaration	Active	N/A	N/A
Francis O'Kelly	Partner Member NHS Devon Board	GP Partner at Amicus Health	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Blundell's School Lead Doctor	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Member of the National Armed Forces Reference Group	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		CQC Manager for Amicus Health	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Attends Tiverton High School Welfare Meeting fortnightly	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Contributor to FASD Forum	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		5 adopted children, 2 with recognised learning difficulties both recieving PIP and with residential or supported living in	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Wife is a book-keeper for STEER Eduction	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Wife registered Carer for Adopted Child with Learning Difficulties	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		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.
Kevin Orford	Non-Executive Member	Nil Declaration	Active	N/A	N/A
Kate Shields	Chief Executive Officer, Cornwall and Isles of Scilly ICB	Nil Declaration	Active	N/A	N/A
William Shields	ICB Chief Finance Officer	Director of Shields Health Advisory Limited (Dormant)	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Member HMFA Digital Council	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Deputy Chair, HMFA ICB CFO Forum	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Co Chair, NHSE Integrated Finance Board	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Writes a blog for HMFA	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Occasional presentations for HMFA, EY, KPMG, Channel 3 Consulting and Deloitte	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance

NHS Devon Board Declaration of Interest Report - 30 May 2024

Employee	Role	Interest Description	Active/Date Ended	Interest Category	Mitigating Actions
		Anthony Fitzgerald (Chief Delivery Officer) and I have a longstanding friendship which could result in a perceived conflict of interest if I am called upon to make performance management decisions as Anthony's line manager whilst I am acting as Interim Chief Executive Officer.	Active	Indirect	Any decisions relating to appointments following organisational change process, appraisals through the performance management process or promotions to involve appropriate third party(s) for example similarity assessments associated with organisational change to include independent non-executive members, performance management decisions to include NHS England system improvement director.
Penny Smith	Interim Chief Nursing Officer	Nil Declaration	Active	N/A	N/A
Piers Tetley	Associate Director of HR & Organisational Development	Nil Declaration	Active	N/A	N/A
Sam Wadham Sharpe	Director of Performance and	Nil Declaration	Active	N/A	N/A
Allison Williams	Contractor (part of SOF4 Mandated support via NHSE Intensive Support Team)	Nil Declaration	Active	N/A	N/A

NHS Devon

DRAFT Minutes of a meeting of NHS Devon Integrated Care Board held in public at the Boardroom, Aperture House, Pynes Hill, Exeter, EX2 5AZ and via Microsoft Teams on Tuesday 26 March 2024 between 09.00am and 12.00 noon	
Name	*Title and organisation*
Board Members:	
Dr Sarah Wollaston	Chair, NHS Devon
Dr Nigel Acheson	Chief Medical Officer, NHS Devon
Professor Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Liz Davenport	Partner Member for NHS Trusts and Foundation Trusts, Chief Executive, Torbay & South Devon NHS Foundation Trust
Dr Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon
Dr Ruth Harrell	Partner Member for Local Authorities, Director of Public Health, Plymouth City Council
Dr Frank O'Kelly	Partner Member for Primary Care, GP Partner, Amicus Health
Steve Moore	Chief Executive, NHS Devon
Kevin Orford	Non-Executive Member, Finance and Remuneration, NHS Devon
Bill Shields	Chief Finance Officer, NHS Devon
Penny Smith	Interim Chief Nursing Officer, NHS Devon
Also in attendance:	
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Philippa Harding	Company Secretary, NHS Devon
Jodie Howland	Senior Governance Officer, NHS Devon
Cllr James McInnes	Chair, Devon Integrated Care Partnership
Anthony Martin	NHS England, South West
Andrew Millward	Chief Communications and Corporate Affairs Officer, NHS Devon
Gill Munday	Head of Primary Care, NHS Devon
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
Piers Tetley	Interim Chief People Officer, NHS Devon
Jenny Turner	Programme Director, NHS Devon
Allison Williams	System Recovery Director, NHS England
Apologies for absence	
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council

Item	Discussion
1	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting, in particular, Chris Balch Non-Executive Director at Torbay & South Devon NHS Foundation Trust, who would be taking on the role of Chair as of 1 May 2024; to Anthony Martin from NHS England who was attending in place of Martin Wilkinson; and John Trevains the newly appointed Deputy Chief Nursing Officer for NHS Devon who would be observing as part of his induction to the role. The Chair also welcomed Cllr Jan Goffey from Okehampton Hamlet Parish Council. The meeting was deemed quorate.
2	**Declarations of Interest** Liz Davenport (LD), Partner Member for NHS Trusts, notified the meeting of her interest in agenda item 10 – Torbay Section 75 Agreement due to her role as Chief Executive Officer of Torbay & South Devon NHS Foundation Trust. Board members considered that it was appropriate for her to contribute to the discussion of this item. The Board **noted** the Register of Interests.
3	**Minutes of Previous Meeting** The minutes of the meeting in public held on 7 February 2024 were **approved** as a correct record.
4	**Citizen Story** Andrew Millward, Chief Officer Communications and Corporate Affairs introduced a short film featuring two patients talking about their experience of digital access in primary care one of whom was very positive about using the online consultation software in her GP practice and the other who found it very difficult to use digital GP services. The Chair extended her thanks to Arthur Govier and Jackie Mellor. The Board **noted** the presentation.
5	**Chair's Report** The Chair introduced her report which provided an update on leadership issues, visits made and Board training recently undertaken. The Chair extended her thanks to all colleagues across the One Devon Integrated Care System for their work during a time of extreme pressure. The Board **noted** the Chair's Report.
6	**Chief Executive's Report** The Chief Executive introduced his report which included updates in respect of the Staff Survey, organisational change and industrial action. The following points were highlighted: • The challenges being experienced by NHS Devon staff in light of the organisational change process. • The significant work being undertaken at pace across the One Devon Integrated Care System in respect of the 2024-25 Operational Plan and underpinning delivery plans. The Board **noted** the Chief Executive's Report.

7	**NHS Oversight Framework (NOF) – Progress Towards NOF4 Exit** The Chief Finance Officer and Deputy Chief Executive Officer, Bill Shields (BS), together with the Chief Delivery Officer, Anthony Fitzgerald (AF), introduced a report which set out NHS Devon's oversight and assurance mechanisms for exiting NHS Oversight Framework Segment 4 (NOF4). The report detailed the assurance reporting on progress against exiting NOF4 against the 5 key domains of leadership, clinical strategy, Urgent and Emergency Care (UEC), Elective Care and Finance and covered the key performance data for January 2024 for UEC and December 2023 for elective care. The following points were highlighted: • The Capital Plan element had been downgraded in light of the capital within the system being constrained, which would have an impact on some strategic plans such as the new hospital programme, estates and the digital programme; however, each of the providers in the system would be receiving significant capital for the development of individual hospital sites. As the work required to see how this would align to the NOF4 exit criteria had not been undertaken as yet, the RAG rating had been changed. The significant risk in respect of capital was one for the whole of the NHS, not just the Devon system. Even though work out in the community would be the focus going forward, no capital spend for the community had been identified. • The negative impact of industrial action upon the ability of the system to meet its performance targets. It was suggested that this had not impacted the Devon system more than it had impacted other systems. This was due in part due to the Devon delivery models and the flow between individual providers as part of elective pathways. The One Devon Pilot had smoothed some of these issues and so there may be a lesser impact going forward. • The position with regard to 104 week waits needed focus going forward, as this was significantly detracting from improvements in other areas of performance. It was important that the impact of waits on care quality were clearly understood, subject to an end-of-year review. • Whilst good progress was being made in respect of efficiency savings for adult social care, recent evidence had suggested that systems serving older, often peripheral populations appeared to be experiencing challenges in delivering care and there being considerable waiting times for assessment. Cornwall and Somerset had been highlighted in that evidence and it was also an issue for Devon in terms of delayed discharges and the no criteria to reside (NCTR) position. At the present time NCTR was 20% at Royal Cornwall Hospitals NHS Trust and 11% at University Hospitals Plymouth NHS Trust (UHP), with there being differential access to non-acute services across the two counties. • Whether there was confidence that providers were in a position to adopt Getting it Right First Time (GIRFT) best practice. It was noted that benchmarking reports were being received and there was a clear action plan based upon best practice. Work to assess ability to adopt was underway and would continue throughout April. The "Further, Faster" initiative had also been embraced across the system which was resulting in service improvements and greater collaboration. • The plan for the Devon system to exit NOF4 in Q1 of 2024/25 was under review by the NHS England regional team. Whatever the outcome of that review, there was going to need to be a gear change in the support provided to the system and the UEC position was not improving as required. The change required would be established via a review of what had worked well and what had not and how resourcing should be allocated as a result. • In light of the challenging environment across the system what the ability was to triangulate in terms of the quality impact of the 2024-25 plans, with it being noted that baseline work had been undertaken in respect of Equality and Quality Impact Assessments (EQIA) across the system. The cumulative impact of the plans and programmes of work, including whether they disadvantaged particular sections of the population, was discussed. Going forward it was mandatory for business cases to incorporate an EQIA and work would also be undertaken to retrospectively complete any EQIAs that had not yet been completed. The Board **noted**: • the current performance position against the NOF4 exit criteria; • the process being undertaken for 2024/25 operating planning; and • that the system can currently not provide assurance of meeting the target NOF 4 exit date of Q1 2024/25.

8	**5 Year Joint Forward Plan Refresh** The Chief Medical Officer, Nigel Acheson (NA), introduced a report that outlined the approach taken to the refresh of the Joint Forward Plan (JFP) for the One Devon Integrated Care System (ICS), provided details of the revised structure and highlighted the main changes that had been made since its publication in July 2023. The following points were highlighted: • The three Health and Wellbeing Boards across the system had endorsed the content of the Plan. • For the One Devon Integrated Care Partnership, the priority was that the JFP was deliverable, especially in light of the challenges facing the public sector. Therefore, the refresh had commenced the honing of ambitions to achieve that deliverability. • Behind each of the ambitions was a detailed delivery plan being led by a system wide group. • The JFP would be linked to the 2024-25 Operational Plan through a 2024-25 Annual Plan that would be presented to the Board in May 2024. • The out of hospital element of the Plan would be critical to securing long term success. • The Green Plan objectives would need further consideration going forward as the system was having a huge impact on travel and a balance needed to be struck between climate change and the impact on patients with regard to where they were treated. The primary care aspect of this work would be important, particularly how this would be resourced. It was emphasised that it would be essential that the system worked together across health and local authorities. • Whether there would be sufficient capacity to deliver the intentions of the JFP in light of the organisational change and pressures of meeting NOF4 requirements. • The focus on system partnership and intention was welcomed and that the work programmes of providers and partners should be aligned to delivery of the JFP. • NHSE did not assure the JFP; however, it did provide support and challenge and would include consideration of it as part of NHS Devon's Annual Assessment. The Board **approved** the 5 Year Joint Forward Plan.
9	**Primary Care Access Recovery Plan** The Head of Primary Care, Gill Munday (GM), introduced the report which described some of the national and local context on the current financial and demand challenges being faced by primary care and provided a progress update for each workstream under the Primary Care Access Recovery Plan (PCARP), together with a full description of the trajectories linked to PCARP delivery and current achievement. It was noted that the central ambitions of the PCARP were to tackle the demand peaks, particularly early morning to reduce the number of people experiencing difficulty in contacting their practice and for patients to know on the day they contact their practice how their request will be managed. The following points were highlighted: • A great deal of progress had been made over the past year with all Devon practices now having cloud-based telephony systems. • The appointments offered per 1000 population was approximately 24% higher than the national average. • The focus upon increasing performance in respect of same day access could negatively impact upon continuity of care and it was important that measuring performance in respect of the latter was not lost. • A strong connection between primary and secondary care was essential and this had been improved through the introduction of an agreement between the two sectors across the system. • Devon was very strong in the area of digital access for patients, but it was important that the choice remained for patients if they were not confident or happy to use a digital service for their health care, so that inequalities in access did not occur. • At Primary Care Network level work was underway with regard to capacity and access plans and working with the voluntary sector to host sessions around digital to support communities.

	However, patients should be able to contact their GP through a variety of means including by phone and by walking into the surgery in line with the modern general practice model. • How to be assured that Devon was keeping up with technological developments for care as well as administrative tasks. **Action:** • A Board Development Session to be held in respect of the longer term strategy for Primary Care across Devon. The Board **noted:** • the content of the report; and • the need to adequately resource what was an expanding, and system critical, primary care transformation programme.
10	**Torbay Section 75 Agreement** BS introduced the report which provided the necessary information to support the approval by Torbay and South Devon NHS Foundation Trust (T&SD), NHS Devon Integrated Care Board (NHS Devon) and Torbay Council to sign a new tri-partite Section 75 agreement, enabling the delivery of integrated Adult Social Care services in Torbay from April 2025 to March 2030. The report set out an overview of the financial challenge, a description of the transformation plans to support financial sustainability, whilst improving outcomes for residents, together with the principles of how the partnership would operating and the funding commitment to support the plans from Torbay Council. The following points were considered: • Whilst there had been an agreement in place for over ten years, it was now time for this to be made more robust and so work had been undertaken to develop a Memorandum of Understanding which would form the basis for the detailed Section 75 agreement which would be negotiated and agreed between now and April 2025. • The Integrated Care Organisation had developed a very specific integrated model of co-dependency across the different elements of care delivery and moving away from that would require returning all elements of social care back to the local authority. However, to continue with the model service transformation work needed to be undertaken to identify credible opportunities for that. • At present there was not adequate assurance that the agreement could be made financially sustainable and that needed to be understood in more detail as the negotiations progressed. • That the approach remained consistent now that NHS Devon had been established and whilst the partnership approach was more developed in Torbay than across the rest of the system, it was consistent with the move to system working. • An Executive Committee was to be established with senior level engagement from across the system that would be charged with ensuring delivering against the plan. • One of the collateral benefits of the Torbay model was when considering the NCTR position and the knock on impact on UEC, so it shouldn't be considered on financial terms only. • Whether there was scope for enhanced efficiency and productivity within the current service specification and so part of the ongoing negotiations would be to establish how the available funds can be applied to best effect for service users. Performance management of the service and contractual arrangements would be key in limiting the risk exposure. The Board: • **approved** NHS Devon entering into a new tri-partite Section 75 agreement, enabling the delivery of integrated Adult Social Care services in Torbay from April 2025 to March 2030; and • **delegated authority** to the Chief Executive Officer to sign the Section 75 agreement that would be supported by an updated Memorandum of Understanding, which included the key principles and ways of working for all organisations that were part of the tripartite agreement.

11	**Integrated Quality, Performance and Finance Report (IQPR)** AF introduced the report which provided a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the Integrated Care System (ICS), at both place and system level that issues were being identified and addressed. The following points were highlighted: • The 28 day faster diagnostic standard for cancer had been met during the reporting period. • Ambulance turnaround times at UHP remained a cause for concern. As no serious incidents had been reported work was ongoing with South Western Ambulance Service NHS Foundation Trust to identify harm that may occur outside the pathway as a result of handover delays which would be reported to the UEC Board. • There had been a 9% increase in demand for primary care this year to date. • NHS Devon was working across all agencies to develop a statement of action in response to the Joint Target Area Inspection report for Torbay. • Waiting times for speech and language therapy remained an area of concern and for attention deficit hyperactivity disorder (ADHD) diagnosis and treatment waits with this being linked partly to their increased prevalence. A business case had been developed which would see a needs-based approach being taken with support workers providing the care required by the young people affected straight away rather than awaiting a formal diagnosis. Work would also be undertaken with regard to reducing the backlog of assessments that were required. • Workforce agency spend was higher than predicted and would be a focus over the coming year, with there being a significant Cost Improvement Plan in this area. • In addition to the ongoing junior doctors industrial action there may be disputes in respect of the 2024-25 pay negotiations which would significantly impact on performance and finance. The Board **noted** the current performance position against the Key Performance Indicators measured through the IQPR.
12	**Board Assurance Framework** The Company Secretary, Philippa Harding (PH), introduced the report which provided an update on the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year. The report also set out a proposed new approach for the Board Assurance Framework (BAF) for the 2024/25 financial year, aligning it to the six themes within the NHS Oversight Framework, and proposed a Risk Appetite Statement. The following was highlighted: • The proposed approach to the BAF in 2024/25 was an interim approach whilst work around the Joint Forward Plan, Integrated Care Strategy and delivery of an annual plan was worked through which would result in a more developed understanding of our strategic risks. • The Audit & Risk Committee had considered the BAF at its meeting on 13 March 2024 and endorsed the recommendation that in 2024/25 the BAF should be aligned to the themes set out in the NHS Oversight Framework and the associated risk appetite statement. • A fully developed BAF alongside a clear strategic intent would become the most important way in which the Board's agenda could be guided. It would provide a clear picture as to whether the organisation was being successful in strategic terms whilst allowing for focus on the tactical and the day to day operational issues. The Board **approved:** • the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon; • the proposed approach for the BAF for the 2024/25 financial year, aligning it to the six themes within the NHS Oversight Framework; and • the proposed Risk Appetite Statement for 2024/25.

13	**NHS Devon Staff Survey Results and Action Plan** AM introduced the report which provided the 2023 staff survey results and provided information on the key themes from the survey along with the main actions NHS Devon planned to take to address the feedback provided by staff. The following points were highlighted: • This was the first time in five years that the results for NHS Devon had declined. • The impact of the organisational change upon staff. • There were significant variances in the results across Directorates and so it had been important to engage with Directorates to understand the nuances. • As the survey presented a point in time, whether some kind of short survey could be undertaken on a regular basis to assess whether staff were feeling more or less positive about working for the organisation as the year progressed. It was noted that there was a recognised process across the NHS which could be adapted to fit NHS Devon, with it being anticipated that this could commence in two to three months' time. • The Board had set the environment within which staff had worked during 2023 and so had a responsibility to improve the situation for staff as soon as possible. • The organisational development approach outlined in the report would commence with a review of the themes which had been identified through the Directorate feedback sessions. • The ICBs which were in NOF4 had been amongst those that had seen the most significant deterioration in the survey results and that this should be considered by NHS England to identify any learning. • Whether small initiatives could commence whilst the organisation was going through this challenging period to give staff some confidence that their voices are being heard and views taken into account. The Board: • **noted** the NHS Devon 2023 Staff Survey results; and • **supported** the actions set out in the report.
14	**Cornwall and Isles of Scilly ICB Update** The Board **noted** the Cornwall and Isles of Scilly ICB Update
15	**One Devon Integrated Care Partnership Update** The Chair of the One Devon Integrated Care Partnership, Councillor James McInnes (JMc) introduced a report which provided an overview of the meeting held on 1 February 2024 which focused on the services for children and young people in Devon. It was noted that the April Board Development Session would also be focusing upon this issue**.** The Board **noted** the One Devon ICP Update
16	**Committee Chair's Reports: Finance and Performance Committee – 27 February and 14 March 2024** The Chair of the Finance and Performance Committee, Independent Non-Executive Member Kevin Orford (KO) introduced reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 27 February and 14 March 2024. It was highlighted that a high level of assurance was being received by the Committee in respect of the process for the development of the 2024-25 Operational Plan. The Board **noted:** • the list of proposed assurances required before the final 2024/25 Operational Plan could be approved; and • the context of the discussions of the Committee in respect of the IQPR and Progress Towards NOF4 Exit Report when considering the final 2024/25 Operational Plan.

17	**Committee Chair's Report: Quality and Patient Experience Committee – 14 March 2024** The Chair of the Quality and Patient Experience Committee, Independent Non-Executive Member for Citizen and Community Involvement, Thandiwe Hara (TH) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meeting on 14 March 2024. The Board: • **endorsed** Livewell South West's adoption of the Patient Safety Incident Response Framework and associated action plan; and • **noted** the need to align CQC actions arising from inspection and NHS England National Maternity Safety Support Programme into one cohesive improvement plan with clear measures of success and this would align both improvement and oversight by Trust Boards, the ICB and Regulators.
18	**Committee Chair's Report: Primary Care Commissioning Transition Committee – 8 February and 14 March 2024** The Chair of the Primary Care Commissioning Transition Committee, Independent Non-Executive Member for Primary Care, Judy Hargadon (JH) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meetings on 8 February and 14 March 2024. The Board took **assurance** from the Committee Chair's Reports of the Primary Care Commissioning Transition Committee meetings held on 8 February and 14 March 2024.

19	**Committee Chair's Report: Audit & Risk Committee – 19 February and 13 March 2024**
	The Chair of the Audit and Risk Committee, Independent Non-Executive Member for Audit and Risk, Graham Clarke (GC) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meetings on 19 February and 13 March 2024.
	
	The following was highlighted:
	• The meeting on 19 February 2024 had been held to receive outstanding internal audit reports; however, some of these remained outstanding.
	• An internal report in respect of IT Governance and Levelling up was received which flagged that consideration should be given to whether the current IT Strategy remained appropriate and could be delivered in the context of the system being in NOF4.
	• The Committee was concerned that ICBs may be asked to take responsibility for Freedom to Speak Up for primary care and NHS Devon was not adequately resourced to take on this work.
	• The first draft of the Annual Report and Accounts for 2023-24 was received by the Committee, with a further draft to be received on 22 April 2024.
	• The external audit plan was approved.
	
	The Board:
	• **approved** the:
	  • Standards of Business Conduct Policy
	  • Conflicts of Interest Policy
	  • Risk Management Policy
	  • Receipt, Acceptance and Management of Petitions Policy
	  • Policy for the Management and Development of Procedural Documents;
	• **noted** that the Committee endorsed the recommendation that, in 2024/25, the Board Assurance Framework should be aligned to the themes set out in the NHS Oversight Framework and the associated risk appetite statement considered at Agenda Item 12 of this meeting;
	• **noted** the risks associated with the suggestion that ICB Freedom to Speak Up take on the provision of support to Primary Care service providers; and
	• **noted** the lack of clarity in respect of the Digital Strategy and whether a re-evaluation and re-prioritisation should be undertaken.

20	**Finance Month 10 Reports** The Board received for information only the NHS Devon and One Devon System Month 10 finance reports which sought to provide assurance to the Board on the current and projected financial position for the year ending 31 March 2024. The Board **noted:** • the revised forecast submission as agreed as part of the national reforecasting exercise and the associated change in forecast anticipated at Month 11; and • the information provided with regard to the NHS Devon and the One Devon ICS financial position as at the period ended 31 January 2024.
21	**Quality Report** The Board received for information only a report which provided oversight of NHS Devon's quality functions and highlighted the areas of Joint Targeted Areas Inspection, Safeguarding, Never Events, Quality Early Warning Scores and Continuing Health Care. The Board **noted** the current content of the Quality Report.
22	**Action Register** The Board: • **approved** the closure of Actions 55, 56, 60, 65, 67 and 70 as recommended on the spreadsheet; • **approved** the closure of Action 64 as this information was circulated to Board members on 22 March; and • **noted** the updates in respect of the remaining open Actions.
23	**Questions from Members of the Public** The following question had been received from Dr Peter Rudge, Lisson Grove Medical Centre: "I have served the community of Plymouth for 25 years as a GP. I have seen LCGs, PCGs, PCTs, CCGs and now ICS's. In that context I would like to ask a simple question of those that commission care from general practices in my area. What do you want us to do once we have exceeded safe working practice?" The Chair provided the following response. "I will be reaching out to Dr Rudge to offer to meet him to discuss the issues surrounding the question he raises. However, in general terms, we do understand that practices are experiencing significant pressure and in extreme cases enacting a Business Continuity Plan is necessary, however, it is our expectation that practices should be looking at their internal processes and working with their Primary Care Network colleagues on an ongoing basis to manage capacity in Primary Care. For example by: • implementing strategies from as early in the day as possible to respond to demands before reaching capacity; • using practice resources to their optimum for instance by reviewing skill mix including the most effective use of Additional Roles Reimbursement Scheme staff; • ensuring the practice/Primary Care Network has accessed the national care navigation training (or locally sourced alternative) and disseminated that learning within the practice; • implementing cloud based telephony and utilising the data to help match practice capacity to the demand • reviewing triage processes to ensure they are effective and that the patients that really need to be seen on the day are prioritized; • ensuring the practice/Primary Care Network is fully utilising Enhanced Access appointment capacity;

	• involving the Patient Participation Group and discussing with peers about how they are managing the demand; • fully utilising the resource available through NHS Devon or national programmes aimed at improving access such as Primary Care Access Recovery Plan, Primary Care Network Capacity and Access funding, transformation funding, resilience programme and the National General Practice Improvement Programme; • where appropriate signposting to Pharmacy First; and • where appropriate signposting back to secondary care as per the interface agreement NHS Devon recognises that all practices are unique and have their own processes and set of circumstances. The Primary Care Team is happy to discuss the above with any practice who is struggling to meet demand."
24	**Any Other Business** None
	Meeting Closed: 12 noon

NHS Devon

NHS Devon Integrated Care Board

Chair's report

Date of meeting	Date report produced
30 May 2024	15 May 2024

Author(s)		Report approved by	
Name and title:	Sarah Wollaston, Chair	**Name and title:**	Sarah Wollaston, Chair
Phone:		**Date:**	22 May 2024
Email:			

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

Executive summary
This report provides an update from the Chair.

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

Key recommendations and actions requested
1. **Note** the contents of the report

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

Visits and engagements

1. In April, I was pleased to have met with Andy Willis, chair of Devon Partnership NHS Trust, where we visited the Russell Clinic, which provides rehabilitative care for people in recovery, followed by a visit to the Place of Safety which supports people with mental health needs.

2. I also travelled to University Hospitals Plymouth NHS Trust to meet with James Brent, chair, and have an introductory meeting with their new chief executive, Mark Hackett. The trip was rounded off with a tour of the trust’s emergency department at Derriford Hospital.

3. Later in the month, I was pleased to have joined a panel for an event at Buckfast Abbey for mid-career GPs, alongside Dr Frank O’Kelly, GP and partner member for primary care, and Dr Alex Degan, GP and medical director for primary care.

4. As well as providing an overview of the role of NHS Devon, we also discussed some of the challenges that primary care is facing and how we might be able to address them.

5. On 26 April, Steve Moore and I were pleased to have met with Simon Jupp, MP for East Devon, at Sidmouth Hospital where we discussed a range of topics including hospices, hospitals, menopause, women’s health hubs, and primary care. My thanks to Simon for taking the time to meet with us.

New NHS dental practice planned for Plymouth city centre

6. I was delighted to see this month that the Peninsula Dental School in Plymouth announced that a £4million dental practice is scheduled to open in Plymouth city centre to treat thousands of NHS patients within 18 months.

7. There will be a new practice where dental students will treat people who have not seen a dentist in a long time.

8. The unit is planned to have 16 dental chairs and therefore could treat thousands of patients a year. It is scheduled to open in September 2025, but it is expected this will happen earlier than planned.

9. The new practice will be paid for by Peninsula Dental Social Enterprise (PDSE) and, in addition to providing vital NHS care for some of the 22,000 people on a waiting list for an NHS dentist, will also help regenerate the city centre.

10. The practice will aid the training of students, vital to increase the number of dentists in practice and providing care.

11. The facility will handle 3,500 appointments a year. The PDSE already treats about 7,000 patients a year across its bases including at Plymouth Science Park, Devonport and in Truro.

NHS Devon

NHS Devon Integrated Care Board

Chief Executive's report

Date of meeting	Date report produced
30 May 2024	15 May 2024

Author(s)		Report approved by	
Name and title:	Steve Moore, Chief Executive	**Name and title:**	Steve Moore, Chief Executive
Phone:		**Date:**	21 May 2024
Email:			

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

Executive summary
This report provides an update from the Chief Executive, including Executive and Senior Leadership Team changes, organisational change and the Annual Plan.

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

Key recommendations and actions requested
1. **Note** the contents of the report

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

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

Chief Executive's report

Organisational change staff consultation

1. We launched phase two of our organisational change consultation earlier this month (21 May) with a series of events led by our Chief Officers.

2. The consultation is on our proposed new structures for all staff and teams below the Executive and Senior Leadership Team level as they were involved in a consultation process last year.

3. The consultation period provides an opportunity for all staff to comment on the proposed structures, and their views will play a crucial role in shaping the way forward.

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

Executive and senior leadership team changes

5. I wanted to update the Board changes to our Executive and Senior Leadership Team since its last meeting.

6. Andrew Millward, Chief Communications and Corporate Affairs Officer, retired from NHS Devon as of 1 May 2024. Philippa Harding, Company Secretary, will manage the communications and corporate affairs portfolio on an interim basis.

7. This is also set to be Nigel Acheson, our Chief Medical Officer's, final Board meeting ahead of him stepping down in June.

8. Nigel joined NHS Devon is April 2022 and has been a force for good in all that time. His compassionate leadership, expertise and kindness will be sorely missed across our organisation and system, and I'm sure colleagues will join me in wishing him all the best for the future.

9. Interviews and panels for Nigel's replacement took place in May so we look forward to announcing an appointment in due course.

10. Work is ongoing to fill the remaining posts in our senior leadership team structure, following the approval of the phase one structure.

11. I am pleased to be able to share that Hannah Pugliese has been appointed as our Director of Women, Children and Young People's Services. While Mark Sowden has been appointed as our Director of Workforce Strategy, which is a fixed-term role within the people directorate. These are important roles for us an I look forward to working with them on two such key priorities.

12. The majority of posts are now filled, with work underway to recruit to the remaining roles.

2024/25 Annual Plan and the NHS Oversight Framework

13. I am pleased that this month's Board papers features our first Annual Plan, which sets out our priorities and key actions for the 2024/05 year ahead, aligned to our Joint Forward Plan.

14. Devon's historic service and financial performance challenges are well-known and has resulted in the system being in and out of various forms of escalation, including most recently being placed in the highest tier (segment four) of the NHS Oversight Framework (NOF4).

15. We remain committed and focused on exiting NOF4 however, despite the best efforts of staff across the system, we will unfortunately not meet the target exit date of quarter one 2024/25 due to a range of factors that are outlined in the separate paper for this meeting.

16. Our Operational Plan for 2024/25 was signed off by NHS partners in April. The Executive team are working to deliver on this plan with our system partners and NHS Devon's Board is being has asked to delegate oversight and assurance of this delivery through its refreshed committee structures. Committee reviews of plans have are commencing now. Further information about these structures can also be found elsewhere on the agenda for this meeting.

17. For our plans to be successful, we will need to develop, implement and oversee the effective delivery and assurance structures. As the organisation ultimately accountable for local service performance, embedded the right governance and performance management process is vital for us to hold others to account. Work is well underway in this area, and I am hopeful that it will lead to improvements in how we operate as a system.

18. I am looking forward to meeting executive colleagues across our system this month to review the plan. Due to changes in leadership over the past few months, this will be the first of such meetings for several of our chief executives.

19. At the time of writing this report, the review meetings hadn't taken place, but I will update Board members orally at the meeting.

20. Thank you to all colleagues involved across for the significant amount of work they have put into developing the approach and content.

Executive Committee meetings

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

22. The Executive Committee met on 12 and 25 March 2024, 2 and 16 April 2024 and 22 May 2024. Set out below is a summary of the business that was transacted.

12 March 2024

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

- the progress being made in relation to Phase 2 of the Organisational Change Programme – it was agreed that an extraordinary meeting was needed to agree the final structures for consultation.
- the proposed framework for the Devon Investment Group's review of all business cases requiring additional funding on 2024/25 – a framework was agreed to ensure that the prioritisation of investment met organisational requirements and was not purely subjective.
- Children and Young People: Statutory & Regulatory Requirements – a briefing was received on the specific law, regulation and statutory guidance applicable to Children and Young People Safeguarding and underpinning current inspection frameworks, including the Joint Targeted Area Inspection.

24. The Executive Committee also reviewed the following reports that were presented to the NHS Devon Board meeting on 26 March 2024, agreeing the action to be taken in response to the issues highlighted:

- Draft Board Paper: 5 Year Joint Forward Plan Refresh
- Draft Board Paper: Torbay Section 75 Agreement

25 March 2024

25. The Executive Committee reviewed and approved the proposed organisational structure to be consulted upon in Phase 2 of the Organisational Change Programme.

02 April 2024

26. The Executive Committee reviewed the following reports that were presented to the NHS Devon Board meeting on 02 April 2024, agreeing the action to be taken in response to the issues highlighted:

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

27. Other issues considered by the Executive Committee at this meeting include:

- Capital Prioritisation and Pipeline of Proposed Resolutions for Community Estate Cost Mitigations – the short term strategy for the management of specific community estate assets to support the financial recovery programme.

- ICS Infrastructure Strategy – developed in response to a formal request made by NHS England to all ICS organisations to complete a submission by Summer 2024, this had been developed over the past 14 months and had included engagement with key stakeholders across the system as part of the process.
- Devon End of Life Care Review & Hospice Sustainability – the overall approach to be taken to relationships with Hospices was agreed.
- Outline of complaints / correspondence – an outline of the correspondence pressures across the organisation and the areas of improvement that could be implemented by the relevant teams.
- Recruiting to High Risk Posts – the overall approach to be taken to the recruitment to vacant posts during the consultation of Phase 2 of the Organisational Change Process, where the organisation faced a greater risk as a result of not recruiting than that associated with recruiting.
- Phase 2 Timeline – the timeline for the implementation of Phase 2 of the Organisational Change Programme.
- Mental Health & ADHD - the current governance arrangements and work of the Mental Health Learning Disability and Neurodiversity (MHLDN) Provider Collaborative in advance of their presentation to the Finance and Performance Committee.
- 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.
- Corporate Risk Register – an update on the status of the corporate risk register.
- Continuing Healthcare (CHC) – the scope of an external review of the CHC service, its operating and staffing model and an appraisal of the options for digitisation of processes.
- Provider Selection Regime (PSR) Reporting & Terms of Reference - information about the activities of the PSR Steering Group since its establishment in January 2024 and a proposed change of approach to its operation in the future, dis-establishing it as a formal sub-group of the Executive Committee and maintaining it as an operational group within the Chief Finance Officer Directorate.
- Devon Investment Group Outcomes – a quarterly update on the investments discussed and the decisions made by the Devon Investment Group during Q4 of 2023/24.
- Draft agenda for the Audit & Risk Committee meeting on 24 April 2024.

16 April 2024

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

- Initial themes from Directorate Engagement Sessions - the feedback received during sessions that took place during February 2024. The sessions were designed to engage staff in Phase 2 of the development of NHS Devon's reorganisation and the results of the 2023 staff survey.
- CHIME – an evaluation of the provision of audiology services in the Eastern locality which was contracted as a *Prime Provider* model (2014) as a test of change in 2019.
- Self-Referral for Audiology - the current position in Devon, the potential risk and possible options for implementation of audiology self-referral.
- Senior Strategic Capacity – the capacity for strategic work at a senior level within NHS Devon.

- Independent Review Action Plan Update – an update on the actions taken following an independent review undertaken in respect of the payment of invoices related to international recruitment.
- Annual Report & Accounts – the draft 2023/24 Annual Report and Accounts in advance of their consideration by the Audit and Risk Committee and submission in draft to NHS England.
- Care Quality Commission (CQC) Action in respect of Devon Partnership NHS Trust (DPT) – an update on the action taken by the CQC with regard to an NHS trust within the One Devon Integrated Care System.
- Dental Plan - an overview of the NHS Devon dental recovery plan for next year, including costs and timescale.
- Organisational Change Update – an update on progress against agreed timelines in the approach to the launch of Phase 2 of the Organisational Change programme approaches.

NHS Devon

NHS Devon Integrated Care Board

Progress towards NOF4 Exit

Date of meeting	Date report produced
09 May 2024	29 April 2024

Author(s)		Report approved by	
Name and title:	Sam Wadham-Sharpe, Director of Performance and Assurance Toby Hewlett, PMO Director	**Name and title:**	Steve Moore, Chief Executive Officer
Phone:		**Date:**	29 April 2024
Email:	s.wadham-sharpe@nhs.net toby.hewlett@nhs.net		

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

Executive summary
This report sets out NHS Devon's oversight and assurance mechanisms for exiting Segment 4 of the NHS Oversight Framework (NOF4). It details the assurance reporting on progress against NOF4 against the 5 key domains of leadership, clinical strategy, Urgent and Emergency Care (UEC), Elective Care and Finance. This report will cover the key performance data for March 2024 for UEC and Finance, and February 2024 for Elective Care.

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

Executive Committee - consideration in correspondence w/c 29 April 2024
Finance and Performance Committee – 09 May 2024

Key recommendations and actions requested
1. **Note** the current performance position against the NOF4 exit criteria
2. **Take assurance from** the process being undertaken for 2024/25 operating planning
3. **Note** that system will not meet the target NOF4 exit date of Q1 2024/25

Impact on NHS Devon objectives	
Objective	**Impact**
Objective 1	Exit from NOF4 impacts on all of the areas.
Objective 2	
Objective 3	
Objective 4	

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	Exit from NOF4 impacts on all of the areas.
Health inequalities	
Workforce	
Resources and finance	
Legal	
Digital and Data	
Engagement and consultation	

Progress towards NOF4 Exit

Introduction and background

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

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

Oversight and assurance mechanisms for exiting NOF4

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

SOF Domains (2023-24)

Devon Improvement Areas

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

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

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

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

6. The monitoring process set out in the NOF includes a requirement to hold monthly reviews of progress against key performance indicators and exit criteria which will provided in the form of flash reports. The reviews take place at the System Improvement and Assurance Group (SIAG), which is chaired by NHSE. Although these meetings had moved to quarterly in the past, in light of recent performance a monthly meeting has now been re-instated.

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

Progress against NOF4 exit criteria – April 2024

8. NHS Devon continues to assess itself as on target with 1 of the 9 NOF4 exit criteria. The remainder of this report details achievements against plans and performance trajectories, plus any emerging risks and mitigations as of the end of April 2024.

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

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

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

9. The 24/25 System Operational Plan was signed off at the NHS Devon Board on 29 April 2024 following approval at each provider Board on 24 April 2024. The NHS Devon Board has delegated to committees to oversee the delivery against the plan and trajectories for 2024/25 with each committee expecting to review the relevant delivery plans in May.

10. Mark Hackett has commenced in post as Interim Chief Executive Officer for University Hospitals Plymouth in April 2024.

11. NHS Devon has been leading a review of governance and oversight structures for the system alongside provider executive teams. A proposed oversight framework and structure chart was discussed and endorsed at the NHS Devon Board development session on 29 April 2024.

12. Following NHS Devon's approval of the 2024/25 operating plan, the system is preparing for an Executive to Executive review of the plan on 14 May 2024 and the RSP review on the 20 May 2024. It is recognised that this will be the first of such meetings for the majority of Devon CEOs due to changes in leadership and the focus will be on what will be different in Devon in 24/25 and the delivery plans that are in place to meet trajectories.

13. Following approval of the Peninsula Acute Sustainability Programme (PASP) Phase 2 at the March PASP Board, programme initiation documents (PIDs) have been developed for the fragile service improvement programmes in stroke, obstetrics, gynaecology and maxillofacial services.

14. Funding proposals to support the delivery in fragile services has been considered alongside a review of the RSP funding. NHS Devon and NHSE continue to work together to review the RSP funding and resource requirements for 2024/25 to ensure value for money and delivery of improvement.

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

Key Actions in Strategy and Leadership in next 4 weeks

- Secure mandate for phase 2 with COIS – Liz Davenport
- Continued review of 24/24 NOF 4 exit criteria – Allison Williams
- Initial maternity and neo natal workshops – Jenny Turner
- Preparation for executive to executive and RSP reviews – Sam Wadham-Sharpe

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

UEC

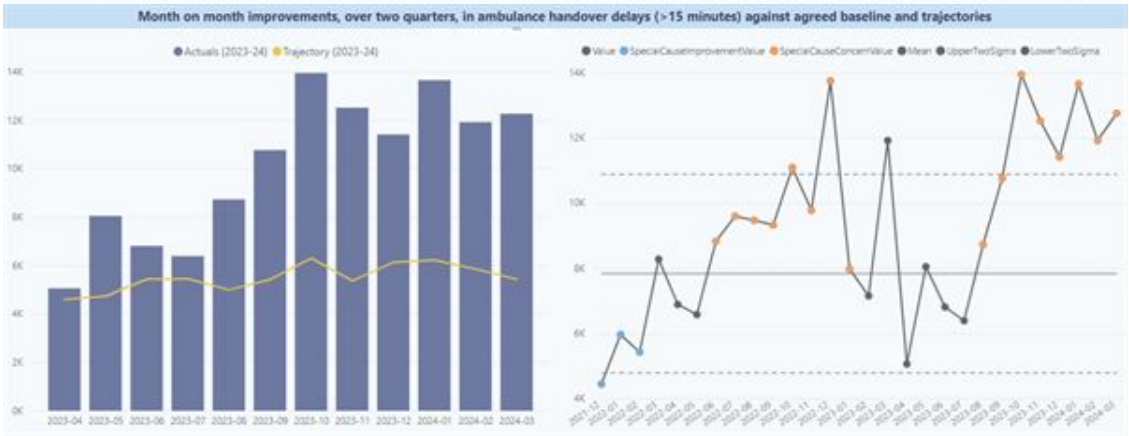
15. Metrics relating to urgent care have improved during March 2024 but remain behind trajectory and national standards. A specific challenge was set for all providers and ICBs to improve 4 hour performance to 77% in the month of March 24 with the potential for accessing capital funding if performance was achieved.

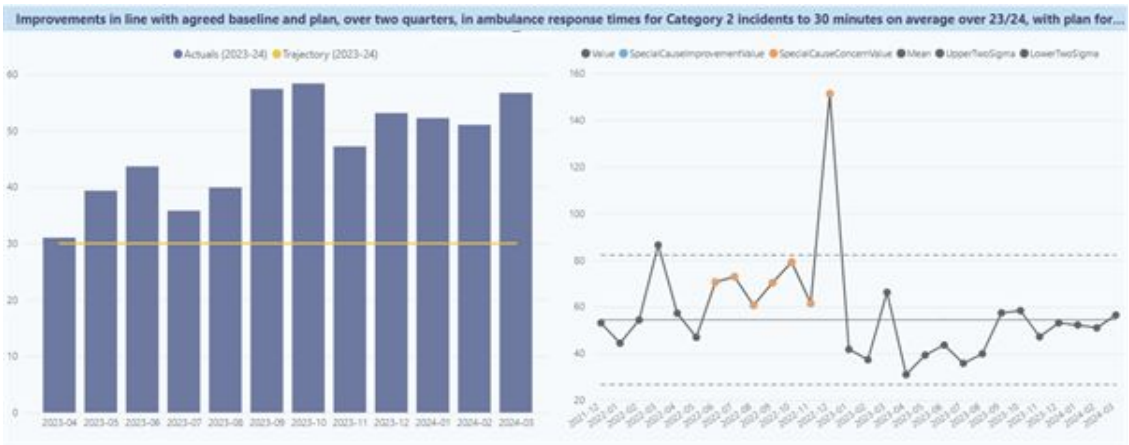
16. One Devon improved its 4 hour performance to 68.5% in the month of March. This was largely driven by improvements at RDUH which achieved the standard

with performance of 79.3% at RDUHE and 79.0% at RDUHN respectively. TSD achieved a performance of 65.6% and UHP achieved 53.9% which were both behind the required standard and submitted improvement trajectory.

17. Category 2 response times worsened in March with an average response time of 57 minutes driven by challenges in the south and west of the system. Ambulance handover time lost also worsened in March with 12.663 hours lost.

18. Improvements against all metrics have been tracked so far in April and in line with the trajectories submitted as part of the 24/25 planning process.



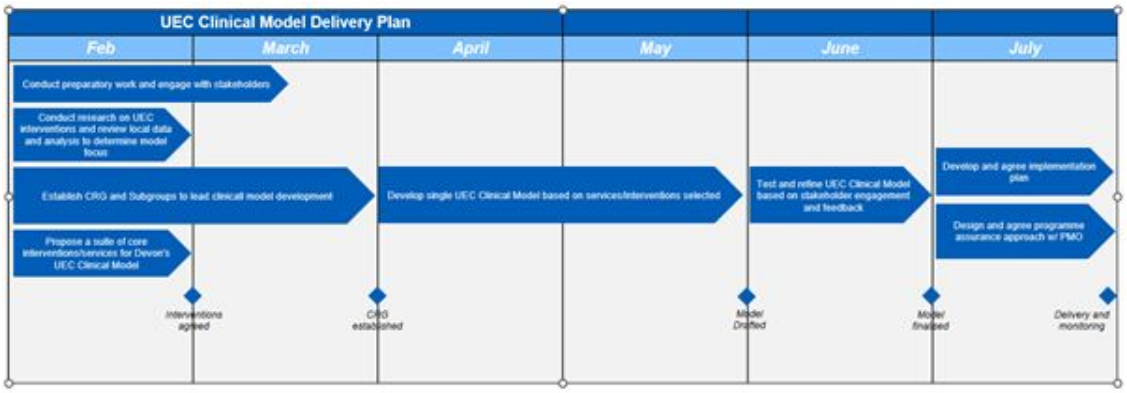


19. NHS Devon has reviewed its approach to UEC improvement in 23/24 and as part of the 24/25 plan is standing up 3 programmes focussing on
    - ED demand management / strengthening community urgent care
    - Improving access
    - UEC clinical model

20. A community services review has commenced with a plan to conclude by June 2024. Key priorities for this piece of work include
    - Comparing P1 intermediate care capacity relative to population alongside the P2/P3 comparisons already included.
    - Agreeing the changes in P1 and P2/3 provision and productivity to move to a best value model, and their service performance and financial impacts.
    - Agreeing what the role for community hospitals in delivery of P2 intermediate care should be.

21. The work on GIRFT alternatives to ED continues at pace to identify opportunities to divert demand away from Emergency departments. Reviews have now been undertaken at all acute sites with recommendations being worked into delivery plans. The overall commissioning score for Devon is 51% which identifies opportunities to improve the alternative available. The navigation and access score of 36% provides the opportunity for quick improvement by ensuring SWASFT colleagues are aware of all services available on the DoS with oversight from the Care Coordination Hub.

22. Work on developing the NHS Devon clinical model continues. CRGs have been established for the key work streams with the aim of ensuring a consistent service model across Devon. The timeline below identifies the timeline to completion of the model.

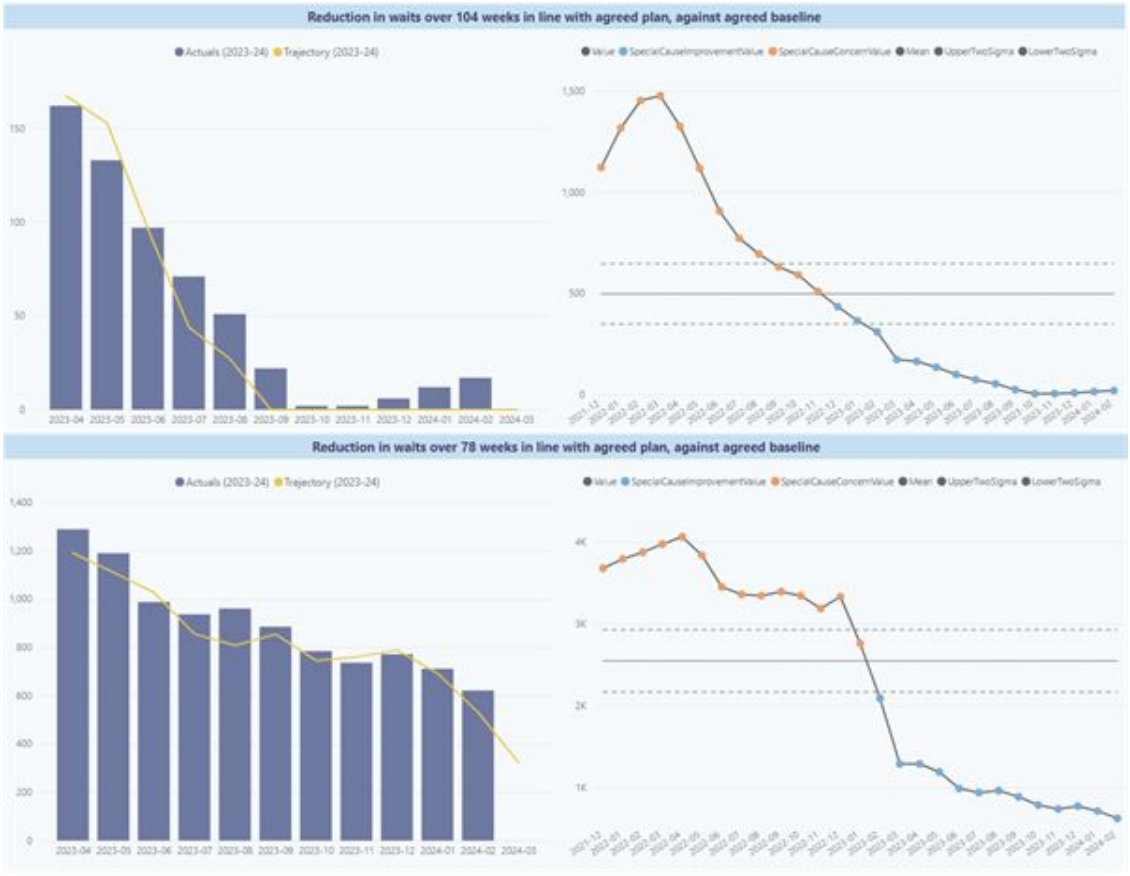


Key Actions in Urgent Care for completion in next 4 weeks

- Completion of alternative to ED delivery plan – John Finn
- Completion of Out of hospital review and recommendations – Colin Bradbury
- Clinical model specification and standardisation development – Anthony Hemsley
- Continuation of UEC investment review, beyond winter monies – John Finn

Elective Care

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



24. The system had 15 104-week waiters in March, all at UHP. The reasons for the remaining patients are capacity for complex procedures and patient choice and can be seen below

Expected 104 week breaches as of the end of Feb-24

	Reason for Breach Admitted patients			Reason for Breach Non-admitted patients				
Organisation Name	Choice	Complexity	Capacity	Choice	Complexity	Capacity	Total 104 breaches at the end of February-24	Commentary
UH Plymouth	5	-	9	-	-	1	15	
T&O (no supply chain issues)	2	-	7	-	-	-	9	Same as previous week.
Adult spinal (>=19)	1	-	-	-	-	-	1	Same as previous week - TCI 21/3 @ Cleveland Clinic
Urology	1	-	1	-	-	-	2	Same as previous week - 1 has TCI in March & 1 has POA 19/2
Ophthalmology	1	-	-	-	-	1	2	Increase of 1 on previous week - new IPT from PPG - being checked. 1 TCI booked on IA day
Hepatobiliary & Pancreatic Surgery	-	-	1	-	-	-	1	Same as previous week - admin error - Pt has OPA 26/2 - expect to convert or be discharged.
Total	5	-	9	-	-	1	15	

25. The operating plan submission shows significant productivity and activity increase from 2019/20 and 2023/24. The system recognises that the current September 2024 forecast of 789 65-week waiters ranks as the third worst forecast in the country. Work continues with UHP and RDUH to try and improve those forecasts.

26. In the absence of any further internal opportunities to improve these trajectories, the system will work up any requests for support to reduce the long waiter number further.

Key Actions in Elective Care to be completed in January.

- Plans for September 65ww improvement – John Finn
- Demand modelling for ophthalmology improvement programme – Emma Herd
- Operational meetings in place for all speciality improvement programmes – Kim Maby
- Theatre deep dive and improvement plan created – Sean Beeken

NOF Domain(s): Finance and Use of Resources

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

27. As part of the 23/24 planning round, the One Devon submitted a deficit plan of £42.3m with a commitment to reach a breakeven position by 2025/26. Since the original plan submission, there has been a national process to take account of the impact of industrial action and to allow updates to control totals. Additional funding was confirmed in M11 to cover the originally planned system deficit (42.3m), thus reducing the plan to breakeven, but with an agreed forecast of £47m deficit against this plan.

28. The year end position of NHS Devon is a £46.9m deficit against a forecast of £47m and a plan of break-even.

29. As at month 12, Devon ICS had made efficiency savings of £207.2m which is £5m adverse to plan. This is a £6.1m improvement on the forecasted year end position at month 11. The movement is due to organisational shortfalls on the strategic efficiency schemes compensated by Royal Devon University Healthcare NHS Foundation Trust overperformance.

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

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

31. The delivery of savings and efficiencies as at March 24 is as follows:

Organisation	M12		
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000
Devon ICB	50,693	46,218	(4,475)
Royal Devon University NHS FT	60,296	77,291	16,995
University Hospitals Plymouth Trust	39,477	30,851	(8,626)
Torbay and South Devon NHS FT	46,578	39,748	(6,830)
Devon Partnership Trust	15,191	13,137	(2,054)
Total	**212,235**	**207,245**	**(4,990)**

32. As at month 12, Devon ICS had made efficiency savings of £207.2m which is £5m adverse to plan. This is a £6.1m improvement on the forecasted year end position at month 11.

Strategic CIP Scheme Delivery 2024/25

33. As part of the 24/25 planning round a review of top-down opportunity for CIP planning has been undertaken which is inclusive of provider and ICB CIP and system level CIP schemes. Bottom-up planning from ICB and providers has closed the gap toward the totality of the opportunity identified.

	Top down						Bottom up						Gap					
	DPT	RDUH	TSD	UHP	ICB	Total	DPT	RDUH	TSD	UHP	NHSD	Total	DPT	RDUH	TSD	UHP	NHSD	Total
Investment review (inc growth funding)	0.1	12.2	4.1	3.6	3.8	**23.8**	1.5	9.1	0.0	7.0	5.8	**23.4**	-1.4	3.1	4.1	-3.4	-2.0	**0.4**
Productivity (Planned & UEC; paid fair)	0.0	13.6	5.8	12.6	5.8	**37.8**	1.0	1.0	1.9	9.2	0.0	**13.2**	-1.0	12.6	3.9	3.4	5.8	**24.6**
Workforce (inc vacancy rate)	2.1	7.5	10.1	13.1		**32.8**	3.4	3.7	12.1	11.3	0.0	**30.5**	-1.3	3.8	-2.0	1.8	0.0	**2.3**
Procurement		1.2	1.2	1.3		**3.7**	0.8	1.5	2.0	1.8	0.0	**6.1**	-0.8	-0.3	-0.8	-0.5	0.0	**-2.4**
Estates		1.6	1.1	1.4		**4.1**	0.3	1.4	2.6	2.5	0.0	**6.8**	-0.3	0.2	-1.5	-1.1	0.0	**-2.7**
Enabling functions		0.5	0.3	0.4		**1.2**	1.0	13.8	1.6	3.3	4.2	**23.9**	-1.0	-13.3	-1.3	-2.9	-4.2	**-22.7**
Digital		0.7	0.5	0.6	1.0	**2.8**	0.1	1.0	0.2	0.7	1.0	**3.0**	-0.1	-0.3	0.3	-0.1	0.0	**-0.2**
CSS		0.4	0.3	0.3		**1.0**	0.0	0.1	1.5	1.8	0.0	**3.4**	0.0	0.3	-1.2	-1.5	0.0	**-2.4**
Medicines		0.3	0.2	0.3	4.1	**4.9**	0.0	0.7	1.0	1.0	4.1	**6.8**	0.0	-0.4	-0.8	-0.7	0.0	**-1.9**
Local (Housekeeping & NR)	5.4	23.0	16.3	12.2	11.1	**68.0**	3.4	0.0	0.0	0.0	0.0	**3.4**	2.0	23.0	16.3	12.2	11.1	**64.6**
Income						**0.0**	0.0	18.8	3.8	10.2	0.0	**32.7**	0.0	-18.8	-3.8	-10.2	0.0	**-32.7**
Commissioning					5.5	**5.5**	3.2	0.0	2.2	0.0	16.1	**21.5**	-3.2	0.0	-2.2	0.0	-10.6	**-16.0**
Unidentified	7.1	0.0	0.0	8.0		**15.1**	0.0	10.1	10.9	5.0	0.0	**26.0**	7.1	-10.1	-10.9	3.0	0.0	**-10.9**
	14.7	**61.0**	**39.9**	**53.8**	**31.2**	**200.6**	**14.7**	**61.0**	**39.9**	**53.8**	**31.2**	**200.6**	**-0.0**	**-0.0**	**0.0**	**-0.0**	**0.1**	**0.1**

34. As with 23/24 planning, a range of system level CIP schemes has been developed with SROs identified for each. The plans to deliver the CIP required in each of these schemes is being overseen by Finance and Planning Board

Programme	Projects	Financial Opportunity identified 24/25 £m
Procurement	NHSSC - Sprint initiatives (various)	
	Advising software	
	High Cost Tariff Excluded Devices (HCTED)	
	Collaborative Procurement Group -Philips (EX. VAT - Maintenance)	
	Devon shared procurement service (Capita Procurement)	3.7
Medicines	High Cost Drugs (HCDs)	
	Extend +	
	Secondary care wastage	
	Secondary care Interface	
	High cost secondary Pathways	
	ICB internal plans	
	Provider plans	4.9
Clinical Support Services	Pathology Effectiveness	
	Neutral Managed Services	
	Microbiology	
	System wide transformation	
	Shared Insourced Reporting Programme (SIRP)	
	Reporting radiographers	
	Peninsula Radiology On-Call (PROC)	
	Order Comms	
	iRefer	
	Productivity of scan acquisition - MRI	
	Productivity of scan reporting - AI	
	Dose measuring software	
	Practice Educators	
	Service Rationalisation	
	Optimising PACS for for Cardiology / Ophthalmology / Medical Photography	
	Radiopharmacy	1.0
Commissioning	Contracting rebase	
	Commissioning review/VFM	
	Placements - High Cost cases	
	Placements - Supporting hospital discharge	5.5

Programme	Projects	Financial Opportunity identified 24/25 £m
Workforce	Grip & Control	
	Non-Medical Temporary Staff.	
	Medical Temporary Staffing	
	Staffing Models (Workforce Transformation/ New Ways of Working).	
	Control	
	Medical Productivity	
	Rostering	32.8
Digital	Single Target Operating Model (TOM)	
	Single Devon Service Desk	
	Non Pay Spend	
	Data Centre Rationalisation	
	Application of RPA to Common Processes	
	EPR Benefits RDUH, UHP, TSD, DPT.	
	DCCR Optimisation	2.8
Estates	Alternative EFM delivery models / Parent Company / SPV	
	Property Disposals / Void Cost Mitigation	
	Business Rates	
	Advertisement & Marketing	
	Parking charges	
	Catering	
	NHS Property Services Proposal	4.1
Clinical Pathways and Productivity	Financial opportunities from UEC productivity	
	Financial opportunities from Elective productivity	37.8
Enabling Functions	Human Resources - covering HR functions to enhance workforce management through streamlined processes	
	Governance and risk	
	Legal - streamlining and standardising legal processes	
	Payroll - covering Payroll functions to enhance workforce management through streamlined processes	
	Finance - improving financial management through robust reporting, efficient resource allocation, and strategic cost controls	1.2
Total		93.8

35. Currently there is a risk of £42m unidentified CIP within the plan. The inclusion of these as unidentified, rather than unmitigated, is a reflection of the system commitment to finding and delivering mitigations. Work will continue ahead of the Executive to Executive meetings and RSP review in mid May to identify the short fall in CIP.

36. The NHS Devon PMO have now conducted readiness assessments with all System wide CIP programmes which has established that whilst some have already commenced (Digital, Allocative efficiencies) there are gaps in programme readiness for others.

Key Actions in Finance for completion in next 4 weeks

- Identify further route to cash in CIP schemes where gaps to opportunity exist – Kirsty Denwood
- Begin wider UEC investment review – Melvyn Jones
- Full review of any new investments through FPB, DIG and triple lock – Kirsty Denwood

Conclusion

37. The Board is asked to:

- **Note** the current performance position against the NOF4 exit criteria
- **Take** assurance from the process being undertaken for 2024/25 operating planning
  Note that system will not meet the target NOF4 exit date of Q1 2024/25

One Devon

Devon SIAG

Devon System Overview Framework Criteria Report

Date: April 2024

#OneDevon

Segment 4 Exit Criteria

Theme	Criteria	Rating
Leadership	• Demonstrate collaborative decision-making in delivering all the RSP exit criteria at both system and organisational levels, based on the principle of delivering the best, most sustainable and most equitable solutions for the whole population served by the system	
Strategy	• Delivery of Phase 1 of the Acute Services Sustainability Programme.	
UEC	• Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement	
	• Achieve the defined expectations of the National Taskforce	
Elective recovery	• Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement	
	• System performance improvements are delivered in accordance with agreed plans (Cancer and elective long waiters)	
Finance	• Develop and deliver a short-term financial plan (2023/24) that is signed off regionally and nationally	
	• Develop an outline longer-term financial plan that shows non-recurrent balance in 2024/25 and recurrent balance for 2025/26, that has Board agreement from all Devon organisations and is signed off regionally and nationally	
	• Develop and agree a Capital Plan that is clearly aligned to System strategic priorities	

Key:

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

Estimated Segment 4 Exit Date : Q1 2024/25

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

Must Do's

Theme	Must Do	Commentary
Leadership	Evidence of the use of the System Decision-making Framework, as previously agreed by organisations within the system	Meeting of Collaborative Board on 8th April agreed to proceed with the options appraisal for Radiopharmacy and Pathology with preferred options to be generated for June 2024. The long-list of options was agreed by all Trusts and also UHP and RDUH agreed to a joint piece of work to identify and bring forward options for eliminating duplication of low-volume high cost services. It has also been agreed to explore options for a governance model that would support joint leadership and management of services across multiple organisations. Timescales to be confirmed early May.
Strategy	Evidence of all organisations' boards committing to pooling of capital, workforce and estates, where this is the best solution for the whole system. This includes use of the System Decision-making Framework, where appropriate	The mandate for phase 2 of PASP was agreed in January 2024. Phase 2 encompasses 3 workstreams: fragile services, productivity opportunities and significant service change. • Fragile services: Project initiation documents produced for the next 3 priorities for fragile services: oral and maxillofacial services, obstetrics and gynaecology and stroke with clinical leadership identified. • Productivity: Workshop and follow up meeting held end of March and April to finalise alignment between PASP and Girft/elective recovery workstreams. Single reporting framework for elective recovery and fragile services to be developed. Member of elective recovery programme to join PASP Board to ensure alignment. Workshop to be held to map out all productivity activity across Devon to ensure alignment and reduce duplication. • Significant Service Change: Review of formal draft case for change completed and Communications and Involvement plan drafted. **Strategy objectives under review for Phase 2.**

Must Do's

Theme	Must Do	Commentary
UEC	High intensity use (HIU)	• Currently being worked through to cover the gap in the South due to need to re-tender service • Tender in South has closed with review planned for 29th February • Meeting between ICB and Livewell BI to develop performance and impact reporting with a plan in progress to make improvements • Meeting scheduled w/c 27/02/2 in Plymouth locality to work through issues and potential resolution through using Primary Care honorary contracts as was set up in the initial scope of the project. • In Torbay and South Devon support of 65 people has seen a 56% decrease in ED attendance and 59% decrease in Ambulance conveyance for this group
	Expansion of virtual wards	• The virtual wards across Devon achieve 70% occupancy against a target of 80% that is the highest performance by the ICB to date. Achieved 50-60% admission avoidance against a target of 70%. • Providers performance trend line continues to show an upward trajectory of achievement for occupancy. As local ICC models are embedding, improvements in admission avoidance is starting to be reported. • ICB BI team will commence a more granular scrutiny in reporting to validate the performance from the end of April 24. • GIRFT VW reviews completed, recommendations received, and locality implementation plans commenced. • Financial baseline for each VW completed indicating an opportunity for one provider to increase the number of beds within the existing funding envelope by 34 beds. • Clinical modelling nearing completion to underpin the value of merging VW, UCR and locality Integrated Care Coordination (in support of the care co hub). Model piloted at RDUH Eats and early data demonstrating daily reduction in patient attendances to the acute site and increased VW occupancy and care home support. • Detailed activity modelling being validated that is demonstrating if 80& occupancy and average LOS of 5 days is consistently achieved, patient activity will increase be almost 100%. Scoping to understand the required actions to achieve this underway.
	Frailty / falls service and UCR	**Falls & Frailty**: •The project is under review due to wider scoping work to take place to look at the community admissions avoidance pathway inclusive of Falls & Frailty. Meeting was arranged for 12/02/24. **•Referrals into UCR teams for level 1&2 falls has increased by 100% (form 150 to 300) since the inception of Care Coordination (past 3 montns)** •Scoping to be undertaken to understand what other systems have in place for Falls and Frailty. Awaiting return of the Programme Manager to understand what has been undertaken to date before commencing this. **Immedicare: There has been an evaluation report that describes Immedicare not adding value. Following this review we are exploring other options via Care Coordination and IUCS to provide further support to Care Homes.** •East, South & West – 25 (out of 60) care homes currently live. 1 home was due to be trained w/c 12/02/24 and 2 due w/c 19/02/24. •Plymouth – 56 care homes are live. Contract has been extended to 31/03/24. •Contact Care Homes currently receiving support from Torbay Acute Care Home Service (which is ending) to arrange support through Immedicare. •Continue to chase outstanding DSA's. •Weekly meeting with Immedicare and Locality Commissioners in place.
	CQC confirm UHP compliance with Conditions on trust's Licence	The Trust continues to provide improvement data to CQC on 12 agreed performance KPIs. Dialogue also continues directly with local CQC inspectorate about ED performance, compliance and improvements. Acknowledgement of improvements made, but recognition of remaining concerns about ambulance handover times and crowding. Expecting a re-inspection of UEC in coming weeks as advised at recent engagement meeting at which time a formal review of the improvements and current position of UEC services will be made by CQC. Good evidence of wider improvements in CQC domains and KLOEs across the department. Also meeting with system leadership colleagues to ascertain progress against system wide actions and support required to improve UHP UEC position.

Must Do's

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

Must Do's

Theme	Must Do	Commentary
Elective recovery **1ST Page**	• System wide PTL	The proposal for best practice sharing outside of the Specialty Improvement Groups, to support the equalisation of waits in clinically challenged specialties, was discussed through operational planning groups as well as revisited at Tactical Delivery Group. A refresh of actions has been circulated to all stakeholders on the System IPT Steering Group to prepare ahead of the 16th April meeting. Discussions are planned to deliver single PTL management of the Nightingale Centre of Eyecare Excellence (CEE) on cataract pathways. There is a minor backlog building in this particular pathway at the CEE and so a formalised process for equalising waits with system assets will be discussed. Current waits at the CEE are currently 2 weeks for outpatient first and then 13 weeks for surgery. 30 patients who are Western or Southern residents have been identified who could be seen sooner at REI or TSD high flow services, depending on choice conversations. The CEE team will contact the patients and progress accordingly however a wider piece of work is needed to formalise the process to equalise waits across system assets.
	• Waiting list management – EBIs validation DNAs	**EBI** Continuous monitoring of EBI list 1 to ensure compliance and implementing lists 2, 3 and 4. **Non-Clinical Validation** The Devon system has currently validated 86% of patients waiting over 12 weeks. Trust position as at 24/03/24: RDUH - 74% 12ww validated TSDFT - 91% 12ww validated UHP - 100% 12ww validated As of 1st April 2024 TSDFT and RDUH will be repatriating the non-clinical validation process. To date, this element of the process has been performed by DRSS who will continue to support until the end of May with existing validation, however from 01/04 DRSS have not accepted any new lists of patients to validate. Plans are in place that by 31st May 2024 validation will have been completely repatriated to the trusts with no further support provided via DRSS. **Devon's Primary and Secondary Care Interface** The document has achieved sign off with all trusts, Devon Collaborative Board, Elective Improvement Board, LMC and the Primary care commissioning transition committee. The document was published March 2024. Six weekly implementation monitoring meetings will be held with primary care GPs working in secondary care to ensure the principles are being embedded throughout and action is taken where they are not. A six monthly 'review and update' cycle will be in place to ensure document content continues to reflect changes in practice with a yearly update and republication. The ICB are engaging with trust ED leads to arrange a meeting to discuss the Primary Care/ED department interface and how this may be improved for inclusion in the next edition of document. **DNA** As at January 2024 NHS Devon achieved a Missed Appointment rate of 5.1% against a target of 5%. Focus at speciality level is taking place through the improvement programmes including standardised booking processes, one-stop clinics, booking reminders, overbooking of clinics and late notice lists

Must Do's

Theme	Must Do	Commentary
Elective Recovery 2nd Page	• PIFU and advice and guidance	**Advice and Guidance (A&G) / Advise and Refer (A&R)** Advice and Guidance Self-Assessment Tool for completion by providers prior to implementing A&G is in development and a draft tool has been shared with clinical leads for review and comments. The tool will include a section around compliance with turnaround times, turnaround thresholds and associated actions. Devon continues to exceed the required 21% target for A&G requests. **PIFU** As at February 2024 Devon is reporting a 5.5% system position which exceeds the national target of 5% of patients moved to or transferred to a PIFU pathway. Focused work at a speciality level is ongoing within the Speciality Improvement Programmes, with providers being supported to continue enhancing their PIFU offer.
	• Productivity improvements – theatres/outpatients etc	As of 10th April, 104ww trajectory for the end of April is 1 complexity breach against a plan of 0; this remains at UHP and is due to operational consumables not being delivered on time from the supplier resulting in two cancellations. 78ww trajectory for the end of April for the system is 370. This is made up by 312 admitted (198 capacity / 6 complexity / 108 choice) and 58 non-admitted (44 capacity / 14 choice). There are 348 78ww patients predicted for the end of May split by 328 admitted and 20 non-admitted. Detailed work continues across the system to improve the FY24/25 operational plan in line with feedback on the first submission. The system is running weekly demand and capacity meeting, as well as technical planning meetings to ensure the deadline is met. A further urgent and elective system lock in session took place on 8th April to discuss alignment of plans and further opportunities for improvement. Productivity work through the Specialty Improvement Programmes is continuing with best practice packs now finalised for all the named specialities, as well as neurology and respiratory being brought forward from a Q2 planned delivery into Q1. Further work continues on the FY24/25 productivity monitoring dashboard with cancer performance metrics now included as well as additions for specialty level targets being prepared following the clinically led meetings. Further opportunities for improvement are being worked through as part of the operational planning process which will tie into the provider owned performance trajectories. This will also support any additional opportunities outside of the Model Healthcare identified areas. Theatre productivity sits at 79% which remains relatively static against the 85% capped utilisation target. This puts Devon at the peer median and within the third quartile nationally for performance. Uncapped utilisation sits at 83% which again meets the peer median and places the system in the third quartile for performance. This is a slight slip since February data from 85% utilisation. Day case rate is 85% for the system which meets the 85% operational plan target and places Devon in the top performing quartile. Outpatient non-face to face performance is currently at 22.2% against the target of 25%, with a requirement for the system to see a further 56,943 non-face to face appointments to reach the target. Discharge at first appointment is at 25.5% for the system and DNA rate is currently at 5.6% for the system against a target of 5%. One Devon Elective Recovery Pilot moves into its second year of delivery: - **Ophthalmology**: - 75% market share cataracts creating NHS capacity through system assets. Now at 53% from a 16% baseline ((IS to appropriate level to support choice guidelines) - actions ongoing with LoC/specific Optoms to further education on choice requirement and process. Demand and capacity model being finalised with system leads, regular monitoring of productivity on lists and equalising of waits across providers. All optometrists in Devon have been communicated to in regard to their responsibilities in offering choice to support increased market share for the NHS. 7 Optometrist practices will receive a visit from the ICB contracting and commissioning team in the coming weeks where areas of non compliance have been established. - Ophthalmology Network and image sharing to maximise workforce – shadow network in place, - TSD linear acquisition hub go live (Albany Street) - TSDFT business case in development – timeline autumn 24 - Clearance of OP backlogs/reporting - currently backlogs being captured as part of One Devon highlight report, position being reviewed. Good progress in East and South (support offer to south via CEE) **Urology (Inc Somerset and Cornwall as part of UAN):** - Implement HoLEP – agreement by trusts to support training funding and proposed programme underway

Must Do's

Theme	Must Do	Commentary
Elective Recovery 3rd Page	• Deliver the merger plan agreed by the RDUH Board	The RDUH Integration Programme Board (IPB) has been in place throughout 2023/24 for the Trust's second year following integration in April 2022. The IPB is chaired by an RDUH Non-Executive Director, and oversees operational, clinical and corporate integration programmes. The NHSE lessons learnt process was successfully completed in July 2023. The IPB will receive the year 2 2023/24 closure report in April 2024, as well as a review of integration benefits delivered. Integration programme plans are in place for year 3 (2024/25) and will continue to be monitored by IPB through Board governance.
	• Development of increased primary care access	Primary care continues to perform well in Devon, achieving higher than national average scores against the GP patient survey and against national General Practice Access Data (GPAD) metrics, recognising though that there is some variation across the county. In the 23/24 financial year between April 2023 and February 2024, Primary Care has conducted 8.2m appointments with appointments up 10% year to date compared to the number of appointments pre-pandemic (April 2019-February 2020). There were 6,376.9 appointments per 1,000 population in Devon, and 5,105.8 appointments per 1,000 population nationally between April 2023 and February 2024, meaning that Devon offered 25% more appointments per 1,000 patients during this time period. We continue to actively signpost practices and PCNs into national General Practice Improvement Programme (GPIP) offers and will target those that are most in need. Devon ICB has the second highest sign-up for GPIP in the SW region. PCNs continue to progress the actions laid out in their Capacity and Access Improvement Plans and all the remaining Local Capacity and Access Improvement Payments for 2023/24 will be released by the end of April. The Primary Care Team will shortly release a form to PCNs to elicit final points of learning and progress on Capacity Improvement Plans ahead of release of this final tranche of the funding. Feedback from practices is that this funding has helped greatly in implementing some of the changes needed to increase capacity and improve access in the face of high levels of demand. 116 of 119 Devon practices have submitted applications to access Transformation Cover and Transformation Support funding to facilitate the adoption of the Modern General Practice Access model promoted in the Primary Care Access Recovery Plan and the Primary Care Team has assessed all these applications. In addition, we are scheduling targeted and supportive visits to contractors who appear to be experiencing a degree of comparative access challenge. The PCARP update report was shared with ICB Board in March and was well received. There has been national confirmation that the PCARP work will continue into 2024/25. During April, we will commence meetings with key stakeholders regarding redesign of same day access within Plymouth. There are a number of core objectives including increasing raw net capacity and finding ways in which other providers (including 111 and UHP ED) can direct patients to same day GP led access.
	• Optimising use of IS across Devon and use of other providers – Sulis	Capacity continues to be reviewed across all IS providers to support the longest waiting patients and fragile services across the system. Weekly meeting are in place to support unblocking issue and maximising capacity. Sub-contracting arrangements are being constructed between acute providers and out of county mutual aid providers in line with national direction, where in county mutual aid will remain under the ICB existing contracts (where contracts are already in place). PIDMAS work continues as previous months in the interim of additional cohort guidance being released.
Finance	• A shared unambiguous view on the drivers of the deficit	A drivers of the deficit process was undertaken in Feb 23 with the outputs forming an integral plan of the 23/24 financial recovery plan. All trusts have taken the final report through their finance committees / boards. **COMPLETE**

Devon System Exit Criteria Measures

Key: RGC Rating

Meets Objective

Misses Objective

Exit Criteria Measures														
Key Measures		Apr -23	May-23	Jun-23	Jul -23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	RGC
UEC														
Month on month improvements, over two quarters, in ambulance handover delays (>15 minutes) against the agreed baseline and trajectories	**Target**	4600	4729	5436	5444	4995	5419	6295	5368	6230	6222	5851	5422	
	Actual	5056	8041	6804	6384	8542	10,761	13,942	12,514	11,407	13,649	11,915	12,263	
Improvements in line with agreed baseline and plan, over two quarters, in ambulance response times for Category 2 incidents to 30 minutes on average over 23/24, with plan for further improvements in 24/25	**Target**	35	35	**30**	**30**	**30**	**30**	**30**	**30**	**30**	**30**	**30**	**30**	
	Actual	31	39	44	**36**	**40**	**57**	**58**	**47**	**53**	**52**	**51**	**57**	
Improvements in line with agreed baseline and plan over two quarters, in 12 hour breaches.	**Actual**	2752	3466	2823	**2016**	**2898**	**2992**	**3487**	**3040**	**2935**	**3483**	**3137**	**3069**	
Improvements in line with agreed baseline and plan over two quarters, 4 hour performance (to meet 76% in 23/24)	**Target**	63.5%	66.0%	67.2%	68.1%	67.9%	67.7%	68.0%	68.6%	68.8%	68.6%	70.7%	72.8%	
	Actual	63.5 %	62.4%	60%	**63.6%**	**62.1%**	**62.2%**	**60.7%**	**60.8%**	**63.5%**	**61.0%**	**62.0%**	**62.2%**	
Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories	**Target**													
	Actual													
Achieve and sustain for two quarters a reduction in number of patients who no longer meet the “criteria to reside in hospital” to no more than 5%	**Target**	10.2%	10.9%	10.1%	8.3%	8.3%	7.0%	6.3%	6.0%	6.9%	7.3%	6.5%	6.2%	
	Actual	11%	12%	11%	10%	**10%**	**12%**	**12%**	**12%**	**12%**	**12%**	**14%**	**14%**	
Elective Recovery * published two months in arrears														
Reduction in waits over 104 weeks in line with agreed plan, against agreed baseline	**Target**	167	153	96	44	27	0	0	0	0	0	0	0	
	Actual	162	133	**97**	**71**	51	22	2	2	6	12	17		
Reduction in waits over 78 weeks, in line with agreed plan, against agreed baseline	**Target**	1190	1109	1026	855	808	853	745	760	787	692	530	322	
	Actual	1288	1189	987	936	960	885	784	736	771	711	621		
Significant reduction in 65 weeks by March 2024, in line with agreed plan, against agreed	**Target**	4926	4809	5112	4886	4914	4486	3987	3358	3243	2971	2658	2232	
	Actual	5056	4898	4665	4419	4598	4181	3985	3346	3278	3146	2856		
75% of GP referred patients diagnosed within 28 days (%)	**Target**	74.54	75.32	74.19	74.66	74.89	74.24	74.65	74.35	74.43	73.8	76.2	76.95	
	Actual	76.6%	77.3%	78.2%	76.7%	74.5%	73.5%	75.1%	75.3%	77.9%	75.3%	78.9%		

Devon System Exit Criteria Measures

Key: RGC Rating

Meets Objective

Misses Objective

Exit Criteria Measures														
Key Measures		Apr -23	May-23	Jun-23	Jul -23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	RGC
Elective Recovery * published two months in arrears														
To exit Tier1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 2023 (≤12.8%) and working towards achieving the national target.	**Target**	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8
	Actual													
To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable, or improving for 2 out of 3 months for the quarter	**Target**	707	710	741	694	728	715	689	696	687	622	565	488	
	Actual	620	648	582	577	572	575	606	609	601	681	586	391	
Finance														
Performance against system savings trajectory	**Target**	9521	9653	9981	12913	13043	13379	21971	17341	17339	28164	28168	30768	
	Actual	12,315	13,763	11,892	10,178	17,878	11,268	12,333	18,739	24,350	20,628	25,447	28,459	
Significant improvement in underlying recurrent position (£ms) - monthly monitoring of CIP delivery	**Target**	6895	7026	7354	9715	9843	10180	13273	13642	13639	22965	22969	22950	
	Actual	4,227	5,675	7,816	3,551	6,445	7,375	8,297	10,580	12,124	16,684	9,580	12,990	
Productivity back to 19/20 levels as a minimum	**Target**	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Actual			83.6%	84.7%	85.1%	86.1	86.5	87.6	87.8	88.4			
Meet the financial plan every month for the quarter	**Target**	-9.761	-17352	-24272	-27998	-32565	-36944	-38763	-45438	-53358	-53672	-51452	-42339	
	Actual	N/A	-17,603	-24,552	-33,299	-39,725	-57,687	-74,806	-60,880	-80,278	-89,047	-50,843	-46,885	
Reconfirm the underlying exit run-rate	**Target**													
	Actual													

Devon System Exit Criteria Measures -

Exit Criteria Measures	
Key Measures	**Rating**
Finance	
A short term plan, with detailed milestones (22/23), signed off by the ICB	
A reporting schedule with metrics that's overseen monthly by the ICB	
Confirm run-rate	
An approved 2 year financial recovery plan	
An ambitious system wide shared services programme (with at least all back office functions in scope)	
Development and agreement of costed schemes with implementation plans.	
Quarterly trajectories identified and delivered	
Strategy	
Phase 1 Clinical Workshops to be completed between December and May 2023 (originally March 2023)	
Options for redesign of Paediatric, medicine and surgical assessment services to be generated by July 2023 (originally April 2023)	
Clinical models to be presented to Boards for approval in September 2023 (originally June 2023 – now moved out to October/November 2023 – due to industrial action)	
Public consultation on proposed changes to be approved by Boards late summer 2023*	
Public consultation on proposed changes to commence Summer 2024 (originally Autumn 2023)*	
Leadership	
Delivery of **Devon Plan** (Joint Forward Plan) produced by March 2023 and published by June 2023	
Delivery of **Devon Plan** Priorities and improvement trajectories delivered to agreed deadlines and measures of success (including delivery of Improvement Plans developed in response to the exit criteria on elective, cancer, UEC)	
Devon Operating Model and new **Governance Architecture** established by end of 2023/24 (with further maturity achieved during 2024/25)	
Improved results from the **Devon ICS System Diagnostics** (improvement to the baseline results of the April 22 diagnostic)	
ICS Maturity Assessment: **Overall Ratin**g (from 2022 baseline of 1.7 towards 2.5 by 2023/24 and 4 by 2026/27)	
ICS Maturity Assessment: **Coherent and defined population rating** (from 2022 baseline of 2.1 towards3 by 2023/24 and 4 by 2026/27)	
ICS Maturity Assessment: Integrated Care Models rating (from 2022 baseline of 1.7 towards 2.5 by 2023/24 and 4 by 2026/27)	
ICS Maturity Assessment: **System Leadership, partnerships and change capability rating** (from 2022 baseline of 1.7 towards 3 by 2023/24 and 4 by 2026/27)	

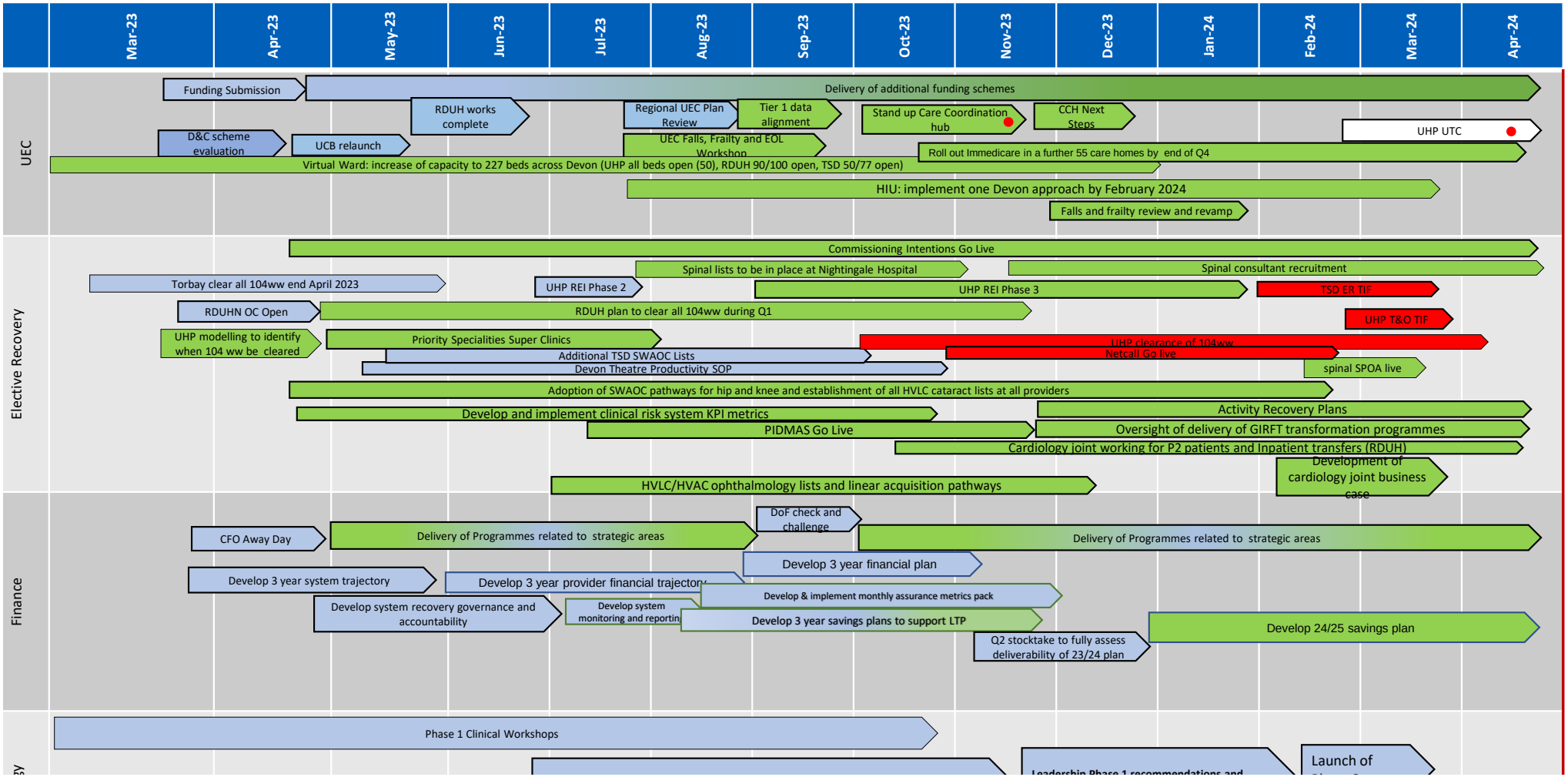
Key:

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

Critical Path Overview

Summary:

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

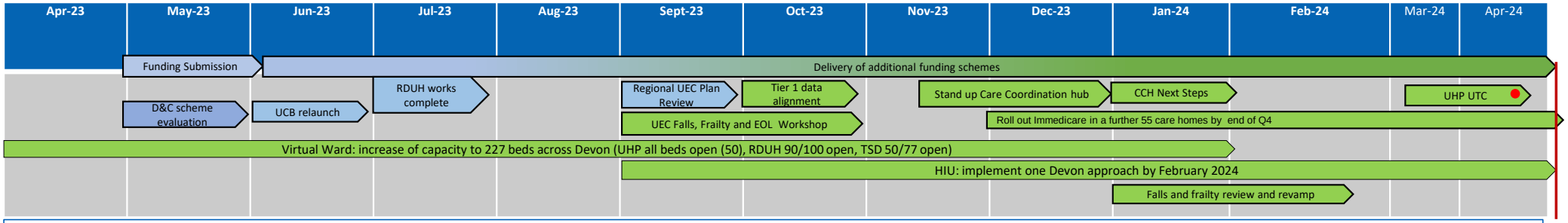


Devon System Overview Framework Criteria Report: Urgent and Emergency Care

Critical Path Key:

	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

Re-focus for remainder of 23/24
- Operating plan requirements and assumptions
- Review of all funding since 19/20
- Commencing clinical model plan
- Ated Review delivery plan
- GiRFT focus and key actions
- Out of hospitall review commissioned

Provider 76% 6 week plan focus to end of year

Care Coordination Hub
- 3661 referrals to date
- 81% ED attendance avoidance
- Link to AtED review

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

Virtual Wards
•227 Beds Open
•Occupancy improved to 70% **now 61% which is obviously a decrease**
•61% admission avoidance **now 53%**

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

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

Devon System Overview Framework Criteria Report: Urgent and Emergency Care Cont'd

Planned Activities

Activity	Lead	Deadline
GiRFT AtED delivery plan and recommendations (All AtED reports now published, findings/outcomes are informing workplans to ensure quick wins and longer-term actions are included)	John Finn	29th February 2024 (Complete)
Out of hospital review and recommendations (Report complete, presented at meetings and the 15th and 23rd)	Colin Bradbury	31st March 2024
Clinical Model Framework • CRGs set up (Groups established, Clinical Operational and Management leads identified, meetings commenced) • GiRFT and best practice reviews	Anthony Hemsley	March 2024
Out of hospital review report and recommendations to Primary and Community Care Group	Colin Bradbury	15th April 2024 (Complete)
Out of hospital review report and recommendations to Unscheduled Care Board	Colin Bradbury	16th April 2024 (Meeting postponed 23rd April)
Produce Business case to seek recurring funding for the delivery of Care Coordination on a sustainable footing.	James Wenman	March 2024/Complete (further developments for May presentation)
Review of current UEC investments to reprioritise funding to ensure value for money and performance gain.	John Finn	March 2024/Complete
Devon Clinical Model development work under way, focusing on 6 key areas, clinical led, operationally delivered.	Anthony Helmsley	June 2024

Barriers and Areas for Escalation

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

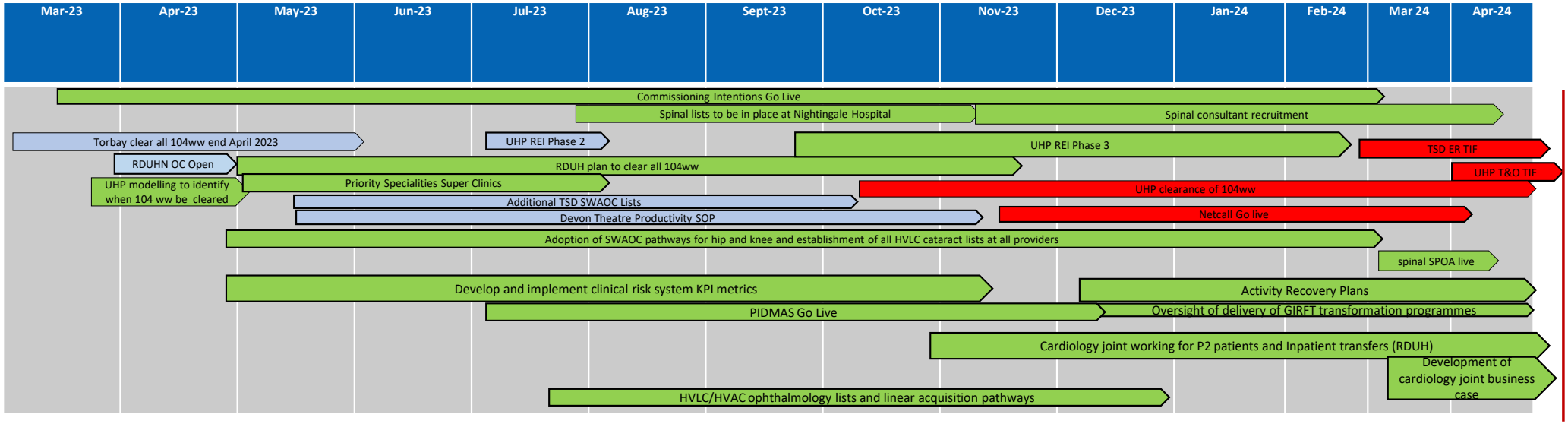
Area of escalation	Support Required	Expected Outcome
MIU data capture and performance impact	Clarity on process and impact	counting MIU activity

Devon System Overview Framework Criteria Report: Elective Recovery

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

Operational plan second submission in development and on track for submission w/c 29th April.
Urgent and elective care lock in session held 8th April.
PIFU 5.5% target met in month for Feb (latest data position).
Audiology self-referral paper completed and awaiting sign off and going to execs on 16th April.
Validation has been repatriated back to TSDFT and RDUH.
Further productivity scoping work first draft completed at ICB; this will be used to support additional opportunities within the specialty improvement programme.
Cornwall / UHP neurology (headache clinic) referrals repatriation partially underway with final aspects being worked through.
Q1 speciality improvement opportunity and project packs completed with additional Q2 delivery packs underway.
Work with Trusts on recovery of non-endoscopy DM01 modalities and reduction of +13 ww.
Support Devon Diagnostic Centre in delivering against activity profile and business plan for purchasing mobile units
SPOA for low back pain pathway is live, regular implementation meetings in place and collective issues log. New CRG issued. Process for C2C and private referrals to be embedded through SPOA
Demand models being developed for ophthalmology, urology, cardiology – to follow for spinal and orthopaedics (June 2024)
Cardiology joint business case approved for TSD/RDUH
Cardiology DC unit live at RDUH – visibility of activity schedule to start to meet additionality requirements
TSDFT TIF assets live – ongoing monitoring of utilisation
2 spinal surgeons appointed and 1 commenced March 24, second due to commence May 24. HVLC lists in Nightingale continue
Ongoing monitoring of productivity on cataract lists and throughput via Glaucoma/MR best practice models
Cardiology collaborative working initiatives between RDUH/TSD operationalised
Spinal and orthopaedic 78 wk waiter clearance
Urology HoLEP training commences

Devon System Overview Framework Criteria Report: Elective Recovery

Planned activities

Activity	Lead	Deadline
UHP neurology headache clinic capacity discussions to finalise way forward and decompress the current service	Sean Beeken	10th May
System review of RDUH-N pain management pathways (note, slip in delivery due to stakeholder absences)	Sean Beeken	19th April
System operational planning FY24/25 elective second submission	Sean Beeken	19th April
Work with Trusts on recovery of non-endoscopy DM01 modalities and reduction of +13 ww.	Bev Parker	Ongoing
Support Devon Diagnostic Centre in delivering against activity profile and business plan for purchasing mobile units .	Bev Parker	Ongoing
Devon System Clinically-led Gynaecology summit rescheduled to 02nd May due to IA and lack of clinical attendance – continued monitoring of attendance to ensure clinical representation across the system.	Kim Maby	2nd May
Operational meetings to be scheduled and underway for Q1 specialty improvement areas	Kim Maby	31st May
Audiology self-referral paper formal sign off delayed and now going before Exec's on 16th April	Nicky Dunning	16th April
Experience Led Care (ELC)' was successful in securing the contract to provide group consultation training across the Devon system. Further session with trusts and ELC in planning stage to discuss next steps in the development of the pilot of Group Consultations in Devon.	Kim Maby	29th April
Primary Secondary Care Interface Document –meeting to be arranged to discuss Primary Care/ED department interface and how this may be improved for inclusion in next edition of document.	Kim Maby	14th June
Provider and IS sub contractual arrangements to be communicated and in place	Sean Beeken	19th April
FY24/25 elective performance dashboard v2 to be completed	Claire Rudler	3rd May
Theatre deep dive dashboard improvements completed	Karen Helliwell / Sean Beeken	17th May
A&G self-assessment tool including turnaround thresholds to achieve clinical sign off.	Kim Maby	29th April
Review of the submitted IS provider return around their current validation process to ensure compliance and standardisation	Kim Maby	10th May
Discussion paper around Advice and Guidance and patient choice to be submitted for the May Elective Improvement Board	Kim Maby	16th May
CEE equalisation of waits process to be drafted	Sean Beeken	31st May
Clinical lead funding for One Devon/specialty improvement areas to be confirmed via paper for recovery support fund	Emma Herd	22nd April
Finalise Ophthalmology demand modelling	Emma Herd/Claire Rudler	June 2024
Convene monthly One Devon specialty and assurance sessions and agree 24/25 deliverables with clinical and operational leads	Emma Herd	19/04/24

Devon System Overview Framework Criteria Report: Elective Recovery

Barriers

Barrier	Mitigation
Non elective surge	PEC agreement, commissioning intentions, increased system productivity
Reliance on insourcing/outsourcing	Commissioning intentions/productivity modelling
Clinical engagement/leadership	Engagement in elective care improvement board
Waiting well offer does not extend to CYP or tailored to be accessible to those with disabilities	Linking with CYP team to work through support that is available
Unclear system C2C position	Data feed constructed however quality issues remain and require mitigation. Proxy dataset being compiled by system BI. C2C improvement trajectory to form part of FY24/25 operational plan.
Current available diagnostic capacity is insufficient to meet the objectives within the operational plan 23/24.	Demand /capacity forecast completed to understand the gap. Seeking opportunities to increase capacity wherever possible through operational efficiency, use of IS, mutual aid and bids for additional funding.

Escalations

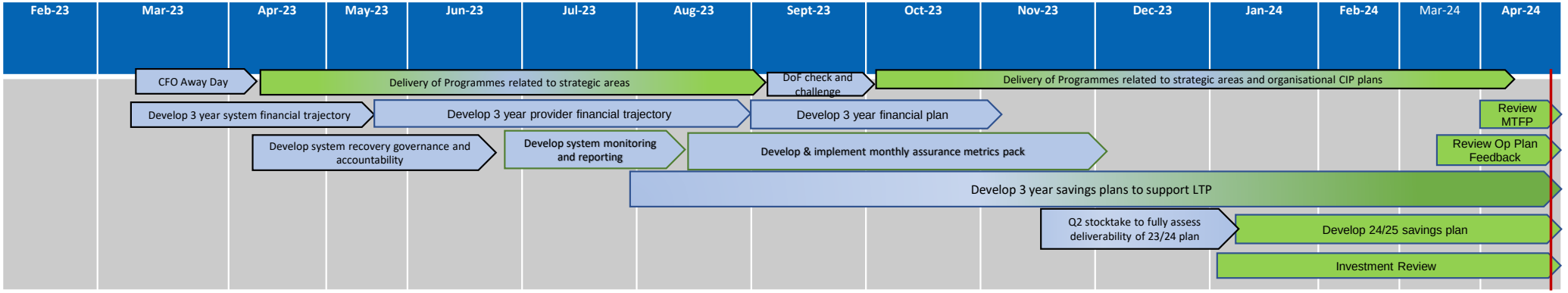
Area of escalation	Support Required	Expected Outcome
Capacity in ICB team to support level of pace and volume of work required for One Devon Elective pilot specialities. Devon being used as test bed to address national issues putting pressure on limited resource 1.5 wte managerial support across 5 specialties and overarching programme at present	ICB restructure to consider capacity requirements for 24/25 workplan.	Continued delivery of the high output transformation through the programme.

Devon System Overview Framework Criteria Report: Finance

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- Consistent approach to productivity reporting at specialty level agreed and was signed off at SRB on 28/02/24
- 24/25 plan submitted at £85.4m deficit (including £11.7m debt repayment). £73.7m net of debt repayment.

Planned Activities

Planned activities

Activity	Lead	Deadline
Continue to develop 3 year CIP saving plans to support LTP	Kirsty Denwood	On going
Develop financial values, PIDs and delivery plans for 24/25 savings schemes	Toby Hewlett	End April
Finance lock in on 15th April to review all Trust CIP plans for 24/25	Kirsty Denwood	End April
Respond to Financial Operating Plan feedback. Engage with regional review of plan with Kaye Bentley – 10th April.	Kirsty Denwood	End April
Review MTFP	Kirsty Denwood	August 2024
Investment Review – new investments from 24/25 growth through FPB and triple lock	Kirsty Denwood	End April

Barriers and Areas for Escalation

Barriers

Risk Description	Mitigation
Ability to deliver high percentage cash out CIP	Escalation required.
Lack of capacity and capability to deliver	ICB identifying additional resource (10 WTEs) as part of Phase 2 restructure. Additional RSP resource identified x3. Continued support from RSP into 24/25 required.
Inability to deliver 19/20 productivity levels	Detailed recovery plan. Development of local productivity analysis to understand key drivers.

Escalation

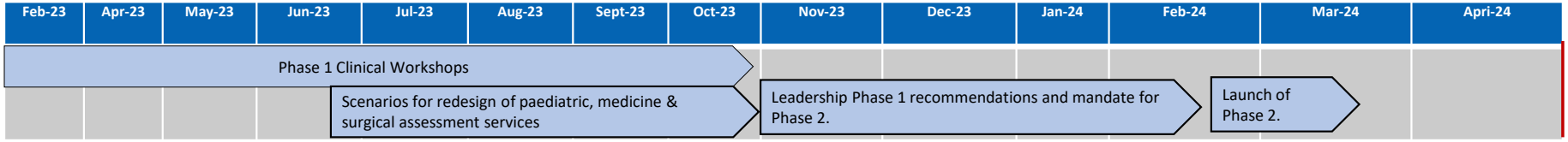
Area of escalation	Support Required	Expected Outcome
Impact of 23/24 exit run rate on 24/25 plan and ability to deliver high percentage of cash out CIP.	Support to review options available. Review by Kaye Bentley to ascertain level of risk in 24/25 plan.	A change in agreed recovery trajectory.

Devon System Overview Framework Criteria Report: Strategy

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- PASP Board – held in March. Detailed Phase 2 programme plan and deliverables agreed
- Project initiation documents produced for the next 3 priorities for fragile services: oral and maxillofacial services, elective gynaecology and stroke with clinical leadership identified.
- Scope for scenario modelling developed and RSP funding to support delivery agreed
- Review of case for change completed
- Draft Communications and Involvement Plan developed
- Workshops/briefings held on: alignment elective recovery and PASP; bringing maternity and neo-natal services into scope; briefing for CEOs on PASP; briefing for NHSE SW on PASP

Planned Activities

Activity	Lead	Deadline
Secure endorsement to end of Phase 1 recommendations and mandate for Phase 2 from Cornwall & Isles of Scilly ICB	Liz Davenport/Allison Williams	30/04/2024
Review NOF4 exit criteria and milestones with NHSE SW	Liz Davenport/Allison Williams	30/04/2024
Recruit PAPC Programme Team	Liz Davenport	30/04/2024
Workshop to map all productivity related activity across Devon	Jenny Turner	30/05/2024
Identify modelling capacity for scenario development	Liz Davenport/Allison Williams	30/04/2024
Hold two follow up workshops to understand implications for maternity and neo-natal services	Jenny Turner	30/05/2024
Identify High complexity/Low volume procedures (Specialist DGH services) to contribute to the modelling of scenarios and identify possible solutions	Jenny Turner	30/05/2024
Socialise case for change	Jenny Turner	30/07/2024
Communication and Engagement plan approved for Phase 2	Jenny Turner	30/04/2024

Barriers and Areas for Escalation

Barriers

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

Escalation

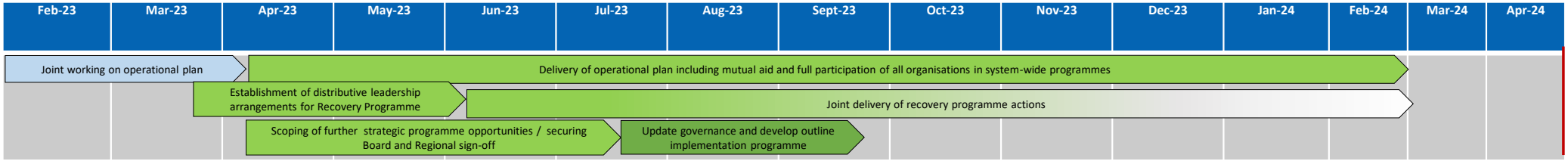
Area of escalation	Support Required	Expected Outcome
Modelling resource	Resource required to support the modelling of clinical scenarios	Resource identified
Maternity services	National Team support for clinical models for small, geographically isolated maternity unit.	Region have agreed connections between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

Devon System Overview Framework Criteria Report: Leadership – System Working

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- Evaluation paper on 23/24 RSP deferred to April SIAG meeting.
- PAPC Board discussion took place on 8th April – agreement reached on alignment of Fragile Services work to the 24/25 recovery plan
- Draft paper produced on UEC improvement / capital opportunities at UHP. Initial discussion with incoming UHP CEO took place to align thinking and priorities
- First 'development session' with incoming CEOs took place on 9th April.

Planned Activities

Planned activities

Activity	Lead	Deadline
23/24 RSP evaluation events to be held on 15th April (ICB only) and 16th April (ICB and Trusts) to explore what went well and what needs to be done to strengthen arrangements going forward.	CEOs/AW/SP	15/16 April
New ICB CEO to review CEO meetings arrangements and the Chairing of the System Recovery Board and supporting programmes with a view to revised arrangements being in place for the new financial year in light of the 23/24 RSP evaluation and the review of internal ICB governance	S Moore	End April
Support to be given to incoming UHP CEO to develop single UEC Improvement plan that is aligned to the 24/25 performance trajectories	MH/AW	End April
Support to be given to the CEOs to prepare for the RSP escalation meeting on 20th May (this is the first of such meetings for the majority of CEOs who are new to the process) including finalisation of revised exit criteria	AW/CEOs	Mid May

Barriers and Areas for Escalation

Barriers

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

Escalation

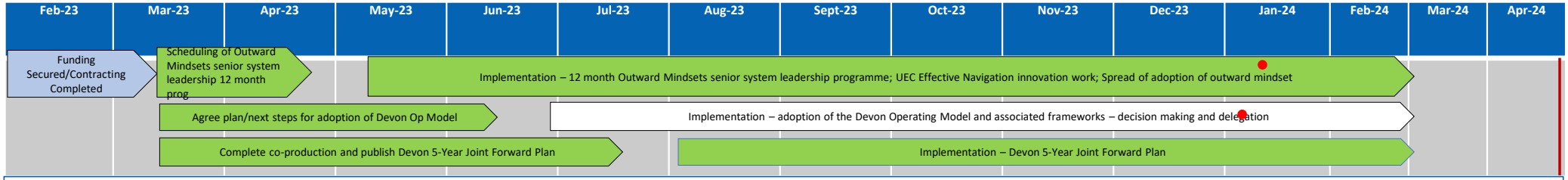
Area of escalation	Support Required	Expected Outcome
UEC system leadership to be reviewed again given changes in personnel	None – for CEOs to address	To note given ongoing risk
Risk of back-tracking or slowing of actions due to new leadership	None at this stage – for CEO group to address with support from Improvement Director but may need support from Regional Director to reinforce expectations.	To avoid loss of momentum

Devon System Overview Framework Criteria Report: Leadership – OD activities

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

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

- 100 day challenge learning report complete and has been shared with all three teams, SRO and Clinical leads. Feedback to be reviewed and further draft to be delivered by end of March. Discussions regarding a communications plan are due to take place this week (19.03.24).
- The approach to adopt outward mindset with Senior System Leaders has been paused. This decision was taken at NHS Devon Board in Dec 23. Outward Mindset training with DCC continues, day 2 for DCC Execs booked for 30.04.24. OM training scheduled for VCSE Assembly - day 1 delivered 26th March and day 2 scheduled in April. Multiple Complex Needs Alliance - Torbay during May and June. System wide piece of work supported by OM methodology under discussion with Torbay Council; DCC and TSDFT
- Completed the refresh of the 5-Year Joint Forward Plan - the work to implement this is on pause due to resource from the System Development Team being disbanded/repurposed

Planned Activities

Planned activities

Activity	Lead	Deadline
Outward mindsets – VCSE Assembly during March/April; DCC April onwards; MCNA – May/June	Katy Kerley	Review end Sept 24
Learning report draft reviewed by all key stakeholders. Final draft in progress. Communications plan being discussed but limited budget for implementation.	Katy Kerley	End May 24
Devon Operating Model – complete discussions to agree how to commence adoption of the Model **[paused until April 2024]**	Warwick Heale	May 2024
Continuation of work to refresh the 5-Year Joint Forward Plan – assessment of the impact on JFP of the immediate singular focus on system recovery is needed	Jenny Turner	End Jan 24

Barriers and Areas for Escalation

Barriers

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

Escalation

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

One Devon

Devon SIAG

Provider Highlight Report - TSD

Date: April 2024

#OneDevon

Devon System Overview Framework Criteria Report

TSDFT

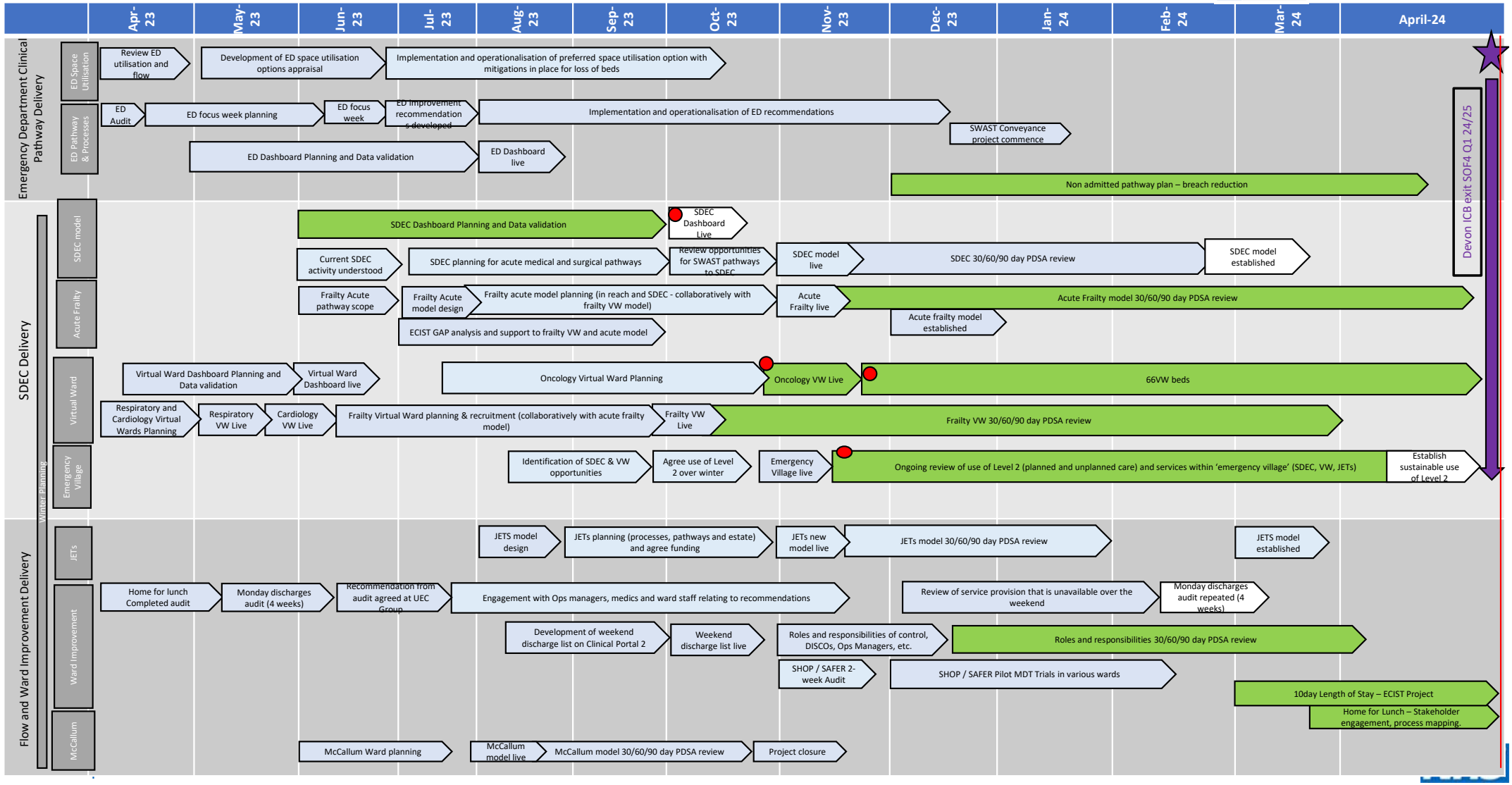
Exit Criteria Measures													
Key Measures		Apr - 23	May - 23	Jun - 23	Jul - 23	Aug - 23	Sep - 23	Oct - 23	Nov- 23	Dec – 23	Jan – 24	Feb - 24	Mar - 24
UEC													
Month on month improvements, over two quarters, in ambulance handover delays (>15 minutes) against the agreed baseline and trajectories (hours lost)	**Target**	894	582	1038	992	1111	1137	1416	996	1213	1287	1205	1110
	Actual	1233	1605	1555	1223	1707	2579	3591	3141	2141	3634	3217	**3667**
Improvements in line with agreed baseline and plan over two quarters, 4-hour performance (Trajectory to achieve 76% by 23/24)	**Target**	59.99%	65%	68%	68%	68%	72%	72%	73%	75%	70%	73%	78%
	Actual	61.75	60.83%	64.63%	63.52%	67.9%	68.4%	66.6%	67.0%	68.03%	65.1%	63.2%	**65.7%**
Improvements in line with agreed baseline and plan over two quarters, 12-hour breaches. (time in department)	**Actual**	568	893	797	636	794	686	822	770	622	836	824	844
Month on month improvements, over one quarter, in pre-midday discharges against agreed baseline and trajectories	**Target**	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	**33%**
	Actual	17.35%	18.59	19.9%	20.5%	21.6%	21.5%	20.3%	22.4%	23.7%	22.5%	23.3%	**24.0%**
Achieve and sustain for two quarters a reduction in number of patients who no longer meet the “criteria to reside in hospital” to no more than 5%	**Target**	10.15%	10.15%	10.15%	7.51%	7.51%	7.51%	5.16%	5.16%	7.45%	7.5%	5.0%	5.0%
	Actual	7.62%	7.48%	7.0%	6.0%	7.5%	7.4%	8.3%	7.2%	6.4%	6.6%	4.9%	**4.8%**
Elective Recovery													
Reduction in waits over 104 weeks in line with agreed plan, against agreed baseline	**Target**	0	0	0	0	0	0	0	0	0	0	0	0
	Actual	0	0	0	0	0	0	0	0	0	0	0	0
Reduction in waits over 78 weeks, in line with agreed operating plan trajectory following NHSE review June 22023	**Target**	173	208	130	130	130	111	92	73	65	35	19	0
	Actual	173	173	130	129	156	187	155	179	163	141	125	**58**
Significant reduction in 65 weeks by March 2024, in line with agreed operating plan trajectory following NHSE review June 2023	**Target**	1,292	1,362	1,312	1,307	1,387	1,189	991	793	650	397	199	0
	Actual	1,244	1,197	1221	1155	1274	1161	1018	871	842	788	695	**470**
75% of GP referred patients diagnosed within 28 days	**Target**	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual	75%	79.3%	78.1%	81.7%	79%	77.8%	77.5%	75.7%	77%	75.4%	80.9%	78.4%

Devon System Overview Framework Criteria Report

TSD

Exit Criteria Measures													
Key Measures		Apr - 23	May - 23	Jun - 23	Jul - 23	Aug - 23	Sep - 23	Oct - 23	Nov- 23	Dec – 23	Jan – 24	Feb - 24	Mar - 24
Elective Recovery													
To exit Tier1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 2023 (≤12.8%) and working towards achieving the national target.	**Target**	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%
	Actual	6.5%	6.2%	5.8%	5.3%	6.9%	5.4%	7.2%	7.9%	10.2%	11.0%	7.2%	5.1%
To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable or improving for 2 out of 3 months for the quarter.	**Target**	160	150	152	155	162	170	175	179	182	163	148	138
	Actual	107	111	100	89	120	105	143	147	158	173	112	83
Finance													
Performance against system savings trajectory	**Target**	625	625	623	3,083	3,082	3,082	8,898	3,900	3,898	6,256	6,256	6,250
	Actual	0	0	4,351	3,091	3,125	3,082	6,833	5,456	3,995	3,071	3,475	3,269
Significant improvement in underlying recurrent position (£ms) - monthly monitoring of CIP delivery	**Target**	281	281	280	2,167	2,165	2,167	2,732	2,734	2,732	5,090	5,090	5,086
	Actual	0	0	3,715	1,776	2,198	2,486	2,333	3,110	3,009	2,362	2,388	2,369
Productivity back to 2019/20 levels as a minimum	**Target**	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Actual	As per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I
Meet the financial plan every month for the quarter	**Target**	(4,799)	(5,131)	(4,835)	(2,697)	(2,679)	(2,440)	1,371	(3,447)	(3,882)	(1,582)	(884)	11,628
	Actual	(4,861)	(4,764)	(4,843)	(2,699)	(4,273)	(3,546)	(1,089)	393	(4,395)	(3,850)	9,406	(2,355)
Reconfirm the underlying exit run-rate	**Target**	(5,144)	(5,476)	(5,179)	(3,614)	(3,597)	(3,356)	(4,796)	(4,614)	(5,049)	(2,739)	(2,050)	(2,730)
	Actual	(5,528)	(5,430)	(5,509)	(5,189)	(5,478)	(4,213)	(4,261)	(4,414)	(4,766)	(4,384)	(2,689)	(2,504)

Critical Path Overview: Urgent and Emergency Care Improvement Programme TSDFT Project Deliverables FY23/24



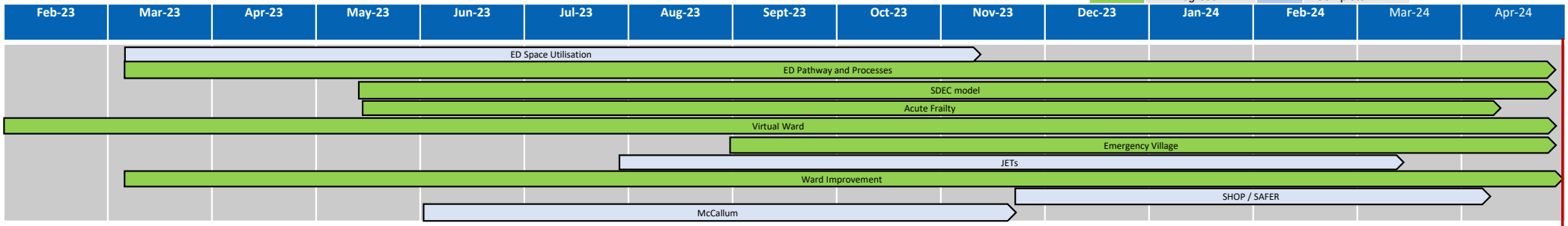
Devon System Overview Framework Criteria Report: Urgent and Emergency Care

TSD *2023/24 Devon SOF Criteria Report*

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- ED Clinical Pathway – Completion of PIR for ED Configuration, Various meetings around 4-hour breach target including research around various improvement ideas such as AEC SDEC support with papers around these proposals. Report on observation in ED around Tracker and Silver role presented to ED Delivery Group, recommendations agreed and implemented. Observations carried out and review of data around impact of changes. Initial process map completed and circulated around current ED process with a focus on Yellow pathways. Support around data analysis around 4-hour breaches relating to SRU.
- IPS Phase 1 – SSPAU space utilisation review completed, distributed for review. Orthopaedics breaches admitted data deep dive completed, shared with stakeholders. AMU referral optimisation case review completed, to commence process mapping.
- Virtual Ward - Heart Failure service expanded to include Saturdays. GP post out to advert. Primary care meeting to discuss direct referrals. Out of hours VW service now set up (AMU)
- Emergency Village - Frailty SDEC (FSDEC) Model scoping different pathways into FSDEC to expand, PDSA review undertaken. FSDEC dashboard now live - 121 admissions since going live, 305 estimated bed days saved.
- Emergency Village – SWAST Conveyancing met with SRU to discuss pathways into SRU direct and the next steps.
- Emergency Village – SDEC met to confirm plan of action for capacity audit and extended for another a week.
- Flow & Ward – Sick, Home, Other Patients (SHOP) phase 2 final report sent to Simpson.
- Flow & Ward – Home for Lunch met to discuss plan of action, Test of change commenced for 6am bloods.
- Flow & Ward – Roles and responsibilities of MDT – meeting arranged to discuss plan of action
- Flow & Ward – 10-day length of Stay – ECIST project underway, extended to include Dunlop ward.

Planned Activities

Planned activities in next reporting period	Lead	Deadline
Internal professional standards – targeted approach to specialties meet these standards – specifically the response to ED clinical review	COO	Long Term Project
Review and implementation of GIRFT UEC recommendation link to the wider Trust UEC Plan – This is in progress	COO	December 2023
Virtual Ward - continuation of expansion towards 66 beds. Meeting with Medvivo, Care Co Hub to discuss referrals. Heart Failure Business Case to be completed.	COO	April 2024
Action associated with the 6 focus areas highlighted through the Tier 1 meeting – with weekly to regional and National Teams. Quick wins non admitted night activity review. Completed. Further work commenced to align improvement plans to focus areas and improve performance – see Tier 1 summary. Phase 1 of ED reconfiguration complete, and PIR submitted. Phase 2 commencing to drive further improvements of 4Hr breaches including Emergency SDEC.	COO	ongoing
Flow & Ward – SHOP to complete 30 day review for George Earle and Simpson. To continue to support ECIST with LLOS reviews. Arrange meeting with stakeholders from Flow & Ward and SHOP to discuss overarching themes and create plan of action. Awaiting results of Test of Change for 6am Bloods for Home for Lunch.	COO	April 2024
ED Clinical Pathway – PPG Conversations around the proposal to restart. Tracker / Silver nurse roles continue to review implementations and support with driving further improvements around saving breaches. Yellow Area to gain further stakeholder input around the process map, identification of bottle necks to create targeted improvement interventions. UEC Future Improvement event rearranged for May due to pressures. Discussions with ED, AMU and SDEC to scope out improvement project. To continue to support SRU 4 hour breaches.	COO	April / May 2024
Emergency Village – SDEC phase 2 audit to collate and review findings. Process mapping of the current process of AMU referrals.	COO	April / May 2024

Barriers and Areas for Escalation

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

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

Provider Update – Torbay and South Devon

Previous Week w/c 1st Apr	Actions Undertaken	Latest Week w/c 8th Apr
Minors Type 1 90.6% **Not Admitted** 59.3%	• Maintain performance in UTC/MIU's at 99.7% • Tracker role -. Matron support to ensure role is maintained for 12hrs.Further work ongoing to support • Robust validation of all pathways . • RAT in the waiting room- POCT testing being explored for earlier diagnostics to expedite decision making • Multidisciplinary SDEC in planning stage • Support for ENP rota to reduce ED Minors breaches	**Minors Type 1** 95.1% **Not Admitted** 67.8%
% 4-5 Hour Breaches 15.6%	• Maintaining capacity in see and treat has improved • Breach analysis shows onward flow to speciality beds and time to be seen remain key contributors • ED GP streaming – continues , focussing on peak demand. • JET trial commenced 09/04/2024 , assessing patients in the discharge lounge not ED. • Kingsgate support to resource pathway and process change to support flow commenced 08/04/2024	**% 4-5 Hour Breaches** 14.7%
Pre 12 Discharge 19.0%	• Maintaining focus on plus 1 earlier in the day and discharge lounge opening at weekend • Focus on community discharge to support early transfer of patients from the Acute Trust • Bedding level 2 AMU reduces opportunities for further improvement – Model change in discussion. • ECIST support for board round process , focussing on discharge plans . Support from I&I team on SHOP principles to support early decisions for discharge.	**Pre 12 Discharge** 21.7%
24-48 LoS 65	• Increase use of Virtual ward – Step up to support admission avoidance - Capacity at 66 – current occupancy 87.9%. • Frailty unit achieving an average of 11 patients per week- saving an estimated 415 bed days . 50.60% admissions avoided . • ECIST supporting discharge improvement	**24-48 LoS** 66
Overnight Breaches Arrived & Breached: 276 Breached overnight: 425	• .Rota's currently being re-designed to more appropriately match capacity – will require consultation in the interim , review of middle grade rota for potential for rota changes by negotiation. • Kingsgate support to review proposed rota capacity to confirm delivery/outcomes opportunities. • Further review of bed opportunities OOH – site management focus	**Overnight Breaches** Arrived & Breached: 249 Breached overnight: 358
Handovers > 60 min 54.6%	• Exec-led support for a focus on no >60 minute handover delays. • Care Coordination South Spoke Model – Phase 1 – live focused on Community Urgent Response and Intermediate Care Offer. • SWAST conveyance focus week postponed until May to focus on SDEC model	**Handovers > 60 min** 49.0%
NCTR 5.0%	• 10 day review remain in place – promoting alternative options from inpatient beds. • ECIST support for long stay patients commencing this week .	**NCTR** 5.0%

Risks and Escalations

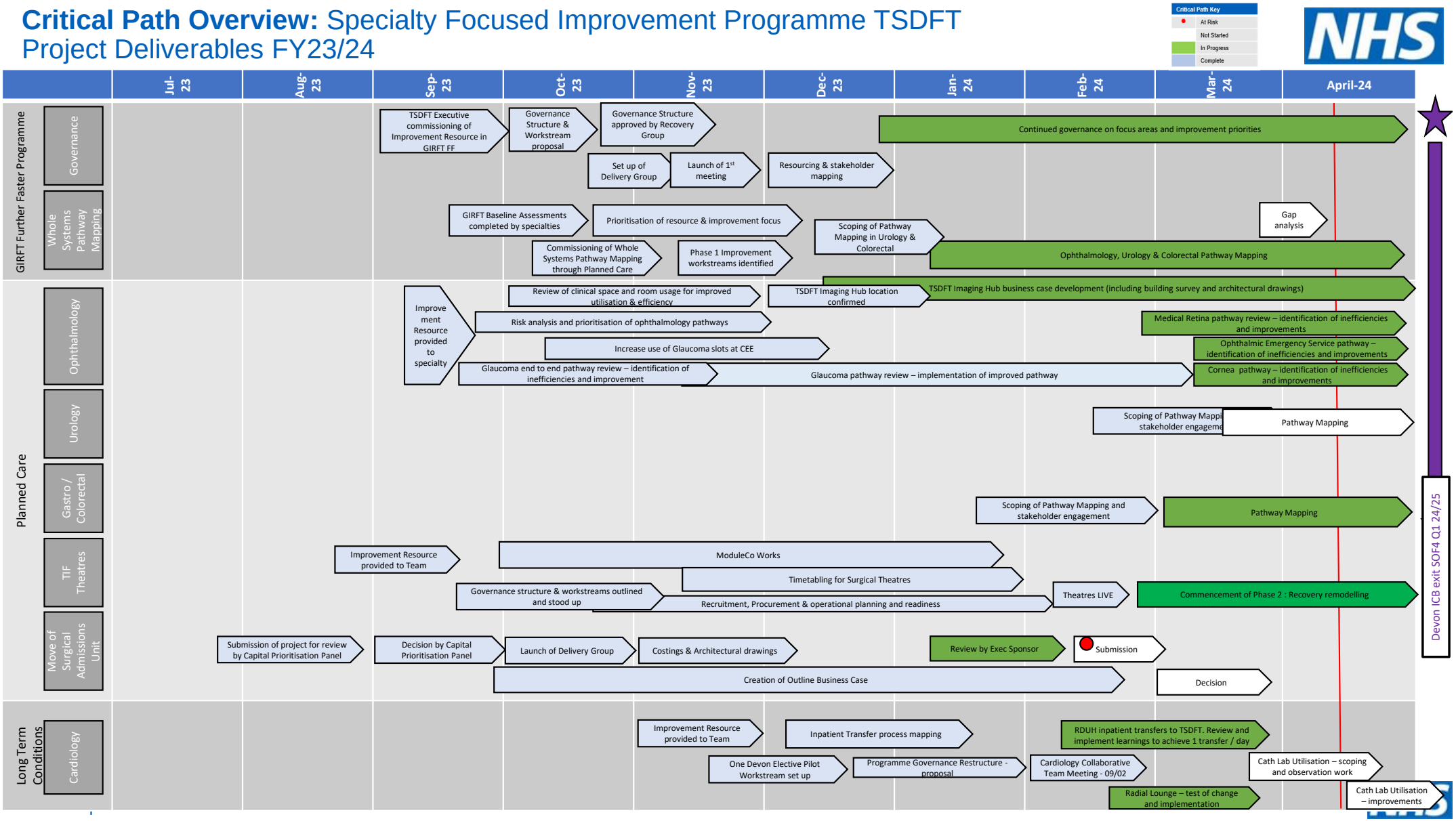
Risks

- **Operational status – ICO and system stability**
- Workforce – Substantive Vs Locum
- Vulnerability from sickness in small speciality team workforce
- Ambulance Demand and Management
- Fragility associated with small bed base
- Overnight use of Discharge lounge, and AMU level 2 impacting Pre Noon percentages as AM discharges moved to lounge overnight and early opportunities in the SDEC area for medicine is reduced .
- Funding stream for Ready to Go ward removed

Escalations

- Mental Health admitting capacity
- Appropriate referrals to CUC

Critical Path Overview: Specialty Focused Improvement Programme TSDFT
Project Deliverables FY23/24



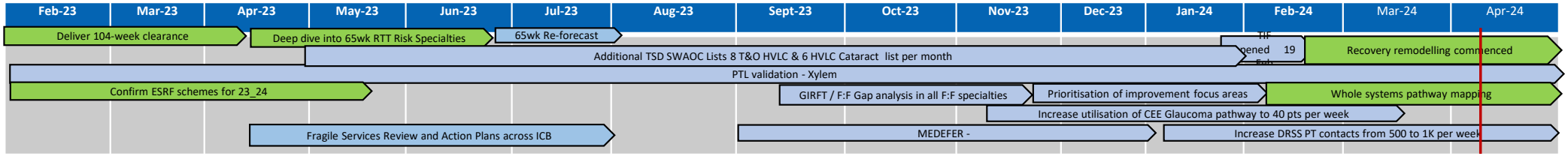
Devon System Overview Framework Criteria Report: Elective Recovery TSD *2023/24*

Devon SOF Criteria Report

Critical Path Key:

	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

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

GIRFT Further Faster

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

Opthalmology: Glaucoma pathway transformation complete, implementation underway. New waiting list backlog removed, follow up backlog being booked currently. Medical Retina and Cornea pathway analysed, awaiting engagement activities with stakeholders to plan improvements.

TIF

- Phase 1 – Closure commenced. Stakeholders to continue with the delivery of targeted activity against the project plan to enable full project closure.
- Phase 2: Recovery remodelling – commenced. Stakeholders to continue forwards with delivery of targeted activity against project plan for operational readiness.
- Delayed completion date by a further 6 weeks - 7th June 2024.

Outpatient transformation programme with focus on:

- Utilisation of Attend Anywhere
- 1st appointments, advice and guidance and relationships with primary care providers
- Administration errors, codesigning outpatient admin systems to be accessible and responsive to the different needs of patient groups
- Room utilisation, DNA's and PIFU

Cardiology Collaborative working with RDUH (N&E) to reduce waiting times across the region by providing a 7-day service (including inpatient and outpatient patient). Current programmes focus on delivering 1 RDUH inpatient transfer/day and reviewing Cath Lab Utilisation.

Planned Activities

Planned activities in next reporting period 2024

Activity	Lead	Deadline
Business case for refurbishment of Albany Street Clinic into an ophthalmology high-volume imaging hub	Sandie Heyworth	End of April 2024
Stakeholder engagement to identify and plan improvements for testing within ophthalmology pathways: medical retina, eye casualty and cornea	I&I Team on behalf of Ria McCoy, Derren Westacott	May 2024
Stakeholder engagement and process mapping for Urology and Colorectal	I&I Team	End of April 2024

Barriers and Areas for Escalation

Barriers

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

Escalation

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

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

Devon SOF Criteria Report

Critical Path Key:

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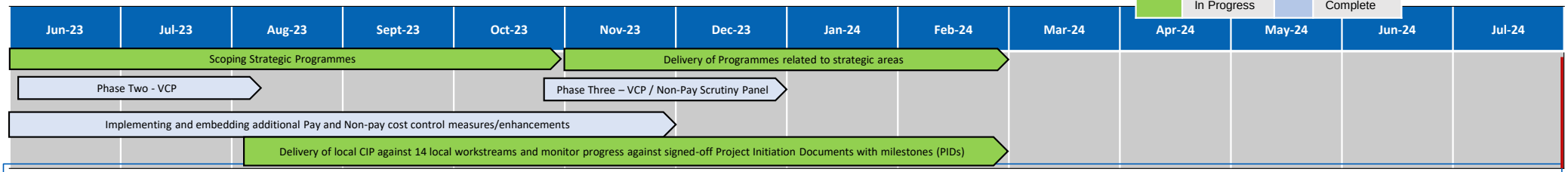
Critical Path Plan



Progress

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

Planned Activities

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

Barriers and Areas for Escalation

Barriers

Barriers	Mitigation
Delays in implementing strategic ICS wide schemes	ICB joint working approach clearly set out project milestones Progress is moving at pace
Large volume of conflicting priorities takes focus from CIP and the progression of amber and red schemes that need to be accelerated to green	Recovery Group and PMO meetings with each Care Group and Corporate Directors fortnightly basis
Change Management culture to understand the Trust position and work differently to build a sustainable position	Senior Managers briefing, engagement sessions and visits and visuals from Trust Communications team supported by Finance and Workforce teams
Further Industrial Actions	System wide response to quantify industrial action costs and full impact is in place and reduction of ESRF targets

Escalation

Area of escalation	Support Required	Expected Outcome
Kendall Bluck – approach for job planning management	It is expected that we will need SME's to really embed this work and make sure we have a clear and sustainable plan based on the findings	SME will be picked up with the Intensive support team
No workforce growth principle will undo past approved business cases, review of past decisions needed	ICS and Trust Board - 'Call to Action' launched and ICB support obtained	Undo some past decisions, strengthen go forward processes
Joint plan is required with Local Authorities on Social Care	Devon ICP level transformation initiatives and support	Joint Strategic Management of the market & provision of Care

One Devon

Devon SIAG

Provider Highlight Report - RDUH

Date: April 2024

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Devon System Overview Framework Criteria Report

RDUH

Improvement plan category	Specific category metric	Plan vs actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
UEC	**ED**: Ambulance handovers **> 15 mins [Completed by ICB]**	Plan	1,313	1,397	1,306	1,242	1,274	1,243	1,326	1,305	1,314	1,315	1,254	1,293
		Actual / forecast	2,080	2,092	2,111	1,853	3,029	2,726	3,013	3,106	3,730	3,524	3,467	3,363
	ED: 4 hour all types performance	Plan	63.9%	66.5%	67.3%	69.2%	68.5%	68.1%	69.5%	70.8%	70.8%	72.2%	74.2%	76.0%
		Actual / forecast	64.6%	63.2%	63.4%	63.3%	59.2%	61.8%	62.7%	63.7%	64.3%	64.5%	66.9%	78.0%
	ED: 4 hour Type 1 performance	Plan	55.0%	58.0%	60.0%	61.0%	61.0%	62.0%	63.0%	64.0%	65.0%	66.0%	68.0%	70.0%
		Actual / forecast	56.7%	54.8%	54.4%	55.0%	50.3%	52.3%	52.7%	54.8%	55.4%	54.9%	56.8%	71.2%
	ED: 12 hour breaches (Number of waits for admission from DTA over 12 hours)	Plan												
		Actual / forecast	103	82	68	28	52	114	86	54	115	148	97	40
	ED : 12 Hour all types performance (Time in Dept)	Plan												
		Actual / forecast				2.77%	4.63%	5.40%	5.32%	3.50%	4.72%	5.50%	3.97%	1.88%
	Discharges: Pre mid-day discharges	Plan	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
		Actual / forecast	15.42%	14.41%	14.54%	13.79%	15.05%	13.35%	29.22%	28.22%	28.13%	27.08%	28.91%	29.92%
	Discharges: No criteria to reside (NCTR) as % occupied beds	Plan	10.9%	12.0%	10.7%	8.5%	9.1%	6.9%	5.9%	5.1%	5.7%	6.5%	5.5%	5.3%
		Actual / forecast	11.6%	11.2%	11.5%	10.6%	10.1%	11.2%	11.9%	12.5%	16.0%	17.0%	16.2%	14.4%
	Discharges: No criteria to reside (NCTR) average daily count	Plan	119	122	107	93	96	72	59	50	52	59	52	50
		Actual / forecast	119	116	117	105	102	117	125	129	161	175	167	148
Elective recovery	**RTT**: 104+	Plan	23	8	-	-	-	-	-	-	-	-	-	-
		Actual / forecast	17	13	7	1	2	8	0	0	0	2	1	0
	RTT: 78+	Plan	592	485	466	395	322	314	211	174	137	103	68	-
		Actual / forecast	646	643	520	476	470	440	399	342	383	360	296	128
	RTT: 65+	Plan	2,520	2,346	2,530	2,249	2,078	1,790	1,550	1,280	1,014	881	774	710
		Actual / forecast	2,672	2,585	2,329	2083	2134	1974	1980	1719	1712	1642	1479	1088
	Cancer: 28 day Faster Diagnosis	Plan	70.3%	70.9%	70.8%	70.9%	71.6%	71.8%	72.1%	72.9%	73.4%	74.3%	74.6%	75.1%
		Actual / forecast	73.3%	74.1%	75.8%	72.0%	71.4%	70.8%	67.8%	70.9%	76.8%	73.4%	78.3%	77.4%
	Cancer: Patients over 62 days as % total waiting list	Plan	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%
		Actual / forecast	8.8%	9.0%	8.4%	7.6%	7.1%	7.9%	8.1%	8.7%	9.4%	10.7%	9.1%	5.0%
	Cancer: volume of patients over 62 days	Plan	273	264	294	260	301	295	278	293	293	265	241	198
		Actual / forecast	303	292	283	271	255	291	294	290	260	306	287	151

Devon System Overview Framework Criteria Report

2023/24 Devon SOF Criteria Report

RDUH

Improvement plan category	Specific category metric	Plan vs actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Finance	**CIP**: Performance against systems savings trajectory	Plan	0	0	0	0	0	0	0.8	0.8	0.8	4.4	4.4	4.4
		Actual / forecast	0	0	0	0	0	0.5	0.2	0.2	0.2	0.4	0.3	0.2
	CIP: Performance against Trust savings trajectory	Plan	2.2	2.3	2.7	2.8	3.0	3.1	3.5	3.8	3.8	5.5	5.5	6.5
		Actual / forecast	1.6	1.9	1.9	2.6	9.6	3.0	3.0	3.2	14.4	11.5	11.1	11.7
	Productivity: weighted activity recovery vs 2019/20	Plan	95%	102%	115%	99%	115%	110%	101%	111%	112%	114%	118%	108%
		Actual / forecast	107%	113%	106%	107%	110%	107%	110%	113%	116%	117%	109%	110%
	Financial performance: achieving financial plan	Plan	-5.8	-2.9	-2.5	-1.7	-2.5	-2.2	-3.9	-4.1	-4.2	-2.2	11.6	5.5
		Actual / forecast	-5.8	-2.9	-2.5	-1.7	-6.4	-9.6	-9.6	4.3	-2.6	-2.9	12.6	0.3
	Financial performance: achieving underlying run rate	Plan	-9.3	-6.5	-6	-5.3	-6	-5.8	-7.4	-7.7	-7.7	-5.8	-3.9	0.8
		Actual / forecast	-9.3	-6.5	-6	-5.3	-9.9	-13.2	-13.1	0.7	-6.1	-6.5	5.3	5.2

% performance vs baseline	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHSE actuals as % baseline	107%	113%	106%	107%	110%	107%	110%	113%	116%			
RDUH Operating plan	95%	102%	115%	99%	115%	110%	101%	111%	112%	114%	118%	108%
RDUH actuals as % baseline	106%	110%	104%	105%	108%	105%	108%	111%	115%	117%	110%	0%
RDUH forecast as % baseline	107%	113%	106%	107%	110%	107%	110%	111%	115%	117%	109%	110%
NHSE target as % baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
RDUH forecast as % baseline inc recovery actions										117%	110%	110%

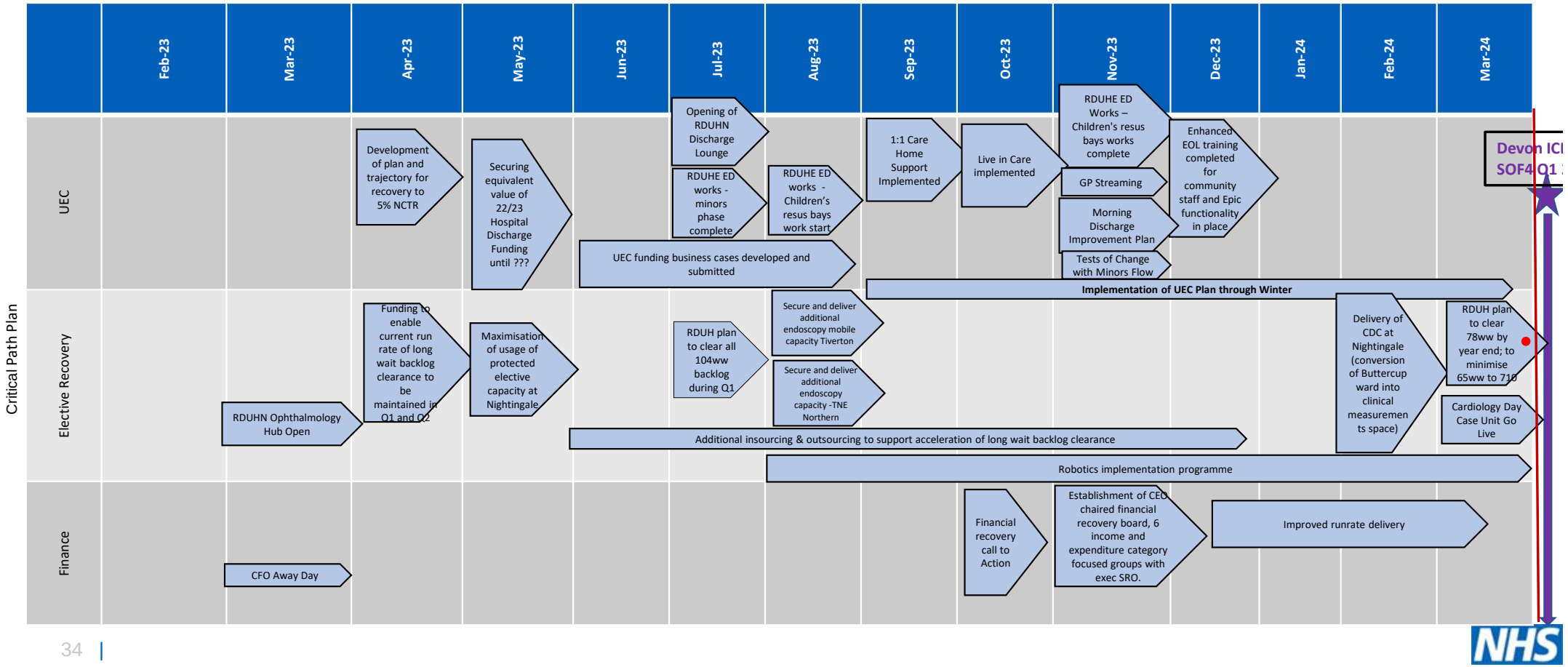
Critical Path Overview - RDUH

Summary:

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

Critical Path Key

- At Risk
- Not Started
- In Progress
- Complete



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

2023/24 Devon SOF Criteria Report – @ March 2024

Critical Path Key:			
	At Risk		Not Started
	In Progress		Complete

Critical Path Plan

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
		Development of plan & trajectory for recovery to 5% NCTR	Securing equivalent value of 22/23 Hospital Discharge Funding	UEC funding business cases developed and submitted	Opening of RDUHN Discharge Lounge RDUHE ED Works – Minors phase complete UEC funding business cases developed and submitted	RDUHE ED Works – Children's resus bays works start UEC funding business cases developed and submitted	Implementation of UEC Plan through Winter 1:1 Care Home Support implemented	UEC Winter Plan Live in Carer implemented	UEC Winter Plan GP streaming Morning discharge Improvement plan RDUHE ED Works – Children's resus bays works complete Test of change with Minors flow	UEC Winter Plan Enhanced EOL training completed for community staff and Epic functionality in place	UEC Winter Plan	UEC Winter Plan	UEC Winter Plan

Progress

- UEC funding agreed by ICB for 1:1 Care Home Support, Live in Care, Sidmouth Community Hospital bed, Hospice Care Nurse in SPOA. Business cases submitted for GP streaming, Out of Hours District Nursing Call Handling Service, Virtual Ward Night Sitting Service,
- Focus on criteria led discharge for outlier medical teams.
- Additional pathfinder hours to support admission avoidance.
- Promotion of Virtual Ward specifically for inpatients
- Live breach analysis
- Robust weekend plans for 7 day services
- ED floor manager input to include Saturday and Sunday – to target flow and patients imminently due to breach
- GP Streaming demonstrating a positive impact on 4 hour performance in minors for Northern and Eastern Services
- Additional safety briefings to facilitate faster discharges on MAU

Planned Activities

Activity	Planned activities in next reporting period 2023	Lead	Deadline
Northern – Fast track pathway reviews for orthopaedics and urology to ensure compliance. Additional hours of pathfinder in ED for admission avoidance. GAP analysis score completed in ED to increase utilisation of SDEC. Pathways for SDEC revisited to expand patient eligibility criteria. Test of change to convert 6 beds to 6 trolleys on MAU to support triage process (awaiting approval). Expansion of criteria led discharge across all specialities. Enhanced weekend plans for 7 day services including additional transport provision.		LD, HB	Ongoing
Eastern – Breach analysis to reduce overnight breach position. Medical junior doctor discharge team at weekends to facilitate timely flow. Site launch of criteria led discharge. ESAC to open earlier to pull from ED. Additional surgical SHOs at weekend in March. Supernumerary nurse in charge and ED floor manager focus on 4 hour target in March.		AB	31.03.24

Barriers and Areas for Escalation

Barriers

Barriers	Mitigation
Aggregate impact of additional funding released by ICB estimated to address c50% of bed capacity gap identified in Trust's Winter Plan, Process for determining allocation of funding for UEC schemes has been protracted and complex, and has resulted in both delay to approval, and introduction of lack of parity between system providers. Significant gap in funded beds identified for RDUH across North & East remains	ICS release of further funding
Demand for UEC services within system exceeding available capacity	ICS Release of slippage
Successful delivery of System Plan is predicated on all system partners playing an equal part in relation to both mutual aid and dynamic conveyancing	System participation and ICS coordination

Escalation

Area of escalation	Support Required	Expected Outcome
Patients waiting for: • Mental health beds • Mental health act assessments out of hours	ICS and DPT capacity provision	Reduced delays for mental health beds and out of hours mental health act assessments
UEC funding – communication received on final share of £13.8m. Further discussion on slippage, and on additional Winter resilience schemes.	Additional schemes identified to mitigate the gap in beds identified as part of the Winter Capacity & Demand modelling.	
Ongoing deficit in P1 capacity for RDUH (Eastern Services). Options paper shared with ICB.	Provision of funding to address shortfall on a sustainable and recurrent basis	

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

2023/24 Devon SOF Criteria Report – @ March 2024

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	RDUHN Ophthalmology Hub Open	Funding to enable current run rate of long wait backlog clearance to be maintained in Q1 & Q2	Maximisation of usage of protected elective capacity at Nightingale		RDUH Plan to clear all 104ww backlog during Q1	Secure and deliver additional Endoscopy mobile capacity Tiverton						Delivery of CDC at Nightingale (conversion of Buttercup ward into clinical measurements space)	RDUH plan to clear 78ww by year end; and minimise 65ww to 710. ●
						Secure and deliver additional Endoscopy capacity - TNE Northern							Cardiology Day Case Unit Go Live
					Additional insourcing & outsourcing to support acceleration of long wait backlog clearance								
											Robotics implementation programme		

Progress

- Nightingale usage in March has been impacted by consultant workforce challenges (existing vacancies and leave taking). SWAOC (orthopaedic) utilisation for March was 61%, including 4 additional weekend lists. In list utilisation continues to be high at an average of 99% across all sub-specialties in March. DDC (Devon Diagnostic Centre) utilisation across all modalities by year end was 80%. Fluoroscopy and Ultrasound performance continues to be challenged with consultant and AHP vacancies. CEE (Ophthalmology) outpatient utilisation continues at greater than 100%, and day case at 55% utilisation of available sessions across March; impacted by consultant workforce gaps. Improved in list utilisation is being seen (81% across March) largely due to additional optometrist support as part of the see and treat model, and the continuation of bilateral cases as part of a pilot.
- Following a 10-week challenge focusing on long waits, the organisation year end position for 78+ weeks was 129, a significant improvement on initial forecasts and the Feb-24 position of 296. 65+ weeks also saw substantial progress, with a year end position of 1072, down from 1479 in Feb-24.
- Soft-tissue knee Consultant appointed and starting Aug-24 and Arthroplasty Consultant appointed and starting April 2024.
- PIFU 5% target (proportion of Outpatient pathways discharged to patient initiated follow-up) achieved in January, improving to 5.6% in Feb-24.
- Cancer PTL 62 day + backlog improved in March to 151 at 5.6% of PTL – being (-25.98%) of fair shares and improving to 67 on the national league table. 28 FDS performance improved to 78% in February and March. 62 Day performance predicted at 69.6%, showing marginal improvement. Particular challenges in Dermatology, Urology and Radiotherapy. Working with PCA on additional activity and outsourcing solutions to improve performance.

Planned Activities

Planned activities in next reporting period 2023

Activity	Lead	Deadline
GIRFT plans in place in orthopaedics, ophthalmology, cardiology, spinal, general surgery – in year resourcing considerations to come forward to Execs by specialty. Further / faster programme in development through Professor Tim Briggs. Specialty meetings in progress.	Clinical & divisional teams	Ongoing
10-week challenge launched in January to year end focusing on reducing long waits. Specific activities planned at Specialty level alongside more general activities targeting validation, scheduling, patient level tracking, maximising use of the independent sector and annual leave carry-over. 8 week challenge for Cancer recovery launched alongside, focussing on time to first appointment, diagnostic TATs, 31 day performance and long waits	JP	End Mar

Barriers and Areas for Escalation

Barriers	Mitigation
Delivery of Elective Recovery Plan is predicated on successful system delivery of Urgent Care and No Criteria to Reside Plans and Trajectories	System participation and ICS coordination
Theatre Capacity – Cancer Access	Theatre schedule changes – launch April 2024 Hybrid Theatre bid
Consultant vacancies for cancer – oncology, colorectal, urology (UAN) Lung, gynaecology,	CR surgeon x2 recruited , Oncology x 1.5– recruit Q4 WLI and outsourcing
Potential for further Industrial Action	Long waiters and cancer protected where possible.

Area of escalation	Support Required	Expected Outcome
Mutual aid within Devon very limited	Structuring of System approach and agenda	More organised mutual aid and escalation when services require consolidation across Devon, including agreement of a funding framework to accompany mutual aid agreements
PIDMAS diverting staff at ICB (DRSS) and Trust away from core roles	None, impact uncertain depending on patient uptake.	Reduction in capacity to complete validation of patients (ICB) and organise travel and transport of patients out of area (Trust).
TIF bid for vascular hybrid and / or trauma and orthopaedic theatre capacity for Eastern Services	Signed off internally, subject to formal funding route from NHSE confirmation.	Increased theatre capacity.

Devon System Overview Framework Criteria Report: Finance RDUH

2023/24 Devon SOF Criteria Report – @ March 2024

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan

Progress

- Trust CIP delivery: Behind plan overall due to under-delivery of system savings plans.
- Performance vs financial plan: Financial recovery plan has been successful and has enabled the delivery of the planned recovery.

Planned Activities

Planned activities in next reporting period 2023

Activity	Lead	Deadline
Finalise review of internal resources available to be redirected on work to deliver savings opportunities. Push for a decision on additional funding support from the intensive support team to enable translation of savings opportunities to delivery. Expectation of Improvement director as part of package from IST and steps being taken to secure resource. Still unknown as to what additional support can be funded to support internal programmes. **– Improvement Director now in place and some funding has been confirmed.**	AH	Closed
Work with the system to develop and implement the systems savings target **- Savings have been reported where delivered. 2024/25 planning includes a single savings target for trust / system.**	AH	Closed
Further development / refinement of internal savings plans, governance and reporting arrangements have been established. Development of list of mitigating actions have now been developed to support overall in year delivery – Formal structures for reporting and governance now set up. **Recovery actions agreed and in train including additional controls**	AH	Closed
Establishment of financial recovery call to action workstreams and work plans for short term impact on runrate – Now in operation	Execs	Completed

Barriers, Barriers and Areas for Escalation

Barriers

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

Escalation

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

One Devon

Devon NOF(SOF)SIAG

Provider Highlight Report – UHP

Date: April 2024

#OneDevon

Devon System Overview Framework Criteria Report

UHP

NOF4 Exit Criteria Measures															
Key Measures		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
UEC															
Month on month improvements, over two quarters, in ambulance handover delays (hours >15 minutes excl first 15mins) against the agreed baseline and trajectories	Trajectory (SWAST Cat 2 delivery requirement, 60% improvement at UHP)	N/A	N/A	2393	2750	3093	3211	2610	3039	3554	3068	3603	3623	3392	3019
	Actuals	4960	8457	3350	5079	4071	3437	5108	6359	8906	8543	8227	9257	8353	9326
Improvements in line with agreed baseline and plan over two quarters, 4 hour performance (Trajectory to achieve 76% by 23/24)	Trajectory	N/A	N/A	59.8%	61.5%	62.5%	63.7%	64.2%	61.6%	61.1%	61.1%	60.5%	61.9%	63.8%	64.8%
	Actuals	52.9%	53.4%	55.3%	52.3%	52.6%	57.1%	58.1%	58.1%	54.1%	52.6%	53.4%	54.0%	55.1%	54.1%
Improvements in line with agreed baseline and plan over two quarters, Patients in ED >12 hours	Trajectory	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Actuals	1748	1899	1491	1735	1335	926	1391	1447	1774	1706	1596	1800	1670	1939
Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories	Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
	Actuals	24.8%	25.2%	20.8%	20.5%	19.0%	20.7%	20.3%	20.5%	19.3%	19.4%	20.7%	20.5%	20.3%	19.8%
Achieve and sustain for two quarters a reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 5%	Trajectory	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
	Actuals	12.6%	13.5%	12.4%	13.3%	10.8%	10.6%	13.0%	14.6%	13.6%	12.5%	10.4%	11.4%	10.6%	9.9%
ELECTIVE RECOVERY															
Reduction in waits over 104 weeks in line with agreed plan (note: revised from Jun onwards), against agreed baseline	Trajectory	377	336	144	145	91	44	27	0	0	0	0	0	0	0
	Actuals	184	140	133	120	90	70	49	20	2	2	6	10	16	2
Reduction in waits over 78 weeks, in line with agreed plan (note: revised from Jun onwards), against agreed baseline	Trajectory	995	1072	425	416	370	310	355	428	442	388	274	155	0	0
	Actuals	537	410	434	382	345	333	334	267	234	218	223	213	200	129
Significant reduction in 65 weeks by March 2024, in line with agreed plan, against agreed baseline	Trajectory	N/A	N/A	1114	1101	1270	1330	1449	1507	1446	1246	1073	1390	1587	997
	Actuals	1244	1126	1127	1154	1142	1203	1206	1055	987	785	726	737	682	546
75% of GP referred patients diagnosed within 28 days ***Note: figures will change in line with national submissions***	Trajectory	78.0%	78.0%	79.1%	79.6%	77.0%	77.9%	78.2%	76.5%	77.6%	75.4%	75.5%	71.4%	78.9%	79.8%
	Actuals	80.7%	82.8%	76.9%	75.2%	78.8%	76.4%	73.3%	73.0%	81.2%	80.5%	79.3%	76.4%	78.6%	81.7%
To exit Tier1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 2023 (≤12.8%) and working towards achieving the national target.	Trajectory	N/A	N/A	11.0%	11.9%	11.8%	11.2%	10.6%	10.0%	9.4%	9.0%	8.5%	7.8%	7.0%	6.1%
	Actuals	9.6%	8.0%	8.4%	10.3%	7.2%	7.4%	6.8%	6.5%	6.7%	8.1%	9.4%	9.0%	7.8%	6.4%
To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable, or improving for 2 out of 3 months for the quarter.	Trajectory	199	187	274	297	294	279	265	251	236	224	212	194	176	152
	Actuals	220	191	210	283	205	217	197	179	169	172	183	202	187	157

Devon System Overview Framework Criteria Report

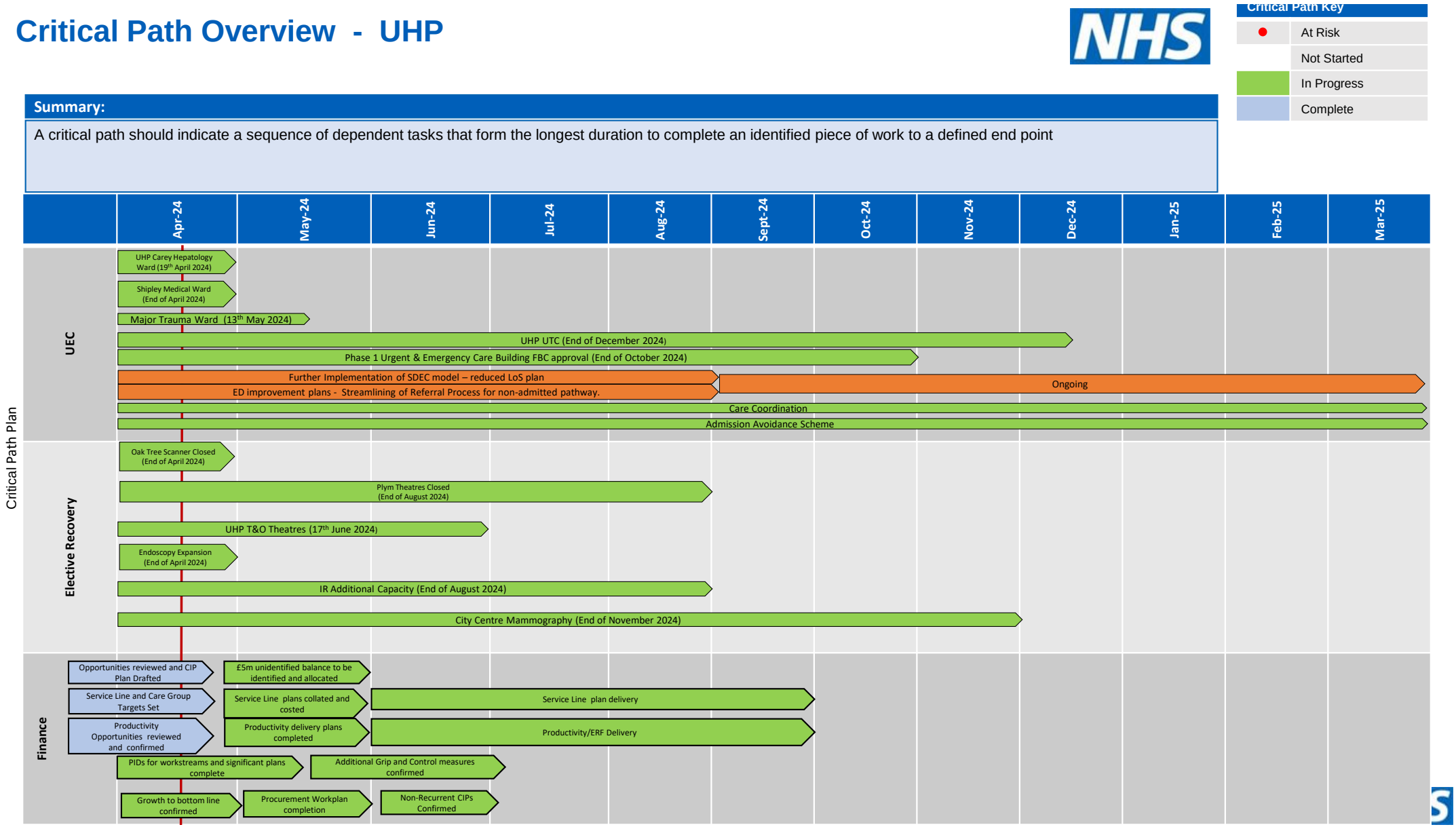
UHP

NOF4 Exit Criteria Measures													
Key Measures		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
FINANCE													
Performance against Trust and System savings trajectory (annual plan cumulative)	Plan £m	1.5	2.9	4.4	6.1	7.8	9.6	12.7	15.8	18.9	24.8	30.6	39.5
	Actuals £m	1.3	3.4	6.2	8.7	10.9	12.8	15.2	17.6	20.4	22.9	24.5	30.9
Significant improvement in underlying recurrent position (£ms) - monthly monitoring of CIP delivery (annual plan cumulative)	Trajectory £m	1.3	2.6	3.9	5.4	7.0	8.6	11.3	14.0	16.7	22.1	27.6	33.0
	Actuals £m	0.7	1.6	2.8	3.9	5.4	6.7	8.5	9.8	11.9	12.9	15.5	17.2
Productivity back to 19/20 levels as a minimum (From NHSE Regional team)	Trajectory %												
	Actuals %	(Not yet available)	(Not yet available)	80%	81%	82%	(Not yet available)	87%	88%	(Not yet available)	87%	(Not yet available)	(Not yet available)
Meet the financial plan every month for the quarter (annual plan cumulative)	Trajectory £m	-3.3	-6.8	-10.5	-13.7	-17.1	-20.9	-24.5	-28.0	-32.3	-33.7	-35.0	-17.6 (was -33.6)
	Actuals £m	-3.9	-7.4	-11.1	-15.3	-19.1	-27.9	-35.2	-33.9	-41.7	-47.4	-34.5	*-32.8*
Reconfirm the underlying exit run-rate	Trajectory £m												
	Actuals £m												

Critical Path Overview - UHP

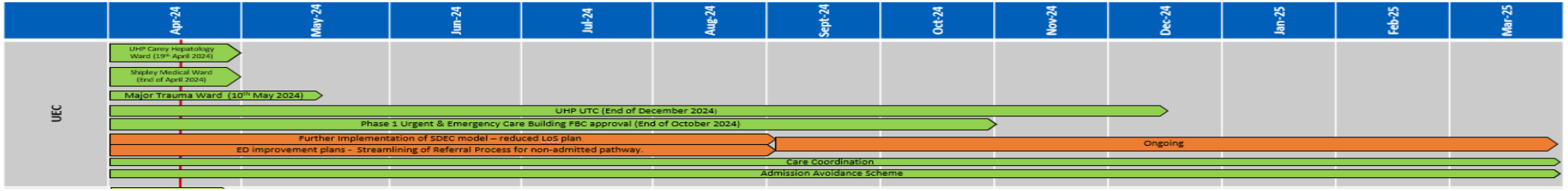
Summary:

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



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

Critical Path Plan



Progress

Key areas of focus

- Ambulance Handovers: Regional data quality and handover group established in March. Plans to develop internal professional standards for handover across South West Region. SWAST / UHP workshop held with initial scoping of potential actions and follow up meeting scheduled for April. Ambulance handover hours lost remains off trajectory with an increase in hours lost in March. This remains one of the key focus areas for improvement given the improvements in other flow metrics
- Focus on alternatives to admission: Care Co-ordination continues and has been extended. Impact and evaluation and quality group set up. GiRFT AtED actions being implemented including updating DOS and simplification of referral pathways.
- Primary Care Streaming: 4-hour performance remain below target and full utilisation of capacity still not realised. Funding has been withdrawn for 24/25, so impact of this will need to be evaluated.
- SDEC: Additional SDEC opened in Plym for medical and surgical SDEC. SDEC now not being bedded overnight and improvement in morning flow from ED from 5 patients to 15 patients. Further work to develop plans for SDEC expansion and possible short term and longer term plans.
- Cumberland UTC: 4-hour performance: Daily validation in place and performance for March improved with majority of days >94%. Reset with team on 4 hour target and senior leadership team supporting improvement programme. Extended hours to re-commence in April 24, however, funding has been withdrawn and impacts will need to be assessed.
- Internal Professional Standards: Next version of IPS launched with Trust wide comms plan. IPS dashboard developed for SDEC / assessment areas and being used as part of 'Every Day Matters' programme and now includes 1 hour CT.
- ED Four hour Validation: Ongoing daily validation review. Impact of 0.8 % in March.
- Discharges by midday has improved but remains under 33%: Action – 'Golden Patient- Every Day Matters' workstream with target of 30 by 10 as key metric. Improvement seen with number of patients discharged by midday and total number of patients discharged by 5pm. CDU opened for overnight bedded discharges and stretcher patients during the day. Sustained improvement in total discharge numbers weekly continue to be seen with recent improvement in weekend discharge numbers.
- No Criteria to reside at 9.9% with improvement month on month since January 24.
- Length of Stay improvement in acute non-elective length of stay to 7.8 days in March
- EBCM project launched, and integration work begun .Full funding has now been delayed again till May 24. However, recruitment to D&I posts in progress at risk. Flow work with extension of EPMA to Community Hospitals and patient referral lists under review to be included in the programme outputs.
- 'Every Day Matters' programme continues focused on 2 work streams (Golden Patient and 1 hour CT) to move these forward at pace. Now expanding to SDEC / Right Person Right Place. Weekly meetings in place and key metrics agreed and being tracked.
- Four hour performance off trajectory at 56.8% for March against an operating plan trajectory of 64.8% and national target for march of 76%. 4 week reset to commence 22/4/24 to focus on streaming/navigation and 4 hour standard; point prevalence across all wards and ambulance handover process

Planned Activities

Activity - Planned	Lead	Deadline
GiRFT UEC meetings fortnightly with focussed clinical support for acute medicine and frailty.	David Sheridan / Johnathan Kelly	Ongoing
4 hour improvement trajectory and actions in line with operating plan	Johnathan Kelly/Jo Beer	May 2024
EBCMS – Funding now further delayed till May 24. Programme revision underway and recruitment to roles commenced at risk	Kath Potts / Lee Pester	Ongoing
'Every Day Matters' programme commenced with agreed key flow workstreams	Exec and Care Group Teams	Ongoing
Pathways development and improvement plan in response to GIRFT, Lesley Watts and CQC feedback	Exec and Care Group Teams	April 24

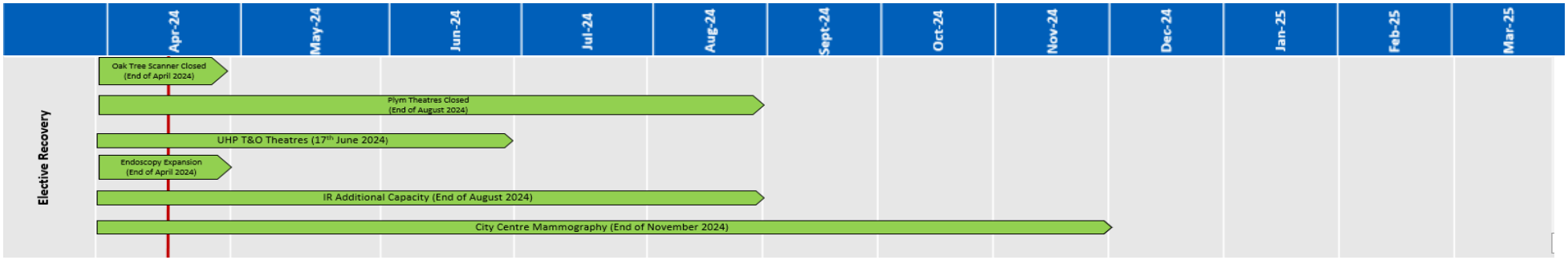
Barriers and Areas for Escalation

Barriers	Mitigation
Demand increase – Type 1 ED attends in March 10% above plan for 23/24 and 36% above 19/20.	Review of all Alternatives to Conveyance and Admission. Care co-ordination hub pilot. Increase SDEC activity Streaming / navigation opportunities
Additional Nursing, Medical and Program Resource.	Increased establishment/agency in ED.

Area of Escalation	Support Required	Expected Outcome
Cornwall and Devon NCtR improvement trajectory	Trajectory to be developed and implemented	Reduction of NCtR to 5%
Forecast capacity gap	System actions	Reduction in attendance
Dynamic conveyancing	Confirmation of process for sign off and implementation timeline	Sign off and implementation of agreed protocol

Devon System Overview Framework Criteria Report: Elective Recovery UHP

Critical Path Plan



Progress

- Continued recruitment to orthopaedic estates developments (theatres).
- Radiographer cover for HBS lists improved. Exploring the potential to utilise Nuffield radiographers as well to increase cover resilience.
- Support requested from regional NHSE with Styker plate national issue.
- Submitted mutual aid for MS/Pain/Rest Dent.

Planned Activities

Activity	Lead	Deadline
Complete delivery plans based upon operating plans.	Jemma Edge & Jacqui Beer	19/04//2024
Follow-up meeting required with John Finn and Karen Barry regarding outstanding commissioning issues.	Jo Beer	10/05/2024
.Awaiting Bristol Children's hospital last letters for patients, so that clinical leads can validate and identify appropriate patients for transfer.	Jemma Edge	20/04/2024
Deep dive into theatre improvement plan to review opportunities and achieve Q4 performance	Jemma Edge	25/04/2024
Exploring Neurology and Neurophysiology insourcing options, and review recruitment strategy for general consultants	Johnathan Kelly	01/05/2024
Improvement plan for Pain required with activity numbers for additional activity	Jemma Edge	25/04/2024

Barriers and Areas for Escalation

Barriers	Mitigation
Loss of capacity due to IA	Pre and Post IA additional capacity in place to maximise preparation and recovery.
Freedom environmental issues (leaks)	Weekend lists. Estates ongoing work
Trauma Surge impacting on long wait recovery Ortho new build further delay (24th May 24)	Weekend HBS to focus on electives will be converted to trauma where this is required to free capacity. Review of Trauma weekend business case. Three session days planned for electives.

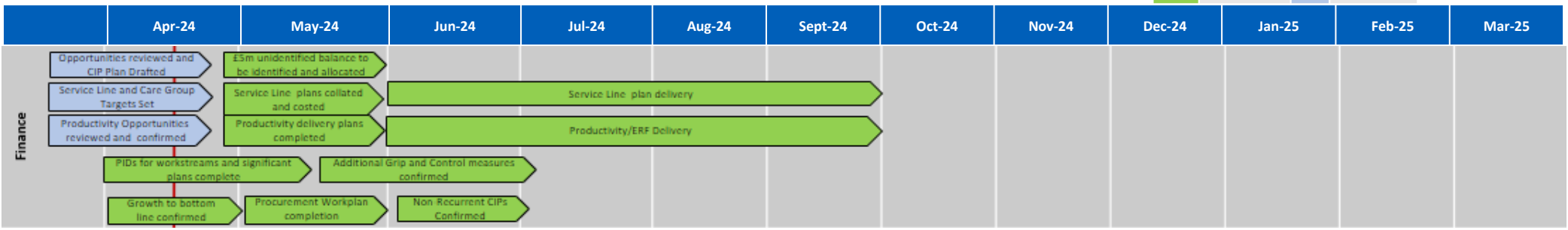
Area of escalation	Support Required	Expected Outcome
Delayed Orthopaedic theatre build and repatriation of elective ward (June 24)	Continue use of HBS weekends, 3 session days and mutual aid/IS.	78 & 65 week trajectory impacted
PPG – IPT's for long waiters due to surgeon's withdrawing from PPG (UGI) and RCHT	Funding for additional capacity. Investigation by the ICB, and visibility of long waiters and waiting list clearance plans within other providers	Impact on 52-65 ww's
Endoscopy activity lost due to refurbishment - 4 months	Clarity on capacity available at new Torbay unit	Worsening performance and potential patient harm

Devon System Overview Framework Criteria Report: Finance UHP

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- Month 12 Financial Position confirmed in line with adjusted H2 forecast.
- The H2 reforecast position revised to £32.8m, £0.8m favourable variance to £33.6m original deficit plan after confirmation of additional funding of £16m (£15.2m adverse from plan if £16m reduces the plan as well).
- Risks on IA have now been addressed due to the additional funding.
- Draft plan of £48.8m submitted, requiring CIP of £54.8m and additional Strategic plan benefits of £17m.
- CIP plan completed following review of opportunities (including Model Hospital and Regional Productivity Packs) and review of plans from last year to bring forward.
- Unidentified gap of £5m being reviewed for allocation by end of April.
- Care Group FIP meetings established to confirm plans.
- Finance Playbook areas of focus identified to support delivery
- £17m strategic plans being discussed and reviewed with ICB.

Planned Activities

Planned activities in next reporting period

Activity	Lead	Deadline
£5m unidentified balance to be identified and allocated	Alex Keast	April 2024
Service Line plans collated and costed	Care Group leads	April 2024
£17m strategic plans being discussed and reviewed with ICB	Sarah Brampton	April 2024
Increased Financial Control measures in development	Alex Keast	April 2024
PIDs for workstreams and significant plans complete	Alex Keast	April 2024

Barriers and Areas for Escalation

Barriers

Barriers	Mitigation
Resource concerns in some CIP plan areas	Assessment underway – RSP bid completed
£5m Unidentified CIPs currently in plan	Review of further opportunities underway
Oaktree and DAU funding not resolved	Impact of closing facilities being worked up
Band 2-3 HCA back pay issue – not included in Financial plan.	Would need to find additional savings
Risk of additional resource is required to meet UEC improvement plans	Request from remaining UEC fund

Escalation

Area of escalation	Support Required	Expected Outcome
CIP Delivery Risk	Support RSP Bid	Resource confirmed
Risk of additional resource is required to meet UEC improvement plans	Support for funding from remaining UEC fund or other sources	Funding for key areas to be agreed
Oaktree and DAU funding, Band 2-3 HCA back pay,	System Support where appropriate	Potential forecast gap or operational impact

NHS Devon Integrated Care Board

2024/25 Annual Plan Development

Date of meeting	Date report produced
30 May 2024	22 May 2024

Author(s)		Report approved by	
Name and title:	Sam Wadham-Sharpe Director of Performance and Assurance	**Name and title:**	Steve Moore, Chief Executive Officer
Phone:		**Date:**	24 May 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 Annual Plan for NHS Devon constitutes a critical framework designed to meet both local and national healthcare objectives. This plan will align with the One Devon Integrated Care Strategy and will incorporate objectives from the NHS Long Term Plan, NHS England's operational planning guidance, and the NHS Oversight Framework. It will ensure that all statutory responsibilities are met while maintaining essential 'business as usual' activities, which include internal communications and staff health and wellbeing.

This report offers a progress update to the Board on the development of the 2024/25 Annual Plan, indicating the actions taken and highlighting areas requiring further development before the final approval in July. Directorate-level objectives have been drafted to shape the forthcoming proposal to the Board.

The Board is today being asked to review and approve the objectives that will underpin the 2024/25 Annual Plan and acknowledge and endorse the outlined next steps in the plan's development process.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – 22 May 2024

Key recommendations and actions requested
1. **Approve** the corporate objectives set out above in pursuit of our 2024/25 Annual Plan
2. **Note and endorse** the outlined next steps in the Annual Plan development process.
3. **Agree** that Board Assurance Committees should review the objectives and underpinning delivery plans set out above.

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	

2024/25 Annual Plan Development

Introduction

1. This report provides an update to the Board on the development of NHS Devon's 2024/25 Annual Plan. It outlines the steps taken so far in developing the plan and identifies where further work is needed before the full plan can be approved in July.

2. Proposed objectives at the directorate level will be used to shape the Annual Plan that will be presented to the Board in July. The Board is requested to provide feedback on the current draft objectives. Once feedback has been considered, Executive Leads will be asked to approve a final set of corporate objectives for each Directorate.

3. One key issue identified in the Executive check and challenge sessions is the organisation's ability to allocate resources for the delivery of key objectives. Most of these objectives are driven by nationally mandated objectives and statutory responsibilities. Therefore, there is a need to prioritise resources in alignment with agreed corporate objectives to support delivery. Additionally, it's important to understand the risks of non-delivery in any areas where we are unable to allocate resources.

Background

4. The NHS Devon Annual Plan is a comprehensive set of corporate objectives designed to address NHS Devon’s response to all relevant local and national requirements (internal and external). It directly addresses local needs outlined in the One Devon Integrated Care Strategy, as well as national policy objectives in the NHS Long Term Plan, NHS England’s operational planning guidance, and the NHS Oversight Framework. It also describes how the organisation will fulfil statutory duties while managing corporate 'business as usual' activities, such as internal communications and staff health and wellbeing. By tracking the delivery of our Annual Plan at a Directorate level, we will ensure that the ICB is meeting all relevant priorities and requirements, including our performance, oversight, and commissioning responsibilities in relation to NHS providers in Devon.

5. Our annual objectives for 2023/24 are aligned to our system’s long term strategic objectives set out in Devon’s 5-Year Joint Forward Plan, take account of the NHS England’s 24/25 operational planning guidance, describe the actions that NHS Devon will take to support wider system recovery and exit from segment 4 of the NHS Oversight Framework, as well as describing the activities we need to undertake as an organisation to meet our statutory obligations and support our own staff.

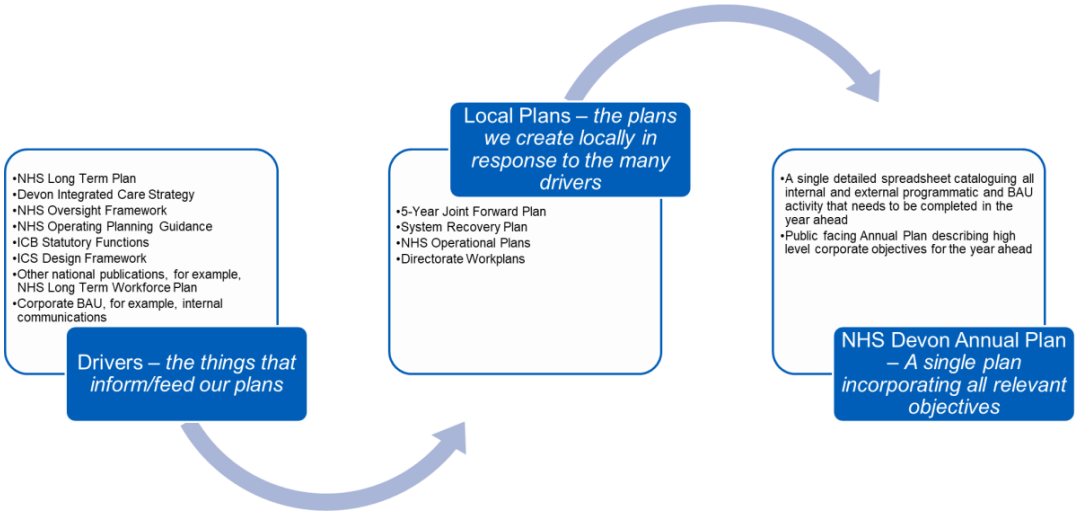


Figure A above shows a number of local and national drivers we need to respond to in our Annual Plan

6. Our Annual Plan is made up of two primary documents: an internally-facing catalogue of all programmatic and business as usual activities undertaken by each directorate for the upcoming year, and an externally facing summary document designed to communicate our high-level corporate objectives to the public and external stakeholders. The Annual Plan is 'plan of plans' and has been informed by the following:

    - NHS Devon 5-Year Joint Forward Plan
    - NHS System Recovery Plan
    - NHS Operational Plans
    - ICB Directorate Workplans

7. The 2024/25 Annual Plan sets out what NHS Devon needs to deliver in the next 12 months to continue to improve 'in year' alongside what we need to do this year to deliver our longer-term strategic priorities and stay on track to deliver our 5-Year Joint Forward Plan.

NHS Planning Context 2024/25

Planning Requirements

8. The National Health Service Act 2006, as amended by the Health and Care Act 2022, requires that Integrated Care Boards (ICBs) and their partner trusts prepare a five-year plan detailing the proposed exercise of their functions. These plans must be reviewed—and revised if necessary—before each financial year begins. The scope and structure of the Joint Forward Plan (JFP) development are flexible. The annual review is an opportunity to update plans in response to Joint Strategic Needs Assessments (JSNAs), Joint Health and Wellbeing Strategies (JHWSs), and any updated assumptions or priorities, including those outlined in operational planning guidance. ICBs and their partner trusts are

expected to be held accountable for the delivery of the JFP by their populations, patients, carers, or representatives, and through the Integrated Care Partnership (ICP), Healthwatch, and local authorities' health overview and scrutiny committees.

9. Furthermore, each year, the NHS issues annual planning guidance that sets the Government's priorities for the coming year. This guidance includes specific targets such as access times for services, or qualitative expectations like reductions in the use of agency staff. All NHS organisations are required to produce and submit an Operating Plan for the financial year, focusing on organisational priorities and actions in response to planning guidance, while maintaining organisational development goals and local commissioner requirements.

System Recovery

10. There is an immediate requirement to recover both the financial and performance position for Devon to ensure that we have a sustainable system going forward. Devon ICB and our acute hospital trusts in Devon are currently in Segment 4 of the NHS National Oversight Framework (NOF4). Exit from NOF4 will require to improvement in both financial and operational performance, access and quality of care. Our Annual Plan therefore includes the corporate objectives that NHS Devon will deliver to support system recovery in 2024/25 and beyond.

Delivery and Commissioning

11. Commissioning is a key mechanism that NHS Devon will use to drive the delivery and implementation of the objectives described in this Annual Plan. With priorities set and plans are agreed, the commissioning process will be used to translate objectives into operational reality, specifying needed services, delivery methods, and expected outcomes. Delivery will be underpinned by robust performance monitoring and evaluation, ensuring services are delivered as intended and adjusted based on feedback and changing needs. We appreciate the NHS landscape is changing, and as a strategic commissioner we will need to work differently with our emerging Provider Collaboratives and Local Care Partnerships. A priority for 2024/25 will therefore be working with our system partners to agree the system's future operating model including the interface between the ICB and providers.

Development Process

12. The development of the Annual Plan is being led by the Director for Planning and Performance, supported by the NHS Devon PMO. This structured process has been designed to align strategic and operational objectives, ensuring comprehensive governance and a robust delivery approach.

13. As part of the development process the Performance team worked with Directorates to establish Strategic objectives and answer the below questions

- Are there any gaps between our Strategic Objectives and our corporate commitments
- Is there any Strategic objectives not aligned to corporate commitments or strategic priorities
- Are delivery plans in place in order to achieve the strategic objectives
- Is the resource in place to deliver the strategic objectives
- What are the interdependencies with work in other teams/directorates

14. A key element to the Annual Plan is NHS Devon's final 2024/25 Operational Plan, which has been completed through a robust development process, which focused both on realistic trajectories against key objectives, whilst ensuring the system has confidence in the delivery architecture. As such, providers have been asked to develop bottom-up plans supported by system-wide programme assumptions around growth, demand management and the need to maintain or reduce workforce. Several iterations of providers plans outlining activity, performance, workforce, and finance targets have been received and been subject to rigorous assurance processes through system lock-in sessions.

15. Lock-in sessions have been held for Workforce, Finance, UEC and Elective Care with a focus on:

- Trajectory or any forecasted changes for next submission
- The assumptions built into plans
- The delivery plans that underpin the operating plan (actions/interventions, owners, timeframes etc)
- Risks to delivery (including internal mitigations and request of system partners)

System Operational Plan

16. The 2024/25 Operational Plan was approved by the Board at its Extraordinary Meeting in private on 29 April 2024.

Area	Objective	Objective met?	Delivery Confidence R/A/G
Urgent and Emergency Care	• Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	x	
	• Improve Category 2 ambulance response times to an average of 30 minutes across 2024/2		
Primary and Community Services	• Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	✓	
	• Improve community services waiting times, with a focus on reducing long waits.		

Area	Objective	Objective met?	Delivery Confidence R/A/G
	• Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.		
Elective Care	• Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	x	
	• Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	✓	
	• 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	✓	
Cancer	• Improve performance against the headline 62-day standard to 70% by March 2025	✓	
	• Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	✓	
	• Increase the percentage of cancers diagnosed at stages 1 & 2 in line with the 75% early diagnosis ambition by 2028 (included as part of the Cancer Alliance Operational Plan)		
Diagnostics	• Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	x	
Mental Health	• Improve patient flow and work towards eliminating inappropriate out of area placements	x	
	• Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)	✓	
	• Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery	✓	
	• Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025	x	
	• Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025	x	
People with a learning	• Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual	✓	

Area	Objective	Objective met?	Delivery Confidence R/A/G
disability and autistic people	health check in the year to 31 March 2025		
	• Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population	x	
Workforce	• Improve working lives of all staff, increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions. • Improve working lives of doctors in training by increasing choice & flexibility in rotas and reducing duplicative inductions + payroll errors. • Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.	x	
Use of resources	• Deliver a balanced net system financial position for 2024/25.	x	
	• Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.	✓	

17. The above details the expectations of the Operational Planning Guidance, where the collated cross system plans lead to system level achievement of that objective (for instance, whilst 2 providers are forecasting to meet the A&E waiting times expectation, the third does not and so the collective system position fails to meet the national target) and a RAG rated position on the deliverability of the plans to achieve our trajectory.

18. The NHS Devon Performance team has worked closely with providers and relevant teams to establish robust delivery plans that underpin the trajectories submitted through the Operational Planning process. Despite this there remain some gaps, for instance within some Strategic Cost Improvement Programmes, where fully granular delivery plans are still under development.

NHS Devon Corporate Objectives

19. Through the stated development process a number of corporate objectives that align to our strategic priorities have been identified against each Directorate. Given resource constraints driven by the ongoing re-organisation of NHS Devon and need to reduce operating costs by 30% Chief Officers have been asked to then prioritise against which of these remain achievable over 24/25 – a full risk assessment against the deprioritisation of areas of delivery will be rapidly conducted in Early June.

Chief Nursing Officer

Ref	**Objectives**	**Relevant Plan(s)**
	Quality And Safety	
1	Implement the Patient Safety Incident Response Framework (PSIRF) to enhance the management and responsiveness to patient safety incidents	Operating Plan
2	Review and enhance the Continuing Health Care (CHC) function to deliver value and improve efficiency	Statutory, Operating Plan
	Workforce	
3	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.	5-Year Joint Forward Plan
4	Increase placement capacity across the system to enable an increase of supply of domestic nursing and AHP	5-Year Joint Forward Plan
	Maternity, Neonatal and Women's Health	
5	Collaborate with system partners to implement the national Women's Health Strategy through a five-year maternity and neonatal delivery plan, focusing on safety, personalisation, and workforce development	5-Year Joint Forward Plan, Operating Plan
6	Work collaboratively with System Partners to implement the national Women's Health Strategy including through the development of women's health hubs by December 2024.	5-Year Joint Forward Plan, Operating Plan
7	Develop Family Hub and Early Help models across Devon by 2026 to provide coordinated early support services for families.	5-Year Joint Forward Plan, Operating Plan
	Children and Young People	
8	Improve patient flow and work towards eliminating inappropriate out of area placements by optimising local care pathways.	5-Year Joint Forward Plan, Operating Plan
9	Deliver child healthcare services as close to home as possible, with emphasis on reducing the impact of waiting times	5-Year Joint Forward Plan, Operating Plan
10	Implement the neurodiversity offer to better support children and families affected by neurodiversity.	5-Year Joint Forward Plan, Operating Plan
11	Improve outcomes for children with long-term conditions by addressing health inequalities and ensuring equitable access to care.	5-Year Joint Forward Plan, Operating Plan
12	Address significantly poorer outcomes for care experienced children and young people by tackling access and equity issues in care delivery.	5-Year Joint Forward Plan, Operating Plan
13	Fulfil statutory safeguarding responsibilities under 'Working Together to Safeguard Children' (2018), and respond effectively to local safeguarding children	Statutory

Ref	**Objectives**	**Relevant Plan(s)**
	partnership priorities	
14	Prioritise the Special Education Needs and Disabilities (SEND) of children and families across Devon ICS, embedding SEND reforms in line with local inspection findings within mandated timeframes	Other – including responding to OFSTED
15	Enhance access to care and support for people with eating disorders by developing community-based physical health monitoring services.	5-Year Joint Forward Plan, Operating Plan
16	Develop a comprehensive plan to support the recovery of primary care and community services, aiming to reduce overall waiting times and particularly target reductions in waits over 52 weeks for children's community services.	5-Year Joint Forward Plan, Operating Plan
17	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	5-Year Joint Forward Plan, Operating Plan
18	Gain oversight and assurance from paediatric audiology service development plans, ensuring compliance with ICB governance and reporting standards.	5-Year Joint Forward Plan, Operating Plan

Chief Delivery Officer

Ref	**Objectives**	**Relevant Plan(s)**
	Primary Care and Community Pharmacy	
19	We aim to reduce waiting times for community services, focusing specifically on significant reductions in long waits	5-Year Joint Forward Plan, Operating Plan
20	Expand clinical pharmacy services, including Hypertension Case-finding and Oral Contraceptive provision	5-Year Joint Forward Plan, Operating Plan
21	Enhance the patient experience by improving access to primary care facilities	5-Year Joint Forward Plan, Operating Plan
22	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels	5-Year Joint Forward Plan, Operating Plan
23	Provide accessible and comprehensive dental services to all disadvantaged communities	5-Year Joint Forward Plan, Operating Plan
24	Support Devon Primary Care Network (PCNs) to adopt an integrated, proactive approach to care and support	5-Year Joint Forward Plan, Operating Plan
25	Enhance public understanding and access to community-based services	5-Year Joint Forward Plan, Operating Plan
26	Implement personalised care across integrated teams, focusing on the most benefiting groups such as end-of-	5-Year Joint Forward Plan

Ref	**Objectives**	**Relevant Plan(s)**
	life, frailty, and dementia.	
27	By 2028, strengthen pharmacy services to improve resilience, patient access, safety, and quality of care	5-Year Joint Forward Plan
28	Formulate a strategic approach to enhance community pharmacy services through the development of a Devon Community Pharmacy Strategy	5-Year Joint Forward Plan
29	Expand and innovate the Independent Prescribing (IP) programme within Devon	5-Year Joint Forward Plan
	Urgent and Emergency Care	
30	Increase the proportion of A&E patients seen within four hours to at least 78% by March 2025	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
31	Achieve an average response time of 30 minutes for Category 2 ambulance calls during 2024/25	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
32	Standardise UTC provision across Devon and divert attendances from ED and optimise UTCs and MIUs by building resilience into current delivery across UEC within the estates, workforce and funding limits.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
33	Implement a care coordination hub-and-spoke model to streamline navigation through the urgent care system	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
34	To improve and standardise Same Day Emergency Care (SDEC) across the One Devon footprint by utilising an agreed Devon wide and nationally recognised specification.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
35	To assure consistency to the delivery of Virtual Wards across Devon, inclusive of a shared agreement of LoS metrics and clinical presentations treated as part of the virtual ward and to ensure that all providers are working to the Devon agreed VW specification which is fully aligned to NHSE recommendations	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
36	To ensure adoption of Acute Frailty Services (70 hours per week, 10 hours per day) at the 4 acute trust organisations with interoperability and alignment to VW and community based services for those people aged >65 years of age	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
37	By implementing a new model of Same Day General Practice we will improve the overall sustainability of general practice and deliver dedicated urgent primary care capacity.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
38	Ensure all providers are working to national specification, 8-8, 7 days per week and to increase the number of referrals to UCR from any source.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
39	By 2025, we will have developed consistent, robust pathways for End of Life and falls and frailty, so people are able to access the right, expert input to support	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan

Ref	**Objectives**	**Relevant Plan(s)**
	them at home.	
40	To establish consistent proactive care clinical care and support for people living in care homes that will result in a reduction in ambulance 'see and treat' and conveyances, unplanned attendances and admissions for people living in care homes	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
41	To reduce acute bed occupancy and the length of stay for patients in hospital through ensuring timely discharges when patients no longer meet the criteria reside to enable improved flow which includes: Reducing in hospital delays Right size capacity across discharge pathways P1-P3	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
	Elective Care	
42	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
43	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
44	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
45	Improve patients' experience of choice at the point of referral.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
46	Improve performance against the headline 62-day cancer treatment standard to 70% by March 2025	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
47	Increase the percentage of cancers diagnosed at stages 1 and 2 to align with the 75% early diagnosis ambition by 2028.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
48	Increase the percentage of patients receiving a diagnostic test within six weeks to 95% by March 2025.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
49	Reduce the number of long waiting patients for elective care and return to waits of less than 18 weeks by 2027 by increasing productivity and maximising elective capacity in Devon	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
50	Improve patient and list management, ensuring at least 90% of patients waiting over 12 weeks are validated at any time.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan

Ref	**Objectives**	**Relevant Plan(s)**
51	Continue to expand patient choice at the point of referral, offering a choice of five providers where appropriate and facilitating access to non-local NHS or independent sector providers to shorten wait times	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
52	Support achieving upper quartile performance and best practices as per Getting It Right First Time (GIRFT) recommendations.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
53	Make significant improvements towards the 85% day case and 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
54	Establish an approach to ensure referrals to secondary care are appropriate, including through increased use of advice and guidance (A&G) to avoid unnecessary referrals	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
55	Conduct a review of the neurology headache clinics	Other
56	Increase diagnostic capacity, including through Community Diagnostic Centres	Other
57	Complete contract reviews for GP with Extended Roles (GPwER) and Sentinel	Other

Chief Medical Officer

Ref	**Objectives**	**Relevant Plan(s)**
	Mental Health	
58	Improve patient flow and actively work to eliminate inappropriate out-of-area placements for all patients	5-Year Joint Forward Plan / Operating Plan
59	Adults and older adults who need to admitted to hospital for treatment of a mental illness will be treated in a hospital in Devon whenever it is clinically safe.	5-Year Joint Forward Plan / Operating Plan
60	Enabling individuals to access transformed models of adult community, perinatal, and children and young people's mental health services.	5-Year Joint Forward Plan / Operating Plan
61	Enable people of all ages experiencing a mental health crisis to access the necessary help as early as possible without the need to visit A&E	5-Year Joint Forward Plan / Operating Plan
62	Enhance treatment outcomes for anxiety and depression through improved NHS Talking Therapies	5-Year Joint Forward Plan / Operating Plan
63	Reduce inequalities in mental health care by increasing the rate of annual physical health checks and follow-up care for those with severe mental illnesses (SMI)	5-Year Joint Forward Plan / Operating Plan
64	Improve the quality of life and care effectiveness for individuals with dementia	5-Year Joint Forward Plan / Operating Plan
65	Provide more timely dementia diagnoses and coordinated care planning	5-Year Joint Forward Plan / Operating Plan
66	More children and young people will have timely, coordinated access to NHS-funded mental health	5-Year Joint Forward Plan / Operating Plan

Ref	**Objectives**	**Relevant Plan(s)**
	support, care, and treatment, including through mental health support teams in schools.	
	Learning Disability and Autism	
67	Ensure 75% of individuals aged 14 and over on GP learning disability registers receive an Annual Health Check (AHC) by 31 March 2025.	5-Year Joint Forward Plan / Operating Plan
68	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	5-Year Joint Forward Plan / Operating Plan
69	Test and implement improvements in autism diagnostic assessment pathways, including actions to reduce waiting times by March 2028.	5-Year Joint Forward Plan / Operating Plan
70	Develop integrated workforce plans for the learning disability and autism workforce to support the delivery of objectives outlined in national Workforce Plan	5-Year Joint Forward Plan / Operating Plan
71	Reduce health inequalities by reducing over-medication through the STOMP and STAMP programmes and taking action to prevent overprescribing.	5-Year Joint Forward Plan / Operating Plan
72	Support the delivery and use of the reasonable adjustment digital flag to reduce health inequalities among people with learning disabilities and autistic individuals	5-Year Joint Forward Plan / Operating Plan
	Population Health	
73	Support Local Care Partnerships (LCPs) and Provider Collaboratives with evidence-based resources to empower them to make informed decisions and implement change at the local level	5-Year Joint Forward Plan
74	Develop the ICB as an Anchor Organisation by March 2025 to strengthen community ties and improve local	5-Year Joint Forward Plan
75	Implement the national Inclusion Health Framework to ensure health equity and support the needs of the most vulnerable groups.	5-Year Joint Forward Plan
76	Develop and implement a Population Health Charter to articulate and guide the collective health priorities and strategies across the system.	5-Year Joint Forward Plan
	Medicines Optimisation	
77	Delivery of the 16 National Medicines Optimisation Opportunities	5-Year Joint Forward Plan
78	Develop the Peninsula Aseptic Hub to centralise and optimise the preparation of sterile medications	5-Year Joint Forward Plan
79	Develop the Peninsula Radio pharmacy Strategy to enhance the provision and distribution of radiopharmaceuticals	5-Year Joint Forward Plan
80	Implement CIP projects in line with national best practice to improve the clinical and cost-effective use of medicines across all sectors in the Devon system.	System Recovery, 5-Year Joint Forward Plan

Ref	**Objectives**	**Relevant Plan(s)**
81	Develop the Integrated Medicines Optimisation Committee (IMOC) and associated work programme to oversee and enhance medicines use across the health system	5-Year Joint Forward Plan
	Eating Disorders	
82	Develop improved eating disorders/disordered eating panel/escalation processes to enhance the care pathway for individuals with these conditions	Operational Plan
83	Develop alternative community physical health monitoring services for eating disorders and disordered eating patients to enhance outpatient support	Other
	Pharmacy	
84	Develop Community Pharmacy, including improved resilience and the expansion of Pharmacy First services, to enhance accessibility and efficiency of pharmaceutical care.	5-Year Joint Forward Plan
	Research and Innovation	
85	Continue to contribute to the Peninsula Research and Innovation Programme (PRIP) with partners across the Peninsula to foster collaborative improvements and innovation in healthcare **Dependent upon successful recruitment in Phase 2**	5-Year Joint Forward Plan
86	Work with Cornwall and Somerset to implement key deliverables in the Peninsula Research and Innovation Strategy (PRIS), enhancing regional healthcare research and development **Dependent upon successful recruitment in Phase 2**	5-Year Joint Forward Plan
87	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 **Dependent upon successful recruitment in Phase 2**	5-Year Joint Forward Plan
	System Development	
88	Develop and implement the One Devon Clinical and Care Professional Leadership framework to enhance clinical and care professional leadership and involvement in strategy development and delivery across the system	Statutory, ICS Design Framework

Chief People Officer

Ref	**Objectives**	**Relevant Plan(s)**
	HR and Workforce	
89	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)	System Recovery, 5-year Joint Forward Plan, Operating Plan 2024/25

Ref	**Objectives**	**Relevant Plan(s)**
	workstreams.	
90	Deliver significant efficiencies and ensure consistency in business processes across Trusts and the ICB through technological and digital advancements, aiming to save £19 million over five years, contributing to system financial recovery	System Recovery, 5-year Joint Forward Plan, Operating Plan 2024/25
91	Implement the One Devon Workforce Strategy and a five-year workforce plan to meet local and national objectives and comply with the 10 regulatory requirements of an Integrated Care System (ICS) People function.	5-year Joint Forward Plan
92	Reduce running costs by 30% while continuing to evolve the ICB's functions and form to effectively meet its strategic and statutory responsibilities	System Recovery, 5-year Joint Forward Plan, Operating Plan 2024/25
93	Develop a workforce with the skills and capability to fulfil the strategic and statutory responsibilities of the ICB in a sustainable and affordable manner	5-year Joint Forward Plan, Operating Plan 2024/25
94	Improve the working lives of all staff, thereby increasing staff retention and attendance at work	Operating Plan 2024/25
95	Enhance the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors	Operating Plan 2024/25

Chief Finance Officer

Ref	**Objectives**	**Relevant Plan(s)**
	Digital & Data	
109	Increase the number of eligible citizens connected to the NHS App to support the national target of 75% of people registered	5-year Joint Forward Plan
110	Achieve standardisation of GP practice websites by 2025	5-year Joint Forward Plan
111	Achieve planned Virtual Ward bed targets by April 2024 across the TSDFT, UHP, and RDUH	5-year Joint Forward Plan
112	Implement Electronic Patient Records (EPRs) in TSDFT and UHP by 2026.	5-year Joint Forward Plan
113	Procure and implement the Peninsula PACS solution for the clinical network by 2025	5-year Joint Forward Plan
114	Procure and implement the Peninsula Laboratory Information Management System (LIMS) solution for the clinical network by 2025.	5-year Joint Forward Plan
115	Re-procure the GP Electronic Patient Record (EPR) clinical system	5-year Joint Forward Plan
116	Connect the remaining core health and care organisations to the Devon and Cornwall Care Record by 2028.	5-year Joint Forward Plan

Ref	**Objectives**	**Relevant Plan(s)**
117	Work collaboratively with regional ICS teams to develop a regional secure data environment to support future research	5-year Joint Forward Plan
118	Rationalise data centres subject to business case approval.	5-year Joint Forward Plan
119	Undertake contract reviews to achieve non-pay contract savings.	5-year Joint Forward Plan
	Finance and Use of Resources	
120	Achieve a balanced net system financial position across all NHS organisations by the end of the 2024/25 financial year.	System Recovery, 5-year Joint Forward Plan, Operating plan 2024/25
121	Reduce agency spending across the NHS to a maximum of 3.2% of the total pay bill across 2024/25.	System Recovery, 5-year Joint Forward Plan, Operating plan 2024/25
122	Implement agreed shared service arrangements to increase efficiency and productivity and reduce costs.	System Recovery, 5-year Joint Forward Plan, Operating plan 2024/25
123	Deliver the 2024/25 recovery and Cost Improvement Programmes across organisational, strategic collaborative, and structural dimensions	System Recovery, 5-year Joint Forward Plan, Operating plan 2024/25
124	Commence reprioritisation of funding upstream towards prevention and health inequalities	System Recovery, 5-year Joint Forward Plan, Operating plan 2024/25
125	Deliver a corporate ICB structure right-sized for Running Cost Allowance (RCA) allocations	System Recovery, 5-year Joint Forward Plan, Operating plan 2024/25
126	Deliver the long-term financial plan to achieve sustainable financial balance by system and by organisation.	5-year Joint Forward Plan
127	Reduce total procurement cost by driving ‘at scale’ procurement delivery, enabling greater efficiency and minimising unwarranted variation.	5-year Joint Forward Plan

Deputy Chief Executive

Ref	**Objectives**	**Relevant Plan(s)**
	Performance and Planning	
96	Develop a rolling Annual Planning cycle to support the ongoing development, refresh, and alignment of key strategic and operational plans, including necessary annual updates to One Devon’s Integrated Care Strategy and NHS Devon’s 5-Year Joint Forward Plan, organisational-level Annual Plans, and NHS Operational Planning submissions	5-Year Joint Forward Plan, Operating Plan & System Recovery
97	Develop a System Delivery Governance PMO approach, including a PMO Delivery Room to support the delivery of corporate objectives.	5-Year Joint Forward Plan, Operating Plan & System Recovery

Ref	**Objectives**	**Relevant Plan(s)**
98	Develop the operating model for the Performance and Planning function	Other
99	Provide the Strategic Client function for Business Intelligence (BI), developing and agreeing on the ICB requirements of the external BI function	5-Year Joint Forward Plan, Operating Plan & System Recovery
	Estates	
100	Undertake a strategic review of the ICS-wide health estate	5-Year Joint Forward Plan
101	Develop an investment plan and a five-year capital prioritisation pipeline	5-Year Joint Forward Plan
102	Develop a cross-matrix team that can support the delivery of estates and facilities at an ICS-wide level	5-Year Joint Forward Plan
102	Deliver a public facing ICS Estates Strategy	5-Year Joint Forward Plan
103	Categorise One Devon estate into 'core, flex, and tail' and agree on strategies for each site or development opportunity.	5-Year Joint Forward Plan
104	Prioritise funding allocations while taking advantage of national funding review outcomes and TIF funding	5-Year Joint Forward Plan
105	Integrate provider service departments where possible to create resilience, efficiencies, and succession planning.	5-Year Joint Forward Plan
106	Commence delivery of the implementation plans that will support each area of the Estates Strategy	5-Year Joint Forward Plan
	Green Plan	
107	Promote Greener Travel Options for ICB Staff	5-Year Joint Forward Plan
108	Continue to work towards achieving a Paper-Free Organisation by 2028.	5-Year Joint Forward Plan

Chief Corporate Affairs and Communications Officer

Ref	**Objectives**	**Relevant Plan(s)**
	Governance	
128	Develop an ICB governance improvement plan, secure approval by the July Board meeting, and make necessary amendments to constitutions, risk frameworks, and terms of reference based on agreed actions	Statutory
129	Implement new System Planning, and Delivery & Assurance Structures for the 2024-25 governance approach within the ICB	Statutory
	System OD	
130	Create a compact to formally articulate the shared vision of system partners and establish a set of reciprocal behaviours for effective delivery, supporting the Devon single operating model	ICS Design Framework

Ref	**Objectives**	**Relevant Plan(s)**
131	Develop a system Organisation Development (OD) plan focused on implementing high-impact actions to address challenges identified in ICS maturity assessments, supporting the development of a single operating model for Devon.	ICS Design Framework
	Communications	
132	Establish the One Devon Involvement Platform to enhance engagement and participation across the healthcare system	5-Year Joint Forward Plan
133	Integrate Healthwatch into NHS Devon ICB Governance to enhance public accountability and consumer insight.	5-Year Joint Forward Plan
	Equality, Diversity and Inclusion	
134	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	5-Year Joint Forward Plan
135	Through the NHS Devon governance review, identify opportunities to incorporate the six high-impact actions from the NHS England EDI Improvement Plan	5-Year Joint Forward Plan

Further Development and Issues Still to Resolve

20. Against the strategic priorities as first laid out in the NHS Long Term Plan, Operational Planning Guidance, Board Assurance Framework, ICS Design Framework and Statutory functions, the Annual Plan development process has identified activity to map to each of these. However, the status of plans that underpin the delivery of the strategic objectives is variable, with many programmes stating that plans will be developed through Q1. Where action does not align with one of the previously stated Strategic Priorities, assurance has been gained that there is an additional mandated driver that underpins it.

21. One of the most significant risks to delivery this year relates to the scale of organisational change being worked through with staff, concerns about our capacity to deliver key objectives, including the potential loss of critical skills as we progress through the NHS Devon restructure. Leads have highlighted resourcing gaps, even for 'must do' activities as outlined in the NHS Long Term Plan and NHSE England Operating Planning Guidance. Given the current context of organisational change, resource allocation and prioritisation are notably more challenging than in a typical year.

22. As we finalise our corporate objectives, it will be crucial to deliberately focus resources to effectively deliver organisational priorities, taking these challenges into account. Our capacity to deliver the Population Health programme has been highlighted as a specific area of concern given a mismatch in the number of objectives identified in the plan (driven by national policy objectives) and our capacity to deliver.

23. Additionally, the absence of a focused annual planning cycle has meant that this year planning started relatively late in the year. This has limited the time available for detailed planning and alignment of resources to the identified priorities. The absence of an integrated planning process, bringing together the development of our 5-year Joint Forward Plan with our operational planning process, has also resulted in inconsistent approaches to planning, which need to be resolved in future years through the introduction of a clear planning framework that ensures the planning cycle begins much earlier in the year.

Next Steps

Agreement of Corporate Objectives

24. Each Directorate's corporate objectives should be officially agreed upon by Executive Leads, taking into account feedback from the Board.

Approval of NHS Devon Annual Plan

25. The Board will be asked to approve the final version of the Annual Plan in July. The Annual Plan will be supported by a clear resourcing plan showing how each directorate plans to allocate resources to key priorities. The Board will also be asked to take note of key risks and mitigation, especially in relation to any obligations that cannot be met.

Finalising Delivery Plans

26. Executive Leads are requested to review a detailed spreadsheet containing a wide range of programmatic and business-as-usual activities planned by directorates for 2024-25. This spreadsheet will be used as a tool for the PMO Delivery Room approach teams to regularly review and monitor progress. It can also aid in further prioritisation and resource allocation. While a specific template has not been mandated this year, we recommend using the PMO workbook if detailed plans are not currently in place. This will ensure consistency and comprehensiveness across all programme plans and assist teams in identifying the specific impact of their work.

Oversight and Assurance Via PMO Delivery Room

27. All directorates will be required to participate in review meetings with the Director of Planning and Performance. These meetings will take place in the PMO Delivery Room at a frequency yet to be confirmed and will commence following the final plan sign-off. The focus will be on delivery against actions and measuring impact against the oversight framework metrics. A Standard Operating Procedure (SOP) is currently being developed to fully explain the process. The PMO is currently developing highlight reports to aid Oversight and Review Meetings. These reports will establish key performance indicators (KPIs) for each directorate based on available data sources to monitor progress and support escalation. To provide additional assurance for areas within Directorate Plans where it is needed, the PMO Delivery Room approach will be used to

conduct thorough reviews of priority areas. This will allow for a more detailed assessment and necessary support.

Planning for Future Years

28. The Planning team is currently developing a rolling cycle of planning that will be established over the coming year. This process will articulate how the Annual Plan acts as a 'plan of plans', informed by and supporting the continuous development of operational plans and an annual refresh of Devon's Joint Forward Plan (JFP). A proposal on the future planning cycle will be presented to the ICB Executive shortly after the Annual Plan has been approved by the Board, so we are in a position to start preparing plans for 2025-26. Further details will be provided shortly to ensure we are positioned to undertake planning much earlier from next year onwards.

Committee Assurance

29. The objectives set out above will be allocated to appropriate Board Assurance Committees during Q1 and early Q2 to allow for more detailed review of underpinning plans to take place including an assessment of delivery risks and actions. The Director of Governance will work with the relevant Committee chair and Chief Officer to ensure this and avoid any duplication of reviews.

Conclusion

30. The Board is asked to:

- **Approve** the corporate objectives set out above in pursuit of our 2024/25 Annual Plan
- **Note and endorse** the outlined next steps in the Annual Plan development process.
- **Agree** that Board Assurance Committees should review the objectives and underpinning delivery plans set out above.

NHS Devon Integrated Care Board

System oversight and co-ordination

Date of meeting	Date report produced
30 May 2024	08 May 2024

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

Executive summary
This report outlines a proposal for a robust framework for the oversight and co-ordination of the NHS partners within the One Devon Health and Care System, which is designed to support the system to move from NHS Oversight Framework (NOF) Segment 4 to Segment 3 while maintaining the principles of collaboration and delegated authority.

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

Key recommendations and actions requested
1. **Comment on and endorse** the proposed Terms of Reference for the One Devon System Planning, Recovery and Delivery Group.
2. **Take assurance** from the planned Locality approach to the delivery of system recovery in 2024/25.
3. **Take assurance** from the continuing thematic joint system working approach to address NOF4 priority actions in 2024/25.
4. **Take assurance** from the planned approach to engagement of the Provider Collaboratives within the One Devon Integrated Care System.
5. **Take assurance** from the planned approach to oversight of planning and performance within NHS Devon
6. **Approve** the proposed Terms of Reference for the following Board Committees: • Audit and Risk Committee • Remuneration and Internal ICB Workforce Committee • Population Health Improvement Committee • People and Organisational Development Committee • Quality and Patient Experience Committee • Finance and Performance Committee • NHS Devon Executive
7. **Take assurance** from the development of a Compact between NHS partners within the One Devon integrated Care System and an NHS Devon Governance Improvement Plan.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Proposed system oversight and co-ordination approach impacts on all 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	Proposed system oversight and co-ordination approach impacts on all areas.
Health inequalities	
Workforce	
Resources and finance	
Legal	
Digital and Data	
Engagement and consultation	

System oversight and co-ordination

Introduction and background

1. The NHS Oversight Framework (NOF) confers a responsibility on each Integrated Care Board (ICB) to have direct oversight of the performance and improvement of organisations in NOF3 and NOF2, and to be a key partner with the NHS England (NHSE) Regional Team in the oversight of any Trusts in NOF4. In Devon this responsibility is currently discharged via the System Improvement and Assurance Group (SIAG) (chaired by the NHSE Regional Director). However, these meetings alone do not provide sufficient time for the level of scrutiny necessary to provide assurance regarding progress against the agreed NOF4 exit criteria.

2. NHS Devon is wholly committed to a system of distributed leadership underpinned by a culture of trust – where there is confidence in individuals and organisations to deliver on their commitments as agreed within the operational plan. This approach requires clear plans, structures, systems of accountability, mechanisms for sharing best-practice and escalation mechanisms.

3. This report outlines a proposal for a robust approach to the oversight and co-ordination of the One Devon Integrated Care System (ICS). It is an approach that is designed to ensure the delivery of the actions required for the recovery of the system, in line with the Joint Forward Plan agreed by all system partners. It should be read in conjunction with the report on the proposed 2024/25 Annual Plan presented elsewhere on the agenda for this meeting.

Assessment of the One Devon Health and Care System under the NOF

4. In July 2021, an assessment was made of the performance of NHS Devon in line with the metrics associated with the oversight framework domains. This raised significant concerns in respect of:

    - **Quality of care, access and outcomes** – specifically Urgent and Emergency Care (UEC) performance and elective waiting times
    - **Finance and use of resources** – relating to the in-year and underlying system deficit
    - **Leadership and capability**
    - **Local strategic priorities** – specifically, lack of a clinical strategy for Devon

5. This triggered NHS Devon being placed into NOF4, which is the highest level of escalation within the framework with mandated intensive support being provided through the national Recovery Support Programme (RSP).

6. In November 2022 the NHSE National Quality and Performance Committee determined that all acute Trusts in Devon should be placed in NOF4 and, consequently the National Recovery Support Programme (RSP) (previously only University Hospitals Plymouth NHS Trust had been assessed as NOF4).

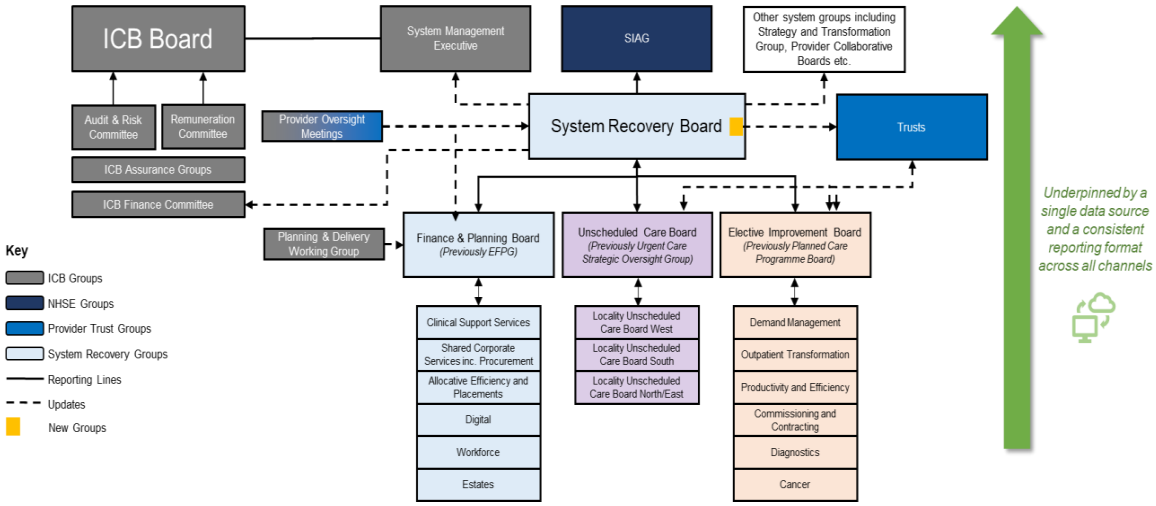
7. To be placed in NOF4 for leadership, strategy, quality and patient safety and finance requires an ICB to seriously consider how its priorities, systems, processes, culture, and behaviours are aligned to delivering the necessary improvements that facilitate de-escalation and earned autonomy to deliver on the wider responsibilities of the ICS.

8. A single set of Exit Criteria exist for all Trusts and NHS Devon. These are underpinned by an agreed set of measures and 'must-do' actions which inform the oversight and assurance mechanisms. As these exit criteria have not been met as of the end of 2023/24, they are currently being reviewed by NHSE at a national review meeting and are expected to be revised for 2024/25, which means that it is now pertinent to review the efficacy of the arrangements in place for system recovery.

System Recovery - Current Arrangements

9. The NHS partners within the One Devon Integrated Care System established the following arrangements at the outset of the NOF4 process.

Figure 1 – System Recovery Programme (SRP) Governance



System Recovery Board

10. The Board of each system partner has accountability for approving and delivering its own improvement plan. This means that, whilst the System Recovery Board (SRB) is a mechanism that facilitates system alignment, the only decisions that can be taken by the SRB are those which are within the delegated authority of its

individual members. Anything that exceeds that level of delegated authority must be taken through each respective system partner's (including the ICB's) corporate governance framework.

NHS Devon

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

12. Currently there are several teams involved in delivery and improvement within NHS Devon. The dispersed nature of the responsibilities means that there is no one individual or place where the management of performance and remedial actions comes together in an integrated way. It is recognised that there is a lack of robust performance management with either providers or localities.

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

14. The report used by the NHS Devon Board to overview performance against operational and quality standards is the Integrated Quality and Performance and Report (IQPR) which is produced monthly and has been in existence since January 2022. The NHS Devon Board also receives a narrative paper to provide assurance on delivery against the NOF4 exit criteria of Leadership, Strategy, UEC, Elective and Finance (known as the NOF4 Exit Progress Report). This report is produced monthly, to the same timeframe as the IQPR.

15. The IQPR and the NOF4 Exit Report are both reviewed and approved by the NHS Devon Executive Committee ahead of their submission to the System Recovery Board and SIAG (NOF4 Exit Progress Report only), relevant NHS Devon Board Assurance Committees and the NHS Devon Board.

NHSE-led mechanisms

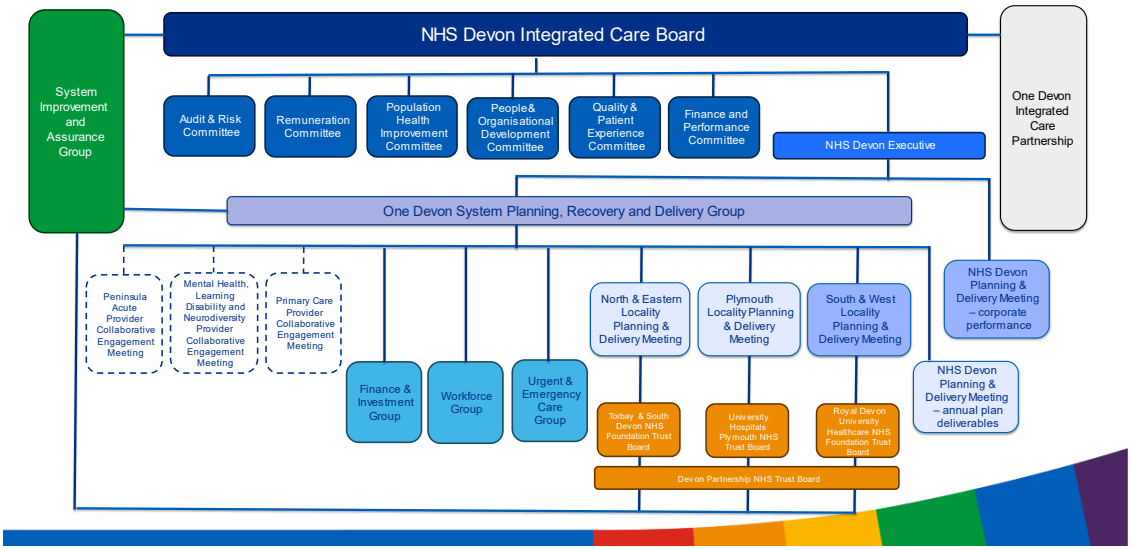
16. The SIAG takes assurance from the SRB that activities by all NHS partners who are within NOF4 are delivering the actions required to meet the NOF4 exit criteria/undertakings.

17. Neither the NHS Devon Board nor the SIAG currently receive any formal report from the SRB; however, the NOF4 Exit Progress Report provides a general update in relation to the progress being made by the system to progress towards the NOF4 exit criteria. Where there are issues of particular risk, information about these, as considered by the SRB, may be presented to the relevant NHS Devon Board Assurance Committee.

18. Due to NHS Devon's NOF4 status and the identified gap in performance management and oversight, NHSE's South West Regional and National Teams have assumed this role in an attempt to gain further assurance particularly focussing on elective long waiters and urgent care. This arrangement has led to an increase in performance oversight meetings and the risk of duplication and confusion. For example, in addition to the processes in place to oversee the system's exit from NOF4, NHS Devon and its providers are in Tier 1 for oversight in respect of UEC and Elective Care. This entails weekly reporting of delivery at system and provider level to NHSE, separately for UEC and Elective Care. This also informs weekly NHSE assurance meetings every Friday with NHS Devon and provider representation.

System Recovery - Proposed Arrangements for 2024/25

Figure 2 – Proposed alternative system governance and assurance structures for 2024/25



N.B. A larger version of this chart is available at Annex A to this report.

Refocussed SRB – the One Devon System Planning, Recovery and Delivery Group

19. Refocussing the SRB as the **One Devon System Planning, Recovery and Delivery Group (SPRDG)** will ensure that it continues to act as the key group, chaired by the NHS Devon Chief Executive Officer, through which the NHS partners in the One Devon Integrated Care System work together to ensure the delivery of system recovery, the Joint Forward Plan and other agreed system priorities.

20. The SPRDG will ensure that key system decisions are agreed in principle before being disseminated to One Devon Integrated Care System NHS partner

organisations for formal approval (if necessary – it is anticipated that many of the decisions of the SPRDG will relate to high level operational issues that fall within the delegated authority of its members). In due course, the focus of the SPRDG will be on delivery of the plans agreed by members' Boards.

21. Initial draft Terms of Reference (to be agreed by the members of the SPRDG are attached at Annex B to this report)

Board members are asked to comment on and endorse the proposed Terms of Reference for the One Devon System Planning, Recovery and Delivery Group.

Creation of Locality Planning and Delivery Meetings to support the SPRDG

22. It is proposed that **three Locality Planning and Delivery Meetings (LDPMs)** should be established, reporting into the SPRDG, as follows:

- North & Eastern Locality Planning and Delivery Meeting
- Plymouth Locality Planning and Delivery Meeting
- South & West Locality Planning and Delivery Meeting

23. Chaired by the NHS Devon Chief Executive Officer, the expectation is that each LPDM would be attended by all NHS Devon Chief Officers and Locality Leads, the Executive Team of the relevant NHS Trust, Primary and Community Care representatives, Local Authority Colleagues, other key stakeholders and relevant NHSE colleagues (South West Regional Team/National RSP Team/other National Teams as appropriate).

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

25. An aggregated dashboard and highlight report would be submitted to the One Devon SPRDG and the NHS Devon Executive, in advance of its submission to the NHS Devon Finance and Performance and Quality and Patient Experience Committees, as appropriate, and the NHS Devon Board. This report would also be shared with the SIAG. It is anticipated that this would enable the SIAG to take assurance of the steps being taken within individual Localities to address the overarching actions required to meet the system's NOF4 exit criteria, as well as the actions required to address each individual provider's NOF segmentation.

26. As the LPDMs become established and confidence gained in the process it is proposed that they replace the Tier 1 meetings as the primary route of assurance of UEC and Elective Care recovery

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

Board members are asked to take assurance from the planned Locality approach to the delivery of system recovery in 2024/25.

Ongoing System Delivery and Joint Working Groups

28. It is anticipated that a number of existing system joint working groups which are key enablers to delivery will need to continue in their current form. These thematic groups reflect the NOF4 priority actions in transition. As the plans mature at Locality level these thematic groups will become less relevant and are expected to drop away - the delivery of NHS Trust and NHS Devon plans / local CIPs will be scrutinised in the LPDMs. However, in the short-term it is anticipated that the following groups will continue to be key to the One Devon Integrated Care System's recovery activities:

    - **Finance & Investment Group** – will deal with the double/triple lock, overseeing progress with strategic savings schemes, as well as identifying areas of waste and inefficiency.
    - **Workforce Group** – will maintain a system focus on workforce productivity, processes and redesign, as well as overseeing the effectiveness of vacancy controls processes.
    - **Urgent and Emergency Care Group** – will deal with 'once-for-Devon' issues such as End of Life pathways, care co-ordination, ambulance handovers etc.

Board members are asked to take assurance from the continuing thematic joint system working approach to address NOF4 priority actions in 2024/25.

System Co-ordination – working more closely with the Provider Collaboratives

29. To ensure the work of the exiting Provider Collaboratives reflects support the delivery of the key system priorities. It is proposed that dedicated **Provider Collaborative Engagement Meetings (PCEMs)** should be established with each as follows:

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

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

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

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

32. The outcomes of these meetings will be presented to the SPRDG.

Board members are asked to take assurance from the planned approach to engagement of the Provider Collaboratives within the One Devon Integrated Care System.

Strengthened performance management within NHS Devon

33. In order to improve performance oversight within NHS Devon, it is proposed that the Director of Performance and Planning should establish individual monthly **NHS Devon Planning and Delivery Meetings** with each member of the NHS Devon Senior Leadership Team (additional attendees would be requested from Directorates where greater subject matter expertise was required). The focus of these meetings would fall across two categories of deliverables:

    - Corporate performance
    - Annual Plan deliverables

34. These meetings, which would take place on a monthly basis, would focus on delivery against the 2024/25 Annual Plan and key corporate objectives, oversight against the Board Assurance Framework, delivery on performance improvements against the NOF and mitigation of risks on the corporate and programme risk registers. This list is indicative and would be tailored to each team, as agreed by the NHS Devon Executive.

35. It is proposed that the outputs of these individual meetings would then be gathered into a monthly dashboard and highlight report, to be discussed initially by the NHS Devon Senior Leadership Team. This would enable all directorates to understand corporate delivery against NHS Devon and system priorities and reduce silo working. The dashboard and highlight report would then be formally submitted to the NHS Devon Executive for consideration at a meeting joined by the NHSE System Improvement Director. The outcomes of the Executive's review would be reported to the NHS Devon Board via the Chief Executive's Report. Thos relating to the Annual Plan deliverables would also be shared with the SPRDG and SIAG.

Board members are asked to take assurance from the planned approach to oversight of planning and performance within NHS Devon

Refreshed Committees to support the NHS Devon Board

36. It is proposed to refresh the framework of Board Assurance Committees supporting the NHS Devon Board, ensuring that they are able to do work on behalf of the Board by undertaking in-depth and focussed scrutiny and assuring the Board as well as escalating risk and sharing good practice, freeing up the Board's time to focus on more strategic issues. It is anticipated that this would be achieved through the following Board Assurance Committee framework:

    - **Audit and Risk Committee** - to provide oversight and seek assurance on the adequacy of governance, risk management and internal control processes within NHS Devon. The Committee will also make recommendations on those areas of system audit or risk management where there is the biggest opportunity for improvement.
    - **Remuneration and Internal ICB Workforce Committee** – to approve the remuneration and pay frameworks for all NHS Devon employees and Board Members (excluding the NHS Devon Chair whose remuneration is determined by NHS England).
    - **Population Health Improvement Committee** - to provide oversight and seek assurance that NHS Devon and partner NHS organisations in Devon are delivering on strategic commitments to deliver better health outcomes, including by preventing ill health; reduce inequality and inequity in health outcomes and access; and positively impact on social and economic growth.
    - **People and Organisational Development Committee** - to provide oversight and seek assurance on the recruitment, development and retention of the people employed by NHS Devon and across the One Devon Integrated Care System.
    - **Quality and Patient Experience Committee** - to provide assurance that NHS Devon is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022.
    - **Finance and Performance Committee** - to provide oversight and seek assurance that NHS Devon is maximising value for money from the use of its public funding and delivering its performance targets set out in the NHS Devon Operational Plan for the year. The Committee will identify performance risks and concerns to ensure that mitigating actions are being taken in a timely manner to deliver NHS Devon's financial and operational commitments across the One Devon Integrated Care System.

37. The proposed Board Assurance Committees are designed to reflect the statutory purposes of ICBs, as well as taking responsibility for NOF themes as follows:

Committee	ICB statutory purpose	NOF theme
Audit and Risk	Statutory Committee required of all ICBs	
Remuneration and Internal ICB Workforce	Statutory Committee required of all ICBs	
Population Health Improvement	• Tackle inequalities in outcomes, experience and access	• Preventing ill health and reducing inequalities

Committee	ICB statutory purpose	NOF theme
	• Help the NHS support broader social and economic development	
People and Organisational Development	• Improve outcomes in population health and healthcare • Enhance productivity and value for money	• People • Leadership and improvement capability
Quality and Patient	• Improve outcomes in population health and healthcare	• Quality of care, access and outcomes
Finance and Performance	• Improve outcomes in population health and healthcare • Enhance productivity and value for money	• Finance and use of resources

38. The Annual Plan and in particular strategic objectives/BAF risks assigned to each Board Assurance Committee will inform its agenda and act as a guide to scheduling items so that meetings take place at the right frequency and are of a manageable length. The Board Assurance Committee will be able drill to a granular level of assurance in a way that the Board cannot, due to its size and time pressures. It is anticipated that the Board Assurance Committees will:

    - seek assurances about adherence to plans and identify where variance occurs
    - oversee any allocated risks
    - monitor the progress of remedial actions
    - seek evidence of the impact of actions taken.

39. In these activities the Board Assurance Committees are both backward and forward-looking: backward-looking because they consider past performance and forward-looking because they use past performance to inform future action and remedial action plans to form a view (assurance) about the likely achievement of plans/targets. The Committee's role will be to form a view on the extent to which they are assured and the value of the assurance they have received and report that back to the Board. The Committee may also make recommendations as to how gaps in assurance may be filled. The Board will then consider what actions are necessary.

40. The Board Assurance Committees will report back to the Board about the workforce and outputs of their activity, highlighting areas of good performance (high levels of assurance/low levels of risk) and areas where there is low confidence about continued good performance (lack of assurance/high levels of risk). This reporting should give the Board assurance that the Committee has a handle on higher-risk areas of its remit, and advise the Board when it needs to take an interest or where more work is required outside the Committee. It should

enable the Board to triangulate levels of assurance across the work of all the Committees, for example quality assurance against financial assurance.

41. The draft Terms of Reference for each of the proposed Board Assurance Committees are attached at Annex C-H to this report. Subject to the Board's approval of these, it is proposed that they should be considered in detail by each Committee in June, together with the proposed workplan for each, in line with the objectives of the 2024/25 Annual Plan (presented elsewhere on the agenda for this meeting). Any proposed amendments to the ToR following these reviews will be presented to the Board for approval at its meeting in public in July 2024.

42. A review of the NHS Devon Standing Finance Instructions (SFIs) and Scheme of Reservation and Delegation (SoRD) will also be conducted in June, with proposed amendments being presented to the Board for approval at its meeting in public in July 2024.

43. The Board will also continue to be supported by the **NHS Devon Executive**, which will support the NHS Devon Chief Executive Officer in discharging their statutory and executive accountabilities within NHS Devon and across the broader One Devon Integrated Care System. Proposed Terms of Reference for the NHS Devon Executive are attached at Annex I to this report.

44. Work will be undertaken with Local Authority Partners to review the joint statutory committee, the **One Devon Integrated Care Partnership** by the end of 2024/25.

Board Members are asked to approve the proposed Terms of Reference for the following Board Committees:

- **Audit and Risk Committee**
- **Remuneration and Internal ICB Workforce Committee**
- **Population Health Improvement Committee**
- **People and Organisational Development Committee**
- **Quality and Patient Experience Committee**
- **Finance and Performance Committee**
- **NHS Devon Executive**

Addressing culture and behaviours alongside systems and processes

45. Good governance does not rest on systems and processes alone; it requires the right culture and behaviours to thrive. In light of this, alongside the structures described above, it is proposed that work should be undertaken to ensure that the best possible environment is in place to support these structures.

With System Partners

46. It is proposed that work should be undertaken to create a Compact between NHS partners within the One Devon Integrated Care System (in the first instance). This will created be via deep discussion about the goals of the partnership, resulting in the formal articulation of a shared vision and an explicit set of

reciprocal behaviours designed to enable the partners to achieve their collective ambition.

47. Following the example of the NHS-Virginia Mason Institute (VMI) partnership, it is proposed that the following headings should be adopted:

    - creating the right environment – act in a way that is respectful, honest and transparent
    - fostering excellence – enable and support the improvement of NHS partners
    - listening, communicating and influencing – listen and act in the spirit of shared endeavour and mutual learning
    - Leadership - keep commitments on deliverables, timelines and measurements.

48. This One Devon Integrated Care System Compact will be developed by the System Planning, Recovery and Delivery Group over the summer prior to seeking ratification by respective NHS Devon Boards.

Within NHS Devon

49. Proposals for an NHS Devon Organisational Development programme are set out in a paper elsewhere on the agenda for this meeting. It is proposed that, alongside this work, an NHS Devon Governance Improvement Plan should be developed and implemented. The first iteration of this will be presented to the Board for discussion at its Development Session in June 2024, with the final iteration due to be presented for approach by the Board at its next meeting in public in July 2024.

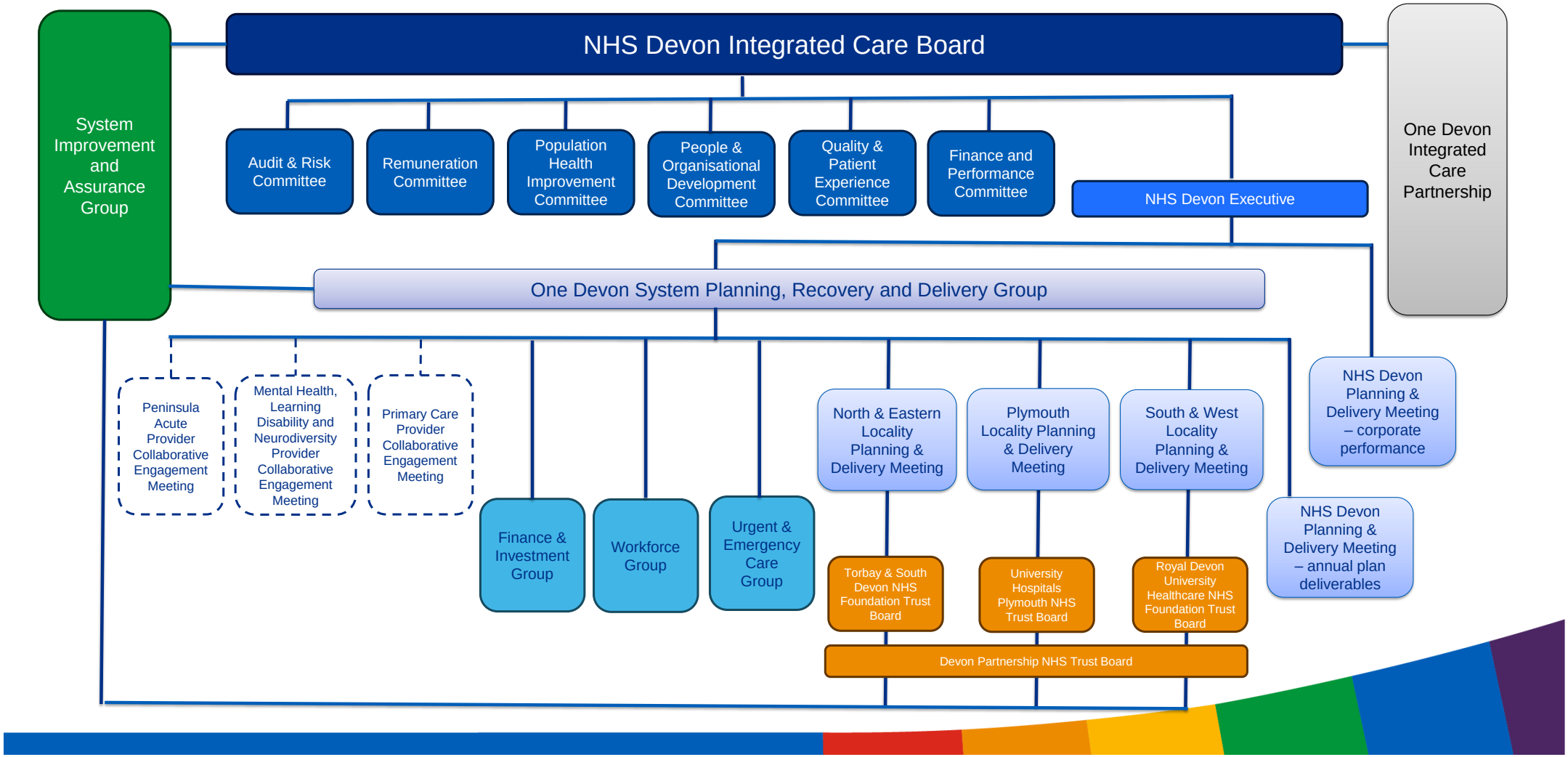
Board members are asked to take assurance from the development of a Compact between NHS partners within the One Devon Integrated Care System and an NHS Devon Governance Improvement Plan.

Conclusion and Next Steps

50. Board members are asked to:
    - Comment on and endorse the proposed Terms of Reference for the One Devon System Planning, Recovery and Delivery Group.
    - Take assurance from the planned Locality approach to the delivery of system recovery in 2024/25.
    - Take assurance from the continuing thematic joint system working approach to address NOF4 priority actions in 2024/25.
    - Take assurance from the planned approach to engagement of the Provider Collaboratives within the One Devon Integrated Care System.
    - Take assurance from the planned approach to oversight of planning and performance within NHS Devon
    - Approve the proposed Terms of Reference for the following Board Committees:
        - Audit and Risk Committee

    - Remuneration and Internal ICB Workforce Committee
    - Population Health Improvement Committee
    - People and Organisational Development Committee
    - Quality and Patient Experience Committee
    - Finance and Performance Committee
    - NHS Devon Executive
- Take assurance from the development of a Compact between NHS partners within the One Devon Integrated Care System and an NHS Devon Governance Improvement Plan.

ANNEX A - Proposed alternative system governance and assurance structures



ANNEX B

One Devon System Planning, Recovery and Delivery Group

Terms of Reference

1. Introduction and Authority

1.1 The One Devon System Planning, Recovery and Delivery Group (SPRDG) is established by the NHS partners within the One Devon Integrated Care System as the forum through which these bodies will work together to ensure the delivery of system recovery, the Joint Forward Plan and other agreed system priorities.

1.2 The SPRDG will ensure that key system decisions are agreed in principle before being disseminated to One Devon Integrated Care System NHS partner organisations for formal approval (if necessary – it is anticipated that many of the decisions of the SPRDG will relate to high level operational issues that fall within the delegated authority of its members). In due course, the focus of the SPRDG will be on delivery of the plans agreed by members' Boards

1.3 These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the SPRDG. They may only be changed with the approval of the SPRDG.

2. Purpose and Responsibilities

Purpose

2.1 The purpose of the SPRDG is to provide system level leadership to the delivery of system recovery, the Joint Forward Plan and other agreed system priorities.

Responsibilities

2.2 To oversee the development of the NHS-led aspects of One Devon Integrated Care System Joint Forward Plan, Annual Plan and Operational Plan submissions at a system level.

2.3 To monitor the delivery of the Annual Plan setting out the NHS-led deliverables of the Joint Forward Plan, taking escalations from Provider Performance Meetings and agreeing a system response where necessary.

2.4 To be the formal route for change control of agreed Plans (for approval as appropriate by the respective governance bodies of each member).

2.5 To oversee the allocation of system resource and ensure it is managed to deliver the greatest impact.

2.6 To review system performance and agree strategic responses to emerging performance risks.

2.7 To agree system level risks and issues and agree mitigating actions.

2.8 To horizon scan for emerging future challenges to agree system response to allow early intervention.

2.9 To review opportunities for greater system working through the establishment of system level delivery mechanisms

3. Membership

Chair & Vice Chair

3.1 Each SPRDG meeting will be chaired by the NHS Devon Chief Executive Officer (CEO).

3.2 The Vice Chair of the SPRDG will be the NHS Devon Deputy Chief Executive Officer.

3.3 In the absence of the Chair, the Vice Chair will assume their duties.

3.4 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Membership

3.5 The membership of the SPRDG shall be constituted as follows:

- NHS Devon Chief Executive Officer (Chair)
- NHS Devon Deputy Chief Executive Officer (Vice Chair)
- NHS Devon Chief Delivery Officer
- Devon Partnership NHS Trust Chief Executive Officer and Chief Operating Officer
- Torbay and South Devon NHS Foundation Trust Chief Executive Officer and Chief Operating Officer
- University Hospitals Plymouth NHS Trust Chief Executive Officer and Chief Operating Officer
- Royal Devon University Healthcare NHS Foundation Trust Chief Executive Officer and Chief Operating Officer

Other Attendees

3.6 All SPRDG meetings will also be attended by the following individuals who are not members:

- NHS Devon Director of Performance & Planning
- NHS Devon PMO Director

3.7 Other attendees may be invited to attend all or part of any meeting as and when the Chair considers they have expertise that would be relevant to the responsibilities of the SPRDG.

3.8 The Chair of the SPRDG may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Attendance

3.9 Members of the SPRDG may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

3.10 When a member of the SPRDG is unable to attend, a nominated formal deputy with sufficient authority must attend in their place. Deputies will have the decision making and voting rights of the person they are representing.

4. Quorum, Decisions and Voting

Quorum

4.1 For a SPRDG meeting to be quorate, a minimum of 50% of members (i.e., 3 members) is required, including the Chair or Vice Chair of the SPRDG.

4.2 For clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.3 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision Making and Voting

4.4 The SPRDG will ordinarily reach conclusions by consensus. Should this not be possible, each member of the SPRDG will have one vote, the process for which is set out below:

a) All members of the SPRDG (or nominated deputies) who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the SPRDG are set out at paragraph 3.5; attendees and observers do not have voting rights.)

b) Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.

c) A resolution will be passed if more votes are cast for the resolution than against it.

d) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the Vice Chair) will have a second and casting vote.

e) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

4.5 The SPRDG will usually meet on a monthly basis. For urgent issues, the Chair may call a meeting at a notice of 2 days, setting out the reason for the urgency and the issue to be addressed.

5. Ways of Working

5.1 Members will be expected to conduct business in line with NHS values and objectives.

5.2 Members of the SPRDG have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

5.3 The SPRDG will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

5.4 All members of the SPRDG are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the SPRDG.

6. Reporting Arrangements

6.1 Whilst in Segment 4 of the NHS Oversight Framework (NOF4), the Chair of the SPRDG shall report formally to the System Improvement and Assurance Group (SIAG) on its proceedings after each meeting on all matters within its duties and responsibilities. The report will provide assurance on the work of the SPRDG and shall draw to the attention of the SIAG any issues that require disclosure or require further action.

6.2 The report of the Chair of the SPRDG shall also be presented to the public Board meetings of each of its members.

6.3 The SPRDG shall undertake at least an annual self-assessment of its own performance against its annual programme of business, membership and ToR. The outcome of this self-assessment will be included within the report of the Chair of the SPRDG to the SIAG.

7. Meetings and Administration

Frequency of Meetings

7.1 The SPRDG will meet each month. Additional meetings may take place as required.

7.2 Arrangements and notice for calling meetings are set out in the NHS Devon Standing Orders.

Administration

7.3 The SPRDG shall be supported by an administrator from within the NHS Devon Corporate Governance Team. Their duties in this respect will include:

a) Agreement of agendas with the Chair and attendees.
b) Preparation, collation and circulation of papers in good time.
c) Ensuring that those invited to each meeting attend, highlighting any concerns to Chair (including interests of members that may conflict with an agenda item).
d) Taking the minutes and helping the Chair to prepare reports to the NHS Devon Board.
e) Keeping a record of matters arising and issues to be carried forward.
f) Maintaining records of members' appointments and renewal dates.
g) Ensuring that action points are taken forward between meetings.
h) Ensuring that members receive the development and training they need.
i) Providing appropriate support to the Chair and members.

7.4 Following each meeting of the SPRDG, the administrator will:

a) Maintain an attendance log and follow up as appropriate after each meeting to ensure the SPRDG adheres to the required frequency of attendance by members.
b) Maintain a decisions log of reporting arrangements into each formal meeting of the SPRDG.
c) Maintain a log of summary written reports provided to the SIAG and NHS Devon Board from formal meetings of the SPRDG.

8. Review of Terms of Reference

8.1 These ToR will be reviewed at least quarterly and earlier if required. Any proposed amendments to the ToR will be submitted to the NHS Devon Board for approval.

Document Control

Document Reference	SPRDG ToR
Version	V.01
Senior Responsible Officer	Philippa Harding, Company Secretary
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Change Record

Date	Change	Comments

ANNEX C

NHS Devon
Audit and Risk Committee

Terms of Reference

1. Constitutional Obligations

1.1. The Audit and Risk Committee (the Committee) is established by the Integrated Care Board for Devon (known and referred to as NHS Devon) as a Committee of the Board in accordance with its Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.2. These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the NHS Devon Board.

1.3. The Committee is a Non-Executive Committee of the NHS Devon Board and its members, including any who are not members of the NHS Devon Board, are bound by the Constitution, Standing Orders and Scheme of Reservation and Delegation of NHS Devon.

1.4. The Committee is authorised by the NHS Devon Board to:

a) Investigate any activity within its ToR;
b) Seek any information it requires within its remit, from any employee or member of NHS Devon (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
c) Commission any reports it deems necessary to help fulfil its obligations;
d) Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by NHS Devon for obtaining legal or professional advice;
e) Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with NHS Devon's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may /not delegate any decisions to such groups.

1.5. For the avoidance of doubt, in the event of any conflict, NHS Devon's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation will prevail over these ToR.

2. Purpose and Responsibilities

Purpose

2.1 The purpose of the Committee is to contribute to the overall delivery of NHS Devon's objectives by providing oversight and assurance to the NHS Devon Board on the adequacy of governance, risk management and internal control processes within the organisation.

2.2 The duties of the Committee will be driven by NHS Devon's objectives and the associated risks. An annual programme of business will be agreed at the start of each financial year with the NHS Devon Board; however, this programme of business will be flexible to new and emerging priorities and risks.

Responsibilities

2.3 The responsibilities of the Committee are as follows:

Integrated governance, risk management and internal control

2.4 To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of NHS Devon's activities that support the achievement of its objectives, and to highlight any areas of weakness to the NHS Devon Board.

2.5 To ensure that financial systems and governance are established which facilitate compliance with Department of Health and Social Care's (DHSC's) Group Accounting Manual (GAM).

2.6 To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of NHS Devon's objectives, the effectiveness of the management of principal risks.

2.7 To have oversight of system risks where they relate to the achievement of NHS Devon's objectives.

2.8 To ensure that NHS Devon acts consistently with the principles and guidance established in His Majesty's Treasury's (HMT's) Managing Public Money.

2.9 To seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

2.10 To identify opportunities to improve governance, risk management and internal control processes across NHS Devon.

Internal audit

2.11 To ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the NHS Devon Board. This will be achieved by:

a) Considering the provision of the internal audit service and the costs involved;
b) Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
c) Considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;
d) Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and
e) Monitoring the effectiveness of internal audit and carrying out an annual review.

External audit

2.12 To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

a) Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit;
b) Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;
c) Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and
d) Reviewing all external audit reports, including to those charged with governance (before its submission to the NHS Devon Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Other assurance functions

2.13 To review the findings of assurance functions in NHS Devon, and to consider the implications for the governance of NHS Devon.

2.14 To review the work of other committees in NHS Devon, whose work can provide relevant assurance to the Committee's own areas of responsibility.

2.15 To review the assurance processes in place in relation to financial performance across NHS Devon, including the completeness and accuracy of information provided.

2.16 To review the findings of external bodies and consider the implications for governance of NHS Devon. These will include, but will not be limited to:

- Reviews and reports issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution, Care Quality Commission (CQC); and

- Reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).

Counter fraud

2.17 To assure itself that NHS Devon has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.

2.18 To review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans, provide direct access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports.

2.19 To ensure that the counter fraud service provides appropriate progress reports and that these are scrutinised and challenged where appropriate.

2.20 To be responsible for ensuring that the counter fraud service submits an Annual Report and Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Standards for Commissioners; Fraud, Bribery and Corruption.

2.21 To report concerns of suspected fraud, bribery and corruption to the NHSCFA.

Freedom to Speak Up

2.22 To review the adequacy and security of NHS Devon's arrangements for its employees, contractors and external parties to raise concerns, in confidence, in relation to financial, clinical management, or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

Information Governance (IG)

2.23 To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.

2.24 To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.

2.25 To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.

2.26 To provide assurance to the NHS Devon Board that there is an effective framework in place for the management of risks associated with IG.

Financial reporting

2.27 To monitor the integrity of the financial statements of NHS Devon and any formal announcements relating to its financial performance.

2.28 To ensure that the systems for financial reporting to the NHS Devon Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

2.29 To review the annual report and financial statements (including accounting policies) before submission to the NHS Devon Board focusing particularly on:

a) The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
b) Changes in accounting policies, practices and estimation techniques;
c) Unadjusted mis-statements in the Financial Statements;
d) Significant judgements and estimates made in preparing of the Financial Statements;
e) Significant adjustments resulting from the audit;
f) Letter of representation; and
g) Qualitative aspects of financial reporting.

Conflicts of Interest

2.30 The Chair of the Audit Committee will be the nominated Conflicts of Interest Guardian.

2.31 The Committee shall satisfy itself that NHS Devon's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

Management

2.32 To request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

2.33 The Committee may also request specific reports from individual functions within NHS Devon as they may be appropriate to the overall arrangements.

2.34 To receive reports of breaches of policy and normal procedure or proceedings, including such as suspensions of NHS Devon's standing orders, in order provide assurance in relation to the appropriateness of decisions and to derive future learning.

Communication

2.35 To co-ordinate and manage communications on governance, risk management and internal control with stakeholders internally and externally.

2.36 To develop an approach with other committees, including the Integrated Care Partnership, to ensure the relationship between them is understood.

3. Membership

3.1 Members of the Committee shall be appointed by the NHS Devon Board in accordance with the NHS Devon Constitution.

Chair & Vice Chair

3.2 In accordance with the NHS Devon Constitution, the Committee will be chaired by an Independent Non-Executive Member of the NHS Devon Board, appointed on account of their specific knowledge, skills and experience making them suitable to chair the Committee.

3.3 The Chair of the Committee shall be independent and therefore may not chair any other Committees of the NHS Devon Board. In so far as it is possible, they will not be a member of any other NHS Devon Board Assurance Committee.

3.4 Committee members may appoint a Vice Chair from amongst the membership of the Committee, who must be an Independent Non-Executive Member of the NHS Devon who has the requisite skills and experience to act in that capacity.

3.5 The Chair of the Committee will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Membership

3.6 The membership of the Committee shall be constituted as follows:

- Independent Non-Executive Member (Chair)
- Independent Non-Executive Member
- Independent Non-Executive Member
- Co-opted Member

3.7 Neither the Chair of the NHS Devon Board, nor employees of NHS Devon will be members of the Committee.

3.8 Members will possess between them knowledge, skills and experience in: accounting, risk management, internal, external audit; and technical or specialist issues pertinent to NHS Devon's business.

Other Attendees

3.9 Only members of the Committee have the right to attend and vote at Committee meetings; however, meetings of the Committee will also be attended by the following individuals who are not members:

- Chief Finance Officer
- Chief Communications and Corporate Affairs Officer
- Company Secretary
- Representatives of both internal and external audit
- Individuals who lead on counter fraud matters

3.10 Other attendees may be invited to attend all or part of any meeting as and when the Chair of the Committee considers they have expertise that would be relevant to the responsibilities of the Committee.

3.11 The Chief Executive Officer should be invited to attend the Committee at least annually.

3.12 The Chair of the NHS Devon Board may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.

3.13 The Chair of the Committee may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Attendance

3.14 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair of the Committee. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

Access

3.15 Regardless of attendance, External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Committee.

4. Quorum, Decisions and Voting

Quorum

4.1 For a meeting of the Committee to be quorate a minimum of 50% members (i.e., 2 members) is required, including the Chair or Vice Chair of the Committee (unless they are disqualified from participating on that item in the agenda, by reason of a declaration of conflicts of interest) and another Independent Non-Executive Member of the NHS Devon Board.

4.2 If any member of the Committee is unable to participate in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

4.3 If the quorum has not been reached, then the meeting may proceed informally if those attending agree, but no decisions may be taken.

Decision Making and Voting

4.4 In line with NHS Devon's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the Committee will have one vote, the process for which is set out below:

- All members of the Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the Committee are set out at paragraph 3.6; attendees and observers do not have voting rights).

- Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.

- A resolution will be passed if more votes are cast for the resolution than against it.

- If an equal number of votes are cast for and against a resolution, then the Chair of the Committee (or in their absence, the Vice Chair) will have a second and casting vote.

- Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

4.5 For urgent decisions, the Chair of the Committee may call a meeting at a notice of 2 days, setting out the reason for the urgency and the decision to be taken.

4.6 When there is an urgent matter where a decision is required outside of the meeting (which cannot wait for the next scheduled meeting), the Chair of the Committee may make a decision after conferring with at least two other members ("Chair's Action").

4.7 When Chair's Action has been taken then the next quorate meeting of the Committee must ratify it. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

5. Ways of Working

5.1 All members of the Committee will have due regard to and operate within the Constitution of NHS Devon, its Standing Orders, Standing Financial Instructions and other financial procedures.

5.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

5.3 Members of the Committee must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

5.4 A Register of Interests will be reviewed at each Committee meeting. Those in attendance will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a member of the Committee feels compromised by any agenda item, they should declare a conflict of interest and agreement reached as the action to be taken as set out in the NHS Devon Conflicts of Interest Policy.

6. Reporting Arrangements

6.1 The Committee is accountable to the NHS Devon Board and shall report to the Board on how it discharges its responsibilities.

6.2 The Chair of the Committee will provide an assurance report on behalf of the Committee to the NHS Devon Board at each meeting on how it has discharged its responsibilities. The report shall be presented to the public meeting of the NHS Devon Board. Where minutes and reports identify confidential matters, they will not be made public and will be presented at a private meeting of the NHS Devon Board.

6.3 The Committee shall undertake an annual self-assessment of its own performance against its annual programme of business, membership and ToR. The outcome of this self-assessment will be included within the Review of Corporate Governance reported to the NHS Devon Board on an annual basis.

6.4 The Committee will provide the NHS Devon Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:

a) The fitness for purpose of the assurance framework;
b) The completeness and 'embeddedness' of risk management in the organisation;
c) The integration of governance arrangements;
d) The appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements; and
e) The robustness of the processes behind the quality accounts.

7. Meetings and Administration

Frequency of Meetings

7.1 The Committee will meet in private at least six times a year. Additional meetings may take place as required.

7.2 The NHS Devon Board, Chair or Chief Executive Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

7.3 Arrangements and notice for calling meetings are set out in the NHS Devon Standing Orders.

Administration

7.4 The Committee shall be supported by an administrator from within the NHS Devon Corporate Governance Team. Their duties in this respect will include:

a) Agreement of agendas with the Chair and attendees.
b) Preparation, collation and circulation of papers in good time.
c) Ensuring that those invited to each meeting attend, highlighting any concerns to Chair (including interests of members that may conflict with an agenda item).
d) Taking the minutes and helping the Chair to prepare reports to the NHS Devon Board.
e) Keeping a record of matters arising and issues to be carried forward.
f) Maintaining records of members' appointments and renewal dates.
g) Ensuring that action points are taken forward between meetings.
h) Ensuring that members receive the development and training they need.
i) Providing appropriate support to the Chair and members.

7.5 Following each meeting of the Committee, the administrator will:

a) Maintain an attendance log and follow up as appropriate after each meeting

to ensure the Committee adheres to the required frequency of attendance by members.

b) Maintain a decisions log of reporting arrangements into each formal meeting of the Committee.

c) Maintain a log of summary written reports provided to the NHS Devon Board from formal meetings of the Committee.

8. Review of Terms of Reference

8.1 These ToR will be reviewed at least annually and earlier if required. Any proposed amendments to the ToR will be submitted to the NHS Devon Board for approval.

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Date	Change	Comments

ANNEX D

NHS Devon Remuneration and Internal ICB Workforce Committee

Terms of Reference

1. Constitutional Obligations

1.1. The Remuneration Committee (the Committee) is established by the Integrated Care Board for Devon (known and referred to as NHS Devon) as a Committee of the Board in accordance with its Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.2. These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the NHS Devon Board.

1.3. The Committee is a Non-Executive Committee of the NHS Devon Board and its members, including any who are not members of the NHS Devon Board, are bound by the Constitution, Standing Orders and Scheme of Reservation and Delegation of NHS Devon.

1.4. The Committee is authorised by the NHS Devon Board to:

a) Investigate any activity within its ToR;
b) Seek any information it requires within its remit, from any employee or member of NHS Devon (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
c) Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by NHS Devon for obtaining legal or professional advice;
d) Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with NHS Devon's Constitution, Standing Orders and Scheme of Reservation and

Delegation, but may /not delegate any decisions to such groups.

1.5. For the avoidance of doubt, in the event of any conflict, NHS Devon's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation will prevail over these ToR, other than the Committee being permitted to meet in private.

2. Purpose and Responsibilities

Purpose

2.1 The Committee will be responsible for approving the remuneration and pay frameworks for all NHS Devon employees and Board Members (excluding the NHS Devon Chair whose remuneration is determined by NHS England).

2.2 It will exercise the functions of NHS Devon relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006, by confirming NHS Devon Pay Policy, including adoption of any pay frameworks for all employees including senior managers/directors (including Executive and Independent Non-Executive Members of the NHS Devon Board, although excluding the NHS Devon Chair), as well as any arrangement relation to the termination of their employment (including redundancy and non-disclosure agreements).

2.3 The Committee shall agree an annual programme of business with the NHS Devon Board; however, this programme of business will be flexible to new and emerging priorities and risks.

Responsibilities

2.4 The responsibilities of the Committee are as follows:

Remuneration of the Chief Executive, Directors and other Very Senior Managers (VSMs):

2.5 Approve on behalf of the NHS Devon Board a framework and policy for the appropriate remuneration of Executive and Independent Non-Executive members of the NHS Devon Board and other NHS Devon VSMs, as well as individuals' remuneration packages, taking account of all factors which it deems necessary, including relevant legal and regulatory requirements, national guidance, and other best practice as appropriate.

2.6 Approve business cases relating to the fees to be applied to other individuals who provide specific services to NHS Devon at VSM level and above (defined as any who are proposed to be paid at a level that, if annualised, would equate to a VSM salary.

2.7 Approve business cases for the termination of employment and other contractual terms and non-contractual terms (including contractual payments

such as redundancy or early retirement provisions as well as other payments) for NHS Devon Executive members and other NHS Devon VSMs.

Remuneration of all NHS Devon staff:

2.8 Approve the pay policy for NHS Devon staff (including the adoption of pay frameworks such as Agenda for Change).

2.9 Oversee staff contractual arrangements.

2.10 Approve proposals for termination payments and any special payments (including arrangements for dealing with legal cases relating to employment issues) following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

Board appointments and performance:

2.11 Provide assurance that robust succession planning is in place for the NHS Devon Board.

2.12 Review the outcomes of the NHS Devon Board performance evaluation process, including thematic outcomes from appraisals, that relate to the performance and effectiveness of the NHS Devon Board

2.13 Provide assurance with regard to the policy and process for the appointment of Co-opted Members of NHS Devon Board Committees.

2.14 Provide assurance in relation to NHS Devon statutory duties relating to people such as compliance with employment legislation including such as Fit and Proper Person Regulation (FPPR) and conflicts of interest requirements.

3. Membership

3.1 Members of the Committee shall be appointed by the NHS Devon Board in accordance with the NHS Devon Constitution.

Chair & Vice Chair

3.2 In accordance with the NHS Devon Constitution, the Committee will be chaired by an Independent Non-Executive Member of the NHs Devon Board, appointed on account of their specific knowledge, skills and experience making them suitable to chair the Committee.

3.3 Committee members may appoint a Vice Chair from amongst the membership of the Committee, who must be an Independent Non-Executive Member of the NHS Devon who has the requisite skills and experience to act in that capacity.

3.4 The Chair of the Committee will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Membership

3.5 The membership of the Committee shall be constituted as follows:

- Independent Non-Executive Member (Chair)
- Independent Non-Executive Member
- Independent Non-Executive Member
- NHS Devon Chair
- Partner Member - Providers of Primary Medical Services
- Co-opted Member

3.6 The Chair of the Audit and Risk Committee may not be a member of the Committee.

3.7 The Chair of the NHS Devon Board may be a member of the Committee but may not be appointed as the Chair or Vice Chair of the Committee.

3.8 When determining the membership of the Committee, active consideration will be made to diversity and equality.

Other Attendees

3.9 Only members of the Committee have the right to attend and vote at Committee meetings; however, meetings of the Committee will also be attended by the following individuals who are not members:

- Chief Executive Officer
- Chief People Officer
- Company Secretary

3.10 Other attendees may be invited to attend all or part of any meeting as and when the Chair of the Committee considers they have expertise that would be relevant to the responsibilities of the Committee.

3.11 The Chair of the Committee may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

3.12 No individual should be present during any discussion relating to:

a) Any aspect of their own pay; or
b) Any aspect of the pay of others when it has an impact on them.

Attendance

3.13 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair of the Committee. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

4. Quorum, Decisions and Voting

Quorum

4.1 For a meeting of the Committee to be quorate a minimum of 50% members (i.e., 3 members) is required, including the Chair or Vice Chair of the Committee and another Independent Non-Executive Member of the NHS Devon Board (unless they are disqualified from participating on that item in the agenda, by reason of a declaration of conflicts of interest).

4.2 Where the Committee is considering the remuneration of any of its members, those members shall be disqualified from participating on that item in the agenda, by reason of a declaration of conflicts of interest. In that circumstance, for the Committee to be quorate a minimum of 50% members who have not been disqualified from participating on that agenda item (i.e., 2 members) is required.

4.3 If any member of the Committee is unable to participate in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

4.4 If the quorum has not been reached, then the meeting may proceed informally if those attending agree, but no decisions may be taken.

Decision Making and Voting

4.5 Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.

4.6 In line with NHS Devon's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the Committee will have one vote, the process for which is set out below:

a) All members of the Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the Committee are set out at paragraphs 3.5-3.8; attendees and observers do not have voting rights).

b) Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.

c) A resolution will be passed if more votes are cast for the resolution than against it.

d) If an equal number of votes are cast for and against a resolution, then the Chair of the Committee (or in their absence, the Vice Chair) will have a second and casting vote.

e) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

4.7 For urgent decisions, the Chair of the Committee may call a meeting at a notice of 2 days, setting out the reason for the urgency and the decision to be taken.

4.8 When there is an urgent matter where a decision is required outside of the meeting (which cannot wait for the next scheduled meeting), the Chair of the Committee may make a decision after conferring with at least two other members ("Chair's Action").

4.9 When Chair's Action has been taken then the next quorate meeting of the Committee must ratify it. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

5. Ways of Working

5.1 All members of the Committee will have due regard to and operate within the Constitution of NHS Devon, its Standing Orders, Standing Financial Instructions and other financial procedures.

5.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

5.3 Members of the Committee must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

5.4 The Committee will take proper account of National Agreements and appropriate benchmarking, for example Agenda for Change and guidance issued by the Government, the Department of Health and Social Care, NHS England and the wider NHS in reaching their determinations.

5.5 A Register of Interests will be reviewed at each Committee meeting. Those in attendance will be asked by the Chair of the Committee to declare any

interests at the beginning of each meeting. If a member of the Committee feels compromised by any agenda item, they should declare a conflict of interest and agreement reached as the action to be taken as set out in the NHS Devon Conflicts of Interest Policy.

6. Reporting Arrangements

6.1 The Committee is accountable to the NHS Devon Board and shall report to the Board on how it discharges its responsibilities.

6.2 The Chair of the Committee will provide an assurance report on behalf of the Committee to the NHS Devon Board at each meeting on how it has discharged its responsibilities. The report shall be presented to the public meeting of the NHS Devon Board. Where minutes and reports identify individuals, they will not be made public and will be presented at a private meeting of the NHS Devon Board. Public reports will be made as appropriate to satisfy any requirements in relation to disclosure of public sector executive pay.

6.3 The Committee shall undertake an annual self-assessment of its own performance against its annual programme of business, membership and ToR. The outcome of this self-assessment will be included within the Review of Corporate Governance reported to the NHS Devon Board on an annual basis.

6.4 The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

7. Meetings and Administration

Frequency of Meetings

7.1 The Committee will meet in private at least four times a year. Additional meetings may take place as required.

7.2 The Board, Chair or Chief Executive Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

7.3 Arrangements and notice for calling meetings are set out in the NHS Devon Standing Orders.

Administration

7.4 The Committee shall be supported by an administrator from within the NHS Devon Corporate Governance Team. Their duties in this respect will include:

a) Agreement of agendas with the Chair and attendees.

b) Preparation, collation and circulation of papers in good time.
c) Ensuring that those invited to each meeting attend, highlighting any concerns to Chair (including interests of members that may conflict with an agenda item).
d) Taking the minutes and helping the Chair to prepare reports to the NHS Devon Board.
e) Keeping a record of matters arising and issues to be carried forward.
f) Maintaining records of members' appointments and renewal dates.
g) Ensuring that action points are taken forward between meetings.
h) Ensuring that members receive the development and training they need.
i) Providing appropriate support to the Chair and members.

7.5 Following each meeting of the Committee, the administrator will:

a) Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by members.
b) Maintain a decisions log of reporting arrangements into each formal meeting of the Committee.
c) Maintain a log of summary written reports provided to the NHS Devon Board from formal meetings of the Committee.

8. Review of Terms of Reference

8.1 These ToR will be reviewed at least annually and earlier if required. Any proposed amendments to the ToR will be submitted to the NHS Devon Board for approval.

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ANNEX E

NHS Devon Population Health Improvement Committee

Terms of Reference

1. Constitutional Obligations

1.1. The Population Health Improvement Committee (the Committee) is established by the Integrated Care Board for Devon (known and referred to as NHS Devon) as a Committee of the Board in accordance with its Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.2. These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the NHS Devon Board.

1.3. The Committee is an Assurance Committee of the NHS Devon Board and its members, including any who are not members of the NHS Devon Board, are bound by the Constitution, Standing Orders and Scheme of Reservation and Delegation of NHS Devon.

1.4. The Committee is authorised by the NHS Devon Board to:

a) Investigate any activity within its ToR;
b) Seek any information it requires within its remit, from any employee or member of NHS Devon (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
c) Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by NHS Devon for obtaining legal or professional advice;
d) Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with NHS Devon's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may /not delegate any decisions to such groups.

1.5. For the avoidance of doubt, in the event of any conflict, NHS Devon's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation will prevail over these ToR.

2. Purpose and Responsibilities

Purpose

2.1 The purpose of the Committee is to provide oversight and seek assurance that NHS Devon and partner NHS organisations in the One Devon Integrated Care System are delivering on strategic commitments to:

a) deliver better health outcomes, including by preventing ill health
b) reduce inequality and inequity in health outcomes and access in line with the Core20plus5 framework
c) positively impact on social and economic growth

2.2 The Committee will also make recommendations on those services or places where there is the biggest opportunity for improvements in outcomes for our population.

Responsibilities

2.3 The responsibilities of the Committee are as follows:

NHS Oversight Framework:

2.4 Provide assurance to the NHS Devon Board around the arrangements for discharging, and implications of, the NHS Devon responsibilities in respect of the following themes under the NHS Oversight Framework:

- Preventing ill health and reducing inequalities

Delivering better health outcomes, including by preventing ill health

2.5 Provide oversight and assure the NHS Devon Board of the delivery of the population health outcomes elements of the One Devon Integrated Care Strategy and Joint Five-Year Plan, including using benchmarking against other systems.

Reducing inequality and inequity in health outcomes

2.6 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.

2.7 Ensure that NHS Devon is working with partner NHS organisations in the One Devon Integrated Care System address the wider determinants of health including employment, housing, and poverty.

2.8 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.

2.9 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.

Leveraging our impact on social and economic growth

2.10 Consider strategies and plans to improve and report on social and economic growth particularly where this clearly leads to mental and physical health improvement, including in employment, housing, and education and skills.

2.11 Seek assurance that, as a group of the largest employers in Devon, NHS Devon and partner NHS organisations in the One Devon Integrated Care System partners promote and increase social and economic growth, including as leaders of 'anchor institutions', and in activities as regards procurement and environmental footprint.

3. Membership

3.1 Members of the Committee shall be appointed by the NHS Devon Board in accordance with the NHS Devon Constitution.

Chair & Vice Chair

3.2 In accordance with the constitution, the Committee will be chaired by an Independent Non-Executive Member of NHS Devon, appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

3.3 Committee members may appoint a Vice Chair from amongst the membership of the Committee, who must be an Independent Non-Executive Member of the NHS Devon Board who has the requisite skills and experience to act in that capacity.

3.4 The Chair of the Committee will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Membership

3.5 The membership of the Committee shall be constituted as follows:

- Independent Non-Executive Member (Chair)
- Independent Non-Executive Member
- Independent Non-Executive Member

- Partner Member – Director of Public Health
- Chief Medical Officer (Lead Executive)
- Chief Operating Officer

Other Attendees

3.6 Only members of the Committee have the right to attend and vote at Committee meetings; however, meetings of the Committee will also be attended by the following individuals who are not members:

- Director of Population Health Management and Improvement

3.7 Other attendees may be invited to attend all or part of any meeting as and when the Chair of the Committee considers they have expertise that would be relevant to the responsibilities of the Committee.

3.8 The Chair of the Committee may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Attendance

3.9 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair of the Committee. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

4. Quorum, Decisions and Voting

Quorum

4.1 For a meeting of the Committee to be quorate a minimum of 50% members (i.e., 3 members) is required, including the Chair or Vice Chair of the Committee (unless they are disqualified from participating on that item in the agenda, by reason of a declaration of conflicts of interest) and another Independent Non-Executive Member of the NHS Devon Board.

4.2 If any member of the Committee is unable to participate in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

4.3 If the quorum has not been reached, then the meeting may proceed informally if those attending agree, but no decisions may be taken.

Decision Making and Voting

4.4 In line with NHS Devon's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the Committee will have one vote, the process for which is set out below:

a) All members of the Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the Committee are set out at paragraph 3.5; attendees and observers do not have voting rights).

b) Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.

c) A resolution will be passed if more votes are cast for the resolution than against it.

d) If an equal number of votes are cast for and against a resolution, then the Chair of the Committee (or in their absence, the Vice Chair) will have a second and casting vote.

e) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

4.5 For urgent issues, the Chair of the Committee may call a meeting at a notice of 2 days, setting out the reason for the urgency and the issue to be addressed.

5. Ways of Working

5.1 All members of the Committee will have due regard to and operate within the Constitution of NHS Devon, its Standing Orders, Standing Financial Instructions and other financial procedures.

5.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

5.3 Members of the Committee must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

5.4 A Register of Interests will be reviewed at each Committee meeting. Those in attendance will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a member of the Committee feels compromised by any agenda item, they should declare a conflict of interest and agreement reached as the action to be taken as set out in the NHS Devon Conflicts of Interest Policy.

6. Reporting Arrangements

6.1 The Committee is accountable to the NHS Devon Board and shall report to the Board on how it discharges its responsibilities.

6.2 The Chair of the Committee will provide an assurance report on behalf of the Committee to the NHS Devon Board at each meeting on how it has discharged its responsibilities. The report shall be presented to the public meeting of the NHS Devon Board.

6.3 The Committee shall undertake an annual self-assessment of its own performance against its annual programme of business, membership and ToR. The outcome of this self-assessment will be included within the Review of Corporate Governance reported to the NHS Devon Board on an annual basis.

7. Meetings and Administration

Frequency of Meetings

7.1 The Committee will meet in private in six times a year. Additional meetings may take place as required.

7.2 The NHS Devon Board, Chair or Chief Executive Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

7.3 Arrangements and notice for calling meetings are set out in the NHS Devon Standing Orders.

Administration

7.4 The Committee shall be supported by an administrator from within the NHS Devon Corporate Governance Team. Their duties in this respect will include:

a) Agreement of agendas with the Chair and attendees.
b) Preparation, collation and circulation of papers in good time.
c) Ensuring that those invited to each meeting attend, highlighting any concerns to Chair (including interests of members that may conflict with an agenda item).
d) Taking the minutes and helping the Chair to prepare reports to the NHS Devon Board.
e) Keeping a record of matters arising and issues to be carried forward.
f) Maintaining records of members' appointments and renewal dates.
g) Ensuring that action points are taken forward between meetings.
h) Ensuring that members receive the development and training they need.
i) Providing appropriate support to the Chair and members.

7.5 Following each meeting of the Committee, the administrator will:

a) Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by members.
b) Maintain a decisions log of reporting arrangements into each formal meeting of the Committee.
c) Maintain a log of summary written reports provided to the NHS Devon Board from formal meetings of the Committee.

8. Review of Terms of Reference

8.1 These ToR will be reviewed at least annually and earlier if required. Any proposed amendments to the ToR will be submitted to the NHS Devon Board for approval.

Document Control

Document Reference	PHIC ToR
Version	V0.1
Senior Responsible Officer	Philippa Harding, Company Secretary
Approval by	NHS Devon Board
Date last reviewed/ approved	N/A
Next review date	Before 31/03/25

Change Record

Date	Change	Comments

ANNEX F

NHS Devon
People and Organisational Development Committee

Terms of Reference

1. Constitutional Obligations

1.1. The People and Organisational Development Committee (the Committee) is established by the Integrated Care Board for Devon (known and referred to as NHS Devon) as a Committee of the Board in accordance with its Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.2. These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the NHS Devon Board.

1.3. The Committee is an Assurance Committee of the NHS Devon Board and its members, including any who are not members of the NHS Devon Board, are bound by the Constitution, Standing Orders and Scheme of Reservation and Delegation of NHS Devon.

1.4. The Committee is authorised by the NHS Devon Board to:

a) Investigate any activity within its ToR;
b) Seek any information it requires within its remit, from any employee or member of NHS Devon (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
c) Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by NHS Devon for obtaining legal or professional advice;
d) Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with NHS Devon's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may /not delegate any decisions to such groups.

1.5. For the avoidance of doubt, in the event of any conflict, NHS Devon's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation will prevail over these ToR.

2. Purpose and Responsibilities

Purpose

2.1 The purpose of the Committee is to provide oversight and seek assurance on the recruitment, development, retention and wellbeing of the people employed by NHS Devon and across the One Devon Integrated Care System.

2.2 The Committee shall agree an annual programme of business with the NHS Devon Board; however, this programme of business will be flexible to new and emerging priorities and risks.

Responsibilities

2.3 The responsibilities of the Committee are as follows:

NHS Oversight Framework:

2.4 Provide assurance to the NHS Devon Board around the arrangements for discharging, and implications of, the NHS Devon responsibilities in respect of the following themes under the NHS Oversight Framework:

- People
- Leadership and improvement capability

Workforce:

2.5 Provide assurance on the workforce recruitment, development and retention and wellbeing plans across the One Devon Integrated Care System. This should include assurance about the delivery of the One Devon Workforce Strategy and associated 5 year workforce plan to develop and recruit the future workforce needed to positively impact population health and improve outcomes.

2.6 Identify and quantify the risks in the implementation of the Workforce Strategy and determining the approach to providing effective oversight of the mitigation of those risks.

2.7 Provide assurance on delivery within the One Devon Integrated Care System of the NHS People Promise and Long Term Plan for workforce, including assurance that the 10 regulatory requirements of an Integrated Care System People function are delivered.

2.8 Consider future national developments which could impact on NHS Devon strategic workforce objectives.

Equality and Diversity

2.9 Provide assurance to the NHS Devon Board that the equality objectives of NHS Devon are being effectively met, with a particular focus on the NHS Devon workforce and the broader One Devon integrated Care System workforce.

2.10 Maintain oversight of the NHS Devon equality and diversity strategy and action plans and scrutinise the approach taken to equality and diversity for NHS Devon priorities and for specific pieces of work.

3. Membership

3.1 Members of the Committee shall be appointed by the NHS Devon Board in accordance with the NHS Devon Constitution.

Chair & Vice Chair

3.2 In accordance with the constitution, the Committee will be chaired by an Independent Non-Executive Member of NHS Devon, appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

3.3 Committee members may appoint a Vice Chair from amongst the membership of the Committee, who must be an Independent Non-Executive Member of the NHS Devon Board who has the requisite skills and experience to act in that capacity.

3.4 The Chair of the Committee will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Membership

3.5 The membership of the Committee shall be constituted as follows:

- Independent Non-Executive Member (Chair)
- Independent Non-Executive Member
- Independent Non-Executive Member
- Partner Member – NHS Trusts and NHS Foundation Trusts
- Chief People Officer (Lead Executive)
- Chief Finance Officer

Other Attendees

3.6 Only members of the Committee have the right to attend and vote at Committee meetings; however, meetings of the Committee will also be attended by the following individuals who are not members:

- TBC

3.7 Other attendees may be invited to attend all or part of any meeting as and when the Chair of the Committee considers they have expertise that would be relevant to the responsibilities of the Committee.

3.8 The Chair of the Committee may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Attendance

3.9 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair of the Committee. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

4. Quorum, Decisions and Voting

Quorum

4.1 For a meeting of the Committee to be quorate a minimum of 50% members (i.e., 3 members) is required, including the Chair or Vice Chair of the Committee (unless they are disqualified from participating on that item in the agenda, by reason of a declaration of conflicts of interest) and another Independent Non-Executive Member of the NHS Devon Board.

4.2 If any member of the Committee is unable to participate in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

4.3 If the quorum has not been reached, then the meeting may proceed informally if those attending agree, but no decisions may be taken.

Decision Making and Voting

4.4 In line with NHS Devon's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the Committee will have one vote, the process for which is set out below:

a) All members of the Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the Committee are set out at paragraph 3.5; attendees and observers do not have voting rights).

b) Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.

c) A resolution will be passed if more votes are cast for the resolution than against it.

d) If an equal number of votes are cast for and against a resolution, then the Chair of the Committee (or in their absence, the Vice Chair) will have a second and casting vote.

e) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

4.5 For urgent issues, the Chair of the Committee may call a meeting at a notice of 2 days, setting out the reason for the urgency and the issue to be addressed.

5. Ways of Working

5.1 All members of the Committee will have due regard to and operate within the Constitution of NHS Devon, its Standing Orders, Standing Financial Instructions and other financial procedures.

5.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

5.3 Members of the Committee must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

5.4 A Register of Interests will be reviewed at each Committee meeting. Those in attendance will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a member of the Committee feels compromised by any agenda item, they should declare a conflict of interest and agreement reached as the action to be taken as set out in the NHS Devon Conflicts of Interest Policy.

6. Reporting Arrangements

6.1 The Committee is accountable to the NHS Devon Board and shall report to the Board on how it discharges its responsibilities.

6.2 The Chair of the Committee will provide an assurance report on behalf of the Committee to the NHS Devon Board at each meeting on how it has discharged its responsibilities. The report shall be presented to the public meeting of the NHS Devon Board.

6.3 The Committee shall undertake an annual self-assessment of its own performance against its annual programme of business, membership and

ToR. The outcome of this self-assessment will be included within the Review of Corporate Governance reported to the NHS Devon Board on an annual basis.

7. Meetings and Administration

Frequency of Meetings

7.1 The Committee will meet in private in six times a year. Additional meetings may take place as required.

7.2 The NHS Devon Board, Chair or Chief Executive Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

7.3 Arrangements and notice for calling meetings are set out in the NHS Devon Standing Orders.

Administration

7.4 The Committee shall be supported by an administrator from within the NHS Devon Corporate Governance Team. Their duties in this respect will include:

a) Agreement of agendas with the Chair and attendees.
b) Preparation, collation and circulation of papers in good time.
c) Ensuring that those invited to each meeting attend, highlighting any concerns to Chair (including interests of members that may conflict with an agenda item).
d) Taking the minutes and helping the Chair to prepare reports to the NHS Devon Board.
e) Keeping a record of matters arising and issues to be carried forward.
f) Maintaining records of members' appointments and renewal dates.
g) Ensuring that action points are taken forward between meetings.
h) Ensuring that members receive the development and training they need.
i) Providing appropriate support to the Chair and members.

7.5 Following each meeting of the Committee, the administrator will:

a) Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by members.
b) Maintain a decisions log of reporting arrangements into each formal meeting of the Committee.
c) Maintain a log of summary written reports provided to the NHS Devon Board from formal meetings of the Committee.

8. Review of Terms of Reference

8.1 These ToR will be reviewed at least annually and earlier if required. Any proposed amendments to the ToR will be submitted to the NHS Devon Board for approval.

Document Control

Document Reference	POD ToR
Version	V0.1
Senior Responsible Officer	Philippa Harding, Company Secretary
Approval by	NHS Devon Board
Date last reviewed/ approved	N/A
Next review date	Before 31/03/25

Change Record

Date	Change	Comments

ANNEX G

NHS Devon
Quality and Patient Experience Committee

Terms of Reference

1. Constitutional Obligations

1.1. The Quality and Patient Experience Committee (the Committee) is established by the Integrated Care Board for Devon (known and referred to as NHS Devon) as a Committee of the Board in accordance with its Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.2. These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the NHS Devon Board.

1.3. The Committee is an Assurance Committee of the NHS Devon Board and its members, including any who are not members of the NHS Devon Board, are bound by the Constitution, Standing Orders and Scheme of Reservation and Delegation of NHS Devon.

1.1 The Committee is authorised by the NHS Devon Board to:

a) Investigate any activity within its ToR;
b) Seek any information it requires within its remit, from any employee or member of NHS Devon (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
c) Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by NHS Devon for obtaining legal or professional advice;
d) Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with NHS Devon's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may /not delegate any decisions to such groups.

1.4. For the avoidance of doubt, in the event of any conflict, NHS Devon's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation will prevail over these ToR, other than the Committee being permitted to meet in private.

2. Purpose and Responsibilities

Purpose

2.1 The purpose of the Committee is to provide assurance that NHS Devon is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022.

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

2.3 The Committee shall agree an annual programme of business with the NHS Devon Board; however, this programme of business will be flexible to new and emerging priorities and risks.

Responsibilities

2.4 The responsibilities of the Committee are as follows:

NHS Oversight Framework:

2.5 Provide assurance to the NHS Devon Board around the arrangements for discharging, and implications of, the NHS Devon responsibilities in respect of the following themes under the NHS Oversight Framework:

- Quality of care, access and outcomes

Public Involvement

2.6 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.

2.7 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.

2.8 Provide assurance with regard to the quality and content of the annual submission to NHS England for the Public Involvement Improvement and Assessment Framework.

2.9 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.

2.10 Ensure equality and patient experience and feedback is embedded throughout the work of NHS Devon and within the One Devon Health and Care System.

Quality and Safety

2.11 Provide assurance to the NHS Devon Board around the arrangements for discharging NHS Devon responsibilities in relation to securing continuous improvement in the quality of services.

2.12 Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively and timely action is taken to address areas of concern.

2.13 Agree and put forward the key quality priorities that are included within the NHS Devon strategy/ annual plan, including priorities to address variation/ inequalities in care.

2.14 Oversee and scrutinise the NHS Devon response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSE and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained

2.15 Oversee and seek assurance on the effective and sustained delivery of the NHS Devon Quality Improvement Programmes.

2.16 Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place.

2.17 Scrutinise the robustness of the arrangements for and assure compliance with NHS Devon's statutory responsibilities for medicines optimisation and safety.

Safeguarding

2.18 Scrutinise the robustness of the arrangements for and assure compliance with NHS Devon's statutory responsibilities for safeguarding adults and children

Infection Prevention and Control

2.19 Scrutinise the robustness of the arrangements for and assure compliance with the NHS Devon's statutory responsibilities for infection prevention and control.

Patient Experience and Safety

2.20 Review and identify issues/themes resulting from PALS, complaints, social media and all forms of patient feedback and associated improvement actions.

2.21 Review results of all national patient surveys and ensure that appropriate action plans are developed and implemented to deliver effective outcomes.

2.22 Review information received from external sources such as Patient Opinion/NHS Choices, Healthwatch and ensure it is considered alongside other date to contribute to patient experience improvement activity.

2.23 Review information about serious incidents including all Never Events and Serious Case Reviews (SCRs), Safeguarding Practice Reviews (SPRs), Safeguarding Adult Reviews (SARs), Learning Practice Reviews and Domestic Homicide Reviews (DHRs), to identify themes/areas of risk and to ensure that actions are identified and completed to improve care delivery.

2.24 Receive assurance that NHS Devon has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and PFD report).

2.25 Receive assurance that people drawing on services are systematically and effectively involved as equal partners in quality activities.

2.26 Scrutinise the robustness of the arrangements for and assure compliance with NHS Devon's statutory responsibilities for equality and diversity as it applies to people drawing on services.

Performance review

2.27 Oversee and monitor delivery of NHS Devon's key statutory requirements.

2.28 Review and monitor those risks on the BAF and Corporate Risk Register which relate to quality, and high-risk operational risks which could impact on care. Ensure the NHS Devon Board is kept informed of significant risks and mitigation plans, in a timely manner.

2.29 Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the NHS Devon Board that these are disseminated and implemented across all sites.

2.30 Oversee and seek assurance on the effective and sustained delivery of the NHS Devon Quality Improvement Programmes.

3. Membership

3.1 Members of the Committee shall be appointed by the NHS Devon Board in accordance with the NHS Devon Constitution.

Chair & Vice Chair

3.2 In accordance with the constitution, the Committee will be chaired by an Independent Non-Executive Member of NHS Devon, appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

3.3 Committee members may appoint a Vice Chair from amongst the membership of the Committee, who must be an Independent Non-Executive Member of the NHS Devon Board who has the requisite skills and experience to act in that capacity.

3.4 The Chair of the Committee will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Membership

3.5 The membership of the Committee shall be constituted as follows:

- Independent Non-Executive Member (Chair)
- Independent Non-Executive Member
- Independent Non-Executive Member
- Partner Member – Providers of Primary Medical Services
- Chief Nursing Officer (Lead Executive)
- Chief Communications and Corporate Affairs Officer

Other Attendees

3.6 Only members of the Committee have the right to attend and vote at Committee meetings; however, meetings of the Committee will also be attended by the following individuals who are not members:

- Deputy Chief Nursing Officer

3.7 Other attendees may be invited to attend all or part of any meeting as and when the Chair of the Committee considers they have expertise that would be relevant to the responsibilities of the Committee.

3.8 The Chair of the Committee may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Attendance

3.9 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair of the Committee. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

4. Quorum, Decisions and Voting

Quorum

4.1 For a meeting of the Committee to be quorate a minimum of 50% members (i.e., 3 members) is required, including the Chair or Vice Chair of the Committee (unless they are disqualified from participating on that item in the agenda, by reason of a declaration of conflicts of interest) and another Independent Non-Executive Member of the NHS Devon Board.

4.2 If any member of the Committee is unable to participate in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

4.3 If the quorum has not been reached, then the meeting may proceed informally if those attending agree, but no decisions may be taken.

Decision Making and Voting

4.4 In line with NHS Devon's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the Committee will have one vote, the process for which is set out below:

a) All members of the Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the Committee are set out at paragraph 3.5; attendees and observers do not have voting rights).

b) Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.

c) A resolution will be passed if more votes are cast for the resolution than against it.

d) If an equal number of votes are cast for and against a resolution, then the Chair of the Committee (or in their absence, the Vice Chair) will have a second and casting vote.

e) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

4.5 For urgent issues, the Chair of the Committee may call a meeting at a notice of 2 days, setting out the reason for the urgency and the issue to be addressed.

5. Ways of Working

5.1 All members of the Committee will have due regard to and operate within the Constitution of NHS Devon, its Standing Orders, Standing Financial Instructions and other financial procedures.

5.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

5.3 Members of the Committee must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

5.4 A Register of Interests will be reviewed at each Committee meeting. Those in attendance will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a member of the Committee feels compromised by any agenda item, they should declare a conflict of interest and agreement reached as the action to be taken as set out in the NHS Devon Conflicts of Interest Policy.

6. Reporting Arrangements

6.1 The Committee is accountable to the NHS Devon Board and shall report to the Board on how it discharges its responsibilities.

6.2 The Chair of the Committee will provide an assurance report on behalf of the Committee to the NHS Devon Board at each meeting on how it has discharged its responsibilities. The report shall be presented to the public meeting of the NHS Devon Board.

6.3 The Committee shall undertake an annual self-assessment of its own performance against its annual programme of business, membership and ToR. The outcome of this self-assessment will be included within the Review of Corporate Governance reported to the NHS Devon Board on an annual basis.

7. Meetings and Administration

Frequency of Meetings

7.1 The Committee will meet in private each month. Additional meetings may take place as required.

7.2 The NHS Devon Board, Chair or Chief Executive Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

7.3 Arrangements and notice for calling meetings are set out in the NHS Devon Standing Orders.

Administration

7.4 The Committee shall be supported by an administrator from within the NHS Devon Corporate Governance Team. Their duties in this respect will include:

a) Agreement of agendas with the Chair and attendees.
b) Preparation, collation and circulation of papers in good time.
c) Ensuring that those invited to each meeting attend, highlighting any concerns to Chair (including interests of members that may conflict with an agenda item).
d) Taking the minutes and helping the Chair to prepare reports to the NHS Devon Board.
e) Keeping a record of matters arising and issues to be carried forward.
f) Maintaining records of members' appointments and renewal dates.
g) Ensuring that action points are taken forward between meetings.
h) Ensuring that members receive the development and training they need.
i) Providing appropriate support to the Chair and members.

7.5 Following each meeting of the Committee, the administrator will:

a) Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by members.
b) Maintain a decisions log of reporting arrangements into each formal meeting of the Committee.
c) Maintain a log of summary written reports provided to the NHS Devon Board from formal meetings of the Committee.

8. Review of Terms of Reference

8.1 These ToR will be reviewed at least annually and earlier if required. Any proposed amendments to the ToR will be submitted to the NHS Devon Board for approval.

Document Control

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Date	Change	Comments

ANNEX H

NHS Devon
Finance and Performance Committee

Terms of Reference

1. Constitutional Obligations

1.1. The Finance and Performance Committee (the Committee) is established by the Integrated Care Board for Devon (known and referred to as NHS Devon) as a Committee of the Board in accordance with its Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.2. These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the NHS Devon Board.

1.3. The Committee is an Assurance Committee of the NHS Devon Board and its members, including any who are not members of the NHS Devon Board, are bound by the Constitution, Standing Orders and Scheme of Reservation and Delegation of NHS Devon.

1.4. The Committee is authorised by the NHS Devon Board to:

a) Investigate any activity within its ToR;
b) Seek any information it requires within its remit, from any employee or member of NHS Devon (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
c) Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by NHS Devon for obtaining legal or professional advice;
d) Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with NHS Devon's Constitution, Standing Orders and Scheme of Reservation and

Delegation, but may /not delegate any decisions to such groups.

1.5. For the avoidance of doubt, in the event of any conflict, NHS Devon's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation will prevail over these ToR.

2. Purpose and Responsibilities

Purpose

2.1 The purpose of the Committee is to provide oversight and seek assurance that NHS Devon is maximising value for money from the use of its public funding and delivering its performance targets set out in the NHS Devon Operational Plan for the year. The Committee will identify performance risks and concerns to ensure that mitigating actions are being taken in a timely manner to deliver NHS Devon's financial and operational commitments across the One Devon Integrated Care System.

2.2 The Committee shall agree an annual programme of business with the NHS Devon Board; however, this programme of business will be flexible to new and emerging priorities and risks.

Responsibilities

2.3 The responsibilities of the Committee are as follows:

NHS Oversight Framework

2.4 Provide assurance to the NHS Devon Board around the arrangements for discharging, and implications of, NHS Devon's responsibilities in respect of the following themes under the NHS Oversight Framework:

- Finance and use of resources

Strategic Financial Framework

2.5 Recommend for approval the strategic financial framework of NHS Devon and the One Devon Integrated Care System, and monitor performance against it.

2.6 Recommend for approval the System Collaboration and Financial Management Agreement (or similar document/arrangement as may be required by NHS England) to both the NHS Devon Board and NHS provider organisations.

2.7 Ensure that health and social inequalities are taken into account in financial decision-making.

Resource Allocation (Revenue)

2.8 Ensure that an appropriate approach is developed for distributing NHS Devon resources to drive agreed change in line with the One Devon integrated Care Strategy.

2.9 Ensure appropriate work is undertaken with One Devon Integrated Care System partners to identify and allocate resources where appropriate to address finance and performance related issues that may arise within the context of the approved NHS Devon and One Devon Integrated Care System financial framework.

2.10 Advise the NHS Devon Board on any changes to NHS and non-NHS funding regimes and consider how the funding available to NHS Devon can be best used within the One Devon Integrated Care System to achieve the best outcomes for its population.

Financial Planning

2.11 Recommend the NHS Devon Integrated Care Board non-programme budgets (running costs) to the NHS Devon Board.

2.12 Oversee the development of a medium and long-term NHS Devon Integrated Care Board and One Devon Integrated Care System financial plan which demonstrates ongoing value and sustainability.

2.13 Review the arrangements in place for the consideration of business cases for investments / disinvestments for material service change or efficiency schemes and make recommendations to the NHS Devon Board as appropriate.

Financial Performance

2.14 Oversee the management of NHS Devon Integrated Care Board and One Devon Integrated Care System financial targets.

2.15 Monitor and report NHS Devon Integrated Care Board and One Devon Integrated Care System financial performance to the NHS Devon Board, highlighting areas of concern.

2.16 Propose and monitor performance against any actions required to address financial performance issues.

2.17 Maintain oversight of the underlying NHS Devon run rate and advise on actions to improve.

System Efficiencies

2.18 Ensure NHS Devon financial resources are used in an efficient way to deliver organisational and system objectives.

2.19 Drive a system wide productivity and efficiency strategy and to ensure system efficiencies are identified and monitored across the One Devon Integrated Care System, particularly where opportunities for system partners working together across organisations can be leveraged.

Capital

2.20 Consider proposals regarding the prioritisation of operational capital requirements and make recommendations on the application of operational capital funding to the NHS Devon Board.

2.21 Gain assurance that the capital programme is aligned to the One Devon Integrated Care System financial plan.

2.22 Monitor and report system capital programme performance to the NHS Devon Board, highlighting areas of concern.

Performance

2.23 Review performance against the delivery of the NHS Devon Operational Plan and key performance metrics as set out in the NHS Oversight Framework.

2.24 Take an overview of performance and transformation at whole system, place and organisation levels in relation to One Devon Integrated Care System objectives and priorities.

2.25 Develop and maintain connections with other NHS Devon Committees which have a role in performance development and improvement, including the Quality and Patient Experience Committee and the Workforce and Organisational Development Committee.

3. Membership

3.1 Members of the Committee shall be appointed by the NHS Devon Board in accordance with the NHS Devon Constitution.

Chair & Vice Chair

3.2 In accordance with the NHS Devon Constitution, the Committee will be chaired by an Independent Non-Executive Member of the NHS Devon Board, appointed on account of their specific knowledge, skills and experience making them suitable to chair the Committee.

3.3 Committee members may appoint a Vice Chair from amongst the membership of the Committee, who must be an Independent Non-Executive Member of the NHS Devon Board who has the requisite skills and experience to act in that capacity.

3.4 The Chair of the Committee will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Membership

3.1 The membership of the Committee shall be constituted as follows:

- Independent Non-Executive Member (Chair)
- Independent Non-Executive Member
- Independent Non-Executive Member
- Chief Financial Officer (Lead Executive)
- Chief Nursing Officer
- Chief Operating Officer

Other Attendees

3.5 Only members of the Committee have the right to attend and vote at Committee meetings; however, meetings of the Committee will also be attended by the following individuals who are not members:

- Chair of Audit and Risk Committee
- Chief People Officer
- Deputy Chief Finance Officer
- Director of Planning and Performance

3.6 Other attendees may be invited to attend all or part of any meeting as and when the Chair of the Committee considers they have expertise that would be relevant to the responsibilities of the Committee.

3.7 The Chair of the Committee may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Attendance

3.8 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair of the Committee. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

4. Quorum, Decisions and Voting

Quorum

4.1 For a meeting of the Committee to be quorate a minimum of 50% members (i.e., 3 members) is required, including the Chair or Vice Chair of the Committee (unless they are disqualified from participating on that item in the agenda, by reason of a declaration of conflicts of interest) and another Independent Non-Executive Member of the NHS Devon Board.

4.2 If any member of the Committee is unable to participate in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

4.3 If the quorum has not been reached, then the meeting may proceed informally if those attending agree, but no decisions may be taken.

Decision Making and Voting

4.4 Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.

4.5 In line with NHS Devon's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the Committee will have one vote, the process for which is set out below:

a) All members of the Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the Committee are set out at paragraphs 3.5-3.8; attendees and observers do not have voting rights).

b) Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.

c) A resolution will be passed if more votes are cast for the resolution than against it.

d) If an equal number of votes are cast for and against a resolution, then the Chair of the Committee (or in their absence, the Vice Chair) will have a second and casting vote.

e) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

4.6 For urgent issues, the Chair of the Committee may call a meeting at a notice of 2 days, setting out the reason for the urgency and the issue to be addressed.

5. Ways of Working

5.1 All members of the Committee will have due regard to and operate within the Constitution of NHS Devon, its Standing Orders, Standing Financial Instructions and other financial procedures.

5.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

5.3 Members of the Committee must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

5.4 A Register of Interests will be reviewed at each Committee meeting. Those in attendance will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a member of the Committee feels compromised by any agenda item, they should declare a conflict of interest and agreement reached as the action to be taken as set out in the NHS Devon Conflicts of Interest Policy.

6. Reporting Arrangements

6.1 The Committee is accountable to the NHS Devon Board and shall report to the Board on how it discharges its responsibilities.

6.2 The Chair of the Committee will provide an assurance report on behalf of the Committee to the NHS Devon Board at each meeting on how it has discharged its responsibilities. The report shall be presented to the public meeting of the NHS Devon Board.

6.3 The Committee shall undertake an annual self-assessment of its own performance against its annual programme of business, membership and ToR. The outcome of this self-assessment will be included within the Review of Corporate Governance reported to the NHS Devon Board on an annual basis.

7. Meetings and Administration

Frequency of Meetings

7.1 The Committee will meet in private each month. Additional meetings may take place as required.

7.2 The NHS Devon Board, Chair or Chief Executive Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

7.3 Arrangements and notice for calling meetings are set out in the NHS Devon Standing Orders.

Administration

7.4 The Committee shall be supported by an administrator from within the NHS Devon Corporate Governance Team. Their duties in this respect will include:

a) Agreement of agendas with the Chair and attendees.
b) Preparation, collation and circulation of papers in good time.
c) Ensuring that those invited to each meeting attend, highlighting any concerns to Chair (including interests of members that may conflict with an agenda item).
d) Taking the minutes and helping the Chair to prepare reports to the NHS Devon Board.
e) Keeping a record of matters arising and issues to be carried forward.
f) Maintaining records of members' appointments and renewal dates.
g) Ensuring that action points are taken forward between meetings.
h) Ensuring that members receive the development and training they need.
i) Providing appropriate support to the Chair and members.

7.5 Following each meeting of the Committee, the administrator will:

a) Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by members.
b) Maintain a decisions log of reporting arrangements into each formal meeting of the Committee.
c) Maintain a log of summary written reports provided to the NHS Devon Board from formal meetings of the Committee.

8. Review of Terms of Reference

8.1 These ToR will be reviewed at least annually and earlier if required. Any proposed amendments to the ToR will be submitted to the NHS Devon Board for approval.

Document Control

Document Reference	FPC ToR
Version	V0.1
Senior Responsible Officer	Philippa Harding, Company Secretary
Approval by	NHS Devon Board
Date last reviewed/ approved	N/A
Next review date	Before 31/03/25

Change Record

Date	Change	Comments

ANNEX I

NHS Devon

NHS Devon Executive

Terms of Reference

1. Introduction and Authority

1.1. The NHS Devon Executive is established by the Integrated Care Board for Devon (known and referred to as NHS Devon) as a Committee of the Board in accordance with its Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.2. These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the NHS Devon Executive and may only be changed with the approval of the NHS Devon Board.

1.3. The NHS Devon Executive is authorised by the NHS Devon Board to investigate and report on any activity within its ToR.

2. Purpose and Responsibilities

Purpose

2.1 The purpose of the NHS Devon Executive is to support the Chief Executive Officer (CEO) of NHS Devon in the discharge of their executive functions.

Responsibilities

2.2 The NHS Devon Executive's responsibilities will be driven by the objectives set out in the NHS Devon Annual Plan and the associated risks to their delivery.

2.3 An annual programme of business will be agreed at the start of the financial year in order to facilitate the delivery of the NHS Devon Annual Plan; however, this programme of business will be flexible to new and emerging priorities and risks.

2.4 The NHS Devon Executive's responsibilities can be categorised as follows:

Objectives and strategy

2.5 Recommend objectives and strategies for the NHS Devon Board in the development of its business, having regard to the interests of the population of Devon.

Performance and operations

2.6 Recommend high level budgets and financial plans to be agreed by the NHS Devon Board and, following their adoption, ensure the achievement of these budgets and plans.

2.7 Monitor performance against targets, objectives and key performance indicators agreed by the NHS Devon Board.

2.8 Agree and keep under review the budgets for the different teams within NHS Devon to ensure that they fall within agreed targets.

2.9 Optimise the allocation and adequacy of NHS Devon resources.

System leadership and oversight

2.10 Provide effective leadership within the Devon Health and Care System to ensure delivery of the NHS Devon Board's objectives.

2.11 Provide assurance to the NHS Devon Board around the arrangements for discharging, and implications of, NHS Devon responsibilities in respect of the NHS Oversight Framework.

Human resources

2.12 Ensure appropriate levels of authority are delegated to senior management throughout NHS Devon.

2.13 Ensure the provision of adequate management development and succession planning.

Organisational structure and risk management

2.14 Ensure the organisational structure of NHS Devon is fit for purpose.

2.15 Ensure the control, co-ordination and monitoring within NHS Devon of risk and internal controls.

2.16 Ensure compliance with relevant legislation and regulations.

2.17 Safeguard the integrity of management information and financial reporting systems.

3. Membership

3.1 Members of the NHS Devon Executive shall be appointed by the NHS Devon CEO.

Chair & Vice Chair

3.2 The NHS Devon Executive will be chaired by the NHS Devon CEO.

3.3 The Deputy CEO will be the Vice Chair of the NHS Devon Executive.

3.4 The Chair of the NHS Devon Executive will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

3.5 In the event of the Chair of the NHS Devon Executive being unable to attend all or part of the meeting, the Vice Chair shall chair the meeting.

Membership

3.6 The membership of the NHS Devon Executive shall be constituted as follows:

- Chief Executive Officer (Chair)
- Chief Financial Officer (& Deputy Chief Executive Officer)
- Chief Medical Officer
- Chief Nursing Officer
- Chief Operating Officer
- Chief People Officer
- Chief Communications and Corporate Affairs Officer

Other Attendees

3.7 Only members of the NHS Devon Executive have the right to attend and vote at Executive meetings, however all meetings of the NHS Devon Executive will also be attended by the following individuals who are not members of the NHS Devon Executive and therefore do not have voting rights.

- Company Secretary and
- System Improvement Director, NHS England (Whilst NHS Devon continues to be in Segment 4 of the National Oversight Framework (NOF4)).

3.8 Other attendees may be invited to attend all or part of any meeting as and when the NHS Devon Executive considers they have expertise that would be relevant to the responsibilities of the NHS Devon Executive.

3.9 The Chair of the NHS Devon Executive may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Attendance

3.10 Members of the NHS Devon Executive may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

3.11 When a member of the NHS Devon Executive is unable to attend, a nominated formal deputy with sufficient authority must attend in their place. Deputies will have the decision making and voting rights of the person they are representing.

4. Quorum, Decisions and Voting

Quorum

4.1 For meetings to be quorate, a minimum of 50% of members (i.e., 4 members) is required, including two members who are NHS Devon Executive Members of the NHS Devon Board, as well as the Chair or Vice Chair of the NHS Devon Executive.

4.2 For clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.3 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision Making and Voting

4.4 In line with NHS Devon's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the NHS Devon Executive will have one vote, the process for which is set out below:

a) All members of the NHS Devon Executive (or nominated deputies) who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the Executive are set out at paragraph 3.6; attendees and observers do not have voting rights.)

b) Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.

c) A resolution will be passed if more votes are cast for the resolution than against it.

d) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the Vice Chair) will have a second and casting vote.

e) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

4.5 The NHS Devon Executive will usually meet on a monthly basis. For urgent decisions, the Chair may call a meeting at a notice of 2 days, setting out the reason for the urgency and the decision to be taken.

4.6 When there is an urgent matter where a decision is required outside of the meeting (which cannot wait for the next scheduled meeting), the Chair of the NHS Devon Executive may make a decision after conferring with at least two other members ("Chair's Action").

4.7 When Chair's Action has been taken then the next quorate meeting of the NHS Devon Executive must ratify it. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

5. Ways of Working

5.1 All members of the NHS Devon Executive will have due regard to and operate within the Constitution of NHS Devon, its Standing Orders, Standing Financial Instructions and other financial procedures.

5.2 Members of the NHS Devon Executive will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

5.3 Members of the NHS Devon Executive must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

5.4 All members of the NHS Devon Executive are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the NHS Devon Executive.

5.5 A Register of Interests will be reviewed at each NHS Devon Executive meeting. Those in attendance will be asked by the Chair of the Executive to declare any interests at the beginning of each meeting. If a member feels compromised by any agenda item, they should declare a conflict of interest and agreement reached as the action to be taken as set out in the NHS Devon Conflicts of Interest Policy.

6. Reporting Arrangements

6.1 The Chair of the NHS Devon Executive shall report formally to the NHS Devon Board on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the NHS Devon Board. The report will provide assurance to the NHS Devon Board on the work of the NHS Devon Executive and shall draw to the attention of the NHS Devon Board any issues that require disclosure to the NHS Devon Board or require further action. Matters for significant risk will be escalated through the Board Assurance Framework.

6.2 The NHS Devon Executive shall undertake an annual self-assessment of its own performance against its annual programme of business, membership and ToR. The outcome of this self-assessment will be included within the Review of Corporate Governance reported to the NHS Devon Board on an annual basis.

7. Meetings and Administration

Frequency of Meetings

7.1 The NHS Devon Executive will meet each month. Additional meetings may take place as required.

7.2 Arrangements and notice for calling meetings are set out in the NHS Devon Standing Orders.

Administration

7.3 The NHS Devon Executive shall be supported by an administrator from within the NHS Devon Corporate Office. Their duties in this respect will include:

a) Agreement of agendas with the Chair and attendees.
b) Preparation, collation and circulation of papers in good time.
c) Ensuring that those invited to each meeting attend, highlighting any concerns to Chair (including interests of members that may conflict with an agenda item).
d) Taking the minutes and helping the Chair to prepare reports to the NHS Devon Board.
e) Keeping a record of matters arising and issues to be carried forward.
f) Maintaining records of members' appointments and renewal dates.

g) Ensuring that action points are taken forward between meetings.
h) Ensuring that members receive the development and training they need.
i) Providing appropriate support to the Chair and members.

7.4 Following each meeting of the NHS Devon Executive, the administrator will:

a) Maintain an attendance log and follow up as appropriate after each meeting to ensure the NHS Devon Executive adheres to the required frequency of attendance by members.
b) Maintain a decisions log of reporting arrangements into each formal meeting of the NHS Devon Executive.
c) Maintain a log of summary written reports provided to the NHS Devon Board from formal meetings of the NHS Devon Executive.

8. Review of Terms of Reference

8.1 These ToR will be reviewed at least annually and earlier if required. Any proposed amendments to the ToR will be submitted to the NHS Devon Board for approval.

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Date	Change	Comments

NHS Devon

NHS Devon Integrated Care Board

Organisational development plan

Date of meeting	Date report produced
30 May 2024	16 May 2024

Author(s)		Report approved by	
Name and title:	Katy Kerley Head of Organisational Development	**Name and title:**	Piers Tetley Interim Chief People Officer
Phone:	07834981756	**Date:**	16 May 2024
Email:	katy.kerley@nhs.net		piers.tetley@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 paper describes a long-term organisational development plan, highlighting the activity that will be prioritised over the next 12 months. This includes: • Clarifying and agreeing NHS Devon's purpose and function • A Leadership Development programme initially focused on the NHS Devon Board and Executive Team • Determining and embedding organisational culture.

One Devon

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

The plan has been designed based on the significant change and transitions that the organisation has and continues to experience, as well as feedback from staff through the staff survey results and Directorate Engagement Sessions, Senior Leaders, Executive Directors, and Independent Non-Executive Members.

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

Executive Committee – All recommendations approved.
Remuneration and Internal ICB Workforce Committee – Assurance only

Key recommendations and actions requested

The Board is asked to:

1. **Approve** the list of identified actions for organisational improvement and timescales.
2. **Approve** the three areas of focus for 2024/25 which includes:
   - Clarity of purpose and Function
   - Leadership Development – Executives and Board members
   - Embedding a culture to support the delivery of NHS Devon's purpose and function.
3. **Agree** to engage in and hold others accountable to engage in the work required to deliver the focus as set out in this paper.
4. **Support** the principles through which the work will be delivered/implemented.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	Improving organisational design and 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	
Health inequalities	
Workforce	Improving our organisational culture, design, and ways of working.

Resources and finance	
Legal	
Digital and Data	
Involvement, Engagement and consultation	Engaging with and influenced by staff and key stakeholders throughout the programme of work.

Organisational development plan

Context

1. NHS Devon has been in a state of change for a significant period of time, including the merger of two Clinical Commissioning Groups (CCG) in 2019, then the transition from a Care Commissioning Group (CCG) to an Integrated Care Board (NHS Devon) 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 five chief executive officers, and more than 17 executive directors, each bringing new perspectives on NHS Devon's priorities and driving different cultures.

3. Surrounding the complexity of the transitions and frequent leadership changes NHS Devon has had long standing financial and performance challenges and have been placed in segment four of the NHS Oversight Framework (NOF4), bringing additional scrutiny from NHS England. As a result, the organisation has had to focus its efforts and energy into its recovery programme.

4. The organisation's staff survey results and subsequent directorate engagement sessions 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 One Devon (the Integrated Care System).

Introduction

5. NHS Devon has a critical role in leading the One Devon system. We can only perform this role effectively if we first focus on creating stability, clarity of purpose and direction and embed cultures and behaviours that support us in delivering against our performance challenges.

6. The following paper describes an overarching long term organisational development plan, detailing the activity that will be prioritised over the next 12 months. The plan has been designed based on the significant change and transitions that the organisation has and continues to experience as well as feedback from staff, senior leaders, executive directors, and independent non-executive members.

7. In preparation for launching phase two of NHS Devon's reorganisation, engagement sessions took place with each directorate during the last two weeks of February 2024.

8. These sessions were led by the respective executive director and supported by organisational development, human resources and communications.

9. Results from the Picker annual staff survey were also shared at the engagement events, focusing on both the overarching results for NHS Devon and individual directorate results.

10. During the engagement sessions colleagues were encouraged to provide comment, feedback, and share their thoughts on both the staff survey results and Phase 2 reorganisation.

11. The themes from each directorate session were noted and summarised along with the verbatim comments received in the 2023 staff survey results.

Summary of results

12. This year's staff survey results were a cause for concern, they declined for the first time in five years, dropping from the fifth most positive scores for an Integrated Care Board down to ranking at twentieth. Staff provided a challenging view about their experience of working at NHS Devon.

13. The directorate engagement sessions which followed in February 2024 confirmed further the need for the organisation to prioritise action on supporting its development and that of our staff.

14. The feedback from each of the sessions has been summarised and themed below:

- **Shared purpose/clarity of function** – strong message from all sessions that this is not clear.
  - What is different about an ICB as opposed a CCG?
  - What is unique about NHS Devon? (how do we do things?)
  - What is important now & how do we develop to be fit for the future needs of our population
  - What do we consciously stop doing/do differently?
- **Development of NHS Devon culture**
  - Create a sense of belonging
  - Pride in what we do
  - Leadership Development to drive and embed the culture that enables the organisation to be high performing
  - Learning from others (ICB's; System partners; Directorates & teams)
  - Evidence based OD plans
  - Promoting the values within the NHS People Promise

- **Directorate & team meetings** – supporting greater consistency to foster a sense of belonging and staying connected
- **Accommodation** – while the environment is an improvement, an acknowledgement that some staff must travel considerably further which has a significant impact for some
- **Health & Well-being** – staff feeling anxious, worried, and under pressure leading to burnout and prolonged uncertainty effecting stress and anxiety levels
- **Re-organisation** – prolonged with significant impact on people professionally and personally
- **Training & Development** – personal and professional development opportunities are unclear, and access is not transparent. There feels to be a lack of career progression.
- **Leadership** – stability of leadership is critical in support of setting/driving the strategy, defining function and purpose and for developing/promoting the organisational culture. Cohesion between Executive Directors and the Board is key.

Opportunities for organisational improvement

15. A significant amount of work is required to develop a comprehensive and co-designed organisational development plan. The assessment of our staff survey results and the feedback through the directorate engagement sessions have allowed us to articulate an understanding of where we are now. The following opportunities described signals the start of our intention to prioritise and focus on this programme of work.

16. The transitional state that NHS Devon has experienced for a sustained period as well as the implementation of a new organisational structure provides an opportunity to embed a new organisational design with an evidence based organisational development plan which supports and drives performance, this will include:

- Clarifying and agreeing NHS Devon's core purpose and strategy
- Determining and developing organisational culture.
- Maximising the effectiveness of our resources to deliver our core purpose and strategy.

17. The development activity that is necessary to transition NHS Devon to become a high performing organisation will take time. This is a long-term change programme; the organisation needs to evolve both structurally and culturally, developing a consistent way of being and behaviours that have a positive impact for our staff, system partners, and our performance.

18. The table below highlights the opportunities and actions for improvement, areas 1, 2 and 3 will be the focus of our attention over the next 12 months, other elements described will make a start but will pick up pace during 2025/26:

	Opportunity	Involvement	Timescale
1	**Purpose and function** Clarify, agree, and articulate the function of NHS Devon • What is different from a CCG? • What is the vision for NHS Devon? • Describe how we will balance recovery and exit from NOF4 and transforming services to ensure they can support the needs of our population in the future.	Developed by • NHS Devon Board Engagement with • All staff • Key stakeholders	Begin May 2024
2	**Leadership development** • Developing collaborative and trusting relationships – NHS Devon Board and executives. • Developing cohesive executive and senior leadership teams. Creating stability and 'one voice' in support of setting/driving the strategy and clarity of function.	• NHS Devon Board • Executive Directors • Senior Leaders • Aspiring Leaders	Begin May 2024

	Opportunity	Involvement	Timescale
	• Design and implement an NHS Devon leadership development programme accessible to aspiring leaders at different stages.		
3	**Establishing a culture that supports the delivery of NHS Devon's purpose and function, embedding the following**: • Create a sense of belonging. • Pride in what we do. • Building trust and psychological safety. • Civility • Inclusivity and engagement. • Review organisational values to ensure alignment to purpose. • Growing our reputation with system. partners and regional/national colleagues. • Developing as a learning organisation. • Learning from others (ICBs; System partners; Directorates and teams). • Evidence based Organisational Development plans.	Set and embedded by • NHS Devon Board Engagement with and influenced by • All staff • Key system stakeholders	Elements will begin through delivery of actions set out in this paper, as well as the implementation of the reorganisation. Programme of work should begin in earnest Sept 2024
4	**How we work together** • Embedding matrix working and systemic thinking. • Determine how we interact/ commission/ build relationships and develop Devon ICS with our system partners. • Grow the reputation of Devon. • Reviewing our policies and processes in line with NHS England People Policy Framework. • Just and Learning culture and creating consistency with our NHS system partners	Designed and agreed by • Chief Officers Engagement with and influenced by • All staff • Key stakeholders	Begin Sept 2024
5	**Training and Development** • Equitable, streamlined, and affordable access to personal and professional development opportunities which are aligned with the delivery of organisational priorities. Budget is limited and it is essential that we are creative and work with system partners to share best practice; reduce duplication and to achieve greater consistency. • Team/Directorate Development aligned with function and organisational culture. • Make best use of NHS Devon Apprenticeship Levy.	Delegated Senior Leader from each Directorate to undertake needs analysis of their directorate. Design and development • HR • OD • Finance • System OD leads	Begin Sept 2024

	Opportunity	Involvement	Timescale
	• Collaborative design and delivery of training with system partners.		

6	**Performance Management**
	• Developing a performance management approach aligned to the culture and design of the organisation including:
	  • Supporting teams to embed performance management systems, cultures and ways of working.
	  • A review of the organisation's people management (performance) approach.
	  • Review and development of a Talent approach which aligns to a system wide talent approach and system workforce plan.
		Engagement with and approval by Chief Officers.
		
		Engagement with and influenced by all staff.
		
		Design and development
		• Performance team
		• HR
		• OD
			Begin Oct 2024

7	**Evaluation and Continuous Improvement** • Developing an organisational approach to continuous improvement which is evidence based and allows teams to learn from each other, avoid duplication and drive improvement in the way that we work and deliver organisational and system priorities.	Engagement with and approval by Chief Officers. Delegated Senior Leader from each Directorate to lead the development of an organisational approach.	Begin Nov 2024

Focus for 2024/25

19. The outline of work above indicates some of the areas of improvement for NHS Devon, as is the nature of the work it is likely that other areas will be added.

20. There are critical areas of work that require immediate action and will commence in earnest during the next 12 months, these include:

Purpose and function

21. Defining and articulating why we are doing, what we are doing and what we hope to achieve from it, thus supporting us as an organisation to collaborate to realise our common purpose. The feedback from both the staff survey and the Directorate Engagement sessions demonstrated an overwhelming need for staff to feel clarity of purpose, the organisations scope and focus and how their role/work contributes to this.

22. Through co-designing our shared purpose and function with 'diagonal cross sections' of staff we will:
    - Support the organisation to work as one, being conscious of the interdependencies and mutual benefits between Directorates.
    - Develop deeper collaborations and generate efficiencies.

- Greater agility to move resources to focus on key priorities.

Leadership development – NHS Devon Board and Executive Team

23. Increasing levels of trust and collaboration between the most senior leaders in the organisation is vital to creating the conditions for progress towards our organisations purpose.

24. Developing collaborative and trusting relationships – NHS Devon Board and Executives.

25. Developing cohesive executive and senior leadership teams. Creating stability and 'one voice' in support of setting/driving the strategy and clarity of function.

26. A leadership development programme of a design to develop:
    - Trust – creating a safe environment for leaders to be genuinely honest and transparent with one another.
    - Engage in healthy conflict where leaders can engage in unfiltered, constructive debate of ideas.
    - Commitment to decisions, through an environment where leaders can offer opinions and debate ideas, feeling heard and respected enabling commitment to decisions made as a team.
    - Hold each other to account.
    - Focus on achieving collective results.

Establishing a culture that supports the delivery of NHS Devon's purpose and function

27. Five CEOs since 2022 has resulted in staff having to adapt to new ideas, customs, and behaviours. The development of NHS Devon's culture which supports the delivery of our purpose needs to be practised by the organisation's senior leaders to influence the rest of the organisation including:

    - Embedding the principles of NHS People promise
    - Civility
    - Pride in what we do
    - Embedding a just and learning culture

Principles for implementation

28. It is proposed that the following principles are adopted for the implementation of the organisational development plan:

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

    b. This is a long-term piece of work – critical to its success is the ability to identify the key priorities to deliver immediately; medium term and long term, and implement them well.

c. Following 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.

d. Organisational development capacity is limited within the organisation – to support co-ordination and implementation, developing and building internal and utilising external organisational development capability is essential.

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

f. 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.

g. 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.

h. Given we are a NOF4 system and the importance of embedding a strong performance culture we will work alongside the performance improvement team to develop the whole programme.

i. All work must be designed, developed, and aligned to ensure consideration of impact on all parts of the organisation including governance; programme management; strategy; finance; communications; HR and individual directorates.

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

Recommendations

37. The Board is asked to:

- **Approve** the list of identified actions for organisational improvement and timescales.
- **Approve** the three areas of focus for 2024/25 which includes:
  - Clarity of purpose and function
  - Leadership Development – Executives and Board members
  - Embedding a culture to support the delivery of NHS Devon's purpose and function.
- **Agree** to engage in and hold others accountable to engage in the work required to deliver the focus as set out in this paper.
- **Support** the principles through which the work will be delivered and implemented.

NHS Devon

NHS Devon Integrated Care Board

Structure and Processes Supporting Children and Young People's Services

Date of meeting	Date report produced
30 May 2024	16 May 2024

Co-ordinating Author(s)		Report approved by	
Name and title:	Penny Smith, Interim Chief Nursing Officer	**Name and title:**	Penny Smith, Interim Chief Nursing Officer
Phone:		**Date:**	20 May 2024
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary

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

- The legal and regulatory context for children including accountabilities and responsibilities for the NHS Devon Integrated Care Board Members and Senior Officers
- The multi-agency committee structure to deliver and oversee these.
- The current position re regulatory compliance and issues arising from a health delivery perspective.

The report also informs and provides assurance to Board members of remedial action, plan going forward and enablers.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – initial draft 12 March 2024

Key recommendations and actions requested
1. **Agree** that the Board should hold itself to account for ensuring NHS Devon enactment of the legal and regulatory obligations for children and young people.
2. Proactively **seek assurance** regarding implementation of the prioritised plan.
3. **Agree** to receive a further paper that identifies essential resources to address health system responsibilities.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Effective services produce better health outcomes for children and young people
Improve services and reduced unwarranted variation	Through improvement plans, completion of regulatory related action plans and embedding robust mechanisms of assurance
Make more efficient use of our resources	Reducing negative regulatory and inspectorate related issues enables better us of local resources for service delivery and quality of services.
Develop our culture and how we operate	To successfully address these complex challenges a strong culture of trusting and effective partnership working is requested.

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Poor regulatory compliance impacts negatively on quality of care
Health inequalities	Poor regulatory compliance impacts negatively on health inequalities.

Workforce	The associated regulatory oversight impacts negatively on workforce
Resources and finance	Resources are required to address regulatory shortcomings
Legal	Failure in statutory obligations
Digital and Data	Data/intelligence in relation to Children's services
Engagement and consultation	Various mechanisms deployed as part of various workstreams

3

Structure and Processes Supporting Children and Young People's Services

Introduction

1. Noting the breadth of service delivery and oversight regarding children and young people, this paper focuses on priority statutory and regulatory considerations for:

    - Safeguarding Children
    - Children in Care
    - Special Education Needs

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

3. The paper describes the:

    - Legal frameworks and statutory or mandatory frameworks and obligations
    - Current position
    - Prioritised areas for rapid improvement
    - Enabling Functions

Context

4. There are specific laws, regulations, and statutory guidance applicable to Children and Young People (CYP). This paper focuses on NHS Devon's obligations for:

    - Safeguarding Children
    - Children in care (CIC) and,
    - Special educational needs (SEND) inform this paper.

5. Further information regarding NHS Devon's obligations is at Appendix 1.

6. Devon is and has been in **heightened level regulatory oversight** with actions required by individual agencies and partnerships. A current position regarding regulatory compliance is at Appendix 2. This includes an analysis of themes arising for example gaps in professional curiosity and waiting list pressures.

7. Services across health and social care for children and young people are under notable pressure and challenge both nationally and in Devon. Issues of significant impact for CYP and identified by regulators include:

    - Increased referrals to the multi-agency safeguarding hubs (MASH) needing **consistent** health input, prioritised approach, quality oversight and supervision.

- Lack of consistent, high quality, trauma-informed approach to professional curiosity throughout healthcare
- Lack of progress on neuro divergent pathways; the Department for Education are adamant Devon must do better.
- Need to improve transition between SEND, Disabled Children's Services, Children / Adult health services. Lack of joint commissioning.
- Improvement of CIC initial health assessments and review health assessments.

8. The current oversight and improvement structure is at Appendix 3. Due to the duration and significance of regulatory attention the arrangements are escalated in all three Local Authority footprints.

Safeguarding Children

Statutory and ICB Responsibilities

9. NHS Devon is statutorily accountable for its functions concerning safeguarding and for aligning to the NHS England's Safeguarding Accountability and Assurance Framework (SAAF). Appended (1). Each ICB must have a Board level executive lead for safeguarding. The Children's Act 1989 and 2004 together with Amendments made by the Children and Social Work Act underpin.

Latest position – common themes/priorities

Working Together 2023 – Lead Safeguarding Partners (LSP)

10. Working Together to Safeguard Children 2023 set out that 'Strong, joined-up leadership and clear accountability is critical to effective multiagency safeguarding, bringing together the various organisations and agencies. It applies at every level from senior leaders to those in director practice with families, and across all agencies and organisations that meet children and their families.

11. Successful outcomes for children depend on strong multi-agency partnership working across the entire system of help, support, and protection. It outlines that Chief Executives of the Local Authority, Integrated Care Board and Chief Officer of the Police must play an active role and form the Lead Safeguarding Partnership.

12. Local Safeguarding Partnerships are jointly responsible for ensuring the proper involvement of and oversight of all relevant agencies, and should act as a team, as opposed to a voice for their agency alone. They should meet sufficiently regularly to undertake the following core functions. Noting the remit and boundaries of Police and ICB colleagues extends over multiple local authority areas some initial meetings have been held with the Chief Executives to discuss how the Working Together arrangements can be taken forward.

13. An inaugural meeting will take place 13 June 2024. To consider ways of working going forward. This is likely to consider the distinction between functions.

LSP Core Functions	DSP Core Functions
1. Set the strategic direction, vision, and culture **of the local safeguarding arrangements, including agreeing and reviewing shared priorities and the resource required to deliver services effectively.**	1. **Delivery and monitoring** of multi-agency priorities and procedures to protect and safeguard children in the local area, in compliance with published arrangements and thresholds.
2. Lead their organisation's individual contribution **to the shared priorities, ensuring strong governance, accountability, and reporting mechanisms to hold their delegates to account for the delivery of agency commitments.**	2. Close **partnership working and engagement** with education (at strategic and operational level) and other relevant agencies, allowing better identification of and response to harm.
3. Review and sign off key partnership documents**: published multi-agency safeguarding arrangements, including plans for independent scrutiny, shared annual budget, yearly report, and local threshold document.**	3. The **implementation of effective information sharing arrangements** between agencies, including data sharing that facilitates joint analysis between partner agencies.
4. Provide shared oversight of learning **from independent scrutiny, serious incidents, local child safeguarding practice reviews, and national reviews, ensuring recommendations are implemented and have a demonstrable impact on practice (as set out in the yearly report).**	4. **Delivery of high-quality and timely rapid reviews** and local child safeguarding practice reviews, with the impact of learning from local and national reviews and independent scrutiny clearly evidenced in yearly reports.
5. Ensure multi-agency arrangements have the necessary level of business support**, including intelligence and analytical functions, such as an agreed data set providing oversight and a robust understanding of practice.**	5. The provision of appropriate multi-agency safeguarding **professional development and training.**
6. Ensure all relevant agencies, including education settings, are clear on their role and contribution to multi-agency safeguarding arrangements**.**	6. **Seeking of, and responding to, feedback from children and families** about their experiences of services and co-designing services to ensure children from different communities and groups can access the help and protection they need.

14. Working Together to Safeguard Children 2023 mentions covering more than one LA boundary; as police and health boundaries often cover multiple local authorities, they are usually part of more than one multi-agency safeguarding arrangement. Reflecting this, engagement and collaboration through multi-agency safeguarding arrangements can extend beyond the geographical borders of their local areas. There is a stated expectation that LSPs should decide how best to contribute to the local arrangements they are responsible for.

Joint Targeted Area Inspection (JTAI)

15. In November 2023, a Joint Targeted Area Inspection (JTAI) of Torbay 'front door' services was undertaken by Care Quality Commission (CQC), Ofsted and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). Inspectors evaluated the ability of agencies to identify and respond to initial need and risk, agency contributions to multiagency responses, the impact of managers and leaders on practice and the effectiveness of Torbay Safeguarding Children's Partnership (TSCP) to monitor and evaluate the work of partners.

16. The inspectors found areas of good practice including effective working of the TSCP Executive Group. However, priority actions were identified:

    - Torbay and South Devon NHS Foundation Trust (TSDFT) relating to leaders' oversight and assurance of safeguarding practice, and that the variable quality of scrutiny and supervision of staff led to the inconsistent identification of and response to safeguarding risk in children, especially for those with unexplained injuries.

    - Other areas for improvement were identified related to the consistency with which professional curiosity and challenge are applied for children living with chronic domestic abuse or neglect and unexplained injuries.

17. NHS Devon was identified as the Principal Authority and lead development of the Written Statement of Action (WSoA) (see separate agenda item for this meeting). Following extensive partner agency input and sign off, the draft WSoA was submitted 7 May 2024. Acknowledgement and feedback are awaited. Continuous monitoring of the action plan will be undertaken in the TSCP Quality Assurance Group and reported to the TSCP Executives with quarterly reporting to the LSP.

18. NHS Devon undertook an oversight visit with TSDFT, who evidenced the improvement work undertaken and the impact this was having on staff practice and children and families experience. It was evident that there is a collaboration from floor to board to ensure that staff are competent and confident in their practice. There is clear senior leadership oversight with a robust governance structure in place to allow formal reporting and escalation with NHS Devon presence at the Integrated Safeguarding & Inclusion Group.

Programme	Key workstreams and actions
JTAI	• Delivery of the Written Statement of Action with quarterly reports to the LSP
	• Quality Improvement approach for Professional Curiosity inc. Mandatory training and possible CQUIN
	• Well-orchestrated sharing of learning to wider Devon system inc. enhanced oversight

Health in Muti-agency Safeguarding Hub (MASH) and Safe Staffing

19. A Multi-agency Safeguarding Hub (MASH) allows organisations with responsibility for the safety of vulnerable people to work alongside each other to effectively share information and co-ordinate activities. They help identify risk early. The Model was endorsed by the Munro Review of Child Protection in 2011.

20. The designated nurses for safeguarding children (DNSC) consistently attend the MASH Strategic meetings in Devon, Torbay, and Plymouth to ensure parity across the system.

21. Demand within the Multi Agency Safeguarding Hubs (MASH) has increased significantly resulting in the need for an increase in health staff. The reasons for the increased demand are multifactorial but key themes from recent incidents and reviews demonstrate specific trends related to:

    - emotional wellbeing and poor mental health
    - neglect
    - multiple adversities experienced by parents and carers.
    - increased police contact with families.

22. Health provision into the MASHs is delivered by Torbay and South Devon Foundation Trust (TSDFT) for Torbay Council, and Child and Family Health Devon (CFHD) for Devon County Council (DCC). Both providers report lack of workforce capacity. This impacts on the consistency and quality of health input into the function. A business case to increase capacity was approved by the NHS Devon in early May. The NHS Devon safeguarding children team are reviewing current capacity to ensure safe staffing levels are met.

Programme	Key workstreams and actions
Multi Agency Safeguarding Hub	• Review of safeguarding practice including professional curiosity
	• Initiate a working group to review consistent application of referral thresholds and proportionate action. To include conversion rates, and themes across the health system.
	• Provide a bi-monthly thematic report to the ICB safeguarding and vulnerable people steering group
	• Work with commissioning colleagues to review current capacity within the health in MASH teams across Devon and agree uplift to ensure safe staffing levels are met.
	• Joint safeguarding learning and development

Children in Care

Statutory and Mandatory

23. A child is looked after by a local authority if they are in their care or is provided with accommodation for more than 24 hours. They fall into four main groups within the Children Act 1989:

    - Children who are accommodated under voluntary agreement with their parents (section 20).
    - Children who are the subject of a care order (section 31) or interim care order (section 38).
    - Children who are the subject of emergency orders for their protection (section 44 and 46).
    - Children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21).

NHS Devon Responsibilities

Working collaboratively with the Local Authority	Providing health services that meet the needs of CIC	Planning health care
Work with Local Authorities (LAs) to promote the integration of health and social care services. Co-operate with requests from LAs to undertake health assessments and support services without undue delay. Developing the Joint strategic needs assessment and the Health and Wellbeing strategy to include CIC. Report on the health of CIC and Care Leavers to the Local Corporate Parenting Board. Work across organisational boundaries	Ensure any changes in healthcare providers should not disrupt the objective of providing high quality, timely care for CIC. To have contractual arrangements in place to secure appropriate health care (Acute providers, community providers and GP's). Ensure local mechanisms are agreed and in place to comply with NHS England's guidance on establishing the responsible commissioner Working with SEND partners across the health and social systems to ensure CIC are embedded across and within forward planning.	Recognise and give due account to the greater physical, mental and emotional health needs of CIC in their planning and practice Dental has now come into ICB as part of the POD, dental is an area of concern for our children and involves a number of current workstreams. Ensure children leaving care continue to obtain the healthcare they need CIC should be able to participate in decisions about their health care Mechanism to manage notifications from the LA (including entering care/ to be looked after, changes placement or ceases to be looked after including children leaving care or moving outside the ICB area).

24. In 2023 there were **83,840** children in care of the local authority in England. This number is further broken down as follows for the One Devon Integrated Care System footprint:

Local Authority	Devon	Torbay	Plymouth
Total number of children in care in 2023	900	302	500

25. There are additional children in care originating from Devon who are placed out of county.

26. The table below highlights statistical neighbours, including only those who have been in care for 12 months or more in 2023. It does not include any child that came into care part way through the year or any child who has been in care under 365 days at time of reporting.

Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk) Data from 2023							
Cohort CO2 Data 2023	National data - England	Devon	Somerset	Plymouth	Portsmouth	Torbay	Isle of Wight
Total number of children in care*	58,570	568	372	345	276	224	213
Annual health assessment*	52,230 (89%)	492 (96%)	330 (89%)	296 (86%)	248 (90%)	169 (73%)	195 (92%)

Statutory Responsibilities for Health Assessments

27. To ensure that the health needs of children and young people are appropriately identified and subsequently met, there is a statutory responsibility for the ICB to ensure that all children and young people have the following health assessments within statutory time frames:

- An initial health assessment (IHA) by the acute provider as they enter care – IHA. This should be completed in 20 working days.
- A biannual review health assessment (RHA) by the community provider for children under five years of age – RHA.
- An annual review health assessment by the community provider for children and young people until they leave care – RHA.

28. The process for initial health assessment for children and young people coming into care is a joint approach reliant on effective notification from the local authority.

LA process		Health Process					LA process
Notification to the aligned health provider (regardless of where they are placed) that a child or young person requires an IHA/RHA.	Provision to the relevant health provider of consent to undertake the Health Assessment, with appropriate documents including a chronology, pathway plan or information on the child.	Doctor or Nurse review the consent and documents and arranges a first appointment with child and their carer. The social worker is also notified of same appointment .	Health assessment undertaken with the child or young person as involved as possible.	The health assessment is then written up by the clinician and a health plan created. Appropriate referrals are made at this stage.	The health assessment plan is then shared with the child's social worker and GP. An IHA will be sent to the specialised CiC nurse team.	Exceptions to this process for example incorrect paperwork sent, child was not brought, young person declined are recorded by health.	LA record on their systems the outcome of the appointment. The social worker sends the health assessment plan to the young person, carer, and parent (if appropriate)
Point A	**Point B**	**Point C**	**Point D**	**Point E**	**Point F**		**Point G**

29. Reviews of compliance with statutory timescales have identified that the process is least effective as points B, D and G.

30. Changes within 'Who Pay's 2024'[1], have had a direct impact on demand and on the responsible agencies. And teams across England are working to understand the impact on local resources from the requirement to undertake all CiC health assessments placed in the ICB footprint. Devon is a net importer of Children in Care the impact is thought to be significant for health providers. Work is underway to quantify.

Latest position – common themes/priorities

31. Achievement of health assessments within the prescribed timescale needs to improve. The following bar chart demonstrates Quarter 4 performance. This shows the number of children originating in Devon who received an initial health assessment within statutory timescales. This shows an ongoing improved position on previous year's performance but remains under target.

Initial Health Assessment Process			
	Number of children entering care	**LA requests assessment with consent**	**Number Doctor completes on time**
RDUH	42	19	18
TSDFT	33	13	8
UHP	49	31	12

32. Multi agency actions plans to address this are being stood up for each local area. The NHS Devon CIC team completed a review of the resources available to undertake initial health assessments, there was insufficient capacity. NHS Devon investment secured additional paediatrician time that has been used flexibly across the entire system to support all acute providers.

Next steps

Programme	Key workstreams and actions
Children In Care	ICB CIC team to establish terms of reference for, and implement a system wide, multi-agency task and finish group that will: • Develop a rapid improvement programme regarding health assessment compliance to include timescales for monitoring with agree trajectories. • Provide assurance to the ICB through accurate health assessment data through an agreed reporting mechanism with partners.
	Review capacity and resources of the specialist nurse teams against current service specifications in line with statutory guidance.

[1] NHS England » Who Pays?

Special Educational Needs and Disabilities (SEND)

Statutory and Mandatory

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

34. The Green Paper: Special Educational Needs and Disabilities and Alternative Provision (AP) Improvement Plan Right Support, Right Place, Right Time (March 2023) explores the issues present within the current SEND system. It set out the government's proposals to improve outcomes for children and young people; improve experiences for families, reducing the current adversity and frustration they face; and deliver financial sustainability. This is being implemented nationally alongside the new inspection framework.

ICB responsibilities

35. NHS Devon has specific responsibilities for Children with SEND set out in the SEND code of practice. Children with SEND have additional needs for support to ensure that they can attend school and achieve their optimum level of education. Without this they are likely to be impacted for their whole lives. Health care forms part of these additional needs and NHS Devon is the statutory partner with the Local Authorities and Education and is therefore required to ensure that Children can access the health care they need, at the time when they need it.

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

37. 37.NHS Devon also has a responsibility for individual packages of care for those children and young people who have a health need that is not provided though commissioned services and to have individual commissioning arrangements in place to fulfil this.

Latest position - common themes and priorities

38. Each of the Local Authorities have a separate meeting structure and programme for delivering SEND improvement. The regulatory status of each local authority can be seen in Appendix 1.

39. Both Torbay and Devon benchmark as having a high demand for SEND support and Education Health Care Plans (EHCPs). In terms of initial requests for EHCPs Torbay was the second and Devon the fifth highest in the country in 2021, as a percentage of the 0-24 population.

40. Key themes across the 3 local areas can also be seen in Appendix 1. For NHS Devon, and the health system more broadly, the challenges fall into 4 key areas':

    - Timely access to care; children's community services are now some of the longest waits in the country and this is also true for the Devon footprint.
    - Individual funding: work is in progress to address the gap in process for individual funding for children and young people with SEND.
    - Timely and quality input to the EHCP process
    - Early identification and provision of help and support

Next steps

41. Each of the challenges above are key elements of the women and children's section of the annual plan. An overview of the plan is presented in the table below:

Programme	Key workstreams and actions
Community Recovery	**Areas of most challenge: SLCN, Neurodiversity, Mental Health**: • Requirement of workstreams to improve data quality Setting standards for Devon on specific targets and expectations. • Implementing a standard approach across all children's community services in forecasting recovery trajectories to support clarity about demand and capacity. • Adapting the model of care, creating more effective support in universal services, and adjusting health systems models and pathways to improve efficiency. • Demand management • Development of waiting list validation • Clinical prioritisation and risk stratification • Waiting Well project to identify what the next steps might be and how we can utilise existing support. • Performance and oversight - Organisational/ system ownership - Escalation • Contract review to understand performance and formalise a commissioning performance approach. • Understanding the Long-Term Sustainable Model • Transition to adulthood
Individual funding	• Review and mapping of current processes and panels for individual funding and decision-making. • Review and analysis of activity of requests, outcomes, and funding. • Draft Commissioning policy for meeting the medical needs of children in education. • Clarify roles and responsibilities (including scheme of delegation). • Develop a framework for Trusted Assessors • Working with local authorities on shared interpretation of code of practice when considering funding responsibilities. As well as agreed process for escalation and dealing with dispute.

Programme	Key workstreams and actions
EHCP statutory process	• Delivery of an effect model of health system input to statutory assessment processes (EHCP). Including a graded approach to clinical input. • Working with LA and education, develop and roll out toolkits for each of the areas of need (social, emotional, and mental health; SLCN; physical and sensory; cognition and learning) to improve provision in universal services and schools and prevent escalation of need. • Review of EHCP sitrep reporting

Enablers and call to action

42. To enable transformation and improvement the following enabling actions are in train. All items will be incorporated in the NHS Devon Annual Plan.

Data and information

43. Currently, reported health data does not give a complete picture of Children's services across the system. The main barrier to this within providers is due to the way in which IT systems have been setup, making extraction difficult and time consuming. Additionally, when data is received there are variances between providers when interpreting data parameters resulting in datasets not being comparable. These barriers are also further compounded by capacity challenges within business intelligence and the demand on the capacity in place to focus on more traditional elements of the health system, such as Urgent and Emergency Care.

44. Where data is received, detailed analysis with regards to health inequalities is challenging due to the limitations and quality of existing data sets, and this directly impacts on our abilities to respond to the CORE20Plus5 work as we are unable to identify our priorities.

45. Progress is being made to improve data and 3 workstreams have been established to take for the work:

- Creation of a children and young people's dashboard; the first iteration of this has been developed and will be operational by the beginning of July.

- Work with the regional and national team to create a Children and Young People specific data set; starting with Autism, identifying what would be needed to extract data that will provide an accurate picture of the whole pathway.

- Data quality improvement actions through contact management processes

Workforce

46. Workforce is repeatedly singled out as the main constraint regarding poor performance. Increased work will focus workforce controls including attraction, retention, and transformation. Simultaneous attention will be given to the NHS long term workforce plan.

Accountability Framework

47. Ensuring that there is effective leadership in all partnership forums and governance structures is a high priority. Work has been undertaken to map the meetings and requirements and an accountability framework will be produced from this to ensure consistency and appropriate seniority of attendance.

Cohesive and Aligned Approach for Children

48. The NHS Devon Organisational Change Programme Phase 2 brings together the children's agenda under the Chief Nursing Officer and strengthens both leadership and clinical/ operational capacity to fulfil NHS Devon statutory and mandatory responsibilities. This includes strengthening joint commissioning capacity Designated Officer posts for SEND and CIC.

49. To strengthen the focus on children and young people throughout NHS Devon a 'lock in' is being convened by the Executive. This will drive priority focus through all relevant functions and will include commissioners, contract management, oversight, and clinical leadership. The purpose is to bring the collective weight of influence and to improve long standing issues including, but not limited to, the priority items identified in this paper.

50. NHS Devon will continue to lobby the regional and national team regarding the needs of children and young people including lobbying on policy.

Board agreed finance plan

51. A resource plan will be produced that identifies the essential resources needed to address health system responsibilities. For debate and agreement by the NHS Devon Board. This will be in the context of the clinical, statutory, finance and reputational risk impact.

Next steps

Programme	Key workstreams and actions
CYP Enablers	
Leadership	• Lead Internal NHS Devon Task and Finish group and internal lock in lead by Penny Smith and Anthony Fitzgerald
Accountability	• Create an Accountability Framework for CYP
Resource Plan	• **Ensure there is a NHS Devon Board approved resource plan for CYP**
Insight informed	• Deliver the data workstreams and create dashboard for Children and young people
Workforce	• Develop high calibre Children and young people workforce plan

Recommendations

52. The Board is asked to:

- **Agree** that the Board should hold itself to account for ensuring NHS Devon enactment of the legal and regulatory obligations for children and young people.
- Proactively **seek assurance** regarding implementation of the prioritised plan.
- **Agree** to receive a further paper that identifies essential resources to address health system responsibilities.

Appendix 1

Regulatory framework and local area status

Children's Services Inspection Framework

Inspection Framework	Purpose of	Inspectorate
Inspecting local authority children's services - GOV.UK (www.gov.uk)	These inspections focus on the effectiveness of local authority services and arrangements: • to help and protect children • the experiences and progress of children in care wherever they live, including those children who return home • the arrangements for permanence for children who are looked after, including adoption • the experiences and progress of care leavers Also evaluate: • the effectiveness of leaders and managers • the impact they have on the lives of children and young people • the quality of professional practice	Ofsted
Joint targeted area inspection of the multi-agency response to children and families who need help - GOV.UK (www.gov.uk)	This guidance is for inspectors carrying out a JTAI of the multi-agency response to children and their families who need help in a local authority area in England. A different theme is identified each year	Ofsted Care Quality Commission (CQC) His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)
Area SEND inspections: framework and handbook - GOV.UK (www.gov.uk)	Framework and handbook for inspecting local area arrangements for children and young people with special educational needs and/or disabilities (SEND). It was devised jointly by Ofsted and the Care Quality Commission (CQC) for use from 2023 These inspections are carried out jointly by Ofsted and the CQC. Inspectors who specialise in education, health and social care will work together as a single inspection team.	Ofsted CQC.
Youth Inspection Guidance Manual v5.8 (justiceinspectorates.gov.uk)	Key features of the inspection programme are: • the inclusion of out-of-court disposal work alongside sentenced cases • evidence-based judgements about organisational delivery • inspecting and reporting on the overall approach of the YOT to diversity • a free-standing rating for resettlement work.	His Majesty's Inspection of Probation (HMIP) Ofsted

Inspecting Local Authority Children's Services (ILACS)

Local Authority Footprint	Date of Inspection	Regulatory Framework	Regulating organisations	Outcome	Common Themes
Torbay	21st March - 1st April	Inspection of Torbay local authority children's services	Ofsted	The impact of leaders on social work practice with children and families - **Good** Overall effectiveness **Good**	
Plymouth	22 January to 2 February 2024	Inspection of Plymouth City Council local authority children's services	Ofsted	The impact of leaders on social work practice with children and families - **Requires improvement to be good** Overall effectiveness - **Requires improvement to be good**	Inconsistency in provision and instability in leadership. **Joint working with health, housing and education**
Devon	20 January 2020 to 31 January 2020	Devon County Council Inspection of children's social care services	Ofsted	The impact of leaders on social work practice with children and families - **Inadequate** Overall effectiveness - **Inadequate**	Leaders not understanding the extent of the failures **Quality, effectiveness and timeliness of practice**

Safeguarding

Local Authority Footprint	Date of Inspection	Regulatory Framework	Regulating organisations	Outcome	Common Themes
Torbay	13-17th November 2023	Joint targeted area inspection (Child protection)	CQC Ofsted	Written Statement of Action	**Professional Curiosity Leadership**
Torbay	21st March- 1st April	ILACS Category - The experiences and progress of children who need help and protection	Ofsted	Good	
Plymouth	22 January to 2 February 2024	ILACS Category - The experiences and progress of children who need help and protection	Ofsted	Requires improvement to be good	Quality of LADO oversight Out of hours provision
Plymouth	18 November 2019 and 22 November 2019	Joint targeted area inspection (mental health)	CQC Ofsted	Written Statement of Action	**Widespread local area improvement actions related to CYP MH**

Safeguarding

Local Authority Footprint	Date of Inspection	Regulatory Framework	Regulating org	Outcome	Common Themes
Devon	20 January 2020 to 31 January 2020	ILACS Category -The experiences and progress of children who need help and protection	Ofsted	Requires improvement to be good	Strategic grip **Quality of practice and timeliness of decisions**
Devon	26 May 2021	Focussed visit (MASH)	Ofsted	Variable practice and strategic oversight. Workforce stability	
Devon	02 February 2022	Monitoring visit (MASH)	Ofsted	Evidence of improvement	As above
Devon	21 June 2022	Monitoring visit (support and protection)	Ofsted	No evidence of improvement	Workforce stability **Impact of practice**
Devon	06 December 2022	Monitoring visit	Ofsted	See CiC slides	
Devon	18 April 2023	Monitoring visit	Ofsted	See CiC slides	
Devon	26 September 2023	Monitoring visit	Ofsted	See CiC slides	
Devon	05 March 2024	Monitoring visit (MASH)	Ofsted	Improved leadership and timeliness	**Variation in practice**

Children in Care

Local Authority Footprint	Date of Inspection	Regulatory Framework	Regulating org	Outcome	Common Themes
Torbay	21st March- 1st April	ILACS category- The experiences and progress of children in care and care leavers	Ofsted	Good	
Plymouth	22 January to 2 February 2024	ILACS category- The experiences and progress of children in care and care leavers	Ofsted	Requires improvement to be good	**The timeliness of health assessments for children in care.**
Devon	20 January 2020 to 31 January 2020	ILACS category- The experiences and progress of children in care and care leavers	Ofsted	Inadequate	Sufficiency of accommodation and support available Assessment of risk and safety planning **Access for young people to full information about their health histories**
Devon	06 December 2022	Monitoring visit (CIC & disabled CYP)	Ofsted	Insufficient progress	Leadership and Oversight Workforce
Devon	18 April 2023	Monitoring visit (as above)	Ofsted	Some evidence of change	Variable practice Leadership instability
Devon	26 September 2023	Monitoring visit (Care Leavers)	Ofsted	Improvement in leadership understanding but…	Accommodation **Not in employment or education high**

Special Educational Needs and Disabilities

Local Authority Footprint	Date of Inspection	Regulatory Framework	Regulating organisation	Outcome	Key Themes
Torbay	15 November 2021	Local Area SEND Inspection (2016 framework)	CQC Ofsted	**Written Statement of Action –** 8 areas of action	**Leadership Inclusion Access to care and early help EHCP Understanding neds and Joint commissioning**
Plymouth	26 to 30 June 2023	Local Area SEND Inspection (2023 framework)	CQC Ofsted	There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently resulting in the need for a **Priority Action Plan –** 5 priority actions	**Leadership Inclusion Access to care and early help EHCP Understanding need and sharing information** Social care

One Devon

Special Educational Needs and Disabilities

Local Authority Footprint	Date of Inspection	Regulatory Framework	Regulating organisation	Outcome	Key Themes
Devon	10 December 2018	Local Area SEND Inspection (2016 framework)	CQC Ofsted	**Written Statement of Action-** 4 areas of weakness	**Strategy Communication Quality and timeliness of EHCP Identification and support for autism**
Devon	23 and 25 May 2022	Joint area SEND revisit in Devon	CQC Ofsted	Insufficient progress Accelerated progress plan **Improvement Notice**	As above

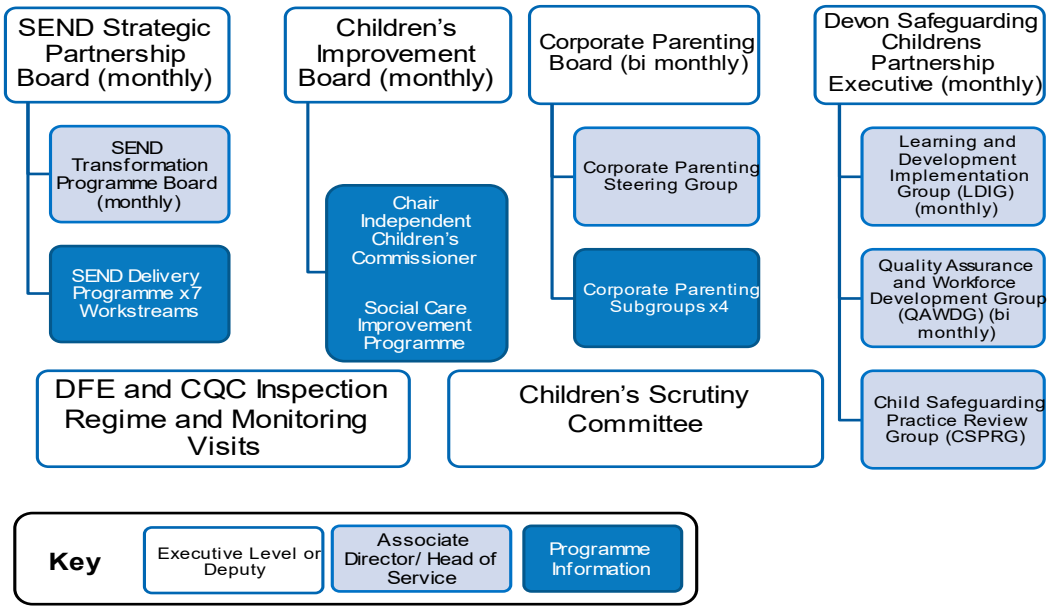
Youth Offending Partnerships

Local Authority Footprint	Date of Inspection	Regulatory Framework	Regulating organisations	Outcome	Key Themes
Torbay	03 March 2021	Inspection of youth justice services (2018 onwards)	HMIP	Requires improvement	Better understand needs – including voice of the YP Strengthen policy and procedure
Plymouth	04 February 2022	Inspection of youth justice services (2018 onwards)	HMIP	Good	Strengthen Board/ Management oversight and information and transitions arrangements
Devon	22 November 2022	Inspection of youth justice services (2018 onwards)	HMIP	Good	Strengthen Board/ Management oversight and information

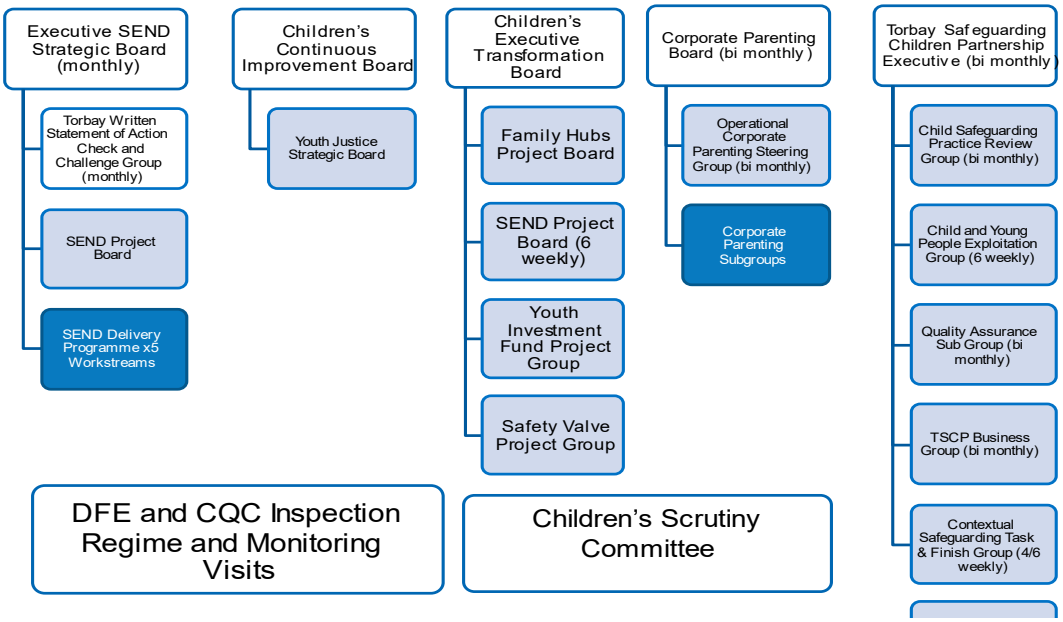
Appendix 2

Local Authority governance arrangements (February 2024)

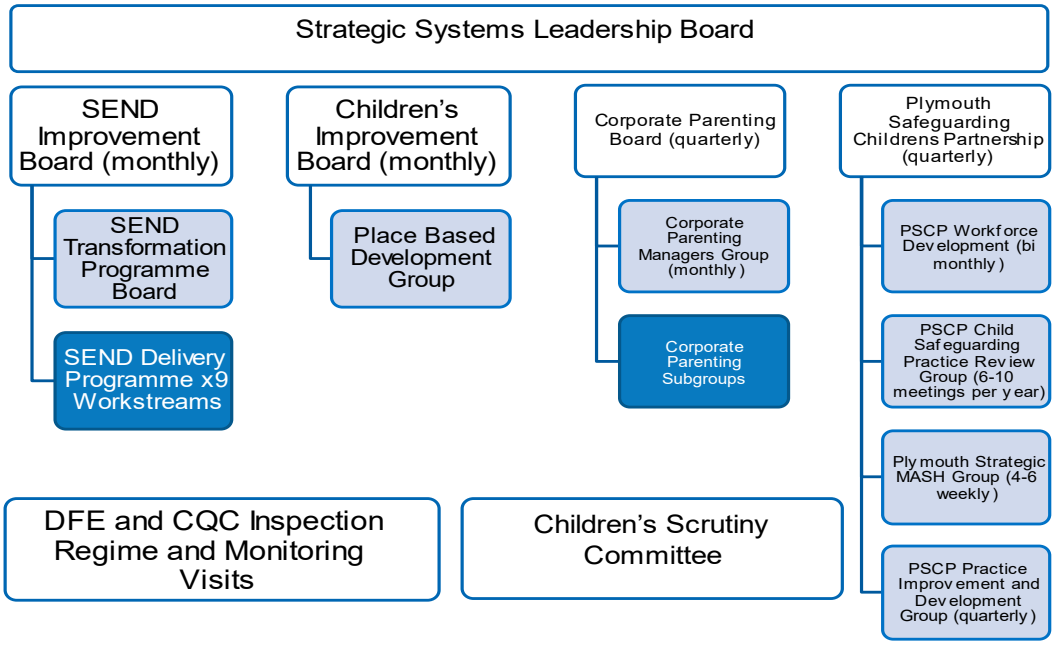
Devon County Council



Torbay Council



Plymouth City Council



Appendix 3

Executive roles; functions and responsibilities

Table 3 ICB Executive Roles	
Exec Lead Role	**Function and Responsibilities**
Children and young people	Each ICB must have a board-level executive lead for children and young people. The ICB must consider how the board balances perspective, skills, experience, and knowledge across board members. The ICB executive lead for Children and Young People will lead on supporting the chief executive and the board to ensure the ICB performs functions effectively and in the interests of children and young people.
Children and young people with Special Educational Needs and Disability (SEND) [0-25]	The ICB is statutorily accountable for its functions in relation to SEND and is legally responsible for delivering its duties as set out in relevant legislation, including its broad functions under the National Health Service Act 2006 (as amended by the Health and Care Act 2022), and its specific functions in relation to SEND under Part 3 of the Children and Families Act 2014, as set out in the SEND code of practice (2015). The ICB's functions in relation to SEND include close cooperation with the local authority and establishing multiagency working requirements and joint commissioning arrangements with local authorities. Each ICB must have a board-level executive lead for children and young people with SEND. The ICB executive lead for SEND will lead on supporting the chief executive and the board to ensure that the ICB performs its functions effectively in the interests of Children and Young People with SEND (0-25). This executive lead is expected to play a strategic role in supporting the ICB, including implementing any actions following the SEND Review Green paper consultation in line with the SEND and alternative provision improvement plan.
Safeguarding	The ICB is statutorily accountable for its functions concerning safeguarding and for aligning to the NHS England's Safeguarding Accountability and Assurance Framework (SAAF). The purpose of the SAAF is to outline the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations. Developments in the legal framework for safeguarding for both children and adults have created new duties and responsibilities which need to be incorporated into the widening scope of the NHS safeguarding practice. All health organisations are required to operate in accordance with their legal duties and with the SAAF.

	Regulation and inspection are important in demonstrating safeguarding assurance and accountability arrangements across the health system. ICBs are recognised as a statutory safeguarding partner so inspections such as joint targeted area inspections (JTAI) – that explore how services work together for children in need of help and protection – are pivotal to celebrate best practice and embed new learning. Each ICB must have a board-level executive lead for safeguarding people of all ages. The ICB executive lead for safeguarding will lead on supporting the chief executive and the board to ensure the ICB performs its functions effectively as relevant to Safeguarding. In most cases, the executive lead for safeguarding will be the ICB's Director of Nursing[6]. A key role of the executive lead for safeguarding will be to ensure that the joint forward plan addresses the needs of abuse victims (including domestic abuse and sexual abuse, whether of children or adults)[7]. There may be additional layers of corporate safeguarding capacity to support the executive lead (e.g. where multiple CCGs (Clinical Commissioning Group) have merged to create a single ICB). The executive lead may delegate to these corporate leaders to sit on the numerous multiagency safeguarding partnerships, support joint strategic needs assessments, and influence plans for safeguarding within local joint forward plans. Where delegates sit on local child safeguarding partnerships, they must have an appropriate level of authority, as outlined in chapter 3 of Working Together to Safeguard Children (2018). Where delegates sit on local safeguarding adults' boards, they should have appropriate skills and experience to ensure that the safeguarding adults board acts effectively and efficiently to safeguard adults in its area, as outlined in chapter 14 of the Care and Support Statutory Guidance. The executive lead and those who they delegate responsibilities to will be supported by designated professionals. Designated professionals are required to have direct access to the ICB executive lead for safeguarding, to ensure that there is the right level of influence of safeguarding on commissioning processes and that any provision is trauma informed. Additionally, NHS providers must have named practitioners promoting robust and professional trauma-informed practice in their providers and ensure safeguarding training is in place, as per the intercollegiate documents for both child and adult safeguarding

Learning disability and autism	Each ICB must have a board-level executive lead for learning disability and autism. The ICB executive lead for learning disability and autism will support the chief executive and the board to ensure that the ICB performs its functions effectively in the interests of people with a learning disability and autistic people. The executive lead will support the board to understand and recognise people's rights as citizens, championing their needs and aspirations. This will include supporting the board in: • Developing effective ways to work closely with children and young people, adults, and their families and carers to ensure support is personalised and of high-quality. • Championing co-production of strategies, policies, service delivery and transformation. Recognising the value of people's lived experience and knowledge of a learning disability and autistic people. • Putting people at the centre of decision-making, so local services and their commissioning plans prioritise the needs of people with a learning disability and autistic people.
Down syndrome	The responsibilities of this role include, but are not limited to, the following: • Supporting the ICB chief executive and the board to ensure the ICB meets the legal requirements of relevant legislation, including the Down syndrome Act (2022) and relevant legislation or statutory guidance. This shall include ensuring that statutory guidance is implemented and considered throughout the ICB's commissioning decisions and at the system and local level. • Championing and supporting improvements in outcomes for children, young people and adults who have Down syndrome in the ICB's area, including having oversight of how the needs of people with Down syndrome are being included in commissioning decisions and how those decisions and commissioning plans are co-produced with people with lived experience of down syndrome. • Working closely with people with Down syndrome and their families so that their experiences of care, good outcomes, and issues and challenges in accessing the support they need are considered during the design, implementation, and commissioning of services. • Ensuring feedback, concerns, comments, and complaints from people with Down syndrome, as well as their families, community groups and organisations – including user-led and self-advocacy organisations – are acted upon in a timely manner at the local level. Ask, Listen, Do resources can help.

NHS Devon

NHS Devon Integrated Care Board

JTAI Written Statement of Action

Date of meeting	Date report produced
30 May 2024	23 April 2024

Author(s)		Report approved by	
Name and title:	Michele Thornberry Head of Safeguarding	**Name and title:**	John Trevains, Director of Nursing & Quality
Phone:	07970593466	**Date:**	01 May 2024
Email:	m.thornberry@nhs.net		

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

Executive summary
This paper outlines the planned action to address the findings of the Joint Target Area Inspection (JTAI) that was undertaken in November 2023 in Torbay.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
The plan has been presented to the following groups and signed off: Torbay Children's Continuous Improvement Board, Torbay Council Children and Young People's Overview and Scrutiny Sub-Board, Devon and Cornwall Police, and Torbay and South Devon NHS Foundation Trust governance routes. Executive Committee – consideration in correspondence w/c 29 April 2024.

NHS Devon Chief Executive Officer approved the plan on Monday 29 April 2024.
Quality and Patient Experience Committee – 09 May 2024

Key recommendations and actions requested
The Board is asked to **note and endorse** the plan set out in the Joint Targeted Area inspection Written Statement of Action.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Plan will improve the health and wellbeing of children in Torbay.
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	Plan will improve the quality of services in Torbay
Health inequalities	Plan will identify and support children at risk of and experiencing abuse and neglect
Workforce	Plan will improve the skills of staff.
Resources and finance	Within current resources
Legal	The report relates to the delivery of statutory duties
Digital and Data	Plan will ensure data supports safeguarding functions
Engagement and consultation	Plan will engage children, families and wider community

30 January 2024

Nancy Meehan, Director of Children's Services, Torbay Council
Bill Shields, Interim Chief Executive, One Devon Integrated Care Board (ICB)
Alison Hernandez, Devon, Cornwall and the Isles of Scilly Police and Crime Commissioner
Acting Chief Constable Jim Colwell, Devon and Cornwall Police
Keith Perkin, Independent Scrutineer, Torbay Safeguarding Children Partnership (TSCP)

Dear Torbay Safeguarding Children Partnership

Joint targeted area inspection of Torbay

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to identification of initial need and risk in Torbay.

This inspection took place from 13 November 2023 to 17 November 2023. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

Headline findings

The Torbay Safeguarding Children Partnership (TSCP) was reconstituted in 2020 following a short period of alignment with a neighbouring local authority. Since that time, a clearer focus on the children of Torbay has resulted in a more targeted and cohesive approach to both strategic oversight and the identification and delivery of services to children who may be in need or at risk of harm. The TSCP Executive Group functions effectively and benefits from healthy challenge from independent scrutiny. There have, however, been several changes of senior personnel across the partnership, which has hampered progress against some key strategic priorities, especially children's mental health. Reliable, disaggregated data for Torbay from an integrated care board (ICB) on behalf of health providers and a police force that cover much larger geographical areas is not available to the partnership. Allied with delays in establishing a children's mental health subgroup and insufficient quality assurance, both of which the partner agencies are fully aware of, it is difficult to chart the impact of the partnership on Torbay's children in some key strategic areas.

That said, operationally, partner agencies work well together. Information-sharing and attendance at meetings in the multi-agency safeguarding hub (MASH), child protection strategy discussions and in child protection enquiries is consistently timely and effective. Thresholds for different levels of intervention are jointly understood

across partner agencies and, for the majority of children, risks and support needs are identified early, resulting in the right support at the right time.

Families have direct access to support under the umbrella of early help services, including from the well-regarded family hubs in each of Torbay's three main towns. These make a positive difference to their lives. The risk to missing children and the link to exploitation are well understood and the partnership has made significant progress in this complex area of practice. Practitioners are growing in confidence and expertise, but, in some key areas, such as using new information to understand the impact on children of long-term neglect and domestic abuse, could be more consistent in challenging each other when insufficient progress has been made. This lack of professional curiosity for a small number of children on the part of professionals from local agencies is a more acute and systemic problem within health services. This manifests as insufficient safeguarding oversight by both the Devon ICB and the Torbay and South Devon NHS Foundation Trust. In particular, this relates to poor safeguarding decisions within the trust when the reasons given by parents or carers for bruises and injuries to children are accepted too readily, and without adequate reference to previous history or wider concerns. The safeguarding partnership has insufficient oversight of these failings.

Area for priority action

Urgent action is required by the Torbay and South Devon NHS Foundation Trust to assure themselves of the quality and effectiveness of their own safeguarding practice. Too many children remain in situations of risk and harm. Priority action should be taken to address the following areas:

- The failure of senior leaders to have sufficient oversight and assurance of professional curiosity across practice to safeguard children.
- The variable quality of scrutiny and supervision by health staff leading to safeguarding risks in children not being consistently identified and responded to appropriately. A particular area of concern is the management of unexplained injuries to children.

What needs to improve?

- The consistency with which professional curiosity and challenge are applied, particularly in situations in which children living with chronic domestic abuse or neglect are not making progress and situations in which children have unexplained injuries.
- Performance information across the partnership to inform needs analysis and measure the impact of strategic approaches to areas of concern.

- The partnership's strategic approach to children with poor emotional and mental health.
- The length of time children have to wait for support from child and adolescent mental health services (CAMHS) when categorised by the service as low risk.
- Communication between partner agencies when new information is gathered about families where there are existing safeguarding concerns.
- The rigour of the partnership's quality assurance function.
- The meaningful involvement of children, families and the wider Torbay community in the development and delivery of strategic priorities and services.

Strengths

- A strong partnership approach to providing early help is making a positive difference for many children.
- The development of family hubs and the access families have to immediate support.
- Consistently good multi-agency attendance and information-sharing in the MASH supports and protects children. Strategy meetings include the partners that are most important to understanding children's situations.
- The effectiveness of the pre-birth panel to safeguard children.
- The effectiveness of the partnership's response to missing and exploited children.
- The quality of public protection notices (PPNs) and their focus on children's wide-ranging needs.
- Flexibility within midwifery and 0 to 19 services to be responsive to the needs of children and their families.
- The high quality of partnership working when a child is in significant mental health crisis and requires a safeguarding response.
- The positive difference that support to schools from the Torbay Education Support Service (TESS) is making for children.

Main findings

In the MASH, hosted by children's social care, decision-making is timely, and thresholds that trigger appropriate responses are well understood and applied consistently. Relevant background information is gathered about families, including about fathers who are not living with their children, and from agencies outside of Torbay. The co-location of social workers, early help practitioners, health representatives and the TESS facilitates valuable discussion about initial planning. The more limited physical presence of police officers results in them responding to

requests for information rather than actively contributing to decision-making about patterns of concern, and so limits their effectiveness.

Children are visited with appropriate consent from parents or when this has been overridden because of safeguarding concerns. Social workers, police officers and teachers coordinate these visits well so that they are at a time and place where children feel most comfortable. In the interim, the voice of children is evident in the records, as are their wishes. Police notifications to the MASH (PPNs) are detailed and child-focused and capture the presentation and lived experience of children.

Referrals are largely of a high quality. Those made by schools and the information they share are increasingly well focused on the help that will make a difference for children, in part due to the guidance of TESS and by links built at partnership training events. Most contacts and referrals indicate a shared understanding of thresholds by staff across agencies and clearly focus on what information is most valuable. For example, PPNs are submitted once a child goes missing and when they have been found, and research is added to police systems once they have had a return home discussion. This adds richness and detail about the children who go missing and other children and adults who may be at risk or of concern, and about possible 'hot spots'.

The quality of communication, information and decision-making across health services varies significantly, and overall is not good enough. Some of this is attributable to IT systems and practitioners not being able to access information which may include vulnerabilities or relevant family history. However, there is early identification of risk by the midwifery team and effective sharing of this information with health partners and the MASH.

When children are at risk of immediate harm, decisions to proceed to child protection strategy meetings are timely and appropriate and differentiate the risks to individual children in the family clearly. This is also the case when immediate risk is considered outside of office hours by the emergency duty service. Key partner agencies relevant to the child and including schools, colleges, the local authority designated officer and the most relevant health practitioners contribute to decision-making that is recorded clearly. The use of a specialist panel to discuss risks to unborn children also works particularly well in identifying and responding to increased risk. On the few occasions when decisions are taken not to proceed to strategy discussions or not to request child protection medicals for injured children, the rationale for this is not always recorded. These decisions are rarely challenged by partners, even when they are not consistent with what is known about children's level of risk.

Child protection enquiries are mostly thorough. Stronger investigations and assessments are informed by the child's history and incorporate previous involvement by most agencies. Risks and strengths are identified and analysed well, and good management oversight ensures that assessments are concluded quickly

and safely. Support is triggered during these enquiries without delay, and workers show tenacity in making sure that they see the children as soon as possible. The wider partnership includes housing, border patrol and those with specialist knowledge about disability who routinely contribute valuable information. Considerate and sensitive work with most disabled children helps them to understand what professionals are worried about and helps them communicate in the way that they choose. For a few disabled children, key members of the wider family network are not always consulted. Child protection medicals to ensure children's safety are underused and decisions to proceed to strategy discussions rely too heavily on social workers when partner agencies have enough information of concern to initiate those steps.

On those limited number of occasions when practice is weaker, it is usually when more enduring or complex situations need an extra level of assertive and inquisitive practice from one or more of the partner agencies. This is most apparent when children have lived through cycles of domestic abuse or neglect and have parents who struggle with their own mental health. These children are known to agencies in Torbay and are getting support, predominantly from their school and from early help services. When new information is gathered through referrals into the MASH, it is not consistently pieced together with what is already known. Matching this information to threshold criteria in isolation, and a lack of collective reflection, can result in repeated signposting to the same services with little chance of a better outcome. For these same children, information from the paediatric liaison team to health visitors and school nurses is poor, and information from the police is not always fully explored to identify risks to children when family composition changes.

For a small number of children, there is insufficient consideration of safeguarding concerns by partner agencies, particularly when mobile and older children have bruises or injuries. Explanations from parents or carers are often either too readily believed or not sought at all. For these children, child protection medicals are not considered when there are clear benefits to doing so, and medical staff, including consultants, are not challenged by health colleagues or partner agencies. The policy for escalation is easy to follow but rarely applied or used to inform changes to these decisions, leaving children at risk of harm.

For most families receiving support from early help services, there is considerable progress. Schools and the local community have welcomed the family hubs. Families are increasingly able to access early help directly and immediately instead of waiting, including practical support regarding finance, child development and appointments to register births, enabling quick and easy access to wider family-focused services. Early help assessments identify a family's strengths and vulnerabilities well, and the range of support available to respond to these is steadily increasing. The early help panel provides a multi-agency response commensurate with need. Recent increases in

need have led to short delays in consideration by the panel for some families but there is no reduction in support to children in the interim.

Despite some technical glitches that slow down information-sharing in some children's cases, Operation Encompass works well, ensuring that schools and early years settings in Torbay have an increased awareness of the impact on children of living in homes where there is domestic abuse.

Most children benefit from help provided by skilled and committed frontline early help, social care and health practitioners, police officers and school staff working collaboratively to support them and their families and to prevent risk and harm escalating. Police staff understand vulnerability well and routinely complete risk assessments, which they use in their role to protect children. When children go missing, the missing persons safeguarding officer gathers intelligence at several points that helps to build a picture of whether risks of exploitation are increasing. Research by well-trained and supervised police staff in the force control room results in officers arriving at addresses where children are present with a comprehensive understanding of family dynamics and risk. The risk to missing children and the link to exploitation is well understood using multi-agency panels, and a thorough understanding of wider networks, places and spaces where children may be vulnerable. This is noteworthy progress from the very weak understanding prior to the re-establishment of a Torbay-specific safeguarding partnership in 2020, and demonstrates how a strategic approach to systems, processes, communication and training are driving positive change for children.

Although comprehending the extent and severity of children's mental health is a clear priority for TSCP, this is yet to translate into improvements in service delivery. As a result, children are not guaranteed the right support, at the right time, by the right people. For example, where NHS mental health support teams are operational in a school, there are positive outcomes for children, but not all schools have access to this. When a child is in significant mental health crisis and requires a multi-agency safeguarding response, there is good evidence of partnership working and linking in with CAMHS. CAMHS are considered part of the professional network in these cases and engage well with multi-agency colleagues. Outside of this, those children assessed as lower risk face substantial waiting lists and no routine re-evaluation of their mental health. Partner agencies have insufficient understanding of what CAMHS can deliver, and as a result often seek this as a panacea when other support may be more effective and quickly available. Insufficient mental health triage and guidance exacerbates this situation. Schools are increasingly supporting children directly with their mental health alongside charities, and for many children this works well. However, these demands are increasing in complexity, and they do not have the capacity or knowledge to help all children. Management oversight and supervision varies in quality and impact across the partnership. Where it is stronger, for example in the MASH, the social care assessment teams, early help, midwifery and CAMHS,

supervision is systematic, and managers understand thresholds and review progress with families regularly. Conversely, in the emergency department frontline practitioners do not have enough oversight from the safeguarding team or specialist supervision of a good enough quality.

The TSCP executive group has identified a significant weakness in the quality, accuracy, and reliability of the data they can call upon when considering the prevailing needs of Torbay's children. Both the ICB and Devon and Cornwall Police rely on data that relates to areas much larger than Torbay and includes between three and five different local authorities. This severely undermines their ability to identify local needs and track the impact of services. A functioning data dashboard is taking too long to progress and is an understandable priority for the partnership. In the meantime, reliable data from children's social care performance reports alongside local intelligence from schools and the police are used well, for example to react to increased school absences and increased antisocial behaviour. Practice tools such as exploitation toolkits and structured assessments to further understand neglect are being implemented and used by staff but can give little more than a baseline rather than measuring progress for families.

In the absence of sufficient Torbay-specific data, the Quality Assurance subgroup of TSCP is not active enough to give the right level of insight and assuredness about children's safety to the partnership. This is most noticeable given the significant delay in establishing a mental health strategic group and a clear action plan, but equally applies to standards of practice relating to physical abuse. The partnership recognises the need to review how this function is best used. Although limited in number, the multi-agency audits of work with individual children that the TSCP has completed do add rich information about the quality of practice but lack enough focus on the fundamentals of safeguarding. The partnership's insufficient oversight of unexplained injuries to children is an obvious example, but this also applies to initial decision-making when children have poor mental health but are not yet at the point of crisis.

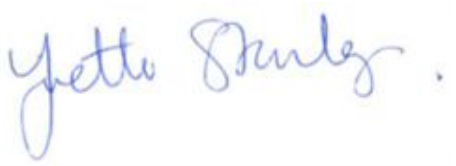
The partnership also recognises, following external review and internal reflection, that the meaningful involvement of children in reviewing and shaping strategy is underdeveloped. Equally, the development of a broader membership, including the local community and specialist health services, is a key priority. However, most staff say that they have a voice and can contribute to strategic priorities. Although the partnership collates aggregated data in relation to multi-agency training, it does not have a detailed breakdown of who attends from each agency or the impact on practice. All staff report positively about the quality and relevance of what is on offer when disciplines come together.

Next steps

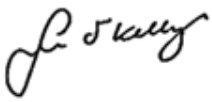
We have determined that One Devon Integrated Care Board is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. The response should set out the actions for the partnership and, when appropriate, individual agencies. The local safeguarding partners should oversee implementation of the action plan through their local multi-agency safeguarding arrangements.

The ICB should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 9 May 2024. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

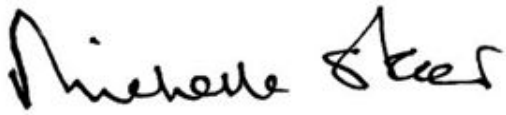
Yours sincerely



Yvette Stanley
National Director Regulation and Social Care, Ofsted



Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA
Chief Inspector of Health Care



Michelle Skeer OBE QPM
His Majesty's Inspector of Constabulary
His Majesty's Inspector of Fire & Rescue Services

Torbay Safeguarding Children Partnership (TSCP)

Joint Targeted Area Inspection of Torbay- November 2023

Written statement of proposed action - plan

Torbay Safeguarding Children Partnership (TSCP)	**Joint Targeted Area Inspection of Torbay- November 2023** **Written statement of proposed action**
Version 19 – 19/04/24	**Authors: NHS Devon as principal authority** **Michele Thornberry - Head of Safeguarding** **John Trevains – Director of Nursing & Quality**
Plan lifespan: 6 months – October 2024	**Senior Responsible Owner: Penny Smith – Chief Nursing Officer**

Statement of Intent:

As statutory partners for Safeguarding, Torbay Council, NHS Devon and Devon and Cornwall Police, alongside Torbay and South Devon NHS Foundation Trust (TSDFT) as the main agency of focus will prioritise the actions in this plan and ensure delivery so that children and young people are kept safe and can thrive. The partnership is committed to providing a workforce that are trained in the recognition and appropriate response to safeguarding risks, putting the child at the centre of care, developing action plans, and jointly making decisions regarding their wellbeing.

Plan purpose and background:

The purpose of this plan is to describe the work of statutory partners of Torbay Safeguarding Children Partnership (TSCP) and their stakeholder organisations to respond to the findings of the Joint Targeted Area Inspection (JTAI) of Torbay that took place In November 2023. The full letter detailing the findings of this inspection is attached to this plan in **Appendix 1**. NHS Devon as the agency identified by JTAI to respond has led on formulating this plan.

This inspection took place from 13 November 2023 to 17 November 2023. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). The purpose of these inspections is to assess the quality of arrangements and services for children in need of help and protection in local authority areas in England. Inspection can focus on a specific area of a system or seek to evaluate services across the whole location.

Though the inspection identified several strengths and good practice across services. It also identified several areas of concern, predominantly within health services (Torbay and South Devon NHS Foundation Trust (TSDFT) that require urgent attention. This plan presents a high-level action plan on how work is being conducted to address issues identified in the inspection, report progress to partner agencies and provide assurance that improvements have been achieved and embedded into practice. **Progress on this plan will be reported at TSCP Board level, with parallel reporting to individual agencies Boards where indicated i.e. NHS Devon/TSDFT to deliver and evidence high quality oversight and assurance from senior leadership.**

Strategic context of plan and interdependences:

This plan should be read in conjunction with Torbay Children's Continuous Improvement Plan and TSCP initiatives to improve and protect the quality of children's lives in Torbay. This plan is supported by detailed dynamic action plans at organisation level (available on request) that support the objectives of this plan.

These arrangements are subject to regular review, support and senior leader oversight from NHS Devon as the Principle Authority working in partnership with the relevant organisations. Working together 2023 states that 'Nothing is more important than children's welfare. Every child deserves to grow up in a safe, stable, and loving home. Children who need help and protection deserve high quality and effective support. This requires individuals, agencies, and organisations to be clear about their own and each other's roles and responsibilities, and how they work together'.

Reporting and assurance:

Progress delivering this plan will be reported through existing governance routes with accountability to Torbay Safeguarding Children Partnership, in line with the letter from Inspectors. Torbay Children's Continuous Improvement Board and NHS Devon Quality and Patient Experience Committee, and Torbay and South Devon NHS Foundation Trust Safeguarding Committee, will also receive assurance reports and escalation regarding single agency and partnership actions. This approach will ensure that risk of single agency delay is mitigated and that each of the statutory partners have oversight through organisational governance. As lead safeguarding partners, Torbay Council, NHS Devon and Devon and Cornwall Police will prioritise the actions in this plan and ensure delivery so that children and young people are kept safe and thrive. Regular updates will be provided for assurance to JTAI inspectors via Ofsted. A diagram of the governance structure is provided in this document.

Actions undertaken since the inspection:

Within the plan there are updates on the work undertaken so far to address the priority actions. This includes but is not exclusively the work undertaken by Torbay and South Devon NHS Trust. Future update reports will include additional evidence of progress. Since the inspection in November 2023 and on receipt of the formal letter in January 2024 priority actions to address the JTAI identified issues have been taken as follows:

- Torbay Safeguarding Children Partnership – Leading system oversight and holding agencies to account to deliver improvement.
- NHS Devon – facilitating and coordinating the development of the action plan and will actively coordinate delivery activity.
- Torbay and South Devon NHS Trust – initiating and completing early formative work to address critical issues identified include an audit of all children attending the emergency department to gain assurance that concerns are being identified and responded to; a review and update of the supervision strategy, and delivery of a workshop on professional curiosity at the TSCP multiagency conference.

Torbay Joint Targeted Area Inspection Action Plan: 19/04/24 Version 1.9

	What needs to improve	Lead Agency	Desired outcomes for children	Action required	Completion date of action.	Update on action taken
	The failure of senior leaders to have sufficient oversight and assurance of professional curiosity across practice to safeguard children was identified as a specific priority action for TSDFT however the first section of this plan relates to how the partnership will strengthen its approach to ensure that All Leaders maintain this oversight and partnership responsibilities to deliver 'Working Together 2023'.					
	Senior Leaders have sufficient oversight and assurance of professional curiosity being effectively deployed across all partners and agencies.	TSCP	The delivery of this plan will achieve consistent identification and good quality practice for safeguarding children.	Board level oversight and commitment to delivery across the Partnership and constituent agencies.	Ongoing - through life of action plan Progress reports with supporting metrics to TSCP Board to commence 1/06/24	Consultation across Partnership for sign off and support to progress ahead of submission. Agreement and support for the proposed governance of this plan for monitoring and delivery.
	Urgent action is required by the Torbay and South Devon NHS Foundation Trust (TSDFT) to assure themselves of the quality and effectiveness of their own safeguarding practice. Too many children remain in situations of risk and harm. Priority action should be taken to address the following areas:					
1	The failure of senior leaders to have sufficient oversight and assurance of professional curiosity across practice to safeguard children.	TSDFT NHS Devon	Children attending the hospital will be effectively safeguarded through timely recognition of, and response to signs of abuse and neglect. Strong evidence of sustained senior leader oversight and assurance will be achieved.	1.1 TSDFT and NHS Devon are committed to ensuring that professional curiosity is embedded into practice and to achieve this will establish a training programme within TSDFT, followed by an audit process to gain assurance of changes to practice. The outcome of this will be reported regularly at Board level to deliver high quality oversight and assurance. 1.2. To support strategic safeguarding functions, a demand and capacity review of TSDFT Named Nurse role will be undertaken.	1.1 31/05/24 1.2 31/05/24	1.1 Working Group set up to develop a strategy to improve practice regarding professional curiosity across the Trust. 'Turbo' training sessions delivered in ED. Range of training resources being developed including screen savers, simulation training, posters. Training compliance to be captured on electronic staff record. Review of policies to be undertaken to ensure it's a thread throughout. Impact captured through escalation practice. Audit development to follow with Board reporting dates. 1.2 Review commenced. NHS Devon to support MASH business case development to address operational resource requirements.

	What needs to improve	Lead Agency	Desired outcomes for children	Action required	Completion date of action.	Update on action taken
2	The variable quality of scrutiny and supervision by health staff leading to safeguarding risks in children not being consistently identified and responded to appropriately. A particular area of concern is the management of unexplained injuries to children.	TSDFT NHS Devon	Children at risk or experiencing harm will be identified and responded to appropriately. Strong evidence of consistent good quality safeguarding supervision and scrutiny will be available at system level.	TSDFT and NHS Devon are committed to ensuring that all staff receive high quality safeguarding supervision, recognising the specific needs of emergency care and other speciality areas identified in the inspection. 2.1TSDFT will review and develop supervision processes to ensure that advice and actions taken are captured within the child's records. 2.2 TSDFT will develop a dashboard reporting mechanism regarding supervision activity for Board and system assurance. 2.3 TSDFT will ensure that those undertaking safeguarding supervision have up to date skills. 2.4 Senior leaders will receive assurance that all children attending the emergency department with injuries are appropriately risk assessed and referred as necessary.	2.1 Complete 2.2 Complete 2.3 30/06/24 2.4 Complete	NHS Devon assurance visit of TSDFT undertaken 12/04/24. 2.1 Formal supervision increased to monthly for all TSDFT Safeguarding Nurse Practitioners. Guidance on completion of referrals to Paediatric Liaison Service updated and communicated to relevant TSDFT staff. Review of Safeguarding Supervision Policy completed. Performance metrics to be shared at next update. 2.3 TSDFT Safeguarding Team have secured places on an NHS Devon commissioned supervision course. 2.4 16/11/23 – 29/12/23 daily audit of all ED presentations for children completed. 0.16% missed MASH referrals. Decision made to audit 50 cases monthly. Missed opportunities followed up with the practitioner and line manager. Appropriate action taken by Named Nurse for all missed cases. Audit outcomes & recommendations submitted to Safeguarding Children Operational Group (SCOG) & Urgent and Emergency Care Quality Group (UECQG) for consideration. Monthly case dip sampling of 50 cases to continue and collation of themes identified through the audit to inform training and supervision needs and reported through SCOG and UECQG.

	What needs to improve	Lead Agency	Desired outcomes for children	Action required	Completion date of action.	Update on action taken
				2.5 TSDFT will develop an audit cycle to gain assurance of the impact and quality of supervision arrangements.	2.5 30/06/24	2.5 ED supervision evidenced within children's records. IT department looking to develop electronic retrieval of evidence (manual only currently).
	Area for Improvement					
3	The consistency with which professional curiosity and challenge are applied, particularly in situations in which children living with chronic domestic abuse or neglect are not making progress and situations in which children have unexplained injuries	Torbay Safeguarding Children Partnership (TSCP)	Children will be effectively supported and protected by a workforce who have the requisite knowledge, skills, and competences to recognise and respond to signs of abuse and neglect.	3.1 TSCP Business Group will be assured that learning resources and training opportunities are developed and up take will enable all staff to apply professional curiosity and challenge when working with children and families, as well as each other to ensure that children experiencing abuse and neglect are identified and safeguarded. 3.2 All staff attending MARAC (multiagency risk assessment conferences) will be fully cognisant of the contemporary and historical circumstances of the child so that the meeting can properly understand the risks to which he/she is exposed. TSCP Quality Assurance Group to undertake quality assurance work during 2024/25 to ensure embed into practice. 3.3 TSCP Business Group to be assured that multiagency practice within the MASH environment demonstrate sufficient challenge and curiosity to safeguard children.	3.1 31/09/24 3.2 29/03/25 3.3 30/05/24	3.1 TSDFT will develop and deliver a training package to improve professional curiosity – as reported in Action 1 3.1 Session delivered at TSCP conference 15/03/24. Webinar of event to be created and shared. 3.2 Health specific progress reports will be sought via working group

	What needs to improve	Lead Agency	Desired outcomes for children	Action required	Completion date of action.	Update on action taken
				3.4 Training in the use of GCP2 (graded care profile 2) has been rolled out. Work to monitor use and impact of this tool will be delivered, audited, and reported via the TSCP Business Group.	3.4 31/12/24	
4	Performance information across the partnership to inform needs analysis and measure the impact of strategic approaches to areas of concern	TSCP TSDFT D&C Police	Children are helped, protected and their welfare promoted through effective systems and approaches to areas of concern.	4.1 TSCP Executive to continue to develop the data set and use it to support Partnership activity and priorities. TSCP Quality Assurance Group to oversee the progression of the data set at each meeting. 4.2 TSDFT will develop a Torbay data set that will enable oversight of safeguarding activity and impact. 4.3 Police will develop a Torbay data set that will enable oversight of safeguarding activity and impact	4.1 31/03/25 4.2 30/11/24 4.3 30/11/24	4.1 Data set added as standing agenda item of Quality Assurance subgroup. 4.2 & 4.3 will have quarterly updates to TSCP as part of the reporting on progress against this task noting the 12-month timescale for completion. 4.2 TSCP Data Working Group set up.
5	The partnership's strategic approach to children with poor emotional and mental health.	NHS Devon Torbay Council CFHD	Through a partnership approach, the emotional wellbeing and mental health needs of children will be identified at the earliest point, with timely access to evidence informed, outcome focused support and/or intervention	There will be a single Torbay Emotional Health and Wellbeing (EHWB) Steering Group that will hold oversight and drive change which will be governed by both the SEND Executive Board and the TCSP which will; 5.1 Develop a profile of the EHWB needs of children, young people and families that will be overlaid with current provision to inform the redesign of and commissioning of services.	5.1 31/07/24 5.2 31/05/24	

	What needs to improve	Lead Agency	Desired outcomes for children	Action required	Completion date of action.	Update on action taken
			which will enable them to either recover, manage and/or be kept safe should their risk to self or others be such that this is required.	5.2 Ensure children who are in contact with Youth Justice Services or who are not in school have their EHWB needs identified and are able to access support or intervention as needed. 5.3 Develop a plan to embed THRIVE and its underlying principles throughout the Torbay system. 5.4 Redesign and align procurement activity to the THRIVE framework to meet the needs of children and young people.	5.3 31/05/24 5.4 30/04/25	
6	The length of time children have to wait for support from child and adolescent mental health services (CAMHS) when categorised by the service as low risk	NHS Devon Children and Families Health Devon (CFHD)	The needs of children will be effectively met whilst waiting for mental health interventions.	6.1. CFHD and NHS Devon to review processes to ensure that all children are waiting well and safely, including access to a range of quality assured resources and support. 6.2 CFHD will continue to work with NHS Devon to ensure that pathways and resources are optimally utilised to reduce the length of time children and young people are waiting. 6.3 Torbay local system to develop and implement consistent processes and principles for any services targeted at supporting their emotional health and	6.1 31/05/24 6.2 Ongoing 6.3 31/07/24	6.1 New CFHD website being developed to provide easy access to resources and sources of support to meet needs. Parent/carer keeping in touch letter updated to outline support and resources available. Process established for daily triage of referrals.

	What needs to improve	Lead Agency	Desired outcomes for children	Action required	Completion date of action.	Update on action taken
				wellbeing to ensure that children wait well and safely. 6.4 A procurement to meet the needs of children and young people aligned to the THRIVE framework of getting advice and getting help will be undertaken during 2024/25 so that service offers can 'go live' from April 2025. 6.5 NHS Devon is working with the NHSE national Getting it Right First Time (GIRFT) programme to understand the outcomes of NHS Devon's children's mental health services. The outputs and recommendations from this programme will inform next steps.	6.4 01/04/25 6.5 31/05/24	
7	Communication between partner agencies when new information is gathered about families where there are existing safeguarding concerns.	Torbay Council	Children with existing safeguarding concerns will be effectively safeguarded through timely and robust information sharing between agencies when new information comes to light.	7.1 Children's social care have revised their care planning pathways to include a meeting at the point of re-referral, to ensure reflection on previous intervention to mitigate against repeated signposting to services which have had limited impact. 7.2 MASH partnership and social care dip sampling to continually focus on use of chronologies and managerial analysis of children's holistic lived experienced to inform decision-making.	7.1 01/05/24 7.2 30/05/24	7.1 Care planning pathways to be endorsed in April 2024 Children's Operational Board. 7.2 Dip sampling will be ongoing as part of established audit cycle and reported to TSCP Business Group.

	What needs to improve	Lead Agency	Desired outcomes for children	Action required	Completion date of action.	Update on action taken
8	The rigour of the partnership's quality assurance function.	TSCP Quality Assurance Group	Children will benefit from a systematic effectiveness, impact, and compliance check on the effectiveness of multiagency working to safeguard them	8.1 Independent Scrutineer to become a permanent member of the TSCP Quality Assurance Group to bring rigour and support to quality assurance processes. 8.2 TSCP to develop a robust quality assurance framework that aligns to Working Together 2023 arrangements.	8.1 Complete 8.2 30/09/24	8.1 Membership to Quality Assurance Group extended to Independent Scrutineer.
9	The meaningful involvement of children, families and the wider Torbay community in the development and delivery of strategic priorities and services.	TSCP Torbay Council	Children in Torbay and their families/carers will be given every opportunity to influence and contribute to the development and delivery of strategic priorities and services.	9.1 Torbay Council Participation Team will contribute to the Business Group and feed in the voice of children and families. 9.2. TSCP Quality Assurance Group will use the knowledge of the Engagement Team to inform its functions. 9.3 The TSCP Business Group to consider the input of children, families and communities when developing services, priorities, and policy. 9.4 TSCP Business group membership will be expanded to include sport, faith and voluntary, community and social enterprise (VCSE) representatives who can represent a wider community and child voice.	9.1 23/05/24 9.2 10/04/24 9.3 31/10/24 9.4 23/05/24	9.1 Membership to Business Group extended to Participation Team. 9.4 Membership to Business Group extended to sport, faith and voluntary, VCSE representatives.

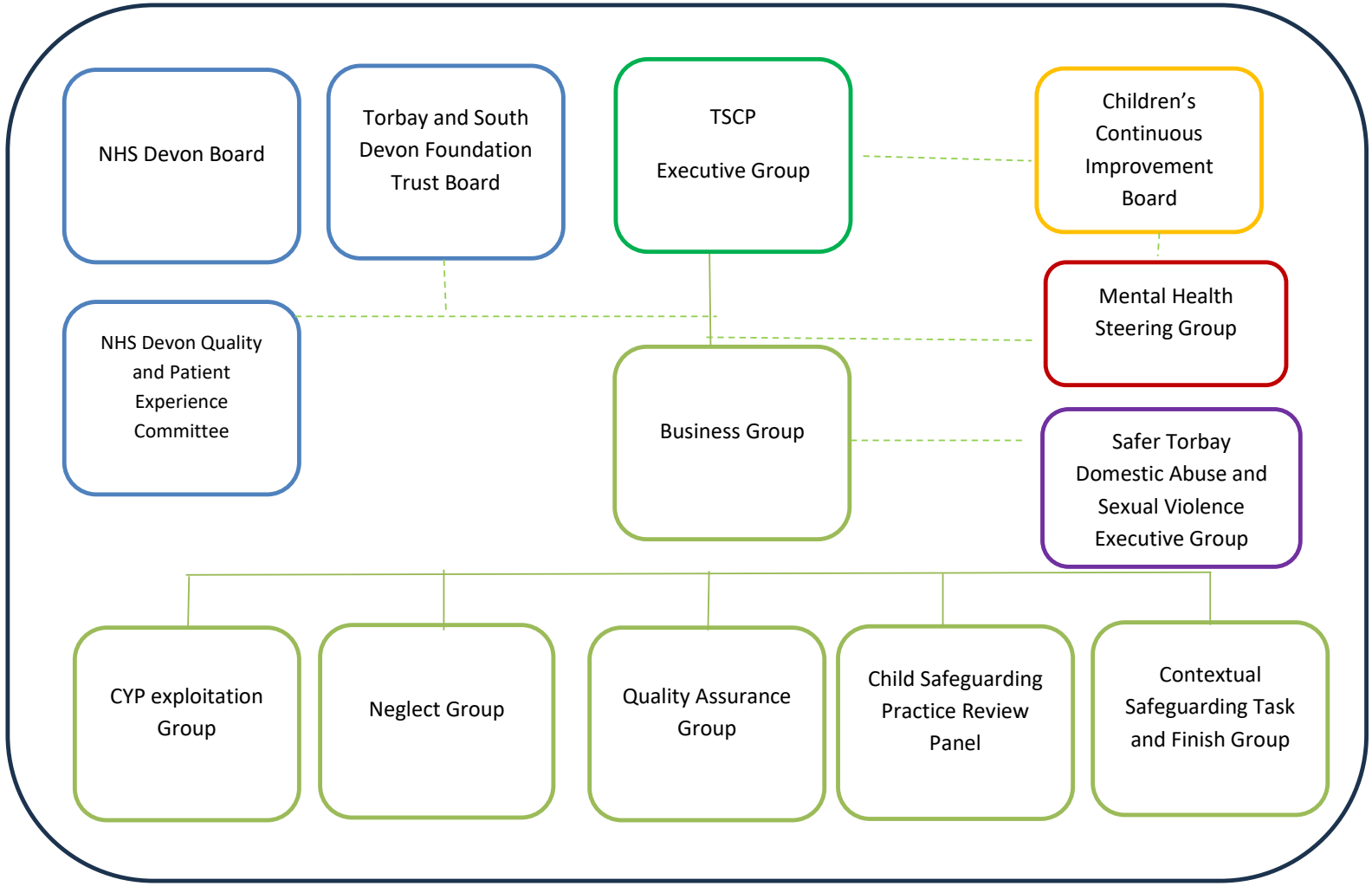
Action plan risks and mitigation matrix:

The purpose of the following risk and mitigations matrix is to ensure that the action plan is sustainable, and its required outcomes are achieved. Key risks are identified below with identified actions to reduce risk. Please note list is not exhaustive and subject to change. Also note that related programme risks are logged in the NHS Devon risk register.

Risks and mitigation matrix				
No.	**Identified risk.**	**Potential outcome on work plan**	**Mitigation**	**Status/update- April 24 RAG rating**
1.	Organisational capacity to develop and enact action plan.	Competing organisational pressures & disruption regarding capacity of workforce to progress actions within this plan	Working group in place to deliver plan facilitated by NHS Devon safeguarding lead	This is a high priority action plan for NHS Devon, meetings, and capacity to support is in place.
2.	Financial resources and restrictions - query additional local/ national funding	Additional resources will be required to deliver elements of this plans	Being scoped as part of working group	Achievement of plan appears to be with current arrangements at time of writing, but further assurance is required.
3.	Ability to achieve measurable change.	Failure to achieve required outcomes of plan. Performance metrics not available	Measurement metrics being developed as part of audit approach described in this plan	Improved metrics are in the process of being sourced as part of the work described in plan.

Appendix 1: Torbay Local Area Joint Targeted Area (JTAI) Inspection Report Letter

Appendix 2: JTAI Governance Structures for reporting progress and multiagency oversight of delivery of this action plan



NHS Devon Integrated Care Board

Integrated Quality, Performance and Finance Report (IQPR)

Date of meeting	Date report produced
30 May 2024	26 April 2024

Author(s)		Report approved by	
Name and title:	Dilek Hill Head of Strategic Planning & Performance	**Name and title:**	Anthony Fitzgerald, NHS Devon Chief Delivery Officer
Phone:		**Date:**	26 April 2024
Email:	Dilek.hill3@nhs.net		

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

Executive summary
The Integrated Quality and Performance Report (IQPR) is a key document in ensuring that the Board is sighted on key areas of concern in relation to a range of internally and externally set Key Performance Indicators (KPIs). This report provides a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the One Devon Integrated Care System (ICS), at both place and system level that issues are being identified and addressed.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – consideration in correspondence w/c 29 April 2024 Quality and Patient Experience Committee – 09 May 2024 Finance and Performance Committee – 09 May 2024

Key recommendations and actions requested
The Board is asked to **take assurance** from the current performance position against the Key Performance Indicators measured through the Integrated Quality, Finance and Performance Report.

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

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	Outlines current operational and quality performance and Actions
Health inequalities	None
Workforce	Outlines current workforce performance and actions
Resources and finance	Outlines current financial performance and actions
Legal	None
Digital and Data	None
Involvement, engagement and consultation	None

NHS Devon

Integrated Quality, Performance and Finance Report (IQPR)

Introduction and background

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

Elective Care

2. The system remains marginally behind the national targets for the clearance of 104ww patients with 2 patients waiting over 104 weeks in March. 78ww patients are ahead of trajectory with 318 against a trajectory of 322.

3. 11 patients tipping into the 104ww bracket are being managed as priority in order to clear the cohort by the end of the financial year.

4. Detailed operational planning work was undertaken ahead of the 2024/25 Operational Plan submission on 02 May 2024. Planning “lock-in” sessions took place with all system providers, as well as NHS Devon, to discuss how performance could be pushed further and faster over the next financial year.

5. 75% of GP referred patients received a cancer diagnosis within 28 days, the system has met its trajectory every month this financial year (2023/24). Likewise, the number of patients waiting more than 62 days are within trajectory.

Urgent and Emergency Care (UEC)

6. Ambulance handover delays above the 15-minute target increased in March to 12,752 from 11,915 in February which remains behind trajectory. During March, the south and west localities experienced a deteriorated position, whilst the north and east localities improved their position compared to the previous month.

7. 4-hour performance remains below trajectory at 67.3% although improved on last month’s position of 62.0%, reflecting the continued effort across the system to improve against the trajectory.

8. Category 2 response times increased by 5 minutes in March with an average response time of 56 minutes and there was an increase against the 12 hours in department standard to 3,162.

9. Detailed operational planning work went into the 2024/25 operational submission on 2 May 2024. As in Elective Care, the system has been leading planning lock-in sessions to develop trajectories that are ambitious and realistic.

Hospital Discharge

10. Hospital discharge performance is measured by the number and percentage of beds occupied by inpatients with No Criteria to Reside (NCTR) and Length of Stay (LOS).

11. No criteria to reside continues to improve across the system with a Devon position of 10% as of 25 March 2024. This is split by Royal Devon University Healthcare NHS Foundation Trust (RDUH) North 10%, RDUH East 15%, University Hospitals Plymouth NHS Trust (UHP) 9%, Torbay and South Devon NHS Foundation Trust (TSD) 5%.

12. Actions to address reducing the NCTR will be managed through locality level Bronze Calls and via the monthly Discharge Group. The actions taken and maintained by taken by trusts include “Golden Patient – Every Day Matters” initiative, focusing on a target number of discharges by 10:00. There is continued focus on weekend discharges and reviews of failed weekend discharges. This helps to better understand factors which prevented discharge.

Primary and Community Care

13. The target of 85% appointments within 2 weeks was not achieved in any Locality Care Partnership (LCP) areas with an overall system position of 81.6% in February. This is a decline from February 2023 position of 84.8%. Focus on meeting same day need continues to adversely impact delivery of the 2 week target.

14. The target of 35% of appointments occurring within 1 working day of request continues to achieve comfortably across every LCP area, with 49.4% being seen within 1 day overall.

Mental Health

15. The system is currently reporting on 18 long term plan (LTP) indicators. Currently, 10 LTP are either exhibiting improvement and/or have exceeded their in-month target. These include:

    - **Individual Placement and Support Access:** 910 patients have accessed services against a target of 718.

- **Talking Therapies:** appointment within 6 weeks (78.3%/75%) and appointments within 18 weeks (96.6%/95%) both achieved their respective targets.

- **Community Mental Health 2+ Contacts:** Not currently meeting its target (18095/19696), however the metric is exhibiting special cause improvement.

- **Eating Disorders – Routine Referrals:** Not currently meeting its target (87%/95%), however the metric is exhibiting special cause improvement.

- **Inappropriate Out Of Area Placements:** Not currently meeting its target of zero, with 890 placements, although the metric is exhibiting special cause improvement.

- **Perinatal Access:** Achieved 1115 contacts against a 1115 target. The metric is also exhibiting special cause improvement.

- **Annual Health Checks for people with learning disabilities:** 64% of patients with learning disabilities had an annual health check against a target of 75%. The metric is exhibiting special cause improvement.

- **Dementia Diagnosis:** Not currently achieving the 67% confirmation target, with a position of 57.5%. However, performance shows special cause improvement.

- **Early Intervention in Psychosis:** achieved 92.3% against a 60% target of patients receiving initial treatment within two weeks and receive a high quality NICE (National Institute for Health Care Excellence) recommended package of care. The metric is also exhibiting statistical improvement.

Children and Young People Services

16. Children and Family Health Devon (CFHD) were unable to provide data for February due to data quality concerns with their IT system. Reporting is only available for Plymouth, this showed 624 children waiting for an autism assessment, a continued reduction from October (720). Referrals were within expected levels. Children waiting for Speech and Language Therapy (SLT) assessments showed improvement with 391 waiting. The highest number waiting was in February 2022 (613) and the previous lowest number waiting since July 2021 (386).

17. Recruitment: CFHD report successful recruitment to neurodevelopment positions with a current vacancy rate of 35% compared to 67% in September. Livewell have recruited to 4 whole time equivalent posts within the speech and language team.

Quality

18. The ongoing national measles incident continues to be monitored closely noting upcoming holiday period may increase risks for Devon. Devon however has a high vaccine uptake, although there are areas of lowered uptake within Devon where risk may be higher. Despite this increased likelihood, no increase in measles cases in Devon has been observed.

19. During March 2024 there were 12 serious incidents (SIs) reported by UHP, as they have not yet transitioned from the Serious Incident framework to the new Patient Safety Incident Response Framework (PSIRF). The total number of open SI's under investigation for the system in March 2024 is 277, another decrease from last month (306). There are currently 16 open serious incidents that have been identified as multi-agency cases. This number will continue to reduce as historical SI cases are closed and new PSIRF system level reporting becomes available to replace it.

20. There were 187 new patient experience points of feedback (including MP and Parliamentary and Health Service Ombudsman (PHSO) enquiries) received by NHS Devon. Following the delegation of responsibility for commissioning of pharmacy, optometry and dentistry (POD) services on 1 July 2023, most contacts now relate to Primary Care.

Workforce

21. At month 11 (February 2024) agency spending year to date (YTD) exceeded plan by £14.93m (44.19% higher than plan) and providers forecasted overspend to the end of a year is £16.35m and as a percentage of overall pay remains at 3.0%.

22. In the NHS England (NHSE) report at M10, the Devon system leads the Southwest area in the use of off-framework staff and has the lowest percentage of staff On-Framework in the region.

23. There has been a continued decrease in the number of whole time equivalent (WTE) staff and the system has 1131 WTE staff greater than planned. As a system, workforce spend has been £48.97m higher than anticipated total YTD (Forecasted £61.25m overspend against plan to the end of the year).

Finance

24. As part of the 2023/24 planning round, the One Devon Integrated Care System submitted a deficit plan of £42.3m with a commitment to reach a breakeven position by 2025/26.

25. Since the original plan submission, there has been a national process to take account of the impact of industrial action and to allow updates to control totals. Additional funding was confirmed in M11 to cover the originally planned system deficit (42.3m), thus reducing the plan to breakeven, but with an agreed forecast of £47m deficit against this plan.

26. The year end position of the One Devon Integrated Care System is a £46.9m deficit against a forecast of £47m deficit and a plan of break-even.

27. As at month 12, the One Devon Integrated Care System had made efficiency savings of £207.2m which is £5m adverse to plan. This is a £6.1m improvement on the forecasted year end position at month 11. The movement is due to organisational shortfalls on the strategic efficiency schemes compensated by RDUH overperformance. Further detail is included in the savings appendix of this report.

Conclusion

28. The Board is asked to take assurance from the current performance position against the Key Performance Indicators measured through the Integrated Quality, Finance and Performance Report.

Integrated Quality, Performance and Finance Report (IQPR)

Owner: Performance Team

April 2024

FINAL Version

Table of contents

Executive Summary

Unscheduled Care

Ambulance handover delays above the 15-minute target increased in March 2024 to 12,752 hours, above the in-month trajectory of 5,422 hours. 4 hour performance remains below trajectory at 67.3%, however improved on last month's position of 62.0%.

Category 2 response times increased in March with an average response time of 56 minutes, compared to 51 minutes in February.

Elective Care and Diagnostics

The system remains behind the national targets for the clearance of 104ww patients with 17 patients waiting in February. 78ww patients are ahead of trajectory with 318 patient waiting against a trajectory of 322. Planning lock-in sessions have taken place with all system providers, as well as the ICB discussing how performance can be pushed further and faster over the next financial year. The system achieved the Cancer 28-day Faster Diagnosis Standard in February with the ICB overall performance attaining 78.7%.

Hospital Discharge

The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. The system currently demonstrates special cause improvement. As of 25th March, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 10% (230), which is a decrease from 12% in the previous month's report.

Primary and Community Care

NHS Devon continues to exceed three out of four access targets. GP appointments occurring within 2 weeks was 81.6% against an 85% target. The target of 35% of appointments occurring within 1 working day of request continues to achieve with 49.4% seen during February 2023.

There are currently 30,881 27,764 children and adults waiting for community services across Devon. An increase of 3,117 from the previous month (27,764).

Mental Health

The system is currently reporting on 18 LTP indicators. 10 LTP indicators (IPS, talking therapies x2, Dementia Diagnosis, CMH contacts, Eating Disorders -routine referrals, IOOA, Perinatal access, LD AHC and SMI PHC) are either exhibiting improvement and/or have exceeded their in-month target.

Children and Young People Services

CFHD were unable to provide data for February due to data quality concerns with their IT system. Reporting is only available for Plymouth, this showed 624 children waiting for an autism assessment, a continued reduction from October 2023 (720). Referrals were within expected levels. Children waiting for SLT assessments showed improvement with 391 waiting. The highest number waiting was in February 2022 (613) and the previous lowest number waiting since July 2021 (386).

Quality

During March 2024 there were 187 new patient experience points of feedback (including MP and PHSO (Parliamentary and Health Service Ombudsman) enquiries) received by the ICB. Following delegation of POD on 1/07/2023, most contacts now relate to Primary Care.

During March 2024 there have been 12 serious incidents reported by UHP, as they have not yet transitioned from the Serious Incident framework to the new Patient Safety Incident Response Framework (PSIRF).

The total number of open SI's under investigation for the system in March 2024 is 277, another decrease from last month (306). There are currently 16 open serious incidents that have been identified as multi-agency cases. This number will continue to reduce as historical SI cases are closed and new PSIRF system level reporting becomes available to replace it.

IPC, a risk remains regarding Avian Flu provision of antivirals and swabbing, no provider is currently identified to provide this service. This is being addressed with a solution close to being agreed with partners.

The ongoing national measles incident continues to be monitored closely noting upcoming holiday period may increase risks for Devon.

Safeguarding: the ICB safeguarding team continue to monitor and report S42.2 activity across Devon and will produce and deliver a training package for internal ICB staff that will include the learning from a thematic review and the S42.2 process by Q4. Work has been progressed addressing the JTAI inspection in Torbay with partners, an agreed and robust action plan is now in place for assurance.

Workforce

At month 11, YTD agency spending exceeded plan by £14.93m and as a percentage of overall pay remains at 3.0% and is the lowest in the south west region. As a system, workforce spend has been £48.9m higher than anticipated total YTD (Forecasted £61.52m overspend against plan to the end of the year).

Finance

As part of the 23/24 planning round, the One Devon ICS submitted a deficit plan of £42.3m with a commitment to reach a breakeven position by 25/26. Since the original plan submission, there has been a national process to take account of the impact of industrial action and to allow updates to control totals. Additional funding was confirmed in M11 to cover the originally planned system deficit (42.3m), thus reducing the plan to breakeven, but with an agreed forecast of £47m deficit against this plan. The year end position of NHS Devon is a £46.9m deficit against a forecast of £47m and a plan of break-even.

As at month 12, Devon ICS had made efficiency savings of £207.2m which is £5m adverse to plan. This is a £6.1m improvement on the forecasted year end position at month 11. The movement is due to organisational shortfalls on the strategic efficiency schemes compensated by Royal Devon University Hospitals Trust overperformance. Further detail is included in the savings appendix of this report.

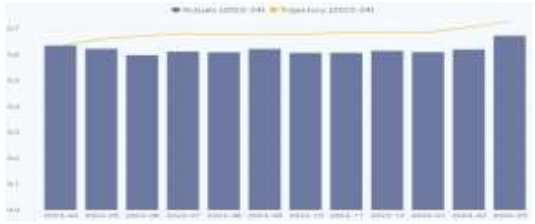
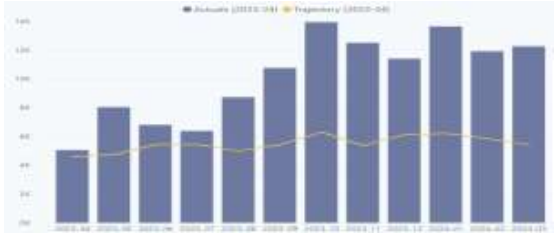
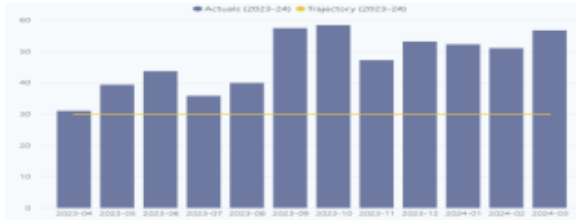
Operational Performance

Urgent and Emergency Care – System Overview

				System			Royal Devon University NHS Foundation Trust			Torbay and South Devon NHS Foundation Trust			University Hospitals Plymouth NHS Trust		
	Metric	Target	Latest Date	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance
UEC	National A&E Type 1 Attendance		Mar 2024	28,945			13,844			6,306			8,795		
	National A&E Type 1 seen within 4 hours	95%	Mar 2024	55.1%			71.2%			48.7%			34.5%		
	National A&E all types seen within 4 hours	95%	Mar 2024	67.3%			78.0%			65.6%			53.9%		
	National A&E 12 hr waits from Decision to admit		Mar 2024	810			40			100			670		
	Attendances Type 1		Mar 2024	29,131			13,710			6,624			8,797		
	Type 1 Admissions (conversion rate)		Mar 2024	30.1%			31.4%			23.7%			32.8%		
	Emergency Admissions via A&E		Mar 2024	8,761			4,303			1,573			2,885		
	4hr Performance Type 1		Mar 2024	53.6%			69.2%			46.5%			34.6%		
	Total patients waiting over 12 hours in department	1	Mar 2024	3,162			335			848			1,979		
	Ambulance arrivals delayed over 15 minutes	0%	Mar 2024	84.4%			78.3%			88.8%			91.3%		
	Time lost to Ambulance Handover Delays		Mar 2024	12,752			1,012			3,364			7,888		
	Mean ambulance response times cat 1	7	Mar 2024	10											
	Mean ambulance response times cat 2	18	Mar 2024	56											
	Patients who do not meet the criteria to reside		Apr 2024	6,273			2,467			694			2,341		
	Average Emergency LOS		Mar 2024	7			6			7			9		

Data for March saw minimal improvement, with the majority of system metrics exhibiting a concerning position. All types four-hour reports exhibits common cause variation with performance at 67.3% and is statistically unable to meet the 95% target without process change. Category 1 response times show improvement but is not capable of meeting the target without process change. Category 2 response times are showing common cause variation, however current performance (56 minutes) is three times the target time (18 minutes).

System UEC NOF

UEC Overview	Metrics
Current Position Metrics relating to urgent care have seen minimal improvement during March 2024. Ambulance handover delays above the 15-minute increased in March to 12,752 from 11,915 which remains behind trajectory. 4 hour performance remains below trajectory at 67.3% improving from February's position of 62.0%. Category 2 response times increased by 5 minutes in March with an average response time of 56 minutes and there was an increase against the 12 hours in department standard to 3,162.	**4 Hour Performance**  **Ambulance Handover**  **CAT2 Response** 

North & East Locality Board Update

Progress

- UEC funding agreed by ICB for 1:1 Care Home Support, Live in Care, Sidmouth Community Hospital bed, Hospice Care Nurse in SPOA. Business cases submitted for GP streaming, Out of Hours District Nursing Call Handling Service, Virtual Ward Night Sitting Service.
- Focus on criteria led discharge for outlier medical teams.
- Additional pathfinder hours to support admission avoidance.
- Promotion of Virtual Ward specifically for inpatients.
- Live breach analysis.
- Robust weekend plans for 7 day services.
- ED floor manager input to include Saturday and Sunday – to target flow and patients imminently due to breach.
- GP Streaming demonstrating a positive impact on 4 hour performance in minors for Northern and Eastern Services.
- Additional safety briefings to facilitate faster discharges on MAU.

Planned Activity

Northern – Fast track pathway reviews for orthopaedics and urology to ensure compliance. Additional hours of pathfinder in ED for admission avoidance. GAP analysis score completed in ED to increase utilisation of SDEC. Pathways for SDEC revisited to expand patient eligibility criteria. Test of change to convert 6 beds to 6 trolleys on MAU to support triage process (awaiting approval). Expansion of criteria led discharge across all specialities. Enhanced weekend plans for 7 day services including additional transport provision.

Eastern – Breach analysis to reduce overnight breach position. Medical junior doctor discharge team at weekends to facilitate timely flow. Site launch of criteria led discharge. ESAC to open earlier to pull from ED. Additional surgical SHOs at weekend in March. Supernumerary nurse in charge and ED floor manager focus on 4 hour target in March.

Issue Description	Mitigation
Aggregate impact of additional funding released by ICB estimated to address c50% of bed capacity gap identified in Trust's Winter Plan, Process for determining allocation of funding for UEC schemes has been protracted and complex, and has resulted in both delay to approval, and introduction of lack of parity between system providers. Significant gap in funded beds identified for RDUH across North & East remains.	ICS release of further funding.
Demand for UEC services within system exceeding available capacity.	ICS release of slippage.
Successful delivery of System Plan is predicated on all system partners playing an equal part in relation to both mutual aid and dynamic conveyancing.	System participation and ICS coordination.

Area of Escalation	Support Required	Expected Outcome
Patients waiting for: • Mental health beds. • Mental health act assessments out of hours.	ICS and DPT capacity provision.	Reduced delays for mental health beds and out of hours mental health act assessments.
UEC funding – communication received on final share of £13.8m. Further discussion on slippage, and on additional Winter resilience schemes.	Additional schemes identified to mitigate the gap in beds identified as part of the Winter Capacity & Demand modelling.	
Ongoing deficit in P1 capacity for RDUH (Eastern Services). Options paper shared with ICB.	Provision of funding to address shortfall on a sustainable and recurrent basis.	

South Locality Board Update

Progress

- ED Clinical Pathway – Completion of PIR for ED Configuration, Various meetings around 4-hour breach target including research around various improvement ideas such as AEC SDEC support with papers around these proposals. Report on observation in ED around Tracker and Silver role presented to ED Delivery Group, recommendations agreed and implemented. Observations carried out and review of data around impact of changes. Initial process map completed and circulated around current ED process. Support around data analysis around 4-hour breaches relating to SRU.
- IPS Phase 1 – SSPAU space utilisation review completed, distributed for review. Orthopaedics breaches admitted data deep dive completed, shared with stakeholders. AMU referral optimisation case review completed, to commence process mapping.
- Virtual Ward - Heart Failure service expanded to include Saturdays. GP post out to advert. Primary care meeting to discuss direct referrals. Out of hours VW service now set up (AMU)
- Emergency Village - Frailty SDEC (FSDEC) Model scoping different pathways into FSDEC to expand, PDSA review undertaken. FSDEC dashboard now live - 121 admissions since going live, 305 estimated bed days saved.
- Emergency Village – SWAST Conveyancing met with SRU to discuss pathways into SRU direct and the next steps.
- Flow & Ward – Sick, Home, Other Patients (SHOP) phase 2 final report sent to Simpson.
- Flow & Ward – Home for Lunch met to discuss plan of action, Test of change commenced for 6am bloods.

Planned Activity

- Internal professional standards – targeted approach to specialties meet these standards – specifically the response to ED clinical review.
- Virtual Ward - continuation of expansion towards 66 beds. Meeting with Medvivo, Care Co Hub to discuss referrals. Heart Failure Business Case to be completed.
- Action associated with the 6 focus areas highlighted through the Tier 1 meeting – with weekly to regional and National Teams. Quick wins non admitted night activity review. Completed. Further work commenced to align improvement plans to focus areas and improve performance – see Tier 1 summary. Phase 1 of ED reconfiguration complete, and PIR submitted. Phase 2 commencing to drive further improvements of 4Hr breaches including Emergency SDEC.
- Flow & Ward – SHOP to complete 30 day review for George Earle and Simpson. To continue to support ECIST with LLOS reviews. Arrange meeting with stakeholders from Flow & Ward and SHOP to discuss overarching themes and create plan of action. Awaiting results of Test of Change for 6am Bloods for Home for Lunch.
- ED Clinical Pathway – PPG Conversations around the proposal to restart. Tracker / Silver nurse roles continue to review implementations and support with driving further improvements around saving breaches. Yellow Area to gain further stakeholder input around the process map, identification of bottle necks to create targeted improvement interventions. UEC Future Improvement event rearranged for May due to pressures. Discussions with ED, AMU and SDEC to scope out improvement project. To continue to support SRU 4 hour breaches.
- Emergency Village – SDEC phase 2 audit to collate and review findings. Process mapping of the current process of AMU referrals.

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

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

Western Locality Board Update

Progress

- Ambulance Handovers: Regional data quality and handover group established in March. Plans to develop internal professional standards for handover across South West Region. SWAST / UHP workshop held with initial scoping of potential actions and follow up meeting scheduled for April. Ambulance handover hours lost remains off trajectory with an increase in hours lost in March. This remains one of the key focus areas for improvement given the improvements in other flow metrics.
- Focus on alternatives to admission: Care Co-ordination continues and has been extended. Impact and evaluation and quality group set up. GiRFT AtED actions being implemented including updating DOS and simplification of referral pathways.
- Primary Care Streaming: 4-hour performance remain below target and full utilisation of capacity still not realised. Funding has been withdrawn for 24/25, so impact of this will need to be evaluated.
- SDEC: Additional SDEC opened in Plym for medical and surgical SDEC. SDEC now not being bedded overnight and improvement in morning flow from ED from 5 patients to 15 patients. Further work to develop plans for SDEC expansion and possible short term and longer term plans.
- Cumberland UTC: 4-hour performance: Daily validation in place and performance for March improved with majority of days >94%. Reset with team on 4 hour target and senior leadership team supporting improvement programme. Extended hours to re-commence in April 24, however, funding has been withdrawn and impacts will need to be assessed.
- ED Four hour Validation: Ongoing daily validation review. Impact of 0.8 % in March.
- Discharges by midday has improved but remains under 33%: Action – 'Golden Patient- Every Day Matters' workstream with target of 30 by 10 as key metric. Improvement seen with number of patients discharged by midday and total number of patients discharged by 5pm
- Length of Stay improvement in acute non-elective length of stay to 7.8 days in March.
- 'Every Day Matters' programme continues focused on 2 work streams (Golden Patient and 1 hour CT to move these forward at pace. Now expanding to SDEC / Right Person Right Place. Weekly meetings in place and key metrics agreed and being tracked.
- Four hour performance off trajectory at 56.8% for March against an operating plan trajectory of 64.8% and national target for march of 76%. 4 week reset to commence 22/4/24 to focus on streaming/navigation and 4 hour standard; point prevalence across all wards and ambulance handover process.

Planned Activity

- Follow-up meeting required with John Finn and Karen Barry regarding outstanding commissioning issues.
- Awaiting Bristol Children's hospital last letters for patients, so that clinical leads can validate and identify appropriate patients for transfer.
- Further work has been done to assess the theatre improvement plan.
- Exploring Neurology and Neurophysiology insourcing options, and review recruitment strategy for general consultants.
- Improvement plan for Pain required with activity numbers for additional activity.

Issue Description	Mitigation
Loss of capacity due to IA.	Pre and Post IA additional capacity in place to maximise preparation and recovery.
Freedom environmental issues (leaks).	Weekend lists. Estates ongoing work.
Trauma Surge impacting on long wait recovery. Ortho new build further delay (24th May 24).	Weekend HBS to focus on electives will be converted to trauma where this is required to free capacity. Review of Trauma weekend business case. Three session days planned for electives.

Area of Escalation	Support Required	Expected Outcome
Delayed Orthopaedic theatre build and repatriation of elective ward (June 24)	Continue use of HBS weekends, 3 session days and mutual aid/IS.	78 & 65 week trajectory impacted
PPG – IPT's for long waiters due to surgeon's withdrawing from PPG (UGI) and RCHT	Funding for additional capacity. Investigation by the ICB, and visibility of long waiters and waiting list clearance plans within other providers	Impact on 52-65 ww's
Endoscopy activity lost due to refurbishment - 4 months	Clarity on capacity available at new Torbay unit	Worsening performance and potential patient harm

Ambulance response times (Cat 1 and Cat 2)

Analytical Summary*

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

Demand: The number of incidents in March was 20,321, a slight increase on February (19,066 incidents). The percentage of patients conveyed to ED remains low at 36.4%, compared with 36.0% in February.

Response capacity: An average of 11,450 conveying resource hours were available per week through March in Devon. Across the Trust, hours lost to handover in March increased to 32,797 hours (30,558 in February). In Devon, there was also an increase in hours lost to handover: 14,040 hours in March, compared with 13,176 in February.

Response times: Category 1 and 2 response times reduced slightly in March, although none of the response standards were met. Of note, the category 2 response mean in March was 56 minutes, compared with 52 minutes in February (national recovery target of 30 minutes).

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

Operational Summary*

Causes:

- Devon incident numbers in March were 9.2% above contract activity, and 3.7% above March 2023 Across the Trust.
- March has proved to be slightly more challenging in terms of meeting "People Plan" targets for conveying resource hours, with a reduction in some of the overtime levels and some localised sickness. PP target was 56,000, actual was just under 54,000. The Trust is expecting resourcing to continue at 53,500 hours per week during Apri(forecast).
- Ambulance response times have a positive correlation with hospital handover delays. Through February, there has been a small decrease in hours lost to handover and a small increase in response times (category 1 and 2).
- SWASFT's average handover time continues to be the worst in England. In January*, SWASFT's average handover time was 1 hour and 12 minutes (range 19 minutes to 1 hour 12 minutes). Category 1 response times remain the highest in England – 9 minutes 45 seconds (target 7 minutes) – range 6 minutes 55 seconds, to 9 minutes 45 seconds. Category 2 response times have improved in comparison to peers – 44 minutes and 46 seconds (target 18 minutes) – range 25 minutes 37 seconds, to 51 minutes 49 seconds.

- Actions described below are focused on increased clinical capacity in the Emergency Operations Centre (EOC) ("clinical hub"), alternatives to ambulance dispatch/conveyance to ED and additional frontline resources to contribute to improvements in response times. The Trust are delivering their strongest levels of operational resourcing however it is noted that it is still insufficient to meet the level of handover delays.

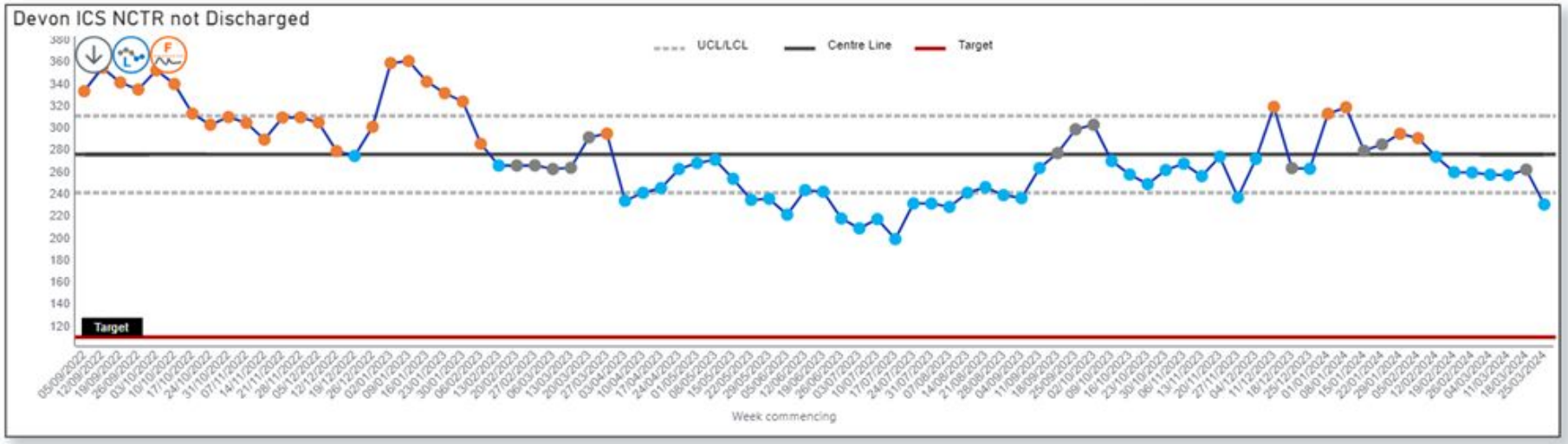
Actions:

- SWASFT continue to recruit to EMD roles to ensure sufficient capacity to maintain good performance on call answering. The monthly establishment position is monitored through the lead commissioner (NHS Dorset).
- Increased clinical capacity in the EOC and category 2 segmentation are key elements of the recovery plan. The monthly clinical establishment in the EOC is monitored by the lead commissioner (NHS Dorset). Category 2 segmentation allows for certain types of incidents to be sent to clinicians for on-going review and some cases will be suitable for clinical validation – which can avoid the need for ambulance dispatch. Category 2 segmentation has been live since mid-May 2023; the number of incidents receiving clinical navigation in Devon increased again in February, up to 66% (64% in January). Validations increased slightly too, up to 13% in February (12% in January).
- Additional frontline resources hours are being funded through the UEC recovery fund. This includes maintaining and increasing private provider capacity. Recruitment continues in line with "People Plan 3 / 4" to deliver a longer-term increase in resource with a focus on increasing capacity in the evenings and overnight with new rotas to be launched from the end of January. Sickness reduction schemes are also in place to increase frontline resource; sickness rates are monitored by the lead commissioner (NHS Dorset). Ambulance Vehicle Preparation (AVP) schemes across 14 sites in the south-west are also being implemented to increase capacity for response.
- Handovers continue to be a key interdependency to improving response times. The Devon handover improvement trajectory has been revised in line with actual response, representing a 30% increase on the previous trajectory. For February, the new trajectory was 9,679 hours lost, and the actual was 13,175. Handover improvement plans are in place and monitored through the locality urgent care boards.
- An Annual Work Plan for Ambulance Services is being developed by NHS Dorset with SWASFT. Priorities for 2024/5 include integrated care coordination/SPOA, maximising availability of pathways, maximising hear and treat opportunities, review of 999 financial model, deep dives, handover delays, 111 transfers to 999, digital and development of a five-year transformation plan. Devon is already well underway with progressing these priorities with an integrated care coordination hub in place with ITK links to SWASFT, a wide range of alternative pathways means we have the highest see & convey rates to non-ED locations in the south-west and, an increase in referrals from the clinical hub means our hear and treat rates have increased significantly since December and are now above the regional average. Further work is needed to reduce handover delays and agree and engage with regional work on transfers from NHS 111 to 999. Alternative pathways will be enhanced further, as the Alternatives to ED (AtED) programme facilitated by ECIST has now been completed across Devon and will report shortly with recommendations for each locality.
- The lead commissioner arrangement through NHS Dorset is now well underway. Key meetings held through February included the Operational Executive Committee, System Touchpoint and Contract Touchpoint meetings. Planning for the 2024/25 contract continues; initial modelling indicates handover delays and a rise in 999 demand could pose a significant financial risk for the Devon system. Discussions between Chief Finance Officers across the south-west are underway to ensure arrangements are in line with the commissioning agreement, resource implications are targeted to initiatives which will improve response times and reduce handover delays.

Hospital Discharge

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
No Criteria to Reside (NCTR)	5% (110)	25/03/2024	10% (230)		

Devon – daily average of patients with No Criteria To Reside



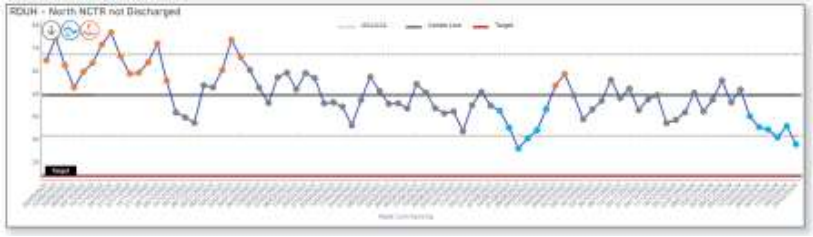
Analytical Commentary:
The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. As of 25th March, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 10% (230), which is a 2% decrease from the previous months report demonstrating a special cause of improvement.

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

- To achieve the locally set discharge target at weekends. The system, on average, achieved 64% of the weekday discharge target during this reporting period which is an increase of 3% since the last reporting period. Higher number of discharges achieved on Saturdays at 75% (>6%) and 54% on Sundays (=).
- Early discharge planning in place leading into the weekend from Thursdays, with a follow up meeting on Mondays to review failed planned discharges.
- Continued roll out and embedding of CLD to further medical wards within the acutes to support the increase in weekend discharges.
- Discharge Lounges in place and fully operational seven days a week to increase weekend discharges, targeting wards with lower performance of discharges before midday.
- Regular manual processes to ensure patients are on the correct pathway and still have NCTR.
- 'Think Home First' and 'Home for Lunch' initiatives across all sites continues to be promoted and heavy focus on identifying patients for pre-noon discharges.
- Weekly reviews of patient Length of Stay is in place across multiple trusts.
- Embedding of Care Transfer Hubs and alignment to the national 9 key principles continues with bi monthly updates on progress.

- Following completion of modelling to project demand for discharges in alignment with best practice model plans are now underway to deliver increased capacity to meet projected demand across P1-P3 to reduce discharge delays.
- Actions to focus on earlier in the day discharges with planned Earlier in day Discharges Task and Finish group to be set up as part of 24/25 UEC recovery plans.

Average NCTR not Discharge (by week) - RDUH North



Average Non-elective Length of Stay (by week)– RDUH North

Analytical Commentary: As of 25/03/24, RDUHN reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 10% (28), which is a reduction of 4% from the previous month's report. CLD continues to be in place in North and awaiting updates on further roll out to surgical patient groups. On average RDUHN did not achieve the target of 60% and achieved on average 58% of the weekday discharge target at weekends during this reporting period a 2% increase from previous months report.

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

- P0 – Discharge Hub continues to support early patient flow. Daily P0 reviews continue, this has reduced P0 by placing patients on correct pathway earlier in their delay. The trusts performance against expected number of P0 discharges needed to maintain flow exceed the target between 19/02/24 and 25/03/24, the target set is 30 P0 discharges per weekday the trust has achieved on average 37 P0 discharges per weekday (123%).
- The current average LoD is now able to be reported and is as follows:
  - P1 reduced from 5 to 1 day.
  - P2 increased from 7 to 9 days.
  - P3 increased from to 11 days.
- Workshop with Changeology taking place at the end of April to review recommendations from mapping discharge pathways P1-P3 and end of life care across Devon to improve consistency and identify areas for further improvement.
- Reducing LoS - Twice weekly length of stay reviews with matrons/Hospital discharge team are place and reducing length of stay and is currently under the 8 day target.
- Earlier in the day discharges - March has been a record-breaking month within the discharge hub (636 patients in March) and has been opening at 6am during weekdays. The impact of the discharge hub on availability of beds through March shows an overall average of 21.5% (137) of all transfers to hub arrived prior to 10am and 47% (300) arrived prior to midday. The earlier mornings allow for earlier release of impatient beds. Average Length of stay per patient in the hub is 3.9 hrs.
- Other actions to support reduction in NCTR - A focus from help people home without delay which is an overarching programme for N&E. Auditing time to transfer for P1-P3. Reduction of delays for P2 and P3 when care home sourced to discharge date (aiming for 48 hrs) Reducing LoS in short term services (P1/P2) achieve 17 days LOS as part of March 80% challenge for 4 hr target.

Average NCTR not Discharge (by week) - RDUH East

Analytical Commentary: As of 25/03/24, RDUHE reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 15% (104), a 2% reduction from the previous month's report. CLD trial has informed SOP and was presented at Clinical

Average Non-elective Length of Stay (by week) – RDUH East

Effectiveness Committee who supported roll out to facilitate roll out across the RDE site. Discharge focus Thursday onwards ahead of the weekend, and scrutiny over weekend plan. Discharge target to drive performance based on previous 6-week discharge profile. Continue to drive P1-3 flow over the weekend and engage care home providers to facilitate weekend discharge where able. Active planning for Monday, to avoid recent escalated position. Impact of March schemes which were put in place are under evaluation. On average RDUHE exceed the 60% target and achieved 83% of the weekday discharge target at weekends during this reporting period a 12% increase from previous months report.

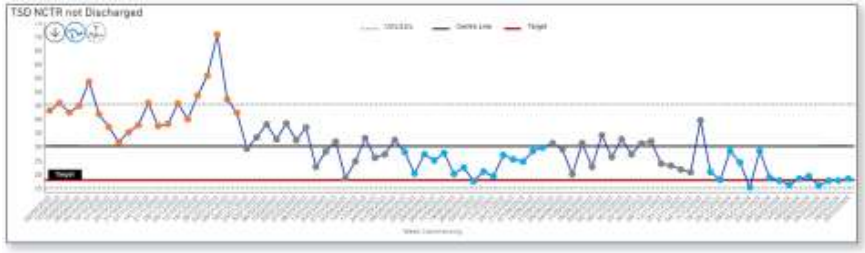
Operational Summary:

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

- P0 - The Divisional Information Officers continue with training on My Ward Monitor EPIC dashboards to improve ward understanding of how to drive their individual discharge profile. Test of change pilot to combine Discharge Coordinators and acute therapy teams to target NCTR is underway. NCTR 10 week challenge to commence 15/04/24.
  Between 19/02/24 and 25/03/24, the target set is 92 P0 discharges per weekday the trust has exceed this on average with 119 P0 discharges per weekday (129%).
- As of 25/03/24 the average LOD on:
  - P1 remained at 4 days.
  - P2 increased from 7 to 8 days.
  - P3 increased from 5 to 7 days.

  ICB Exec discussions around alternative options for extension and update awaited, particularly for April-July deficit, pending contracting plan from July '24. Still 34 WTE deficit for P1 provision and pathway instability.
- Reducing LoS – Use of repatriation SOP to facilitate getting patients back to base as soon as able. Increase LoS associated with OOA patients. Director of Nursing oversight of complex long LoS and weekly 7 day and complex stay reviews at ward level. Clinical Matron oversight of all patients in Community Hospitals to expedite discharges. Early escalation for mental health complexities and individual plans around specific patients. Pilot of new format bed meeting and ED huddle w/c 22/4/24
- Earlier in the day discharges - Golden patient initiative – at least one patient per ward to be discharged or move to the discharge lounge pre 10am. Focus on tomorrow's work today and ensure board/ward round planning. Site team and discharge lounge team to identify patients for early movement.
- Other actions to support reduction in NCTR – NCTR 10 week challenge from 15/04/24 to run in similar style to 4hr performance target approach. ICB/RDUH process mapping event taking place with external support awaiting date confirmation. Daily cluster review in community teams. Senior review of community UCR caseloads to release capacity. Continued daily review of 1:1 and Live in Care schemes to ensure 100% utilisation and provide list of those pending – work across North and East to maximise usage (Current usage – 1:1 scheme is 160% and LIC is 89%)

Average NCTR not Discharge (by week) - TSDFT



Average Non-elective Length of Stay (by week) - TSDFT

Analytical Commentary: As of 25/03/24, TSDFT reported the average weekly percentage of G&A beds that were occupied by patients who had NCTR was 5% (19), which remained the same as the previous month's report. Manual processes in place to review patients and ensuring they are on correct pathways once they have NCTR continue. Portal 2 has supported CLD embedding across the acute and has supported an increase in weekend discharges and provides a live MDT live list and prepares list for Monday discharges and needs to be clinically led. Weekend discharge team in place and weekend discharges planned from mid-week. Focus on Community hospital weekend discharges. P1-3 discharges emailed to ICB SCC on Friday as part of weekend bed planning. On average TSDFT achieved 40% of the 60% target of the weekday discharge target at weekends during this reporting period which is a 2% reduction from the previous months report.

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

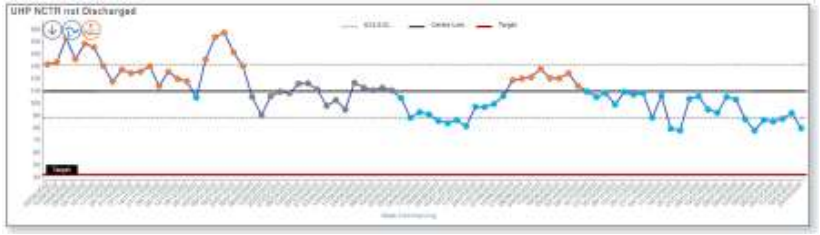
- P0 – Discharge Lounge open 7 days a week. Home for lunch promotion continues to improve pre-noon and pre 5PM discharges. Data has evidence Trusted Placement Assessor completed 4 assessments for P0 patients so that they could return to care home. Process for P0 with a POC has been reviewed. Between 19/02/24 and 25/03/24, the target set is 53 P0 discharges per weekday the trust has achieved 50 on average (94%).

- As of 25/03/24 the average LOD on:
  - P1 increased from 3 to 4 days.
  - P2 increased from 7 to 10 days.
  - P3 increased from 5 to 9 days.

  OT In reach working around community hospitals is to liaise with the therapists on the wards. Triage as part of the discharge hub has increased to ensure right pathway for patients.

- Reducing LoS - ECIST supporting long length of stay for patients 10 days and over. 2 further acute wards have been added as part of the ECIST work.
- Earlier in the day discharges – ECIST continue working with the medical wards to improve earlier in the day discharges via the Sick Home Other patient's principle across the medical wards. The trust has not yet seen an increase in discharges earlier in the day as a result but has provided ward MDTs additional time in the morning to review patients. Before 12pm discharges are also impacted when the ED is escalated into the discharge lounge overnight.
- Other actions to support reduction in NCTR - Reviewed NCTR guidelines and framework to ensure in line with national guidelines. Complex hospital discharge team review all patients daily for NCTR who have been identified for P1-3 discharge.

Average NCTR not Discharge (by week) - UHP



Average Non-elective Length of Stay (by week) – UHP

Analytical Commentary: As of 25/03/24, UHP reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 9% (80), an increase of 1% from the previous month's report. Re-establishment of working group to introduce Criteria Led Discharge is remains paused. Focus through GIRFT is in hospital processes and embedding EDD's before roll-out of CLD. Continued focus from Thursdays onwards for weekend planning and UHP provide detailed weekend plan via ICB System Control Centre to provide assurance around weekend actions which is now BAU. On average UHP exceeded the 60% weekday target at weekends during this reporting period and achieved 64% which remains the same from the previous months report.

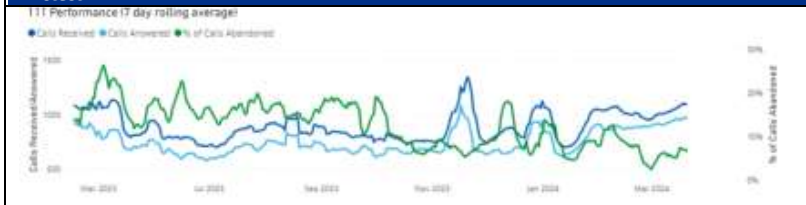
Operational Summary:
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

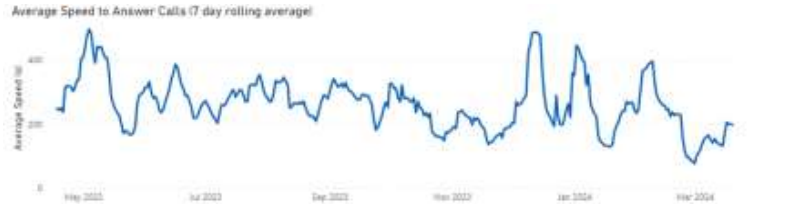
- P0 – Everyday matters' (EDM) programme continues focused on 2 work streams (Golden Patient and 1 hour CT) to move these forwards at pace. Now expanding to SDEC / Right Person Right Place. Weekly meetings in place and key metrics agreed and being tracked. phase 1 roll out by end of Q4 to help with flow by automating portering and cleaning tasks for discharges. Funding now paused again and awaiting confirmation before commencing phase 2. However, recruitment to D&I posts in progress at risk. Phase 1 planned to go live in July 24. Between 19/02/24 and 25/03/24, the target set is 100 P0 discharges per weekday the trust has achieved on average 122 P0 discharges per weekday (122%).
- As of 25/03/24 the average LoD on:
  - P1 remained at 5 days.
  - P2 reduced from 8 to 7 days.
  - P3 reduced from 5 to 4 days.

  Dementia – Bed Bureau engaging with providers re alternative for DE pathway capacity
  P1 - Review of all failed P1 discharges or those with LOD greater than 24 hours to iron out any process/capacity issues for Plymouth. Internal plan for work with wards regarding increasing % home, were 40% in 22/23 and currently at 57% (dependent on P1 capacity). P1 Improvement event planned 22/4 for test of change, single point of decision making to increase percentage of people discharged home, enabled by peripatetic workers in place to support P1 pathways for anticipated increase in discharges home.
- Reducing LoS - Notes added to every patient detailing wishes for discharge, Huddle purpose documents produced to support discussions and decision making. Pathway decision trees created. Length of Stay improvement behind trajectory for 21 days stranded – 27 patients off trajectory.
- Earlier in the day discharges - Discharges by midday remain under 33%: Action – 'Golden Patient- Every Day Matters' workstream with target of 30 by 10 as key metric. Improvement seen with number of patients discharged by midday and total number of patients discharged by 5pm. Early flow programme focusing on ward standard process and EDDs in medicine.
- Other actions to support reduction in NCTR - Focused work on further Transfer of Care Hub development starting April 24. Settings of Care 7 day Audit - UHP w/c 22nd April - audit of every patient admitted to UHP (including community hospitals).

Integrated Urgent Care Service: NHS 111/Out Of Hours

Data





C3 & C4 Validation	Dec-23	Jan-24	Feb-24
Validation measure	75%	75%	75%
Local KPI	90%	90%	90%
Total C3 & C4 dispositions	3676	4013	4392
Total C3 & C4 cases validated	3341	3663	4062
% C3 & C4 validated	90.89%	91.28%	92.49%

ED Validation	Dec-23	Jan-24	Feb-24
Validation measure	50%	50%	50%
Local KPI	90%	90%	90%
Total ED dispositions	4247	4362	4330
Total ED cases validated	3888	3979	4022
% ED cases validated	91.55%	91.22%	92.89%

Operational summary

Around 28,000 calls from Devon were answered in February by NHS 111. It is important to remember that whilst the first chart appears to show a reduction of calls since June, demand has not reduced as some calls are being taken by other providers due to an agreement with NHS England to provide planned support across the PPG call taking network. This arrangement ended in March and the volume of calls answered by a third party has started to reduce since January.

In February, the calls handled by PPG averaged just under 4 minutes to answer. Nationally the time taken to answer averaged 3.5 minutes. The number of calls abandoned was less than 8% compared to a national average of 11%.

The number of 111 calls assessed by a clinician or clinical advisor is an important performance indicator for the Integrated Urgent Care Service. The national target of 50% and local stretch target of 55% were exceeded again in February with 59% of calls assessed by a clinician.

If a 111 assessment leads to an outcome that suggests a patient should be sent to an Emergency Department (ED) or sent an ambulance (category 3 – not immediately life threatening or category 4 – not urgent), the call should be reviewed by a clinician. This process is called validation and is a system priority for the ICB. In February both the ambulance and ED validation rate was 93%, exceeding the national and local targets.

OOH Consultations shows the number of patient consultations undertaken by PPG per month, by cases closed by advice (telephone), appointment at Treatment Centre (base) or Home Visit.

Elective Care: System Overview

Data

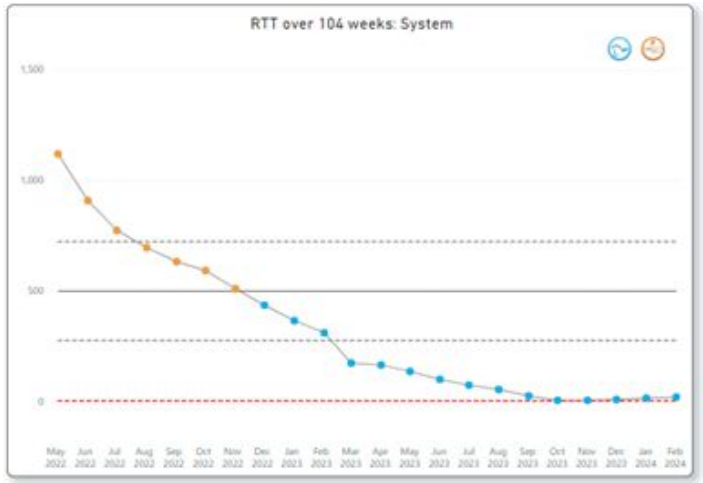
				System	
	Metric	Target	Latest Date	Value	Variation	Assurance
RTT	RTT Incomplete Waiting list		Feb 2024	154,564		
	RTT 18 weeks	92%	Feb 2024	56.6%		
	RTT over 104 weeks		Feb 2024	17		
	RTT over 78 weeks		Feb 2024	621		
	RTT over 65 weeks		Feb 2024	2,856		
	RTT over 52 weeks		Feb 2024	8,319		
Diagnostics	Diagnostics within 6 weeks	99%	Feb 2024	73.3%		
	Diagnostic Total Waiting list		Feb 2024	32,486		
	Diagnostics over 13 weeks		Feb 2024	3,976		
	Diagnostic Total activity		Feb 2024	44,822		
Cancer	Cancer 28 day Faster diagnosis Combined	75%	Feb 2024	78.7%		
	Cancer 28 day Faster diagnosis Urgent suspected cancer	75%	Feb 2024	78.9%		
	Cancer 28 day Faster diagnosis Breast symptomatic	75%	Feb 2024	97.2%		
	Cancer 28 day Faster diagnosis National screening Programme	75%	Feb 2024	54.1%		
	Cancer 31 day Combined	93%	Feb 2024	87.3%		
	Cancer 31 day First	96%	Feb 2024	90.5%		
	Cancer 31 day follow-up drug	98%	Feb 2024	99.5%		
	Cancer 31 day follow-up sugery	94%	Feb 2024	79.4%		
	Cancer 31 day follow-up radiotherapy	94%	Feb 2024	96.1%		
	Cancer 62 day Combined		Feb 2024	64.9%		
	Cancer 62 day urgent	85%	Feb 2024	62.3%		
	Cancer 62 day screening	90%	Feb 2024	46.5%		
	Cancer 62 day Upgrade	85%	Feb 2024	74.7%		

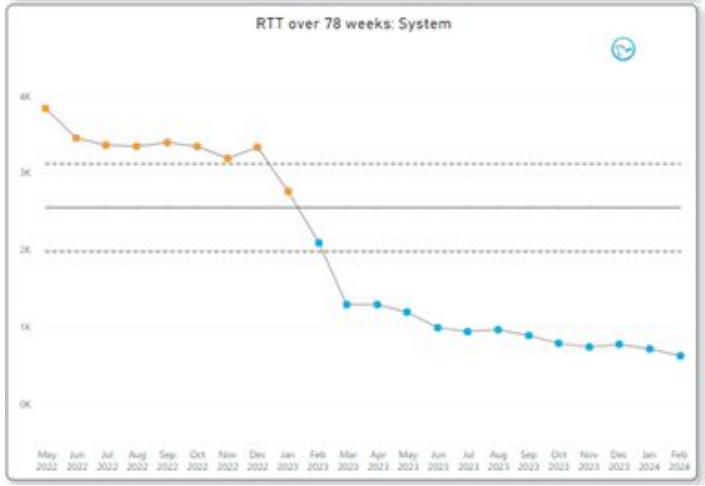
Summary

- The system remains marginally behind the national targets for the clearance of 104ww patients with 2 patients waiting over 104 weeks in March. 78ww patients are ahead of trajectory with 318 against a trajectory of 322.
- Small numbers of patients tipping into the 104ww bracket are being managed as priority in order to clear the cohort by the end of the financial year.
- Detailed operational planning work is ongoing ahead of the 2024/25 operational submission to NHSE/I.
- Planning lock-in sessions have been taking place with all system providers, as well as the ICB to discuss how performance can be pushed further and faster over the next financial year.

Elective Care: System 104/78/65 Week Wait

Data





Analytical Summary

The target of zero patients waiting over 104 weeks remains unmet.

78-week waits are also exhibiting statistical improvement with 318 patients waiting over 78 weeks at the end of March at the Devon acute providers with an additional 7 patients within this cohort waiting within the independent sector, 6 of which are due to patient choice. This is ahead of trajectory of 322 capacity breaches.

Operational Summary

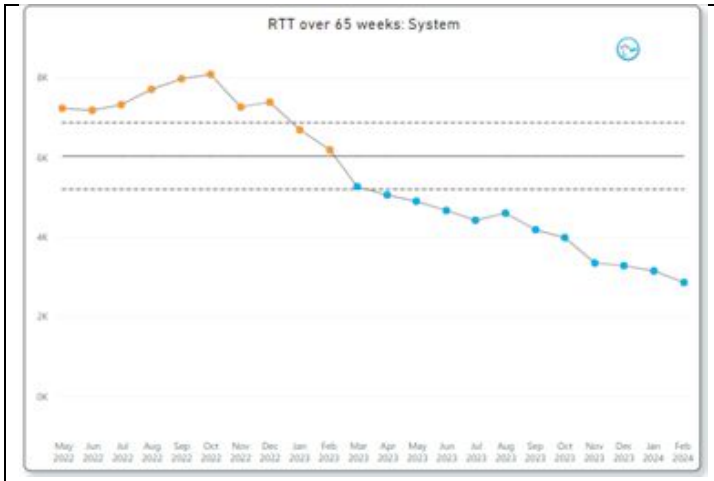
As of the end of March, the 104ww position sees 2 patients waiting within this cohort with 1 due to capacity challenges and 1 patient waiting due to choice. Within the 78ww cohort there are 318 patients waiting in the acute providers. This is split by 115 patients choosing to wait, 3 waiting down to high complexity procedures and 200 waiting due to capacity challenges.

Detailed work continues across the system to improve the FY24/25 operational plan in line with feedback on the first submission. The system is running weekly demand and capacity meeting, as well as technical planning meetings to ensure the deadline is met.

Productivity work through the Specialty Improvement Programmes is continuing with best practice packs now largely finalised for all the named specialities, as well as neurology and respiratory being brought forward from a Q2 planned delivery into Q1. Further work continues on the FY24/25 productivity monitoring dashboard with cancer performance metrics now included as well as additions for specialty level targets being prepared following the clinically led meetings. Further opportunities for improvement are being worked through as part of the operational planning process which will tie into the provider owned performance trajectories. This will also support any additional opportunities outside of the Model Healthcare identified areas.

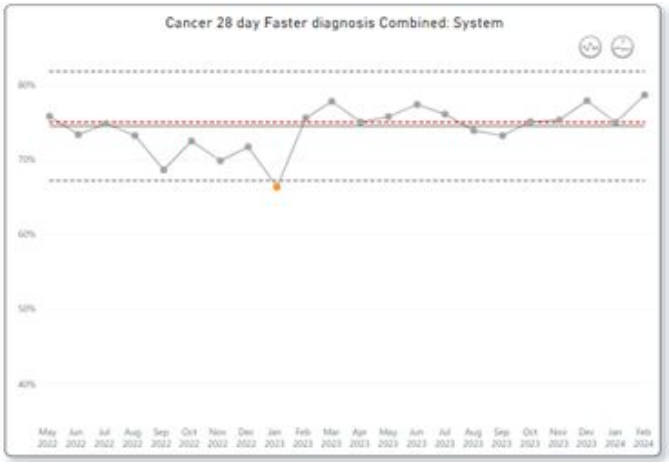
Theatre productivity sits at 79% which remains relatively static against the 85% capped utilisation target. This puts Devon at the peer median and within the third quartile nationally for performance. Uncapped utilisation sits at 83% which again meets the peer median and places the system in the third quartile for performance. This is a slight slip since February data from 85% utilisation. Day case rate is 85% for the system which meets the 85% operational plan target and places Devon in the top performing quartile.

Outpatient non-face to face performance is currently at 22.2% against the target of 25%, with a requirement for the system to see a further 56,943 non-face to face appointments to reach the target. Discharge at first appointment is at 25.5% for the system and DNA rate is currently at 5.6% for the system against a target of 5%.

	The children & young people (CYP) work programme is being reviewed against the operational plan deliverables. The Waiting Well project is being scoped to identify what can be offered to families and CYP whilst they are waiting for an appointment and how the system can utilise existing support to strengthen the overall offer more consistently, as well as identifying key gaps and to understand how these might be addressed. Clinical prioritisation and risk stratification in children Southwest Clinical Senate paper with recommendations has been received. These are to be reviewed and ICB recommendations / actions to be taken through CYPER, ICB Clinical Cabinet (when established) and CYP joint forward plan board. As of 1st April 2024, TSDFT and RDUH will be repatriating the non-clinical validation process. To date, this element of the process has been performed by DRSS who will continue to support until the end of May with existing validation, however from 01/04 DRSS have not accepted any new lists of patients to validate. Plans are in place that by 31st May 2024 validation will have been completely repatriated to the trusts with no further support provided via DRSS.

Cancer 28-day faster diagnosis: System

Data



Analytical Summary

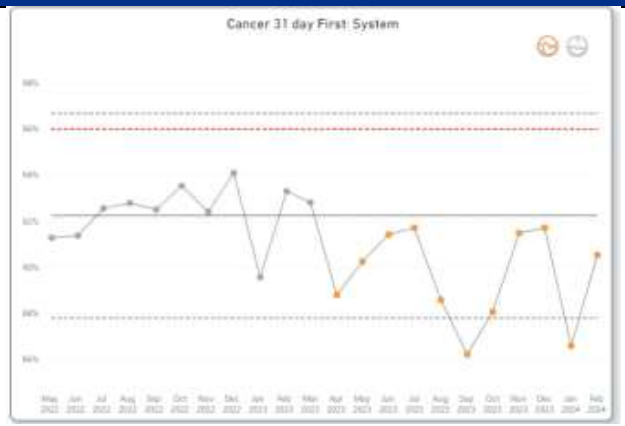
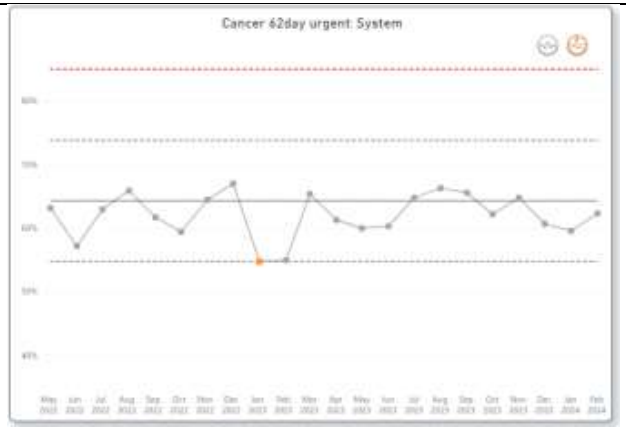
The Cancer 28-day Faster Diagnosis Standard for the system was achieved by all providers in February with an overall performance of 79%.

Operational Summary

Actions:

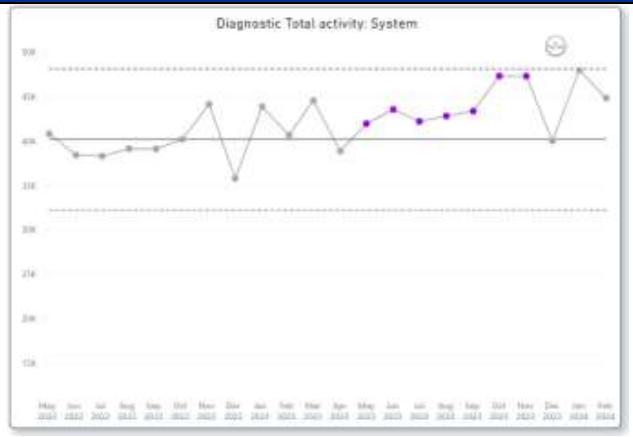
- All Trusts continue to be monitored against delivery of imaging within the standard.
- All Trusts have a cancer recovery action plan in place. Trusts, ICS, and the Cancer Alliance meet biweekly to monitor and mitigate issues as they arise.
- RDUH have developed targeted improvement plans for colorectal & urology cancer and elective pathways (most exposed specialties in recovery plan). Internal demand and capacity supported by IST.
- Endoscopy capacity position continues to improve. UHP are on target to open a new unit with additional capacity in May 2024 but will have a planned deterioration from January to April whilst the unit is decanted to support rebuilding. A staffed mobile unit has brought additional capacity operating seven days per week since November at RDUH.

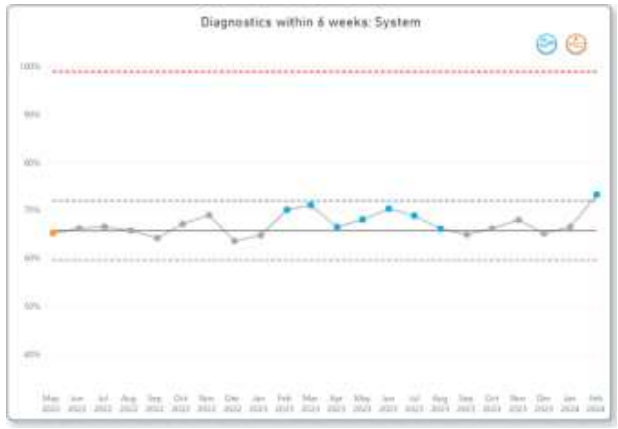
Cancer 31-day first treatment and 62-day urgent treatment: System

Data	Analytical Summary
	The Cancer 31-day metric is currently failing to achieve the standard, there is no significant change or indication of improvement in this across the system. Cancellations of outpatient activity due to industrial action has impacted on this performance. The impact of ongoing industrial action is managed across the system through the Elective Tactical Delivery Group as well as the System Recovery Board. For February 2024, performance was maintained at 91% against a 96% standard.
	The Cancer 62-day metric is consistently failing the target, it displays common cause variation. For February, the Devon system performance was 64% against an 85% standard which was a slight improvement on February's performance due to expected seasonal variation. As the target is above the higher control limit, the system will currently not achieve this objective. This is a nationally acknowledged position, leading to the monitoring of improvements in FDS, reduction in the 62-day breach numbers, and improvements in the NSS pathway. Devon achieved the target to meet the trajectories in the operating plan for 62-day breaches. The ICB position in March recovering at 391 breaches against a 488 predicted position.

Diagnostics

Data





Analytical Summary

Activity
The total diagnostic activity volumes delivered in Q4 of 2022/23 was the highest quarterly total for two years but still within the range of common cause variation.
Performance
Diagnostic performance achieved 69.8% against a recovery target of 85% for January 2024.

Operational Summary

Performance against the 6 week standard
Key challenges remain around workforce numbers which have been compounded by industrial action leading to a small decrease in performance. In addition, physical capacity challenges are being addressed through specific initiatives to improve throughput as described in the Cancer narrative above.
Planned work:
The system continues to deliver its plan for increasing endoscopy capacity as described in the cancer section of this report.
The system continues its plan for delivery of the CDC program, with long term actions including:

- The development of the Trust specific project delivery groups and detailed project plans to be completed and program boards implemented.
- The development of cancer one stop diagnostic services to be agreed for implementation at Devon Diagnostic Centre and subsequently at Plymouth and Torbay.
- Shorter term actions have included the implementation of an additional CT scanner at the CDC site in Plymouth in September and an additional CT scanner at the Newton Abbot site in late November. RDUH DEXA recovery has not been completed as planned.
- IS support for delivery of colposcopies at RDUH and TSDFT commenced in January 2024.
- A full recovery plan is being developed at RDUH with a director assigned to lead the planning.

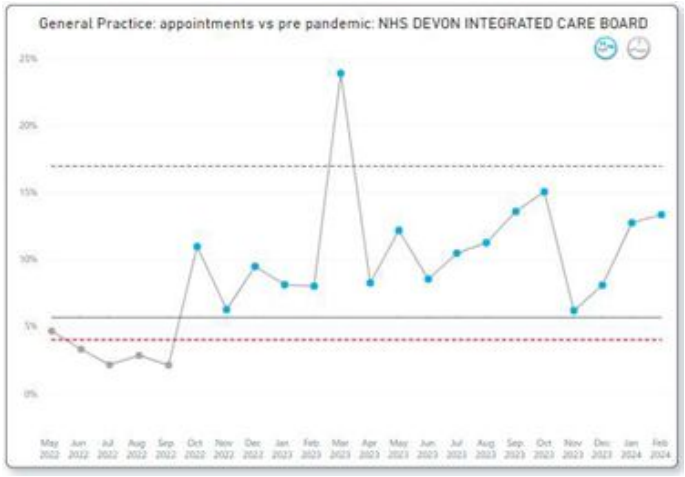
As the work progresses further updates will be provided to the elective care board with escalation reporting if required between updates.

Primary and Community Care Performance

Metrics

	Metric	Target	Latest Date	NHS DEVON INTEGRATED CARE BOARD	East	North	Plymouth	South	West
Primary care	General Practice: appointments seen the same day		Feb 2024	42.1%	40.8%	37.4%	45.1%	43.7%	43.4%
	General Practice: appointments seen within 1 day	35%	Feb 2024	49.4%	48.1%	44.4%	52.2%	51.4%	50.1%
	General Practice: appointments seen within 2 weeks	85%	Feb 2024	81.6%	79.9%	78.4%	83.5%	84.2%	79.9%
	General Practice: appointments vs pre pandemic	4%	Feb 2024	13.3%					
	General Practice: LMC GPAS Alert		Mar 2024	4	3	3	4	3	4
	Technology enabling access: Number of online/video consultations against target	54,167	Mar 2024	63,186					

Data



Analytical summary

Analytical Commentary:

The target to increase appointments on pre-pandemic levels of 4% shows improvement and continues to achieve.

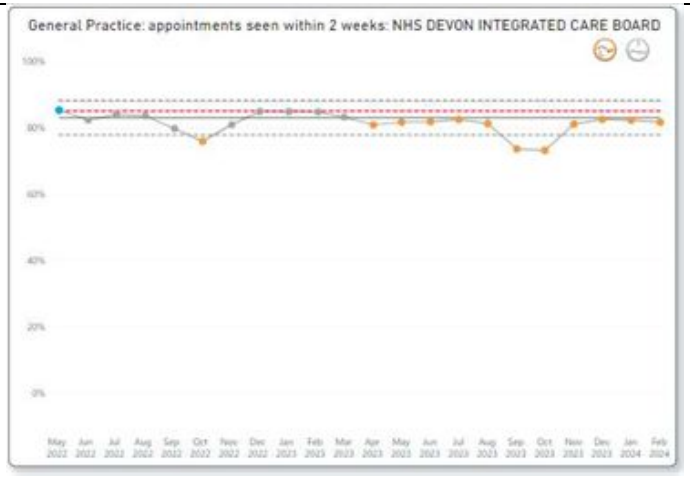
The target of 85% of appointments in 2 weeks has not achieved target during February.

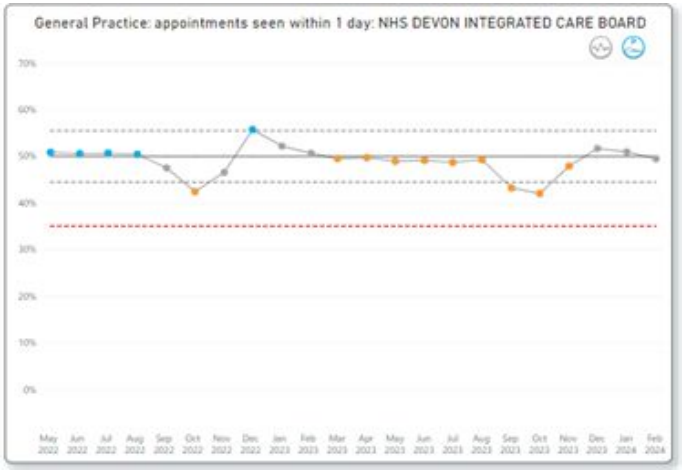
The target of achieving 35% of appointments within 1 working day of request is above target and continues to consistently achieve.

Operational Summary:

Appointments are above pre-pandemic levels and the target of 4% continues to achieve, being 13.3% above pre-pandemic levels (which is an improved position against the previous month).

The target of 85% appointments within 2 weeks was not achieved in any LCP area during February. The overall achievement of 81.6% is slightly lower than January 2024, which was 82.3% and is lower than the previous year, which was 84.7%. Focus





on meeting same day need continues to adversely impact delivery of the 2 week target.

The target of 35% of appointments occurring within 1 working day of request continues to achieve comfortably across every LCP area, with 49.4% being seen within 1 day overall.

A considerable number of practices declared GPAS/OPEL 3/4 alert state during February and March 2024.

Workforce metrics	March 2024
Devon PCNs to recruit 710 WTE ARRS roles by end March 2024.	Reconciliation work previously described is progressing. Therefore, precise value not available this month, although range of values being reconciled all exceed 710 WTE.
All Devon PCNs at 16 WTE ARRS roles by March '24.	Using local data, Devon has 30/31 PCNs reaching the 16 WTE minimum ARRS roles target (the remaining PCN is at 15.15 WTE). *Note: 15 PCNs have reached/exceeded their ARRS funding allocation, 6 PCNs have utilised 90-99% of their allocation, 5 PCNs are at 80-89% of their allocation, 3 PCNs are at 70-79% allocation. Where PCNs have exceeded the funded allocation, we have checked this is a conscious decision on their part and confirmed no financial risk to ICB.*
Utilise ARRS scheme with target 90% take-up of new ARRS roles by Mar'24	We have exceeded 90% take-up of ARRS, March figures are not yet published but are understood to be comfortably above the 90% target.
Achieve upper quartile performance in terms of WTE GP per 1,000 population.	Devon has (based on January data) 6.7 GPs per 10,000 weighted population and remains joint highest in region with Gloucester.

	Number of online/video consultations against annual target of 650,000 for the year 2023/24. In March 2024, 63,186 online/video consultations were carried out, comfortably above the in-month target of 54,167 (noting in addition that there are more online consultations than the number above, as approximately 15 practices are using their own procured online consultation system for which we have not yet received data). This concludes the reporting for the year 2023/24 for this target, the final achievement against the target of 650,000 being 855,781 (+31.7%). 97% of practices in Devon (116/119) have a CQC rating of 'Good' or 'Outstanding'. 3 are rated 'Requires Improvement' by CQC and the ICS Primary Care and Quality Teams continue to work closely with these practices. General Practice related Serious Incidents (SIs) and General Practice related PITCHs – reporting update: PITCH was turned off during the first week January 2024. As such, there will be no more PITCH data available to add to the Primary Care IQPR report. The same applies to SIs, which are not being reported onto StEIS for Primary Care owing to changes over to the Patient Safety Incident Response Framework (PSIRF)/GP SEA investigation processes. The replacement system, "Learn from Patient Safety Events" (LfPSE), is a national reporting and learning system. NHS England is working on producing an ICB dashboard/"app" in the next few months. However, at present there is limited information available from LfPSE to enable accurate data reporting on themes and trends. NHS England has advised that this is still in the process of being developed, there is not yet a defined timeline, our sense is this may be months rather than weeks.

Community Performance

Community Services Waiting by Provider

Provider	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Monthly Change
LIVEWELL SOUTHWEST	5,505	4,380	4,380	4,174	4,170	4,066	-104
ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	13,016	11,758	11,784	12,321	12,045	13,573	1,528
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	11,315	11,486	11,041	10,382	10,497	10,785	288
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	3,082	2,788	2,328	1,050	1,052	2,463	1,411
Grand Total	32,918	30,412	29,533	27,927	27,764	30,887	3,123

Total Waiting by Service for February 2024

Service	Jan-24	Feb-24	Monthly Change
Adult	21,150	22,433	1,283
(A) Adult safeguarding	-	-	-
(A) Audiology	1,289	1,289	-
(A) Clinical support to social care, care homes and domiciliary care	6	10	4
(A) Community nursing services	525	507	-18
(A) Home oxygen assessment services	7	7	-
(A) Intermediate care and reablement	6	3	-3
(A) Musculoskeletal service	6,897	7,772	875
(A) Neurorehabilitation (multi-disciplinary)	65	104	39
(A) Nursing and Therapy support for LTCs: Continence/ colostomy	380	352	-28
(A) Nursing and Therapy support for LTCs: Diabetes	23	23	-
(A) Nursing and Therapy support for LTCs: Falls	132	137	5
(A) Nursing and Therapy support for LTCs: Heart failure	54	115	61
(A) Nursing and Therapy support for LTCs: Lymphoedema	27	37	10
(A) Nursing and Therapy support for LTCs: MND	-	-	-
(A) Nursing and Therapy support for LTCs: Respiratory/COPD	151	150	-1
(A) Nursing and Therapy support for LTCs: Stroke	147	122	-25
(A) Nursing and Therapy support for LTCs: Tissue viability	8	33	25
(A) Podiatry and podiatric surgery	3,643	3,287	-356
(A) Rehabilitation services (integrated)	2,708	3,166	458
(A) Therapy interventions: Dietetics	471	455	-16
(A) Therapy interventions: Occupational therapy	507	658	151
(A) Therapy interventions: Orthotics	632	587	-45
(A) Therapy interventions: Physiotherapy	191	214	23
(A) Therapy interventions: Speech and language	567	604	37
(A) Urgent Community Response/Rapid Response team	59	52	-7
(A) Weight management and obesity services	2,655	2,749	94
(A) Wheelchair, orthotics, prosthetics and equipment	-	-	-
CYP	6,614	8,454	1,840
(CYP) Antenatal, new-born and children screening and immunisation services	-	-	-
(CYP) Audiology	324	324	-
(CYP) Community nursing services (planned care and rapid response teams)	7	7	-
(CYP) Community paediatric service	790	2,755	1,965
(CYP) Looked after children teams	93	91	-2
(CYP) New-born hearing screening	95	110	15
(CYP) Safeguarding	-	-	-
(CYP) Therapy interventions: dietetics	197	94	-103
(CYP) Therapy interventions: occupational therapy	694	694	-
(CYP) Therapy interventions: physiotherapy	181	167	-14
(CYP) Therapy interventions: speech and language	4,078	4,073	-5
(CYP) Vision screening	46	46	-
(CYP) Wheelchair, orthotics, prosthetics and equipment	23	29	6
(CYP) Therapy interventions: Orthotics	86	64	-22

Operational Summary

There are currently 30,881 children and adults waiting for community services across Devon. This is 3,117 more than January 2024 (27,764). The table opposite details the numbers of people waiting by provider and the table provides those services with the highest number of people waiting. Following changes to the Acute RTT guidance Community Paediatrics is now reported only in the Community SitRep.
This has resulted in a transfer of 666 CYP from RDUH WLMDS to Community waitlist and 1,337 transfer from UHP RTT to Community Paediatrics.

TSDFT currently have 752 reported in Community Sit Rep with no changes to their Paediatric RTT position.
Devon community services waiting lists have a reduction target of 5% in Q1 and Q2 followed by further reduction of 10% in Q3 and Q4. Changes to the Paediatric service report will require reduction targets to be re baselined.
Clinical validation and prioritisation work is being shared across providers. The February data for the following CFHD Services reported by TSDFT were not submitted to the Community SitRep due to data quality concerns around the number of 104 week waiters.

- (CYP) Looked after children teams.
- (CYP) Therapy interventions: Occupational therapy.
- (CYP) Therapy interventions: Physiotherapy.
- (CYP) Therapy interventions: Speech and language.

The numbers reported for these services have been copied from the January submission until the data has been validated.

Waiting times for Devon (February 2024) are shown below:

Wait Time	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Change in Month
Waiting 0-1 weeks	2,944	**3,254**	3,211	1,847	3,261	3,504	243
Waiting 1-2 weeks	2,465	**3,161**	3,306	2,506	2,908	3,252	344
Waiting 2-4 weeks	4,956	**4,594**	4,449	3,870	3,206	3,567	361
Waiting 4-12 weeks	8,680	**7,641**	7,255	7,797	6,119	6,484	365
Waiting 12-18 weeks	3,146	**2,836**	2,427	2,767	3,105	3,280	175
Waiting 18-52 weeks	7,029	**6,417**	6,464	6,507	6,696	8,082	1,386
Waiting 52-104 weeks	3,189	**2,259**	2,198	2,299	2,272	2,429	157
Waiting Over 104 weeks	509	**250**	223	334	197	283	86
	32,918	30,412	29,533	27,927	27,764	30,881	3,117

The largest increase is in18-52 weeks (+1386) with 934 of this increase for Community Paediatrics and 292 from Adult MSK

Mental Health: System Overview

Metrics

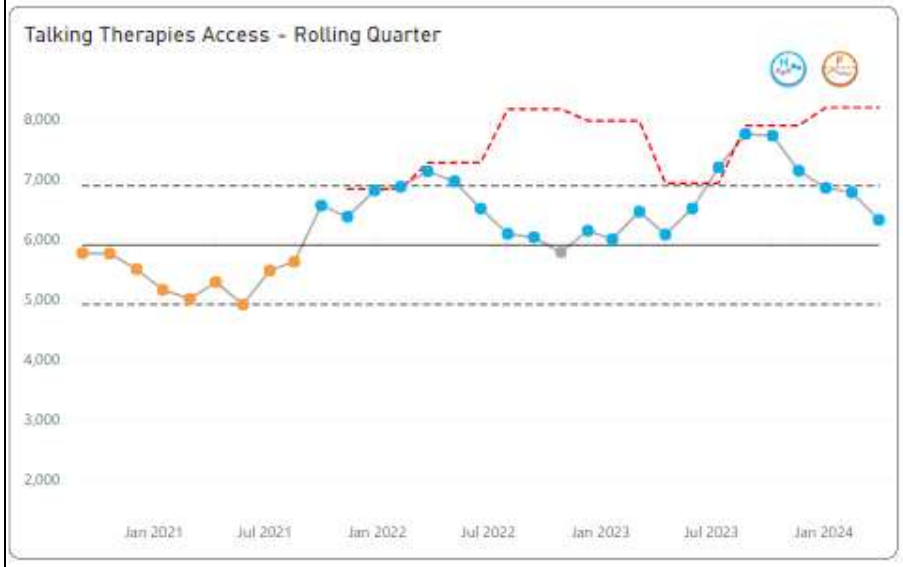
Metric ID	Metric	Group	LTP	Data Source	Latest Date	Value	Target	Variation	Assurance	LPL	Mean	UPL
IPS	Individual Placement & Support Access	ICS Devon	LTP 2022/23	MHSDS	Feb 2024	910	718			292	543	793
TT_Access	Talking Therapies Access - Monthly	ICS Devon	LTP 2023/24	MHSDS	Feb 2024	2205	2613			1,462	2,192	2,922
TT_Access_Q	Talking Therapies Access - Rolling Quarter	ICS Devon	LTP 2023/24	MHSDS	Feb 2024	6385	8306			5,247	6380	7,513
TT_Recovery	Talking Therapies Recovery	ICS Devon	LTP 2022/23	MHSDS	Dec 2023	49.8%	50%			48.9%	53.2%	57.6%
TT_RelRec	Talking Therapies Reliable Recovery	ICS Devon	LTP 2024/25	MHSDS	Dec 2023	46.3%				45.4%	49.3%	53.2%
TT_Improv	Talking Therapies Reliable Improvement	ICS Devon	LTP 2024/25	MHSDS	Dec 2023	63.5%				62.5%	66.1%	69.6%
TT_6wk	Talking Therapies - first appointment within 6 weeks	ICS Devon	LTP 2022/23	MHSDS	Dec 2023	78.3%	75%			81.4%	86.6%	91.9%
TT_18wk	Talking Therapies - first appointment within 18 weeks	ICS Devon	LTP 2022/23	MHSDS	Dec 2023	96.6%	95%			94.9%	97.5%	100%
CMH +2	Community Mental Health 2+ Contacts	ICS Devon	LTP 2023/24	MHSDS	Feb 2024	18095	19696			15,346	16,217	17,088
CYP Access	Children & Young People Access	ICS Devon	LTP 2024/25	MHSDS	Feb 2024	10405	15754			9,626	10,434	11,241
CYP ED Urgent	CYP Eating Disorders - Urgent Referrals	ICS Devon	LTP 2022/23	MHSDS	Feb 2024	30%	95%			27.6%	55.9%	84.3%
CYP ED Routine	CYP Eating Disorders - Routine Referrals	ICS Devon	LTP 2022/23	MHSDS	Feb 2024	87%	95%			41.9%	67.0%	92.0%
IOOA_BedDays	Inappropriate Out of Area Bed Days	ICS Devon	LTP 2023/24	MHSDS	Jan 2024	890	0			911	1,757	2,604
Perinatal	Perinatal Access	ICS Devon	LTP 2024/25	MHSDS	Feb 2024	1115	1115			512	735	959
DDR	Dementia Diagnosis Rate	ICS Devon	LTP 2024/25	Primary Care Dement...	Feb 2024	57.5%	67%			55.4%	56.3%	57.1%
LD_AHC	Learning Disabilities Annual Health Checks	ICS Devon	LTP 2024/25	LD Health Check Sch...	Feb 2024	64%	75%			11.2%	27.5%	43.7%
EIP	Early Intervention in Psychosis (EIP)	ICS Devon	LTP 2022/23	MHSDS	Feb 2024	52%	60%			19.4%	48.0%	76.5%
SMI_PHC	SMI Physical Health Checks	ICS Devon	LTP 2024/25	MHSDS	Dec 2023	5056	4648			2,292	3,239	4,186

System Summaries

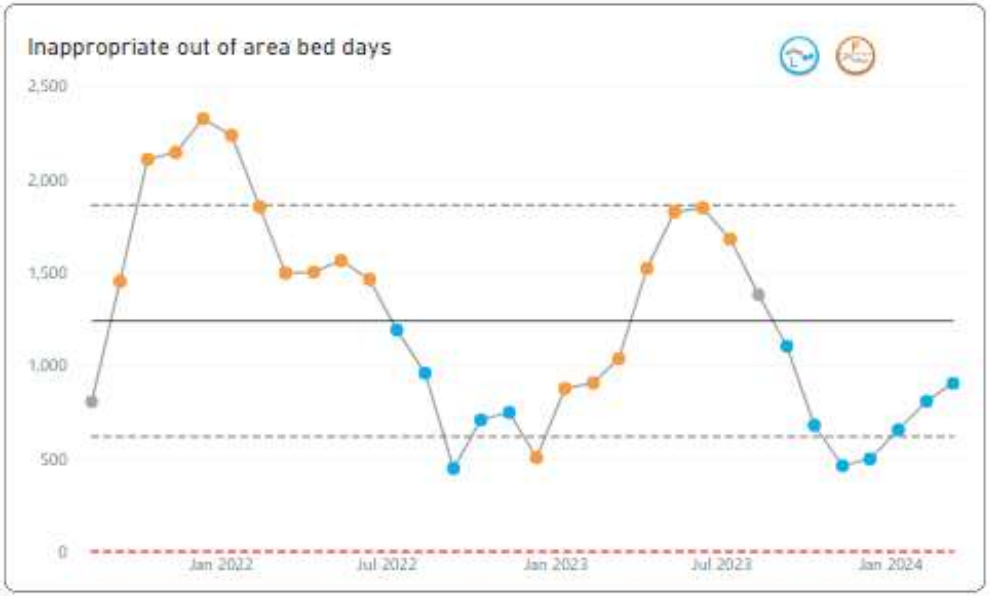
As the ICB progresses towards fuller Provider Collaborative responsibilities, there remains a current focus within the MHLDN Provider Collaborative on better aligning the MHLDN reporting infrastructure and performance improvement architecture to support IQPR reporting cycles. There is currently a lag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

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

Mental Health: NHS Talking Therapies Access

Data	Summary
KPI Description The number of people who enter NHS funded treatment with NHS Talking Therapies services in the reporting period. Total is by rolling quarter. **Statistical Process Chart**  Data Source: Provider data	**Analytical Commentary** The KPI is showing special cause improvement. As of February 2024, the KPI is currently achieving 80% of the planned level. **Operational Summary** The original Operating Plan submission targeted 94% achievement of the national lower-end target. In Devon, wait time performance and recovery performance continues to exceed national standards. In terms of percentage delivery of the national target the national average is 87% and Devon's performance was 80%. **Actions and Assurance** Talking Therapies services are exploring further links with other long-term conditions pathways to potentially play a more significant role as those pathways are redeveloped. Additionally, a range of smaller psychotherapy contracts risking duplication of Talking Therapies have ended to support redirection of resource to partially resource the gaps between Talking Therapies and Adult Mental Health provision, which may affect flows in the existing services. The Devon MHLDN Provider Collaborative continues to work with providers to understand the current performance drivers and ensure access and recovery is optimised. Reflecting the national challenge in relation to this metric, there is presently a national marketing campaign underway to support increased access to this offer. In 2024/25 the national definitions and standards in relation to NHS Talking Therapies metrics will be changing. These changes are being prepared for through operational planning and are likely to result in a change in this reporting metric in future.

Mental Health: Inappropriate out of area bed days

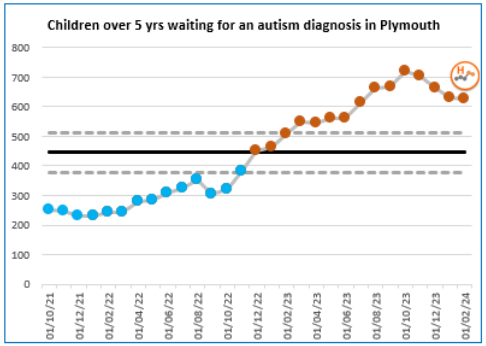
Data	Summary
KPI Description The total number of days (rolling quarter) in which patients have been placed out of area due to unavailable beds in their usual network.  Data Source: Provider data	**Analytical Commentary** The KPI shows variation of an improving nature. The total number of bed days in February 2024 is 904. **Operational Summary** Progress continues in relation to the elimination of inappropriate out of area placements in the context of a nationally challenging position, since April 2021 (up to November 2023) nationally inappropriate out of area bed days have increased by 10.4% whereas in Devon, in the same period they have reduced by 79.6%. Anticipated winter pressures meant that this trend would not be maintained over Winter; with October 2023 and November 2023 performance indicating an increase from September 2023. It is expected that this will continue in March. **Actions and Assurance** The 2023/24 trajectory was established through providers' re-assessment of their bed plans and CIP in respect of this target. There are well established operational process to ensure bed capacity is maximally utilised on a day-to-day basis between providers; whilst work continues strategically to progress the elimination of inappropriate out of area bed placements with work currently underway in relation to a current needs analysis. In 2024/25 the national definitions and standards in relation to NHS this metrics will be changing. These changes are being prepared for through operational planning and are likely to result in a change in this reporting metric in future.

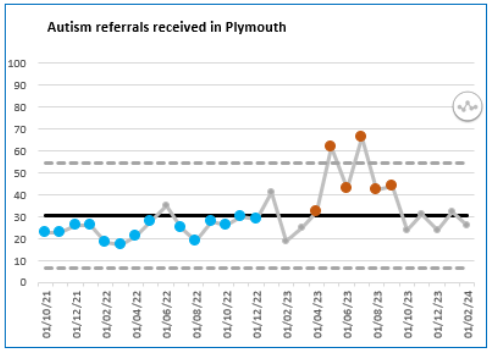
Children & Young People (CYP): Autism Diagnosis waiting times

Key Performance Indicator	Target/ Plan	Latest Period	Actual (provider averages)	Variation	Assurance
Autism Diagnosis (Waiting)	<18 weeks.	Feb 2024	Plymouth 86.9 weeks		

KPI Description
NICE guidance for CYP to be seen within 18 weeks from referral to start of assessment.

Plymouth





Operational Summary – Devon (CFHD), Torbay (CFHD) & Plymouth (UHP/LSW)

Demand:
CFHD data for February has not been received. Implementation of SystemOne in February 2024 caused a number of data quality concerns which are still being resolved. Manual validation is being completed and verbal update on March position.
The format of waiting list has changed, where previously the number of children waiting include, those referrals awaiting clinical triage and screen and outcoming. The waiting list now includes only the referrals that have gone through triage, screening and outcoming and on the waiting list which is in line with other provider reporting and RTT guidance.
Focus of clinical capacity is on longest waiters therefore numbers starting assessment <18 weeks is 2%.
Despite the lack of data from CFHD we know from previous months that the number of children waiting remains significantly over target. UHP February numbers of children maintain a static position. A deficit in early help-based support and understanding that diagnosis unlocks additional support drives families to seek a formal diagnosis increasing referral numbers.

Capacity:
- CFHD report successful recruitment to posts within ND pathway. Vacancy factor reduced from 67% in September 2023 to 45% in December 2023 and 35% in April 2024.
- UHP committed to recruiting to new B7 post and requesting ICB funding for additional Community Paediatrician until August 2024. Current new patient appts per month is 65 Vs average monthly new patient demand 111.
- Co production and engagement with Parent Carer Forums was paused during Easter Holiday which has impacted on discussions for developing the parent support offer and waiting well.

Actions:
- Follow up workshop focused on Under 5yrs – agree most appropriate staffing, pre assessment work up; assessment process – to cover neurodevelopmental and children with complex health needs.
- Review of CFHD waitlist to identify those who have had private assessments completed and offered to be removed continues to be worked up. Project support has been identified via TSDFT.
- Continuous recruitment to vacant posts – although this is within the constraints of organisational NOF 4.
- Partnerships for Inclusion for Neurodiversity in Schools national MoU signed – project on track. Project team mtgs set up.
- Multi agency development of each local authority graduated response and ordinarily available provision and review of Local Offer.
- Business case submitted to Devon Investment Group for non recurrent wait list initiatives and needs led parental support services.

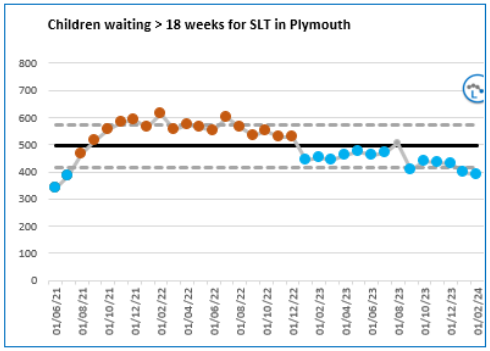
When is improvement expected?
Recruitment to existing vacancies as well as new additional staffing when recruited will take time to be trained and inducted. Once recruitment is at full establishment, improved impact is predicted in those services in 2024/25. It is acknowledged that the level of demand will exceed the commissioned capacity with the continuing rate of referrals as well as address legacy numbers waiting.

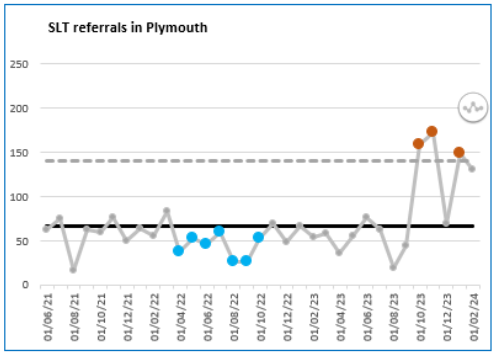
Children & Young People (CYP): Speech & Language waiting times

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
Speech and Language waiting times	< 18 weeks	Feb 2024	Average wait - LSW 26 weeks. Longest wait – LSW 70 weeks.		

KPI Description: NICE guidance for CYP to be seen within 18 weeks from referral.

Plymouth





Operational Summary

Demand: Highest percentage of children referred to CFHD speech and language are in the 2-4 year age group. Referrals have remained consistently higher post pandemic and complexity of cases and intensity of support increased requiring children to stay on caseload longer. SLCN is a joint priority with each of the 3 local authoirities.

CFHD data for February has not been received. Implementation of SystemOne in February 2024 caused a number of data quality concerns which are still being resolved. Manual validation is being completed and verbal update on March position.

LSW continues to improve slowly. Average wait remains 26 weeks with longest wait reducing to 70 weeks. Total numbers waiting 643 compared to 727 in Feb 2023.

Capacity: Continued workforce vacancies and recruitment and retention challenges reduces clinical capacity. A workforce ratio of between 1.9 and 2.2 WTE SLT per 1000 head of child and young person (0-18) with predicted SLCN is indicated as good practice. Based on the information shared from the initial local mapping project using the Balanced System Framework, it suggests that CFHD have 1.5 and Plymouth 2.14 WTE.

LSW have recruited to all 4 WTE posts and are in post and are gradually building to full caseloads. LSW have agreed to fund and recurit an additional 1 wte post substantively to cover career break and maternity leave with plan to strengthen Early Help Team as well as strenghten link therapist role and allocate capaity to areas of need whilst continuing with wait list.

Recruitment remains a challenge with a 44% vacancy rate (CFHD) in Band 5 positions. Interviews are planned for April and May and rotational posts have also been agreed to advertise.

Actions

CFHD data quality issues following transfer to SystemOne to be addressed.

Short form investment template was not supported by DIG and action to include CYP provision in the ICB Community Services Review. Date to be agreed.

NHS Devon have commissioned Better Communication CiC to work collaboratively with core commissoned speech and language therapy providers to improve service design and delivery using an evidenced based framework. This will enable SLTherapists to work alongside wider workforce and families in context of where CYP spend their time; ensure timely and effective access to assessment and support to meet their needs.

When is improvement expected?

Pending recruitment to vacancies, induction and training (as many will be newly qualified) improvement is predicted in 24 months. LSW Trajectory is on track. Significant improvement can only be expected if additional resources are allocated through operational planning in addition to ensuring transformation of service design and delivery. Consideration will need to be given for the model of recovery outside of existing contracts.

Local Maternity & Neonatal System: Three Year Delivery Plan Theme 1: Listening to & working with women and families with compassion

Outcome Measures	Update
CQC Survey Scores (Improvement)	• Of the 11 CQC family survey scores relating to the Three Year Delivery Plan, 8 have improved since 2022. • The full survey demonstrates some improvement but remains broadly the same, reflecting the national picture. • TSD & UHP demonstrated the best performance in the country in 4 areas (TSD- raising concerns during antenatal care, labour & birth (overall), information & risk relating to induction of labour, UHP- appropriate information & advice on benefits of induction of labour).
Progress Measures	
Maternal Mental Health Services (Partially implemented)	• Access increased to support partners accessing NHS talking therapies & expedited response from service. • On track to achieve planned access volume of 1,115 by Q4 23/24.
Perinatal Pelvic Health Services (In development)	• Service not implemented in line with service specification by target date of March 2024. • Challenges include development of a system wide single point of access, recruitment of system wide administrative function, alignment with current operational procedures and achieving sufficient training fill rates. • Recruitment of clinical staff almost complete - partial WTE to be filled in RDUH. • Development of clinical pathways, website & support information. • Specialist training delivered in Q4 23/24.
Bereavement Services (Partially implemented)	• Not meeting national target of 7-day specialist bereavement services in place by March 2024. • Specialist bereavement midwives, policies & facilities are in place. Pathways are in place in UHP & TSD and under development in RDUH.
Neonatal Cot Capacity	• Not meeting ATAIN (Avoiding Term Admissions in Neonates) target of 5% or less in UHP (5.2%) and TSD (6.4%) in Q3 of 23/24. • Neonatal cot capacity in Devon was found to be sufficient in the 2020 Neonatal Critical Care Review.
Equity & Equality (Delayed)	• Publication of the Devon Maternity & Neonatal Equity & Equality Plan has been delayed due to capacity within the team. This will be published in April 2024.
Service User Engagement (At risk)	• Not meeting current national guidelines for MNVP involvement in activity (system & Trust level). • A new funding model & business case will be prepared to enhance funding & resourcing.
Regulation & Incentivisation	
CQC- Is the service caring?	• Latest CQC reports provide no insight on whether the service is caring or personalised. (UHP Sept 2022, RDUH & TSD Nov 2023).
CNST Year 5 (2023)- Listening to women, parents & families	• All Trusts were compliant with the Clinical Negligence Scheme for Trusts (Maternity Incentive Scheme) safety action 7 in 2023.

Key:

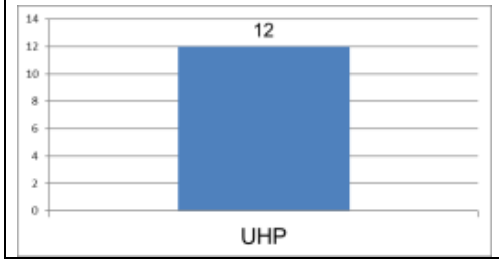
Partially implemented	In Progress / Good	At risk with plan in place

Quality

Serious Incidents (all providers)

Serious Incidents received by Provider

During March 2024 there were 12 serious incidents reported by UHP, as they have not yet transitioned from the Serious Incident framework to the new Patient Safety Incident Response Framework (PSIRF). These are broken down by Provider in the chart below:



The **top three Serious incident** types reported in March 2024 were:

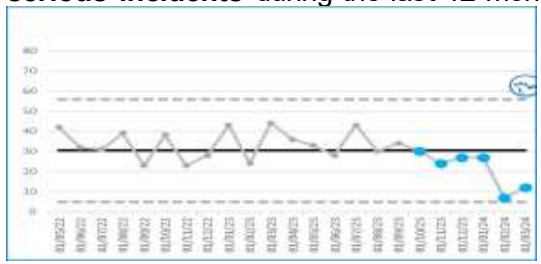
Slips, Trips Falls (5) ↑

Treatment Delay (2) ↔

Maternity (2) ↑

N.B. the arrow indicates change from previous month)

The below chart shows the number of **reported serious incidents** during the last 12 months**:**

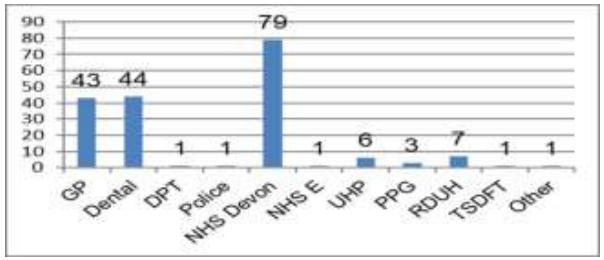
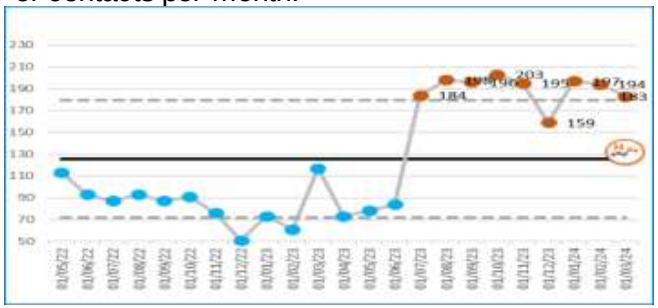


Total number of **open SI's under investigation** for the system in March 2024 is **277**, another decrease from last month (306).

There are currently 16 open serious incidents that have been identified as multi-agency cases. This number will continue to reduce as historical SI cases are closed and new PSIRF system level reporting becomes available to replace it.

Never events	Multi-agency investigations	Review and closure
There were no Never Events reported in March 2024 within the Devon system. During the financial year of 23/24 there were 10 reported Never Events. In the 22/23 financial year there were 18 never events reported. Case examples and learning from never events are taken to and shared amongst Devon providers via the Patient Safety Specialist collaborative network.	There are currently **16 open serious incidents** that have been identified as **multi-agency cases**. These are being investigated jointly to help identifying what went wrong throughout the patient's care leading up to the incident. This also enables joint learning across Providers and aid improvement.	There are currently **27 incident investigations being reviewed** within the ICB, which are currently being monitored by the SST to meet the review deadline. During March 2024 **40 incident investigations** were reviewed and assurance received for **closure of these cases.** The SST follow up SIs to maintain assurance from providers that there is timeliness of completion, records of expected completion dates are kept. The ICB is receiving positive feedback on the efficacy of the new PSIRF approach with particular reference to RDUH's implementation.

Patient Experience (NHS Devon): Patient Contacts

Patient Experience: Received cases	Patient Experience: Informal Concerns
During March 2024 there were 187 new patient experience points of feedback (including MP and PHSO (Parliamentary and Health Service Ombudsman) enquiries) received by the ICB these are shown by Provider in the graph below:  Following delegation of POD on 1/07/2023, the majority of contacts now relate to Primary Care.	Number of contacts per month:  The top three patient experience concerns received in March 2024 were the same as previous months: • Access to Services (106) • Quality of care (37) • Procedure or process (30)
Patient Experience: Case Management position	**Patient Experience: Summary**
• As of 31 March 2024, there were 19 unassigned informal concerns and formal complaints waiting to be progressed. • The case that remains unassigned for the longest period is from the 29 February. All 19 cases were acknowledged. Work is underway in the directorate to improve performance. • The complaint open for a period of 2 years is being well managed with the family through the process.	• Two new formal complaints were raised during March for NHS Devon, with a total of 11 that remain open. • 7 contractual reviews open, which are required and form part of Primary Care complaints which are managed by NHS England. • 2 Complaints being managed by the Primary Care Hub. • 7 open requests for information from the Parliamentary Health Care Ombudsman (PHSO).

Safeguarding: Adult Enquiries

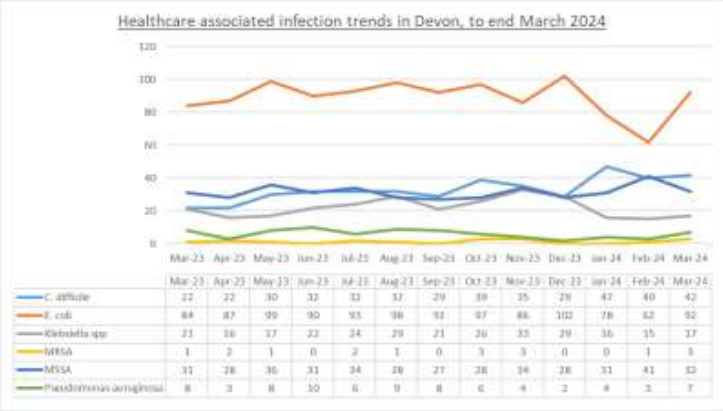
Issue: Safeguarding Adult Enquiries (Section 42.2) are undertaken when concerns about abuse and neglect within health care settings are raised. The statistics below are in relation to the new S42.2 caused out by the 3 local authorities in Devon and the primary themes of the concerns.

Data				Underlying cause
	Jan	Feb	March	**Themes:** The top issues within new S42.2 enquiries started in March 2024 related to: • Poor quality of care • Pressure Ulcer • Medication errors
Total number of new S42.2 enquiries	10	14	8	
Total number of closed S42.2 enquiries	15	3	5	

Initial learning from new safeguarding enquiries, closed safeguarding enquiries and safeguarding adult reviews:	Assurance
The Safeguarding Adult team will be seeking assurance that the learning from enquiries will be embedded within the provider of the care services involved. The Southwest Association of Directors of Adult Social Services (ADASS) completed a review of all southwest SAR's with a focus on the Mental Capacity Act (MCA) which can be found here: SAR-Thematic-Review-Final-Version-Jan24.pdf (southglos.gov.uk) Learning themes identified included lack of understanding of the MCA in relation to fluctuating capacity and executive function. The two Devon Safeguarding Adult Partnerships have requested assurance regarding implementing of the learning relevant to Devon. The ICB SGA team will support this. ADASS will be producing learning tools which the team will disseminate to provider safeguarding teams.	The safeguarding adults team continue to review individual safeguarding cases with providers' Safeguarding Leads to gain assurance of the quality of care provided to patients. The safeguarding team are working closely with the providers and local authorities to ensure patients remain safe whilst investigations are undertaken, and mitigating actions are taken to prevent further harm.

Actions for next month/s	Intended impact	Date impact will be realised
To continue to monitor and report S42.2 activity across Devon. SGA team will produce and deliver a training package for internal ICB staff that will include the learning from the thematic review above and the S42.2 process.	Raise awareness of learning from S42.2's and safeguarding adult reviews to promote safer patient care.	Quarter 4 2024

Infection Prevention and Control

Data	Infection Highlights
	**Seasonal and avian flu system gap** A risk remains regarding Avian Flu provision of antivirals and swabbing, no provider is currently identified to provide this service. This is being addressed with a solution close to being agreed with partners. **COVID & flu vaccination** The National Booking System (NBS) for COVID and seasonal flu vaccinations closed from end of March 2024. Final status is (figures in brackets are the same point 2022-23): 62.1% (72.1%) of eligible cohorts have received the autumn COVID Vaccination. 74.8% (86.7%) of eligible cohorts have received the seasonal flu vaccination. 34.7% (21.0%) received a co-administered vaccination. **Tuberculosis** In Q4, the ICB have been made aware of two complex cases of tuberculosis in Devon, the ICB IPC team are involved in the responses. **Measles** There is a national measles incident, with an increased incidence of measles in the West Midlands, London and Wales, with 1,023 cases from 1 October 2023 to 8 April 2024. This incident increases the likelihood of measles cases in Devon, particularly in school holidays with increasing travel from high incidence areas. Devon however has a high vaccine uptake, although there are areas of lowered uptake within Devon where risk may be higher. Despite this increased likelihood, no increase in measles cases in Devon has been observed.

Actions undertaken in last month	Impact
Tuberculosis cases engagement.	System response to tuberculosis cases.
Asylum seeker hotel improvement work.	Advice and ICB engagement provided to improve safety.

Actions for next month/s	Intended impact	Date impact will be realised
Avian flu commissioning.	Avian flu arrangements in place.	A commissioning solution is in progress.
Tuberculosis commissioning pathway.	Consistent provisioned service for tuberculosis, including video observed therapy and directly observed therapy, as well as screening capacity.	July 2024
Rewriting of service specification for community infection management service.	Improved service outcomes, improved cross-locality working.	May 2024
Involvement with initial scoping & purchase decisions for intermediary care site	Infection control advice with new project to ensure appropriate patient safety measures are in place.	June 2024

Workforce

Workforce: Metrics

	Metric	Latest Date	System	Devon Partnership NHS Trust	Royal Devon University NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Workforce	Whole time equivalent staff numbers (Current Year)	Feb 2024	31,609	3,469	11,974	6,134	10,032
	Whole time equivalent staff numbers (Current Plan)	Feb 2024	29,938	3,326	11,133	6,225	9,254
	Whole time equivalent staff numbers (Previous Year)	Feb 2023	30,298	3,336	11,612	6,220	9,130
	Vacancies (Medical/Dental Consultant)	Feb 2024	77	21	21		35
	Vacancies (Registered nursing)	Feb 2024	147	145	105		-102
	Vacancies (AHP)	Feb 2024	170	17	92		62
	Vacancies (HCAs)	Feb 2024	256	-42	192		106
	System Agency spend (£000s) (Current Year)	Feb 2024	3,874	997	1,009	1,362	506
	System Agency spend (£000s) (Current Plan)	Feb 2024	2,863	440	1,331	742	350
	System Agency spend (£000s) (Previous Year)	Feb 2023	5,072	941	2,062	1,460	609
	System Agency spend (£000s) as percentage of total spend	Feb 2024	2.58%	6.03%	1.77%	4.68%	1.06%

System WTE February 2024

	Plan	Actual	Variance
Substantive	29938	31609	-1671
Bank	1493	1580	-87
Agency	351	531	-180
Total	31782	33720	-1937

Per Trust WTE February 2024

Substantive

Org	Plan	Actual	Variance
DPT	3326.2	3469	-142
RDU	11133.1	11974	-841
TSD	6224.7	6134	91
UHP	9254.3	10032	-778

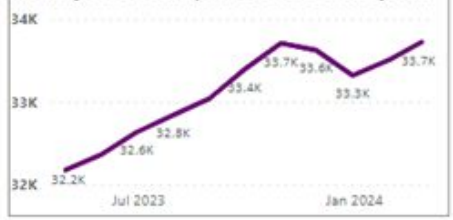
Bank

Org	Plan	Actual	Variance
DPT	240.6	216	24
RDU	503.2	361	143
TSD	282.0	451	-169
UHP	467.3	552	-85

Agency

Org	Plan	Actual	Variance
DPT	41.6	53	-12
RDU	188.4	228	-39
TSD	115.0	200	-85
UHP	5.7	50	-44

Monthly WTE from April 2023 for Devon System



System spend YTD (£'000) February 2024

	Plan	Actual	Variance
Substantive	1454K	1478K	-24K
Bank	77.3K	86.9K	-9.6K
Agency	34K	49K	-15K
Total	1565K	1614K	-49K

Per Trust spend YTD (£'000) February 2024

Substantive

Org	Plan	Actual	Variance
DPT	153599	152291	1308
RDU	558768	577000	-18232
TSD	284031	287194	-3163
UHP	457699	461794	-4095

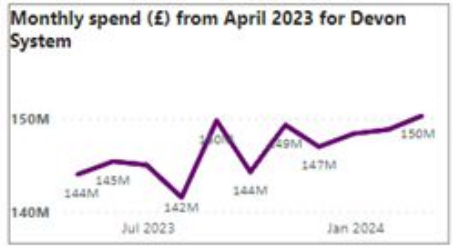
Bank

Org	Plan	Actual	Variance
DPT	10535	9076	1459
RDU	26009	27280	-1271
TSD	13135	16659	-3524
UHP	27627	33847	-6220

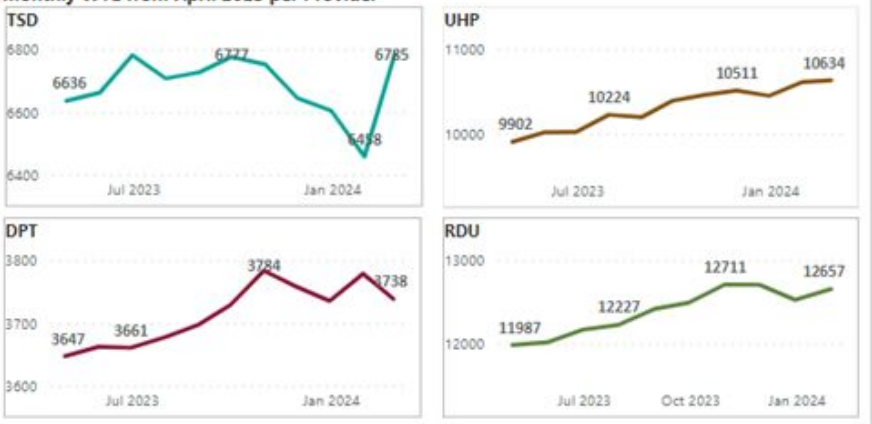
Agency

Org	Plan	Actual	Variance
DPT	5805	10747	-4942
RDU	14628	18170	-3542
TSD	8974	14453	-5479
UHP	4372	5337	-965

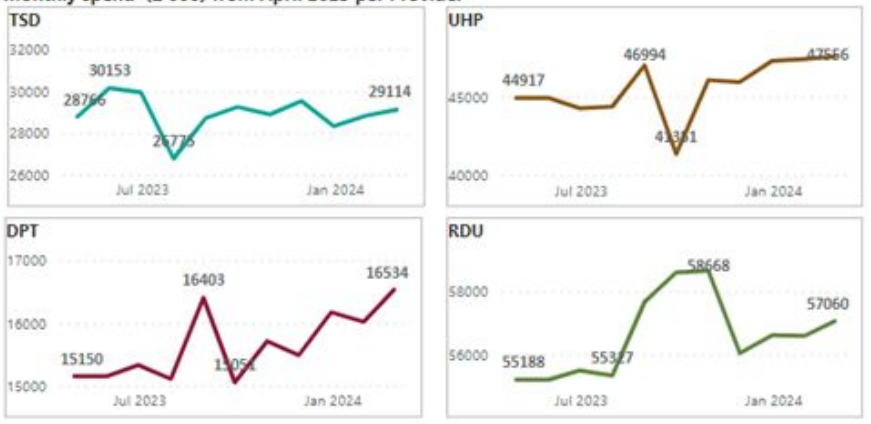
Monthly spend (£) from April 2023 for Devon System



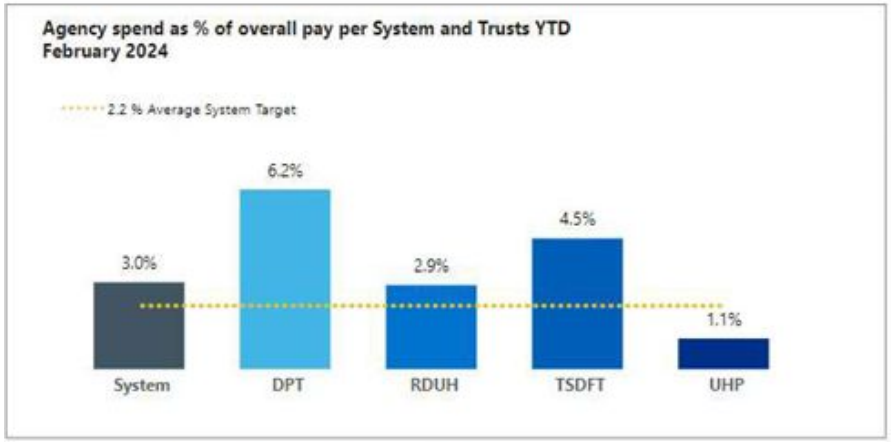
Monthly WTE from April 2023 per Provider

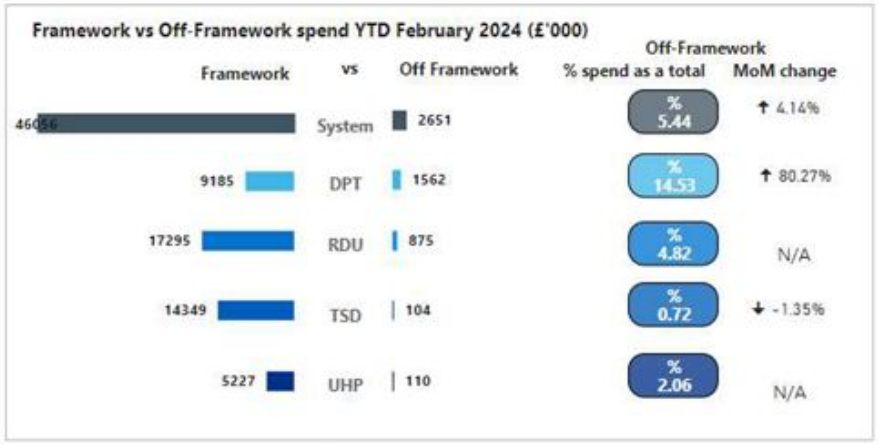


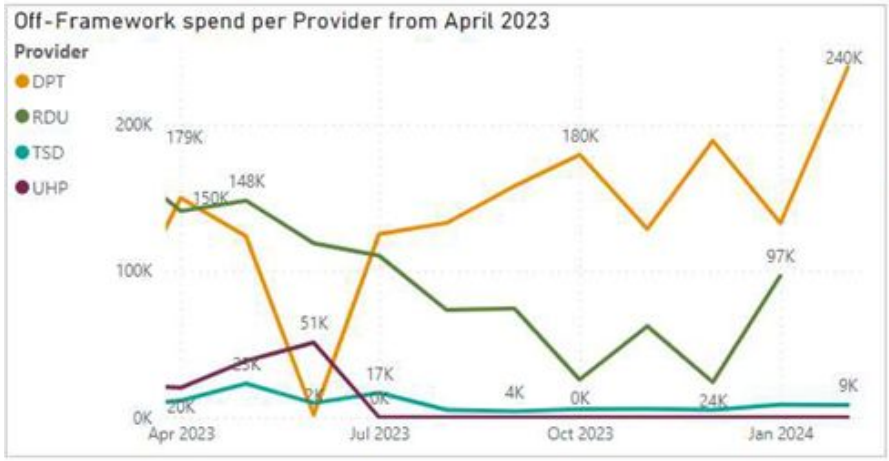
Monthly spend (£'000) from April 2023 per Provider

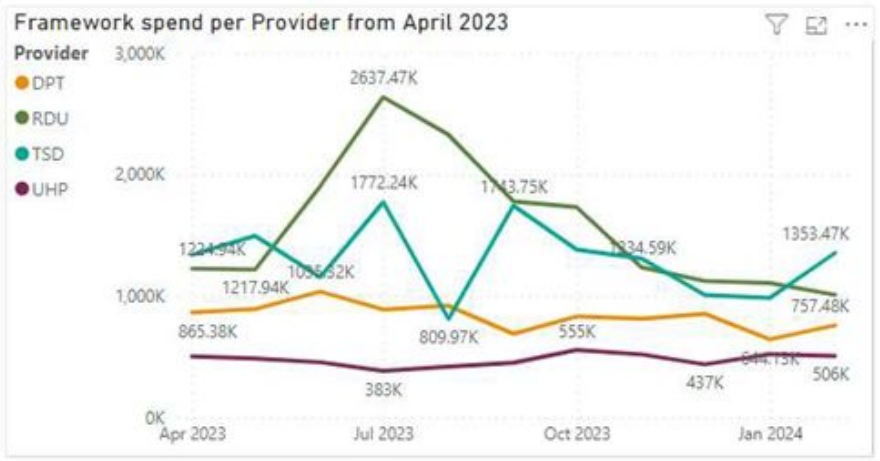


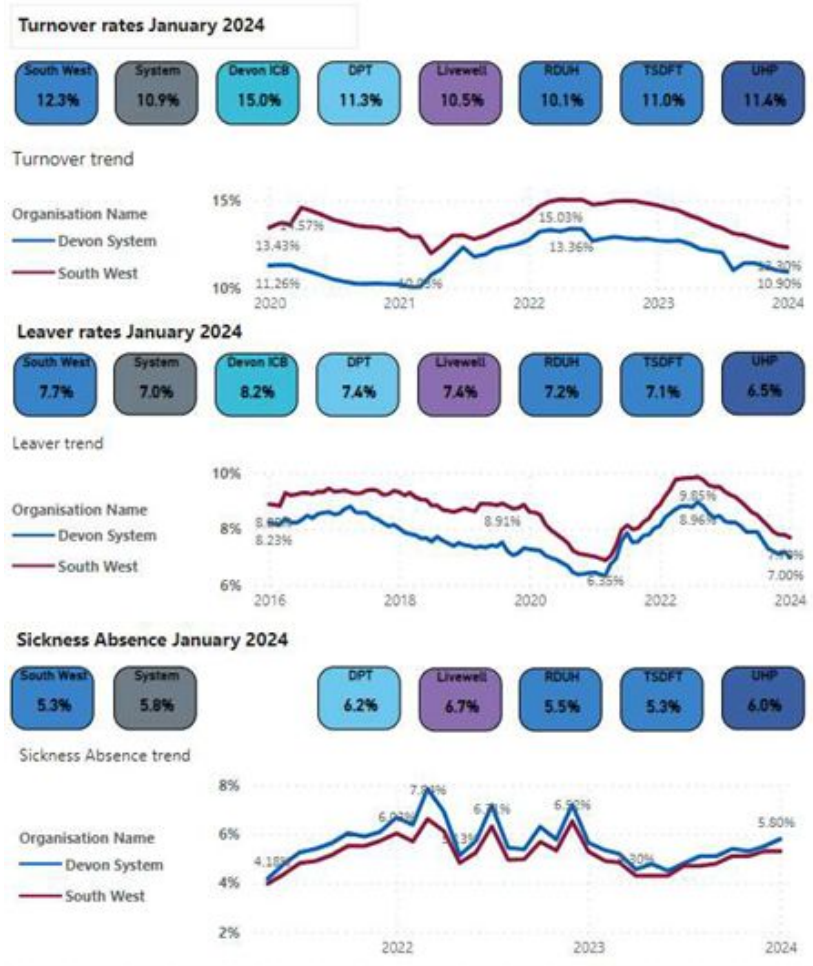
Agency Spend as of February2024

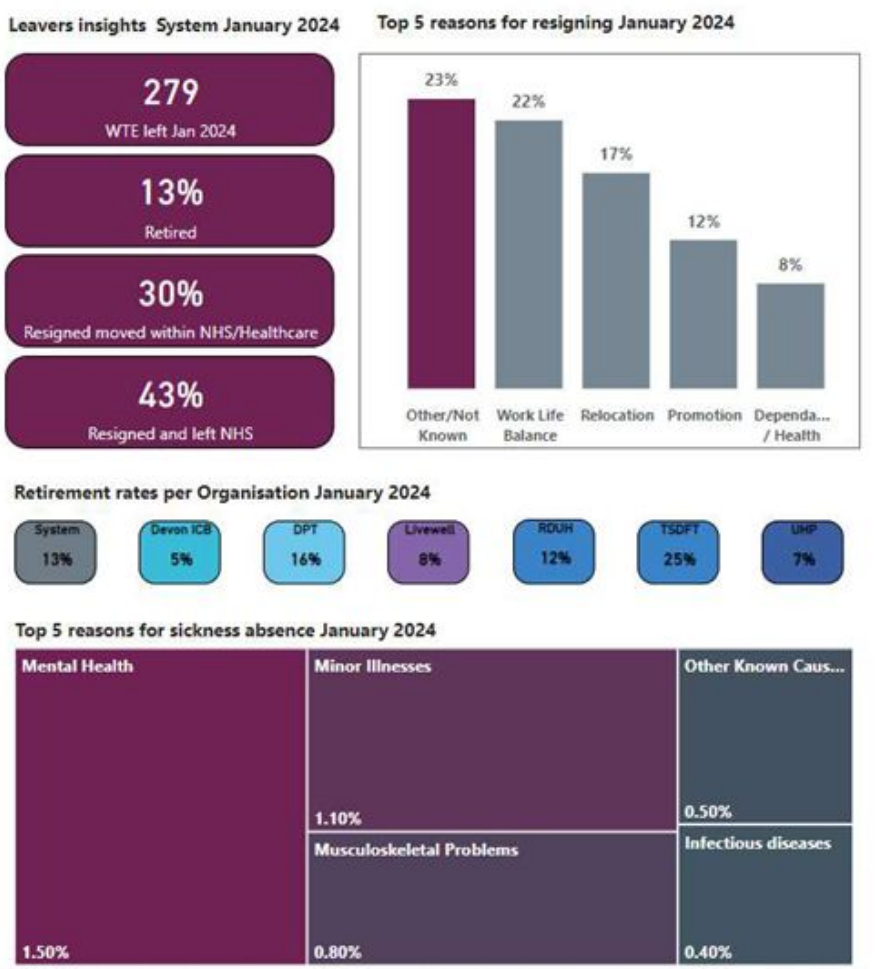









Turnover rates January 2024
South West 12.3%
System 10.9%
Devon ICB 15.0%
DPT 11.3%
Livewell 10.5%
RDUH 10.1%
TSDFT 11.0%
UHP 11.4%
Turnover trend
Organisation Name
Devon System
South West
15%
10%
13.43%
11.26%
15.03%
13.36%
10.90%
2020
2021
2022
2023
2024
Leaver rates January 2024
South West 7.7%
System 7.0%
Devon ICB 8.2%
DPT 7.4%
Livewell 7.4%
RDUH 7.2%
TSDFT 7.1%
UHP 6.5%
Leaver trend
Organisation Name
Devon System
South West
10%
8%
6%
8.23%
8.91%
9.85%
8.96%
6.35%
7.00%
2016
2018
2020
2022
2024
Sickness Absence January 2024
South West 5.3%
System 5.8%
DPT 6.2%
Livewell 6.7%
RDUH 5.5%
TSDFT 5.3%
UHP 6.0%
Sickness Absence trend
Organisation Name
Devon System
South West
8%
6%
4%
2%
4.15%
5.80%
2022
2023
2024


Leavers insights System January 2024
279
WTE left Jan 2024
13%
Retired
30%
Resigned moved within NHS/Healthcare
43%
Resigned and left NHS
Top 5 reasons for resigning January 2024
23%
22%
17%
12%
8%
Other/Not Known
Work Life Balance
Relocation
Promotion
Dependa... / Health
Retirement rates per Organisation January 2024
System 13%
Devon ICB 5%
DPT 16%
Livewell 8%
RDUH 12%
TSDFT 25%
UHP 7%
Top 5 reasons for sickness absence January 2024
Mental Health
1.50%
Minor Illnesses
1.10%
Other Known Caus...
0.50%
Musculoskeletal Problems
0.80%
Infectious diseases
0.40%

Key headlines

Agency

•At M11 (February 2024) agency spending YTD exceeded plan by £14.93 M (44.19% higher than plan) and providers forecasted overspend to the end of a year is £16.35M. The South West Region is £55.8 M (or 22.8%) above plan.

•At M11 System Agency spend as % of overall pay bill YTD is reported at 3.0% (0.1% ▼), the lowest in South West area. Devon's system falls below the NHSE ceiling of 3.7% for agency spend relative to total pay bill, as well as the South West average of 4.4%. DPT (at 6.2% YTD) continues with the highest deviation from the target, which is 2.2% of average total workforce spend. UHP is under the target reporting 1.1% of overall pay bill YTD and in comparison to the prior month, UHP's agency use hasn't changed.

•According to the NHSE report at M10, the Devon system leads the South West area in the use of off-framework staff and has the lowest percentage of staff On-Framework in the region.

Other

•At M11, as a system, workforce spend has been £48.97M* higher than anticipated total YTD (Forecasted £61.52M* overspend against plan to the end of the year).

*includes Other

Sickness and Retention

In January 2024, the Devon system turnover rate was 10.9% (0.1%▼), which is a decrease over the previous month. Additionally, turnover rates in the South West region decreased by 0.1%▼ to 12.3%.

The RDUH reports increased turnover by 0.1% ▲ to 10.1%, and Devon's ICB turnover climbed by 1.1% ▲ from the previous month to 15%. Other providers report decreased turnover rates.

Sickness absence rates in the Devon system for January 2024 are 5.8%, up 0.3% ▲ from the previous month, while the South West region's rate of 5.3% has remained unchanged.

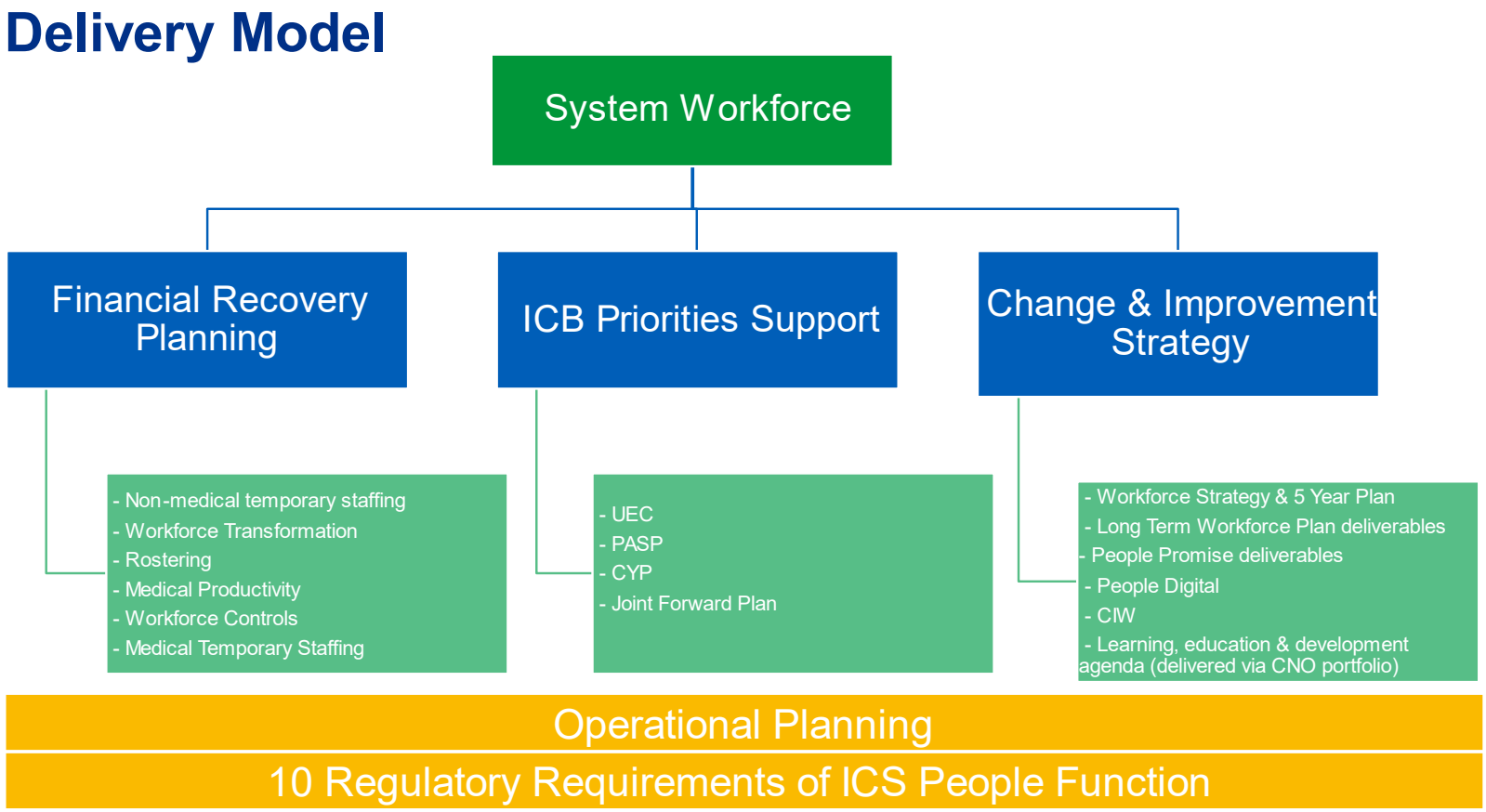
Devon's percentage of sick rate remains the second highest in the South West.

The Alliance International Recruitment Programme

Since the beginning of the programme 1500 nurses have been deployed.
This suggests that the overall pool of candidates for hire is healthy and more than enough to meet the system's known demand. As there is decreasing demand for IR in Devon, the next steps involve expanding outside of the region and taking part in meetings for workforce planning to determine how IR can offer support.

- A deployment of two therapeutic radiographers is underway.
- Rowcroft Hospice recruitment continues, as evidenced by the arrival of two palliative care nurses one in April and one in March.
- Five are scheduled for deployment to Addenbrookes.
- The Peninsular Network is initially exploring and advertising positions for Biomedical Scientists.
- Histopathology Roles are being defined, and advertising will soon happen.

The System Workforce team have redesigned their operating model to ensure that it is aligned to supporting the financial recovery agenda, enabling the workforce elements of the ICB priorities as well as delivering the medium to longer term workforce transformation and improvement required.

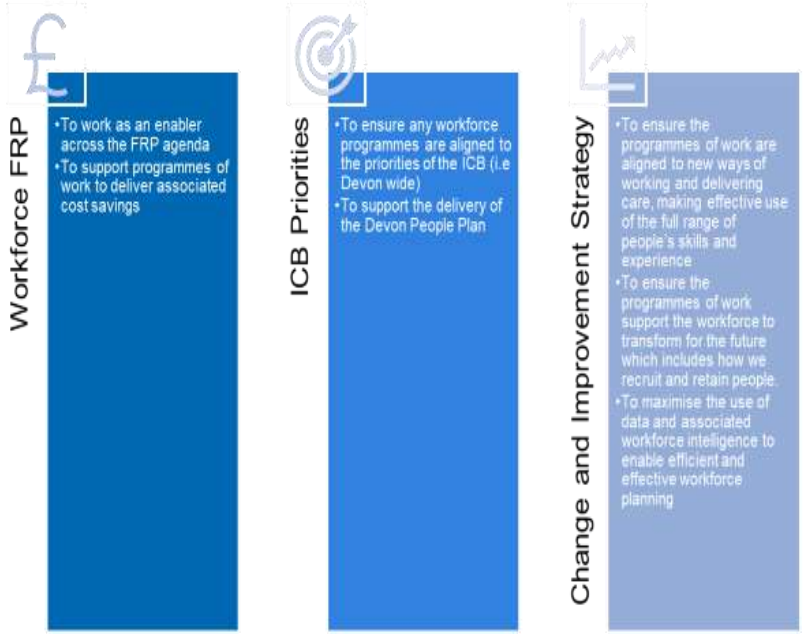


Our Purpose & Ambition

PURPOSE

- **LEAD**
  - Programs of strategic workforce workstreams for the benefit of the System.
  - Be leaders of change and innovation.
- **FACILITATE**
  - Relationships across the System to promote & deliver the strategic workforce agenda.
  - Collaboration and sharing of best practise across all sectors of our System.
- **CO-ORDINATE**
  - Workforce outcomes across System strategic priorities.
  - One Devon workforce solutions, reducing duplication and inequality.
- **CONNECT**
  - Workforce leaders and workstreams across system-wide programs of work.
  - System partners across all specialisms to design solution architecture and showcase best practice.

AMBITION



Change and Improvement Workstreams

2024/25 Q1 Priorities

- Development of 5 Year Workforce Plan (NHS providers)
- Retention Hub – options appraisal
  - Retention Strategy
  - Options appraisal
- Culture, Inclusion and Wellbeing
- People Digital
  - Steering group

2024/25 Q2 onwards

- Supporting delivery of 5 Year Workforce Plan (NHS providers).
- Development of 5 Year Workforce Plan (Primary & Social Care).
- Widening Participation programs.
- Development of attraction routes programs (carers hub etc).
- Workstreams to support 'Retain & Reform' priorities in LTWP.
- Culture, Inclusion and Wellbeing.
- People Digital.

Workforce: Learning, Education and Strategy

- **Placement Expansion:** Chair for Nursing and Midwifery Sub-Group identified. Placement expansion working group structure socialised with Devon Nursing Workforce Board and agreement to identify provider representatives secured. T level ARC proposal developed and received. T level Learning Objectives (LOs) mapping exercise completed; comparing LOs to tasks/responsibilities of National Band 2/3 Job Descriptions to identify scope of practice and supervisor/mentor requirements, comparison to social care environment to identify expansion potential in social care settings completed. Ongoing stakeholder engagement. Development of case studies and project plan for T levels initiated to bring together ICB priorities, DfE KPI and Devon T Level Network objectives
- **Advanced Practice:** 54 New AP trainee posts secured. Strategy being socialised across the system. Allied Health Faculty – task and finish group to increase AP awareness and build posts.
- **Apprenticeships:** Apprenticeship Strategy being developed and co-produced with providers. Creation of a generic DAS account to enable system wide oversight and reporting of apprenticeships.
- **Upskilling:** Delivery of Advanced Communication Skills courses completed by St Lukes and Rowcroft hospices. Zebra Strengths Based Approaches continue with strong attendance rates.
- **Learner Experience:** Learner Engagement events held across 3 sessions. Attendance and engagement with Safe Learning Environment Charter Regional Launch Event. Engagement with stakeholders and SW WTE team to develop Safe Learning Environment Charter Implementation. Development of Educator Workforce Strategy mapping tool through engagement with regional Educator Workforce Strategy group.
- **Social Care:** Simulation Project CSU creating a communications outline strategy and costed proposal to enable the work to be widely socialised, supporting stakeholder engagement and early sharing of developments and learning as outputs from the project. Development of TEL – technology enhanced learning – touchpoint days, enabling frontline staff to experience simulated learning. Supported by national TEL team. Evaluation proposal re-activated with CSU – early partnership will enable increased learning of project development as well as simulation outputs.
- **Learning and Education Strategy:** Guidance and next steps identified with ICB Head of Governance for presentation at ICB Executive Board for approval.

Acronyms

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
A&E	Accident and Emergency	**GPAS**	GP Alert State	**N&E**	North & East
A&G	Advice & Guidance	**GPES**	GP Extraction Service	**NCTR**	No Criteria To Reside
AHP	Allied Healthcare Professional	**HALO**	Hospital Ambulance Liaison Officer	**NHSE**	NHS England
AP	Advanced Practice	**HCA**	Health Care Assistant	**NICE**	National Institute for health and Care Excellence
ASD	Autism Spectrum Disorder	**HLP**	Healthy Lives Partnership	**NOF**	National Oversight Framework
AtED	Alternative to ED	**HVAC**	High Volume Any Complexity	**NSS**	No Specific Symptom
CDC	Community Diagnostic Centre	**HVLC**	High Volume Low Complexity	**PCN**	Primary Care Network
CDU	Clinical Decision Unit	**IA**	Industrial Action	**PIDMAS**	Patient Initiated Digital Mutual Aid System
CIP	Cost Improvement Plan	**ICB**	Integrated Care Board	**PIFU**	Patient Initiated Follow Up
CLD	Criteria Led Discharge	**ICS**	Integrated Care System	**PiPOT**	Person in Position of Trust
CUC	Community Urgent Care	**IHDT**	Integrated Hospital Discharge Team	**POD**	Pharmacy Opthalmics Dentistry
CYP	Children and Young People	**IPC**	Infection Prevention Control	**PP**	People Plan
D&C	Demand & Capacity	**IQPR**	Integrated Quality and Performance Report	**PPG**	Practice Plus Group
DAU	Discharge Assessment Units	**IS**	Independent Sector	**PSIRF**	Patient Safety Incident Response Framework
DEXA	Dual Energy X-ray Absorptiometry	**IST**	Intensive Support Team	**RAG**	Red Amber Green
DIG	Devon Investment Group	**ITK**	Interoperability ToolKit	**RDUH/N/E**	Royal Devon University Hospitals/North/East
DPT	Devon Partnership Trust	**IUEC**	Integrated Unscheduled Emergency Care	**RN**	Registered Nurse
DQ	Data Quality	**KPI**	Key Performance Indicator	**SET**	Senior Executive Team
DUCB	Devon Unscheduled Care Board	**LCP**	Local Care Partnership	**SI**	Serious Incident
e-TEP	Electronic Treatment Escalation Plan	**LD**	Learning Disability	**SLCN**	Speech, Language and Communication Needs
EBCMS	Electronic Bed and Capacity Management	**LEG**	Learning Education Group	**SLT**	Speech and Language Therapist/Therapy
ECIST	Emergency Care Improvement Support Team	**LfPSE**	Learn from Patient Safety Events	**SMI**	Severe Mental Illness
ED	Emergency Department	**LOD**	Length Of Delay	**SPOA**	Single Point Of Access
EDD	Expected Date of Discharge	**LOS**	Length Of Stay	**StEIS**	Strategic Executive Information System
EDM	Every Day Matters	**LSW**	Livewell South West	**SUCB**	South Unscheduled Care Board
EIP	Early Intervention in Psychosis	**LTP**	Long Term Plan	**SWASFT**	South West Ambulance Service Foundation Trust
EMD	Emergency Medical Dispatcher	**MDT**	Multi-Disciplinary Team	**T&F**	Task & Finish
EOC	Emergency Operation Centre	**MGH**	Mount Gould Hospital	**TSDFT**	Torbay and South Devon Foundation Trust
EOL	End of Life	**MH**	Mental Health	**UHP**	University Hospitals Plymouth
FDS	Faster Diagnosis Standard	**MHLDN**	Mental Health Learning Disability and Neurodiversity	**UTC**	Urgent Treatment Centre
FY	Financial Year	**MIU**	Minor Injuries Unit	**VCSE**	Voluntary Community Social Enterprise
G&A	General & Acute	**MRSA**	Methicillin-Resistant Staphylococcus Aureus	**WTE**	Whole Time Equivalent
GIRFT	Getting It Right First Time	**MSSA**	Methicillin-Sensitive Staphylococcus Aureus	**WW**	Week Wait
GP	General Practice	**MSK**	Muscolar-SKeletal	**YTD**	Year To Date

Key to Variance & Assurance Icons

	Variation/Performance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
H	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
L	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
H	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
L	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

	Assurance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
?	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
F	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
P	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

NHS Devon Integrated Care Board

Board Assurance Framework

Date of Meeting	Date Report Produced
30 May 2024	07 May 2024

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

Executive Summary
This paper provides the NHS Devon Board members with an update on the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year.

Committees that have previously discussed / agreed the report, and outcomes of that discussion
The Executive Committee reviewed the report at its meeting on 22 May 2024. The Finance and Performance Committee and the Quality and Patient Experience Committee reviewed extracts of this report at their meetings on 08 May 2024.

Key recommendations and actions requested
The Board is asked to **approve** the latest iteration of the 2024/25 BAF risks to achieving the strategic objectives of NHS Devon.

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

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of Services	Risk management systems and processes do not in themselves present any quality or safety implications. They capture and report the risks relating to population health outcomes and patient experience in the One Devon Integrated Care System, in order to ensure that they are appropriately mitigated / controlled.
Health Inequalities	None
Workforce	None
Resources and Finance	Risk management systems and processes do not present in themselves any financial implications. They capture and report the strategic financial risks faced by NHS Devon in order to ensure that they are appropriately mitigated / controlled.
Legal	Sound control and assurance mechanisms, including risk management systems are an essential component of internal control processes. NHS organisations are required to sign an annual governance statement to provide reasonable assurance that they have been properly informed about the totality of their risks and can evidence that they have identified the organisational objectives and managed the principal risks to them. There is a mandatory annual internal audit review into aspects of risk management and the BAF each year.
Digital and Data	None
Engagement and Consultation	This is an internal control process, and no patient engagement has taken place with respect to it.

Board Assurance Framework

Introduction and Background

1. NHS Devon is required to prepare public statements to confirm that it has done its reasonable best to maintain a sound system of internal control to manage the risks to achieving its objectives. This is achieved by the Chief Executive providing a signed Annual Governance Statement, which covers the risk management and review processes within the organisation. The evidence to support this Statement is supported by the Board Assurance Framework, referred to hereafter as the BAF.

2. NHS Devon's BAF is based upon the identification of its strategic objectives (in essence, its strategic aims and goals), the principal risks to delivering them, the key controls to minimise these risks, with the key assurances of these controls identified. These are monitored by the Executive Committee to resolve issues or concerns and to improve control mechanisms and overseen by Board Committees.

BAF Approach for 2024/25

Greater alignment to NHS Oversight Framework

3. At its meeting on 26 March 2024, the Board agreed a new approach to the BAF for the 2024/25 financial year, closely aligning it to the six themes as set out in the NHS Oversight Framework:

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

4. In addition, the Board also agreed the following BAF risks, covering five out of the six themes set out in the NHS Oversight Framework:

    Quality of Care, Access and Outcomes

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

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

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

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

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

NB: *Following further consideration with the relevant Chief Officer, it is proposed that this should be re-articulated as follows:*

If *NHS Devon does not work with system partners to ensure an appropriate NHS workforce,* ***then*** *we will not be appropriately resourced to deliver safe and effective services,* ***resulting in*** *patients across the One Devon Integrated Care System not receiving the services that they need.*

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

Local Strategic Priorities
No BAF risk has yet been identified in relation to this theme. This will be kept under review during the 2024/25 financial year and a BAF risk added if and when it is deemed appropriate.

Key Headings within the BAF

5. The following table summarises the key headings within the 2024/25 BAF:

Main BAF Headings	Explanation of BAF Headings
NHS Oversight Framework Themes	The NHS Oversight Framework consists of 6 themes: Quality of Care, Access and Outcomes; Preventing Ill-health and Reducing Health Inequalities; Finance and Use of Resources; People; Leadership and Capability; and Local Strategic Priorities.
Principal Risks	The key risks that NHS Devon perceives to achieving its strategic objectives / priorities.
Risk Appetite and Risk Tolerance	The amount and type of risk that NHS Devon is prepared to pursue, retain or take in pursuit of its strategic aims / objectives / priorities.
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. This Committee allocation was initially proposed as follows:

NHS Oversight Framework Theme – Risk Entry	Board Committee
1. Quality of Care, Access and Outcomes	Quality and Patient Experience Committee
2. Preventing Ill-health and Reducing Health Inequalities	Executive Committee
3. Finance and Use of Resources	Finance and Performance Committee
4. People	Finance and Performance Committee
5. Leadership and Capability	Executive Committee

7. Following feedback after an initial review of BAF Risks 1, 3 and 4, it is proposed that consideration be given to additional work in respect of BAF Risk 1 and the

articulation of work in relation to improved productivity and performance of service provision across Devon. This would also mean that it would be aligned to both Quality and Patient Experience Committee and the Finance and Performance Committee.

8. Subject to the Board's consideration of proposed amendments to the Board Assurance Committee framework, it is anticipated that BAF Risk 1 would also be aligned to the Population Health Outcomes and Inequalities Committee. This Committee would also take responsibility for monitoring the management of BAF Risk 2. The Workforce and Organisational Development Committee would take responsibility for monitoring the management of BAF Risks 4 and 5.

Risk Appetite Statement for 2024/25

9. 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.

10. 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

11. 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.

12. 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.

13. 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

14. 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.

Current Risk Position

15. Individual BAF risks were reviewed with Chief Officers / Director Leads mid-April 2024. 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:

QPEC	Quality and Patient Experience Committee
EXCO	Executive Committee
FPC	Finance and Performance Committee

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

			Historical and Current Risk Scores							
NHS Oversight Framework Theme – Risk Entry	**Board Committee**	**Inherent Risk Score**	**Q1 (2024/25)** Residual Risk Score	**Q2 (2024/25)** Residual Risk Score	**Q3 (2024/25)** Residual Risk Score	**Q4 (2024/25)** Residual Risk Score	**Risk Movement** (Residual Risk Score)	**Risk Appetite**	**Target / Tolerance Level** (Residual Risk Score)	**Last Reviewed**
1. Quality of Care, Access and Outcomes	QPEC	25	12				-	AVOID	8 - 12	Apr-24
2. Preventing Ill-health and Reducing Health Inequalities	EXCO	25	12				-	AVOID	8 - 12	Apr-24
3. Finance and Use of Resources	FPC	20	12				-	OPEN	15	Apr-24
4. People	FPC	20	12				-	SEEK	20 - 25	Apr-24
5. Leadership and Capability	EXCO	20	16				-	SEEK	20 - 25	Apr-24

Heat Map Showing Current Risk Scores:

17. The heatmap provides a comprehensive view of the likelihood and impact of NHS Devon's strategic risks. It shows that of the five BAF risks, all are within or below the agreed target / tolerance level in terms of their residual risk score.

Board Assurance Framework Heatmap – Status as at April 2024:

NHS Oversight Framework Theme - Risk Entry	Chief Officer	Assigned Board Assurance Committee	Risk Appetite	1-3	4-6	8	9	10	12	15	16	20	25
1. Quality of Care, Access and Outcomes	Interim CNO	QPEC	AVOID										
2. Preventing Ill-health and Reducing Health Inequalities	CMO	EXCO	AVOID										
3. Finance and Use of Resources	CFO	FPC	OPEN										
4. People	Interim CPO	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	Interim Chief People Officer
CCA&CO	Chief Corporate Affairs & Communications Officer

Key – Risk Score Symbols and Shapes	
▭	Tolerance Level – Residual Risk
●	Current Residual Risk Score

Future Development of the BAF During 2024/25

Graph for Monitoring of Risk Scores

18. All future iterations of the BAF in 2024/25, and specifically each BAF risk template as shown in Annex A, will include a graph that plots:

    - The inherent risk score (that is the risk score if the risk were left untreated);
    - The agreed target / tolerance level for the residual risk score; and
    - Movements in the residual risk score over time.

19. This should further enhance visibility in terms of the impact that risk treatment plans / mitigating actions are having on management of each BAF risk and should prompt conversations by Executive Committee and Board Assurance Committee members on any deep dives required, prompt action to unblock any barriers that are preventing treatment of risks and to identify any further work necessary to effectively manage risks.

Strengthening of BAF Risk Information

20. This is the first iteration of the BAF for the 2024/25 financial year. The Corporate Governance team will continue to work with Chief Officers (and Director Leads) throughout the year in order to strengthen the information held in relation to each

BAF risk e.g., controls, control gaps, assurances and assurance gaps. In addition, it will provide challenge as appropriate to ensure that mitigating actions are identified and being addressed in a timely manner and these are having the desired impact on a risk's residual risk score to bring it closer to, or below, the agreed target / tolerance level as agreed by the Board.

BAF 2023/24 Closure

21. With a different approach being taken to the BAF for 2024/25, it is important that the risks contained on the 2023/24 BAF are not lost. This being the case, the Corporate Governance team are currently in the process of transferring these risks to the Corporate Risk Register for ongoing management and monitoring as appropriate.

Recommendation

22. The Board is asked to **approve** the content of the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon.

Annex A

NHS Oversight Framework Theme	Chief Officer	Assigned Board Assurance Committee	Review Date
1. Quality of Care, Access and Outcomes	Penny Smith - Interim Chief Nursing Officer	Quality & Patient Experience Committee	April 2024

Principal Risk

IF NHS Devon does not work with system partners to deliver NHS service performance in line with national standards and quality requirements, **THEN** we will fail to deliver on one of our key statutory purposes (improve outcomes in population health and healthcare), **RESULTING IN** patients across the One Devon Integrated Care System not receiving the services that they need.

Risk Appetite	AVOID	Risk Tolerance	8 - 12

Risk Scoring	Likelihood	Impact	Total	Movement
Inherent Risk Score	5	5	**25**	-
Current Residual Risk Score	3	4	**12**	-

Rationale for Current Residual Risk Score:

TBC

NB: In future iterations of the BAF, this box will include a graph showing how the residual risk score has changed over the course of the 2024/25 financial year. In addition, it will also plot the residual risk score against the inherent risk score and the target / risk tolerance score.

	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?
1.	**Quality Strategy** in place articulating current and future ambitions for delivering high quality healthcare aligned to national standards, in line with the needs of the Devon population.	
2.	**Quality Management System (QMS)** in place to support delivery of high quality healthcare.	
3.	**2024/25 Annual Plan** priorities agreed and delivery plan in place to ensure achievement of these.	
4.	**NHSE Quality and Accountability Framework** implementation.	
5.	**Quality and Equality Impact Assessment (QEIA)** framework in place to help inform commissioning decision-making processes, business cases, projects and other business plans.	

	Current Key Control Gaps
CG1	**Quality Strategy** needs to be developed, in line with proposed priorities set out in draft 2024/25 Annual Plan.
CG2	**QMS** – monitoring systems need refinement to include improved visibility of system risks where NHS Devon oversight is required.
CG3	**2024/25 Annual Plan** in draft until approved by the Board at its meeting on 30 May 2024.
CG4	**NHSE Quality and Accountability Framework** - awaiting publication of framework to determine implementation.
CG5	**QEIA** 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

Current Assurances (how do we know that the controls in place are working effectively?)			Current Assurance Gaps	
1.	**System Quality Group (SQG)** in place focused on enabling quality improvement across the One Devon Integrated Care System.		AG1	**SQG** is in existence, but still requires development to become fully effective.
2.	**Quality & Patient Experience Committee (QPEC)** in place providing oversight and assurance to the NHS Devon Integrated Care Board that it is delivering its functions in a way that secures continuous improvement in the quality of services.		AG2	**QPEC** forward plan needs to be informed by 2024/25 Annual Plan priorities once approved.
3.	**Quality Report** is received by the QPEC and the NHS Devon Board at agreed intervals throughout the year.		AG3	**Quality Report** is being improved to better illustrate risks in the system and report efficacy of mitigation.
4.	**Provider Quality Committees** are in place and attended by representatives of NHS Devon, ensuring that providers have appropriate assurance and oversight mechanisms with regard to quality.		AG4	**System planning and delivery assurance structures** need to be agreed and implemented.
5.	**National and NOF4 Reporting Requirements** ensure that all partners within the One Devon Integrated Care System provide assurance about quality metrics to appropriate national bodies.		-	-
6.	**System planning and delivery assurance structures** are clear and in place to ensure oversight of key risks and issues.		-	-

Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	Action Owner	Planned Completion Date	Action Status	Update Since Last Review
CG1: Quality Strategy needs to be developed.				-
CG2: QMS monitoring systems need refinement.				-
CG3: 2024/25 Annual Plan to be approved by the Board				-
CG4: NHSE Quality and Accountability Framework - awaiting publication of framework to determine implementation.				-
CG5: QEIA framework needs refinement.				-
AG1: SQG requires development to become fully effective.				-
AG2: QPEC forward plan to be informed by 2024/25 Annual Plan.				-
AG3: Quality Report is being improved to better illustrate risks in the system and report efficacy of mitigation.				-
AG4: System planning and delivery assurance structures to be agreed and implemented.				-

Annex A

NHS Oversight Framework Theme	Chief Officer	Assigned Board Assurance Committee	Review Date
2. Preventing Ill-Health and Reducing Inequalities	Nigel Acheson - Chief Medical Officer	Executive Committee	April 2024

Principal Risk

IF NHS Devon is unable to embed a focus on population health management across all of its own activities and those of its partners, **THEN** we will fail to deliver on 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.

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	-

NB: In future iterations of the BAF, this box will include a graph showing how the residual risk score has changed over the course of the 2024/25 financial year. In addition, it will also plot the residual risk score against the inherent risk score and the target / risk tolerance score.

Rationale for Current Residual Risk Score:

TBC

	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?
1.	**Population Health Management (PHM) Objectives** are set out within the Joint Forward Plan (JFP).	
2.	**Funding for PHM** activities has been agreed by NHS Devon.	
3.	**PHM Policy Framework** in place.	
4.	**PHM Programme of Work** agreed and in place.	
5.	**Quality and Equality Impact Assessment (QEIA)** framework in place to help inform commissioning decision-making processes, business cases, projects and other business plans. *(Links to NHS Oversight Theme 1: Quality of Care, Access and Outcomes)*	

	Current Key Control Gaps
CG1	**Policy Framework** not clarified.
CG2	**PHM Programme of Work** needs to be developed.
CG3	**QEIA** framework in place but may not be fully effective and / or being monitored.
CG4	**Allocation of PHM Resources** to deliver the agreed PHM programme of work is still being addressed as part of the Phase 2 organisational change programme.
-	-

Annex A

Current Assurances (how do we know that the controls in place are working effectively?)		Current Assurance Gaps	
1.	**Public Health Steering Group,** comprised of system partners, provides assurance that work is on-going within the system in relation to PHM.	AG1	**Population Health Improvement (Board Assurance) Committee** Terms of Reference (ToRs) not yet agreed / finalised.
2.	**System Planning and Delivery Assurance Structures** are clear and in place to ensure oversight of key risks and issues.	AG2	**System Planning and Delivery Assurance Structures** need to be agreed and implemented.
3.	**Population Health Improvement Committee** in place to provide assurance to the NHS Devon Board that the organisation is fulfilling its role to improve outcomes in population health and healthcare and to tackle inequalities in outcomes, experience and access.	AG3	**Clear PHM Dataset** required. Not all of Primary Care and the Voluntary Community and Social Enterprise Sector (VCSE) are signed up to this.
4.	**Clear PHM Dataset** to which all Primary Care and Voluntary Community and Social Enterprise Sector (VCSE) are signed up to.	-	-
5.	**NHS Devon Annual Report** demonstrates how it has discharged its functions in the previous financial year. NHS England (NHSE) Core20PLUS5 relates specifically to those duties in relation to health inequalities.	-	-

Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	Action Owner	Planned Completion Date	Action Status	Update Since Last Review
CG1: Policy Framework not clarified.				
CG2: PHM Programme of Work needs to be developed.				-
CG3: QEIA framework in place but may not be fully effective and / or being monitored.				
CG4: Allocation of PHM Resources to deliver the agreed PHM programme of work is still being addressed as part of the Phase 2 organisational change programme.				-
AG1: Population Health Improvement (Board Assurance) Committee ToR not yet agreed / finalised.				
AG2: System planning and delivery assurance structures need to be agreed and implemented.				-
AG3: Clear PHM Dataset required.				-

Annex A

NHS Oversight Framework Theme	Chief Officer	Assigned Board Assurance Committee	Review Date
3. Finance and Use of Resources	Bill Shields - Chief Finance Officer	Finance and Performance Committee	April 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**	-

NB: In future iterations of the BAF, this box will include a graph showing how the residual risk score has changed over the course of the 2024/25 financial year. In addition, it will also plot the residual risk score against the inherent risk score and the target / risk tolerance score.

Rationale for Current Residual Risk Score:

TBC

Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)		In Place?
1.	**Financial Plans** in place that underpin the Operating Plan for 2024/25.	
2.	**Medium-Term Financial Plan** in place setting out the scope and scale of challenge to deliver financial balance during the strategic medium-term. MTFP developed locally and understood and owned by all system partners.	
3.	**System Recovery Plan** in place. A dynamic plan that continually assesses progress against system-wide savings, identification of new schemes and performance against key finance and performance trajectories.	
4.	**Devon Investment Group (DIG)** in place and responsible for ensuring the adoption and application of best practice governance and decision-making for investments by NHS Devon.	

Current Key Control Gaps	
CG1	**Medium-Term Financial Plan** requires updating.
CG2	**System Recovery Plan** requires revision to ensure that it is robust, fit for purpose and ensures that the system returns to financial balance.
CG3	**CIPs** and schemes contained within it are not yet profiled / profiled appropriately.
CG4	**ICB PMO** needs to be adequately resourced.

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5.	**Triple Lock Sign-Off Process** in place for all revenue investments above £100k, with sign-off required by the organisation, system and NHS England (NHSE) regional team.				
6.	**System Vacancy Control Panel (VCP)** in place to prevent an increase in workforce growth and to support a reduction in running costs.				
7.	**Cost Improvement Programmes (CIPs)** in place that contains cost reduction strategies that aim to identify and implement measures to achieve cost savings and efficiency improvements while maintaining or enhancing the quality of healthcare services provided to patients.				
8.	**ICB Programme Management Office (PMO)** established.				

Current Assurances **(how do we know that the controls in place are working effectively?)**			**Current Assurance Gaps**	
1.	**Weekly Chief Finance Officer (CFO) meetings** take place in relation to system working arrangements. Issues for resolution are discussed and proposals agreed as appropriate.		AG1	**More closely aligned reporting to system financial plans** is needed.
2.	**Fortnightly reporting to the Finance and Planning Board (FPB)**. Matters that cannot be resolved here are escalated to the System Recovery Board (SRB).		AG2	**Assurance needed that system level CIPs are being delivered** in provider financial plans.
3.	**NHS Devon Finance and Performance Committee (FPC)** receives system finance reports; these flag issues for escalation to the Board.		AG3	Monthly monitoring of full-time equivalents (FTEs) but **no assurance that system partners have workforce controls in place** or how well they are engaging with workforce controls.
4.	**Additional mandated support** is provided by NHS England (NHSE).		-	-

Mitigating Actions **(what do we plan to do to address the control gaps / assurance gaps identified above?)**	**Action Owner**	**Planned Completion Date**	**Action Status**	**Update Since Last Review**
CG1: Medium-Term Financial Plan to be updated to reflect latest known changes		Summer 2024		-
CG2: System Recovery Plan to be revised to ensure that the system returns to financial balance				-
CG3: CIP Programme / Schemes to be profiled / profiled appropriately to reflect in-year delivery				-
CG4: Resourcing of ICB PMO to be considered through Phase 2 of the organisational change programme				-

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AG1: Closer Aligned Reporting to System Financial Plans				-
AG2: Assurance on Delivery of System Level CIPs Reporting of progress of CIP workstreams to FPB to provide assurance that system CIPs are being delivered in provider financial plans				-
AG3: Workforce Controls Assurance required from system partners that workforce controls are in place and are working effectively.				-

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Assurance Committee	Review Date
4. People	Piers Tetley – Interim Chief People Officer	Finance and Performance Committee	April 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 Current Residual Risk Score:

TBC

NB: In future iterations of the BAF, this box will include a graph showing how the residual risk score has changed over the course of the 2024/25 financial year. In addition, it will also plot the residual risk score against the inherent risk score and the target / risk tolerance score.

Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)		In Place?
1.	**Workforce Recovery Programme** - Robust and deliverable workforce recovery programme approved and in place. Workforce controls (including those covering temporary and agency staff) are part of this.	
2.	**Workforce Transformation Plans** - Effective plans established in each partner organisation which are general across all services, focus on efficient use of staff and cover skill mix.	
3.	**Plan for Efficient Use of Workforce** – Appropriate plan in place to improve the efficient use of the workforce e.g., job planning for medical staff, rostering for clinical staff etc.	

Current Key Control Gaps	
CG1	**Workforce Recovery Programme** – Emerging Project Initiation Documents (PIDs). Full programme discussed with the System Recovery Board (SRB) but requires consideration by each system partner organisation in accordance with their specific governance structure.
CG2	**Workforce Transformation Plans** not yet in place.
CG3	**Plan for Efficient Use of Workforce** – PID completed and Senior Responsible Officer (SRO) appointed etc. Plan discussed at the Workforce Delivery Group (WDG) but requires consideration by SRB and by system partner organisations in accordance with their governance structure.

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4.	**Workforce Programmes** in place to support wider service transformation. These focus on specific services / areas of greatest concern e.g. Urgent & Emergency Care (UEC) improvement and Peninsula Acute Sustainability Programme (PASP) etc.			CG4	**NHS Devon's ability to lead system partners** – Phase 2 of the NHS Devon organisational change process yet to be completed.
5.	**NHS Devon's ability to lead System partners** – NHS Devon has the required workforce and skill sets in place to lead the work of system partners in ensuring an appropriate NHS workforce to deliver safe and effective services across Devon.				

Current Assurances **(how do we know that the controls in place are working effectively?)**			**Current Assurance Gaps**	
1.	**Governance Architecture** – Appropriate governance architecture in place to manage delivery of this workstream.		AG1	**Governance Architecture** – Board Assurance Committee yet to be established for this workstream.
2.	**System Workforce Dashboard** in place and monitored on a monthly basis. The dashboard includes data relating to staff turnover, staff sickness absence rates etc.		AG2	**National People Plan for Devon** – System People Board to be established.
3.	**Workforce Delivery Group (WDG)** in place, with membership comprising of Chief People Officers (CPOs) and Chief Finance Officers (CFO) from across the Devon system. Considers matters such as plans for efficient use of workforce (e.g. job planning, staff rostering etc.) and work programmes in support of system transformation (e.g. UEC improvements and PASP), reporting to SRB on the latter.		-	-
4.	**National People Plan** – A People Plan specifically for the Devon system has been established.		-	-

Mitigating Actions **(what do we plan to do to address the control gaps / assurance gaps identified above?)**	**Action Owner**	**Planned Completion Date**	**Action Status**	**Update Since Last Review**
CG1: Workforce Recovery Programme - Full programme to be considered by each system partner organisation in accordance with their specific governance structure				-
CG2: Workforce Transformation Plans to be put established and put in place in each partner organisation; the plans should be general across all services and be focused on efficient use of staff, skill mix etc.				-
CG3: Plan for Efficient Use of Workforce – Plan needs to be submitted for consideration by SRB and by system partner organisations				-

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CG4: NHS Devon's ability to lead system partners – Phase 2 of the NHS Devon organisational change process to be completed				-
AG1: Governance Architecture – NHS Devon Board Assurance Committee to be established for this workstream; Committee is required to have an agreed Terms of Reference (ToR) setting out it purpose and responsibilities, membership, quoracy etc.				-
AG2: National People Plan for Devon – System People Board to be established to oversee the People Plan for Devon				

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Assurance Committee	Review Date
5. Leadership and Capability	Philippa Harding, Interim Chief Corporate Affairs & Communications Officer	Executive Committee	April 2024

Principal Risk

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

Risk Appetite	SEEK	Risk Tolerance	20 - 25

Risk Scoring	Likelihood	Impact	Total	Movement
Inherent Risk Score	4	5	**20**	-
Current Residual Risk Score	4	4	**16**	-

Rationale for Current Residual Risk Score:

TBC

NB: In future iterations of the BAF, this box will include a graph showing how the residual risk score has changed over the course of the 2024/25 financial year. In addition, it will also plot the residual risk score against the inherent risk score and the target / risk tolerance score.

	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?
1.	**Clear Leadership Structure within NHS Devon** with a coherent vision for the organisation.	
2.	**NHS Devon Leadership to System Partners** – There is a clear vision for how NHS Devon will provide leadership to its system partners.	
3.	**NHS Devon's Ability to Lead System Partners** – NHS Devon has the required workforce and skill sets in place to lead the work of system partners in ensuring an appropriate NHS workforce to deliver safe and effective services across Devon.	

	Current Key Control Gaps
CG1	**NHS Devon Organisational Change Programme** – Phase 1 of the Organisational Change Programme has now been completed. However, there are a number of interim arrangements in place for Chief Officer roles and a number of vacancies amongst key Senior Leadership Team (SLT) roles.
CG2	**Compact and Articulation of Shared Vision for the System** – a Compact needs to be developed to provide formal articulation of the shared vision of system partners and an explicit set of reciprocal behaviours to deliver this.
CG3	**NHS Devon's ability to lead System partners** – Phase 2 of the NHS Devon organisational change process yet to be completed.

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4.	**NHS Devon Programme of Organisational Development Activities** – There is a clear programme of organisational development activities in place for NHS Devon.			CG4	**NHS Devon Organisational Development Action Plan** – This is currently in draft and due to be presented to the Board at its meeting on 30 May 2024.
5.	**System Programme of Organisational Development Activities** – There is a clear programme of organisational development activities for the system.			CG5	**System Organisation Development Action Plan** – This needs to be developed for the system and signed off via the appropriate governance routes.

Current Assurances **(how do we know that the controls in place are working effectively?)**			**Current Assurance Gaps**	
1.	**NHS Devon Organisation Change Oversight Group** provides assurance on the organisational change process from a technical and procedural perspective and also touches on the wider determinants.		AG1	**NHS Devon Governance Structure** – to be reviewed and Board Assurance Committees clarified.
2.	**NHS Devon Governance Structure** – Clear governance structure in place to provide robust assurance on the measures being taken to improve and develop leadership capability in NHS Devon.		AG2	**System Planning and Delivery Assurance Structures** need to be agreed and implemented.
3.	**System Planning and Delivery Assurance Structures** are clear and in place to ensure oversight of key risks and issues.		-	-
4.	**NHS Oversight Framework (NOF)** – Ongoing work with NHSE regional colleagues to ensure that NHS Devon has the appropriate senior capacity and capability to deliver the priorities set out in NHS planning guidance, the overall aims of the NHS Long Term Plan (LTP), and the NHS People Plan, as well as the shared local ambitions and priorities of the One Devon Integrated Care System.		-	-

Mitigating Actions **(what do we plan to do to address the control gaps / assurance gaps identified above?)**	**Action Owner**	**Planned Completion Date**	**Action Status**	**Update Since Last Review**
CG1: Organisation Change Programme – substantive recruitment to unfilled leadership roles to be completed.				-
CG2: Compact and Articulation of Shared Vision for the System – Develop a Compact to provide formal articulation of the shared vision of system partners and an explicit set of reciprocal behaviours to deliver this.				-
CG3: NHS Devon's ability to lead System partners – Phase 2 of the NHS Devon organisational change process yet to be completed.				-
CG4: NHS Devon Organisational Development Action Plan – Draft to be presented to the Board at its meeting on 30 May 2024.				-

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CG5: System Organisation Development Action Plan to be developed for the system and then signed off by each of the system partners via the appropriate governance routes.				-
AG1 NHS Devon Governance Structure – to be reviewed and Board Assurance Committees clarified.				-
AG2 System Planning and Delivery Assurance Structures need to be agreed and implemented.				-

Annex B

Assessing and Scoring Risks:

Current risks are scored using a combined assessment of both the likelihood and impact of the risk materialising, as summarised in the matrix below. Further information on the definition of the likelihood and impact categories can be found in NHS Devon's Risk Management Policy.

The inherent risk score is the rating assigned to a risk before any mitigations / controls are applied; the current risk score is the rating assigned to a risk that takes account of the mitigations / controls applied to it.

Risk Scoring Approach = Impact / Consequence x Likelihood (I x L)						
		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Impact / Consequence	5 Catastrophic	**5**	**10**	**15**	**20**	**25**
	4 Major	**4**	**8**	**12**	**16**	**20**
	3 Moderate	**3**	**6**	**9**	**12**	**15**
	2 Minor	**2**	**4**	**6**	**8**	**10**
	1 Negligible	**1**	**2**	**3**	**4**	**5**

For grading risk, the scores obtained from the risk matrix are assigned as follows:

Colour	Risk Score Range	Risk Grading
	1 to 6	Low Risk
	8 to 10	Moderate Risk
	12	High Risk
	15 to 25	Extreme Risk

BAF Controls and Mitigating Action Status - Colour Keys:

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Control - In Place?
In Place
In Place BUT Concerns Over Effectiveness of Control
Not in Place

Mitigating Action Status
Not Yet Started
Completed
On Plan
Behind Plan

Risk Appetite:

Risk appetite is defined as “the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic aims and objectives” and is key to achieving effective risk management.

Good Governance Institutes Framework Definitions:

Risk Appetite	Risk Appetite Level Description
Avoid	The avoidance and uncertainty is a key organisational objective
Minimal	(ALARP - As Little As Reasonably Possible) - The preference for ultra-safe delivery options that have a low degree of inherent risk and only for a limited reward potential
Cautious	The preference for safe delivery options that have a low degree of inherent risk and may only have a limited potential for reward
Open	Willing to consider all potential delivery options and chose while also providing an acceptable level of reward and Value for Money (VfM)
Seek	Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk
Mature	Confident in setting higher levels of risk appetite because controls, forward scanning and responsiveness systems are robust

NHS Devon’s Risk Appetite Statement (Board Approved: 26 March 2024):

Annex B

NHS Devon's Risk Appetite Statement documents the delegation of risk taking from the Board to senior management. It specifies the overall risk levels that the Board is willing to accept whilst operating in full compliance with regulatory and legal requirements:

NHS Oversight Framework Theme	Risk Appetite	Tolerance Level for Residual Risk
Quality of Care, Access and Outcomes	AVOID	8 to 12
Preventing Ill-health and Reducing Inequalities	AVOID	8 to 12
Finance and Use of Resources	OPEN	15
People	SEEK	20 to 25
Leadership and Capability	SEEK	20 to 25
Local Strategic Priorities	OPEN	15

NHS
Cornwall and
Isles of Scilly

Paper number: ICB2425/26

Board meeting of the Integrated Care Board

Agenda item: ICB chief executive update

Date of meeting: 9 May 2024
Meeting section: Public session (part 1)
For: Discussion

Author: Kate Shields, chief executive

1. Executive summary

The chief executive's update is a regular feature of each board meeting. The report focuses on highlighting emerging issues and significant developments that are not otherwise covered on the board agenda. It helps ensure members are aware of key areas of work happening within the Cornwall and Isles of Scilly integrated care system (ICS). A verbal update on other key areas may also be given.

2. Recommendations

The ICB Board is asked to receive the chief executive update and enquire further, as necessary.

3. Main report

3.1 Operating Plan for 2024/25

I am delighted the system has signed a balanced plan with agreement to deliver on the priority national performance targets at our Extraordinary Meeting on 1 May 24, last week. This is the culmination of significant work by all organisations and ahead of time as compared with previous years and other systems across the South West.

I recognise the significant work involved to deliver this plan and in particular the importance of delivering transformational change in services for more effective care, in line with our 'channel shift' drive for care close to home. It presents a major challenge for us all and will increasingly require our system to further build on our collaborative working in 2024/5 and at pace with our communities.

NHS Cornwall and Isles of Scilly Integrated Care Board
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Chair: John Govett
Chief executive officer: Kate Shields

3.2 Integrated system performance improvements

Recognising the improvements we have seen with Urgent and Emergency care standards over recent months; I am pleased the April position (unvalidated and unreported at this stage) has continued to see further improvements with access standards for the Cornwall population.

These include:

- An average ambulance handover time per patient – delivery of 62 minutes compared to 123 in March.
- Ambulance category 2 mean response time – 37 minutes compared to 73 minutes in March.
- NCTR (no criteria to reside) waiting onward care at system level – 172 patients compared to 176 in March.
- 4-hour system performance – 78.61% compared to 76.48% in March.

For elective care, there are key areas of improvements however the position of 65 week and 78 week waits for Referral to Treatment (RTT) remain a challenge for the system:

- Cancer: faster diagnosis standard (FDS) for February 24 was 80.1% against the 75% target.
- Diagnostics: 81.52% of patients have had their diagnostic within 6 weeks against the March target of 85%. This is the highest achieved since June 2021 and is expected to continue to improve.

Referral to Treatment (RTT) performance:

- February 24 saw the highest 18-week RTT performance since May 2022, with the system achieving 62.96%.
- *78 weeks - target to eliminate waits of over 78 weeks by the end of June 2024.* RCHT have a trajectory to be at 50 waits at the end of May and to clear the outstanding cohort of patients, to be compliant for the end of June.
- *65 weeks - target to eliminate waits of over 65 weeks by the end of September 2024.* The system is committed to delivering the target of zero patients waiting past 65 weeks at the end of September 2024. As it currently stands, there are a small cohort of patients awaiting booking with limited capacity. The system therefore remains focused with UHP and RCHT to secure capacity, which includes ongoing and possible enhanced use of the independent sector providers, to deliver the target within the above timeframes.

These improvements are at least in part due to the winter schemes we jointly established, and which remain in place at this time. These schemes have moved us towards our integrated model of care and give us some confidence that collectively we can make the channel shift required in 2024/25.

3.3 National Visit – 22 April 2024

The national Same Day Emergency Care (SDEC) team visited the county last month, with a programme hosted by Cornwall Partnership Foundation NHS Trust. The visit included seeing the current SDEC and Community Assessment and Treatment Unit (CATU) in Bodmin Hospital with an opportunity to meet the clinical teams and discuss learning and patient experiences and hear about the potential for a more sustainable model in the CATU footprint. The feedback received from the national team was very positive, and I genuinely feel we have the opportunity to set the benchmark for how fragility is best supported in future.

3.4 Integrated Care Strategy – 29 April 2024

Debbie Richards, chief executive of CFT and I joined chief executive colleagues from Kent and Medway ICB, Community and Mental Health and Dorset ICB and Community and Mental Health in a meeting facilitated by the National Association of Primary Care to start discussions on delivery of out of hospital transformation.

3.5 Community Hub Celebration Event – 30 April 2024

I was invited to a special event of the Community Hub network coming together to celebrate its achievements to date, share learning and good practice and to take the opportunity to explore strengthening of links with colleagues and services across the health and care system, which the aim of further improving the offer to communities. The event was about conversation, collaboration and co-design.

Funding for community hubs in 2024/25 has been agreed which will see their offer become more consistent and support our wider priorities with plans to deliver NHS health checks, vaccinations and much, much more.

Our fantastic network of hubs offer support, advice, activities from local support groups such as diabetes, life skills training for adults with learning disabilities, cooking and eating healthy workshops, exercise classes for all ages, gardening and vegetable growing, coffee and lunch clubs.

From May 2023 - March 2024 the hubs supported:

- 32,539 0-to-25-year-olds
- 82,783 25-to-65-year-olds
- 54,621 over 65s
- A total of 169,943 – equivalent to more than 1 in 4 people in Cornwall.

We know from research conducted that many of those would have used other services – such as GPs, mental health services, adult social care or hospitals – if the hubs hadn't been there. Some people behind these numbers:

- James was helped with transport to appointments following a stroke.
- Margaret had food shopping after her hospital stay.
- Bill lost his wife and was introduced to his local community hub.

Every day our VCSE colleagues (Age UK, Volunteer Cornwall, Humans Cornwall) work closely to support at least 56 people home each week; that's almost 3,000 people annually.

These services have played an incredible role in providing the support people need to stay independent and in their own homes, and I am very proud at our partnerships with the third sector here in Cornwall.

3.6 NHS England Event – 1 May 2024

Two chief executives from Cornwall attended the NHS England Leadership Event, chaired by David Behan. The programme for the event included updates from the NHS England Executive Group, next steps on the Oversight and Assessment Framework and an update on digital transformation priorities for 2024/25.

There were breakout discussions throughout the day focusing on metrics and benchmarking tools, NHS IMPACT and applying an improvement approach to the productivity challenge and supporting our workforce to thrive.

3.7 Community Infrastructure

I was pleased to have introductory conversations with Mark Hackett soon after he picked up the interim Chief Execuitve role at University Hospitals Plymouth on 1st April. Together we are committed to exploring the use of the community infrastructure in county for outpatient/day case activity for patients who look to Plymouth for their acute care.

3.8 Isles of Scilly Public Meeting

Representatives from the ICB and RCHT will be on the Isles of Scilly on Thursday 23 May 2024 to give a presentation on the new Women and Children's Hospital building programme and to answer questions and have chats with the island's residents about the provision of women and children's services.

3.9 New Pharmacy First films

Working with 7 local pharmacists, we have produced 7 new films explaining the 7 conditions that can be treated through the new Pharmacy First service. The idea came in response to feedback from local people from our Facebook posts wanting to know more about the different conditions that our pharmacists can treat at the majority of Cornish pharmacies.

We shared our films with media and invited them to speak with Chris Reid, our chief medical officer, Drew Creek from Community Pharmacy Cornwall and local pharmacist, Jakob Solarz who stars in one of the films about how the pharmacy first service is helping local people to get health and advice.

It is estimated that about 1,000 GP appointments are being saved by people accessing Pharmacy First. Media coverage was secured from BBC Radio Cornwall, BBC Spotlight, ITV Westcountry, Heart and HITS/Greatest Hits radio.

The team have shared the films across our network of pharmacies and GP surgeries and will be promoting these as part of our ongoing ‘Where is best’ campaign, watch the 7 films:

- Shan Dwarakanath in Polperro in the earache film https://youtu.be/IcDvsK4Aniw
- Jakob Solarz at Chester Road in Newquay in the impetigo film https://youtu.be/cA7yqrAlsIk
- Chris Morris in Redruth in the insect bite film https://youtu.be/WITPVqKFBG4
- Ania Tynan in St Austell for the shingles film https://youtu.be/N245IxISD-Y
- Ian Bloxham at Hendra’s pharmacy in Penryn in the sinusitis film https://youtu.be/AR67x38W2KI

NHS Devon Integrated Care Board

One Devon Partnership Chair's Report

Date of meeting	Date of committee covered in this report
30 May 2024	17 April 2024

Chair	
Name and title:	Cllr James McInnes, Chair of the One Devon Integrated Care Partnership

Update from the Partnership

The One Devon Partnership (ICP), a statutory committee that includes a range of partners who influence people's health, wellbeing and care, has agreed a priority focus on children and young people (CYP) in 2024, to influence and encourage action across Devon.

At its meeting on 01 February 2024, in light of the Partnership's focus on CYP, work had been undertaken in respect of these issues in the refresh of the Devon Joint Forward Plan (JFP). Work was also being undertaken with regard to the development of an NHS Devon 2024/25 Annual Plan, which would focus on the first year's priorities of the JFP. This would ensure that all statutory duties and current individual actions plans of each partner were in keeping with the direction of travel required.

Nigel Acheson, Chief Medical Officer, NHS Devon, provided an overview of the objectives for CYP set out in the JFP. These areas included:

Children and Young People

- Improving urgent treatment and hospital care, making this as close to home as possible whilst also recognising the risk of harm whilst CYP are on waiting lists.

- Implementing the neurodiversity offer so that children and families with neurodiverse needs can access services and be supported.
- Improving the outcomes of CYP with long term conditions by focusing on inequalities through work on the Core 20PLUS5.
- Addressing the poor outcomes for Children in Care.
- Fulfilling NHS Devon's statutory responsibilities in safeguarding.
- Understanding the impact NHS Devon can make to the Special Educational Needs and Disabilities (SEND) and the Family Hub models.

CYP Mental Health

- Enabling more women and families to get early help in the perinatal phase.
- Developing all age access to talking therapies.
- Setting out Crisis support through NHS 111.
- Increasing support within schools.

Maternity and Neonatal

- Delivering a 5 year plan which will see maternity care being delivered safely and will offer a personalised experience for women, birthing people and their families.
- Ensuring the maternal and Neonatal workforce are well trained and fit for the future.
- Working with system partners to establish and deliver responsive accessible services.

Three key areas were discussed:

- CYP with complex physical, mental and social needs – how partners can work together to effectively prevent crisis.
- CYP waiting times, including community waits – the assessment and diagnosis.
- SEND functions – how partners can work together to understand the need, produce plans, and improve outcomes. presentation which was developed NHS Devon and addressed.

Members were presented with a scenario focusing on what good would look like for a child with additional neds on a waiting list for support; the discussion included:

- Whole family support
- Joined up working
- Coordinated response including in reach services
- Consistency of those working with CYP
- Access to rapid support to understand medical deterioration
- VCSE offers at an early stage
- Right time, right place

- Social environment assessments
- Initial assessment if a referral does not meet the threshold to explain what could help
- Safe discharge and ensuring all agencies use an open mindset view

Barriers or gaps identified to achieving what good would look like included:

- Primary Care clinicians are not always aware of support available across the system
- Support for families and carers whilst a CYP is on a waiting list
- Gender identity support
- Is there the need for a new service to support those who do not fit a box

Areas of prevention discussed included:

- Risk factors to be identified and support to be put into place at an early stage by working with families and schools
- Identifying assets available to CYP
- Resource diversion given the reduced resource within some workforces
- Joint commissioned services
- Rapid access to specialised advise for VCSE colleagues who are holding complex cases whilst they wait for support
- Review assessments and plans periodically to ensure care remains appropriate

A high level plan will be developed following this meeting.

Recommendations for the Board

- To note the contents of this report

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
23 May 2024	11 April 2024

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation

The Committee received the report which informed the Committee of the current position regarding the Board Assurance Framework (BAF) Risks, the management of which it had been identified as responsible for overseeing. It was noted that going forward risks on the Corporate Risk Register that had high ratings and were not reflected in the BAF would be subject to appropriate reporting to the Executive Committee. Furthermore, any emerging themes surrounding those risks would be included in the BAF reports to the Board to ensure they were being adequately addressed.

Risk register review updates/escalation

None

Integrated Quality & Performance Report

The Committee noted that Urgent and Emergency Care and Elective Care services continued to be areas of significant risk. Concern was also expressed around the offer to children and young people, particularly in respect of speech and language therapy, Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder, with

the Committee considering that the report did not provide sufficient assurance regarding the delivery or improvement of these services. It was noted that these areas would be incorporated into the annual plan, with progress against targets being subject to reporting.

In terms of the requirement to develop an annual plan, Committee members sought assurance on delivery against areas that sat outside of the NOF4 framework, particularly in primary care delivery, resilience, mental health and noted that the plan would cover key service areas.

Reports received, discussed, and noted

Progress towards NOF4 Exit
The Committee received a summary of current progress and the key actions being taken in respect of Strategy and Leadership; Urgent and Emergency Care (UEC); Elective Care; and Finance. In light of the reported position, Committee members noted that it was clear that the target date of Q1 2024/25 for exiting Segment 4 of the NHS Oversight Framework (NOF4) would not be achieved.

The Committee noted that ongoing underperformance in UEC and risks to the financial forecast remained the two key areas of concern and were assured to learn that a review had been carried out to analyse the 2023/24 expenditure in UEC to gain insight as the effectiveness of those investments.

The development of detailed delivery plans that would serve as the foundation for the trajectories and goals set for the upcoming year was discussed, including the importance of data analytics in enabling the ability to accurately monitor and track productivity.

Devon Investment Group - Quarterly update
The Committee noted the decisions taken by the Devon Investment Group (DIG) during Q4 of 2023/24 in particular in respect of the Care Co-Ordination Hub which has been extended to the end of September 2024 where there may be a potential challenge as to the initial procurement process.

The way in which DIG would prioritise business cases during 2024-25 including the scoring criteria that had been established was noted.

Recovery Support Funding 2023/24
The Committee noted that 2023/24 funds would be retained within NHS Devon with funds being disbursed with the assistance of the Intensive Support Team and at the discretion of the System Recovery Board. This controlled approach would support monitoring as to whether investments made across the system yielded the anticipated benefits. The Committee was assured that any consultancy service spend would necessitate individual authorisation.

Mental Health Performance Overview
In noting the summary position of the work of the Mental Health Learning Disability and Neurodiversity (MHLDN) Provider Collaborative, the Committee noted that the primary challenges for mental health provision were in respect of delivering a wide

agenda for children and young people through a model which required review, together with delivering services to older people in the absence of a dementia strategy. It was noted that that extensive efforts were being made to address these issues and that progress was anticipated during 2024/25 in part as a result of proposals as to how best utilise the expertise of the Provider Collaborative and align it more closely to the business of NHS Devon.

Estates Infrastructure Strategy
The Committee noted the development of the Strategy to date which included the creation of a Strategic Asset Management Plan and delivery plan together with the prioritisation of projects.

There was concern as to the overall clarity of the draft strategy as well as how it would impact key areas such as deprivation and rural localities. Accordingly, the Committee was of the view that the Strategy should be considered at a Board Development Session in advance of being submitted to the Board for approval.

Capital Prioritisation and Pipeline of Proposed Resolutions for Community Estate Cost Mitigations
In considering the short term strategy for the management of specific community estate assets to support the financial recovery programme the Committee noted that there may be a case for re-modelling the scheme structure due to a number of proposed changes and that these proposals may be of concern to the Primary Care Commissioning Transition Committee.

It was also noted that all proposals would be considered in conjunction with NHS Cornwall and Isles of Scilly Integrated Care Board to develop a transformational approach to resolving complex community estate issues.

Sustainability Programme Summary Progress Update
In considering the progress made in respect of the development of the One Devon Integrated Care System Sustainability Programme the Committee focussed on system requirements and role of the ICB; the current position; the programme pause due to financial recovery; and intended future programme development.

There was concern as to how little progress had been with regard to the Green Plan, which is a mandatory requirement for Integrated Care Boards. It was noted however that a comprehensive programme had been established and there was now a sustainability lead. The Committee considered that it was important that the programme did not focus on estates and transport only, but that a wider view was taken. Once mobilised, this programme will report into the Committee.

Operational Plan 2024/25
The Committee received an update on progress, noting that the national guidance had now been received together with details of the required accompanying narrative document.

The work ongoing to finalise the Plan was noted by the Committee with this including further “lock-ins”, completion of EQIAs and a deep dive to be undertaken during the April System Improvement and Assurance Group meeting.

Committee decisions

The Estates Infrastructure Strategy would be submitted to the Board for informal consideration at its development session in June 2024 in advance of its submission for approval at the Board meeting in public in July.

Moretonhampstead Hospital to be declared surplus to NHS healthcare requirements to enable handback of the asset to NHS Property Services. Subsequent to the meeting, I agreed that further work should be carried out with regard to the assurance processes followed in relation to NHS services provided at the hospital. The Committee's decision will be enacted once these have been confirmed.

The maternity suite and link corridor at Okehampton Hospital to be declared surplus to NHS healthcare requirements to facilitate a handback of this portion of the building to NHS Property Services, alongside the former ward which has already been declared surplus to requirements. Current maternity services (both those in operation and those currently temporarily suspended) can be relocated into the retained section of the adjacent hospital.

Escalation to the Board – for information

The Estates Infrastructure Strategy will be included on the agenda for the Board Development session in June 2024.

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

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

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Finance and Performance Committee

Date of meeting	Date of committee covered in this report
30 May 2024	09 May 2024

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation

The Committee received the report which informed it of the current position regarding those Board Assurance Framework (BAF) Risks, which the committee oversees.

It was noted that this was the first iteration of the BAF for 2024/25 and work would continue with Chief Officers throughout the financial year to strengthen its content. It was also noted that, as work on the 2024/25 Annual Plan progressed, the mitigating actions captured against each BAF risk would be aligned to the Annual Plan and subsequent amendments would be made to the BAF.

Risk register review updates/escalation

None

Integrated Quality & Performance Report

The Committee noted that a revision of the IQPR will be undertaken to coincide with the development of the 2024/25 Annual Plan, to ensure that the IQPR accurately

reflects all the key areas within the annual plan and system recovery mechanisms. A delivery dashboard is being developed to give an overview against each directorate.

The Committee noted the longstanding issues regarding Autism, Attention Deficit Hyperactivity Disorder (ADHD) and Speech and Language Therapy (SLT), both in terms of the service performance and in obtaining the required data from providers.

Assurance was received regarding the action being taken to address the issues of long waiters in community services. It was noted that these long waiters were no longer included in the Referral to Treatment (RTT) reporting, but efforts were underway to address any inequalities compared to the RTT reportable cases and to develop plans to reduce community waiting times.

Reports received, discussed, and noted

Progress towards NOF4 Exit

The Committee received a summary of current progress and the key actions being taken in respect of Strategy and Leadership; Urgent and Emergency Care (UEC); Elective Care; and Finance. In light of the reported position, Committee members noted that it was clear that the target date of Q1 2024/25 for exiting Segment 4 of the NHS Oversight Framework (NOF4) would not be achieved and that this had now been formally confirmed.

The Committee noted that there were no proposed changes for any of the previously reported RAG ratings. There will be a NOF4 exit review with national colleagues to assess progress and discuss potential changes to 2024/25 priorities, with notable areas of focus being culture, tackling fragile services and planning.

The Committee noted the improvement in Urgent and Elective Care (UEC) and was assured that was primarily driven by Royal Devon University Healthcare NHS Foundation Trust (RDUH) where there was additional executive oversight, scrutiny, and, and adherence to best practice, including real-time oversight at the Emergency Department (ED), clearer escalation and communication routes, and consistent emphasis on flow, had all contributed to the improved performance. This learning was being shared with system partners.

Equality Quality Impact Assessment (EQIA)

The Committee received only limited assurance from a report on the development of a One Devon approach to EQIA which included a framework for a multi-disciplinary review of the assessments.

Whilst it was clear that progress had been made in the strengthening of the EQIA framework, the committee noted that the exercise could not yet be fully applied to the 2024/25 Operational and Annual Plans, together with the detailed plans which underpinned these overarching documents.

Due to the risk associated with these plans the progress being made will be monitored throughout 2024-25 by the Finance and Performance Committee and the Quality and Patient Experience Committee.

Elective Deep Dive – Quarterly
Despite the significant recovery made during 2023/24, the Committee noted the further challenge in 2024/25 to enable the system to exit from NOF4.

The Committee took assurance from the significant work being undertaken in respect of the equalisation of waiting lists across acute providers.

There was agreement of the need to use commissioning and contracting processes to maximise the elective programme recovery and it was confirmed that the Elective Recovery Funding and productivity improvement were built into the recovery plan.

NHS Devon Budget 2024/25
In receiving the budget, the Committee focused on the remaining unmitigated risks.

The Committee also noted that detailed delegated budgets for 2024/25 would be set with monthly reporting being provided that set out performance against plan, savings targets and risks to delivery.

Committee decisions

None

Escalation to the Board – for information

- EQIA process needs to be completed for the 24/25 operational plan.
- Assurance received on the deep dive on Elective recovery.
- Assurance received around the setting of the NHS Devon Budget.
- The further work to be completed in respect of the potential additional requirements on savings from NHS England and the level of unidentified CIP.
- Assurance received in relation to the initial work that had been done on the 2024/25 Board Assurance Framework, noting that it was subject to further development.

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues
None

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

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of meeting	Date of committee covered in this report
30 May 2024	11 April 2024

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

Board Assurance Framework (BAF) updates or escalation

The Committee received the report which provided the current position regarding the Board Assurance Framework (BAF) Risks, the management of which the Quality and Patient Experience Committee had been identified as responsible for overseeing. It was noted that the Board had agreed a new approach for the BAF in 2024/25 which would see it being aligned to the six themes within the NHS Oversight Framework.

Risk register review updates/escalation

None

Integrated Quality, Performance and Finance Report (IQPR)

The Committee received the IQPR, noting its limited quality metrics and that these would now be complemented by a separate Quality Report that would be presented to the Board every two months. The Quality Report would include additional data over time and would initially focus on Continuing Healthcare (CHC) performance and quality performance across the system.

Issues discussed highlighted by the IQPR included the plans in place to deal with any measles outbreaks across Devon; the work being undertaken by the system's Directors of Public Health to implement a revised approach to infection management across Devon and that the number of open Serious Incidents (SIs) in the system was decreasing with providers transitioning to the Patient Safety Incident Response Framework (PSIRF).

It was also noted that the number of information concerns recorded during Q3 of 2023/24 had increased significantly since the same time period in 2022/23. Most of these informal cases had been closed through signposting to appropriate services, standard responses, information provision, informal discussions, and apologies. A number of formal complaints had also been received in Q3, including cases related to CHC, GP access, and difficulties in obtaining prescriptions and appointments.

Reports received, discussed, and noted

Devon Mortality Data Report

The Committee received a report which provided an overview of the objectives and scope of the Mortality Group in Devon and how it aligns with the broader work of NHS Devon. It also explored specific areas, such as deaths on the cardiology list, and emphasised the use of data to identify trends and conduct in-depth analyses where potential risks may exist.

The report will develop as the Mortality Group co-ordinates the work carried out across the system, which will enable data to be analysed at a comprehensive and system-wide level and allow the identification of variations, spikes or trends in mortality which could then be the subject of further scrutiny and improvement activity.

Learning Disabilities

The Committee received assurance in respect of two key subsidiary programmes within the Learning Disabilities and Autism, Programme (LDAP) these being the Transforming Care Programme and the LeDeR (Tackling Health Inequalities Learning into Action Programme).

It was noted that the number of patients in hospital in Devon and across the region was projected to increase over 202/25, with there being an over-reliance on independent sector hospitals. With regard to monitoring those in out of area placements it was noted that treatment reviews were carried out every six months and safety and well-being checks every eight weeks. For those in hospital, reviews were organised through NHS Devon with an independent panel and chair leading the process.

The current focus of the programme was working with the South West Collaborative in respect of child placements, in particular with regard to discharge pathways and suitable placements for challenging individuals.

Urgent and Emergency Care – University Hospitals Plymouth NHS Trust
The Committee received an oral update which highlighted the actions taken in relation to the Section 29A Warning Notice issued by the Care Quality Commission (CQC) to University Hospitals Plymouth NHS Trust (UHP).

It was noted that a remedial action plan had been developed to address the immediate patient safety concerns that had arisen and that these issues had been resolved. The longer term Integrated Action Plan, which included actions around estates, discharge avoidance, internal risk and professional standards will be considered by the UHP Board in May.

Equality Quality Impact Assessments
The Committee received an update on the Equality Quality Impact Assessment (EQIA) workshop on 8 March 2024 that was convened by NHS Devon and NHS England. Key takeaways from the workshop had included that Covid-19 had resulted in some truncation of EQIA processes; a single approach for Devon was required; and that it essential that EQIAs were viewed as more than just a quality or clinical process as they were a matter for the entire Board with all key decisions including an EQIA.

System Quality Group Report
The Committee received an oral update respect of the most recent System Quality Group.

It was noted that the National Quality Board oversight framework had now been implemented through the Safety and Quality Dashboard (SQD). It was also noted that the System Quality Group would play a key role in the development of the system's Quality Strategy and that four or five of the quality priorities would be reflected in the Annual Plan.

With regard to providers the satisfactory response to the Section 42 investigation at Torbay & South Devon NHS Foundation Trust was noted and that they had also been a key participant in the Joint Targeted Area Inspection (JTAI).

Healthwatch Monthly Insight Report
The Committee received the monthly update. It was noted that access to primary care remained an issue, with patients being frustrated by the inability to access appointments with the subsequent delay resulting in late diagnoses in the worst cases. However, some positive stories had been received regarding timely access to GP services. An insight report was to be developed based on the information gathered around access to primary care.

Patient Experience Q3 Report
The Committee received the report which provided a summary of the data relating to NHS Devon contact with patient experiences reported in quarter three of 2023/24.

It was noted that the number of contact made in respect of Pharmacy, Optometry and Dentistry continued to increase with the emerging themes including reduced availability, access to emergency care and access for vulnerable / complex patients.

Other key themes from the informal concerns and complaints received included right to choose and shared care agreements in respect of autism services; delays with regard to continuing healthcare; and access to appointments and medication through general practice.

Committee decisions

None

Escalation to the Board – for information

University Hospital Plymouth NHS Trust has raised a concern that as a result of the closure of Coroners' Team in Plymouth, all coroner services would now be functioning out of Exeter. Any impact on the Plymouth population, together with any other identified risks, will be reported back to the Committee.

Escalation to the Board – for action

None

Recommendations for the Board

A Board Development session should be held to consider the issue of Quality Equality Impact Assessments and, in particular the information required by the Board to be assured that appropriate assessments have been conducted.

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

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

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of meeting	Date of committee covered in this report
30 May 2024	09 May 2024

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

Board Assurance Framework (BAF) updates or escalation

The Committee considered current position regarding the Board Assurance Framework (BAF) Risks, with it being noted that the approach to the BAF and the associated risks contained is now constructed around six themes of the NHS Oversight Framework.

The risks allocated to the Committee for oversight around the quality of care and working with system partners to deliver service performance in line with national standards and quality requirements were noted.

Risk register review updates/escalation

None

Integrated Quality, Performance and Finance Report (IQPR)

The Committee received the IQPR, noting that the integration of the IQPR with the Quality Report further improved its overall presentation and detail.

Whilst the Committee was assured that work was underway to enhance metrics for patient experience reporting, there was concern that only limited assurance could be provided in respect of work of the Patient Experience team due to capacity challenges combined with a recent surge in demand, especially in relation to complaints. It was noted however that efforts were being made to address the issue and any resulting safety and risk issues had been well mitigated through teams actions.

Concerns remain in respect of Children and Young People (CYP) waiting list. The Committee was informed that a Director of Children's and Women Delivery has now been appointed. The Committee was assured that this appointment will greatly assist the recovery of this important work. Assurance was also taken from the possibility of funding joint commissioning positions with Local Authorities for complex cases involving children. Additional assurance was provided regarding work being undertaken to triage waiting lists and providers have established processes in place to monitor the quality metrics to determine levels of service provision.

Reports received, discussed, and noted

Quality Report
The Committee considered the key quality issues, updates and actions. Assurance was taken that whilst Torbay and South Devon NHS Foundation Trust (TSD) remained in Enhanced Quality Assurance progress has been achieved to address concerns.

The implementation of the new Patient Safety Incident Response Framework (PSIRF) system has resulted in a significant decrease in incidents being reported. The Committee understands, however, that this position is due in part to data not being available for Regional Level Integrated Care Board reporting and this is being addressed by the national team. In addition, by way of mitigation, the reporting of Serious Incidents will be integrated into the local reporting of PSIRF data in future reports, which will also include metrics for assurance and reassurance.

There remains a risk of harm for patients due to long waits, in elective care pathways and this is subject to review and monitoring.
In terms of Urgent and Emergency Care, data continues to demonstrate a high risk of delays across the system, with the highest risk identified in Plymouth and Western Localities and these risks are subject to regular monitoring and actions to seek improvement.

Safeguarding Report
The Committee took assurance that NHS Devon is fulfilling its statutory duties in respect of safeguarding requirements and associated governance arrangements. Updates were provided on current review processes and regulatory inspections, of note the completion of the written statement of action in response to the Torbay Hospital JTAI.

A risk remains regarding the current Designated Doctor vacancy Mitigations are in place and efforts to recruit to the post are ongoing,

There also remain concerns around the recruitment of paediatricians to safeguarding positions, with this being a challenge at a national level as well as at regional level, as a paediatric qualification was a legal requirement.

Mental Health Quality Report
The Committee noted a summary position of the work of the Mental Health, Learning Disability and Neurodiversity (MHLDN) Collaborative in relation to its oversight of quality and safety for relevant commissioned services both for NHS Devon and Devon Partnership NHS Trust (DPT) and examples of work that it is leading on behalf of the Devon system.

It was noted that the amount of funding received by Devon for mental health appears to be above the national average and Devon appears to be an outlier in terms of placement, for example, £1 in every £3 spent on Mental Health Learning Disability & Autism is spent on placements.

The Committee took assurance that work is ongoing to understand and address funding issues and also to develop a dementia strategy and build relationships with acute hospitals, particularly where there were young people with challenging presentations such as eating disorders as these had been identified as key gaps within the current mental health service provision.

Healthwatch Monthly Insight Report
The Committee noted that there had been an increase in feedback received through the Citizen's Advice offices concerning difficulties with dental charges and the resulting effects on individuals medical care and mental wellbeing, whilst access to services and administrative primary care remained an issue.

The Committee was pleased to learn that Healthwatch will be supporting NHS Devon with the public engagement for the development of the new local community pharmacy strategy.

Consideration is being given to how the information provided by Healthwatch can be better incorporated into our decision-making and assurance processes.

Devon Partnership NHS Trust Licence Conditions by CQC
The Care Quality Commission (CQC) has issued a Section 31 Notice on Devon Partnership NHS Trust's (DPT) Additional Support Unit (ASU) for people with Learning Disabilities, Autism or both, at Whipton Hospital Exeter Devon due to concerns as to the quality of care at the unit around restrictive practices.

The Committee took assurance that evidence had now been provided by the Trust to the CQC that patients at the unit are safe and well with it being understood that the concerns appeared to principally relate to the quality of information recorded about management and documents evidence in respect of restrictive practice and management plans.

Joint Targeted Area Inspection (JTAI) – Written Statement of Action
The Committee noted the extensive amount of work undertaken with multi-agency colleagues in the production of a response plan to address the findings of the inspection carried out in Torbay in November 2023. This process has involved continuous collaboration and consultation primarily with the Head of Safeguarding and colleagues, as well as with colleagues from Torbay & South Devon NHS Foundation Trust. The Committee noted that Local Authority, partners and leads have provided appropriate assurances regarding this action plan.

UEC Quality UHP
The CQC issued a Section 29a Notice on University Hospital Plymouth NHS Trust (UHP) on 21 March 2024.

UHP have promptly responded to the notice and implemented remedial action measures. A quality risk review meeting has been attended by the Medical Director and Chief Nurse who have provided assurance as to the provision of safe care whilst acknowledging that it was not the safest possible.

Assurance was taken that the NHS Devon Interim Chief Nursing Officer and Regional Clinical Quality Director would be visiting the Trust to review Quality Oversight and Improvement.

Committee decisions

None

Escalation to the Board – for information

- As a result of the closure of Coroners' Team in Plymouth, all coroner services will now be functioning out of Exeter. Any impact on the Plymouth population, together with any other identified risks, will be reported back to the Committee in order for the Committee to seek further assurance as required.
- Concern as to the impact of workforce issues on delivery of the quality agenda and the importance of being sighted on this. The Committee will explore this further at its next meeting.

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues
None

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

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Primary Care Commissioning Transitional Committee

Date of meeting	Date of committee covered in this report
30 May 2024	18 April 2024

Chair	
Name and title:	Judy Hargadon Independent Non-Executive Member for Primary Care

BAF and Corporate risk updates or escalation
None

Risk register review updates/escalation
None

Integrated Quality, Performance and Finance Report
The **Finance Report** provided an update on matters as at the end of February 2024 as the end of year work had taken priority over work on budget setting this month. The **Quality Report** was noted by the meeting

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Reports received, discussed, and noted

The **Deputy Director's Report** highlighted the Admissions Avoidance scheme, which is an interesting example of a scheme having a longer-term positive impact, and the impact of the changes in National GP contracts, with it being noted that these changes have not landed well and present real further financial pressures on practices. Huge support has been shown to the British Medical Association regarding industrial action of some sort by General Practitioners. Any of the options which might be chosen could have a serious detrimental effect on Primary Care, and knock-on effect to the whole system.

The Committee was presented with an update on the **Primary/ Secondary Care interface,** which shows an excellent start to implementation with good contacts and communication in all areas of the system and interest taken in Devon's work by NHS England on a national level. There is still work to be done to ensure no pockets of staff have missed the initiative, that the way of working is integrated and that the Local Medical Committee's significant collection of data on work transfer is used as a tool in discussion and improvement. The next step, alongside monitoring implementation of the initial agreement, is to develop one for mental health services.

The meeting reviewed the progress made on workstreams in the **Strategic Metrics** and heard that not only are there additional metrics in the report but that there will be dental metrics from next report as new initiatives come online.

The **NHSE Optometry, Dental & Pharmacy Monthly Report** from the regional Hub team was noted, with points made on the good news of small steps being taken in dental commissioning and some requests being received to open new pharmacies.

The contracting and resilience report highlighted the good news of a new provider starting on a positive note in Plymouth and the positive outcome from a challenging quest for new cover for a contract in a remote practice in North Devon. However, 31 practices are scoring very low in resilience ranking.

An update was received on the work of the **Devon Collaborative Board** where more progress has been made towards the setting up the formal GP Provider Collaborative board, including work towards a funding model, and the development of a primary urgent care model.

Committee decisions

The Committee was asked to support a recommendation regarding the use of paper prescriptions as an interim measure, due to national IT issues for the project, for the new system of **Community Pharmacy Independent Prescribing Pathfinder** being trialled. After discussion and questioning, the meeting supported the plan for three practices to use paper prescriptions if needed for the trial, with the relevant pharmacies being accountable for safe use of such prescriptions.

The Committee was updated on **Primary Care Estates** workstreams including the hand back to NHS Property services of part of one and the whole of another unused/barely used local hospital areas and the latest news on a proposed building project in South Devon. After careful review and discussion of the Primary Care aspects of the recommendations, the **Committee was happy to support the revised proposal** of the hand back of an empty area of one mid-Devon hospital as there is the flexibility for likely primary care usage needs. The **Committee was also supportive of the proposal** to

hand back a mid-Devon hospital and grounds which are in a poor state of repair – providing that an existing clinic for patients is relocated and practice needs supported in other ways.

The meeting learned about the new workstream for **Children's Oral Health** proposed by the new Oral health Steering Group and, having clarified some points agreed that the **Committee was very supportive** of the proposal as it is taken, with all the planned dental investments for the year, into Devon Investment Group (DIG) for approval.

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other Committees

None

Terms of reference or other committee effectiveness issues

None

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

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Audit and Risk Committee

Date of meeting	Dates of committee covered in this report
30 May 2024	22 April 2024

Chair	
Name and title:	Graham Clarke, Independent Non-Executive Member for Audit and Risk

BAF updates or escalation
None

Risk register review updates/escalation
None

Integrated Quality, Performance and Finance Report
None

Reports received, discussed, and noted
Draft Annual Report, including Annual Governance Statement The Committee reviewed and agreed to recommend to the Chief Executive Officer that the draft Annual Report reflected the work of NHS Devon in 2023/24 and was appropriate for submission in draft to NHSE on 23 April 2024. Further work will be undertaken in the coming weeks to ensure it is at a standard ready for final submission and the Committee will have a chance to review the final iteration of

the report at its meeting on 27 June 2024, at which point it will recommend it to the Board for approval.

External Audit Progress Report
The Committee was assured that the 2024/25 audit had commenced. The Mental Health Investment Standard (MHIS) Audit for 2022/23 had been completed and raised one area of concern which will be reviewed and worked through by the Finance team.

Value for Money Risk Assessment
The Committee was assured that the Value for Money Risk Assessment had been completed and that there are no concerns regarding the governance in this area. There remains a risk around overlying financial sustainability; however, Devon is not an outlier in this area and the Finance team will be working on this.

Internal Audit Progress review
The Committee received the internal audit progress report. There are four remaining audits still to deliver that feed into the Head of Internal Audit Opinion (HIAO). Committee members agreed to receive these final 2023/24 audit reports via correspondence and to discuss any limited assurance reports at an additional meeting in May 2024

Quarterly Contracting and Procurement Update
The Committee was assured by the information provided in respect of NHS Devon contracting and procurement activities. It was noted that there had been four single action waivers approved during the reporting period and that these would now be tracked using the Provider Selection Regime processes that have now commenced.

Provider Selection Regime Steering Group Update
The Committee was assured by the activity of the group and noted the decision to stand it down as a sub-group of the Executive Committee. It will continue as an operational group within the Finance Directorate.

Internal Incident Report
The Committee was assured about the processes in place to manage internal incidents. The Corporate Governance team will work to promote the reporting of incidents and near miss incidents through staff bulletins and a how to guide.

Use of the Company Seal – Annual Report 2023/24
The Committee was assured that use of the NHS Devon Company Seal has been executed in line with the Scheme of Delegation and financial limits and noted the proposal to implement a strengthened assurance process for the execution of the NHS Devon Company Seal in 2024/25.

Forward plan for future meetings
The Audit and Risk Committee approved the forward plan for future meetings.

Committee decisions

See recommendation section.

Escalation to the Board – for information

The Committee expressed concern that the Environmental Policy review had been extended so that this policy would not be reviewed until August 2025.

Committee Members raised concern regarding the ability of the Nursing and Quality Directorate to undertake audit-related activity, given the proposal to defer the LeDer Mortality Audit and a number of audit recommendations due to capacity issues.

As Chair of the Committee, I met with the Interim Chief Nursing Officer following the meeting to discuss these concerns in more detail. I was assured about the action being taken to ensure Executive oversight of internal audit actions. I was also assured that action is being taken by the Interim Chief Nursing Officer to address capacity challenges through Phase 2 of the Organisational Change Programme.

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

Quality and Patient Experience Committee – should take a role in challenging and escalating to the Board vulnerabilities in relation to quality identified during its meetings.

Terms of reference or other committee effectiveness issues

None

NHS Devon Integrated Care Board

NHS Devon (ICB) Finance Report Month 12

Date of meeting	Date report produced
30 May 2024	26 April 2024

Author(s)		Report approved by	
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Phone:	07825 027569	**Date:**	26 April 2024
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
The presentation of the NHS Devon Integrated Care Board (NHS Devon) Finance Report seeks to provide the necessary assurance on the financial position of NHS Devon for the year ended 31 March 2024.

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

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – consideration in correspondence w/c 29 April 2024 Finance and Performance Committee – 09 May 2024

Key recommendations and actions requested
The Board is asked to **take assurance** from the information provided with regard to the NHS Devon financial position as at the year ended 31 March 2024.

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

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

NHS Devon (ICB) Finance Report Month 12

Executive Summary

1. The presentation of the NHS Devon Integrated Care Board (NHS Devon) Finance Report seeks to provide the necessary assurance on the financial position of NHS Devon for the year ended 31 March 2024.

2. NHS Devon's funding envelope includes allocations for Primary Medical Care Services, COVID, Elective Recovery and Discharge funding as well as funding for service development.

3. The One Devon Integrated Care System (ICS) submitted a deficit plan of £42.3m and an expectation that £212.2m of efficiency savings are needed to meet that plan. Within the plan NHS Devon's planned financial position was an underspend of £48.6m with a requirement to deliver £82.5m of efficiency savings.

4. At the beginning of November 2023 NHS England (NHSE) wrote to all ICSs acknowledging the financial and operational pressures systems face because of industrial action. NHSE provided £800m nationally to address the financial pressures and have introduced revised expectations in relation to elective care targets for the remainder of 2023/24.

5. As a result of this significant change in planning assumptions NHSE asked systems to submit revised plans for the remainder of 2023/24 by 22 November 2023, with the expectation that systems should seek to deliver their original financial plan, which for NHS Devon is a £42.3m deficit.

6. NHS Devon submitted a revised forecast on behalf of the system which recognised and incorporated the previously reported risks to delivery of the plan. The revised forecast deficit has been agreed at £47.0m.

7. NHS Devon's surplus within that position reduces from £48.6m to £36.4m representing the unmitigated risks relating to prescribing and delivery of system savings.

Financial Position

8. The following detailed report reflects the budget set compared with the actual commitments against that budget for the year ending 31 March 2024.

As at 31 March 2024	Year to date		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Total Net Expenditure	2,933,105	2,945,247	(12,142)
Resource Allocation	2,981,672	2,981,672	0
Total Commissioned Services	**48,567**	**36,425**	**(12,142)**

9. NHS Devon's 2023/24 outturn is a £36.4m surplus.

10. At month 12 many of the service lines exceeded budget including some acute services, community health, continuing healthcare individual placements and primary care. These variances have been covered by contingencies set aside at plan to manage variation.

11. Service line variances are detailed in the Detailed Financial Performance section and Appendix 3.

Savings Plan

12. At month 12 NHS Devon achieved savings of £78.0m against a plan of £82.5m.

13. Details are disclosed in the Savings and Efficiencies section.

Risk

14. NHS Devon identified risks of £6.3m, including risks relating to increases in prescription drug prices, contract and reorganisational costs. These risks were off-set by stretch efficiencies and other cost controls.

15. A reminder of these risks is set out in the Risks section of the report.

Conclusion

16. As at 31 March 2024 NHS Devon is reporting a surplus of £36.4m against an original plan of £48.6m.

Detailed Financial Performance

17. The outturn by main service heading as at 31 March 2024 is as follows:

Service	Year to date			
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	
Acute	1,478,848	1,479,213	(365)	↑
Mental Health	308,504	308,108	396	↑
Community Health	338,917	339,490	(573)	↓
Continuing Care	155,792	161,287	(5,495)	↓
Primary Care	617,067	620,312	(3,245)	↑
Other Programme	38,313	8,593	29,720	↑
Total Commissioned Services	**2,937,441**	**2,917,003**	**20,439**	↑
Running Costs	24,682	23,177	1,505	↑
Net Expenditure	**2,962,123**	**2,940,180**	**21,944**	↑
Reserves/Contingencies	(29,018)	5,067	(34,086)	↓
Total Net Expenditure	**2,933,105**	**2,945,247**	**(12,142)**	↓
Resource Allocation	2,981,672	2,981,672	0	→
Total Commissioned Services	**48,567**	**36,425**	**(12,142)**	↓

18. Further detail of the budgets, actual spend and variances making up the main service areas above is provided in Appendix 3.

Acute Services

19. Acute services include contracts with the main system acute providers as well as contracts with acute providers in Cornwall, Somerset, Bristol and London. It also includes the contract with South Western Ambulance Service NHS Foundation Trust, contracts for patient transport and contracts for acute procedures undertaken in the independent sector and by other non-NHS providers.

20. NHS Devon and system providers have agreed a set of block contract payments that also include top-up payments and growth funding allocations. NHS Devon's budget under these financial arrangements has been set to match the payments.

21. At month 12 there is a total overspend of £0.4m. The overspend in Acute is mainly due to pressure in relation to out of area non-contracted activity where patients are receiving treatment that is recharged to NHS Devon on a case-by-case basis, this spend has been partially offset by an underspend in patient transport costs.

Mental Health Services

22. The Mental Health budget commissions Mental Health, Learning Disability, Autism and Neurodiversity services for adult, children and young people. The main contracts for the services are with Devon Partnership NHS Trust (DPT) and

Livewell Southwest with the Child and Adolescent Mental Health Services (CAMHS) service for Northern, Eastern and Southern localities being provided by Children and Families Health Devon through a contract with Torbay and Southern Devon NHS Foundation Trust. This section also includes spend relating to individual adult placements for mental health and learning disability services.

23. In 2023/24 NHS Devon invested an additional £25.3m (9.42%) in Mental Health services based on the Mental Health Investment Standard target. In addition to this NHS Devon has received £20.9m of Service Development Fund (SDF) Transformation funding for Mental Health and Learning Disability Services.

24. The overall Mental Health, Learning Disability, Autism and Neurodiversity position at month 12 shows an underspend of £0.4m. Underspends in learning disability individual patient placements and other mental health costs offset the growth and inflationary uplift pressures in s117 learning disability and mental health placements, as well as increased ADHD activity through right to choose linked to waiting times.

Community Health Services

25. Community Healthcare services include contracts with One Devon ICS partners for the provision of community healthcare (including community hospitals and children's services) as well as Minor Injury Units.

26. It also includes provision for community based acute procedures delivered through GP practice specialisms and other non-NHS providers as well as joint arrangements with Local Authorities under the provisions of the Better Care Fund.

27. The month 12 there is an overspend of £0.6m which is made up of a number of variances. It includes a £0.9m overspend in Discharge to Assess, due to an increase in the use of care home beds, £0.2m overspend in Demand and Capacity partially off-set by several underspends including, £0.3m relating to Physical Disability placements and £0.2m across other services.

Continuing Health Care

28. Placements includes Continuing Health Care budgets comprising of Continuing Health Care Administration, Continuing Healthcare (CHC), Interim Funding, Joint Funding, Children's Continuing Care and Funded Nursing Care (FNC).

29. The Month 12 outturn position is £5.5m over budget. This represents a forecast deterioration of £2.9m compared to last month to incorporate year end risks. The current overspend is a result of greater than budgeted End of Life clients, inflationary uplift and pay pressures but off-set, in part, by the release of a long-term risk.

Other Programmes

30. All other Programme area picks up the remaining community-based provision of healthcare services including hospice care and other voluntary sector grant based commissioned services. This area also includes the element of our integrated urgent care contract that relates to NHS 111.

31. As at month 12 there is an underspend of £29.7m and although there are a number of under and overspends within the Other Programme area, the majority of the underspend is due to planned income from section 256 to underwrite additional NHS elective capacity.

Primary Care Services

32. Primary Care includes expenditure on primary care prescribing, GP medical services, enhanced services, out of hours and other primary care related expenditure including GP IT. From 1 April 2023 NHS Devon received delegated responsibility from NHS England for the commissioning of primary care pharmacy, ophthalmic and dental (POD) contracts.

Prescribing

33. The month 12 prescribing forecast is based upon the latest month 10 prescribing data. Excluding the Central Drugs Bill costs, we have reported an outturn overspend of £25.9m.

34. This value is calculated using the national forecasting methodology that is produced by the NHS Business Services Authority (also known as the Prescribing Monitoring Document or PMD forecast) with an additional amount added to reflect the final out turn position that our local analysis suggests that we will see.

35. This increase in prescribing cost is a national issue and cost pressures of this scale are being seen across all ICBs. The cost pressure is in part driven by Price Concessions (previously known as No Cheaper Stock Obtainable or NCSO) and by price increases that are greater than those provided for in our planning or in the national planning guidance.

Delegated Commissioning

36. As at month 12 there is an overspend of £0.6m which is mainly attributed to cost pressures within the GP Locum reimbursements and Clinical Waste budgets.

Other Primary Care

37. Other primary care services include contracts for enhanced GP services, out of hours GP services, home oxygen services and provision for GP IT costs.

38. At month 12 the forecast position is an underspend by £7.3m, the majority of which is due to prior year accruals being reflected in the position. This is mostly in respect of Local Enhanced Services claims and Quality Outcomes Framework (QOF) achievement being less than planned for.

Delegated Pharmacy, Ophthalmic & Dental

39. At month 12 we have reported an underspend position against each of the three delegated services with Optometry underspent by £0.1m, Pharmacy by £0.6m and Dental by £15.7m. The underspend in dentistry is due to YTD underperformance against existing dental contracts and contract hand backs. Both factors are, in the main due to issues in recruiting and retaining NHS dentists. Furthermore, an additional £5.4m of non-recurrent funding was provided by NHSE towards the end of the financial year which resulted in a further improvement in the reported position.

Running Costs

40. The pay and associated costs for NHS Devon are categorised into administrative (running costs) and programme costs according to whether they relate to healthcare services and are solely concerned with management of the organisation. Variances relating to programme pay costs are reported within other earlier sections including acute services, placements and other programme costs.

41. Each year NHS Devon receives a specific allocation for its running costs and has an obligation to report against it separately and must not overspend against the limit set.

42. NHS Devon's allocation for the year is £24.7m, including £1.5m relating to pension costs. At month 12 the administration support costs for NHS Devon programme services have been reviewed and an appropriate internal recharge made resulting in spend totalling £23.2m for the year ended 31 March 2024.

Resource Allocation

43. Revenue resources contained within our financial plans and financial systems are set out below.

Allocation Description	Year to date ICB
2023/24 Recurrent core allocation	2,198,203
2023/24 COVID	9,321
2023/24 Capacity funding (£k)	26,768
2023/24 Additional discharge allocation (£k)	6,015
ICB running cost allowance	22,578
Allocations (primary medical care)	220,682
Primary Care DOP transfer from regional Teams	117,342
Inflation (Fair Shares)	7,164
Pay Award	30,299
M4 - 6 Allocation	15,526
M7 Allocations	3,241
M8 Allocations	1,834
M9 Allocations	(1,245)
Recurrent Allocation	**2,657,728**
Cancer Alliance Core Funding	7,986
Cancer Alliance Targeted Funding	6,057
Mental Health Allocations M2	17,800
Funding for Covid-19 high-throughput & rapid PCR testing	3,280
Community / Keyworkers	2,526
Community Services Transformation	1,641
Primary Care Transformation	3,579
Supporting GP Mentors Q1	44
Long Covid	1,300
Pay Award	4,646
Prevention	1,300
Other M2 Allocations	2,194
M3 - M6 Allocations	77,682
M7 Allocations	3,542
M8 Allocations	43,329
M9 Allocations	8,178
M10 Allocations	32,148
M11 Allocations	64,426
M12 Allocations	42,286
Non-Recurrent Allocation	**323,944**
Total Allocation	**2,981,672**

44. The month 12 allocations include £22.4m Elective Recovery Funding, as well as £15m further system support to cover recognised acute cost pressures.

Savings and Efficiencies

45. The table below provides a summary of the delivery of savings and efficiencies as at 31 March 2024.

Scheme	Year to date		
	Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable/ (Adverse) £000
Acute	33,584	32,084	(1,500)
Community Healthcare	18,051	15,629	(2,422)
Mental Health	1,993	1,993	0
Ambulance	755	755	0
Primary Care	6,000	6,000	0
Prescribing	5,000	8,324	3,324
Continuing Care	8,186	7,209	(977)
Running costs	641	641	0
Other Programme Services	8,247	5,347	(2,900)
Unidentified	0	0	0
Total	**82,457**	**77,982**	**(4,475)**
Recurrent	64,562	55,885	(8,677)
Non-Recurrent	17,895	22,097	4,202
Total	**82,457**	**77,982**	**(4,475)**

46. The £82.5m savings plan includes £21.5m of system savings attributable to workstreams driven through the system recovery programme.

47. It should also be noted that £31.7m of NHS Devon's target of £82.5m is the internal (intra system) provider tariff efficiencies charged to our providers. These efficiencies as reported within the NHS Devon plan are a technicality and will be delivered by provider cost improvement programmes. These are only counted once (i.e., not double counted) within the system total requirement of £212.2m efficiencies. So, the NHS Devon Cost Improvement Programme target which is part of the £212.2 is £50.7m.

48. At month 12, there was an overall savings shortfall of £4.5m. While NHS Devon did not achieve the full savings target in several areas such as Acute, Community Healthcare, Continuing Care, and Other Programme Services, it surpassed the savings goal in Prescribing. Additionally, the NHS Devon successfully met the savings targets in Mental Health, Ambulance Services, Primary Care, and Running Costs.

Risks

49. The assessment of financial risk (and mitigations) for the year ended 31 March 2024 was follows.

Headline	Description	M11 £000	M12 £000	Movement £000	Risk at Plan £000
Prescribing	Risk of additional cost where no cheaper stock is obtainable (NCSO) - Price concessions	3,000	3,000	0	3,090
Placements	Inflation risk on Continuing Healthcare costs	0	0	0	1,500
Contract risk	Potential additional contract costs	1,800	1,800	0	3,750
Elective Recovery Fund	Independent Sector Risk re ERF earnings	0	0	0	0
Reorganisation	Impact of Reorganisation	1,500	1,500	0	0
Efficiency risk	Estimated shortfall in required efficiency savings	0	0	0	13,122
System strategic efficiencies risk	Non-delivery of workstream efficiency savings	0	0	0	17,120
Total Risk		**6,300**	**6,300**	**0**	**38,582**
Additional cost control	Off-set risk by stretch efficiencies	6,300	6,300	0	6,090
Transformational / Pathway changes	Review of pathways leading to financial benefits	0	0	0	3,000
Elective Recovery Fund	ERF income assumption	0	0	0	0
Prescribing	Prescribing price concessions and inflation income assumption	0	0	0	0
Efficiency mitigation	Identification of opportunistic in-year savings	0	0	0	7,192
Allocation Review	Hold back non recurrent allocations	0	0	0	750
Total Mitigation		**6,300**	**6,300**	**0**	**17,032**
Net Risk		**0**	**0**	**0**	**21,550**

50. At plan NHS Devon identified risks of £38.6m, with mitigations totalling £17.0m resulting in net risks of £21.6m.

51. As mentioned above, in the Executive Summary, NHS Devon's financial position moved from an underspend of £48.6m to £36.4m as some of the risks have been realised and incorporated into the position, including the costs of prescribing.

52. At month 12 NHS Devon identified risks of £6.3m, including risks relating to increases in prescription drug prices, contract and reorganisational costs. These risks were off-set by stretch efficiencies and other cost controls.

Other Financial Information

Statement of Financial Position

53. The statement of financial position (SoFP) provides a snapshot of NHS Devon's financial position at that date. The SoFP is made of two parts which must always equal each other: the top part (total assets employed) which shows NHS Devon's assets and liabilities (what the NHS Devon owns and is owed), and the

bottom part (total taxpayers' equity) which shows how the NHS Devon has been financed.

54. NHS Devon's position at 31 March 2024 is shown in Appendix 1.

Capital

55. NHS Devon received £0.7m IT capital which we requested for 2023/24, £0.6m relating to the move to Aperture House.

56. In addition, NHS Devon received £3.2m capital allocation to cover the move into Aperture House, the new headquarters. Under International Financial Reporting Standards long term leases are seen as capital items and within the NHS this requires a capital funding allocation to cover such a transaction.

Better Payment Practice Code

57. The Better Payment Practice Code requires NHS Devon to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

58. NHS Devon's current performance against the target of 95% is detailed below:

Better Payment Practice Code	M12	
	Number	£000
Non NHS Creditors - % of bills paid within target	99.71	99.05
NHS Creditors - % of bills paid within target	99.28	99.93

Cash

59. There are several key cash performance targets that ICBs are measured against; these are set out in appendix 2.

Conclusion

60. The Board is asked to **take assurance** from the information provided with regard to the NHS Devon financial position as at the year ended 31 March 2024.

Appendix 1: Statement of Financial Position

Statement of Financial Position	M12
Property Plant & Equipment	6,004
Intangible Assets	0
Non Current Assest	**6,004**
Inventories	1,903
Trade & Other Receivables - NHS	1,988
Trade & Other Receivables - Non NHS	36,813
Cash & Cash Equivalents	512
Current Assets	**41,215**
Total Assests	**47,219**
Trade & Other Payables - NHS	(49,977)
Trade & Other Payables - Non NHS	(167,171)
Other Liabilities	(6,732)
Borrowings / Cash in Transit	(2,278)
Provisions	(2,203)
Current Liabilities	**(228,361)**
Total Assets Employed	**(181,142)**
General Fund	(181,142)
Total Taxpayers Equity	**(181,142)**

Appendix 2: Cash

There are several key cash performance targets that the ICB is measured against:

Measure	Month 12
ICBs must operate within their Cash Drawdown Requirement *The cash drawdown requirement is based on the revenue and capital resource limits, amended for various non-cash items like depreciation. At present NHS England has calculated this to equate to £2,911m for Devon ICB for the period ended 31st March 2024.*	99.8% of the Cash Drawdown Requirement has been utilized.
ICBs daily and monthly forecasting accuracy and notional charges NHS England is working on implementing a regime of bank charges against ICBs based on the accuracy of daily and monthly cash forecasting*. The start date for any charges to flow through the scheme to the ICB has not yet been confirmed.	The calculations used for the notional charges for March are currently being reviewed by Shared Business Services.
The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown.	The ICB has met the requirement to manage their cash balance at the bank on the last day of the month to be no greater than 1.25% of the drawdown for that month.

**Although forecasting is carried out as accurately as possible it sometimes difficult to predict 2 months in advance (the requirement by NHS England) the exact timings and amounts of all income received and all payments made.*

Appendix 3: Operating Expenditure

The detailed financial position as at 31 March 2024.

Service	Year to date		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Royal Devon University Healthcare NHS FT	445,794	445,524	270
University Hospitals Plymouth NHS Trust	383,036	382,921	115
Northern Devon Healthcare NHS Trust	157,689	157,688	1
Torbay and South Devon Healthcare NHS FT	306,893	306,947	(54)
Taunton and Somerset NHS FT	11,090	11,210	(120)
South Western Ambulance Services NHS FT	71,988	71,987	1
Independent Sector	54,053	54,222	(169)
Patient Transport	12,143	10,793	1,350
Other Acute	36,162	37,920	(1,758)
Acute	**1,478,848**	**1,479,213**	**(365)**
Devon Partnership NHS Trust	180,510	180,512	(2)
Livewell MH Services	8,085	8,173	(88)
University Hospitals Plymouth NHS Trust MH	45,679	45,675	4
Children and Families Health Devon	19,917	19,914	2
Individual Patient Placements	16,045	14,152	1,893
Section 117	24,339	27,036	(2,696)
Other Mental Health	13,930	12,647	1,283
Mental Health	**308,504**	**308,108**	**396**
Livewell Southwest	381	342	38
Royal Devon University Community	66,808	66,808	(0)
Northern Devon Healthcare Community	34,336	34,336	0
Torbay and South Devon Healthcare NHS FT	70,935	70,935	(0)
University Hospitals Plymouth Community	61,040	61,041	(1)
Children and Families Health Devon	13,630	13,677	(47)
Individual Patient Placements	2,000	1,711	289
Integrated Urgent Care Service	0	0	0
Hospices	9,174	9,506	(331)
MIU Contracts	684	713	(29)
Better Care Fund_Plymouth CC	6,438	6,326	112
Better Care Fund_Devon CC	41,820	41,820	(0)
Better Care Fund Torbay	3,872	3,872	(0)
Demand and capacity	5,219	5,369	(150)
VCSE S256	5	146	(141)
Other Community Services	22,575	22,888	(313)
Community Health	**338,917**	**339,490**	**(573)**
Continuing Healthcare	137,814	143,593	(5,778)
Funded Nursing Care	17,978	17,694	283
Continuing Care	**155,792**	**161,287**	**(5,495)**

Service	Year to date		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Prescribing	217,296	243,696	(26,400)
Enhanced Services	14,073	10,135	3,938
Delegated Commissioning - Co Commissioning	233,720	234,284	(564)
Delegated Commissioning - Optometry	11,943	11,799	144
Delegated Commissioning - Pharmacy	36,971	36,417	554
Delegated Commissioning - Dental	71,224	55,541	15,683
GP Out Of Hours	9,559	9,540	19
GP IT	4,404	5,166	(762)
Other Primary Care	17,877	13,735	4,142
Primary Care	**617,067**	**620,312**	**(3,245)**
NHS 111	11,762	11,663	98
Chime Audiology	4,026	4,000	26
All Other Commisionned Services	22,525	(7,070)	29,596
Other Programme	**38,313**	**8,593**	**29,720**
Total Commissioned Services	**2,937,441**	**2,917,003**	**20,439**
Pay	18,628	16,212	2,416
Non Pay	6,203	7,122	(919)
Income	(149)	(157)	7
Running Costs	**24,682**	**23,177**	**1,505**
Net Expenditure	**2,962,123**	**2,940,180**	**21,944**
System Reserves	3,729	0	3,729
Investment Reserves	(36,383)	5,067	(41,450)
Non Recurrent ICB Reserves	3,636	0	3,636
Total Net Expenditure	**2,933,105**	**2,945,247**	**(12,142)**
Resource Allocation	2,981,672	2,981,672	0
Total Surplus	**48,567**	**36,425**	**(12,142)**

NHS Devon

NHS Devon Integrated Care Board

One Devon (ICS) Finance Report Month 12

Date of meeting	Date report produced
30 May 2024	19 April 2024

Author(s)		Report approved by	
Name and title:	Ben Chilcott Deputy Director of Finance	**Name and title:**	Bill Shields Chief Finance Officer
Phone:	01752 398765	**Date:**	26 April 2024
Email:	Ben.chilcott@nhs.net		

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

Executive summary
The presentation of the One Devon Integrated Care System's (One Devon) Finance Report seeks to provide the necessary assurance on the financial position of One Devon for the year ended 31 March 2024. The report details the One Devon financial position for the financial year ended 31 March 2024 against the finance plan submitted and confirms a year-end deficit of £46.9m.

One Devon

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

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – consideration in correspondence w/c 29 April 2024 Finance and Performance Committee – 09 May 2024

Key recommendations and actions requested
The Board is asked to **take assurance** from the information provided with regard to the One Devon Integrated Care System financial position as at the period ended 31 March 2024.

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

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

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One Devon (ICS) Finance Report Month 12

Executive Summary

1. The presentation of the One Devon Integrated Care System's (One Devon) Finance Report seeks to provide the necessary assurance on the year-end financial position of One Devon at 31 March 2024.

2. As part of the 2023/24 planning round, One Devon submitted a deficit plan of £42.3m with a commitment to reach a breakeven position by 2025/26.

3. Since the original plan submission, there has been a national process to take account of the impact of industrial action and to allow updates to control totals. Additional funding was confirmed in M11 to cover the originally planned system deficit (42.3m), thus reducing the plan to breakeven, but with an agreed forecast of £47m deficit against this plan.

4. The year end position of the One Devon Integrated Care System is a £46.9m deficit against a forecast of £47m deficit and a plan of break-even.

5. As at month 12, the One Devon Integrated Care System had made efficiency savings of £207.2m which is £5m adverse to plan. This is a £6.1m improvement on the forecasted year end position at month 11. The movement is due to organisational shortfalls on the strategic efficiency schemes compensated by Royal Devon University Healthcare NHS Foundation Trust (RDUH) overperformance. Further detail is included in the savings appendix of this report.

6. The above position represents the reported position to NHS England (NHSE) as at Month 12.

Financial Performance

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

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

8. Since the original plan submission, there has been a national process to take account of the impact of industrial action and to allow updates to control totals. Additional funding was confirmed in M11 to cover the originally planned system deficit (42.3m), thus taking the forecast to a £47m deficit and in line with the H2 planning submission net of the additional funding.

9. The year end system position is a £46.9m deficit against a forecast of £47m.

Savings and Efficiencies

10. The delivery of savings and efficiencies as of 31 March 2024 is as follows:

Organisation	M12		
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000
Devon ICB	50,693	46,218	(4,475)
Royal Devon University NHS FT	60,296	77,291	16,995
University Hospitals Plymouth Trust	39,477	30,851	(8,626)
Torbay and South Devon NHS FT	46,578	39,748	(6,830)
Devon Partnership Trust	15,191	13,137	(2,054)
Total	**212,235**	**207,245**	**(4,990)**

11. As at month 12, the One Devon Integrated Care System had made efficiency savings of £207.2m which is £5m adverse to plan. This is a £6.1m improvement on the forecasted year end position at month 11.

12. The variance is due to organisational shortfalls on the strategic efficiency schemes compensated by RDUH overperformance.

13. See Appendix 1 for detailed Cost Improvement Programme update report. This report no longer distinguishes between local schemes and strategic schemes.

Capital

System capital (Including impact of IFRS 16)

14. The One Devon Integreated Care System has an allocation of £137.1m, with a year end expenditure position of £136m which represents an underspend of £1.1m. This forecasted position was a £2.3m overspend, which has been agreed with the region, however IFRS16 lease expenditure at University Hospitals Plymouth NHS Trust (UHP) underspent by £2.9m relating to lease revaluations and equipment that could not be recognised at year end.

Organisation	M12		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Royal Devon University NHS FT	46,562	48,146	(1,584)
University Hospitals Plymouth Trust	75,732	76,749	(1,017)
Torbay and South Devon NHS FT	24,037	3,504	20,533
Devon Partnership Trust	9,508	7,570	1,938
Total	**155,839**	**135,969**	**19,870**

15. A recent change IFRS 16 lease reporting means that although prior to this change the One Devon Integrated Care System was spending within its capital allocation, the inclusion of this allocation and spend around this reporting standard has meant that there has in recent months been an overspend on this subcategory of system capital. However, national contingency was received in M12 to offset this.

16. The appended analysis of capital provided on a monthly basis is not produced at month 12.

Agency

Organisation	M12				Agency Cap	
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000		Agreed share of agency cap £000	Variance Favourable/ (Adverse) £000
Royal Devon University NHS FT	(15,138)	(18,772)	(3,634)	↑	(21,362)	2,590
University Hospitals Plymouth Trust	(4,722)	(5,813)	(1,091)	↑	(7,200)	1,387
Torbay and South Devon NHS FT	(9,721)	(16,521)	(6,800)	↓	(10,789)	(5,732)
Devon Partnership Trust	(6,232)	(12,129)	(5,897)	↓	(6,232)	(5,897)
Total	**(35,813)**	**(53,235)**	**(17,422)**	↓	**(45,583)**	**(7,652)**

17. As at M12 the year to date spend on agency is over plan by £17.4m.

18. The One Devon Integrated Care System was set an agency cap of £45.6m by NHSE which was shared by providers as per the table above. The system was above the agency cap by £7.7m.

19. Increased agency has been required as a result of industrial action. Proportionally, Devon Partnership NHS Trust (DPT) also continues to experience challenges with the recruitment to nursing and medical posts and has several extra complex packages of care fully funded by commissioners where agency has been required to cover these.

Conclusion

20. The Board is asked to:
    - **note** the year end position of the One Devon Integrated Care System of a £46.9m deficit against a forecast of £47m deficit and a plan of break-even
    - **take assurance** from the information provided with regard to the One Devon Integrated Care System financial position as at the period ended 31 March 2024.

NHS Devon Integrated Care Board

Quality Report

Date of meeting	Date report produced
30 May 2024	23 April 2024

Author(s)		Report approved by	
Name and title:	Sara Wright, Head of Nursing & Quality	**Name and title:**	Penny Smith, Interim Chief Nursing Officer John Trevains, Director of Nursing
Email:	sara.wright4@nhs.net	**Date:**	23 April 2024

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

Executive summary
The report describes key quality issues, updates and actions. This month, key items to draw the Board's attention to are as follows: **National Quality Board (NQB) Rapid Quality Review (RQR) Process:** Torbay & South Devon NHS Foundation Trust (TSD) remain in Enhanced Quality Assurance and Improvement process. The process has been initiated for Devon Partnership NHS Trust (DPT) Additional Support Unit (ASU) following the Care Quality Commission (CQC) serving a Section 31 Notice. **Patient Safety & Serious Incidents:** During quarter four of 2023/24 a total of 44 serious incidents (SIs) were reported, a significant decrease from the 78 reported in the previous quarter. This is due to providers transitioning to the new (Patient

Safety incident Response Framework) PSIRF system. Integrated care board (ICB) reporting is being developed and will feature in future reports noting that ICB access nationally is still in an early stage of development.

Infection Prevention and Control (IPC): A risk remains regarding Avian Flu provision of antivirals and testing as no provider is currently identified to provide this service. This is being addressed with a solution close to being agreed with partners. The ongoing national measles incident continues to be monitored closely noting that upcoming holiday periods may increase risks for Devon but current case rates remain within normal levels.

Maternity: A thematic analysis has been undertaken of the 3 provider CQC reports and presented at the Local Maternity & Neonatal System Board in April 2023. This details key issues and sets out actions required to improve services.

Special Educational Needs and Disability (SEND): Within the Devon County Council footprint, neurodiversity waiting list numbers and time waiting remains the highest risk; increased referral to treatment time (RTT) waits and numbers for Autism Spectrum Disorders (ASD) and Speech, Language and Communications Needs (SLCN). A workshop has been held with acute and community providers to improve the autism and early years assessment pathway.

Elective Care: It is noted that the risk of harm for patients experiencing long waits for treatment continues and is subject to ongoing monitoring, review and support.

Urgent & Emergency Care (UEC): Data continues to demonstrate a high risk of delays across Devon, with highest delays in Plymouth and Western localities.

Mortality: Summary Hospital-level Mortality Indicator (SHMI) National Comparison, November 2022 to October 2023: A SHMI score of 100 represents expected deaths balancing with observed deaths. Torbay Hospital and Royal Devon University Healthcare NHS Foundation Trust (RDUH) are reporting just above and below this marker. University Hospitals Plymouth NHS Trust (UHP) has a SHMI score above what may be expected in a twelve-month period. This is subject to further analysis and follow up as part of the review process and will be reported on via future mortality reports.

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

Executive Committee – consideration in correspondence w/c 29 April 2024
Quality and Patient Experience Committee – 09 May 2024

Key recommendations and actions requested

The Board is asked to **note** the content of the Quality Report

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	None
Improve services and reduced unwarranted variation	Outlines current quality performance and actions that support reduction of unwarranted variation
Make more efficient use of our resources	None
Develop our culture and how we operate	None

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	Risks that are identified may impact on quality of services, including patient experience.
Health inequalities	There may be an inequity in access and outcome for all people accessing services provided by the Devon System.
Workforce	Issues identified may further impact on workforce, from a capacity perspective as well as morale. Opportunities may be available to recognise opportunities and support workforce development.
Resources and finance	Quality reporting will contribute to clear pathways of decision making by the providers and ICB; informed by safety and quality information.
Legal	ICBs' have an overarching general statutory duty for quality*, which applies when they are commissioning or exercising any other functions….this is a duty to exercise their functions with a view to securing continuous improvement in the quality of services for or in connection with the prevention, diagnosis and treatment of physical and mental illness, or the protection and improvement of public health, including the outcomes from those services (s. 14Z34 of the NHS Act 2006).
Digital and Data	Improved quality is partially reliant on an effective digital strategy within Health providers.
Involvement, engagement and consultation	Quality and safety issues will impact on patient and carer experience of services.

Quality Report
May 2024

Penny Smith, Chief Nursing Officer

Developed by:
The Nursing & Quality Directorate including
The Women & Children's Commissioning Team

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

One Devon

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

Contents

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National Quality Board Rapid Quality Review (RQR) Process: Torbay & South Devon NHS Foundation Trust (TSD) remain in Enhanced Quality Assurance and Improvement process. The process has been initiated for Devon Partnership NHS Trust (DPT) Additional Support Unit (ASU) following the Care Quality Commission (CQC) serving a Section 31 Notice.

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Quality – Overview: Safeguarding

- Provider Leadership changes – RDUH and DPT have been able to recruit to their Head of Safeguarding vacancies.
- Torbay Joint Targeted Are Inspection (JTAI) action plan written by NHS Devon, supported by partner agencies involved, good progress being made against objectives and will be submitted to JTAI in May 2024 as mandated.
- Team supporting Right Care Right person process. This is a change in police response to mental health patients, those who lack capacity and children.
- Meetings held with NHS England (NHSE) to strengthen the process for the management and oversight of mental health homicide reviews.
- Successful primary care safeguarding conference held. Over 150 delegates attended.
- Thematic review of self-harm and suicide of three adults who died during the pandemic. The safeguarding adult review is published by TDSAB website.
- Southwest safeguarding adult leads meeting held at Aperture House. Informative presentation of recent Court of Protection cases and discussion about new pressure ulcer guidance.

Quality Overview: Continuing Healthcare

- Determination of Continuing Healthcare (CHC) eligibility is an ICB statutory function. It is concerned with individuals who have complex health needs who qualify for NHS funded care that is determined via a detailed assessment process. Care can be provided in the home, independent care setting or a combination of both. The CHC process is determined by the national CHC Framework.

- The assessment process is through a referral to the CHC team and eligibility is determined by completing a Health Needs Assessment and a Decision Support Tool, which considers health needs that by nature are complex, intense and unpredictable, over 12 domains. An individual's eligibility depends on assessed need and is not diagnosis driven.

- A typical assessment will take two/two half days per week, to assess the care needs, examine the records and record this in a Decision Support Tool and 12 domains and agree levels of need in each domain. (From 'severe' down to 'no needs').

- If an individual is deemed eligible, full CHC funding is made available for the *full cost of the package of care. For some individuals they are not assessed a*s CHC eligible, however they are considered eligible for Funded Nursing Care (FNC) which is £219.71 per week. These individuals will reside in a nursing home. For those not eligible for CHC or FNC funding, they will self-fund or refer back to local authorities for means tested support. Some individuals may have needs that are funded jointly by the NHS and the Local Authority, and the ICB has a defined process to agree this apportionment.

Quality Assurance and Performance Monitoring

Quality assurance of the assessment process is through peer review and ICB verification. National benchmarked measured targets are as follows:

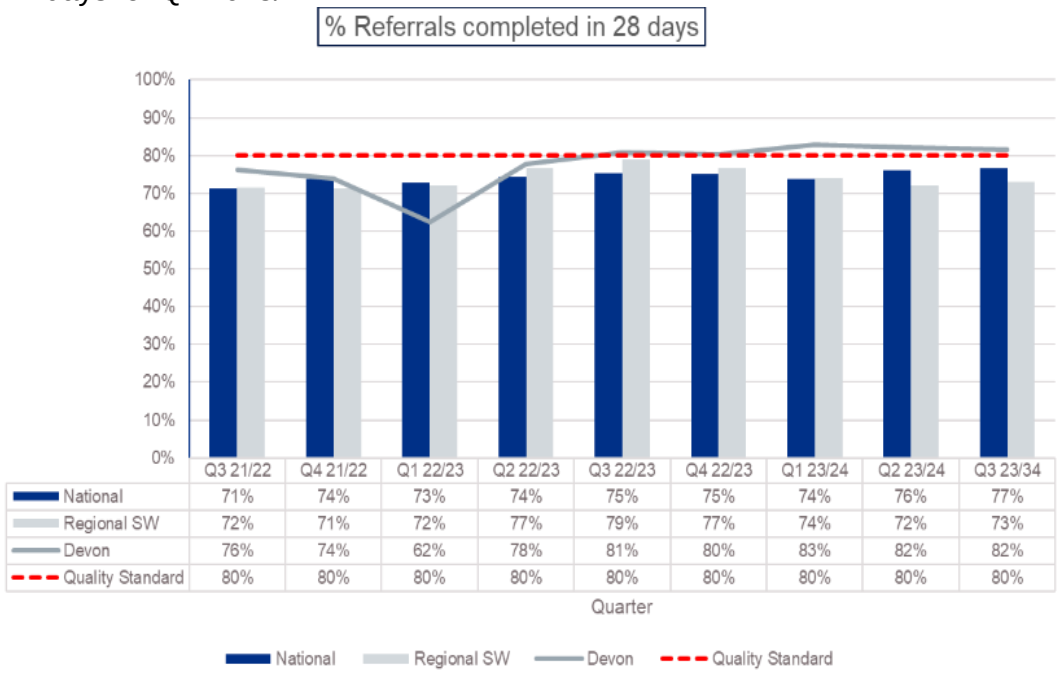
- 80% of all assessments are undertaken in 28 days from referral
- For the remaining 20% of referrals that the assessment process is concluded not longer than 12 weeks after referral
- 3 and 12 month reviews of care are not routinely monitored

Quality Overview: Performance reporting for Continuing Healthcare

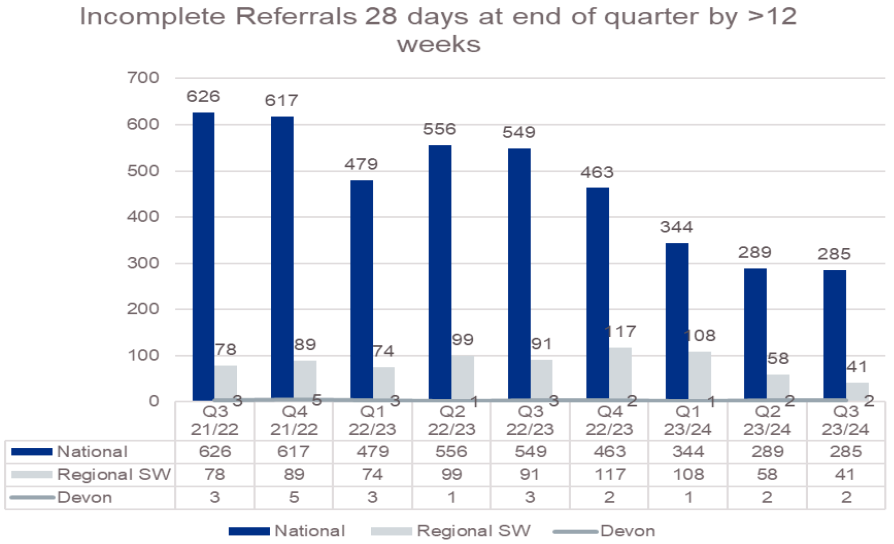
The below performance slides are produced by NHS England to assess Devon's performance against the national standards.

- In summary NHS Devon has worked over several years of being a national outlier with regards to reporting metrics to now being assessed as similar as the majority of peer ICBs.
- NHS England is assured regarding NHS Devon's performance for CHC reporting, whilst noting some risks highlighted later in the report.
- This end of year update .
- Due to capacity issues, for Q4 the 80% performance target to complete assessments within 28 days was at 78% and the remaining 20% to be completed within 12 weeks was not met. 11 cases are over the 12-week target. The majority are DPT cases. This will be reported in detail including mitigating action at the June 2024 Quality and Patient Experience Committee.

Quality Standards: 82%of Assessments completed within 28 days for Q4 2023/24



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



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

16 Up to 2 Weeks

7 Above 2 and up to 4 weeks

9 4 weeks to 12 weeks

10 Above 12 and up to 26 weeks

1 Above 26 weeks

9 Assessments incomplete over 28 days for Q4 2023/24 and within tolerance levels

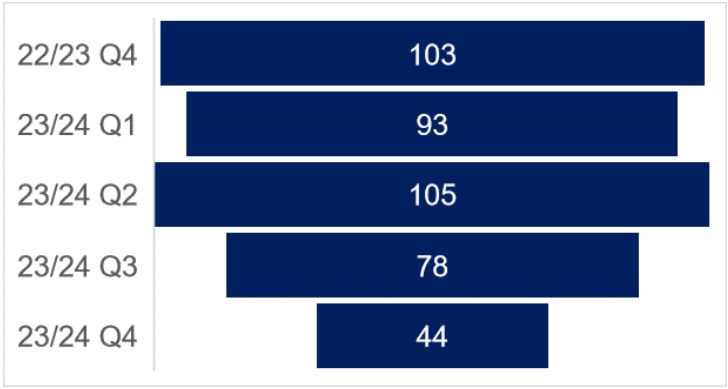
11 are over 12 weeks.

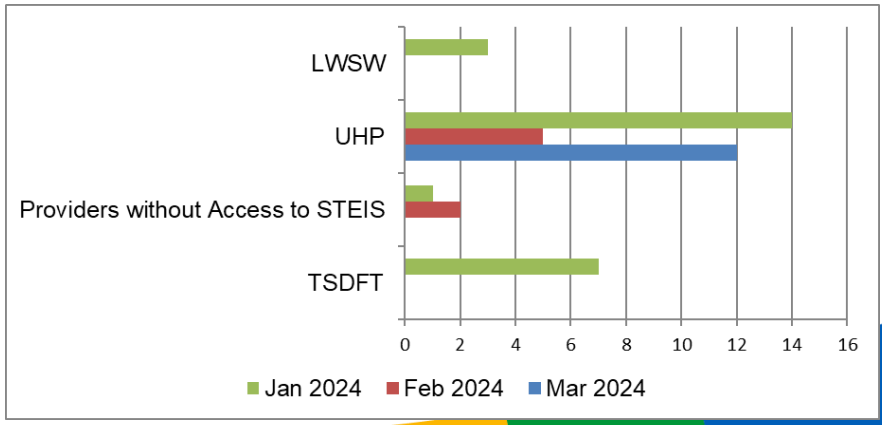
Quality Overview: Serious Incidents Q4

Serious Incidents January 2024, Q4 :
During quarter four of 2023/24 a total of 44 serious incidents (SIs) were reported, a decrease from the 78 reported in the previous quarter. This is due to providers transitioning to PSIRF. The chart to the right show's comparison with the other quarters in 2022/23.

The chart below illustrates the number of reported SIs during quarter four by the main providers within the Devon system.

The total number of serious incidents reported in January (25), February (7), and March (12) show a downwards trend as providers transition to PSIRF. UHP, who are yet to move to PSIRF, reported the highest number of SIs in quarter four (31).



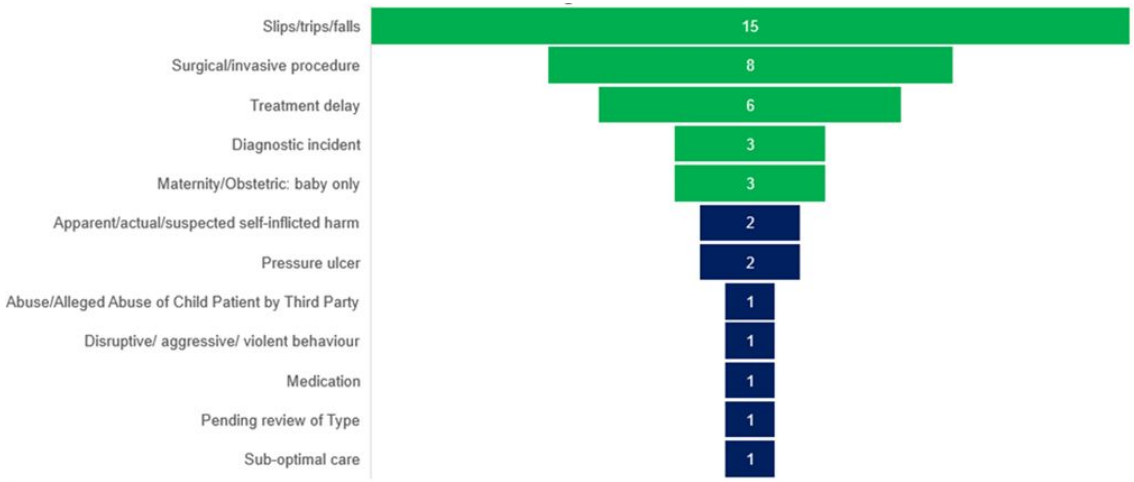


Quality Overview: Serious Incidents Q4

The national 60-day performance target for completing serious incident investigations has been removed by NHS England. NHS Devon continues to monitor forecasted closing dates locally to aid understanding of provider positions. There is a balance between maintaining patient care and timely, proportionate investigations.

At time of writing this report there is a total of 140 SIs awaiting the completed investigation which are more than 6 months since being reported. These 'delayed' cases are from across all Devon Providers. 28% of these 'delayed' investigation reports are with DPT followed by 23% with TSD.

The Safety Systems team (SST) continue to monitor providers for prompt completion and submission of completed initial investigation reports. 4 main providers within Devon have now transitioning from the Serious Incident Framework (SIF 2015) to the new Patient Safety Incident Response Framework (PSIRF). All have had their Patient Safety Incident Response Plan (PIRP) approved by the ICB and their Executive board. UHP's PSIRP has been reviewed and approved by the NHS Devon and it is waiting for approval from their Exec for final transition.



SI Type Q4:

Previously Apparent/actual/suspected self-inflicted harm reported incidents would be in the top 5. However, due to MH providers, who were the highest reporters of this category, transitioning to PSIRF this figure has substantially reduced. Slips/Trips/Falls was the highest reporting category at 15, followed by Surgical/invasive procedures. (see graph to left)

Never Events Q4:

There were 2 new never events reported by Devon providers during quarter four 2023/24. Both were reported under UHP. There are currently 17 never events still under investigation. 9 of these have been open for longer than six months. Regular updates on the status of the reports are provided each month by providers to the SST.

Quality Overview: Serious Incidents

Learning from SI investigations closed during Q4- themed learning

Apparent/actual/suspected self-inflicted harm:

- Improve initial assessment and formulation process for young people referred to the service
- Child and Adolescent Mental Health Services (CAMHS) / Children and Family Health Devon (CFHD) Managers to undertake duty of candour training
- Psychiatric Liaison Teams will ensure they always ask patients whether they would like information sent to their families or loved ones, providing the assessment outcome if family are present and provide them with information on how to seek additional support in an accessible way

Treatment delay incident learning:

- Review whether staff training is adequate to meet the needs of complex behavioural presentations in acute ward-based care.
- Clarify legal and moral sectioning based on autistic behaviours
- Process for identification of lead speciality in acute settings

CAS Notifications Q4

There are 2 overdue Cas alerts relating to Devon providers. Both have provided regular updates regarding rationale for the delay in closing:

Trust Name	Alert Reference	Alert Title	Issue Date	Completion Deadline Date	No. of Days Beyond Deadline
DEVON PARTNERSHIP NHS TRUST	NatPSA/2023/010/MHRA	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls	31-Aug-2023	01-Mar-2024	42
LIVEWELL SOUTHWEST	NatPSA/2023/010/MHRA	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls	31-Aug-2023	01-Mar-2024	42

SI Trajectories for Closure

Current status of Devon main Acute and Mental Health providers SIs of which report is pending:

	Less than 6 mths awaiting completed investigation	Over 6 mths - Report not received	PER - Pending external report (HSIB Etc)		Total
Devon Partnership NHS Trust	9	39	0		48
Livewell Southwest	8	27	0		35
University Hospitals Plymouth NHS Trust	39	8	0		47
Royal Devon University Healthcare NHS Foundation Trust	5	29	1		35
Torbay and South Devon NHS Foundation	24	31	1		56

Quality Overview: PSIRF Update ICB

Devon ICB PSIRF implementation- Devon ICB's PSIRP and Policy:
- A draft policy is under development. This will replace the ICB serious incident policy.

ICB reporting on LfPSE:
- The LfPSE system replaces our local PITCH incident system which has closed during January 2024.
- The ICB has an LfPSE account and can report any internal patient safety events on the system. The ICB's datix system is not compatible with LfPSE, so any events will be manually inputted directly. These are extremely small in number. DRSS staff have a direct LfPSE account allowing them to report regarding other providers if required.
- Introduction to LfPSE to GPs continues

Patient Safety Partners (PSP):
- There have been no further developments on the ICB's position on Patient Safety Partners (PSPs) since removal of funding for the posts. Given the removal of re-imbursement, the job roles will need to be reconsidered, as will line management, support systems, training requirements, job advertising and recruitment processes.
- Processes adopted by other local ICB's have been sourced and are under consideration. Utilising Healthwatch and Citizens Voice groups remain options.
- Some of our provider organisations have PSP's in post, others are developing recruitment plans.
- A PSP's support network across the region is being considered.

Training:
- There are four levels of training, level 1 is for all staff, level 2 specific for those involved in patient safety, level 3 + 4 are for patient safety specialists
- PSII leads must undertake a two-day training course in 'investigations methods. This has been successfully completed by a number of staff in the ICB during 2023
- To 'sign off' PSIRPs and polices, ICB staff must have completed a single day training in 'oversight'. This has been completed by the PSIRF SG members.
- Executives involved in oversight within the ICB should have completed level 1 and the additional level 1 executive oversight on-line training.

Governance:
- The process for PSIRP & policy provider sign off continues successfully, through the ICB PSIRF System Group, then to QPEC and then to ICB board. The process for reviewing internal patient safety events remains the same until adoption of the ICB PSIRP and policy. This is documented in our ICB Serious incident policy. Datix remains our internal reporting system for incidents. Any patient safety event will be uploaded onto LfPSE and STEIS as per national guidance.

ICB next steps:
- Agree PPG PSIRP and policy.
- Review smaller providers PSIRPS and policies through PSIRF SG.
- Develop memorandum of understanding to enable system training (including board / executives)
- Alternative plan for Patient Safety Partners developed.
- Support LfPSE reporting compliance.
- Develop ICB PSIRP and policy.

Quarter 4 2023/24: Patient Experience, Formal Complaints and PHSO Cases:

Received in Quarter 4

Formal Complaints

5

Informal Concerns

591

Ombudsman Investigations

3

Primary Care Hub Sign Off

37

Open Cases*

Formal Complaints

11

Informal Concerns

131

Ombudsman Investigations

7

Primary Care Hub Sign Off

2

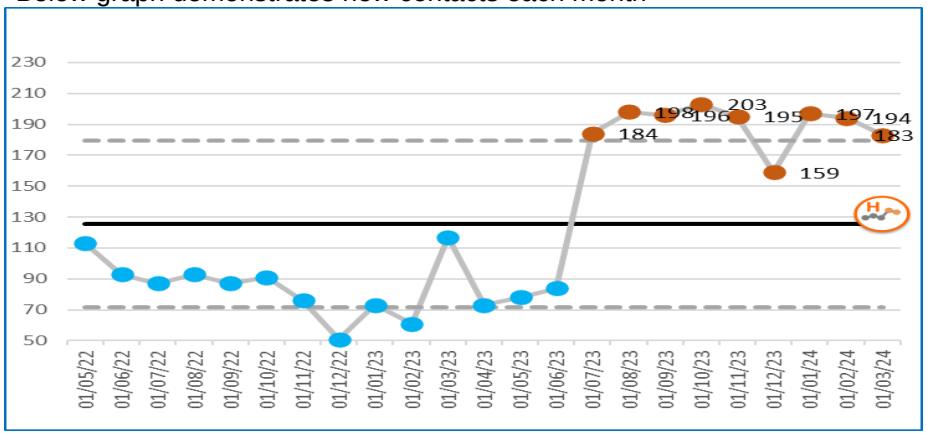
Unallocated Cases*

19

As of 31 March 2024, there were 19 unassigned informal concerns and formal complaints.

The oldest unassigned case is 29 February. All 19 cases were acknowledged.

Below graph demonstrates new contacts each month



Summary

There is continued high demand on the very small Patient Experience team, which in turn has impacted the ability to respond to new and ongoing concerns and complaints.

Oldest complaint is 2 years old but is being well managed with the family and through the process.

3 out of the 7 PHSO cases have progressed to closure in the last month.

***as at 01 April 2024**

Themes and Trends Overview: Patient Experience Formal Complaints & PHSO Cases:

Top 3 themes

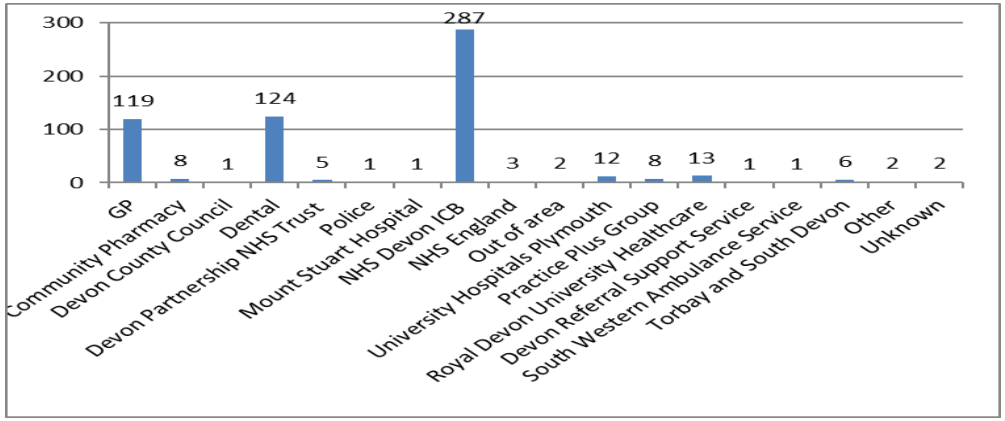
Access to Service 384

Procedure or Process 107

Quality of Care 117

Little has changed in terms of themes throughout the last quarter of this year.

Access to service – mainly relating to dental access.
Procedure or process – mainly relating to GP and some ADHD patients.
Quality of Care – mainly relating to GP services.



Main Topics

ADHD & Autism

Contacts relating to both adult and children services and the challenges patients are experiencing with long waits with NHS Devon's mental health providers and trying to enact their right to choose. Work continues to improve the responses given, however is not resolving the issue of patients being able to choose an alternative provider.

Dental

Contacts relating to two separate issues. Dental access continues to be the main reason for contact. Additional work has been completed to improve the standard wording sent to patients concern about accessing an NHS dentist. There is an emerging theme relating to My Dentist provider contact all their patients who were registered with an NHS dentist and being advised they will no longer be on their NHS list.

Continuing Healthcare (CHC)

The team continue to receive frequent contact relating to CHC services. The main subject area is clients are unhappy with the outcome. This is an area that can be explored in terms of making it clear how a patient or family can ask for an appeal. There are also regular concerns and complaints relating to the attendance of local authority colleagues during an assessment. There is an opportunity to make this clear when writing to patients and their families.

Learning & Development Overview: Patient Experience, Formal Complaints & PHSO Cases:

Learning

Patient Experience Case Management
Developed an improved risk score to ensure those contacts with the highest priority, potentially not the oldest cases are managed appropriately and timely.

Continuing Health Care (CHC)
A number of areas of improvement have been identified through CHC complaints;

- Terminology can differ from person to person when describing the different types of assessments for 1 patient
- Process were not up to date and available on NHS Devon's website, this mostly been completed with one final policy 'All aged CHC policy' due to be ratified and online in quarter 1 2024/25
- Clearer explanations regarding the involvement of Local Authorities throughout the CHC process, this includes verbal and written explanations to make it clear what the CHC National Framework advises.

Safeguarding Support

- Safeguarding colleagues have provided support on cases relating to multiple learning disability and disabilities cases where a system approach is needed
- Additional support has been provided where there have been concerns for a patient's welfare and decision on the Special Allocation Schemes.

System Activity

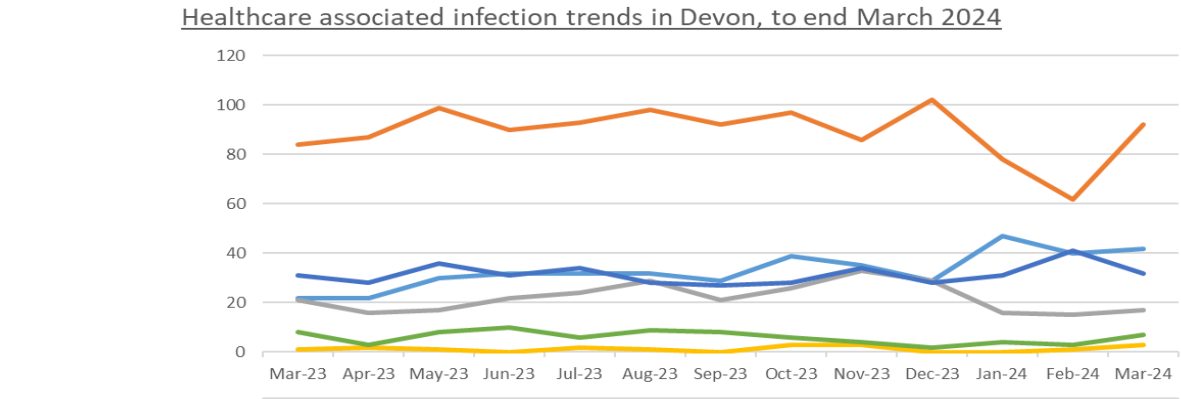
Torbay & South Devon NHS Foundation Trust

- PALS and Complaints service currently experiencing service pressure on delivery due to capacity issues from staff absences
- This is understandably impacting on performance and support and guidance is being offered on temporary solutions to support capacity such as triage of new contacts and use of holding as pending to support managing workloads.
- Further support and updates to be supplied in future reports

Royal Devon University Healthcare NHS Foundation Trust (RDUH)

- Work has started with Patient Safety & Quality to look a a selection of complaints which were handled by RUDH complaints team where the complainants have also contacted NHS Devon for support following their complaints.
- Complaints that have already been handled by a provider will be signposted to the PHSO however, these particular cases are being reviewed for learning and development, which will be shared here and with the provider on completion.

Quality Overview: IPC



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
C. difficile	22	22	30	32	32	32	29	39	35	29	47	40	42
E. coli	84	87	99	90	93	98	92	97	86	102	78	62	92
Klebsiella spp	21	16	17	22	24	29	21	26	33	29	16	15	17
MRSA	1	2	1	0	2	1	0	3	3	0	0	1	3
MSSA	31	28	36	31	34	28	27	28	34	28	31	41	32
Pseudomonas aeruginosa	8	3	8	10	6	9	8	6	4	2	4	3	7

COVID & Influenza
The National Booking System (NBS) for COVID Spring vaccination season has opened. The South West has one of the best take up rates in the country with last year's autumn vaccine programme resulting in 60 per cent of eligible people (compared to 47.8 per cent nationally) getting their Covid-19 vaccination.
Flu season has now been officially closed. Planning for the 2024-25 season will begin shortly.

Avian Influenza
a risk remains regarding Avian Flu provision of antivirals and swabbing; no provider is currently identified to provide this service. This is being addressed with a solution close to being agreed with partners.

Measles
Since 1 October 2023, there has been an increase in measles cases across England, with a disproportionately high rate seen in the West Midlands. The areas and communities that have seen the highest increases and most serious outbreaks are those with lowest uptake of MMR vaccination. In the South West, there have been 10 confirmed cases of measles in 2024, but none in the Devon System. SW COVER data for July-Sept 2023:
• At 24 months – MMR1 = 93.2%
• At 5 years – MMR1 = 94.8 and MMR2 = 89.7% there are regular NHSE-SW regional meetings the ICB attend and participate in.
Clinical pathways in place for HNIG & IVIG administration in place if required.

TB
We have been made aware of two cases of tuberculosis in Devon, which are not related. and the ICB IPC team are involved in the responses.

Quality Overview: North and East Locality

Quality oversight at an LCP level

The PSQ team have identified the need to undertake a gap analysis to better understand this position from a quality assurance perspective, this has been initiated and will be reported to July quality report. Working with providers to support transition to LFPSE is a priority through Contract Review Meetings and other provider engagement opportunities.

Hospice Care (Exeter)

Hospice Care Exeter has informed the ICB of changes in clinical service due to significant financial shortfall, attributed to the level of NHS grant funding in addition to increasing costs due to the cost-of-living crisis. The changes include reducing the beds in Searle House in Exeter from 12 to 8, no longer offering weekend home visits by Clinical Nurse Specialists and reducing the helpline such that it is unable to response to urgent matters outside of normal office hours. The non-urgent 24 hour advise line remains. A QEIA will be undertaken in Q1, and commissioners are working with the ICB Executive team and system partners to identify options. North Devon Hospice is involved as part of the system response.

RDUH Patient Experience deep dive

The ICB Patient Experience and PSQ team have undertaken a deep dive following emerging concerns about the quality of response to complaints. 4 complaints were reviewed and two key themes regarding the response to the complaint were identified as 1) patient experience e.g. Individual experience of the complaint process, and 2) patient safety e.g. strengthen the evidence of sharing learning within the complaints process. This will be shared with RDUH via monthly quality meeting in May 2024.

RDUH Northen Services – Acute

- The outcome of the Emergency Department 4hr challenge undertaken in March has been better than expected and the Trust hope to be in the top 10 of 4h improvement target - achievement of over 79%. They are awaiting outcome of validation.
- Cancer performance and waiting list recovery performance is showing improvement, the Trust has received a letter from the Cancer Team in NHSE congratulating RDUH as the most improved trust in the country.

RDUH Northern Services - Community

- No Criteria to Reside (NCTR) continues to fluctuate between 10-20% - NCTR 10-week challenge started in April with the aim to achieve 5% across Northern and Eastern services. There is evidence that longer term improvement work is starting to have a positive impact on NCTR.
- The Changeology hospital transformation steering group are working to develop solutions for P1 capacity, with the aim to reduce reliance on P2 and increase use of P1.

Workshops are happening across Devon to identify key impact actions recognising the need to change process and practice to achieve 45% if discharges on P1 pathway.

Quality Overview- South Locality: TSDFT

- **The Enhanced Quality Assurance and Improvement Process**: The process was instigated 27 February 2024 at the System Quality Group (SQG), due to safeguarding and other safety concerns, including being a recipient of the JTAI and some trainee concerns that had been raised. Criteria for success includes sustained improvement in relation to safety concerns, including safeguarding. The ICB are monitoring improvement through attendance at trust groups and committees, including their Quality Committee. There is evidence of progressing workstreams. There is support from improvement team, short term actions have commenced, and work progressing towards medium to longer term- e.g. professional curiosity.

- **Ward Safeguarding Issue:** A TSDFT ward had safeguarding concerns raised. A Safeguarding Review Meeting held on the 21st March 2024 chaired by the ICB. Remedial work has been undertaken, and the ward is considered safe.

- **UEC:** TSDFT have undertaken a piece of work to further understand the risk profile within their ED. Partners are bringing ED risk to the Devon Mortality Group in June 2024.

  It has also been noted that TSDFT have supported trust partners during times of escalation.

- **Mortality:** TSDFT are redesigning their mortality processes. The format of the group has changed to reflect PSIRF and to be more productive.

- **CQC:** TSDFT's CQC must do's are reported to be on track, including maternity. There is an overarching action plan, should do's will come to TSDFT's Quality Committee in the future

- **Culture Charter:** TSDFT's culture charter describes the Board's pledge to their people and states:

"We do not tolerate any form of discrimination, harassment, bullying or violence We each have a responsibility and role to play in making the NHS a place where we all feel we belong We will promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate behaviours".

TSDFT's approach to changing culture through this policy will be monitored through their Quality Committee which the ICB attends.

- **Incident Reporting- IRG:** TSDFT's first Incident Review Group (IRG) meeting was positive with their new Patient Safety Partner present. Evidence suggests a positive start to the new national incident reporting process within the Trust.

Quality Overview: Plymouth and West Localities

Livewell Soutwest Independent review of the system of internal control March 2024
The Safety Quality and Performance Committee was included in this review. It was noted that there is active oversight of risk and performance with stakeholder representation inclusive of NHS Devon ICB. The annual assurance report work plan is broad and augmented by 'deep dive' highlight reports. The depth of work covered, constructive challenge and clear outputs and actions provided evidence that the Committee is effective in providing assurance to the Board, with scope to streamline the breadth of work to a narrower focus towards the most significant issues. There are 3 risks overseen by the committee which feature in the Board Assurance Framework of high-level risks including

1) Plym Neuro Ward Environment – Building works in progress and rated 16
2) Glenbourne Unit Escalation in demand on acute Mental health inpatient beds and increase in acuity – (See Mental Health Section) Positive engagement within wider collaborative transformation work and national programme and rated 16.
3) SEND Inspection Systematic Failings - System meeting took place 20/02/24 to review the SEND action plan with NHSE and DFE some of the actions are overlapping so will be considered. This is anticipated to be agreed at the next SEND strategic delivery board. Risk to remain at the same level and rated 15.

The service continues to make progress with PSIRF and their PSIRP. There is evidence of the cultural change in approach embedding, for example the patient safety team have undertaken visits to services where incidence of violence and aggression towards staff is elevated including the Glenbourne Unit. It was positive to note that an outcome from the visit was staff feeling that their reporting and concerns were valued/recognised by the organisation.

District Nursing Coordination Out of Hours
Previously the telephony and referral service was provided Devon wide by HUC as part of a bundle of services provided historically by Devon Doctors. The District Nurse Coordination service required circa £350K to continue, as such providers were asked to organise services locally which Livewell Southwest elected to do within locality. All other providers in Devon elected to work with the 111 service who could provide a Directory of Services driven service within their standard offer. Initial feedback from staff and patients suggests that there have been delays where patients are not identified as already on a caseload and a full pathways assessment is undertaken. The services are currently working together to identify areas for improvement to ensure patients already on caseload requiring a District Nurse are not routed towards the Clinical Advice Service building in delays to care.

Discharge to Assess
The primary care medical service for all Discharge to Assess patients in Plymouth is now provided by Fuller and Forbes, since April 1st. Quality monitoring and oversight will continue through Primary Care and contract review mechanisms. The previous provider HUC had been under monitoring for timely completion of MCCDs and Cremation forms as highlighted by the Plymouth Medical Examiner.

Independent Providers
The value of standard quality oversight through regular Contract Review Meetings was reinforced when a KLOE was required to provide greater detail around a potential safeguarding concern, a safeguarding referral has now been made and the CQC are notified. This has provided an opportunity for both safeguarding and safety and quality teams to further support the provider and this work is continuing in a positive direction with a site visit planned including contracting and commissioning

Quality Overview – Plymouth and Western Localities: UHP

UHP Safety Concerns: There remain on-going concerns around patient safety within UHP's emergency and urgent care pathways. Success criteria includes sustained improvement across urgent care pathway and exit from NOF4. The ICB is monitoring progress by attendance at trust meetings, including their Safety, Quality, People and Culture Committee. To note, in April 2024, the CNO informed this Committee that the CQC action plan, including the Section 29 Warning Notice (see below), will be monitored within this overarching plan and at this Committee, and that the CQC is in agreement with this.

CQC: Section 29A Warning Notice:
During their assessment and onsite visit to University Hospitals Plymouth NHS Trust on 12 and 13 March 2024, the CQC found the need for significant improvement. They are required to make the significant improvements identified above regarding the quality of healthcare by 21 July 2024.

Background & Context: The Emergency Department has been the focus of a number of CQC inspections over the preceding years, including inspections in:

- April 2019 – Focused inspection of the Emergency Department: Overall Rated Requires Improvement
- March 2021 – Short Notice announced inspection of Urgent and Emergency Care and Diagnostic Imaging Section 29A issued Two domains received worsened ratings Safe Domain rated as Inadequate and Well Led Requires Improvement Overall Requires Improvement
- September & October 2021 – Unannounced inspection of Urgent & Emergency Care and Medical Care Services Conditions on the trust license continue. Given the pressures the Emergency Department was under at the time, the CQC decided not to rate the department as they were unable to see the totality of the service given these pressures. The inspection found significant concerns and challenges in urgent and emergency care and medical care, largely impacted by challenges within the wider health and social care system.

September 2022 – Short notice unannounced visit of Urgent & Emergency Care and Medical Care Requires Improvement, some progress noted (Safe Domain improved to Requires Improvement) Conditions on the trust license continue.

Taken from UHP's SQPC Committee (2024)

Trust Harm Process: UHP have informed the ICB that harm is assessed at the point of review by their clinicians. Where harm is identified, it then goes through their incident process during which any learning is identified/discussed and actions taken to mitigate against recurrence. This can occur at any point during the patient's pathway with us. This is in line with the national template and managed through our clinical teams.

The risks the ICB describe below are well known within the organisation and wider system and managed through UHP's Risk Management process. In particular, the risks assigned to our ED are discussed by executives monthly and the Risk Committee meeting.

UHP are undertaking a risk summit Friday 19th April – chaired by our Chief Nurse and Deputy Medical Director, where they will assess the risks held in our ED against the risks held across the wider organisation, with the intention of seeing where they may be able to increase risk in one area, to reduce it in another (if this is possible). Upon completion of this work internally, UHP will look to work with system partners to cover the wider healthcare system. This was discussed and supported at UHP's Safety, Quality, People and Culture Committee (sub-committee of the board) 10th April, which the ICB attend.

In addition, a risk- based discussion around patient harm across the UEC pathway between UHP and SWAST executive and senior teams was undertaken on the 3rd April and a follow up confirm agreed joint actions is scheduled for the 22nd of April to further balance risks.

A care group check and challenge session focused on flow was undertaken on the 4th April, which identified a number of alternatives to ED that would aid in reducing the risk of harm associated with crowding and extended times in ED, these will form part of the one improvement plan.

These will inform the one overarching improvement plan that will be outcome based and will result in adjusted risks across the Trust and supported risk management report to be presented in May. Alongside this, an Appreciative Inquiry review is underway in three phases:

- Data pull
- Go See – an executive/NED walk around scheduled (12th April).
- Discussion

Quality Overview – Plymouth and Western Localities: UHP

GIRFT:

In addition to the above actions, UHP are working to GIRFT within UEC pathways. A full report due to QPEC May 23

UHP's People Plan 2021 – 2024:

The plan set out an ambitious program of work to create the best conditions for UHP's people. The plan was informed by listening to colleagues through the Big Conversations program, senior leaders' Your Voice sessions, Covid-19 Emerging Stronger conversations, People First program feedback, Staff Networks, Freedom to Speak Up Guardians, the Learning from Excellence system as well as learning from regular PULSE and national staff surveys.

"This rich repository of local experiences along with national ambition, set our core commitment – to value all our people by creating the best place to work…..the People Plan had six building blocks and each year a program of work has been agreed and overseen by the People and Culture Committee to meet the key ambitions set out." (UHP)

UHP's Maternity Services:

A diagnostic review took place over 4 site visits and intermittent virtual meetings between 3rd July 2023 and 21st August 2023. A diagnostic report and completed Maternity Self-Assessment tool were published to stakeholders on 12th October 2023. The Trust requested that factual accuracy changes were made to the report. Following a review with the Director of Midwifery, some changes were made, and the revised report was published on 6th November 2023.

The changes made did not alter the recommendations within in the original report. The interim MSSP entry criteria were published on 14th November 2023 stating that Trusts on the RSP and in NOF4 would qualify for entry to the MSSP. The MIAs and Regional Chief Midwife met with RSP colleagues to discuss the best way forward in supporting UHP maternity and neonatal services. A review and planning meeting was arranged with all stakeholders to agree next steps on 6th December 2023

At this meeting, it was agreed that the MIA would return to the Trust to conduct a gap analysis against the recommendations from the diagnostic report. The gap analysis took place on site 15th -17th January against the diagnostic report's recommendations. A follow up review and planning meeting took place on 5th February 2024. At this meeting, it was decided that the Trust would enter the MSSP. The initial support was around workforce and a workforce review was planned. A governance deep dive was also suggested but the Trust did not wish to complete this piece of work straight away.

Mental Health

Mental Health Learning Disability and Neurodiversity Collaborative

- **Quality and Safety Governance** - Work is in progress between the MHLDN and the ICB to establish quality and safety governance, within the context of the current agreed level of delegation and resultant accountability to DPT and ICB. This is being positively supported by both parties. MHLND will report to DPT QGAC 6 monthly with exception reporting.

- **Suicide Prevention Oversight Group -** System level suicide prevention oversight is being developed by the ICB and the MHLDN, working in collaboration with Devon's three local authorities. There is an identified need to revise terms of reference, delineating operational and strategic workstreams to build opportunities for system wide sharing and learning.

- Exeter has seen a spike in deaths in the **homeless community** and people accessing substance misuse services. There is opportunity to strengthen sharing learning across the system. Drug related deaths is shared through Devon Realtime Surveillance work, and going forward links to the System Mortality Group are being established.

- **Right Care Right Place** – Devon and Cornwall Police are progressing with phase 2 of the roll out in mid-May. A deep dive of 25 cases following phase one has been undertaken – with evidence of impact across the system such as increase in ambulance calls. The ICB is formulating a system risk, with providers also being encouraged to assess impact and maintain risk oversight.

- NHSE Inpatient Quality Transformation Programmed has been initiated by the MHNLD. Providers are being asked to complete baseline assessments. Review of serious incident data held by the ICB highlights ligatures and self-harm as key themes in inpatient settings.

Devon Partnership Trust

- **Additional Support Unit** (ASU) has been issued with a section 31 intention notification from Care Quality Committee (CQC). The ICB chaired a Rapid Quality Review under the National Quality board guidance, alongside DPT, the CQC and NHSE 22 April 2024. A decision was made to implement the Enhanced Quality Assurance and Improvement Process, and a series of Quality Improvement Group meetings are now planned. The overarching action plan and exit criteria will be monitored here.
- The focus of the notification is restrictive practice. Safeguarding reviews have been completed on all patients and are safe and well. The unit will remain at 3 patients (capacity for 4) due to acuity of patients. The ICB Deputy CNO has undertaken a site visit with DPT CNO. Identified learning includes triangulating care plans, risk assessments and clinical records. An update on ASU CQC position will be presented to Quality Governance Assurance Committee in June . This committee will also see an assurance report regarding Restrictive Practice.
- **Salus Ward** – CQC inspection took place March 2024. The action plan has been shared with the ICB, and this is being monitored through the safeguarding team. Areas for ongoing improvement include listening to the patient voice and staff vacancy rate, leading to high use of bank and agency staff. Updates are reported to DPT's Quality & Governance Assurance Committee (QGAC). DPT have identified a need to share learning when opening the new LD unit. Leadership and culture are key to improvement as well as developing a personalisation approach.
- **Supervision and appraisa**l rates are low within DPT, though recovery plans are in place and reported through QGAC. The Trust has seen an improvement in staff turnover.
- **Overarching CQC Improvement Plan,** reported to be progressing. Delays largely due to estates works, door sensors have been rolled out across the whole Trust.
- **Clinical Effectiveness Committee,** reported improving trajectory for overdue NICE actions. Progress remains positive regarding mortality reviews. CMO raised risk associated with pressure on Frist Response, as notice given on Mental Health Matters phone line.

LWSW

- PSQ team are working closely with LWSW to support closure of open Serious Incident assurance actions. The provider is working to close open incidents under the Serious Incident Framework, whilst progressing the implementation of PSIRF.
- Board Assurance oversight - Escalation in the demand for acute inpatient beds at Glenbourne including patient acuity. Controls are in place and work is progressing, mapped to the MHLDN collaborative work and national program.
- **Personalised care Framework** – case study presented to SQP – focused on meaningful goals based outcome – positive staff engagement through care planning. Progress will be reported quarterly.

Mental Health - Homicides Position

STEIS REF	PROVIDER	CURRENT STATUS
2016/32823 (closed on STEIS)	LWSW	April 2024 – PSQ continue to monitor for closure via LWSW Safety Quality and Performance committee. PSQ Open Acton: NHS Devon Clinical Commissioning Group and Livewell Southwest must ensure that care and treatment for psychosis and schizophrenia, and post-traumatic stress disorder are delivered in accordance with the relevant NICE guidelines. Action monitored through LWSW Safety and Quality Committee - latest update 27.11.2023. Final summary of closure of the action plan pending early 2024 – update on 2 open actions. Action 3 MH Clinical Governance Role for NICE is now in post. Schizophrenia and Psychosis NICE guidelines all reviewed, awaiting PTSD which is in progress, prior to closure. Action 8 MOU now in place with probation services and action complete.
*** 2019/4055 3756**	DPT	April 2024 – ICB have convened a meeting with DCC and DPT to review oversight and assurance of section 117 aftercare. Actions raising from the Safeguarding Adult Review is currently being progressed. Please refer to QPEC 117 report - ongoing work to complete the ICB action Devon County Council and NHS Devon Clinical Commissioning Group must ensure that discharges from Section 117 aftercare enacted by Devon Partnership NHS Trust on behalf of health and social care commissioners are in keeping with the Section 117 aftercare legislation. Action - DCC and NHS Devon to jointly review the current governance of their delegated statutory duties / responsibilities to DPT in relation to s117 aftercare. Outcome - A completed review of current arrangements with any key recommendations and associated actions.
2023.3845	DPT	April 2024 - Desktop Review nearing completion and will be shared with ICB & NHSE. March 2024 Awaiting full RCA. Police investigation on-going therefore RCA investigation not possible. DPT have completed a desktop review to identify immediate learning, ICB have provided feedback on the action plan, which DPT are responding to ahead to NHSE review.
2023.11131	LWSW	April 2024 update Provider has completed a desktop review which is currently with the ICB for review, before NHSE review.
2023.15157	DPT	April 2024 Provider initiating a desktop review. March 2024 Awaiting RCA report

System Assurance: ICB and providers are meeting regularly with NHSE regarding actions and assurance of Devon system mental health homicides.

Quality Overview: Elective Care

Risk 153:
The following risk was added onto the Devon ICB Risk Register at 25 in October 2021. At the time, it was recognised by the CNO this was a System as well as ICB risk.

"There is a risk to patient safety and experience within commissioned acute Trust services, due to long waiting times for elective care, including diagnostics, across Devon (adult and child).
The impact of this risk is:
Patients poor experience in long waiting times for definitive treatment.
Patients may experience physical symptoms, for instance increased pain/decreased mobility as a result of waiting longer.
Patients clinical condition may deteriorate (physical harm), further impacting of safety and experience, but also potentially the complexity of the case.
Patients may also experience psychological harm as a result of long waits for treatment."

The risk is higher in those patients who may be at risk of health inequalities due to wider socioeconomic determinants of health.

Update 04/2024:
ICB Risk 153 was closed by the ICB Executive Committee in January 2024. It has not been replaced yet, but the risk remains significant, evidenced by on-going reports of harm. The ICB Clinical and Quality Leads for elective care are therefore working with the Executive to develop a risk.

Themes have been identified and include ophthalmology, so the Planned Care Update to QPEC in May will include this information, as well as further evidence on incidents and patient experience in relation to long elective waits.

The System Planned Care Clinical Risk & Harm Group:

1. The group continue to meet bi-monthly and report to the Elective Care Improvement Board. Partners now provide updates on harm work which includes thematic analysis and processes for checking for harm.

2. The group are undertaking a deep dive into Ophthalmology in Q1, as this theme has been identified through the group updates.

3. The ICB have sent out a KLOE to the Independent Sector (IS) elective care providers, to ascertain their processes for those on long waiting lists, to ensure they are in line with national requirements:

1. *Do you run a non-clinical validation process for NHS patients on your waiting list?*
2. *If you run a non-clinical validation process for your NHS patients what waiting time intervals are you validating at (note: guidance for NHS acute trusts is to validate at 12 weeks, 26 weeks and 52 weeks, then every 12 weeks thereafter)?*
3. *Does your non-clinical validation process involve patients completing a survey? If so, what questions are asked?*
4. *From October 2023, 90% of NHS patients waiting over 12 weeks should be validated. Are you meeting this target? If not do you have plans in place to achieve this?*

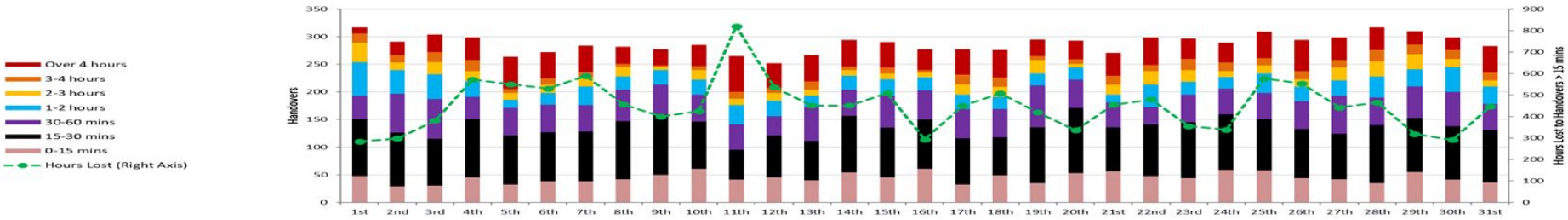
Outstanding Issues/ Remaining Challenges of the Surgical Pathway Innovation Group
Significant achievements have come from the group that have driven improvement in quality, but there remain some challenges: These have been escalated for support to the Elective Care Improvement Board.

- Rolling out SWAOC Pathways to UHP
- Rolling out SWAOC Pathways to independent sector
- Implementation of day case pathways for gynaecology in UHP, RDU-E and continued development in RDUN
- Development of day case options for bladder outflow obstruction to replace (or reduce requirement for) TURP

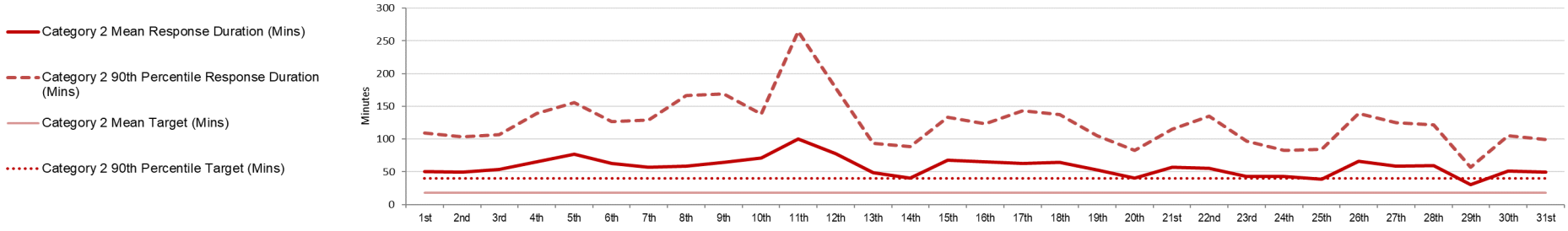
Quality Overview: Urgent and Emergency Care

Data continues to demonstrate a high risk of pre (below) and in hospital compounded delays across Devon, with highest risk in Plymouth, West and South localities indicating health inequalities are present in terms of access to UEC. The in hospital metrics of the most challenged localities are examined in the next slide.

Ambulance Handover Delays: The chart below presents ambulance handover delays for all acute trusts in Devon in Quarter 4 Month 3 (March) 2023/2024. A total of 8928 handovers were completed which is a 7.6% increase on the previous month with 13972 hours lost in total handovers >15 minutes. 47% (4232) handovers were completed within 30 minutes which is an improvement from 41% the previous month. 14% (1255) handovers were completed beyond 4 hours which is an improvement from 13% the previous month. University Hospitals Plymouth NHS Trust accounted for 66% increased from 63% the previous month of all Devon hours lost >15 minutes with the second worst performing trust Torbay and South Devon NHS Foundation Trust at 26% increased from 24%. RDUH E handovers greater than 15 minutes accounted for 6% of the Devon total with RDUH N accounting for 1% of the Devon total .



Category 2 Response Times: The chart below presents Category 2 Response Times for Devon in Quarter 4 Month 3 (March) 2023/2024. The mean response for Devon is 57 minutes (52 minutes in February), the 90th percentile response duration is 120 minutes (107 minutes in February). Drilling down by locality data available shows North and East Devon as 45 minutes(42 minutes in February) mean response and 91 minutes (85 minutes in February) 90th percentile response with South and West Devon 69 minutes (61 in February) mean response and 147 minutes (130 minutes in February) 90th percentile response.



Quality Overview: Urgent and Emergency Care

University Hospitals Plymouth NHS Trust UEC NOF 4 Exit Criteria: QPEC will receive an update on the GIRFT programme of work in June 2024.

Urgent & Emergency Care															
Key Measures		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Month on month improvements, over two quarters, in ambulance handover delays (hours >15 minutes) against the agreed baseline and trajectories	Trajectory	N/A	N/A	2393	2750	3093	3211	2610	3039	3554	3068	3603	3623	3392	3019
	Actuals	4960	8457	3350	5079	4071	3437	5108	6359	8906	8543	8227	9257	8353	9326
Improvements in line with agreed baseline and plan over two quarters, 4 hour performance (Trajectory to achieve 76% by 23/24)	Trajectory	N/A	N/A	59.8%	61.5%	62.5%	63.7%	64.2%	61.6%	61.1%	61.1%	60.5%	61.9%	63.8%	64.8%
	Actuals	52.9%	53.4%	55.3%	52.3%	52.6%	57.1%	58.1%	58.1%	54.1%	52.6%	53.4%	54.0%	55.1%	54.1%
Improvements in line with agreed baseline and plan over two quarters, Patients in ED >12 hours	Trajectory	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Actuals	1,748	1,899	1,491	1,735	1,335	926	1,391	1,447	1,774	1,706	1,596	1,800	1,670	1,939
Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories	Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
	Actuals	24.8%	25.2%	20.8%	20.5%	19.0%	20.7%	20.3%	20.5%	19.3%	19.4%	20.7%	20.5%	20.3%	19.8%
Achieve and sustain for two quarters a reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 5%	Trajectory	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
	Actuals	12.6%	13.5%	12.4%	13.3%	10.8%	10.6%	13.0%	14.6%	13.6%	12.5%	10.4%	11.4%	10.6%	9.9%

Torbay and South Devon NHS Foundation Trust UEC NOF 4 Exit Criteria:

	Target March 2024	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Operational Plan trajectory March 2024
NATIONAL OVERSIGHT FRAMEWORK EXIT CRITERIA																			
Urgent and Emergency Care																			
Ambulance handovers - time lost over 15 mins - Actual (hours)	1110	2448	5017	3280	740	2260	796	1630	1569	1223	1707	2579	3591	3141	2141	3634	3217	3667	1110
Percentage of Ambulance handovers greater than 3 hours		18.1%	36.0%	18.9%	3.7%	13.8%	2.7%	8.2%	7.5%	3.7%	6.5%	14.7%	23.4%	18.7%	12.5%	22.2%	20.0%	20.0%	No trajectory
Total average time in ED (hours/minutes)		07:44	08:59	07:49	06:35	07:34	05:57	06:48	06:20	05:41	06:05	05:46	06:15	06:19	05:44	06:33	06:39	06:33	No trajectory
ED attendances where visit time over 12 hours	0	939	1207	823	599	977	568	893	797	637	794	686	822	770	622	836	824	844	No trajectory
UEC 4-hour target (RAG against local trajectory to national target)	76%	59.4%	51.8%	60.0%	56.9%	57.6%	61.7%	60.8%	64.6%	63.5%	67.9%	68.4%	66.6%	67.0%	68.0%	65.1%	63.2%	65.7%	78%
% patient discharges pre-noon	33%	23.6%	18.1%	19.0%	18.5%	19.2%	18.9%	18.9%	19.9%	20.5%	21.6%	21.5%	20.3%	22.4%	23.7%	22.6%	23.3%	24.0%	33%
Percentage of inpatients with No Criteria to Reside (acute)	<5%	11.0%	13.0%	13.0%	12.0%	8.1%	7.6%	6.0%	7.0%	6.0%	7.5%	7.4%	8.3%	7.2%	6.4%	6.6%	4.9%	4.8%	5.0%

2023/24 RAG indicator

Meeting monthly trajectory

Not meeting monthly trajectory

The Royal Devon University Healthcare NHS Foundation Trust declared a year end position of 79% against the 76% Emergency Department four hour target, further validation is required to understand if the final position indicates a performance which will attract significant additional funding.

Quality Overview: Urgent and Emergency Care

Integrated and Urgent Care Services (IUCS) Month 3 (March) Quarter 4 2023/2024:
The IUCS provider continues to demonstrate commitment to continuous quality improvement and support as a system partner. 39,357 calls were offered and 37,946 handled (33,061 by PPG and 4,435 via Vocare; Relating to 101.73% of contract (36,857) and 95.27% of received volume, a vast uplift from December which is typically the busiest month.

- The sustained improvement in 111 workforce, oversight and performance has resulted in the ICB commissioning and quality team stepping down monthly oversight of the 111 improvement plan; the average speed to answer was 155 seconds in comparison to a national average of 196 seconds and 80 seconds faster than that of February. Call abandonment was 5.53% v 10.06% national average, and 2.44% lower than the previous month.
- ED validation rate was 93.94% with a downgrade rate of 38% and C3 / C4 ambulance validation rate was 93.44% with a downgrade rate of 71%
- Repeat prescription became the top reason for calling throughout March, relating to almost 9% of total volume and seeing an additional 918 cases, more than double in comparison to February. A total rise of 141%. Increases were seen in all age categories. This will partly be contributed by the decommissioning of IC24 service advisor model, however with 521 cases answered by IC24 in February the increase is extremely significant. There has been recent work locally and with the national team to reconfigure communications to divert patients with a non-time critical need calling out of hours, but clearly more needs to happen in this space to understand what is driving the increase in demand.
- The NHS Devon commissioning and quality teams continues to work with the provider on improvement plans in relation to the Out of Hours and Clinical Assessment Services performance, and a QEIA has been reviewed o underpin service improvement plans. Record OOH activity in March is higher than December, which was a record for received activity at the time; 62% increase in Primary Care Centre appointments vs. March 2023. 57% increase in Home Visit appointments vs. March 2023. 44% increase in total OOH appointments vs. March 2023.
- The CQC Action plan for the Out of Hours and CAS is overseen by the ICB alongside the CQC. The plan is on track with 3 actions remaining open, The service is preparing for an inspection of 111 services, to date no timings have been announced.

Peninsula Trauma Network:
System pressures continue and there is evidence of a theme in clinical governance reviews of care. Damage Control Surgery Training is not funded and providers report that clinical expertise is diminishing, a potential EPRR risk for Devon if we were to have a major incident. NHSE are reviewing the issues with the paediatric retrieval service 'WATCH' where delay is also a concern.

Care Coordination:
The Quality Group is established monthly for, learning and sharing with all partners. Funding has allowed an additional clinician to join the rota at weekends where demand is greater. The audit of 40 cases undertaken with SWASFT has already seen positive improvements in call management between the services and efficiency in delivering care to patients.

Quality Overview: Primary Care

- **The Integrated and Urgent Care Pharmacy First Referral Rates:**

Rates have remained in line with February 2024, seeing a 49% referral rate. The service continues to audit rejected cases each week & provide feedback to our staff. Pharmacy First: Information for GPs - Community Pharmacy England (cpe.org.uk).

- **Outstanding responses to serious incident framework**

There are five primary care sites that have not followed the mandatory 2015 process under the serious incident framework. A separate SBAR will be provided and escalated at the next PCCTC with detailed information, thereafter a decision can be made as towards next steps.

- **Patient safety framework**

The process to move forwards with the National Patient Safety Framework within primary care is delayed due to capacity challenges within the Nursing Quality and Safety Systems teams. There continues to be ongoing individual support to practices that require urgent assistance but the move to the Learning from Patient Safety Events (LFPSE) platform is to be completed . The ICB continues to respond to incidents that are referred from other wider stakeholders that have not been reported by practices to the ICB directly and therefore developing a reporting culture within primary care remains a top priority for the team.

Quality Overview: Maternity | Stillbirth & Neonatal Death

MBRRACE Stillbirth & Neonatal Death Rate

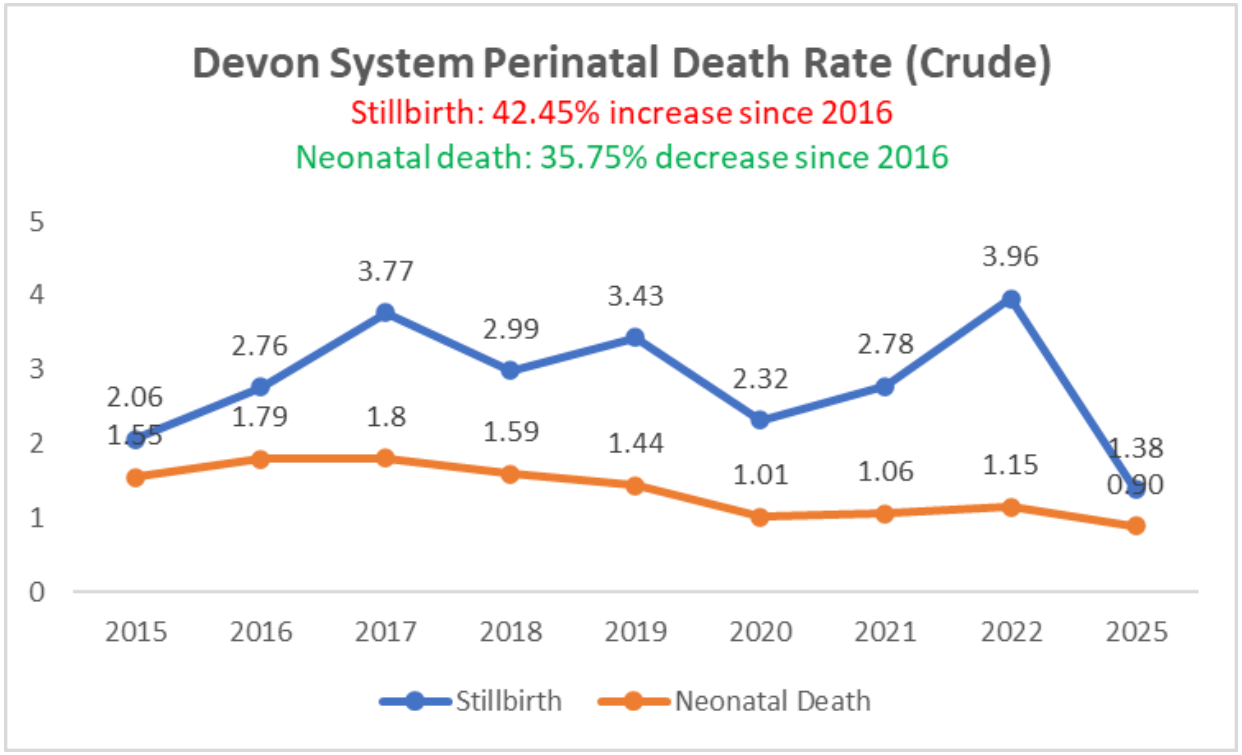
Devon system (crude rates)

- Rates of stillbirth & neonatal death increased in 2022 compared to 2021.
- Stillbirth rate has increased since 2016.
- Neonatal death has decreased since 2016.
- Devon rates are more than 5% higher in comparison with its group average.

Individual Trust rates (stabilised & adjusted, excluding congenital abnormalities)

- UHP rates of stillbirth & neonatal death have reduced between 2021 & 2022. They are within 5% of the group average for stillbirth and 5-15% lower for neonatal death.
- TSD rates of stillbirth have increased between 2021 & 2022 and rates of neonatal death have decreased. They are within 5% of the group average for stillbirth and 5-15% lower for neonatal death.
- RDUH rates of stillbirth have stayed the same and rates of neonatal death have increased between 2021 & 2022. They are within 5% of the group average for stillbirth and over 5% higher for neonatal death.

Devon LMNS monitors perinatal mortality in partnership with the Quality & Safety team. Thematic analysis of incidents are undertaken quarterly and shared with the system. Learning from incidents is also undertaken at a system level. Latest thematic analysis of Q1-3 2023/24 indicates a lower number of incidents compared to the same period in 2022/23.



Data Source: MBRRACE
Devon system data (crude) is the data used by NHSE to assess progress against this target. This is useful to assess the actual rate & for comparison against previous years' system performance.

Individual trust data is stabilised & adjusted (which enables data visualisation despite low numbers). This data is more useful for benchmarking against other Trusts nationally.

The 2025 data point represents the target.

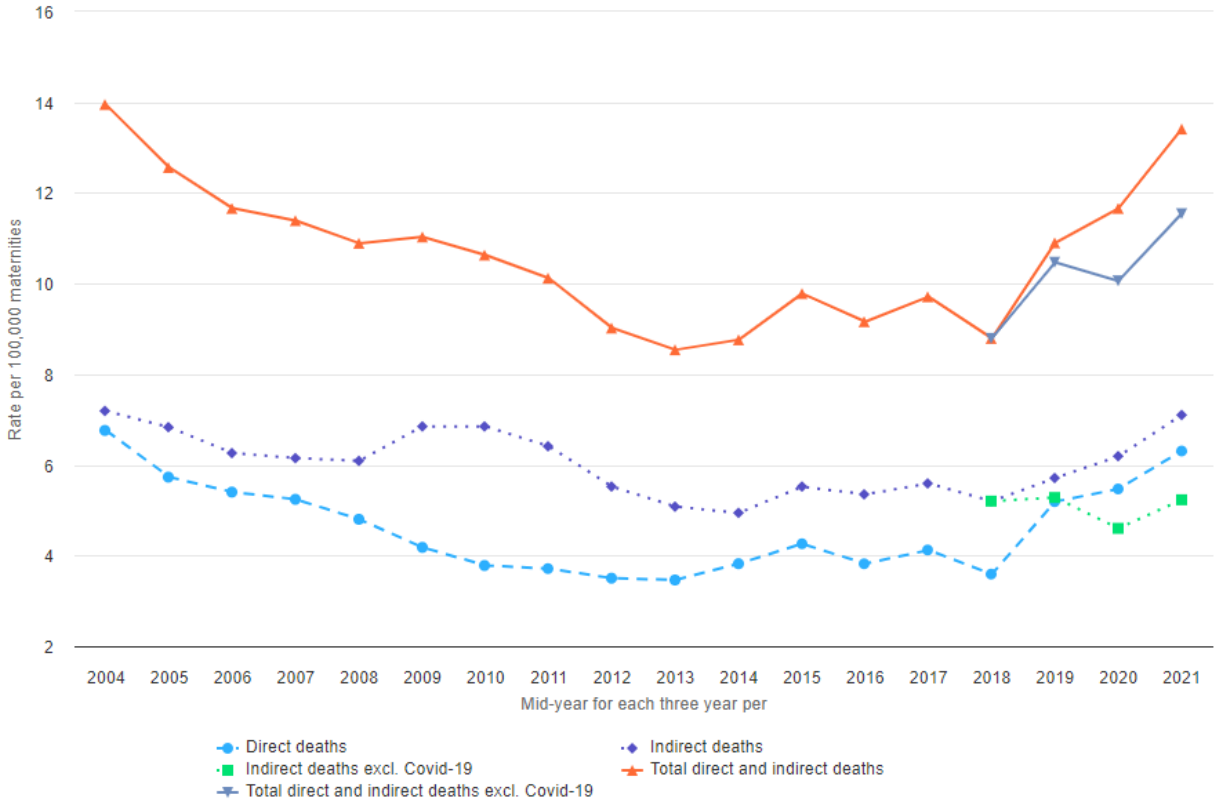
Quality Overview: Maternity | Maternal Death

MBRRACE Maternal mortality 2020-2022 (National Summary)

- The national maternal death rate is 13.41 maternal deaths per 100,000 maternities. If COVID-19 is excluded, the rate is 11.54/100,000.
- Statistically significant increase in maternal deaths from 2017-2019 to 2020-2022 period
- Thrombosis & thromboembolism are the leading causes or maternal death within this period. COVID-19 was the second most common.
- Differences in mortality rates still vary between white & black women: women & birthing people from black backgrounds are 3x more likely to die during their maternity journey. Women & birthing people from Asian backgrounds are 2x more likely.
- Women & birthing people in the most deprived areas have double the maternal mortality rate of women & birthing people in the least deprived areas. There has been no change in this rate since 2019-2021. There has been a statistically non-significant increase in this disparity since 2019-2021.
- A review of maternal deaths within our LMNS is planned for Q2.

Figure 1: Direct and indirect maternal mortality rates per 100,000 maternities using ICD-MM and previous UK classification systems; three-year rolling average rates 2003-2022

Sources: CMACE, MBRRACE-UK



Quality Overview: Maternity | CQC Reports

UHP: Inspected September 2022
Rating: Requires Improvement
Outstanding Practise: The trust provided a psychological wellbeing service to staff called SUSTAIN and staff had access to a clinical psychologist as part of this service. The trust has presented on the model at NHS conferences. Staff told us that clinical debriefs and pastoral care was provided to them following any difficult events at work.

Positive Headlines:
- Staff worked well together
- Medicines managed well
- Leaders supported staff to develop
- Staff understand service values
- Some monitoring of service effectiveness
- Good team relationships
- Clarity on roles & responsibilities
- Engagement with community
- Service available when it was needed
- Commitment to improvement

Negative Headlines:
- Triage process & procedure
- Insufficient staffing
- Inconsistent training
- Inconsistent risk assessment
- Management & learning from incidents
- Leaders ran services without using all information systems & leaders & execs were not visible & communicative with ward staff

TSD: Inspected November 2023
Rating: Requires Improvement
Outstanding Practise: The service provided a free phone telephone line for women and birthing people experiencing financial Difficulties.

Positive Headlines:
- Sufficient training
- Staff worked well together
- Action taken to retain & develop staff
- Leaders used reliable information systems
- Staff understood service values
- Managers monitored effectiveness
- Managers made sure staff were competent
- Focus on needs of women & birthing people
- Clarity on roles & responsibilities
- Engagement with community

Negative Headlines:
- Triage process & procedure
- Insufficient staffing (medical)
- Insufficient theatre space
- Lack of equipment/ fit for purpose equipment
- CTG Fresh Eyes & MEWS not consistently followed
- Risk responses not always timely & sufficient

System Themes:
- Insufficient Staffing
- Triage process & procedure
- Risk assessment
- Staff understand & feel aligned to service values
- Positive engagement with women, families & communities
- Service is available when its needed

RDUHE: Inspected November 2023
Rating: Requires Improvement

Positive Headlines:
- Staff risk assessed women & kept good records
- Medicines managed well
- Staff understood service values
- Leaders used reliable information systems
- Managers monitored effectiveness
- Staff felt supported & valued
- Focus on needs of women & birthing people
- Clarity on roles & responsibilities
- Engagement with community
- Service available when it was needed
- Commitment to improvement

Negative Headlines:
- Insufficient staffing (sickness)
- Infection control processes & procedures
- Did not operate effective governance- risk, issues, performance, effectiveness
- Insufficient skills & resources to improve the service
- Inconsistent management & learning from incidents
- Staff overdue for mandatory training

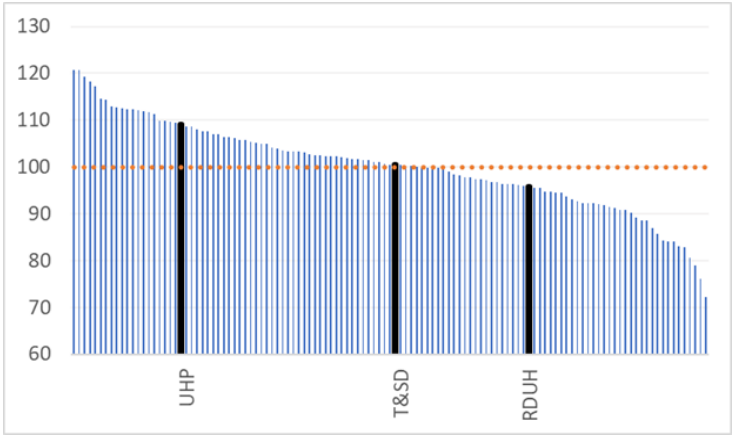
RDUHN: Inspected November 2023
Rating: Requires Improvement

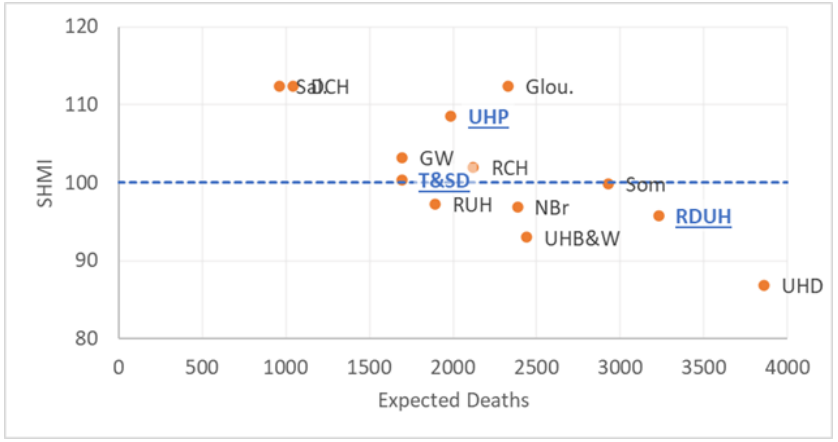
Positive Headlines:
- Sufficient medical staffing
- Managed infection risk well
- Environment was suitable
- Staff understood service values
- Engagement with community
- Service available when it was needed

Negative Headlines:
- Triage process & procedure
- Insufficient staffing (midwifery)
- Incomplete records, in particular MEWS & incident forms
- Identification, recording, management & learning from incidents
- Did not operate effective governance- risk, issues, performance, effectiveness
- Regular baby abduction drills not carried out
- Service delivery and improvement approach reactive.
- Audit systems inconsistent in implementation and impact, limited effective planning processes and management of risk

Quality Overview: Mortality

- **The Summary Hospital-level Mortality Indicator (SHMI)** is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge. The Hospital Standardised Mortality Ratio (HSMR) is based upon a similar definition but only focuses on deaths in hospital.
- **SHMI National Comparison, November 2022 to October 2023:** A SHMI score of 100 represents expected deaths balancing with observed deaths. Providers T&SD and RDU are just above and below this marker. University Hospitals Plymouth (UHP) has a SHMI score above 100, meaning more deaths observed in comparison to what may be expected in the twelve-month period. This is subject to further analysis and follow up as part of the review process and will be reported on via future mortality reports.
- SHMI Regional Southwest Comparison, November 2022 to October 2023: Expected deaths, based on activity, give an indication of the relative scale of providers in relation to each other – Royal Devon University Hospitals Trust (RDUH) being one of the larger providers in the Southwest, so having more expected deaths.





Quality Overview: SEND

Risks relating to SEND

On Devon ICB Corporate risk register we have three risks relating to SEND:

1. Children & Young People Waits to Access Acute and Community Health Services
2. Complex and ineffective contracting model for Children & Young People
3. Individual Funding for Special Educational Needs and Disabilities Packages of Care

All three risks we have controls and assurance processes in place to monitor.

A CYP Community Recovery Paper has been produced and shared for the NHS Devon Senior Executive Team, outlining the work underway to support to support CYP community services recovery and an outline of next steps.

SEND Improvement work across all 3 Local Authorities:

DCC:

Neurodiversity

- Waiting list numbers and time waiting remains the highest risk; increased RTT waits and numbers for ASD and SLCN. Workshop held with acute and community providers to look at autism and early years assessment pathway, agreed actions to take forward including review of all wait lists to validate.
  - Awaiting outcome of investment plans submitted within the ICB.
  - Draft service specification for Right To Choose private providers – including use of virtual assessments
- PINS delivery plan approved.
- Autism & Us programme dates for delivery agreed.

SLCN

- Agreement made to implement the Balanced System Model. Lead commissioners within DCC provided with update and relevant documentation including overview of principles and outcomes.
- Links made with Pillar 2 leads – inclusion and early help to ensure opportunities to co-develop GR and OAP are robust.

Torbay:

Joint Commissioning Model:

- · A workshop has been booked for June to bring together the Executive Group and the Needs and Joint Commissioning Group (facilitated by Islington SLIP partner) to reach shared understanding of language, challenge and opportunities and to agree our principles and protocols of a Torbay Joint Commissioning Model with a shared language.

Commissioning Priorities:

- Speech Language Communication Needs - action plan drafted and aims to join up the system wide work and activity and priorities to make best use of resources and opportunities.
- Neurodiversity (Support for Families) - Autism and Us parent programme delivered in January which was coordinated by SFVT. Evaluation to be completed which will inform the costed options for a sustainable Torbay joint commissioned/funded programme.
- Individual Funding – programme plan being drafted to address the current gaps within the area of Individual Funding, including Review of the legal advice received about use of private providers for assessment.

Plymouth

- Work is ongoing regarding how CYP can be clinically prioritised to ensure that appropriate risk stratification is in place. We are co-producing a clinical prioritisation tool/process in Plymouth that will be piloted and evaluated to measure outcomes and impact.
- Co-production event held in on the 18th of April to create a local partnership co-production framework.

NHS Devon

Integrated Care Board Meetings in Public - Action Log						
Action Reference	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**In progress / Completed**
52	06.12.2023	The VCSE Assembly to be approached regarding involvement in the work of the care co-ordination hub.	07.02.2024	Anthony Fitzgerald	17.05.2024 - The Associate Director for Urgent Care presented to the VCSE Assembly on 19.03.2024. 18.03.2024 - The Associate Director for Urgent Care is presenting to the VCSE assembly on 19.03.2024. In the meantime, work is underway to further develop and scale existing pathways where VCSE support is already provided to ensure effective service delivery. Propose to close.	**Completed**
53	06.12.2023	An evaluation report in respect of the outcomes achieved through the Care Co-ordination Hub be presented to the Finance and Performance Committee before the end of the 2023/24 financial year.	31.03.2024	Anthony Fitzgerald	17.05.2024 - Care Coordination has a robust performance dashboard with figures being reported daily. These figures, as well as the ongoing evaluation of the existing services enveloped within Care coordination have served to inform the business case and support the future case for change. As Care Coordination evolves, we will continue to ensure that we apply PDSA principled to ensure continued value and contribution to improved performance is being realised. A presentation was provided to the Finance and Planning Board on 02.05.2024. 18.03.2023 - Evaluation of the service continues with the Care Coordination offer being modified to reflect feedback and data received. Whilst detailed evaluation is challenging to evaluate at prsent. daily reporting evidences that the service is effective. End to end reviewed to further understand the movement of the patient are to be undertaken. An example of a typical week that highlights progress can be made available to Board members if required. 22.01.2024 - Evaluation of the service to date is being completed to inform a paper for the Devon Investment Group and a full business case for ongoing financial support. Propose to close.	**Completed**
54	06.12.2023	An update to be provided as to where the narrative around safeguarding and services for children and young people was located, if this was not within the BAF.	07.02.2024	Penny Smith / Nigel Acheson	02.05.2024 - Children and Young People, especially safegurding issues, will be addressed at the April Board Seminar and is included on Board agenda for 30.05.2024. Propose to close.	**Completed**
57	06.12.2023	Consideration to be given to how wider system performance which was not included within the IQPR might be reported to the Board.	07.02.2024	Anthony Fitzgerald	02.05.2024 - Included within Annual Plan process which is included on agenda for Board 30.05.2024. 19.03.2024 - The outcome of the Task & Group will be aligned to the Operating Plan and Annual Plan process to be reported to the Board in May. 22.01.2024 - Current reporting initially discussed with both Devon County Council and Plymouth City Council. A Task & Finish Group has been established to review current reports and potential alignment with the IQPR to report back by the end of February 2024. Propose to close.	**Completed**
63	07.02.2024	The Urgent and Emergency Care Plans to be presented to a future meeting of the Board, having been scrutinised by the Finance and Performance Committee.	tbc	Anthony Fitzgerald	02.05.2024 - Aligned to Operational Plan and Annual Plan which is included on agenda 19.03.2024 - This will be aligned to the Operating Plan and Annual Plan process to be reported to the Board in May. Propose to close.	**Completed**
66	07.02.2024	Finance and Performance Committee to undertake a deep dive with respect to UEC and report back to the Board to provide assurance on the work being undertaken in this area.	tbc	Anthony Fitzgerald / Kevin Orford	02.03.2024 - Update included in Finance & Performance Committee Chair's report to Board on 30.05.2024 13.03.2024 - UEC Deep Dive scheduled for Finance and Performance Committee meeting on 9 May 2024. The outcome of this will be reported to the Board via the Committee Chair's Report. Propose to close.	**Completed**

Integrated Care Board Meetings in Public - Action Log						
Action Reference	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**In progress / Completed**
37	03.05.2023	Chief Delivery Officer to review the orthopaedic pathway and barriers to an efficient, cost effective and user-friendly pathway. Review of specialist physiotherapist pathway to be brought back to a future Board Meeting.	Jul-23	Anthony Fitzgerald	19.03.2024 - The pathway review has now been completed and the recommendations have informed the pathway as part of the One Devon Elective Pilot approach to be implemented for 2024-25. 15.11.2023 - A review of the hip and knee assessment pathway was undertaken by James Rodger, Consultant Physiotherapist and behalf of the ICB. The report has been considered by the Elective Care Board and the recommendations of this review and agreed action plan will be completed by the end of March 2024. 29.08.2023 The orthopaedic pathway is in the process of being reviewed as part of the One Devon Elective pilot building on the work that was completed last year using the methodology used for the spinal pathway review. The pathway is about to be reviewed and an update will be circlulated to Board members once the review has been completed.	**In progress**
59	06.12.2023	The NHS Lead for Dentistry, once appointed, should liaise with Local Authority colleagues around the engagement with children and young people in care about how they access dental services.	07.02.2024	Nigel Acheson	06.05.2024 - Recruitment is being progressed and in the interim the Dental Lead position is being held by the Chief Medical Officer. Anticipated that detailed updated in respect of team recruitment and finalisation of the commissioning approach to children in care will be available July 2024. 13.03.24 - Approval to recruit to 3 posts received - anticipated to be in post by June 2024. Expression of interest for additional dental provision for Looked After Children has been published. 10.01.24 - No dental lead identified as yet. However, discussions are ongoing and a business case has been approved by the Devon Investment Group. This approval has enabled NHS Devon to instigate an Expression of Interest for dental care for Looked After Children. An update on this exercise and whether any providers have been identified should be available in approximately one month	**In progress**
61	07.02.2024	A report be brought to a future meeting of the Board which provides an update on the action plan resulting from the Nous Group work and the progress made in respect of the NHSE Ethnic Minority Action Plan for Nurses	tbc	Philippa Harding	02.05.2024 - Deferred as a result of changing resources. Provisionally scheduled for September 2024. 20.02.24 - Scheduled for May 2024.	**In progress**
62	07.02.2024	The report of the System Improvement Director in respect of progress against NOF4 criteria to be presented to a future meeting of the Board.	tbc	Allison Williams	02.05.2024 - Due to changing requirements from NHSE, item deferred. Provisionally scheduled for July 2024. 20.02.24 - Scheduled for May 2024. Tba as to whether this is for a public meeting or private meeting / development session.	**In progress**
68	07.02.2024	Primary Care representation on the Urgent and Emergency Care Board be considered when its Terms of Reference were being reviewed and an update be provided.	26.03.2024	Philippa Harding	21.05.2024 - Agenda Item 4.1 on May Board Agenda sets out progress in respect of governance systems and frameworks. 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.	**In progress**
69	07.02.2024	An update on the outcome of the review being undertaken by the Executive Team in respect of end of life commissioning and equitable funding for adult hospices in Devon to be reported to the Board.	30.09.2024	Nigel Acheson	24.05.2024 - A meeting with North Devon Hospice has taken place and Steve Moore has commissioned a Task and Finish Group led by Lou Higgins and sponsored by the Chief Medical Officer, to: 1. Rapidly develop a Devon-wide prospective medium-term commissioning plan for End of Life care. 2. Establish a Palliative and End of Life Care Collaborative to provide system-wide co-ordination of change and transformation and advise the ICB on future long-term commissioning plans. The Group will review evidence and guidance, assess Devon's position against this, and make recommendations on a future commissioning model. This replaces the previous action of merely levelling up hospice funding, but instead, going back to commissioning services equitably based on need. The ToR and scoping document for this group will be shared for approval at the next Executive Committee and a report will be made to the Board in September 2024 as scheduled.	**In progress**
71	26.03.2024	A Board Development Session to be held in respect of the longer term strategy for Primary Care across Devon.	31.08.2024	Nigel Acheson / Philippa Harding	02.05.2024 - Scheduled for August 2024.	**In progress**