NHS Devon

NHS Devon Integrated Care Board (ICB) Meeting

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

31 July 2025

09.30 – 14.30

One Devon

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

Agenda for meeting in public

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

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1.		Introductory Items	Lead	Action	Time
1.1	ICB25-024	Welcome, introduction and apologies for absence	Kevin Orford, Chair	Discussion	09:30
1.2	ICB25-025	Declarations of interest	Kevin Orford, Chair	Information	
1.3	ICB25-026	Minutes of the meeting held on 29 May 2025	Kevin Orford, Chair	Approval	
1.4	ICB25-027	Action Register	Kevin Orford, Chair	Approval	09:35
1.5	ICB25-028	Fit for the future: 10 Year Health Plan for England	Steve Moore, Chief Executive	Information	09:55
2.		**Leadership Reports**	**Lead**	**Action**	**Time**
2.1	ICB25-029	Chair's Report	Kevin Orford, Chair	Information	10:15
2.2	ICB25-030	Chief Executive's Report	Steve Moore, Chief Executive	Information	10:25
3.		**Performance oversight**	**Lead**	**Action**	**Time**
3.1	ICB25-031	2025/26 NHS Oversight Framework	Philippa Harding, Director of Governance and Interim Communications and Corporate Affairs Officer	Information	10.35
3.2	ICB25-032	Delivery Management Outcome Report	Libby Ryan Davies, Chief Strategic Commissioning and Planning Officer & Deputy CEO	Assurance	10.40
3.3	ICB25-033	Children and Young People: a) Current position and actions arising from the Inspection of Local Authority Children Services (ILACs), Devon County Council b) Torbay Ofsted and CQC Area Special Educational Needs and Disabilities (SEND) outcome c) Reducing Neurodiversity	Penny Smith, Chief Nursing Officer	Assurance	11.00

		Waiting (incorporating Autism) Lists for Children and Young People			
3.4	ICB25-034	Developing a case for change for cardiovascular disease, cardiology and cardiac surgery services	Libby Ryan Davies, Chief Strategic Commissioning and Planning Officer & Deputy CEO	Information	11.45
3.5	ICB25-035	Approach to Winter Planning	John Finn, Acting Chief Operating Officer	Assurance	12.15
		BREAK			
4.		**For Approval and Endorsement**	**Lead**	**Action**	**Time**
4.1	ICB25-036	Updating the 2025/26 Annual Plan	Libby Ryan Davies, Chief Strategic Commissioning and Planning Officer & Deputy CEO	Approval	12.45
5.		**Governance and Assurance Reports**	**Lead**	**Action**	**Time**
5.1	ICB25-037	Board Assurance Framework	Philippa Harding, Director of Governance	Assurance	13.00
Quality and Patient Experience					
5.2	ICB25-038	Quality Report	Penny Smith, Chief Nursing Officer	Assurance	13.15
5.3	ICB25-039	Quality and Patient Experience Committee – 12 June 2025	Thandiwe Hara, Independent Non-Executive Member	Assurance	13.25
Finance and Performance					
5.4	ICB25-040	Finance Report – Month 02 2025/26	Kirsty Denwood, Interim Chief Finance Officer	Assurance	13.30
5.5	ICB25-041	Chair's Report: Finance and Performance Committee – 12 June and 10 July 2025	Kaye Bentley, Independent Non-Executive Member	Assurance	13.40
6.		**Other Committee Chair Reports**	**Lead**	**Action**	**Time**
6.1	ICB25-042	Remuneration Committee – 16 June 2025	Kaye Bentley, Independent Non-Executive Member	Assurance	13.45
6.2	ICB25-043	Audit and Risk Committee – 19 June 2025	Graham Clarke, Independent Non-Executive Member	Assurance	13.50
6.3	ICB25	People and Organisational	Salma Ali,	Assurance	13.55

	-044	Development Committee – 23 June 2025	Independent Non-Executive Member		
6.4	ICB25 -045	Population Health Improvement Committee – 09 July 2025	Lopa Patel, Independent Non-Executive Member	Assurance	14.00
7.		**Partnership Working**	**Lead**	**Action**	**Time**
7.1	ICB25 -046	One Devon Integrated Care Partnership Update	Councillor Mary Aspinall, Chair, One Devon Integrated Care Partnership	Information	14.05
8.		**Closing Items**	**Lead**	**Action**	**Time**
8.1	ICB25 -047	Questions from Members of the Public	Kevin Orford, Chair	Discussion	14.10
8.2	ICB25 -048	Any Other Business	Kevin Orford, Chair	Discussion	14.25
9.		**Close**			**14.30**

NHS Devon Board Register of Interest - 31 July 2025

Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
Kevin Orford	Chair, NHS Devon	Declaration of Interest	Active	Advisor to the Board of Parental Minds C.I.C. (non-remunerated)	Non-Financial Professional	Should there be any issue relating to Parental Minds, there will be a discussion with the Director of Governance and the Chief Executive to ensure that no conflict of interest ensues.
Salma Ali	Independent Non-Executive Member	Declaration of Interest	Active	Non- Executive Director and Vice Chair for Birmingham Community Health Care Foundation Trust.	Financial	To be managed in line with the Conflict of Interest Policy and Corporate Governance advice
				Director- SKSN Consultancy & Advice which supports the NHS with bespoke pieces of work. The company is currently dormant. It did not trade during 2024/25 and there are now plans for it to do so now or going forward.	Financial	To be managed in line with the Conflict of Interest Policy and Corporate Governance guidance.
				Trustee of Black County Women's Aid with no Executive responsibilities..	Non-Financial Professional	To be managed in line with the Conflict of Interest Policy and Corporate Governance guidance.
Mary Aspinall	Chair - One Devon Integrated Care Partnership	Declaration of Interest	Active	Elected member of Plymouth City Council and Chair of The Plymouth Health and Wellbeing Board	Financial	To be managed in line with the Conflict of Interest Policy and Governance advice.
Kaye Bentley	Independent Non-Executive Member	Declaration of Interest	Active	Provision of consultancy and advice services to the NHS via KB consulting, a sole trader	Financial	Each assignment to be considered on a case by case basis to ensure there are no conflicts of interest with Devon INEM role. No work will be undertaken in the Devon system
				Independent Chair of the South West specialised services committee. Payment via Somerset ICB to KB consulting	Financial	Committee members representing the 7 ICBs in the South West and NHSE representatives on the committee have considered and agreed there is no conflict as the Chair is not a voting member of the committee.
				Trustee of The Budleigh Salterton Hospital League of Friends, also known as the Budleigh Fund	Non-Financial Personal	Remove from any decision making involving the Budleigh Fund or Seachange.
				Working with the NHSE national finance team on a fixed term contract providing support to the NHS financial reset	Financial	To be managed in line with the Conflict of Interest Policy and Governance advice.
Helen Braid	Governance & Assurance Manager and Board Secretary	Nil Declaration	Active	N/A	N/A	N/A
Graham Clarke	Independent Non-Executive Member	Declaration of Interest	Active	Non-Executive Director of Medicine Discovery Catapult	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.

NHS Devon Board Register of Interest - 31 July 2025

Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
Graham Clarke (Cont'd)	Independent Non-Executive Member	Declaration of Interest	Active	Non Execuitve Member at the Deparment of Health & Social Care	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	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	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	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.	Non-Financial Professional	To be managed in line with the Standards of Business Conduct Policy.
Peter Collins	Chief Medical Officer	Declaration of Interest	Active	Trustee for Orchestras Live (charity promoting widening participation and community engagement within the orchestral sector)	Non-Financial Personal	To be managed in line with the Conflicts of Interest Policy
Mark Cooke	Managing Director (Strategy, Oversight & Regulation), NHS England	Declaration of Interest	Active	Non paid Director National Centre for Rural Health and Care	Non-Financial Professional	Declare when necessary
				Director non-paid Bristol City Robins Foundation	Non-Financial Personal	Declaration when appropraite
			Ended 23/06/2025	Director/trustee Quantock Education Trust	Non-Financial Personal	Declare when appropriate
Kirsty Denwood	Interim Chief Finance Officer	Nil Declaration	Active	N/A	N/A	N/A
John Finn	Acting Chief Operating Officer	Declaration of Interest	Active	Daughter employed by Royal Devon University Hospital as resident Doctor from August 1st 2025	Indirect	none

NHS Devon Board Register of Interest - 31 July 2025

Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
Thandiwe Hara	Independent Non-Executive Member	Declaration of Interest	Active	Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality.	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
				I am a lay representative on the new Structure SWP RRDN which has superseded the SW CRN	Non-Financial Professional	To declare this should I be involved in anything that might be relevant to CoI
			Ended 30/03/2025	Member on the NIHR SW Clinical Research Network Board.	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	Director of Governance and Interim Chief Communications and Corporate Affairs Officer	Declaration of Interest	Active	Founding Director of Harding Advisory Ltd, a professional services company providing corporate governance expertise.	Financial	The company is currently dormant. Should any conflicts relating to NHS Devon be identified they will be managed as they arise in line with the NHS Devon Standards of Business Conduct Policy
Sam Higginson	NHS Trust and Foundation Trusts Partner Member	Declaration of Interest	Active	Chair of Enfield Unity Primary Care Network	Non-Financial Professional	To be managed in line with the Standards of Business Conduct and Conflicts of Interest Policies
				Committee Member - General Charity of the Royal Devon University Healthcare NHS Foundation Trust	Non-Financial Professional	To be managed in line with the Standards of Business Conduct and Conflicts of Interest Policies
				Chief Executive Officer	Financial	To be managed in line with the Standards of Business Conduct and Conflicts of Interest Policies.
Donna Manson	Local Authority Partner Member	Declaration of Interest	Active	CEO Of Devon County Council	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.
Phillip Mantay	Mental Health Partner Member	Declaration of Interest	Active	Employed as Chief Executive Officer of Devon Partnership Trust since June 2024	Financial	Declaration of relationship prior to offering opinion or recommendation.
				Children and Family Health Devon delivered services for Devon Partnership NHS Trust of which I am Chief Executive Officer	Financial	To be managed in line with the conflict of interest policy and guidance from Corporate governance
Steve Moore	Chief Executive Officer	Nil Declaration	Active	N/A	N/A	N/A

NHS Devon Board Register of Interest - 31 July 2025

Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
Francis O'Kelly	Primary Medical Services Partner Member	Declaration of Interest	Active	GP Partner at Amicus Health Group. As well as providing the full range of Primary Care Services the practice is also a provider of Surgical Services (dermatology, carpal tunnel, vasectomies and minor ops) and Dermatology Services. Part of the merged practice is also dispensing.	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
				Blundell's School Lead Doctor	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	Non-Financial Professional	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
				Attends Tiverton High School Welfare Meeting fortnightly	Non-Financial Professional	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
				Contributor to FASD Forum	Non-Financial Professional	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 Devon	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	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	Non-Financial Professional	Will be declare on Conflict of Interests at meetings.
				My GP practice (Amicus Health) merged with the Mid Devon Medical Practice on 1.10.24 - Dr. Alex Degan (Medical Director for Primary Care at NHS Devon) is a partner in Mid Devon Medical Practice	Indirect	I have declared the business of Amicus Health Group and will declare it at the start of any meeting where a conflict arises
				member of the SW People Board	Non-Financial Professional	To be managed in line with the conflicts of interest policy
				Amicus Health of which I am a partner, employs General Practitioners with a Special Interest (GPSI) in both dermatology and surgery. We provide dermatology and surgery services in the community and employ additional GPSIs in both these services. We have GP registrars who are doing specialist modules in the practice in both these specialties.	Non-Financial Professional	To be managed in line with the Conflict of Interest Policy and guidance from the Governance Team

NHS Devon Board Register of Interest - 31 July 2025

Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
Francis O'Kelly (Cont'd)	Primary Medical Services Partner Member	Declaration of Interest	Ended 05/05/2025	Son is being assessed for Continuing Healthcare.	Financial	Conflict will be managed in line with the Conflict of Interest Policy and advise from the Governance Team. 5.5.25 - I am not certain of the exact date but this is no longer happening.
Lopa Patel	Independent Non-Executive Member	Declaration of Interest	Active	My daughter is undertaking a research-based PhD funded by AstraZeneca PLC, a supplier to the healthcare sector.	Indirect	Will seek advice from the Chair / step out of the room if there are commissioning decisions related to AstraZeneca PLC
				Currently there are 12 members of my family, including my sister, nephews and nieces who work as doctors, dentists and pharmacists in the NHS, although none currently in the NHS Devon ICB commissioning region.	Indirect	Will seek the advice from the Chair and declare any direct interests if they arise.
				Currently Chair of equality charity, Diversity UK which is focusing on addressing inequalities, particularly for women and ethnic minorities. As a charity, Diversity UK, may receive donations from companies, organisation or individuals to help it deliver its mission. Donations are declared as per Charity Commission guidelines.	Financial	Will seek the advice from the Chair and declare any direct interests if they arise.
				Board Member, Enterprising Women Programme at Murray Edwards College, University of Cambridge. The programme is sponsored by a number of companies, philanthropists and private donors including AstraZeneca UK, C Hoare & Co Private Bank, Innovate UK and others. The purpose of the programme is to create spin-outs from the University of Cambridge created by female postgraduates, researchers and staff. The programme currently does not accept under-graduates but this may change in the future.	Non-Financial Professional	I will excuse myself from any discussions related to the NHS or NHS Devon.

NHS Devon Board Register of Interest - 31 July 2025

Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
Lopa Patel (Cont'd)	Independent Non-Executive Member	Declaration of Interest	Active	I have been a judge for the The King's Awards for Enterprise Innovation Panel since 27 November 2017. This work is carried out with The King's Awards Office, part of the Department for Business & Trade (DBT) under a confidentiality agreement with recommendations from the innovation panel being put forward to the Prime Minister's Advisory Committee. However, I have recently been asked to promote the awards on social media with text and video clips. I have also previously been asked by DSIT/DBT & the Lord Lieutenancy to take part in online and in-person events to promote the awards.	Non-Financial Professional	Although I do not foresee any conflict of interest, there may be business applicants from the Devon area for whom I may have to declare an interest at panel (if they are a supplier to NHS Devon ICB) to ensure impartiality at the judging stage.
Libby Ryan-Davies	Chief Strategic Commissioning and Planning Officer	Nil Declaration	Active	N/A	N/A	N/A
Lincoln Sargeant	Local Authority Partner Member	Nil Declaration	Active	N/A	N/A	N/A
Kate Shields	Chief Executive Officer, Cornwall and Isles of Scilly ICB	Declaration of Interest	Active	Chief Executive Officer, Cornwall and Isles of Scilly ICB	Non-Financial Professional	To be managed in line with the conflicts of interest policy
Penny Smith	Chief Nursing Officer	Nil Declaration	Active	N/A	N/A	N/A
Piers Tetley	Chief People Officer	Nil Declaration	Active	N/A	N/A	N/A
Allison Williams	Contractor (part of SOF4 Mandated support via NHSE Intensive Support Team)	Nil Declaration	Active	N/A	N/A	N/A

DRAFT Minutes of a meeting of NHS Devon Integrated Care Board held in public at the Boardroom, Aperture House, Pynes Hill, Exeter, EX2 5AZ and via Microsoft Teams on Thursday 29 May 2025 between 09:30 and 14:00	
Name	*Title and organisation*
Board Members:	
Kevin Orford	Chair, NHS Devon
Steve Moore	Chief Executive Officer, NHS Devon
Salma Ali	Independent Non-Executive Member, NHS Devon
Kaye Bentley	Independent Non-Executive Member, NHS Devon
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Dr Peter Collins	Chief Medical Officer, NHS Devon
Kirsty Denwood	Interim Chief Finance Officer, NHS Devon
Dr Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon
Sam Higginson	Partner Member for NHS Trusts and Foundation Trusts, Chief Executive of Royal Devon University Healthcare NHS Foundation Trust
Dr Frank O'Kelly	Partner Member for Primary Medical Services Providers, Amicus Health
Penny Smith	Chief Nursing Officer, NHS Devon
Dr Lincoln Sargeant	Partner Member, Local Authorities (Population Health and Prevention), Director of Public Health, Torbay
Also in attendance:	
Councillor Mary Aspinall	Chair, One Devon Integrated Care Partnership
John Finn	Acting Chief Operating Officer, NHS Devon
Katy Ladd	Board Administrator (Minute Taker)
Philippa Harding	Director of Governance and Interim Chief Communications & Corporate Affairs Officer, NHS Devon
Libby Ryan-Davies	Chief Strategic Commissioning and Planning Officer
Allison Williams	System Recovery Director, NHS England
Mark Cooke	Managing Director (Strategy, Oversight & Regulation), NHS England South West
Apologies for absence:	
Piers Tetley	Chief People Officer, NHS Devon
Phill Mantay	Partner Member for Mental Health, Chief Executive, Devon Partnership NHS Trust
Kate Shields	Chief Executive Officer, NHS Cornwall and the Isles of Scilly
Lopa Patel	Independent Non-Executive Member, NHS Devon
Donna Manson	Partner Member, Local Authorities, Chief Executive, Devon County Council

Item	Ref	Discussion
1.		**Introductory Items**
1.1	ICB25-001	**Welcome, Introductions and Apologies** Kevin Orford, NHS Devon Chair welcomed Board members to the meeting. It was noted that apologies for absence had been received from Lopa Patel, Donna Manson, Phill Mantay, Piers Tetley and Kate Shields. Libby Ryan-Davies was welcomed to her first Board meeting as Chief Strategic Commissioning and Planning Officer. A welcome was also extended to members of the public in the room - Mrs Robinson, Mr Wyatt, Helen Walker and Michael Rackham as well as those watching online. The meeting was advised that time was reserved at the end of the meeting to address questions raised in advance by the public. The Chair advised that a meeting in private was being held later in the day to consider proposals relating to the national requirement to reduce Integrated Care Board (ICB) running costs, and this would also be addressed in the reports of the Chair and Chief Executive Officer as part of this meeting in public. It was noted that the Agenda Item 4.2 - Primary Percutaneous Coronary Intervention Services in Devon – had been withdrawn from the agenda for the meeting and would be presented to the Board meeting on 31 July 2025. The meeting was deemed quorate.
1.2	ICB25-002	**Declarations of Interest** Salma Ali informed the meeting that she had been appointed as Vice Chair of Birmingham Community Healthcare NHS Foundation Trust. This update to her declaration of interest was currently being processed by the Governance Team. The Board **noted** the Register of Interests.
1.3	ICB25-003	**Minutes of Previous Meeting** The minutes of the Board meeting in public held on 27 March 2025 were **approved** as a correct record.
1.4	ICB25-004	**Action Register** The Board: • **Agreed** the closure of action ICB24-102i regarding a risk in respect of the required capacity to deliver to the organisational development plan. • **Noted** the updates in respect of actions ICB24-102ii and 111.
2.		**Leadership Reports**
2.1	ICB25-005	**Chairs Report** The Chair introduced his report which included an update on the developments regarding the national requirement to reduce ICB running costs alongside a redesign of their role and purpose; proposed amendments to Committee Terms of Reference to accommodate the appointment of the Chief Strategic Commissioning and Planning Officer; and an urgent decision that had been taken in respect of a Section 75 Deed of Variation. The following points were highlighted:

		• NHS England had approved the proposed amendments to the NHS Devon Constitution, which was considered at the March Board meeting. The approved version was appended to the report.
		
		The Board:
		• **Noted** the content of the report.
		• **Approved** the proposed amendments to the Terms of Reference to the following Board Committees:
		  • NHS Devon Executive
		  • Finance and Performance Committee
		  • Population Health Improvement Committee
		• **Noted** the exercise of powers in respect urgent decisions and ratify the decision to approve a Deed of Variation to the tripartite S.75 Agreement in place between NHS Devon, Torbay and South Devon NHS Foundation Trust and Torbay Council.

2.2	ICB25-006	**Chief Executive Officer's Report** The Chief Executive introduced the report which provided updates on key events that had taken place since the last meeting of the Board. The following points were highlighted: • The draft Model ICB Blueprint that clarified the role and purpose of ICBs had now been published and supported local plans to achieve a way forward that was within the reduced running cost envelope and could be implemented by December 2025. Whilst the ICB running cost reduction was usually referenced as being 50%, this varied between ICBs as it was an average figure which would bring ICBs in line with a required running cost per head of population. NHS Devon and NHS Cornwall & Isles of Scilly ICBs were both already below the national average and so would be required to reduce running costs by 33% and 38% respectively. • Since 2013 there had been a Staff Partnership Forum (SPF) comprised of employee representatives which had been a key element of the consultation undertaken in respect of workforce issues. Whilst the SPF had provided valuable insight, challenge and support, Trade Unions had increasingly advocated for NHS Devon to sign a formal Recognition Agreement, a step which had also been recommended by NHS England. Accordingly, the NHS Devon Executive took the decision at its meeting on 20 May 2025 that a Recognition Agreement should be implemented as soon as possible ahead of any upcoming change processes associated with the "clustering" of NHS Devon and NHS Cornwall and Isles of Scilly. • Since the Board had approved the business cases for the One Devon Shared Collaborative Service (CCS), confirmation had been received from NHS England that it was unable to support the cost of change that had been incorporated within that business case. Work had therefore been undertaken to progress a different commercial partnership model with NHS Shared Business Services which had resulted in a reduction in the total cost of change required to deliver the business case. • The NHS Devon Board was required to approval an Emergency Preparedness, Resilience and Response policy, the implementation of which enabled NHS Devon to integrate its response to emergencies in the community. The currently policy had been reviewed in light of organisational changes and so was being presented for approval. • Whilst the national dispute between primary care and the government was no longer active, Local Medical Committees were maintaining their collective action locally by targeting commissioning gaps. In light of the substantial pressures being managed by local practices, the NHS Devon Primary Care Medical Director continues to meet with them bi-weekly to identify any issues and possible

		mitigations. Liaison was also ongoing with NHS England and other ICBs across the region. **Action:** • The One Devon Collaborative Corporate Service Business Case to be reviewed by the Finance and Performance Committee to enable members to gain assurance in respect of the revised business case. The Board: • **Noted** the content of the report. • **Endorsed** the transition to a formal Trade Union Recognition Agreement to replace the existing Staff Partnership Forum arrangement. • **Approved** Emergency Preparedness Resilience and Response policy.
3.		**National Oversight Framework Segment 4**
3.1	ICB25-007	**Progress on the Requirements of the NHS Oversight Framework – Segment 4** Kirsty Denwood, Interim Chief Finance Officer, introduced the report which sought to provide necessary assurance on the progress against the agreed criteria and metrics required to exit Segment 4 of the NHS Oversight Framework (NOF4) in Q1 of 2025/26. The report detailed the system position on the criteria for strategy, leadership, urgent and emergency care (UEC), elective, and finance recovery, accompanied by a locality position on delivery against trajectory and the key actions to either maintain or improve performance. Issues highlighted during consideration of this item included: • Whilst the UEC position had improved since last month, key indicator trajectories were still not being met and the risks identified by the system remained significant. • Going forward the Delivery Management Framework would ensure appropriate reporting against the objectives set out in the NHS Devon Annual Plan and the System Operational Plan. The Board **agreed** the assurance ratings relating to each of the NOF4 progress positions of the One Devon Integrated Care System, as follows: • Leadership – significant assurance – recommend de-escalation • Strategy – satisfactory assurance – recommend continued support from NHS England • UEC and planned care – satisfactory assurance – recommend de-escalation • Finance – limited assurance – no recommendation at current stage
3.2	ICB25-008	**Self-assessment of Performance against key National Oversight Framework Measures** Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer, introduced the report which provided a summary position, at system level, of the progress made by the One Devon Integrated Care System in relation to the requirements of Segment 4 of the NHS Oversight Framework. The following points were highlighted during consideration of this item: • Whilst self-assessment was not part of the formal decision process to de-escalate a NOF rating, it was an important element of local agreements. • Concern that there would be less focus on the NOF requirements if the was a de-escalation of segmentation and that a performance management regime had been established which would monitor progress to ensure that this did not happen. • The ongoing pressure to meet urgent and emergency care targets and those for planned care should not be underestimated and Board support would be required to ensure these could be delivered.

		• There had been a significant shift in the Recovery Support Programme (RSP) during 2024/25 with the focus initially being on urgent and emergency care at University Hospitals Plymouth NHS Trust (UHP) with the focus then moving to Torbay & South Devon NHS Foundation Trust (TSD). As there was only limited assurance around the position of TSD they would continue to receive RSP support to enable them to achieve their 2025/26 Plan. • Whilst Q1 of the financial year was about ambitions, Q2 would be when there was a sense of the deliverability of its plans for 2025/26. • The timeline for the refresh of the Medium Term Financial Plan needed to be aligned to the delivery of the Health and Care Strategy. • NHS England was developing the new national oversight framework. This would introduce a Segment 5 but would not identify where individual organisations were rated at present due to the current configuration changes; however, capability assessments would take place with ICBs with there being an expectation that Board would maintain their focus upon performance. **Action:** • Mark Cooke to be invited to a future Board Development Session to speak about the new NHS Oversight Framework. The Board: • **Took satisfactory assurance** from the information provided with regard to the One Devon Care System position and the achievements against the agreed NOF4 exit criteria, whilst noting the significant changes still faced by the system in relation to the delivery of the 2025/26 Operational Plan.
4.		**Discharging NHS Devon's responsibilities in 2025/26**
4.1	ICB25-009	**Delivering the 2025/26 NHS Devon Operational Plan** Libby Ryan-Davies, Chief Strategic Commissioning and Planning Officer, introduced the paper set out a new approach to Performance Management that would oversee and assure delivery of the 2025/26 Operational Plan. The following points were highlighted during consideration of this item: • The Operational Plan was underpinned by a Commissioning Plan that detailed NHS Devon's key commissioning priorities in 2025/26, with the focus being on how strategic commissioning capabilities and processes could be further developed to support longer term objectives. • Acute providers were expected to deliver 4% minimum productivity improvements during 2025/26 and so NHS Devon would enter negotiations with all commissioned services to deliver 4% cost saving during the same period. Where a service was provided by the voluntary or community sector this cost saving would be reduced to 2% acknowledging that they were much leaner than NHS organisations. • Delivery was monitored on an ongoing basis with reporting being updated on a weekly basis to enable corrective actions to be taken when required. This reporting would be presented to the Board's Assurance Committees. • The ability to improve the current financial position would be limited by current contractual agreements so a clear understanding of these was required and mitigating actions identified to ensure that ambitions could be met. • The way in which commissioning was undertaken needed to become more strategic with current contracts being assessed as well as contracting gaps being identified and addressed. The process now included the monitoring of unintended consequences, with the EQIA process supporting this work. • It was important that Population Health data and lived experience informed the development of the Strategy and that was an area that was being developed. • Escalation processes needed to be aligned so that duplication was avoided and a single set of data and reporting was utilised.

		• The Performance Management Dashboard would be key in reporting clear information and reconciliation to trajectories and the team was looking at wider connections of data and ensuring that all aligned. • Care Quality Commission data was not being used due to its age and this was an issue that had been subject to discussion at the System Quality Group. • The areas of patient pathways and commissioning hubs was currently being researched so that good practice could be learned from. • The Chief Executive Officer of Royal Devon University Healthcare NHS Foundation Trust (RDUH) offered to support the development of the section within the Strategy in respect of Minor Injury Units and other ways of supporting remote geographies across the system. • The risk with regard to delivering of Cost Improvement Plans (CIPs) was clearly understood and weekly updates were being provided so that shifts could be identified and corrective actions taken where required. Work was being undertaken with the Recovery Support Programme teams and the regional team to test the robustness of reporting. **Actions**: • A session in respect of the Decommissioning Schedule to be included in a future Board Development Session. • A session in respect of Population Health Management to be included in a future Board Development Session. • The Commissioning Plan to be considered at a Board seminar at the same time as the new National Oversight Framework to support understanding of the connections that had been made. The Board: • **Noted** the level of ambition and risk within the submitted Operational Plan for 2025/26 • Took **satisfactory assurance** from the proposed approach to performance management in 2025/26, including confirmation of the metrics that will be included in the performance management dashboard. • **Endorsed** the NHS Devon Commissioning Plan for delivery in 2025/26.
4.2	ICB25-010	**2025/26 Annual Plan Next Steps** Chief Strategic Commissioning and Planning Officer, Libby Ryan-Davies, presented the report which provided an overview of the reporting process, schedule and next steps for the 2025/26 Annual Plan. It also proposed an approach to support delivery and assurance, monitor progress and key risks and support formal assurance by maximising visibility at Board level. Issues highlighted during consideration of this item included: • As a result of the publication of the Model ICB Blueprint and the proposed NHS England and ICB reconfigurations the 2025/26 Annual Plan needed to be revisited and objectives re-prioritised. The outcome of this review would be presented to the Board at its meeting in public on 31 July 2025. • The high-level delivery plans had been informed by insights from the Darzi Review, with the Annual Plan's 17 objectives having been mapped to the three key shifts of moving from hospital to community care, from analogue to digital and from treating sickness to preventing it. • In view of the current position of the system, funding and resourcing would be the key priority with investment in digital processes being scaled back. There had already been considerable investment in digital and the focus should be on using that investment to its full potential. • Consideration should be given to the system's vision around wider digital transformation to understand the short, medium and longer-term ambitions and how these will be delivered.

		• It would be essential that the appropriate engagement was undertaken when developing the NHS Devon Health and Care Strategy including with local government when considering the importance of its scrutiny role and of the Health and Wellbeing Boards. The Board **took satisfactory assurance** from the approach to delivering the 2025/26 NHS Devon Annual Plan as described in the report.
4.3	ICB25-011	**Developing NHS Devon's Health Care Strategy** Chief Strategic Commissioning and Planning Officer, Libby Ryan-Davies introduced the report which provided an overview of the development of a comprehensive Health and Care Strategy which would outline the operational vision for delivering improved, financially sustainable health outcomes for the local population. Issues highlighted during consideration of this item included: • The purpose of the strategy was to set out the strategic intent of NHS Devon, setting out a case for change focused around infrastructure and buildings, digital components and the workforce that would be required in the future end state. • It was anticipated that the Strategy would be presented to the Board for approval in September. • It was noted that the Strategy would be delivered in line with the Medium Term Financial Plan; however, it was anticipated that deficit funding would be either fully or significantly withdrawn in 2026/27 and so a conversation with organisations running deficits was urgently required. • Clinical engagement would be essential for the successful delivery of the Strategy, with a collective discussion across all organisations being required. • The paper covered a range of positive characteristics including insight, understanding the quality dimensions and the triangulation of various complex elements. What also needed to be taken into account was reference to "place", the role of the VCSE and how we could support the local economy through commissioning and procurement decisions. • The Strategy would be based upon a set of prudent assumptions as time pressures did not allow for us to wait until national data was published. Scenarios would be developed based upon potential financial parameters so that groundwork would have been completed once the national picture is known. • Time pressures also raised a risk of the quality of the Strategy not being as of a high quality as would be wished for. • Development of the Strategy would be an ongoing process to look effectively at the long term and it was anticipated that there would be a requirement for it to be meshed with the strategic plans of the Cornwall and Isles of Scilly ICB at some point. The Board: • **Noted** the urgency and need for rapid strategy development. • **Took satisfactory assurance** from the proposed timeline and governance as outlined in the report.
4.4	ICB25-012	**Consolidation of Primary Percutaneous Coronary Intervention Services in Devon** The Board **noted** that this item had been withdrawn from the agenda and would be presented to the Board meeting in public on 31 July 2025.
5.		**Governance, Performance and Assurance Reports**
5.1	ICB25-013	**Board Assurance Framework (BAF)** The Director of Governance and Interim Chief Communications and Corporate Affairs Officer, Philippa Harding, introduced the report provided information in

		respect of the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year. In light of recent changes to the operating context for Integrated Care Boards (ICBs), the report proposed an alternative approach to the BAF in 2025/26 to that which was agreed by the Board at its meeting in public on 27 March 2025. It also proposed the addition of two risks in relation to ICB recent requirements to reduce ICB running costs by 50%. The following points were highlighted during consideration of this item: • The discussions around the BAF that had taken place during April and May had identified the consensus that the first six months of 2025/26 should address the same risks as during 2024/25 whilst further strategic development took place. This would enable consideration of the risk to achieving strategic objectives and the risk appetite to be adopted. The Board: • **Approved** the revised proposed approach to Board Assurance Framework for the first 2 Quarters of 2025/26 • **Approved** the addition of 2 new risks in relation to ICB transition to the Board Assurance Framework to BAF – ICB running costs and business as usual • **Approved** the 2025/26 Board Assurance Framework risks to achieving the strategic objectives of NHS Devon.
5.2	ICB25-014	**NHS Devon 2024/25 Annual Plan – Delivery Assurance Close Down Report** The Chief Strategic Commissioning and Planning Officer, Libby Ryan-Davies, introduced the report which provided a year-end update on the implementation of the 2024/25 Annual Plan, the development of NHS Devon's Performance and Planning Team and the implementation of the new Annual Plan assurance and review process. The following points were highlighted during consideration of this item: • The achievements resulting from the delivery of the 2024/25 Annual Plan. • All 2024/25 objectives had either been achieved, transferred to "Business as Usual" or mapped into the objectives for 2025-26. • The CEO would be using this report as part of the Executive appraisal process. The Board **agreed** the final positions of assurance for each directorate at the 2024/25-year end.
5.3	ICB25-015	**Mental Health Assertive and Intensive Outreach Action Plan Update** The Chief Medical Officer, Peter Collins, introduced this paper which provided an update on the work to progress the action plan developed to address previously identified actions and ensure alignment of actions to themes from the Independent Mental Health Homicide Investigation published in February 2025. The following points were highlighted during consideration of this item: • Clarification was required as to the metrics being measured in respect of the action plan, together with the funding and financial implications. • A greater understanding of this area of work would be welcomed by the Board prior to any further decisions being made. • The way in which NHS Devon and the Mental Health Collaborative were working with adult social care and local authorities on this matter. • The current focus was the development of a Health and Care strategy rather than an Acute Strategy. • The more work that could be undertaken in respect of key measures would result in a greater understanding of performance drivers which would result in a robust performance framework.

		Action: • The metrics contained within the action plan to be discussed with offline with the Independent Non-Executive Member, Salma Ali. The Board: • **Noted** the update on progress against the mental health assertive and intensive outreach action plan, referencing the continuing work on metrics. • Took **satisfactory assurance** from the establishment of mental health planning and delivery meetings. • **Noted** some risks would remain even with enhanced service delivery and workforce capacity aligned to this high risk group of individuals.
5.4	ICB25-016	**Finance Reports – Month 12** The Interim Chief Finance Officer, Kirsty Denwood, introduced the two reports which sought to provide assurance on the financial position of NHS Devon and the One Devon Integrated Care System for the year ended 31 March 2025. The following points were highlighted during consideration of this item: • The reports had been reviewed by the Finance and Performance Committee. • The £37.5m agency spend was against the nationally set cap of £51.1m. • The whole time equivalent workforce figure had breached the target and this was being addressed through the workforce delivery group. The Board: • **Took satisfactory assurance** from the information provided with regard to the NHS Devon financial position at the year ended 31 March 2025 • **Took satisfactory assurance** from the information provided regarding the financial position of the One Devon Integrated Care System and **noted** the financial outturn un-audited yet for the year end 24/25.
6.		**Committee Chair Reports**
6.1	ICB25-017	**Committee Chair's Report: Finance and Performance Committee – 10 April and 8 May 2025** The Chair of the Finance and Performance Committee, Kaye Bentley, presented this item which provided an overview of the items considered by the Finance and Performance Committees at its meetings held on 10 April and 8 May 2025. Issues highlighted during consideration of this item included: • The Committee's concerns that the assurance provided in respect of the delivery of the 2025-26 Annual Plan continued to highlight the same challenges as previously identified, with some of these remaining red as at February 2025. • There was a need to move towards a cyclical planning process rather than it being a time limited annual event. • The view of the Committee that there remained a number of outstanding assurances required before it could endorse the 2025-26 Operational Plan. • The Committee had considered a report in respect of Implied Productivity and as productivity was key to improving performance within available resources and not negatively impacting quality, this was an area it wanted to undertake further work. • The Committee had taken assurance that the National Recovery Support Fund objectives for 2024/25 had been achieved and the funding distributed. • There remained concerns in respect of NOF4 funding and additional valued capacity if it were not available going forward, together with the transition risk associated with this and how it would be managed.

		• The need for the Committee to be very agile and to revisit the 2025/26 Annual Plan at future meetings, particularly given the rapidly changing context of the organisation. • The view of the Committee that there should be a deep dive into contracting, being mindful of the fact that delivery of the current financial year was very much dependent on contracting working as expected. The Board: • **Took assurance** from the Committee Chair's Reports of the meetings of the Finance and Performance Committee held on 10 April and 8 May 2025; • **Noted** the escalations made for information and that NHS Devon needed o ensure that planning was a cyclical process going forward rather than a time limited event each year.
6.2	ICB25-018	**Committee Chair's Report - People and Organisational Development Committee on 9 April 2025** The Chair of the People and Organisational Development Committee, Salma Ali, introduced the report which provided an overview of the issues considered by the Committee discussed at its meeting on 9 April 2025. The following points were highlighted during consideration of this item: • The Committee had concerns that the objectives contained within the 2025/26 NHS Devon Annual Plan could be achieved following the recent announcements regarding the future of ICBs. • Whilst the internal audit review in respect of Equality, Diversity and Inclusion had been rated as satisfactory, there remained some areas of concern and assurance had been received that these would be prioritised and incorporated into the EDI Strategy, with an action plan to deliver the strategy being developed by the EDI working group. The Board **took assurance** from the Committee Chair's Report of the meeting of the People and Organisational Development Committee held on 9 April 2025.
6.3	ICB25-019	**Committee Chair's Report - Quality and Patient Experience Committee on 10 April 2025** The Chair of the Quality and Patient Experience Committee, Thandiwe Hara, introduced the report which provided an overview of the Committee meeting held on 10 April 2025. The following points were highlighted during consideration of this item: • The Quality Framework had now been completed and reflected that the current statutory requirements in respect of quality remained and had not changed in light of the current NHS reorganisation. • The EQIA process continued to develop and be implemented across the system. • The outcome of the Penny Dash Review was likely to inform the future development of NHS ways of working and also require NHS Devon to review its current objectives. The Board: • **Took assurance** from the Committee Chair's Report of the meeting of the Quality and Patient Experience Committee Audit and Risk Committee held on 10 April 2025. • **Noted** that there would be a need to review the current NHS Devon Objectives following receipt of the outcome of the Penny Dash Review.

6.4	ICB25-020	**Committee Chair's Report - Audit and Risk Committee on 6 May 2025** The Chair of the Audit and Risk Committee, Graham Clarke, introduced the report which provided an overview of the work undertaken by the Audit and Risk Committee at its meeting on 6 May 2025. The following points were highlighted: • The Draft Head of Internal Audit Opinion 2024/25 remained in line with previous reports, that being of a "Satisfactory" opening, an improvement on the "Limited" opinion received in 2023/24. • The Committee had noted the content of the Internal Audit Charter and was recommending its approval to the Board. • The initial internal audit work in respect of the Data Protection Security Toolkit had highlighted the need for robust Business Continuity Plans to mitigate against cyber attacks. A number of the issues highlighted by internal audit had already been addressed during the second phase of the review, the outcome of which would be reported to the September meeting of the Committee. The Board: • **Approved** the Internal Audit Charter for implementation during the delivery of the Audit Plan for 2025/26; and • **Took assurance** from the Committee Chair's Report of the meeting of the Audit and Risk Committee held on 6 May 2025.
6.5	ICB25-021	**Committee Chair's Report - Population Health Improvement Committee on 8 May 2025** In the absence of the Chair of the Population Health Improvement Committee, Lopa Patel, the NHS Devon Chair introduced the report which provided an overview of the meeting held on 8 May 2025. The Board **took assurance** from the Committee Chair's Report of the meeting of the Populational Health Improvement Committee held on 8 May 2025.
7.		**Closing Items**
8.1	ICB25-022	**Questions from Members of the Public** Helen Walker had submitted the following questions in respect of ICB Reconfiguration: • *What are your thoughts on the proposed merger of the ICB's?* • *What challenges & benefits would this have? From Helen Walker* It was confirmed that this was a period of great uncertainty for staff, but business as usual must continue to be delivered. It should be recognised that this was only a proposal at this time, but it would be an opportunity to strengthen the organisations across Devon and Cornwall and may smooth things out being able to work across a single footprint. There was already a strong tradition of working together across a whole range of issues such as acute provider sustainability, provider work, which could be built on. Whilst Devon and Cornwall were able to learn from each other, it was acknowledged that organisational change would bring negative outcomes as well. The following questions had been submitted by Netti Pearson: • *The funding for the NHS was traditionally based on meeting clinical need. It now seems to be that the service needs to fit whatever funding is considered appropriate without reference to need. Is there any way that the ICB can challenge the current orthodoxy?*

		It was acknowledged that the NHS had always had to balance the needs of patients and the population with the available funding. As commissioners, NHS Devon had to take into account the needs of local people and the whole population to deliver services that were as equitable, accessible and safe as possible within the budget allocated for its population. • *Re. the downsizing of the ICB: in the clustering of Devon's ICB with that of Cornwall and the Scilly Isles, will Devon County Council be involved in this collaboration? Is this a move towards restructuring the NHS, starting with strategic health authorities? From Netti Pearson* Whilst the clustering only applied to NHS Devon and NHS Cornwall and Isles of Scilly, rather than Devon County Council or other local authorities; ICBs had a number of partner members on their Boards, including representation from local authorities. On NHS Devon's Board, Donna Manson, chief executive of Devon County Council, was the local authority partner member. The generic question regarding restructuring the NHS was for the national team to answer. NHS Devon had been asked to reduce its running costs and priorities in line with the Model ICB Blueprint, which it would do to the best of its ability. Sue Matthews had submitted two questions: • *What role, if any, did – and does the ICB have in the allocation of capital funding for hospital infrastructure? Were you consulted on the need to upgrade Northern Devon District Hospital (NDDH)? Do you have any influence over/with Wes Streeting?* In response it was confirmed that NHS Devon had a role in the distribution of annual system capital, of which a proportion was used by each NHS Trust on its estates backlog maintenance programme and infrastructure upgrades. This capital was distributed on a 'fair shares' allocation basis which was based on metrics, for example, Trust turnover. With regard to the New Hospital Programme (NHP) funding for hospital infrastructure upgrades and redevelopment, this programme was directly between NHP (which sits under the Department of Health and Social Care) and each applicant Trust. NHS Devon was not consulted on the recent funding announcements as this is driven nationally . • *How does the ICB propose supporting the surgical capacity for Devon when NDDH [Barnstaple Hospital] has operating theatres and an ICU not fit for the future?* It was confirmed that in the short-term, work was required on the air handling plant in the current operating inpatient operating theatres at Barnstaple. Completing this work, which would involve two theatres being out of use for a significant period of time, would address the current critical risk of these theatres failing. Royal Devon University Healthcare NHS Foundation Trust (RDUH) had acknowledged that there was insufficient capacity across the system to absorb the level of activity that would be displaced by this work and they were therefore working on a plan to introduce two modular theatres to enable the work to be completed in the main theatre block so the same number of patients could be treated. Once the work was completed, the additional modular theatres would remain, which would allow for the return of the temporary vanguard theatre at the end of its contract, and the other would enable the closure of one of the oldest theatres, so there would be no net loss of theatres. Sufficient funding was required to enact this plan and NHS Devon was supporting RDUH in seeking funding for this work. Fortunately, relatively few elective surgical patients needed ICU support at Barnstaple Hospital.

		It was also highlighted that on a broader note, partner organisations across Devon continued collaborative working, making best use of surgical capacity across all system assets (such as the Nightingale Hospital in Exeter) and seeing a £20m investment in a day case unit in Exeter. NHS Devon was supporting RDUH and Torbay and South Devon NHS Foundation Trust with longer-term plans as part of the national Our Future Hospitals programme, modernising local hospitals to meet the healthcare needs of the local population for years to come. *Rosemary Haworth-Booth had asked what the criteria was for determining if a community warrants a Minor Injury Unit.* It was confirmed that there were a range of criteria including population need, demand on existing services, distance from other services, clinical need, estates, safe staffing and affordability. In line with national NHS guidance, NHS Devon was working towards the ambition of introducing standardised urgent treatment centres (UTCs). This was aimed at reducing the confusing mix of urgent care services including walk-in centres, minor injury units (MIUs) and urgent care centres. UTCs offered a broader range of urgent care, including for some illnesses and injuries that might require additional tests or treatments beyond the scope of a MIU. They also usually had longer opening hours (seven days a week, 12 hours a day as a minimum). *Another member of the public had asked whether NHS Devon was meeting the 'NICE Fertility problems Quality Standard (2014)' for commissioners of fertility treatment in relation to IVF for women under 40 years? If not, how was Devon ICB justifying subquality healthcare provision for local women given the Department for Health and Social Care have stated they expect ICBs in England to use their budgets to commission fertility care in line with NICE guidance?* In response it was confirmed that there were 9 statements within the 2014 Nice quality standard and that NHS Devon met 7 of these standards and partially met the remaining 2.
8.2	ICB25-023	**Any Other Business** It was **noted** that the next meeting of the Board in public would be on 31 July 2025.
		Meeting Closed

Integrated Care Board Meetings in Public - Action Log						
Action Reference	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**Status**
ICB24-111	30.01.2025	Report in respect of Children & Young People's Service Recovery - Autism to be brought back to the Board no sooner than six months time.	25.09.2025	Penny Smith	19.03.2025 - Included in 2025/26 Board Forward Plan for September 2025. 21.07.2025 - This is included in the agenda for 31 July meeting	Propose to close
ICB25-006	29.05.2025	The One Devon Collaborative Corporate Service Business Case to be reviewed by the Finance and Performance Committee to enable members to gain assurance in respect of the revised business case.	31.07.2025	Kirsty Denwood	21.07.2025 - This was taken to FPC June	Propose to close
ICB25-008	29.05.2025	Mark Cooke to be invited to a future Board Development Session to speak about the new NHS Oversight Framework.	TBC	Philippa Harding	21.07.2025 In light of propsed cluster arrangements consideration is being given to the plan for Board development sessions. A revised approach for the proposed joint peninsula committee will be confirmed in September.	In progress
ICB25-009	29.05.2025	A session in respect of the Decommissioning Schedule to be included in a future Board Development Session.	TBC	Libby Ryan-Davies		In progress
ICB25-009i	29.05.2025	A session in respect of Population Health Management to be included in a future Board Development Session.	TBC	Libby Ryan-Davies		In progress
ICB25-009ii	29.05.2025	The Commissioning Plan to be considered at a Board seminar at the same time as the new National Oversight Framework to support understanding of the connections that had been made.	TBC	Libby Ryan-Davies		In progress
ICB25-015	29.05.2025	The metrics contained within the action plan to be discussed offline with the Independent Non-Executive Member, Salma Ali.		Peter Collins	24.07.25 - Update to be provided at the meeting,	In progress

NHS Devon

NHS Devon Integrated Care Board

Fit for the future: 10 Year Health Plan for England

Date of Meeting	Date Report Produced
31 July 2025	15 July 2025

Author(s)		Report Approved By	
Name and Title:	Nicola Bonas, Deputy Director of Communications and Engagement	**Name and Title:**	Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive Summary

Fit for the future: the 10 Year Health Plan for England was published on 03 July 2025. This was designed following an extensive period of national engagement, to which Devon contributed by leading a bespoke engagement programme.

This report

- summarises the engagement approach in Devon, across the south west and nationally.
- sets out the key local, regional and national findings and how they align
- indicates how these findings will be used to inform the development of the NHS Devon Health and Care Strategy.

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
Population Health Improvement Committee – 09 July 2025

Key recommendations and actions requested
NOTE Fit for the future: 10 Year Health Plan for England
NOTE the key findings from the Devon 10 Year Plan engagement programme
TAKE SATISFACTORY ASSURANCE from the proposed approach to using the findings to inform local priorities and programmes of work

Impact on NHS Devon Objectives	
Objective	**Impact**
Improve Population Health	**Positive –** helping commissioners better understand the diverse needs, behaviours, and barriers faced by different population groups, by representing real-life experiences and preferences.
Improve Services and Reduce Unwarranted Variation	**Positive -** provide a clear and insight driven narrative through which variations in service quality or access become visible and relatable in service design, identifying gaps and reducing waste
Make More Efficient Use of Our Resources	**Positive -** By focusing commissioning on what matters most to service users, enabling smarter resource allocation and better investment.
Develop Our Culture and How We Operate	**Positive -** foster a more empathetic, collaborative, and insight-driven approach within commissioning driving co-production and a shift to more patient-centred commissioning.

Does this report have implications in any of the areas highlighted below?	
Area	**Yes**
Quality of Services	Driving improvements in Quality by cantering services around real user needs and lived experiences

Health Inequalities	Supporting commissioners to identify and address inequities in access, experience, and outcomes through a better understanding of our population	
Workforce	Could influence workforce planning, culture, and training needs	
Resources and Finance	Supporting smarter, more targeted investment and cost avoidance	
Legal	Supporting commissioners to meet legal obligations around equality, access, and public involvement	
Digital and Data	Helping to shape the design and adoption of digital health solutions and inform data strategies based on real life experiences	
Engagement and Consultation	Strengthening engagement practices by making it more inclusive, ongoing, and meaningful, and supporting the delivery of the People and Communities Framework.	

Fit for the future: 10 Year Health Plan for England

Introduction and background

1. Fit for the future: the 10 Year Health Plan for England (the 10 Year Plan) was published on 03 July 2025. It focuses on the three big shifts in healthcare – hospital to community, analogue to digital and sickness to prevention.

2. The 10 Year Plan was designed following an extensive period of national engagement with patients, public, NHS workforce and key partners from November 2024 to February 2025. This government described it as 'the biggest national conversation about the future of the NHS since its birth'.

3. To support the development of the 10 Year Plan, NHS Devon ran a bespoke programme to ensure the views of the Devon population were captured locally to inform local priorities and strategy whilst supporting the development of the 10 Year Plan.

4. Information about the 10 Year Plan engagement programme was presented to the NHS Devon Board in March with Healthwatch. The approach taken was aligned to the One Devon People and Communities Framework which was seen by NHS England (NHSE) as leading the rest of the country.

5. The outputs from the national engagement programme are available online. The NHS Devon engagement findings report are included in Annex A of this this paper.

6. The South West Regional team at NHSE (NHSE SW) have coordinated the system findings from across the South West which has enabled NHS Devon to understand a system, regional and national picture and review where findings align and where key findings relate to Devon specifically.

National context

7. The national engagement programme was the biggest conversation about the NHS, with well over 250k contributors. This included:

    - More than 1.9 million visits to the Change NHS website
    - Over 750 members of the public and over 3,000 health and care staff from every NHS region of England taking part in discussions
    - Over 1,600 responses from organisations and meetings with partners through our Partners Council to capture their expertise and channel the views of seldom-heard voices
    - Over 650 community workshops hosted by partner organisations and local health systems, with over 17,000 people attending local events across England. This included those whose voices are often

underheard such as Gypsy, Roma and Traveller communities, people with alcohol and drug dependence and people experiencing homelessness.
- 800 Integrated Care System leaders – from the NHS and local government – attending regional events to talk about the plan
- A National Summit bringing together hundreds of members of the public and health and care staff to help shape the Plan

8. What the national engagement programme heard:

People celebrated:
- that it's a universal service, available to everyone, free at point of use
- the dedicated and hardworking staff, doing incredible work in difficult circumstances
- that it's there for you when you really need it, with emergency services saving lives every day

But also told of personal challenges, including:
- difficulty getting appointments
- long wait times in A&E
- a lack of joined up care

In terms of what people want to see change:
- easier and quicker access to appointments, especially with your GP
- better co-ordination between different health and care services
- greater investment in staff recruitment and retention
- reducing waste and inefficiency across the NHS, to save money and free up staff time to focus on caring for patients

9. The plan was written in response to engagement, and it reinforces a commitment to the three shifts highlighted in the Lord Darzi report and five enabling reforms:

- **A new operating model**, merging NHSE with the Department of Health and Social Care (DHSC), empowering Integrated Care Boards (ICBs) as strategic commissioners, and reintroducing earned autonomy for high-performing NHS organisations.

- **Enhanced transparency of quality of care,** publishing league tables of providers and patient experience measures, revitalising the National Quality Board as the single authority on quality, and implementing Artificial Intelligence (AI)-led warning systems to identify at-risk services based on clinical data.

- **Workforce transformation, focusing on AI-enabled productivity,** advanced practice roles, ultra-flexible contracts, and technology to release £13bn worth of staff time.

- **Innovation and technology with five "big bets"** (AI, data, genomics, robotics, wearables) drawn from the Future State Programme, new

Global Institutes, and faster clinical trial and medicine approval pathways.

- **Financial sustainability via a value-based approach** focused on getting better outcomes for the money we spend and clearing deficits through 2% annual productivity gains, multi-year budgets, and innovative capital investment models, alongside “Patient Power Payments” linking funding to patient experience

10. The implementation of the 10 Year Plan provides the vital opportunity to reset the relationship with the public and restore confidence and trust which nationally is at an all-time low. To deliver this – the focus will need to shift from looking through the community lens to improve patient satisfaction in the service they receive from the NHS.

11. The plan is available in full on the gov.uk website here

Devon context

12. The comprehensive approach that was taken is reflected in the number of responses that were received and the representation across Devon.

- In total we received over 3400 individual pieces of feedback
- 2353 survey responses completed
- Hosted 50 workshops – which is 10% of the workshops completed nationally. In total 358 people attend the workshops
- Over 700 written postcards were completed
- Over 220 people have been recruited to support continuous engagement.

13. The main engagement methods used as part of the Devon engagement programme:

- Online survey (workforce and public) – hosted on the One Devon website.
- Devon version of Workshop in a Box (WIAB). These formed part of the five Devon engagement days led by NHS Devon. Providers, VCSE organisations and key partners led their own workshops with their communities and workforce.
- Engagement postcard
- Healthwatch took survey responses over the phone for this communities that didn’t have digital access.

14. We reached all our communities in Devon, especially those more likely to experience health inequalities, core20PLUS5 and seldom heard communities by investing in the Voluntary Community and Social Enterprise Sector (VCSE). NHS Devon hosted a small grants scheme process for VCSE organisations to bid for a small amount of funding to hold workshops with their communities to

understand what was important to them when developing the national 10 Year Health Plan.

15. The Devon 10 Year Plan engagement programme findings (Annex A) provide detailed findings from the various engagement methods. This includes outputs from the WIABs undertaken by our VCSE partners.

16. There are specific findings from each of the engagement methods but there were some overarching key themes that were consistent throughout the engagement programme across all the three shifts.

    - People valued the NHS being free at the point of access
    - The NHS workforce is seen as the most valuable, but most vulnerable asset
    - People valued the wide range of services that were available and how they have personally helped
    - There is a need across Devon to address access to primary care and mental health services and reduce waiting times in A&E and for elective care
    - The satisfaction levels of how the NHS is run is low but is aligned to the national picture.
    - Funding the NHS sufficiently should be a priority

17. There were also some specific key themes that were identified to each specific shift.

    Hospital to community

    - There needs to more investment in front line services and a reduction in management costs.

    - When people access services, their experience is generally positive

    Sickness to prevention

    - To avoid people getting poorly in the first place, there needs to be better access to diagnostic and preventative services.

    - There needs to be more education and strategies in place to improve peoples' confidence in taking ownership for their own health and health and wellbeing.

    Analogue to digital

    - Advances in technology will support efficiency, help join up services and improve prevention, diagnostics and communication. However, there were high levels of mistrust in relation to AI and data safety, aligned to concerns about reliability and increasing health inequalities for those that do not access digital information.

- There needs to be a more joined up approach across the different health and care services. There needs to be a more effective solution supported by good communication.

18. The 10 Year Plan workforce survey focused on three key areas – the best things about their job, the most challenging aspects and the priority areas for the 10-Year plan to resolve.

The best things about their job

- The people who work in the NHS and who want to make it better
- Being able to make a real difference to patient lives
- Free universal Healthcare - Pride in the NHS's core principle of free care at the point of delivery

The most challenging aspects

- Lack of capacity and funding to make changes.
- Lack of focus on prevention due to meeting day to day demand pressures
- High expectations on immediate service delivery
- Staffing levels not adequate for current workload
- Lack of joined up IT
- Often working longer than contracted hours
- Supporting people we know have to wait a long time for care

The priority areas for the 10 Year Plan to resolve

- Low levels of job satisfaction or morale
- Staff shortages
- Complex administration processes

Alignment of local, regional and national findings

19. As we have a system, regional and national view we are able to see where findings align and where the views of the Devon population differs from the regional/national view.

Hospital to community

Devon	Regional	National
• There needs to more investment in front line services and a reduction in management costs. • When people access services – their experience is generally positive, but more work	• Can improve accessibility and convenience for patients, such as reduced travel costs, easier access for children and young people, and more local support from family and friends, leading to better	• Too often, using the NHS means navigating a complex web of services; making many trips, at personal cost, to see different professionals on different days; or

Devon	Regional	National
needs to be done to provide more joined up services.	outcomes and faster recovery • Increased investment in community services and multidisciplinary teams that can provide care in people's homes, including for end-of-life care, to help reduce hospital admissions and improve overall care quality • Community diagnostic centres can improve accessibility and convenience for patients by being in central, accessible areas and familiar community settings	being forced to constantly repeat yourself to professionals who have not talked to each other, or had proper access to your medical records. • patients and carers expressed confusion about where and how to complain and told us about their struggle to get responses to their concerns

Sickness to prevention

Devon	Regional	National
• To avoid people getting poorly in the first place – there needs to be better access to diagnostic and preventative services tailored for communities that need to access them. • There needs to be more education and strategies in place to improve peoples confidence in taking ownership for their own health and health and wellbeing.	• A holistic approach that addresses the root causes of unhealthy habits, such as poor housing, mental health, and lack of education, while also incorporating education, early interventions, annual health checks, and increased public awareness. • Focus on addressing the social determinants of health such as housing, education, and employment, as these can have a significant impact on health outcomes and prevent	• Everyday life poses greater health risks to the most disadvantaged in society, whether the price of healthy food, the level of pollution or the quality of jobs available • Unaddressed mental illness early in life can result in worse school attendance and results, and may mean hundreds of thousands of pounds of lost earning potential over a lifetime

Devon	Regional	National
	many health issues from arising.	• Harness technological advances in vaccines, screening and genomics to turn the NHS into a prevention service • Citizens will be empowered to take responsibility for their health

Analogue to digital

Devon	Regional	National
• Advances in technology will support efficiency, help join up services and improve prevention, diagnostics and communication. However, there were high levels of mistrust in relation to AI and data safety, aligned to concerns about reliability and increasing health inequalities for those that do not access digital information. • There needs to be a more joined up approach across the different health and care services. There needs to be a more effective solution supported by good communication.	• Concerns about data privacy, security, and transparency around how patient data is accessed and used, including fears about data breaches, hacking, and the use of algorithms and AI in decision-making. • Embrace the latest technologies, such as artificial intelligence and automation, to improve efficiency and effectiveness of healthcare delivery, while ensuring a balance between technology and human interaction, and prioritizing patient needs. • Concerns that the increased use of technology in healthcare may disadvantage or exclude individuals from lower socioeconomic backgrounds, those	• No more repeated stories. No more appointments where the clinician does not know what happened at the previous one. • ‘one size fits all’ misses the distinct needs of women, people from ethnic minority backgrounds or people who live in more rural communities, among many others. Meaningful choice will be how we strengthen their voice, and the NHS’ ability to truly deliver care based on need. • In our engagement, the public told us that they readily accept the use of their data for applications beyond

Devon	Regional	National
	living in remote areas, older people, and those with disabilities or additional needs who may not have access to or be able to use new digital technologies, leading to inequitable healthcare.	direct care, as long as strict privacy and security conditions are in place and met. They want to see it support the innovations that could, in future, save lives. We also heard that they would expect the NHS to derive value from its use. If NHS data supports a profitable product, the NHS should share in the proceeds.

Next steps to inform local priorities

20. A key driver for designing the Devon 10 Year Plan engagement was to ensure the insights were captured locally to inform strategy, transformation and wider pieces of work.

21. The Devon, regional and national findings will be uploaded to the One Devon Insights library to inform work programmes at Locality Care Partnership (LCP)/Neighbourhood Health and strategy development level.

22. The Devon, regional and national findings will now be used to inform:

	Health and Care Strategy	NHS Devon Commissioning Plan	Transformation/ significant service change programmes
The starting point for any engagement programme – *What do we already know?*	✓	✓	✓
Identifying any gaps in insights/knowledge that need to be explored through data or further engagement.	✓	✓	✓
Triagluate insights with data and patient experience to gain an	✓	✓	

	Health and Care Strategy	NHS Devon Commissioning Plan	Transformation/ significant service change programmes
accurate understanding of current picture			
Informing priority areas to be addressed through strategy design	✓	✓	
Development of design principles and measurement for success	✓	✓	✓
Development of Case for Change			✓
Completion of EQIAs in terms of potential impacts		✓	✓
Support comms and engagement planning to ensure messaging is tailored to the audience	✓	✓	✓
The further development of the NHS Devon Persona's	✓	✓	✓

23. The development of the NHS Devon Health and Care Strategy is a key organisational priority. In addition to the above, the findings will be used to support specific sections in the strategy:

    - Supporting the prevention agenda and focusing on key priorities
    - Development of a Neighbourhood health service
    - Secondary and tertiary care services.
    - Implementation of the strategy.

24. The Devon 10 Year Plan engagement programme was the start of the conversation and 220 people were recruited through the process to support a continuous engagement model. Chaired by Healthwatch, these people would be invited to be part of a public/patient reference group to support the work of NHS Devon as listed above.

25. The reference groups will form part of the implementation of the One Devon People and Communities Framework, which will be key in supporting the NHS Devon in its new role as a strategic commissioner.

26. In the transition to becoming strategic commissioners of local health services, responsible for all but the most specialised commissioning using multi-year budgets the guidance from the Southwest ICB development team states that all ICBs will need:

    - Excellent analytical capability, to be guided by population health data

- A strong strategy function, including staff with good problem solving and analytical skills
- Capability in partnership working and an understanding of value-based healthcare
- Intelligent healthcare payer understanding, to support a focus on value for money, the development of novel payment mechanisms and oversight of strategic resource allocation
- User involvement functions, to ensure services meet the needs of communities.

Recommendations

27. The Board is asked to:

- **NOTE** Fit for the future: 10 Year Health Plan for England
- **NOTE** the key findings from the Devon 10 Year Plan engagement programme
- **TAKE SATISFACTORY ASSURANCE** from the proposed approach to using the findings to inform local priorities and programmes of work

One Devon

Devon 10 Year Health Plan engagement programme findings

July 2025

CHANGE NHS

Contents

Foreword

It is with great pride that I introduce this report on Devon's 10-Year Health Plan engagement. Over the past few months, thousands of local people from across our communities have generously shared their views, experiences, and hopes for the future of health and care in Devon.

This incredible level of participation reflects the deep commitment we all share to building a healthier, more connected, and more resilient Devon.

Listening to our communities is at the heart of everything we do. The insights gathered through this extensive engagement will play a vital role in shaping the services and support in Devon, ensuring they truly meet the needs of our population now and the future.

We recognise that health and care is not just about treatment, but about prevention, wellbeing, and enabling people to live their best lives in the place they call home.

This report captures the voice of Devon's people and demonstrates our ongoing promise to work together – patients, families, staff, partners, and the public – to design a sustainable, compassionate, and effective health and care system.

The challenges we face are complex, but by harnessing the power of collaboration and community insight, I am confident we can create a future that is both innovative and inclusive.

I would like to extend our thanks to Healthwatch Devon, Plymouth and Torbay, and all our voluntary sector partners for their valuable contributions to the local engagement.

Their support in reaching out to communities and encouraging meaningful conversations has been vital to this process.

We are also deeply grateful to everyone who took the time to participate and share their views. Your insights and experiences are instrumental in shaping a health and care system that better reflects the needs of the people it serves.

Thank you all for your commitment and involvement.

Steve Moore
Chief Executive, NHS Devon and One Devon

Introduction

To support the development of the Government 10 Year Health Plan for England: fit for the future, NHS Devon ran an extensive engagement programme with staff, patients, public and partners in Devon. The government described it as 'the biggest national conversation about the future of the NHS since its birth'.

The focus of the engagement programme was to explore views in relation to the "three big shifts" in healthcare which will be at the foundation of the national 10-year health plan.

- Hospital to community
- Analogue to digital
- Sickness to prevention

The Devon engagement programme captured the views of our people and communities in Devon to inform local priorities and strategy development while supporting the national 10-year plan process.

It was co-designed in collaboration with Healthwatch Devon, Plymouth and Torbay and feedback was gained from the membership of the Devon Engagement Partnership (DEP).

To ensure the views of our people and communities were used to support the development of the national 10 Year Plan, NHS Devon aligned with the questions that were asked as part of the national programme.

The agreed objectives for the Devon 10 Year Plan engagement programme were:

- Target the right people, in the right places and at the right time to reach all people and communities in Devon.
- Work with key partners and trusted voices to reach the Core20PLUS5 target population.
- Encourage sign-up for continuous engagement in Devon, to increase public involvement in NHS transformation and delivery now and into the future
- Drive uptake to the locally hosted version of the national survey.
- Minimise public confusion by keeping the engagement approach clear and straightforward, but creative in how people are reached.
- Work with NHS Cornwall and Isles of Scilly ICB and NHS Somerset ICB on the borders of Devon, Cornwall and Somerset.

The key to the success of this approach was collaborating with key partners and working as one team, utilising our respective networks and channels to spread the reach of our engagement across the county.

Our approach

The three main engagement methods used for this programme were:

1. Online survey (workforce and public) – hosted on the One Devon website.
2. Workshop events (Devon version)
3. Engagement postcard

To ensure the findings in Devon could support the development of the national 10-year plan, the questions used in the online survey and workshops needed to mirror the national questions.

The workshop content was made relevant to our Devon communities to ensure the conversations were meaningful and participants were more informed as part of the discussions.

The survey was only available online, but Healthwatch Devon, Plymouth and Torbay also took responses over the phone and this was promoted in the materials.

The NHS Devon communications and engagement team led the engagement programme. This was supported by provider communications and engagement leads, local authorities, South Western Ambulance Services, Healthwatch Devon, Plymouth, the voluntary, community and social enterprise (VCSE) assembly and other local partners.

A communications toolkit was produced by NHS Devon and shared with key partners to raise awareness of the engagement opportunities within in their communities. The local survey and events were promoted heavily through digital marketing, social media, printed materials, TV screens and local community networks.

NHS Devon led five engagement days across the county to raise awareness, encourage people to complete the surveys, host workshops and support people to complete the engagement postcards. These were supported by Healthwatch, VCSE organisations and provider colleagues.

We heard from a broad range of communities across Devon, especially those more likely to experience health inequalities, core20PLUS5 and seldom heard communities by investing in the voluntary, community and social enterprise sector (VCSE). NHS Devon hosted a small grants scheme process for VCSE organisations to bid for a small amount of funding to hold workshops with their communities to understand what was important to them when developing the national 10 Year Health Plan.

The organisations that hosted workshops were:

- Yes Brixham – Homelessness
- Adventure Therapy – Young people
- Headway Devon (x5) – Learning Disability/Acquired Brain Injury
- Age Concern – Carers and older people
- Hikmat Devon – Ethnically diverse communities
- Citizens Advice (x5) – People with physical disability
- Devon Communities Together – Coastal communities

The approach taken in Devon was considered as a leading example by regional colleagues and other organisations across the southwest followed the same approach.

Healthwatch Devon, Plymouth and Torbay have produced a summary video (below) that talks about the approach taken, what it felt like to be involved in the engagement programme from a participant perspective and the key points of discussions from the workshops.

Key findings

More than **3,400** pieces of feedback

2,353 survey responses

50 workshops hosted – 10% of the total number nationally

358 people attended the workshops

More than **700** written postcards completed

More than **220** people recruited to support continuous engagement.

There are specific findings from each of the engagement methods**, but there were some overarching key themes that were consistent throughout the engagement programme across all the three shifts.**

- People valued the NHS being free at the point of access
- The NHS workforce is seen as the most valuable, but most vulnerable asset
- People valued the wide range of services that were available and how they have personally helped
- Address access to primary care and mental health and reduce waiting times in ED and elective care
- The satisfaction levels of how the NHS is run is low, but this is aligned to the national picture
- Funding the NHS sufficiently should be a priority

There were also some specific key themes that were identified to each shift.

Hospital to community

There needs to more investment in front line services and a reduction in management costs.

When people access services – their experience is generally positive

Sickness to prevention

To avoid people getting poorly in the first place – there needs to be better access to diagnostic and preventative services.

There needs to be more education and strategies in place to improve people's confidence in taking ownership for their own health and health and wellbeing.

Analogue to digital

Advances in technology will support efficiency, help join up services and improve prevention, diagnostics and communication. However, there were high levels of mistrust in relation to AI and data safety, aligned to concerns about reliability and increasing health inequalities for those that do not access digital information.

There needs to be a more joined up approach across the different health and care services. There needs to be a more effective solution supported by good communication.

Public survey - analysis

Public survey – 1,408 responses

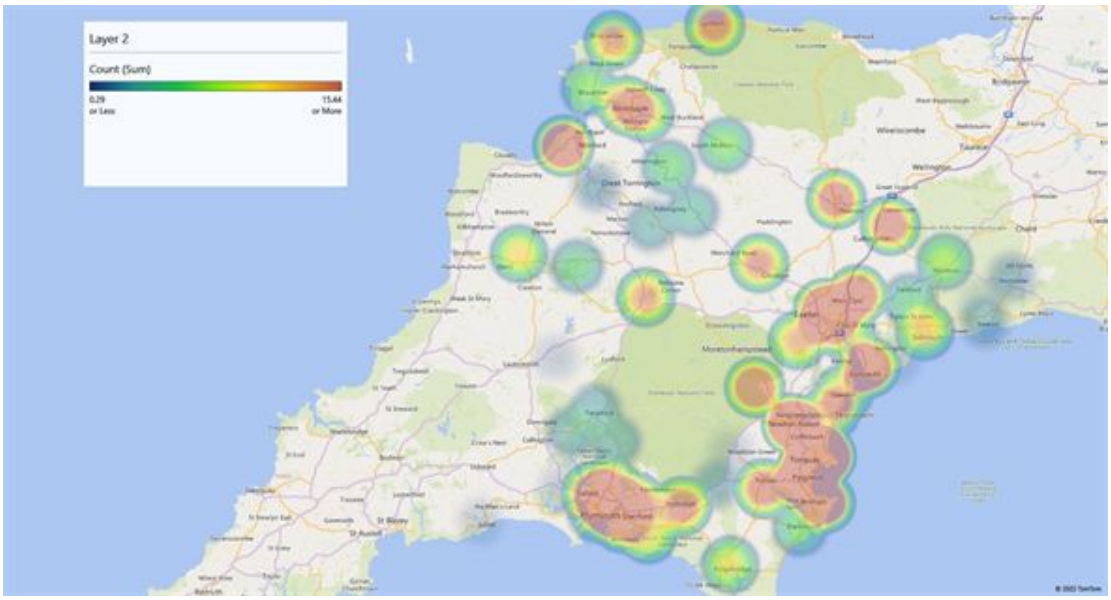
The Devon 10-year plan public engagement survey was hosted on the One Devon website. This was the only public survey used in Devon and all key stakeholders shared this survey and signposted participants to the One Devon website.

As the findings from this survey needed to support the development of the national 10 Year Plan, the questions used had to replicate the national survey. When the Devon 10 Year Plan engagement programme was designed, we reviewed the national questions and cross referenced what we needed to find out in Devon. It was felt that the survey would provide the information needed to inform local priorities and programmes.

Postcode region of survey responders

As part of the survey – participants were asked to provide the first part of their postcode. The below map shows the representation of survey responses across Devon.

As part of the targeted social media campaign, the locations of survey respondents were reviewed weekly. Where under representation was identified – targeted efforts were made to engage people from specific postcodes in the survey.

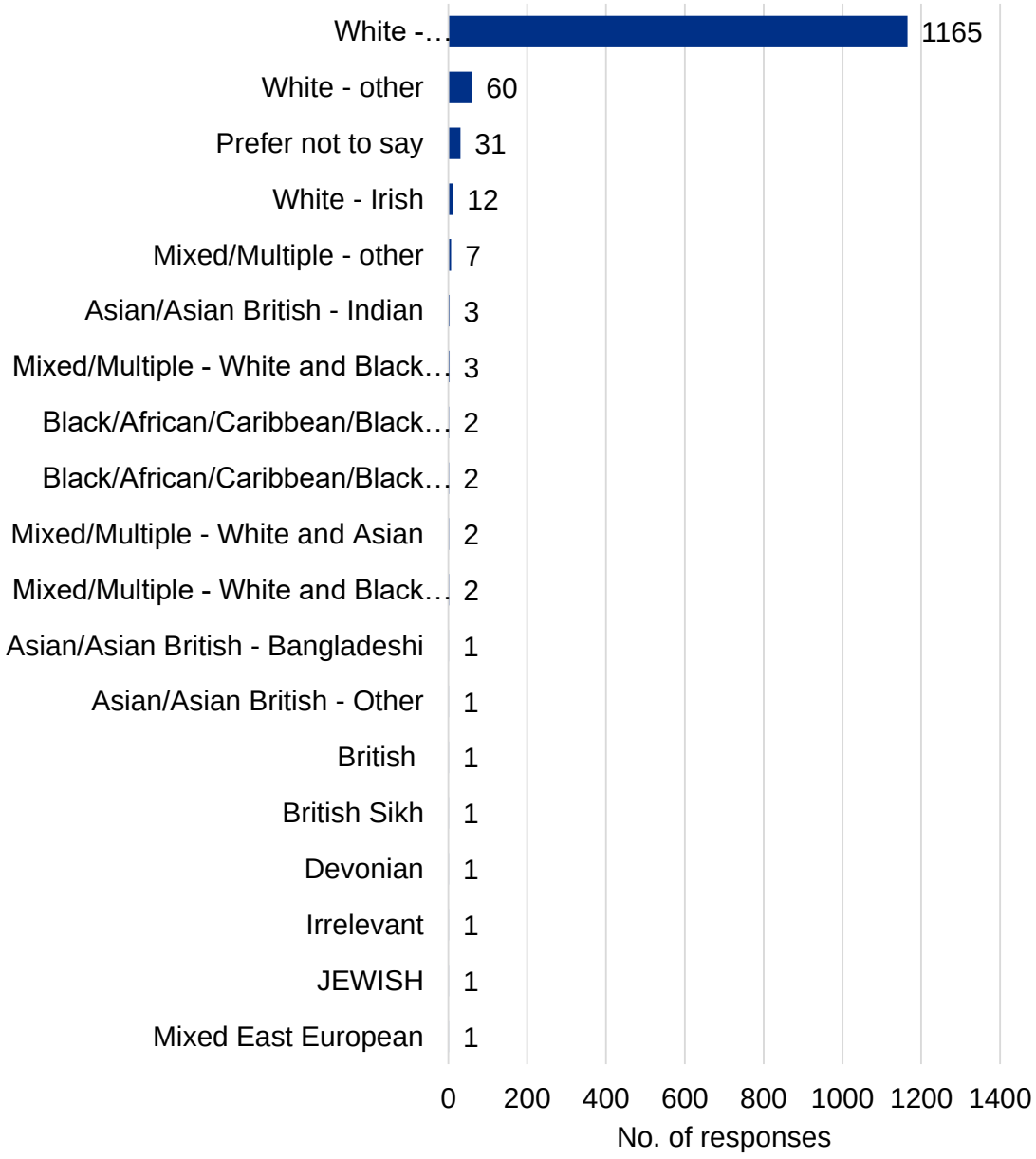


Ethnicity of responders

1,297 of survey respondents completed this question

The Voluntary Community and Social Enterprise Sector (VCSE) in Devon were a key partner in reaching our ethnically diverse communities. This was also supported by targeted communication and social media campaigns.

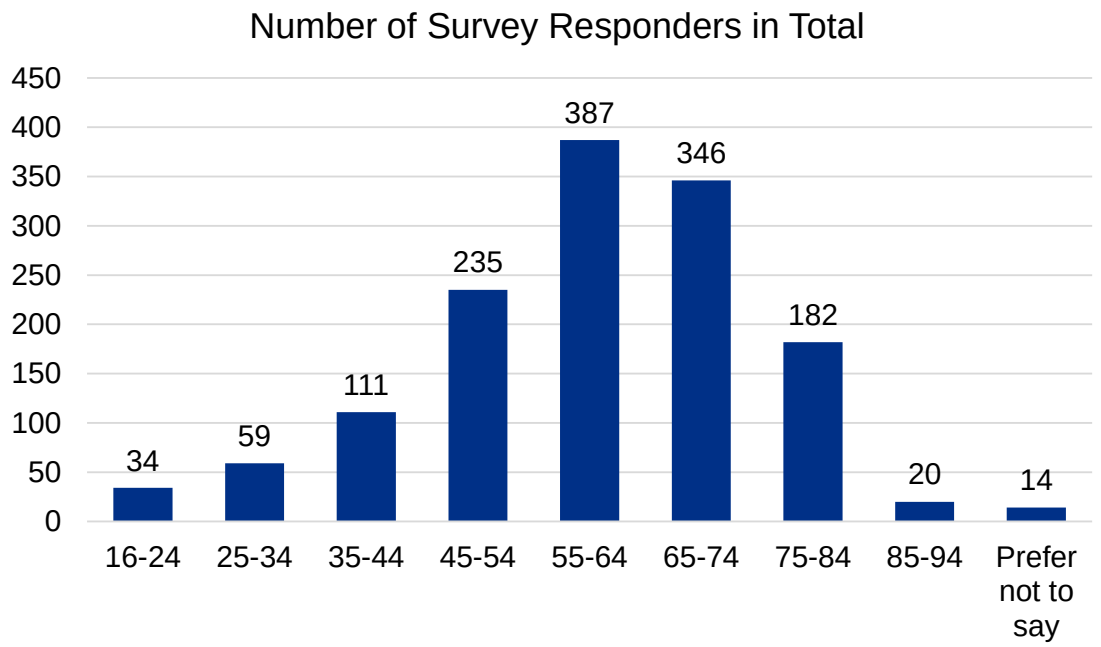
As the survey was online – this was easily translatable and accessible. Although the below survey respondents aren't reflective of our Devon population – targeted workshops were undertaken with ethnically diverse communities which were facilitated by Hikmat Devon.



Age of survey respondents

1,388 of survey respondents completed this question
The age of respondents is generally representative of our Devon population.

It was important that we targeted younger people as part of this programme and although the survey responses from those aged 34 and under – targeted efforts were made to engage young people in the completion of the engagement postcards and participation in the workshops.



What we heard

There are specific findings from each of the engagement methods but there were some overarching key themes that were consistent throughout the engagement programme across all the three shifts.

People valued the NHS being free at the point of access

"It's free at point of use, no matter who you are"

The NHS workforce is seen as the most valuable, but most vulnerable asset

"I believe the staff in the NHS are dedicated and work extremely hard to ensure patients get the best care"

"The level of dedication to patient care shown by hardworking, and often very overworked, staff at all levels. And that they do so despite, in too many instances, their pay having not kept up with the cost of living"

"The front-line staff. In the main, their commitment, care and compassion keep the services going/working. Without these fantastic humans the NHS would have already collapsed"

People valued the wide range of services that were available and how they have personally helped

"The accessibility of different services to cover different health needs and the opportunity to be referred to and be seen by specialist services. Although not everyone gets the same opportunity and have different experiences. I think it's amazing that we have access to so much and that it's free"

There is a need across Devon to address access to primary care and mental health services and reduce waiting times in A&E and for elective care

"Long waiting lists and early discharge leading to worse illness/injury which ends up costing more and leading to worse outcomes in the long run"

"Too much pressure on system; almost impossible to get a GP appointment and different services do not share medical notes"

"Early diagnosis, therefore more timely treatment. Early mental health interventions (way before people reach crisis point) could both be a literal lifesaver and also ease the pressure on acute mental health inpatient services"

The satisfaction levels of how the NHS is run is low but is aligned to the national picture

"Lack of joined up thinking and services, so very wasteful of resources"

"Demand is outweighing supply. Too many people need to use the NHS, and too few staff are working tirelessly to give them help. It cannot be sustained"

"Inefficient administration and management, admin processes are repeated over and over again wasting time and money - I had to cancel an appointment 4 times before they stopped sending me reminders for it, I have no idea whether that was reallocated or that appointment was wasted!"

"Use money in NHS more wisely. Begin with huge amount wasted on unused prescriptions"

Funding the NHS sufficiently should be a priority

"Whilst innovation and advancement in treatments, drugs etc is great, it seems there is not always enough funding available to keep pace with growing demand"

"The real question is whether the funding necessary to do this (and the training) will be put in WITHOUT reducing the funding still needed for the hospitals, to get those waiting lists down"

"GP surgeries and pharmacies are overstretched due to underfunding, lack of staff and difficulty of sourcing medicines. Unless there is a substantial investment in resources and financial support, these setbacks can't cope with extra demand"

NHS Staff

We ask **staff working in health and care services across Devon, three specific questions to help inform the development of our local plans.**

What are the best things about working at the NHS

- The people who work in the NHS and who want to make it better
- Being able to make a real difference to patient lives
- Free universal Healthcare - Pride in the NHS's core principle of free care at the point of delivery

"Working with amazing people who want to make an NHS system better"

"The people I work with"

"Supporting people to meet their full potential, satisfaction, going home knowing I have helped make a difference"

"Being able to make a real difference to patients' lives"

"Building a relationship with service users. The passion from staff to keep people safe. And the camaraderie between staff"

What are the biggest challenges working in the NHS?

- Lack of capacity and funding to make changes.
- Lack of focus on prevention due to meeting day to day demand pressures
- High expectations on immediate service delivery
- Staffing levels not adequate for current workload
- Lack of joined up IT
- Often working longer than contracted hours
- Supporting people, we know have to wait a long time for care

"Often work longer than my contracted hours"

"Wanting to make changes for patients or NHS frontline staff and constantly being told no capacity or funding"

"Not having enough resources or staff which means we struggle to meet deadlines and receive complaints all the time. High expectations that everyone can have everything right away"

"Lack of focus on prevention - most funding goes to deal with the crisis end. Less effective use of our resources as used to firefight"

"IT for example we are 2 Trusts that have merged however we are still managed by 2 different IT departments. Both IT departments have different rules, so as a team we are not allowed the same IT access as we are managed by different departments"

"Staffing levels are a huge concern. Although we are nearly fully staffed that isn't enough to complete the work we have"

"Telling patients that the waiting list is so long when they are desperate to be seen and helped"

We asked NHS staff which of these challenges do you think is the most important for the 10 Year Health Plan to address?

The top three issues (most selected) by all respondents to the survey were:

1 Reducing waiting times

2 Staff shortages

3 Primary care access

Reaching our communities

We reached out to a range of communities in Devon, especially those more likely to experience health inequalities, CORE20PLUS5 and seldom heard communities by investing in the Voluntary Community and Social Enterprise Sector (VCSE).

NHS Devon hosted a small grants scheme process for VCSE organisations to bid for a small amount of funding to hold workshops with their communities to understand what was important to them when developing the national 10 Year Health Plan.

These are some of the key themes from the workshops run by local organisations:

Technology

- Using AI to check scans – Many were fearful of the repercussions. What if there was a technology blip or something important missed?
- Some patients will get left behind, especially older people who do not use IT and still want/need face-to-face appointments
- Having to use technology adds a further layer of confusion to already difficult situations when you have trouble understanding what is being said to you and what you are being asked to do
- the NHS app which is easy to use and accessible for patients to book appointments. This could reduce receptionist admin and increased communication between NHS services and service users

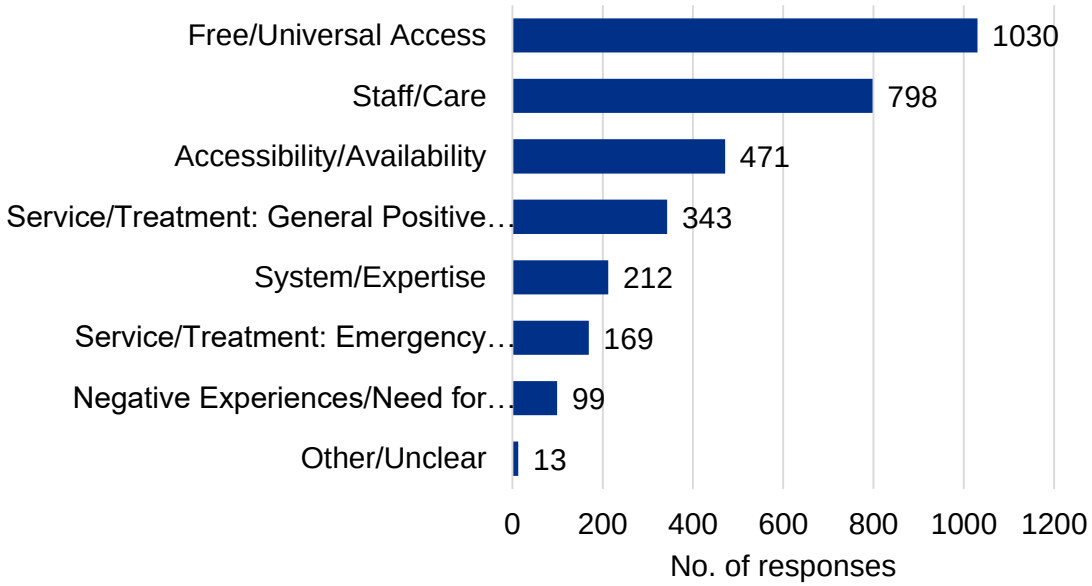
Hospital to community

- Getting more support from pharmacists is good. More accessible and quicker solution
- More convenient, reducing hospital waiting lists and lead to early detection of health conditions
- Integrated Care Information: Ensure community care information is connected to electronic patient records to prevent gaps

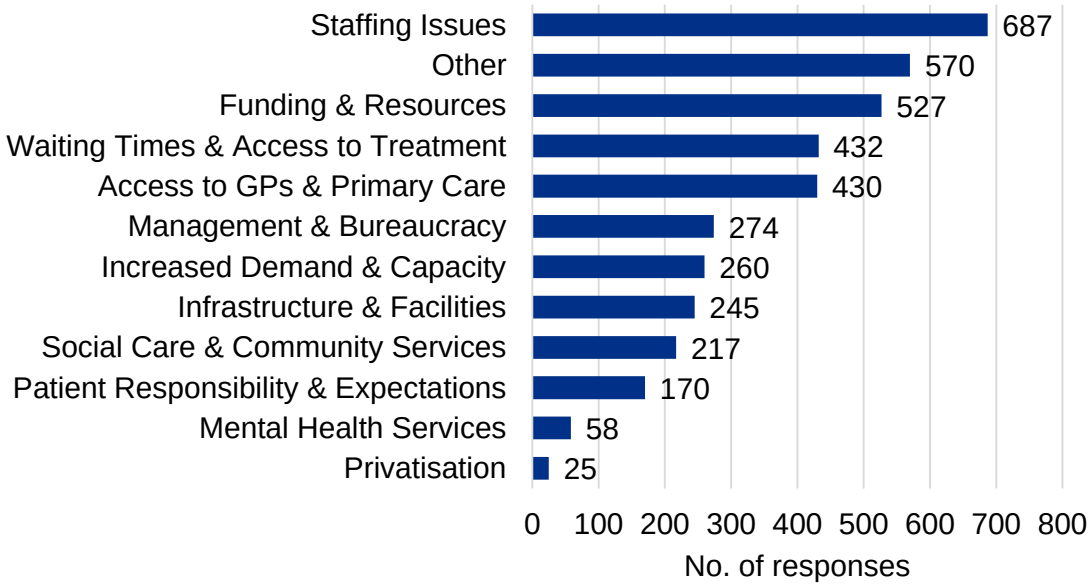
Prevention

- Prevention is a good idea, but they need more education in schools
- People should also feel empowered through accurate and helpful information through advertisements
- Mental health support in schools. Early intervention [is good] for mental health but were concerned about where the staffing would come from
- Listening to Youth: Pay attention to teenagers' concerns to catch issues early, reducing treatment needs and costs.

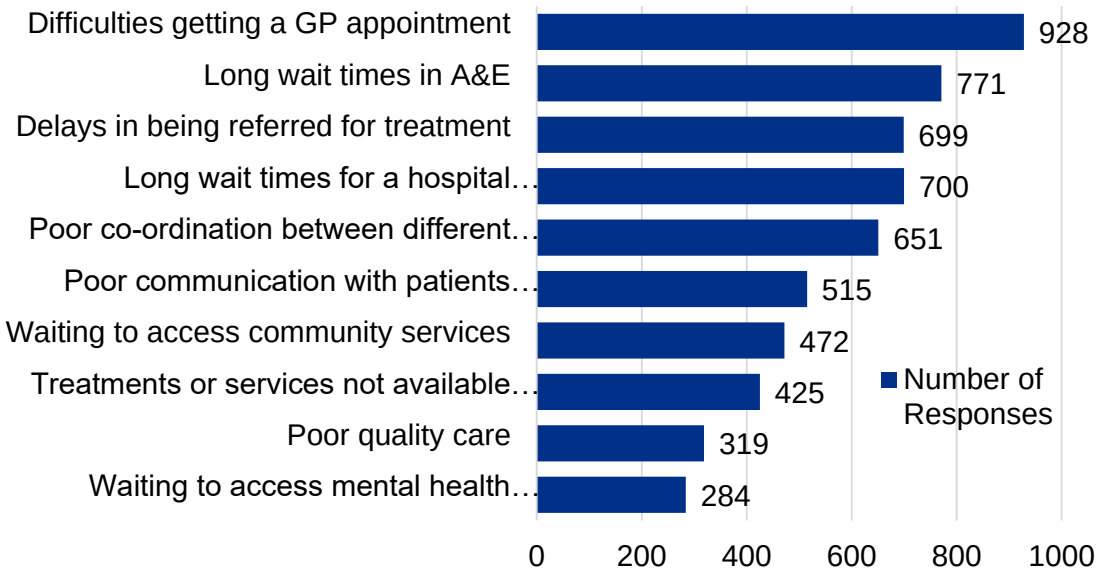
Question 1. Three best things about the NHS?



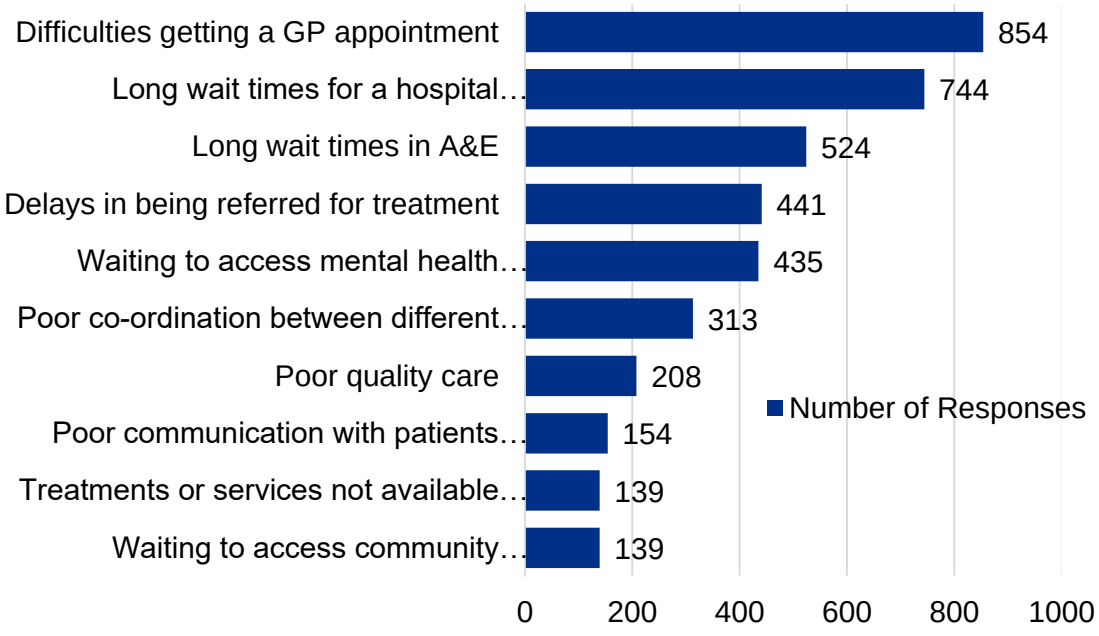
Question 2. Three biggest challenges facing the NHS?



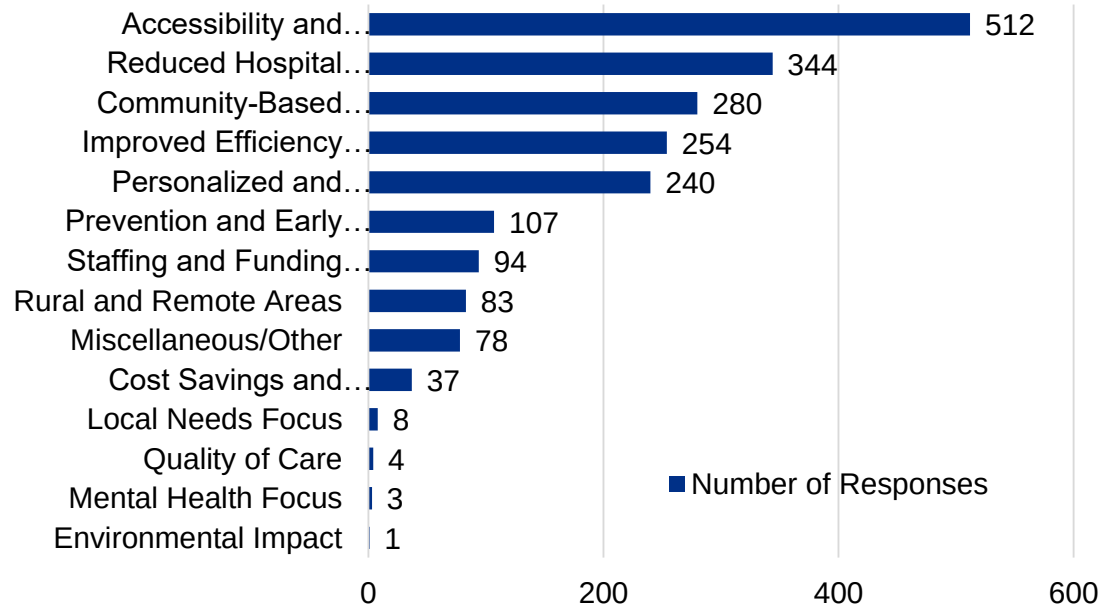
Question 3. Which, if any, of the following have you personally experienced?



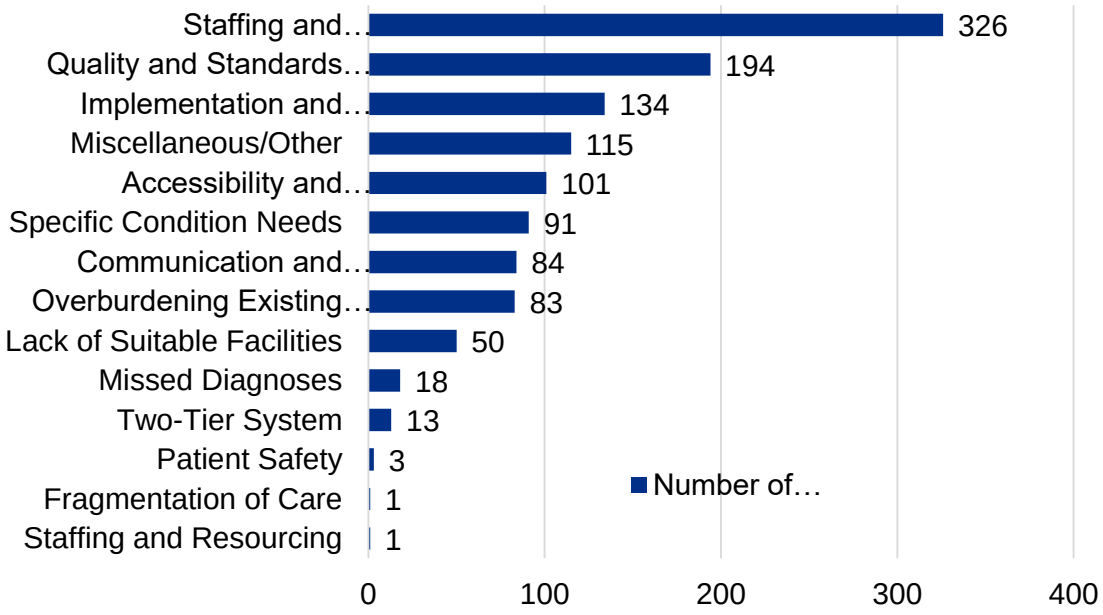
Question 4. Which of these challenges do you think is most important for the 10 Year Health Plan to address?



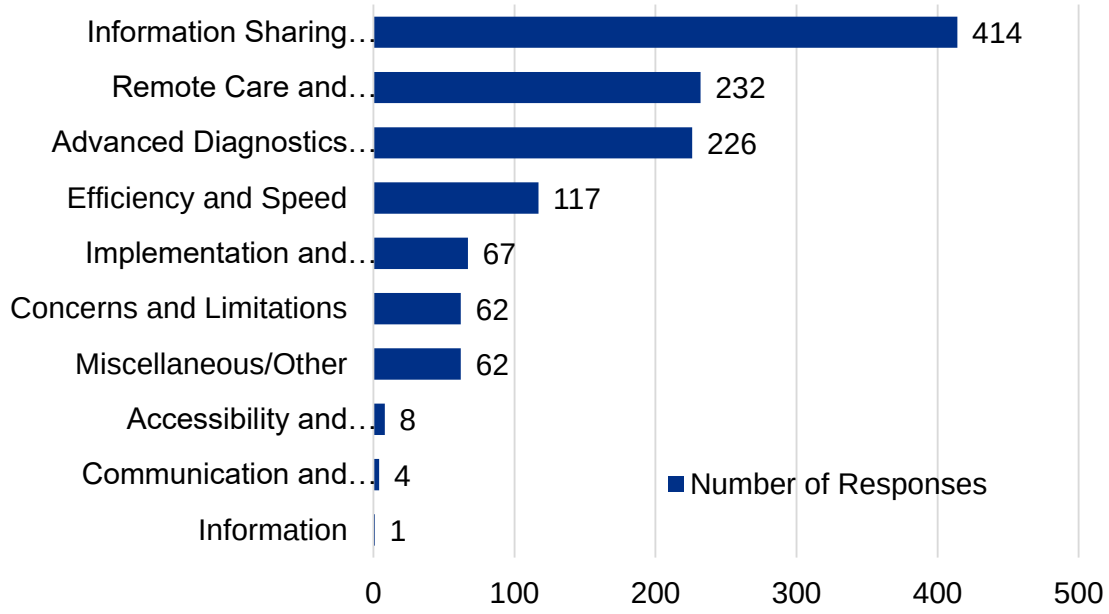
Question 5. In what ways, if any, do you think that delivering more care in the community could improve health and care? (optional)



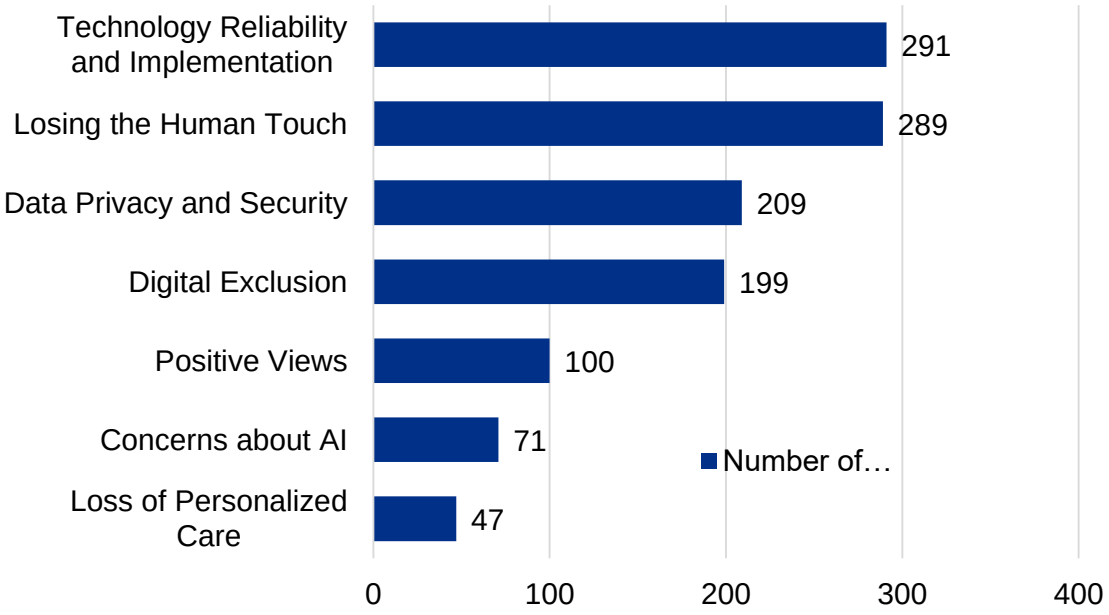
Question 6. What, if anything, concerns you about the idea of delivering more care in the community in the future? (optional)



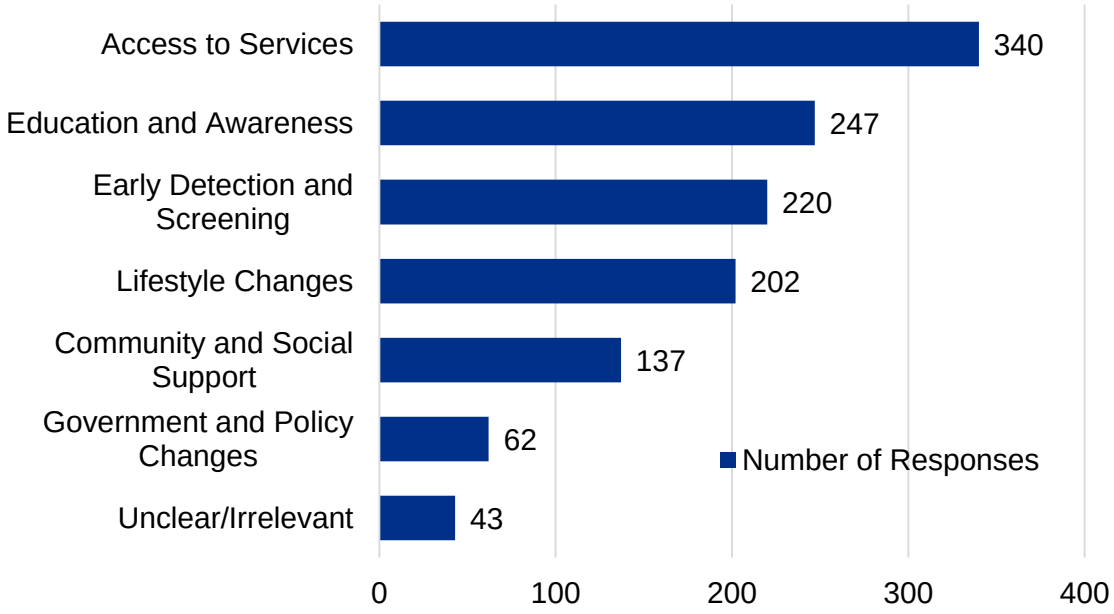
Question 7. In what ways, if any, do you think that technology could be used to improve health and care? (optional)



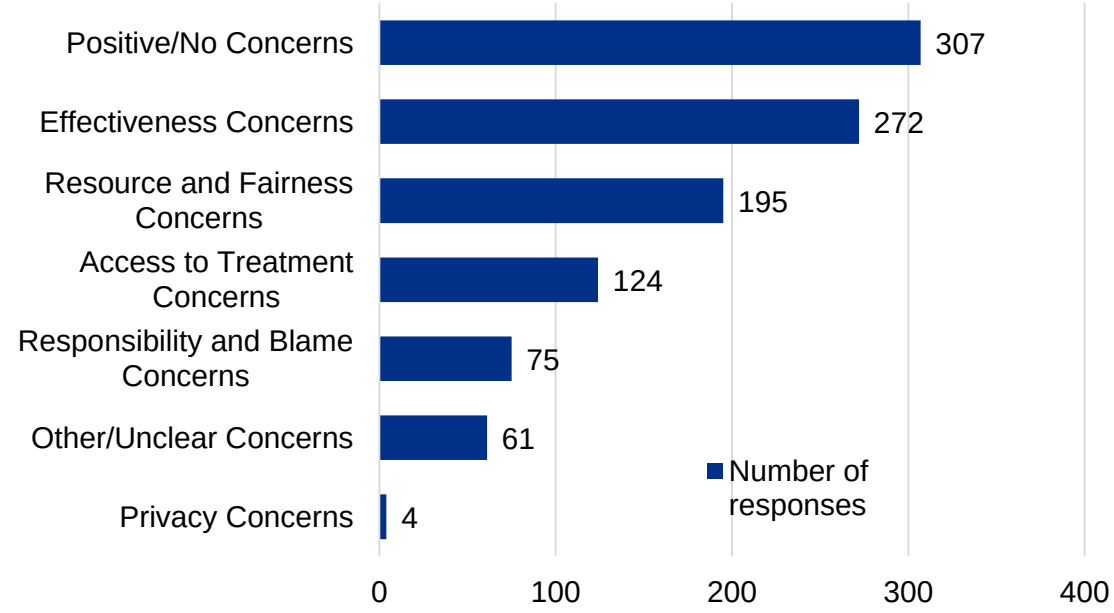
Question 8. What, if anything, concerns you about the idea of increased use of technology in the future? (optional)



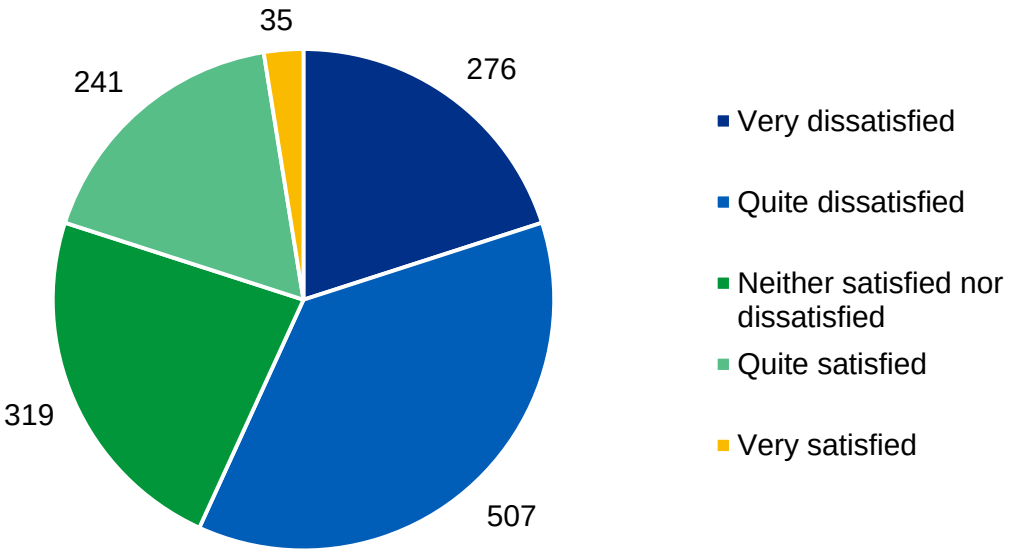
Question 9. In what ways, if any, could an increased focus on prevention help people stay healthy and independent for longer?



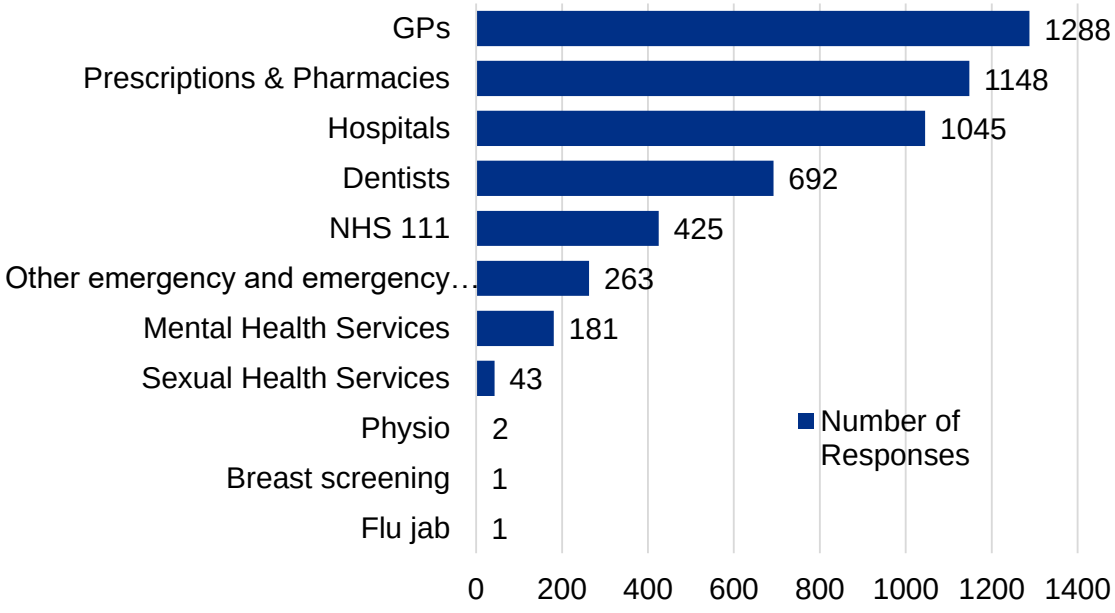
Question 10. What, if anything, concerns you about the idea of an increased focus on prevention in the future? (optional)



Question 11. How satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?



Question 12. In the last 12 months, which of the following NHS services have you personally engaged with, if any?

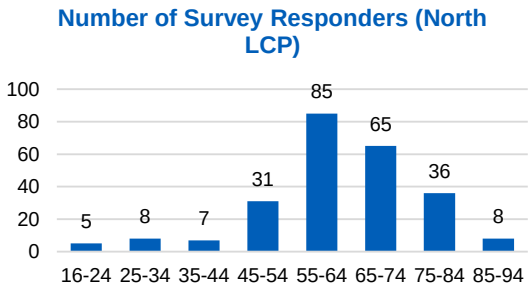


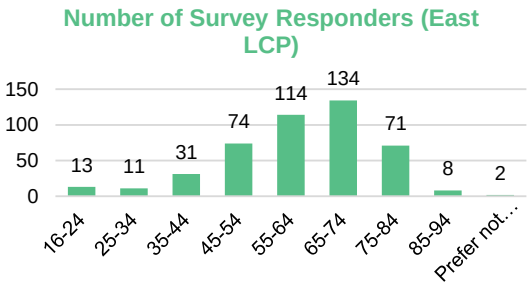
Public survey – locality responses

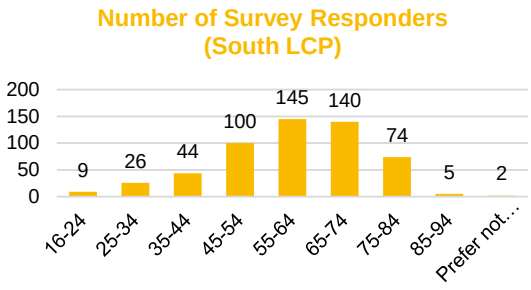
The NHS Devon locality teams were key stakeholders in the delivery of the 10 Year Plan programme and reaching all our communities across North, East, South and West Devon. These are referred to as Locality Care Partnerships (LCPs).

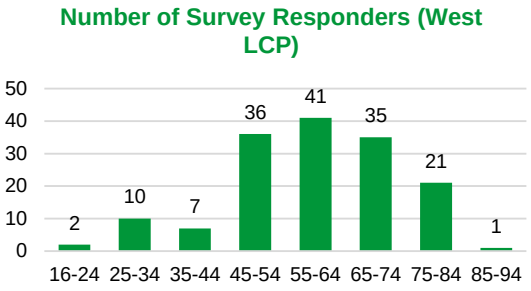
The 10-year plan findings will play an important role in informing local programmes of work. Where there were variants in responses by locality compared to the overall response, these have been highlighted in red.

Age of respondents

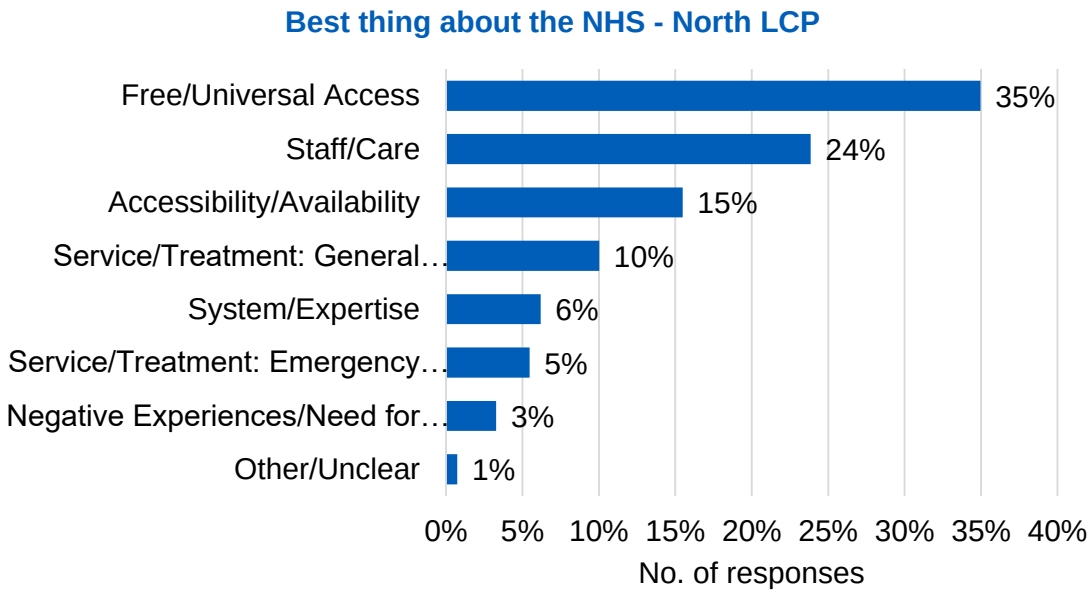


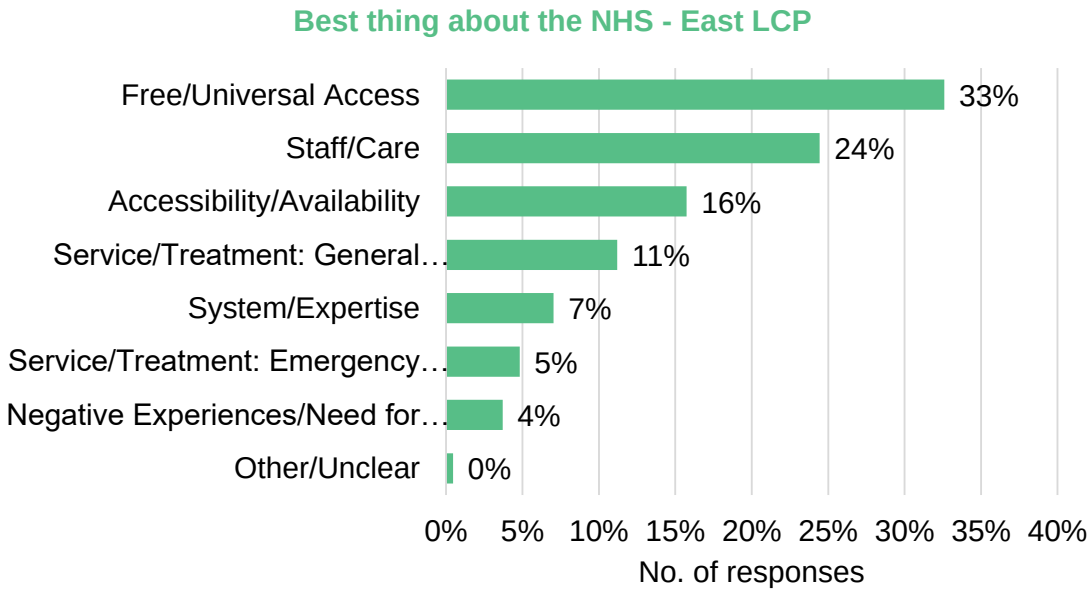




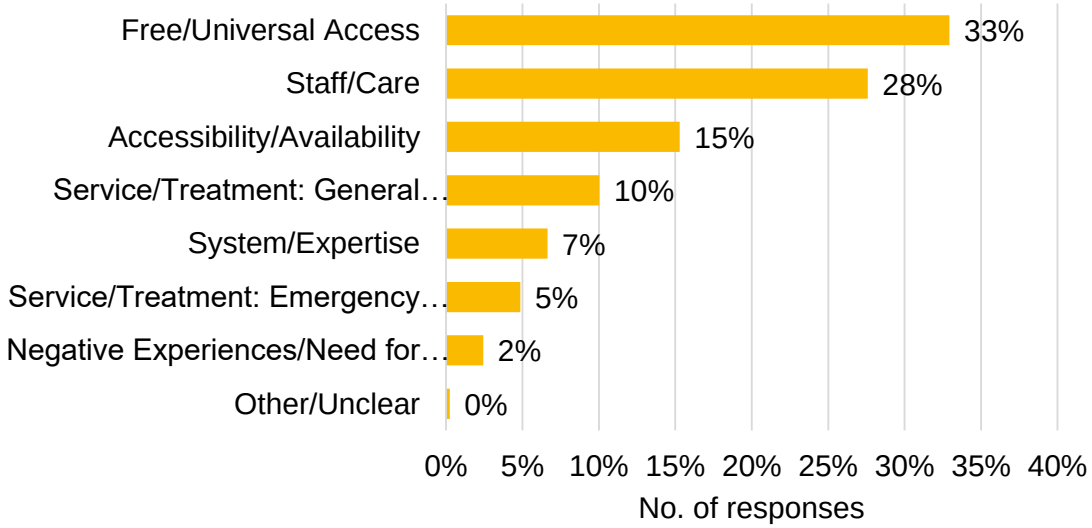


Best things about the NHS

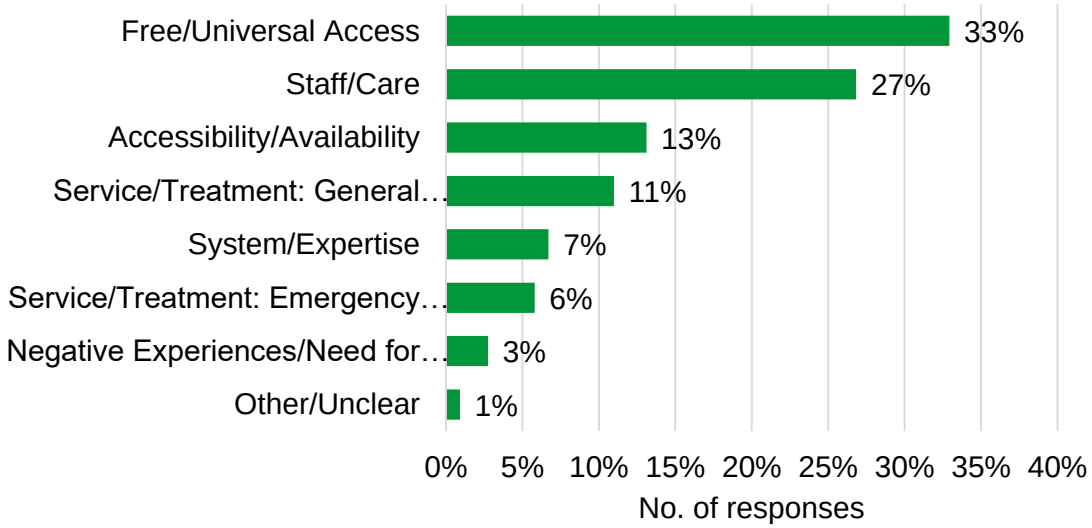




Best thing about the NHS - South LCP

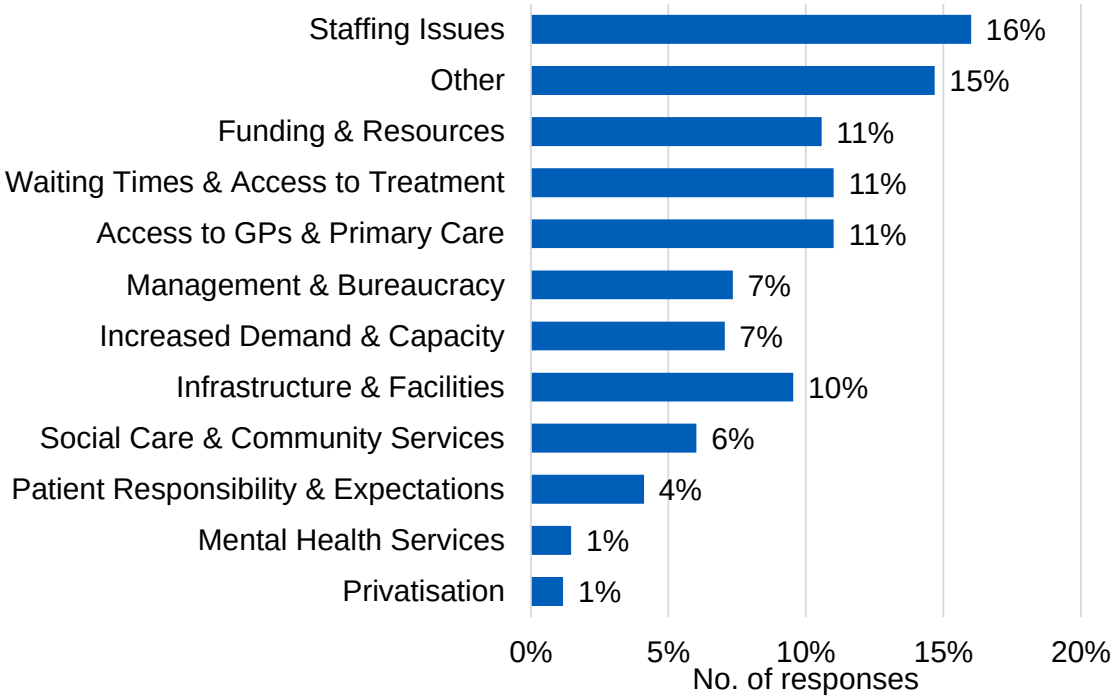


Best thing about the NHS - West LCP

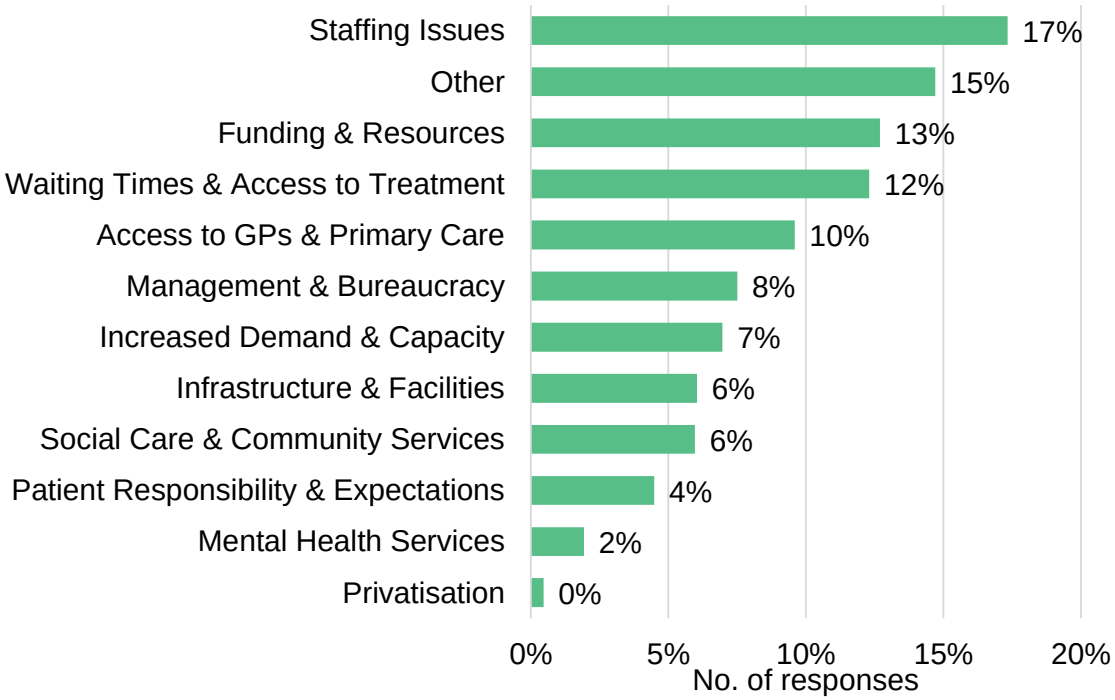


Biggest challenges facing the NHS

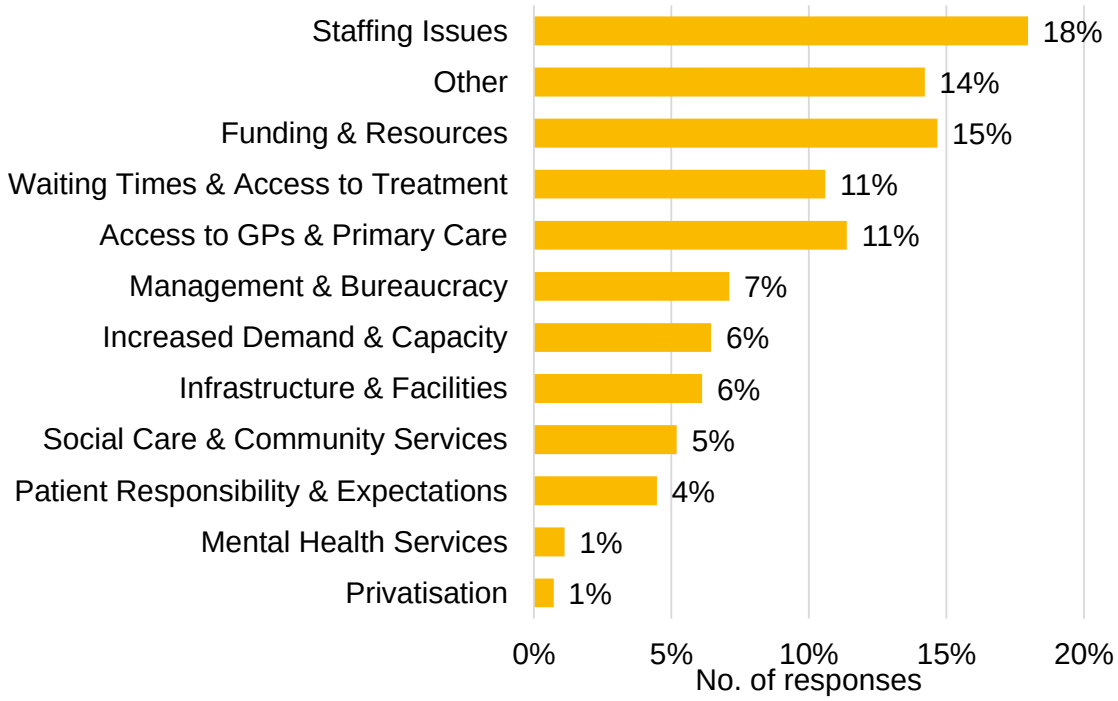
North LCP



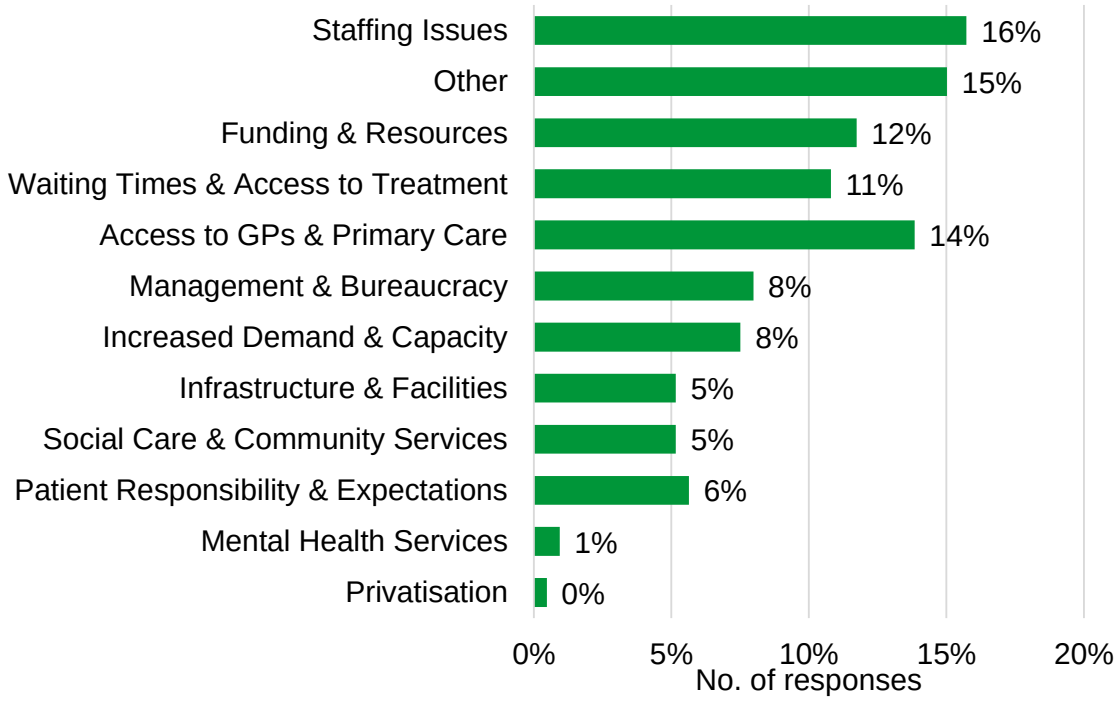
East LCP



South LCP

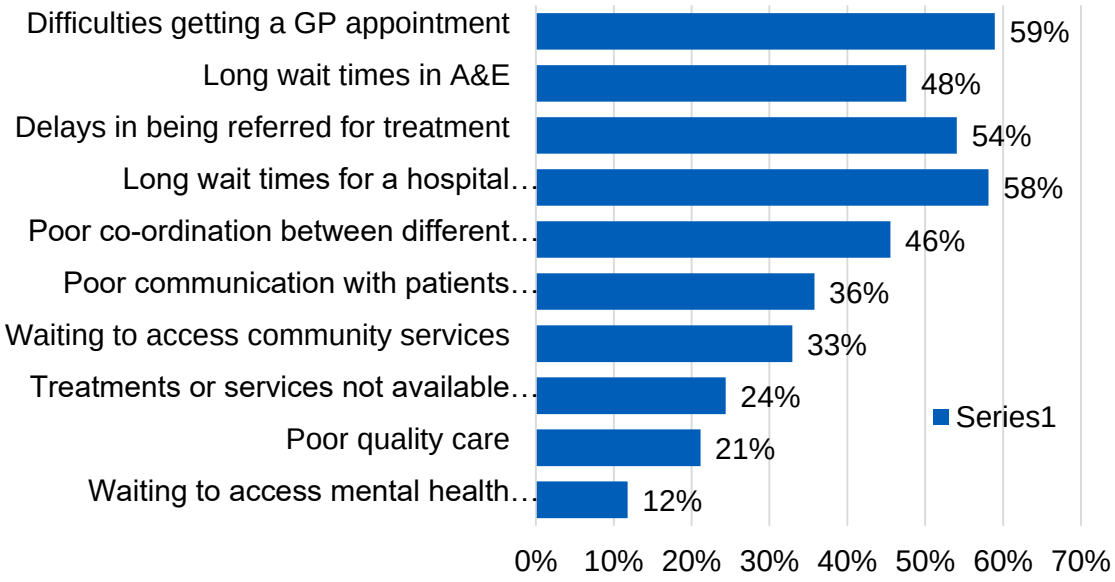


West LCP



Which of these have you personally experienced?

North LCP



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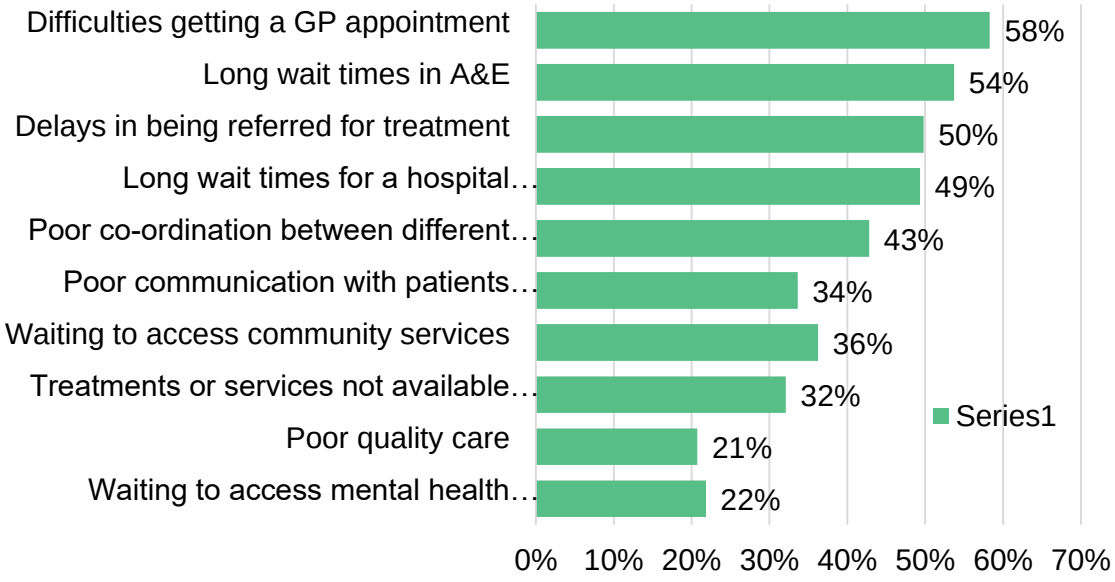

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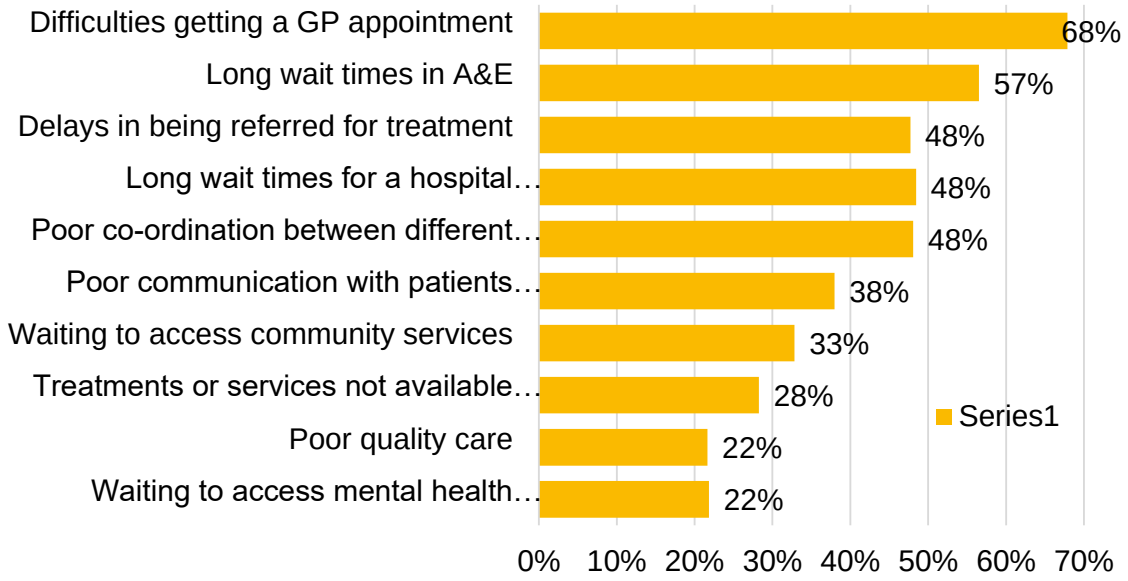

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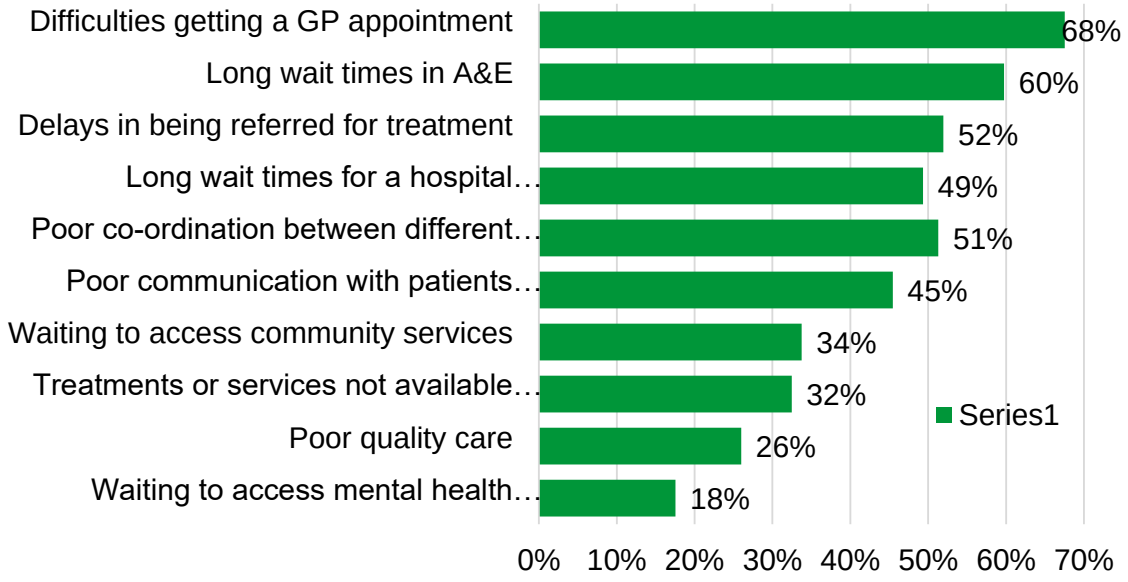
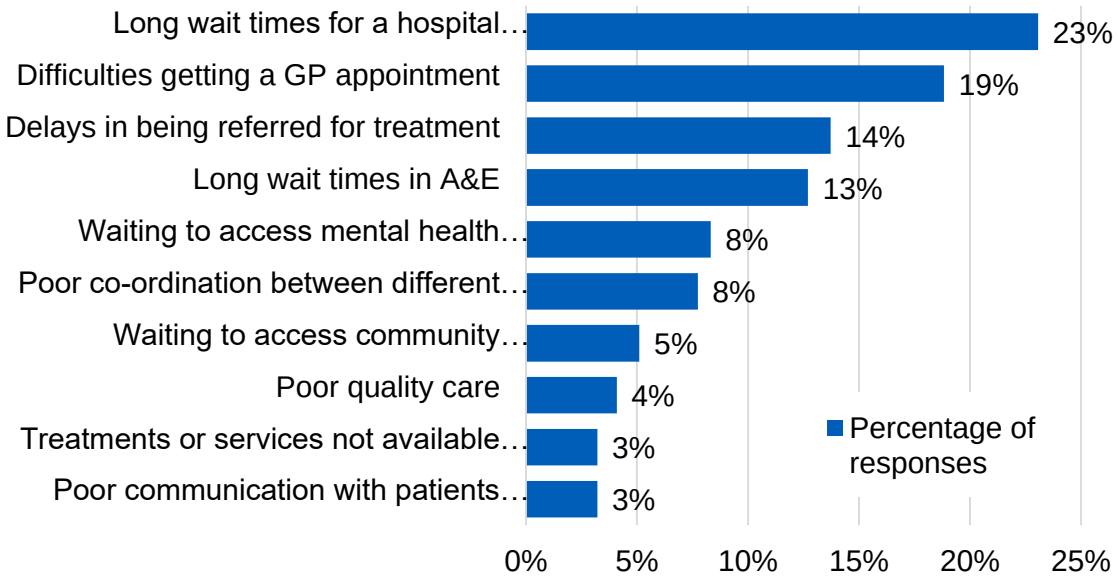
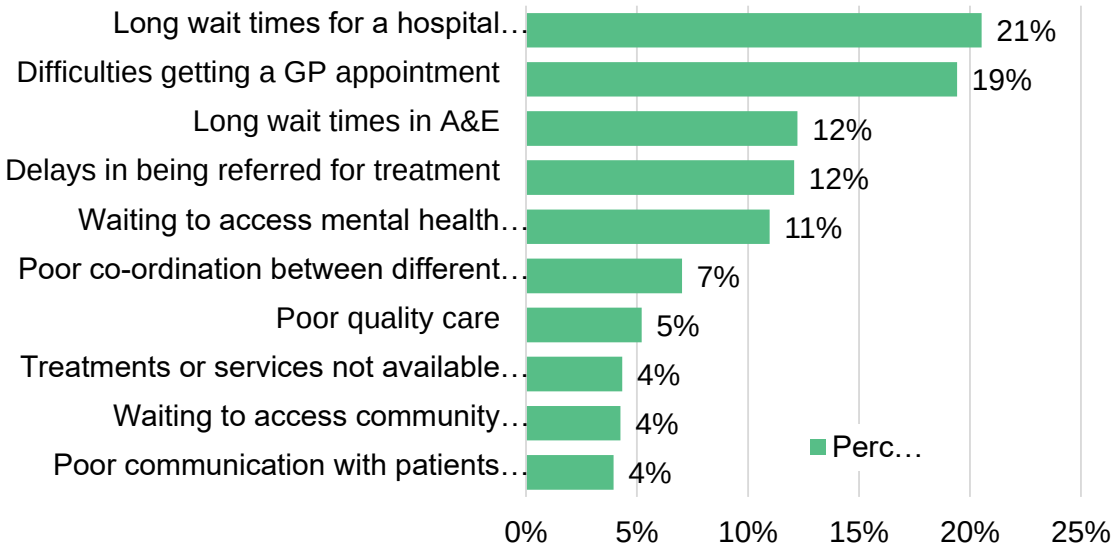


Which of these challenges do you think is most important for the 10-year health plan to address?

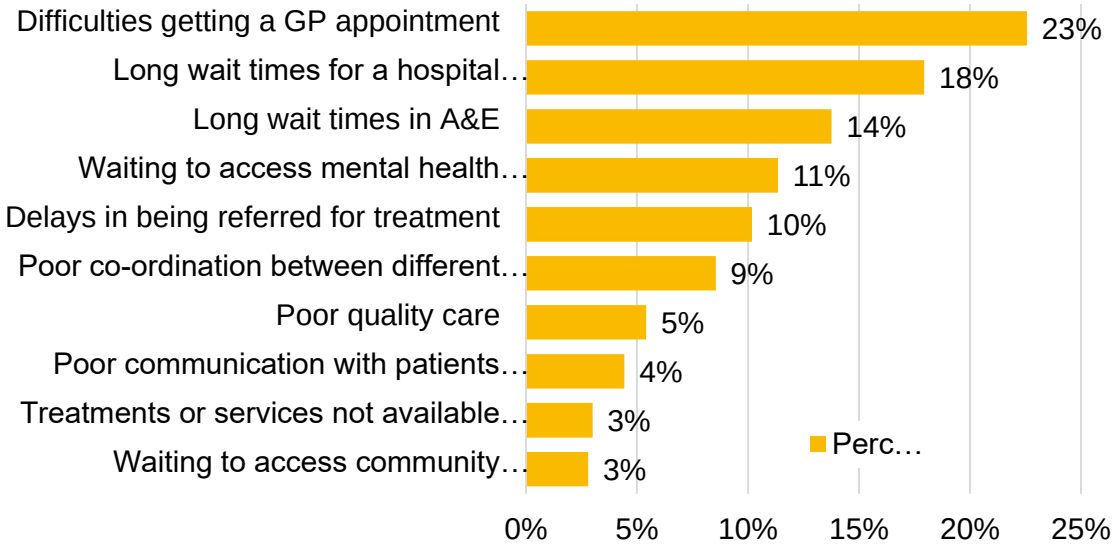
North LCP



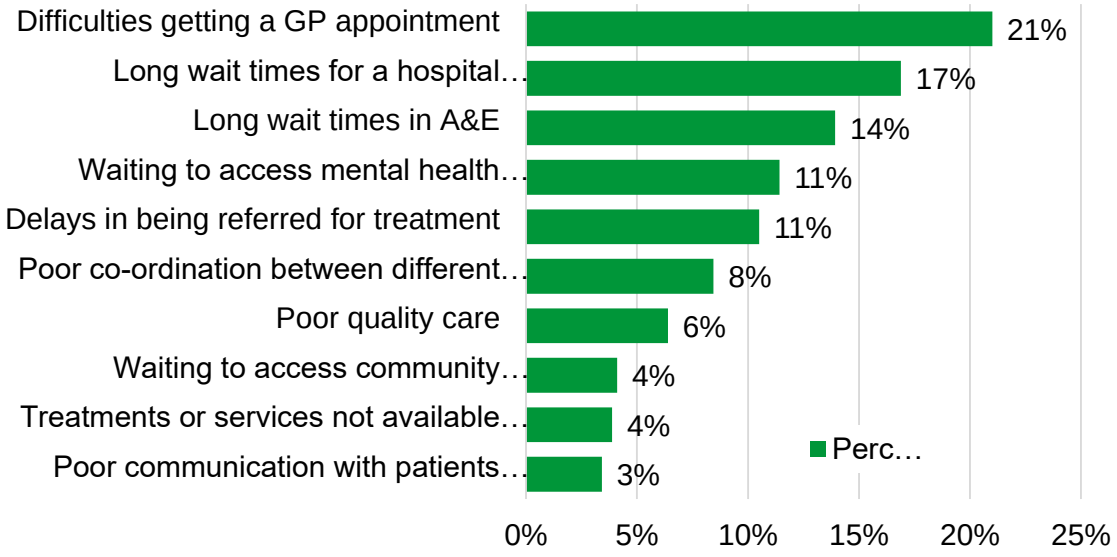
East LCP



South LCP

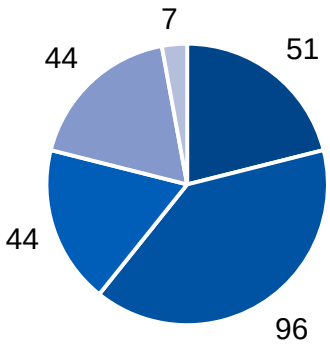


West LCP



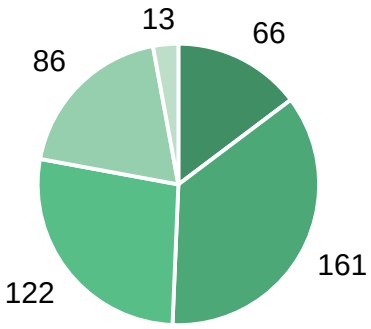
How satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?

North LCP



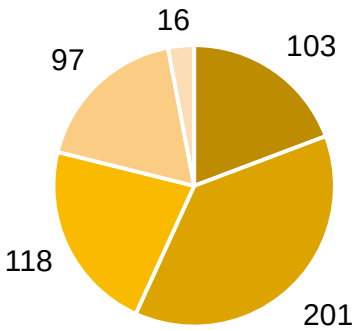
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

East LCP



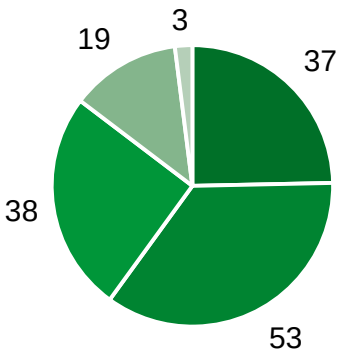
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

South LCP



- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

West LCP



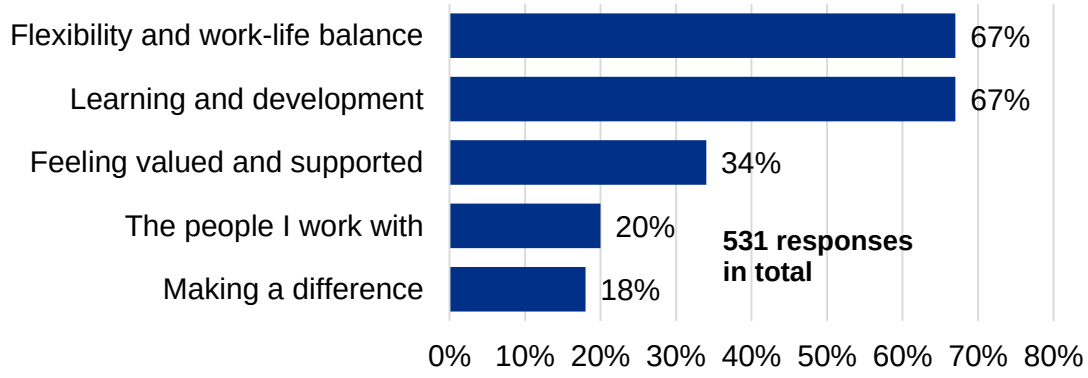
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

Workforce survey

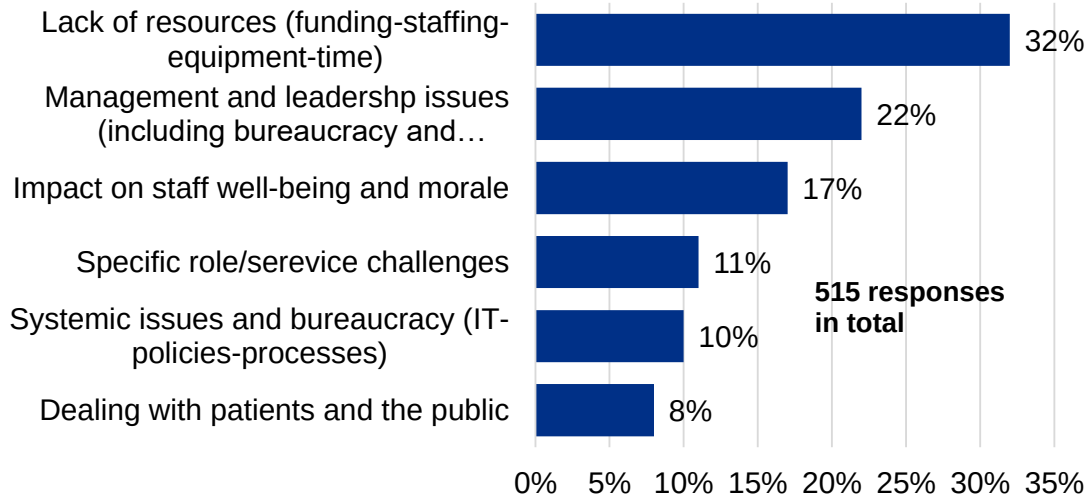
The Devon 10-year plan workforce engagement survey was hosted on the One Devon website. Similarly to the public survey, this was the only health and care workforce survey used in Devon and all key stakeholders shared this survey and signposted participants to the One Devon website.

As the findings from this survey needed to support the development of the national 10 Year Plan, the questions used replicated the national survey.

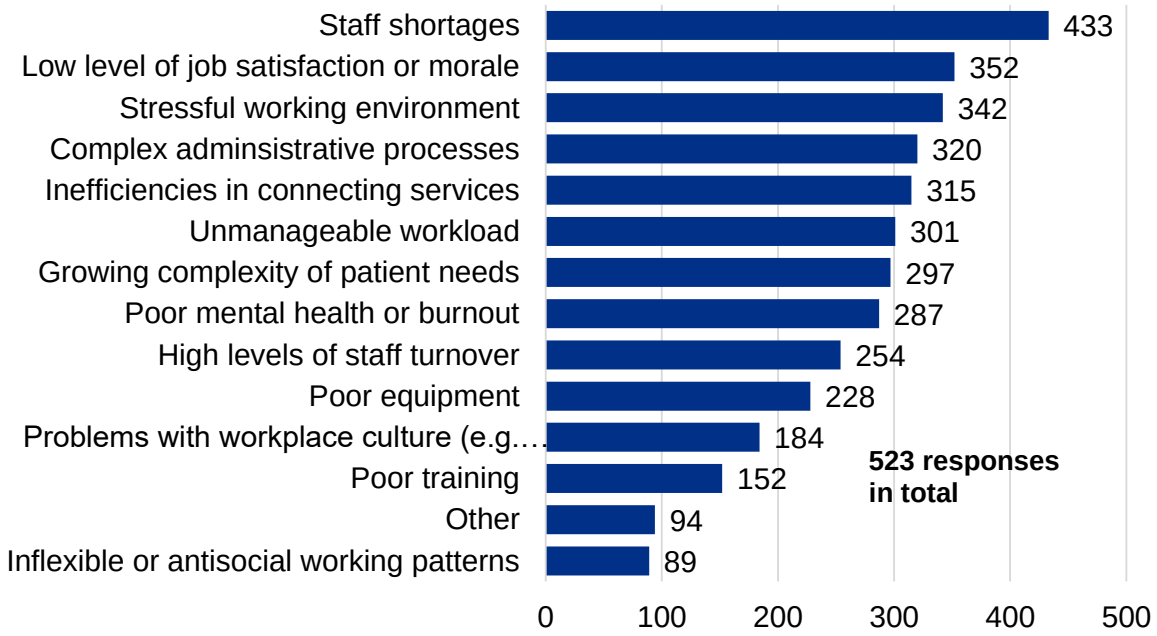
Question 1. To start with, what are the best things about your job?



Question 2. What are the most challenging aspects of your job?



Question 3. Which of the following challenges, if any, have you experienced working in the health and care system?



Question 4. Which of these challenges do you think is the most important for the 10 Year Health Plan to address?

Workshops

In Devon we designed a bespoke workshop. The workshop questions were the same as the national engagement programme, but the content was made relevant to those participating in Devon.

The purpose of the workshop was having a designed template that could be easily transferable to any audience. In Devon, workshops were held by:

- NHS Devon
- Acute provider colleagues
- Mental health provider colleagues
- Healthwatch Devon, Plymouth and Torbay
- Voluntary, Community and Social Enterprise Sector (VCSE) organisations.

The collaborative approach resulted in over 50 workshops being completed, which is 10% of the workshops completed nationally. This included 15 workshops being held by VCSE organisations that were awarded funding as part of the ICB small grants scheme process.

SHIFT 1 - Making better use of technology

Question 1. When you think about how we could use technology in the NHS, what are your hopes and fears?

Technology Hopes	Detail
Improved communication and coordination	• Seamless sharing of patient records, test results, and information between different healthcare providers.
Enhanced accessibility and convenience	• Online appointments, repeat prescriptions via apps, and access to personal health information.
Empowering patients	• Tools for self-monitoring, managing conditions at home, and accessing health information.
More efficient processes	• Streamlined admin, reduced duplication, and faster access to services.
Better diagnostics and treatment	• AI-assisted diagnosis, robotic surgery, and advanced research tools.
Personalised care	• Tailoring care and communication based on individual needs and preferences.
Early intervention and prevention	• Using wearable technology and data to identify health risks early.
Virtual wards and remote monitoring	• Enabling people to receive care at home safely and effectively.

Technology Fears	Detail
Digital exclusion and health inequalities	• Leaving behind those without access, skills, or connectivity (elderly, rural communities, those in digital poverty).
Dehumanisation of care	• Loss of the human touch, empathy, and face-to-face interaction, especially in sensitive areas like mental health
Data breaches and security risks	• Concerns about hacking, misuse of personal information, and lack of trust in data security.
System failures and reliance on technology	• Risks of system crashes, loss of data, and lack of backup plans.
Over-reliance on AI and automation	• Fears of losing human oversight, potential for errors, and the impact on the workforce.
Increased workload and time pressures	• Technology not saving time for clinicians and potentially adding to administrative burdens.
Lack of adequate training and support	• Staff not being properly equipped to use new technologies effectively.
Erosion of patient choice	• Digital-first approaches becoming the default without considering individual preferences.
Cost and sustainability	• Concerns about the financial implications of new technologies and their long-term sustainability.

Question 1. When you think about how we could use technology in the NHS, what are your hopes and fears? Overarching themes

Overarching Technology Theme	Detail
Digital inclusion	• Concern around risk of creating a two-tiered system. • The need for support, training, and infrastructure investment is frequently mentioned.
Balancing technology with human interaction	• There's a strong desire to leverage technology for efficiency and better care, but also a significant worry about losing the human touch – especially in MH services.
Data management and security	• Concerns around data privacy, security, hacking, and the potential for misuse of patient information are prominent. • The need for robust systems and clear governance is emphasised.
System integration	• Frustration with the current lack of joined-up systems and the desire for seamless information sharing across different NHS services are strong
Efficiency vs. effectiveness	• Focus on technology that truly improves care, not just administrative tasks.
AI integration	• Opinions on AI are mixed, with hopes for its use in diagnostics, triage, and administrative tasks, but also fears about over-reliance, lack of human oversight, and potential for errors.
Patient-centred care and choice	• The importance of offering patients choices in how they access care (face-to-face, virtual, phone) and tailoring technology to individual needs and preferences is highlighted.
Staff Training and Support	• Recognising that the successful adoption of technology relies on well-trained and supported staff is a recurring point.

Question 2. What technologies do you think the NHS should prioritise?

Technology Priorities	Detail
Integrated and accessible electronic patient records (EPRs)	• This was overwhelmingly the most frequently mentioned priority and facilitates as would lead to improved communication and coordination; better patient care and improved patient access to records.
Improved digital infrastructure and connectivity	• Addressing the fundamental need for reliable internet access, especially in rural and coastal communities, was highlighted. • Better connectivity is seen as a prerequisite for implementing and benefiting from other digital health technologies.
Reducing Health Inequalities	• The desire for simplified systems and a single point of access for patients was a recurring theme.
Strategic and ethical implementation of Artificial Intelligence (AI)	• Enhanced diagnostics: AI could assist in analysing scans and predicting patient needs. • Administrative Efficiency: AI could help with tasks like automatic form completion, note-taking, and scheduling. • Improved workflow: Optimizing hospital workflows and triage systems. • Personalised Care: AI has potential to contribute to more tailored interventions.
Assistive technology and remote monitoring	• Technologies to support independent living and early intervention at home were seen as valuable to avoid admission to hospital. This could be achieved through: Enabling self-management and maintaining independence and early detection of issues (e.g. falls).
Focus on user needs and implementation	• Avoiding poorly rolled-out systems through robust testing and driven by patient and staff needs, not just technological possibilities.

Question 3. What technologies are you worried about?

Technology Concerns	Detail
Exacerbating health inequalities and digital exclusion	• This was a dominant concern. Participants worried that a rapid shift towards technology-dependent services could disadvantage those without access to reliable internet, suitable devices, or the necessary digital literacy skills.
Loss of human connection and the therapeutic relationship	• Many respondents expressed concern that an over-reliance on technology could erode the human touch, empathy, and face-to-face interaction crucial for building trust and understanding patient needs, especially in mental health.
Risks associated with artificial intelligence (AI)	• AI generated significant anxiety across several areas: Diagnostic errors, lack of human oversight, data privacy and security.
Data security and cyberattacks	• Significant concerns about data breaches, hacking, and the potential for sensitive patient information to be compromised or misused.
System failures and lack of robust infrastructure	• Worries about the reliability of technology.
Poor implementation and lack of person-centred design	• Frustration with poorly rolled-out systems that don't meet user needs, are difficult to use, or don't integrate well was evident.
Depersonalisation of healthcare	• A fear that technology could lead to a more impersonal and less holistic approach to patient care.
Over-reliance on technology and loss of essential skills	• Concerns that an excessive focus on digital solutions might lead to a decline in essential human interaction skills.
Cost and sustainability of technology	• Worries about the financial implications of procuring and maintaining technology.

SHIFT 2 - Moving more care from hospitals to communities

Question 4. Moving more care from hospitals to communities – What difference (good or bad) would this make to you?

Potential Positive Differences	Detail
Improved accessibility and convenience	• Services closer to where they live would be more convenient, especially for those with mobility issues, reducing need for hospital visits. • Community Diagnostic Centres were seen positively for accessing diagnostics locally. • Receiving care at home was perceived as leading to quicker recovery and preserving patient dignity. • Easier access to appointments closer to home would encourage greater ownership/responsibility for managing your own health needs.
Better quality of care	• A stronger community care system could alleviate pressure on social care. • Patients could feel empowered by taking ownership of their own health and care needs. • Expanding community care could lead to better support in educational/prevention settings. • Virtual wards reduce the need for patients to be hospitalised and they can receive the required care at home where they are more likely to make a quicker recovery. • The were would be a perceived improvement in End-of-Life care by focusing on community care as opposed to acute.
More integrated and holistic care	• Hope for better collaboration across the NHS, local authorities, and the voluntary sector. • A more equitable distribution of resources between community, social care, and acute services. • Better information sharing between different parts of the system. • Stronger community care could lead to more proactive management and hospital admission avoidance.

Question 4. Moving more care from hospitals to communities – What difference (good or bad) would this make to you?

Negative differences and concerns	Detail
Capacity and Infrastructure Issues in the Community	• Lack of resources (district nurses, social care, domiciliary care). • Insufficient funding and investment (buildings, equipment). • Poor state of existing community sites • Recruitment and retention of staff • Concerns about low pay and poor working conditions.
Accessibility issues, especially in rural areas	• Public transport limitations • Geographical challenges • Digital exclusion
Fragmentation and lack of coordination	• Concerns about how rehabilitation and convalescence will be managed. • Worries about poor communication and coordination between different services. • Patients could experience disjointed care without clear pathways and responsibilities
Potential for reduced quality of care	• Concerns that less specialist care in the community might lead to important issues being overlooked. • Inadequate remote consultations • Potential for over-reliance on family and carers • Fear that the shift might be driven by cost-saving measures
Specific service gaps	The main gaps in service were • Dentistry • mental health • palliative care • renal/kidney care
Financial and systemic barriers	• The need for consistent funding across primary, secondary, and social care was emphasized. • Annual financial settlements make long-term strategic planning difficult.
Impact on GP services	• Concerns that GPs are already overloaded • Reduced continuity of care • The lack of GP services on weekends was highlighted as a driver for ED visits.
Unintended consequences	• Concern that provision might not meet the specific needs of all communities. • Community-based staff might face more travel, impacting their time and well-being.

Question 5. Thinking about virtual wards, what sounds good and what concerns do you have?

Positive Differences	Detail
Patient comfort and well-being	• Being at Home - Reduced Anxiety and Stress and improved sleep • Familiar surroundings and social connections can positively impact mental health
Reduced risk of hospital-acquired infections	• Staying at home minimizes exposure to hospital-borne illnesses.
maintaining independence and confidence	• Remaining in their own environment can help patients retain a sense of independence.
Potential for earlier discharge and better Flow	• Virtual wards could facilitate a phased discharge, freeing up hospital beds for those with more acute needs and improving patient flow.
Convenience and reduced travel	• For both patients, carers and staff - reduced travel can save time and costs.
Daily monitoring and reassurance	• Regular check-ins and monitoring can provide reassurance to patients and their families.
Empowerment and self-management (for some)	• For patients comfortable with technology, virtual wards could offer a sense of control over their recovery.
Integration with community teams	• The potential for better collaboration between hospital and community teams for seamless care.
Opportunity for innovation	• The concept opens doors for new models of care delivery.

Question 5. Thinking about virtual wards, what sounds good and what concerns do you have?

Concerns	Detail
Digital divide & access	• Ensuring equitable access to technology, digital literacy, and affordable connectivity for all patients.
Social & emotional well-being	• Addressing potential social isolation, maintaining human connection, and considering the emotional impact of transitioning care to home.
Carer burden & community support	• Preventing undue strain on family and community networks providing care at-home and monitoring.
Safety & remote monitoring	• Guaranteeing the adequacy and reliability of remote monitoring, timely responses to deterioration, and overall patient safety.
Patient suitability & condition complexity	• Defining appropriate patient criteria and ensuring virtual wards can safely manage varying levels of illness.
Reduced hands-on care & missed cues	• Addressing concerns about the absence of direct physical assessment and potential for overlooking subtle changes in condition.
Workforce capacity & integration	• Ensuring community teams have sufficient resources and seamless communication with other healthcare providers.
Data security & privacy	• Protecting sensitive patient information accessed and transmitted remotely.
Equipment, logistics & home environment	• Managing the provision, usability, and maintenance of necessary equipment, and ensuring a safe home care setting.
Funding, perception & equity	• Securing adequate investment, fostering positive perceptions of virtual wards, and ensuring consistent service levels across different locations.

Question 6. Thinking about community diagnostic centres, what sounds good and what concerns do you have?

Potential benefits	Detail
Patient convenience and choice	• Patients appreciate having the option to receive care in the community, such as blood tests at GP surgeries, and that telephone appointments are often more convenient.
Potential for early prevention	• Community diagnostic centres would help with early prevention.
Improved access and efficiency	• Often easier access and parking for staff and patients, freeing up space at main sites for inpatients. • Potential for improved carbon footprint if in appropriate locations with transport links. • Could link with non-urgent community outpatient clinics.
Enhanced equity and timeliness	• More equitable regarding travel for some patients • Increasing capacity; may lead to quicker decisions and earlier care • better patient experience; can provide care at different times if closer to travel.
Driving earlier diagnosis	• Access to more investigations via community diagnostic centres can drive earlier diagnosis.
Streamlined processes and integrated care	• Access to diagnostics streamlines the process; can access different services in different locations to support treatment speed; making the environment better by adding a CDC may help with regeneration.
Accessibility for remote patients and cost-effectiveness	• Better and easier access for those who live far away from clinics and hospitals • Good if each centre offers a range of different tests; Seen as a good use of money in the long run.
Overall benefits for patients and the NHS	• Extremely helpful and an excellent way to reach a greater number of patients and make it easier to access high quality services. • Can improve diagnostic capability, efficiency and productivity • Less opportunity for health inequalities.

Concerns	Detail
Staffing and private sector involvement	• Concerns around private organisations running CDCs and availability of suitably qualified staff.
System integration and service delivery	• All the systems must join up for effective multi-agency working. • Referrals into community services might take too long and locations of some centres may be poor • Hope that centres will be NHS run and staffed • Concerns over cost of new buildings versus using existing centres.
Communication and potential bottlenecks	• Would need excellent communication systems between clinical and diagnostic staff. • Speeding up diagnostics might create blockage in outpatient clinics and potential increased risks to misdiagnosis and issues with external reporting.
Potential for increased demand and accessibility planning	• Potential for increased demand and cost ('build and they will come') • Planning needed for patient access; Idea of mobile CDCs raised.
Impact on hospital specialities and workforce	• Must protect specialities at the hospital; Need to ensure proper staffing and support for MDTs.
Safeguarding considerations	• Potential safeguarding concerns regarding the segregation of children, young people and adults.
Equity of access across regions	• Deprived areas might not be prioritised.
Investment and operational practicalities	• Need for large investments to work effectively; Concerns about property availability and accessibility (e.g., 24/7 operation).

Question 7. Thinking about ambulance triage, what sounds good and what concerns do you have?

Positive differences	Detail
Keeping people out of ED (appropriate diversion)	• Potential to direct patients to more appropriate services in the community, avoiding unnecessary hospital admissions and relieving pressure on Emergency Departments.
Utilising allied health professionals	• Involving triage nurses and paramedics, and potentially other allied health professionals, in the triage process is seen as a good way to utilise their skills effectively.
Support for mental health crisis	• Potential to provide more appropriate support for individuals experiencing a mental health crisis, diverting them from potentially unsuitable ED environments
Increased access to skills and advice	• Ambulance triage could provide patients with quicker access to medical advice and guidance from trained professionals.
Increased liaison and joint working	• The process could foster better communication and collaboration between ambulance services and community-based teams.
Good in principle	• Many participants acknowledge the potential benefits of a system that ensures the right level of response for the patient's needs.
Speeding up ambulance availability (potential)	• If effective in diverting patients, it could lead to ambulances being available more quickly for genuine emergencies.
Learning from existing models	• The recognition that some elements of ambulance triage are already in place and working well (e.g., falls teams) provides a foundation to build upon.

Concerns	Detail
Staffing and resource issues	• Staff retention, availability of experienced staff, increased workload for paramedics.
Potential for errors and missed critical conditions	• Mental health crisis misidentification • Physical health conditions missed • Reliance on less experienced staff
Impact on ambulance availability (counter-intuitive)	• Some worry that the triage process itself could tie up ambulance crews for longer, potentially taking more ambulances off the road.
The role of 111	• Some participants question whether ambulance triage would duplicate the role of NHS 111 or if the focus should be on improving the existing 111 service instead.
Patient experience and trust	• Impersonal assessment • Lack of continuity • Older people not taken seriously • Being left at home or sent home too soon
System integration and follow-up	• Emphasis on the need for ambulance triage to be part of a fully integrated system with robust follow-up support and community nursing services.
Focus of funding	• Some participants would prefer to see increased investment in other areas, such as nurses and frontline staff
Potential for “blocking" ambulance staff	• The current issue of ambulance crews being stuck outside hospitals waiting to offload patients’ needs to be addressed alongside any new triage system.
The “gut feeling" of paramedics	• Some believe that experienced ambulance staff often have an intuitive sense of when hospital admission is necessary, regardless of triage protocols.

SHIFT 3 - Preventing sickness, not just treating it

Question 8. Preventing sickness, not just treating it. What difference (good or bad) would this make to you?

Potential Benefits	Detail
Focus on proactive health	• Attendees supported the NHS becoming more of a 'health' service than an 'illness treating' service.
Emphasis on prevention strategies	• Participants emphasized the importance of prevention strategies, such as education and addressing lifestyle factors.
Importance of early education	• Participants agreed on the importance of prevention and education in improving public health, including healthy eating and mental health.
Value of screening services	• The importance was highlighted of screening services, such as breast screening and early detection of preventable diseases.
Potential for annual health checks	• More structured support, such as routine health check-ups, particularly for older people, could help prevent serious health issues.
Minimise demand for treatment	• Preventing problems, especially in children, would minimise demand for treatment and have wider benefits longer term.
Longer and healthier lives	• Longer lives in good health, healthier people, and improved wellbeing were seen as key benefits.
Cost savings for the NHS	• Preventing sickness could ultimately cost the NHS less.

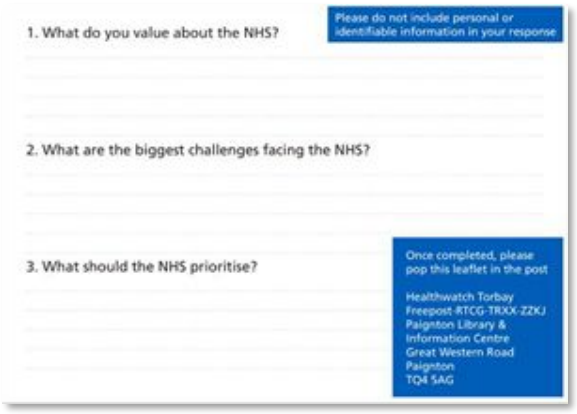
Concerns	Detail
Challenges in quantifying success	• Difficulty in quantifying the success of prevention makes it challenging to make the case for investment.
Potential for digital exclusion	• Deprived areas and people with ‘internet poverty’ may face difficulties in accessing technology-based prevention initiatives.
Focus on urgent care over prevention	• Systems under pressure tend to cut prevention programmes in favour of urgent care.
Increased focus on end-of-life care	• Longer living and a bigger population with age-related conditions may increase the focus on managing frailty and end-of-life care.
Not all illness is preventable	• Not all illness can be prevented, potentially leading to increased anxiety about untreatable conditions.
Risk of insufficient acute care funding	• If resources shift significantly towards prevention, there may not be enough money to provide more acute care.
Potential for vaccination overload	• Concerns about the potential for vaccination overload were raised.
Difficulty in changing ingrained behaviours	• Some things, like the long-term effects of past smoking, may be too late to change for older individuals.

Engagement postcards

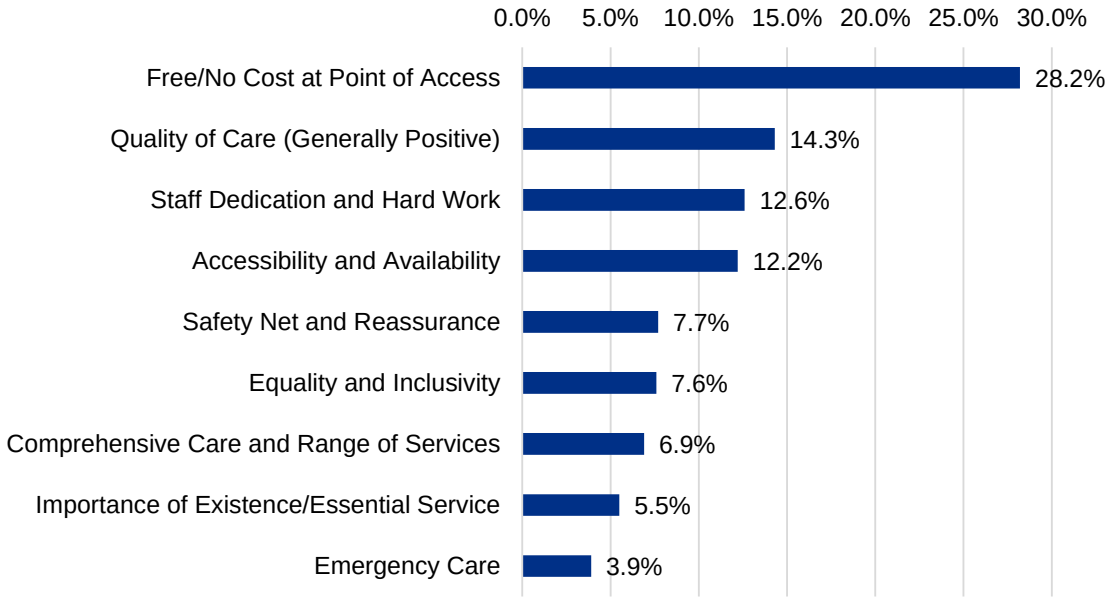
The postcards were used as an engagement tool for the workshops and events to capture the views of the people that visited the stand if they didn't want to complete the survey.

This postcard was also used to engage with young people (16-25) to understand if their views differ from the overall response from the people and communities in Devon.

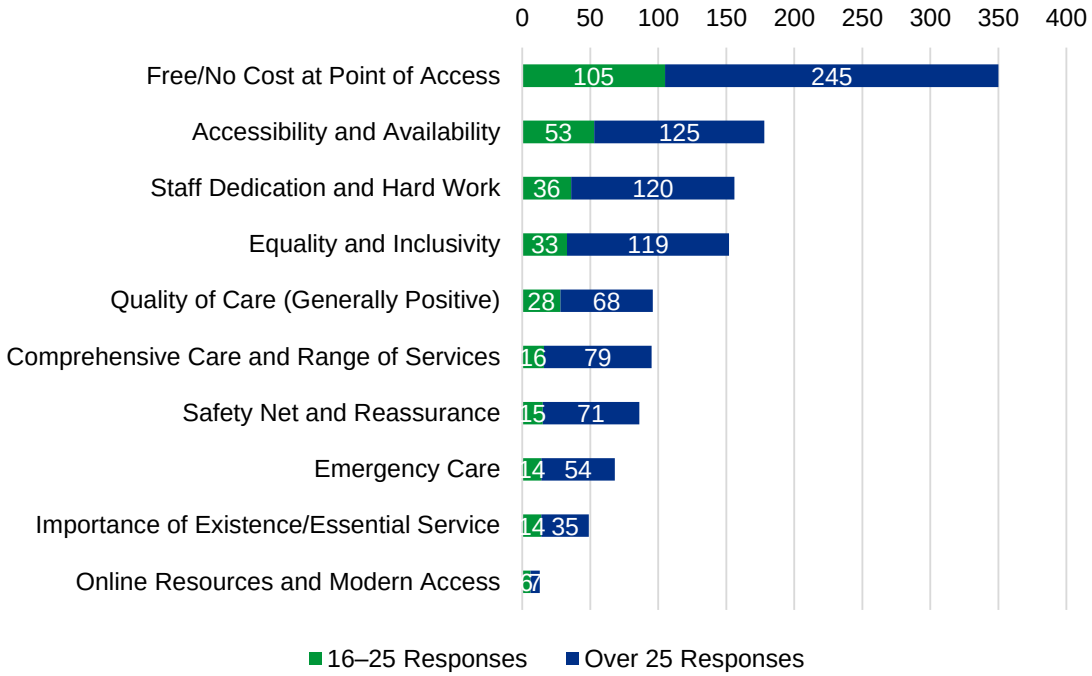
More than 700 postcards were completed.

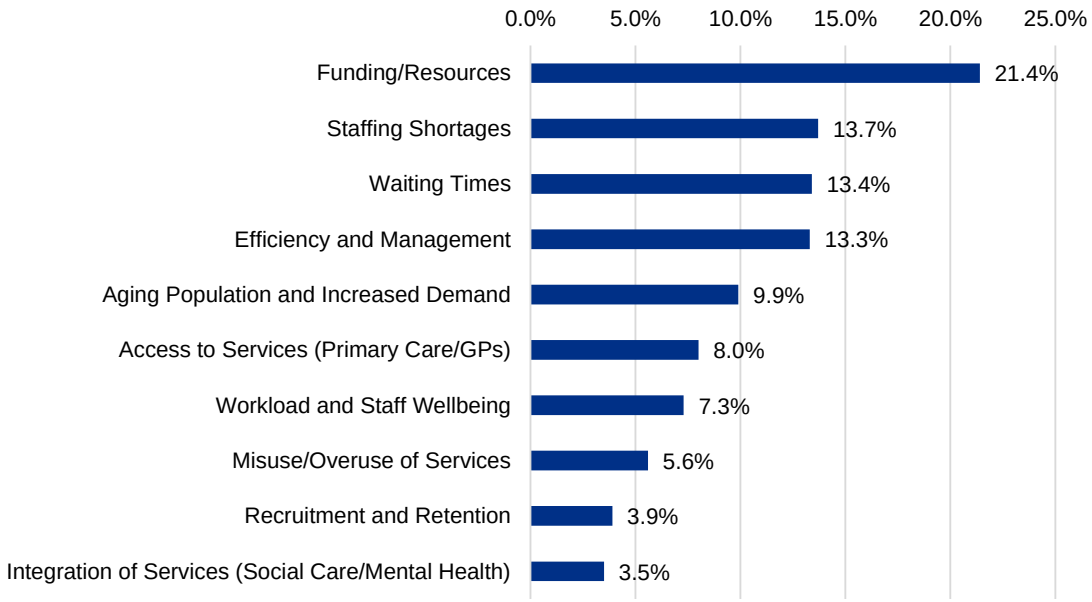


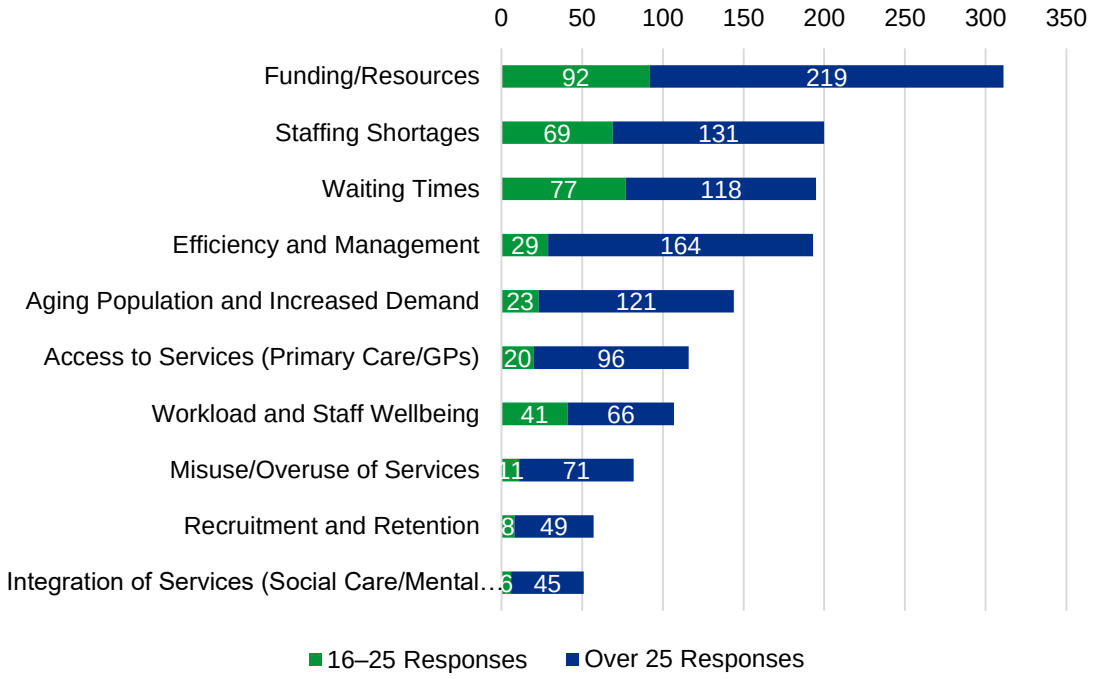
Question 1. What do you value about the NHS?



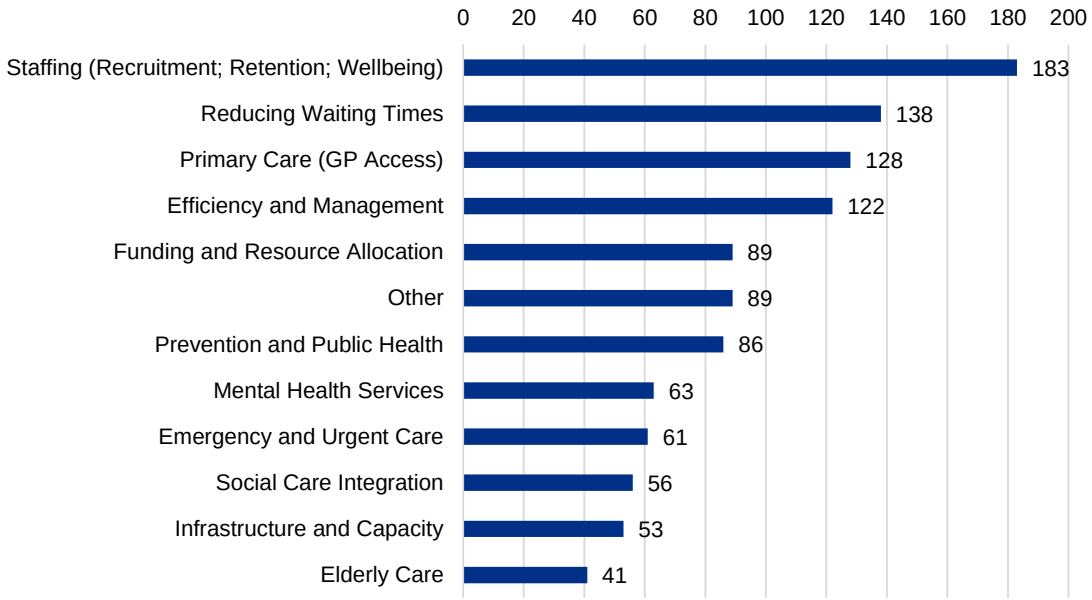
Question 2. What are the biggest challenges facing the NHS?

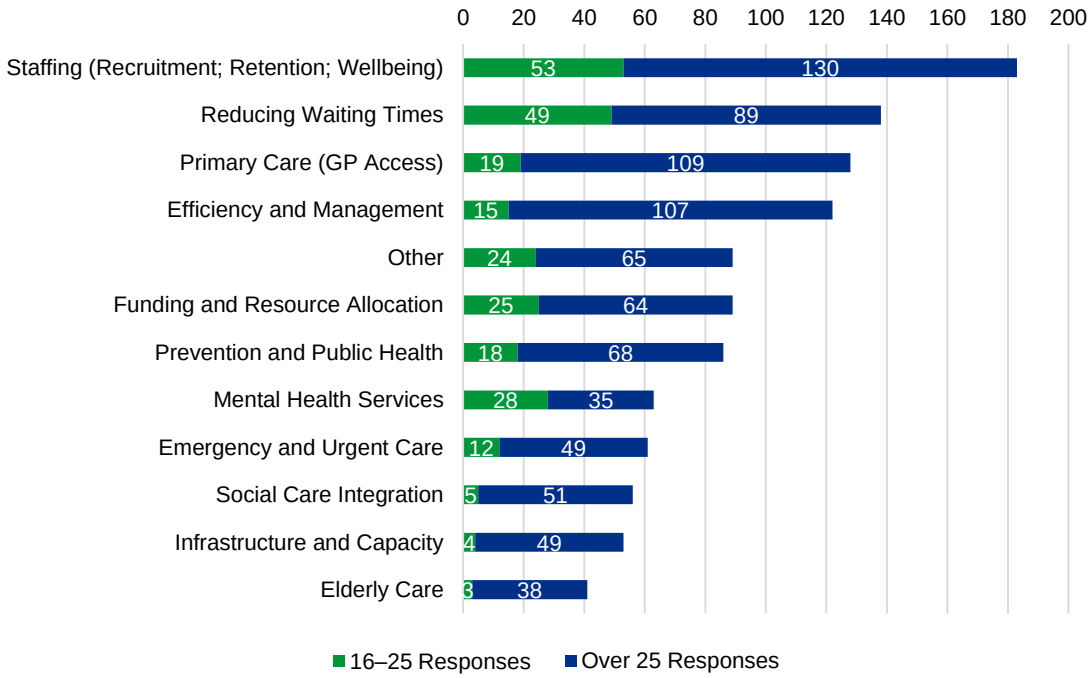





0
50
100
150
200
250
300
350
Funding/Resources
92
219
Staffing Shortages
69
131
Waiting Times
77
118
Efficiency and Management
29
164
Aging Population and Increased Demand
23
121
Access to Services (Primary Care/GPs)
20
96
Workload and Staff Wellbeing
41
66
Misuse/Overuse of Services
11
71
Recruitment and Retention
8
49
Integration of Services (Social Care/Mental…
6
45
16–25 Responses
Over 25 Responses

Question 3. What should the NHS prioritise?





National context

The national engagement programme was the biggest conversation about the NHS, with well over 250,000 contributors. This included:

- More than 1.9 million visits to the Change NHS website
- Over 750 members of the public and over 3,000 health and care staff from every NHS region of England taking part in discussions
- Over 1,600 responses from organisations and meetings with partners through the Partners Council to capture their expertise and channel the views of seldom-heard voices
- Over 650 community workshops hosted by partner organisations and local health systems, with over 17,000 people attending local events across England. This included those whose voices are often underheard such as Gypsy, Roma and Traveller communities, people with alcohol and drug dependence and people experiencing homelessness.
- 800 Integrated Care System leaders – from the NHS and local government – attending regional events to talk about the plan
- A National Summit bringing together hundreds of members of the public and health and care staff to help shape the Plan

What the national engagement programme heard

People celebrated:

- that it's a universal service, available to everyone, free at point of use
- the dedicated and hardworking staff, doing incredible work in difficult circumstances
- that it's there for you when you really need it, with emergency services saving lives every day

But also told of personal challenges, including:

- difficulty getting appointments
- long wait times in A&E
- a lack of joined up care

In terms of what people want to see change:

- easier and quicker access to appointments, especially with your GP
- better co-ordination between different health and care services
- greater investment in staff recruitment and retention
- reducing waste and inefficiency across the NHS, to save money and free up staff time to focus on caring for patients

The Government 10 Year Health Plan for England: fit for the future was published in July 2025, and was written in response to engagement, and it reinforces a commitment to the three shifts highlighted in the Lord Darzi report and five enabling reforms:

- A new operating model, merging NHS England with the Department of Health and Social Care (DHSC), empowering Integrated Care Boards (ICBs) as strategic commissioners, and reintroducing earned autonomy for high-performing NHS organisations.
- Enhanced transparency of quality of care, publishing league tables of providers and patient experience measures, revitalising the National Quality Board as the single authority on quality, and implementing Artificial Intelligence (AI) led warning systems to identify at-risk services based on clinical data.
- Workforce transformation, focusing on AI-enabled productivity, advanced practice roles, ultra-flexible contracts, and technology to release £13bn worth of staff time.
- Innovation and technology with five “big bets” (AI, data, genomics, robotics, wearables) drawn from the Future State Programme, new Global Institutes, and faster clinical trial and medicine approval pathways.
- Financial sustainability via a value-based approach focused on getting better outcomes for the money we spend and clearing deficits through 2% annual productivity gains, multi-year budgets, and innovative capital investment models, alongside “Patient Power Payments” linking funding to patient experience

The implementation of the 10-Year Plan provides the vital opportunity to reset the relationship with the public and restore confidence and trust which nationally is at an all-time low. To deliver this – the focus will need to shift from looking through the community lens to improve patient satisfaction in the service they receive from the NHS.

Next steps for local priorities

A key driver for designing the Devon 10 Year Plan engagement was to ensure the insights were captured locally to inform strategy, transformation and wider pieces of work being undertake in Devon.

The development of the NHS Devon Health and Care Strategy is a key organisational priority and the findings will be used to support specific sections in the strategy:

- Supporting the prevention agenda and focusing on key priorities
- Development of a Neighbourhood health service
- Secondary and tertiary care services.
- Implementation of the strategy.

These findings will also be uploaded to the One Devon Insights library to ensure that the findings are used as a foundational piece of insight for work undertaken in Devon.

The Devon 10-Year Plan engagement programme was the start of the conversation and 220 people were recruited through the process to support a continuous engagement model. Chaired by Healthwatch, these people will be invited to be part of a public and patient reference group to support the future work of NHS Devon.

The reference groups will form part of the implementation of the One Devon People and Communities Framework, which will be key in supporting the NHS Devon in its new role as a strategic commissioner.

NHS Devon Integrated Care Board

Chair's report

Date of meeting	Date report produced
31 July 2025	16 July 2025

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer	**Name and title:**	Kevin Orford, Chair
Phone:		**Date:**	23 July 20205
Email:			

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

Executive summary
This report provides an update from the Chair.

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

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

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	N/A
Improve services and reduced unwarranted variation	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

Together Through Change: ICB clustering and leadership update

1. Earlier this month, we received confirmation from NHS England and government ministers that our new 'cluster' – covering Devon, Cornwall and the Isles of Scilly – has been formally approved.

2. This is part of a national move to bring together Integrated Care Boards (ICBs) into 26 clusters across England, down from the current 42.

3. 'Clustering' means that, although both ICBs will continue to exist, we will work as one – with a single Board, leadership team and staffing structure.

4. This is ahead of a formal merger, which is expected from either April 2026 or April 2027, subject to local government reorganisation and further guidance.

5. In the south west, the seven current ICBs will transition into three 'clusters' as follows:

    a. Devon and Cornwall and Isles of Scilly (two ICBs)
    b. Bristol, North Somerset and South Gloucestershire (BNSSG), and Gloucestershire (two ICBs)
    c. Somerset, Dorset, and Bath and North East Somerset, Swindon and Wiltshire (BSW) (three ICBs)

6. While there are still important details to be worked through – such as arrangements for continuing healthcare, safeguarding, and services for people with special educational needs and disabilities (SEND) – we are moving forward with purpose to ensure a smooth transition that prioritises the needs of local people.

What this means for partners, patients and the public

7. While this is a change in structure, our focus remains firmly on the health and wellbeing of our population. Our commitment to high-quality, compassionate care for people in Cornwall, the Isles of Scilly and Devon is unchanged.

8. Our absolute priority this year is to continue providing high quality patient care and to reduce waits whether that is waits for surgery, waits for an ambulance, waits to be seen in the emergency department or waits to be discharged from hospital.

9. We will continue to work in partnership with local authorities, voluntary organisations, community leaders and others to ensure that services are designed and delivered around the needs of our communities – especially those who are most vulnerable or face health inequalities.

10. I would like to thank our staff, partners and stakeholders for their ongoing support and collaboration. These changes are designed to strengthen our ability to work together – across organisations and boundaries – to provide better, more joined-up care for our population. We will continue to keep colleagues and stakeholders informed and engaged as this work progresses.

Leadership and transition

11. To support this change, the process to appoint a new Cluster Chair and Chief Executive is underway.

12. These roles will help lead the development of our future operating model and ensure continuity and stability through this period of change.

13. At the time of writing this report, neither process was finalised, but we expect appointments to be confirmed as soon as possible. I will brief colleagues orally at the meeting if there are any updates.

14. Alongside this, work is also underway to develop our structure and implementation plan in line with a national Model ICB Blueprint that was published in May.

15. The Blueprint outlines the core roles and functions that ICBs will be responsible for with a significantly reduced running costs budget – a 33% reduction for NHS Devon and 38% for NHS Cornwall and Isles of Scilly.

16. National work is also underway to clarify how the new NHS operating model will function, and we expect more information to be shared over the summer.

NHS England mandated amendment of the NHS Devon Constitution

17. On 11 July 2025, the NHS England South West Regional Team Managing Director, System Commissioning and Development wrote to all Integrated Care Boards (ICBs) in the South West Region requiring an update to their Constitution to reflect an update to clause 3.5.3 (a) of the NHS Model Constitution. This is to enable an ICB Chief Executive to be a Chief Executive of more than one ICB, something that was required to enable cluster arrangements to be put in place.

18. The change to the NHS Devon Constitution is highlighted in bold italics below and an updated version was published on our website on 14 July 2025:

    3.5 Chief Executive Officer

    3.5.1 The Chief Executive Officer will be appointed by the Chair of the ICB in accordance with any guidance issued by NHS England.

    3.5.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England.

3.5.3 In addition to the eligibility criteria specified at 3.1, the Chief Executive Officer must be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act.

3.5.4 Individuals will not be eligible if
a) Any of the disqualification criteria set out in 3.2 apply
b) Subject to clause 3.5.3, they hold any other employment or executive role ***other than Chief Executive or another Integrated Care Board***.

Conclusion

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

NHS Devon Integrated Care Board

Chief Executive Officer’s report

Date of meeting	Date report produced
31 July 2025	16 July 2025

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer	**Name and title:**	Steve Moore, Chief Executive Officer
Phone:		**Date:**	23 July 2025
Email:			

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

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

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

Key recommendations and actions requested
NOTE the contents of the report

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

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

Chief Executive Officer's report

Together Through Change: ICB clustering

1. The Board will find an update on work towards the clustering of NHS Devon and NHS Cornwall and the Isles of Scilly in the Chair's Report.

2. I am very conscious of the impact of this process on our staff, and we are grateful for their continued support. We are committed to keeping our lines of communication open and are supporting them through regular briefings plus bespoke events and workshops, including wellbeing and financial advice.

Cardiology

3. Our Board was due to consider a proposal at its meeting in public on Thursday 29 May 2025 to establish a short-term, fixed-length "test and learn" process for out-of-hours primary Percutaneous Coronary Intervention (pPCI) services in Torbay and Exeter.

4. However, in light of the wide-ranging comments received from staff, clinicians, patients, the public, and elected representatives, Kevin Orford, Chair, and I decided to withdraw the paper setting this out.

5. This was to enable the valuable feedback to be fully considered and allow time to reflect on whether such a process will lead to clarity on future commissioning arrangements to ensure the long-term sustainability of this important service.

6. An update is included in this month's papers, which reflects the feedback received and outlines a broader vision for the provision of cardiology services across Devon.

7. The paper does not revisit the original pPCI proposal and test and learn process but instead presents a draft case to prioritise the development of a more comprehensive and forward-looking commissioning strategy.

8. The aim is to ensure the commissioning of sustainable primary, community and secondary care services throughout Devon that:

    a. support improved health outcomes for the population
    b. support patients from the first signs of cardiovascular disease (CVD) related symptoms
    c. are resilient and can support changing demand patterns
    d. are of high-quality (in line with national standards and guidelines), equitable and affordable.

9. To support this, a draft case for change will be developed that covers the whole cardiology pathway. Rather than only focusing on pPCI, the scope will be expanded to include prevention such as cardiovascular disease, urgent and emergency care and elective care (planned procedures).

10. A draft case for change comprehensively describes the current and future needs of the local population, the provision of local services and the key challenges facing the health and care system. It provides the platform for change and needs to present a compelling picture of what needs to change and why.

11. A case for change does not include any proposals for future service change. It makes an argument for why change is needed, without suggesting which specific changes are required.

12. Informed by data and the experiences of patients, clinicians, and stakeholders, the document will include a detailed scope and timeline of actions for the coming year and beyond. One of the immediate actions will be to seek clinically-led solutions that lead to a sustained reduction in waiting times.

13. The priority remains the commissioning of safe, reliable and sustainable cardiology services that meet the needs of Devon's population now and in the future.

14. We are grateful to the comments and feedback received on the original proposal, and are committed to ongoing, meaningful engagement with clinicians, staff, patients, the public, and elected representatives throughout this process to design the best possible co-produced solutions.

Minor injury services

15. The Nationally promoted model for urgent and emergency care no longer includes Minor Injuries Units (MIUs), with urgent care instead being delivered through Urgent Treatment Centres (UTCs).

16. The NHS Devon Commissioning Plan for 2025/26 (included in the 29 May 2025 public Board meeting papers), signals a commissioning intention to review community urgent care provision with a focus on modernising community urgent care services.

17. This work also aligns with broader system priorities, including improving access to urgent care, supporting hospital flow, and ensuring the sustainability of services in line with national policy direction and local ICS objectives.

18. The commissioned model for Devon will look to reflect the national position with action in 2025/26 to ensure sufficient UTC coverage across the county to meet the needs of our population.

19. We are developing a draft case for change for community urgent care services and this will be shared with the board for review. The scope of the draft case for change will include:

    - The national requirement for UTCs and how we meet that equitably and sustainability across Devon, so that the whole population is able to access the right services at the right time and in the right place.

- Where there are variations in existing services and the challenges faced with maintaining those services safely – for example, out of hours
- The challenges faced with workforce, including workforce fragility, recruitment and retention, and limited clinical capability in some units
- Financial and contractual challenges: how we best use our financial resources to support community pathways in light of the findings from the 10 Year Health Plan for England: fit for the future. Currently, more than £8.8 million annually is spent on contracts that do not meet the national standards or service requirements
- Impact on emergency departments (EDs): High numbers of low-acuity ED attendances persist due to lack of confidence, frequent short-notice changes in open hours and awareness in community alternatives.

20. We will consider future commissioning requirements for the population in line with national requirements. Staff, public and stakeholders (including Overview and Scrutiny Committees) would be involved in the process.

10 Year Health Plan

21. The national 10 Year Health Plan for England: fit for the future was published on 3 July by the Department of Health and Social Care, structured around three key shifts:

    a. From hospital to community
    b. From analogue to digital
    c. From sickness to prevention

22. The reforms within the plan aim to deliver the government's promise to reduce waiting lists, deliver more convenient care, and tackle inequalities.

23. The plan also sets out a new operating model, including making ICBs strategic commissioners and delivering the running cost reductions requirement.

24. As ICBs take on their role as strategic commissioners, some commissioning support functions will be rationalised and Commissioning Support Units (CSUs) will be closed. We will support our CSU colleagues during this difficult period, in particular our local CSU – NHS South, Central and West – who have provided us with great support over the years.

25. To support the development of the national 10 Year Health Plan, we and our One Devon partners led a bespoke engagement programme to ensure the views of the Devon population were also captured to inform locally priorities and strategy.

26. It was co-designed in collaboration with Healthwatch Devon, Plymouth and Torbay and feedback was gained from the membership of the Devon Engagement Partnership.

27. In total, we received more than 3,400 individual pieces of feedback. The approach taken in Devon was considered as a leading example by regional colleagues and most ICBs across the southwest followed the same approach.

28. The full report is included as a separate paper at this meeting. We will also be sharing it with staff and stakeholders, and publishing on our website.

29. Thank you to everyone who has helped to shape this work.

NHS Pulse survey

30. As part of our approach to better understand how our staff are feeling at more regular intervals, we have introduced the national NHS Pulse Survey this month.

31. The quick, multiple-choice survey complements the existing annual NHS Staff Survey but allows us to see and act on staff feedback much faster, with results available the following week.

32. The survey will run every month, usually from the first day of the month until the last.

33. The survey, which is mandatory for Trusts but optional for ICBs, is already run by many NHS organisations across the country, so our results can be benchmarked against others through a consistent and standardised approach.

34. The results will be analysed by our HR and communications team who will produce a monthly report that will highlight any issues of note and track sentiment over time.

35. A quarterly report will be presented to the Executive Committee and People and Organisational Development Committee, with highlights and actions taken to NHS Devon's Board meeting.

36. The monthly results will be published in our Staff Bulletin, while the quarterly results will be presented at the Staff Briefing Live, with the opportunity for staff to discuss the results and any suggested improvements.

Trade Union recognition

37. Following endorsement at our last Board meeting (29 May 2025) to transition to a formal Trade Union (TU) Recognition Agreement, we have been engaging with TUs to develop the Terms of Reference (ToR).

38. At the time of writing this report, the ToR has not been finalised, but we are optimistic that it will be in place shortly – and ahead of the launch of a staff consultation.

39. In the meantime, we have been continuing to engage with our TU colleagues and our current consultative body, the Staff Partnership Forum (SPF), through our regular meetings.

40. As this is likely to be the last Board meeting where our SPF is in place, I would like to thank the many staff who have been part of the Forum over the past decade. They have played an invaluable role in representing and supporting staff through consultations and day-to-day working, and we are hugely grateful for everything they have done.

Dash patient safety review

41. The independent review of patient safety across the health and care landscape, led by Dr Penny Dash, has been published, recommending significant changes to streamline the current complex system.

42. The review found that despite considerable investment in patient safety, the fragmented landscape of approximately 40 organisations with formal safety roles has created a complex environment which is difficult for providers and patients to understand and navigate.

43. It sets out nine key recommendations, which helped inform – and should be read alongside – Chapter 6 of the 10 Year Health Plan, which sets out broader action to improve quality of care through greater transparency.

44. The recommendations include revitalising the National Quality Board to lead a coherent quality strategy, clarifying the roles of the Care Quality Commission and the Health Services Safety Investigations Body, and establishing a new directorate for patient experience within NHS England (and therefore, ultimately, the Department for Health and Social Care).

45. Patient and staff voice functions are also proposed to be streamlined, provider accountability reinforced, and technology and data better used to support real-time learning and improvement.

46. The review recognises the progress made through focused initiatives like Patient Safety Incident Response Framework (PSIRF) and Learn from Patient Safety Events (LFPSE), but it also calls for a shift in how we lead and deliver quality.

47. It also recommends the closure of several regulatory bodies including Healthwatch and the National Guardian's Office.

48. Our local Healthwatch has provided fantastic expertise, support and insight over the years and our thoughts are with them during this difficult period. A key consideration for our cluster moving forwards will be how we work with Healthwatch during their close down to ensure that we build patient voice into everything that we do.

49. While the National Guardian's Office will close, I am pleased to be able to confirm that local Freedom to Speak Up Guardians will remain in place. This is welcome news as we are committed to being a psychologically safe organisation where staff feel able and are supported to speak up about issues and concerns.

Industrial Action

50. The British Medical Association (BMA) has announced that it has balloted its resident doctor members and received the necessary mandate to proceed to a further round of industrial action.

51. The first action is due to take place between 7am on Friday 25 July until 7am on Wednesday 30 July 2025.

52. As in previous periods of industrial action, provider organisations have worked to ensure that there is adequate cover to maintain urgent and emergency services and time critical elective care.

53. The Chief Medical Officer is leading a response on behalf of NHS Devon to ensure that risks are adequately mitigated and that impacts on financial and operational performance are understood and mitigated as much as possible.

54. During the period of industrial action, the System Coordination Centre will provide oversight of system pressure and support mutual aid or derogation conversations. Our Communications teams will support public engagement in line with national and regional guidance.

NHS Devon Executive meeting business

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

56. The NHS Devon Executive met on 03 and 24 June 2025 and then on 01 and 15 July 2025. Set out below is a summary of the business transacted.

03 June 2025

- 2025/26 Annual Plan – the approach and action being taken to review the Annual Plan and the next steps.
- Delivery Management – the next steps to establish the delivery management process to commence in the week commencing 16 June 2025.
- Quality Report - a summary of key quality information, in the format of both quantitative and qualitative data.
- NHS Devon Integrated Care Board and One Devon Integrated Care System Finance Reports - the financial position for the period ended 30 April 2025 against the finance plan submitted for the financial year 2025/26 on the 30 April 2025.
- Surrender of Pomona House Lease and relocation of the Devon Referral Support Services (DRSS)
- Transformation Programmes: Engagement Options – consideration of engagement approaches to support the delivery and development of commissioning intentions 25/26.

- Medium Term Financial Plan (MTFP) – the process for developing the MTFP. It was noted that this needed to link in with the Health and Care Strategy.
- System Cash Management Process – a proposed approach to be taken to ensure that the cash risk in each organisation within the One Devon Integrated Care System is managed without relying on Revenue Support Public Dividend Capital (PDC)
- Outcome of National Triangulation Tool – a dashboard view of the key Operational Plan metric outcomes for each organisation within the One Devon Integrated Care System.
- Individual Funding Request Panel Annual Report 2024-25 – summary of activities conducted by NHS Devon's Individual Funding Request (IFR) function between 1 April 2024 to 31 March 2025.

24 June 2025

- Corporate Risk Register – an update on the operational risks currently identified on the NHS Devon Corporate Risk Register.
- Pulse Survey Proposal – the proposed introduction of the national monthly and quarterly NHS Pulse Surveys from July 2025 to better understand staff sentiment at more regular intervals.
- Policy Framework Update – an update on the status of NHS Devon's non-clinical policies and proposed adoption of the updated policies: Developing and Growing our People Policy and Registration Authority Policy.
- Internal Audit Update – the latest progress updates on internal audit related activities.

01 July 2025

- Delivery Management – escalations arising from the NHS Devon Delivery Management Process.
- Quality Report – an oral update on any quality issues.
- NHS Devon Integrated Care Board and One Devon Integrated Care System Finance Reports – the financial position for the period ended 31 May 2025 against the finance plan submitted for the financial year 2025/26 on the 30 April 2025
- Revised Annual Plan – proposed updated objectives, revised leadership and assurance arrangements, and presented a draft of the updated Annual Plan, ahead of it being considered by the Board. This item can be found elsewhere on the agenda for this meeting.
- Green Plan Refresh – an update on the NHS Devon Green Plan and the ICS Green Plan which had both been written in accordance with the statutory NHS England's Green Plan guidance issued on 4 February 2025.
- Secondary Care Requested Phlebotomy Provision across Devon – the current position regarding Secondary Care Requested Phlebotomy (SCRP) provision across Devon.
- LES Annual Uplift – the proposed annual uplift to Primary Care Local Enhanced Services (LES) for the 2025/2026 financial year.

- CYP Regulation Current Position – a situation update on the outcome of Ofsted Inspection of Devon County Local Authority Children's Services. This item can be found elsewhere on the agenda for this meeting.
- Commissioning Group Meeting: 18th June Follow Up – an update in respect of the discussions that took place at the Commissioning Group meeting on 18 June 2025.
- Mental Health Step Down beds capital bid associated revenue – a business case outlining the University Hospitals Plymouth NHS Trust (UHP) capital scheme to create a Mental Health Recovery Centre and provide six additional step-down beds at the Mount Gould site in Plymouth.
- "The Brook" Regional LDN MH Unit – information of the governance arrangements for the "The Brook" Regional Learning Disability and Neurodiversity (LDN) unit as the first bed day in July approached, introducing the South West Regional Front Door (SWRFD) that would be the regional process and oversight for patient admissions and accompanying suite of documents that anchored the regional governance approach.
- Freedom to Speak Up (FTSU) Quarterly Report – information about current FTSU cases, and plans for future development of guardians. In the last quarter there had been no internal cases; there had been 2 external cases, all linked to a previous external case completed March 2025.

15 July 2025

- South West Mortality Review 2024: A Devon Perspective – the findings of the Southwest Mortality Review and a proposal to use the Devon Morbidity & Mortality workstream as a vehicle to ensure these findings are reflected in NHS Devon strategies to drive system-wide learning and improvement.
- Opportunity for improvement in the current network of community urgent care services in Devon – the emergent draft case for change to support the consideration of future commissioning requirements for the population in line with national guidance.
- Ilfracombe Weekend Minor Injuries Unit (MIU) – a proposal to fund a weekend MIU service in Ilfracombe over six weekends in summer 2025
- Re-establishing Monthly Contract Review Meetings – a proposed phased reintroduction of formal contract management, aiming to implement full Contract Review Meetings (CRMs) with acute providers by 2026/27.
- Integrated Care Plan – the opportunity to develop an integrated care plan product around the needs of the Devon population, informed by local clinicians.
- Managing Conflicts of Interest – an update on compliance with NHS Devon policies in relation to the declaration of interests, gifts, hospitality and sponsorship for the period 01 December 2024 – 30 June 2025.
- Reducing Autism Waiting Lists for Children and Young People and Torbay Special Educational Needs and Disabilities (SEND) inspection outcome – a position update regarding the Neurodiversity Programme, which has subsumed the autism recovery programme, including the strategy, investment utilisation approach, performance, issues and risks. This item can be found elsewhere on the agenda for this meeting.

- Drug Safety Monitoring and Prescribing for Oral Antipsychotics – an update the executive committee on the current position on the drug safety monitoring and prescribing of antipsychotic medications across Devon.

One Devon Integrated Care System Operational Plan 2025/26

57. On 30 May 2025, I received confirmation from the NHS England South West Regional Director that the One Devon Integrated Care System (ICS) Operational Plan 2025/26 approved by the Board at its meeting on 29 April 2025 had been accepted by NHS England.

58. There is a significant amount of risk around the likelihood of delivery of the plan and organisations across the ICS will require support to ensure that targets are met.

One Devon Integrated Care System Care Leaver Covenant Pilot

59. As part of the NHS's national commitment to the Care Leaver Covenant, the One Devon Integrated Care System (ICS) was selected as one of five pilot sites to support care-experienced young people (aged 16–25) into meaningful employment.

60. We've pledged to identify at least 25 vacancies across our system – University Hospitals Plymouth NHS Trust (UHP), Livewell South West (LSW), Royal Devon University Healthcare NHS Foundation Trust (Royal Devon), Devon Partnership NHS Trust (DPT) and NHS Devon – for care-experienced individuals. This has now been extended to our colleagues in all primary care settings, and we hope Torbay and South NHS Foundation Trust (TSD) will also come on board. However, to date, only two posts have been filled, despite vacancies being available across the ICS. This is a time-limited, funded opportunity, with support in place until June 2026.

Why it matters

61. Participating in the pilot supports:

- Our role as corporate parents
- Access to dedicated training for managers
- Ongoing minimum of 12-week wraparound support for each recruit
- Solutions to fill hard-to-recruit roles and reduce entry-level attrition

62. Participating in the pilot supports:

- Health Care Assistants (HCA)
- Admin Support
- Catering & Housekeeping

- Support Workers
- Apprenticeships

Progress to date

- **Royal Devon**: Hosted a recruitment day on 21st June, with six slots for care leavers secured – 2 care experienced young people were successful at HCA interviews and have been given conditional offers. Further recruitment days are scheduled monthly July-November and slots are being explored.

- **UHP**: Chief People Officer sign up and endorsement by Chief Nursing Officer who has continued to promote, however challenges remain with identifying suitable roles.

- **TSD**: Did not initially sign up but interest and endorsement by Chief Nursing Officer – awaiting rescheduled meetings to happen with HR team and acting Chief People Officer.

- **Primary Care**: Engagement meetings commenced and plan to launch information through NHS Devon GP bulletin

- **Training Hub**: Promoted through their networks and newsletters

- **NHS Devon**: Awaiting update since recent the national announcements relating to required reduction of ICB running costs – initially two posts identified in December/January but no further progress

- **DPT**: Signed up and one young person has gained successful employment as a facilities assistant.

63. Chief Nursing Officers across Devon have endorsed this work and are supporting the drive to identify suitable roles within their Trusts.

Next steps

64. We are asking line managers and HR teams to come forward with opportunities that can be offered through this pilot. Full support is available, and participation will directly benefit both the individual and the organisation.

Conclusion

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

NHS Devon

NHS Devon Integrated Care Board

2025/26 NHS Oversight Framework

Date of Meeting	Date Report Produced
31 July 2025	15 July 2025

Author(s)		Report Approved By	
Name and Title:	Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer	**Name and Title:**	N/A
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive Summary

This report provides a brief overview of the new NHS Oversight Framework (NOF), which sets out a revised approach to assessing Integrated Care Boards (ICBs), NHS trusts and foundation trusts for 2025/26. Its goals are to enhance public accountability for performance and improve the identification of providers that require support to improve.

The 2025/26 NOF replaces the version published in June 2022, which was operational for three years and emphasised system working.

ICBs will not be allocated segments in 2025/26, recognising that this is a year of significant change and disruption as they deliver major running cost reductions and transition into their new role as strategic commissioners. However, ICB performance against the full suite of oversight metrics will still be published to aid planning and improvement and NHS England will continue to review how well each ICB is performing its statutory duties as part of statutory annual assessments.

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

Key recommendations and actions requested
NOTE the 2025/26 NHS Oversight Framework

Impact on NHS Devon Objectives	
Objective	**Impact**
Improve Population Health	All
Improve Services and Reduce Unwarranted Variation	
Make More Efficient Use of Our Resources	
Develop Our Culture and How We Operate	

Does this report have implications in any of the areas highlighted below?	
Area	**Yes**
Quality of Services	All
Health Inequalities	
Workforce	
Resources and Finance	
Legal	
Digital and Data	
Engagement and Consultation	

2025/26 NHS Oversight Framework

Introduction and background

1. This report provides a brief overview of the new NHS Oversight Framework (NOF), which sets out a revised approach to assessing Integrated Care Boards (ICBs), NHS trusts and foundation trusts for 2025/26. Its goals are to enhance public accountability for performance and improve the identification of providers that require support to improve.

2. The 2025/26 NOF replaces the version published in June 2022, which was operational for three years and emphasised system working.

3. The 2025/26 NOF is a 1-year framework which sets out how NHS England (NHSE) will assess providers and ICBs, alongside a range of agreed metrics, promoting improvement while aiding quick identification of where organisations need support.

4. The NOF will be reviewed in 2026/27 to incorporate work to implement the ICB operating model and to take account of the ambitions and priorities in the 10 Year Health Plan.

National priorities

5. The NOF is supported by a focused set of national priorities, including those set out in the planning guidance for 2025/26, aiming to strengthen local autonomy. These are presented alongside wider contextual metrics that reflect medium-term goals in areas such as inequalities and outcomes. The contextual metrics do not constitute part of the score but will inform how NHSE responds to segmentation.

6. The NHS priorities and operational planning guidance 2025/26 made it clear that the achievement of a financial reset was the priority for the year. It set the expectation that every ICB and provider must deliver a balanced net system financial position in collaboration with its system partners. Unless providers are delivering a surplus or breakeven position, their NOF segmentation will be limited to no better than 3.

Segmentation

Integrated Care Boards (ICBs)

7. ICBs will not be allocated segments in 2025/26, in recognition of the fact that that this is a year of significant change and disruption whilst major running cost reductions are delivered. However, ICB performance against the full suite of oversight metrics will still be published to aid planning and improvement and NHSE will continue to review how well each ICB is performing its statutory duties as part of statutory annual assessments.

Providers

8. There will be no pause to segmentation for providers in 2025/26, with initial segments expected in July. Providers that are part of a provider collaborative or group model will be measured as individual trusts, not as a wider group.

9. The segmentation of providers will involve four steps:

   - **Organisational delivery score:** Each provider will receive an organisation delivery score between 1 (high performing) and 4 (low performing). This will be calculated based on its performance across six domains (see Annex A in the framework for a full list of metrics and the methodology manual for more details on scoring). For this transitional year, the delivery metrics reflect short-term NHS priorities and the 2025/26 operational planning guidance. Unlike in the 2024 consultation, 'system considerations' will not influence a provider's segment.

   - **Financial override:** The organisational delivery score will be considered alongside each organisation's financial position to produce an initial segment. Provider organisations in deficit or receiving deficit support will be limited to a segment of no greater than 3.

   - **Identification of the most challenged providers:** An additional segment (segment 5) has been introduced for the most challenged providers. These providers will be considered for the PIP (Provider Improvement Programme), which replaces the RSP (Recovery Support Programme). Placement in segment 5 is based on the provider's segment and its provider capability rating (see below). In exceptional cases, providers in higher segments may enter PIP if NHSE identifies serious concerns about a provider's capability.

   - **Finalisation of segments:** Once NHSE approves the final segmentation, it will be communicated to each organisation and published on NHSE's website. Segmentation data will be reviewed at least quarterly.

NHS England's improvement support offer

Integrated care boards

10. In 2025/26, NHSE's improvement support to ICBs will focus on the safe implementation of plans to cut running and programme costs. ICBs currently in the RSP will continue in this programme and will be assessed against their current improvement trajectory to agree a transition plan.

Providers

11. NHSE regions will coordinate the oversight response with NHSE national teams and wider system partners. This will be based on an organisation's segment but also its provider capability rating to ensure capacity and resources are prioritised

for those with the lowest performance and least capability to improve independently.

12. NHSE's approach to provider capability assessments is not yet finalised. New guidance is expected to be issued in Q2 of 2025/26, working closely with the CQC to ensure alignment with their own assessment practices. The extent to which providers collaborate and support system working will be part of the provider capability rating.

13. The framework outlines varying degrees of intervention across the three aspects of NHSE's improvement support:

- **Oversight of performance improvement:** the frequency of review meetings with ICBs will depend on the region's confidence in the ICB's ability to deliver required improvements. Escalation will be considered when necessary, including requiring providers to attend review meetings.

- **Improvement support:** NHSE's improvement offer will be aligned with organisational delivery scores. Providers that score poorly on areas within priority areas (finance, urgent and emergency care, elective and mental health sub-domains) will receive improvement support from NHSE, either on- or off-site depending on the severity.

- **Performance management:** Where required, NHSE regional teams will undertake performance management activities for providers with low scores in priority areas. Some providers will receive more scrutiny and may be entered into national programmes, such as the PIP.

Mapping the NHS Devon 2025/26 Annual Plan to the 2025/26 NOF

14. Initial work has been undertaken to map the proposed revised and consolidated NHS Devon 2025/26 Annual Plan objectives to the 2025/26 NOF, the outcome of this work can be found attached as an annex to this report.

Recommendations

15. The Board is asked to **NOTE** 2025/26 NHS Oversight Framework.

Objective	Metrics
	NHS Oversight Framework 2025 (CORE)
1. Develop a Long-Term, Whole-Population Health Care Strategy Lead the development of an inclusive, future-focused strategy that ensures safe, effective, and sustainable healthcare for all people in Devon.	N/A
	Additional locally agreed metrics - as per local strategy JSNAs etc.
	N/A
	NHS Oversight Framework 2025 (CORE)
2. Strengthen Strategic Commissioning to Tackle Health Inequalities and Promote Prevention Enhance our strategic commissioning capability to reduce health inequalities, strengthen prevention and address the wider determinants of health	Average number of years people live in health life ***(Improving Health and Reducing Inequalities)*** Percentage of patients receiving talking therapies wo achieve reliable recovery ***(Improving Health and Reducing Inequalities)*** Cervical, breast and bowel cancer screening rates ***(Improving Health and Reducing Inequalities)*** Percentage of pregnant women who quit smoking ***(Improving Health and Reducing Inequalities)*** Percentage of inpatients referred to in-house tobacco treatments services who make a supported attempt to quite stop smoking ***(Improving Health and Reducing Inequalities)*** Percentage of patients supported by obesity programmes ***(Improving Health and Reducing Inequalities)*** MMR vaccine uptake rate ***(Improving Health and Reducing Inequalities)*** Percentage of people waiting over 6 weeks for a diagnostic procedure or test ***(Improving Health and Reducing Inequalities)*** Deprivation and ethnicity gap in pre-term births ***(Improving Health and Reducing Inequalities)*** Deprivation gap in early cancer diagnosis ***(Improving Health and Reducing Inequalities)*** Deprivation gap in myocardial infarction and stroke admissions ***(Improving Health and Reducing Inequalities)*** Percentage of annual health checks completed for patients with a learning disability or who are autistic ***(Improving Health and Reducing Inequalities)*** Under 18s elective waiting list growth ***(Improving Health and Reducing Inequalities)*** Percentage of older inpatients (over 65) with >90 day length of stay ***(Improving Health and Reducing Inequalities)*** Percentage of patients to describe booking a general practice appointment as easy ***(Access)*** Percentage of patients who receive all 8 diabetes care processes ***(Effectiveness and Experience)*** Percentage of patients with GP recorded CVD who have their cholesterol levels managed to NICE guidance ***(Effectiveness and Experience)*** Percentage of hypertension patients treated to target ***(Effectiveness and Experience)*** Percentage of patients with a preferred general practice professional reporting they were able to get an appointment with that professional ***(Effectiveness and Experience)***

Objective	Metrics
	Community mental health access rate ***(Access)*** Growth in the number of emergency dental appointments provided versus target ***(Access)*** Urgent community response 2 hour performance ***(Effectiveness and Experience)*** Percentage of ambulance patients conveyed to emergency departments ***(Effectiveness and Experience)*** NHS staff survey - advocacy score ***(Effectiveness and Experience)***
	Additional locally agreed metrics - as per local strategy JSNAs etc.
	NHS Oversight Framework 2025 (CORE)
3. Improve Personalised Care, Access, and Outcomes Across the System, targeting those with greater need Through outcome-focused, strategic commissioning we will drive the development of new models of care that improve personalised support, access, experience and outcomes for people across the system, with particular focus where needs are greatest	Percentage of people with suspected autism waiting more than 12 weeks for contact ***(Access)*** Annual change in number of children and young people accessing NHS funded MH services ***(Access)*** Readmission rate band (Community and Mental Health) ***(Effectiveness and Experience)*** Percentage of mental health bed days that are out of area ***(Effectiveness and Experience)*** Percentage of inpatients with >60 days length of stay (MH) ***(Effectiveness and Experience)*** Community mental health survey satisfation rate ***(Effectiveness and Experience)*** Percentage of continuing healthcare referrals completed in 28 days ***(Effectiveness and Experience)***
	Additional locally agreed metrics - as per local strategy JSNAs etc.
	NHS Oversight Framework 2025 (CORE)
4. Drive Clinical Service Transformation and In-Hospital Productivity Lead the strategic commissioning of clinical service change to improve outcomes, increase productivity and create resilience across the acute care system.	Annual change in the size of the waiting list (Elective) ***(Access)*** Percentage of patients waiting less than 18 weeks (absolute performance and performance compared to plan) (Elective) ***(Access)*** Percentage of patients waiting over 52 weeks (Elective) ***(Access)*** Percentage of patients waiting over 52 weeks for community services (Elective) ***(Access)*** Percentage of all cancers diagnosed at stage 1 or 2 (Cancer) ***(Access)*** Percentage of urgent referrals to receive a definitive diagnosis within 4 weeks (Cancer) ***(Access)*** Percentage of patients treated for cancer within 62 days of referral (Cancer) ***(Access)*** Percentage of emergency department attendances admitted, transferred or discharged within four hours (UEC) ***(Access)*** Percentage of emergency department attendances spending over 12 hours in the department (UEC) ***(Access)*** Average Category Two ambulance response time (UEC***)*** ***(Access)*** Summary Hospital Level Mortality Indicator ***(Effectiveness and Experience)*** Acute bed days per 100,000 people ***(Effectiveness and Experience)*** Change in the number of inpatients who are autistic or have a learning disability ***(Effectiveness and***

Objective	Metrics
	Experience) Average number of days from discharge ready date and actual discharge date ***(Effectiveness and Experience)*** Readmission rate band (Effectiveness and Experience) CQC inpatient survey satisfaction rate ***(Effectiveness and Experience)*** National maternity survey score ***(Effectiveness and Experience)***
	Additional locally agreed metrics - as per local strategy JSNAs etc.
	NHS Oversight Framework 2025 (CORE)
5. Optimise Workforce, Digital Infrastructure, Estate and Commissioning Support Services, Focusing on Delivery at Scale and Financial Sustainability Support cluster and region-wide productivity, efficiency, and internal transformation by driving improvements in workforce, digital infrastructure, estates, and commissioning support functions Strengthen financial sustainability by embedding the value-based approach and supporting system-wide cost-effectiveness through shared infrastructure and more efficient ways of working.	Implied productivity level ***(Finance and Productivity)*** Relative difference in costs ***(Finance and Productivity)*** Sickness absence rate ***(People & Workforce)*** NHS staff survey engagement theme score ***(People & Workforce)*** NHS staff survey education and training theme score ***(People & Workforce)*** National Education and Training Survey overall satisfaction score ***(People & Workforce)*** GP leaver rate ***(People & Workforce)***
	Additional locally agreed metrics - as per local strategy JSNAs etc.
	NHS Oversight Framework 2025 (CORE)
6. Deliver Statutory Functions and Maintain a High-Quality, Safe, Financially Balanced and Sustainable System Continue to deliver our core statutory functions, including those linked to quality, safety, safeguarding, and financial management. Strengthen our leadership role in overseeing system finances, ensuring financial balance across the ICB and its partners.	Planned surplus/deficit ***(Finance and Productivity)*** Variance year-to-date to financial plan ***(Finance and Productivity)*** NHS staff survey - raising concerns sub-score ***(Patient Safety)*** CQC safe inspection score (if awarded within the preceding 2 years) ***(Patient Safety)*** Rates of Healthcare Associate Infection (MRSA, C-Difficile and E-Coli) ***(Patient Safety)*** Number of neonatal deaths and stillbirths per 1,000 total births ***(Patient Safety)*** Rate of restrictive interventions use (Patient Safety) Percentage of patients in crisis to receive face-to-face contact within 24 hours ***(Patient Safety)*** Percentage of inpatients acquiring a new pressure ulcer ***(Patient Safety)*** Percentage of children (aged 0-9) prescribed antibiotics in the last 12 months ***(Patient Safety)***

Objective	Metrics
Maintain high standards of governance, assurance and accountability, while exploring and adopting new approaches aligned to the Model ICB.	**Additional locally agreed metrics - as per local strategy JSNAs etc.**

NHS Devon Integrated Care Board

Delivery Management Outcome Report

Date of meeting	Date report produced
31 July 2025	25 June 2025

Author(s)		Report approved by	
Name and title:	Toby Hewlett Director of Strategic Programmes & Planning	**Name and title:**	Libby Ryan-Davies Chief Strategic Commissioning Officer
Phone:		**Date:**	15 July 2025
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
This report sets out escalations arising from the NHS Devon Delivery Management Process.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
NHS Devon Executive - 01 July 2025. Finance and Performance Committee – 10 July 2025

Key recommendations and actions requested
TAKE SATISFACTORY ASSURANCE from the Delivery Management Process.

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

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

Delivery Management Outcome Report

Overview

1. The NHS Devon Tactical Cell met on 16 June 2025. All One Devon Integrated Care System organisations attended to provide mitigating actions against areas of the Operational Plan in which they were off track.

2. Given that this was the first meeting of the Cell, there are currently some limitations that will be rectified in future iterations of this report.

    a. Month 2 financial and workforce position was not available due to reporting timelines – this will be resolved by the Tactical Cell meeting in July
    b. To mitigate against this the NHS Devon Deputy Director of Strategic Finance attended and shared unvalidated positions, in particular to get mitigations against under delivery of cost improvement programme (CIP) – this position will be confirmed as the validated position is made available.
    c. Given time pressures there was a deliberate focus on mitigations against high-risk performance gaps (Red rated) and so mitigations against medium risk gaps (Amber rated) may not be complete.
    d. Given time pressure there was an agreement not to focus on Quality metrics in this meeting (especially given most are annual in nature) but to ensure that these are covered in the next Tactical Cell.

3. The following report details the areas of variance within organisational plans and the organisational mitigating actions to support the Strategic Cell making recommendations on Escalation or Intervention actions as per the below framework. The full dashboard is appended, this report focuses solely on where there is variance to plan outside of agreed thresholds.

	Level Criteria	Expected governance and range of interventions
Level 6*	Significant variance to organisational plan; risk to National plan delivery	TBC
Level 5*	Significant variance to organisational plan; risk to Regional plan delivery	TBC
Level 4	Significant variance to organisational plan; risks are not mitigated and pose significant risk to System plan delivery	Board to Board review and follow up process established until de-escalated; ICB Committee chairs invited to organisational committees, Chair/CEO Bilateral review
Level 3	Variance to organisational plan; risks may not be fully mitigated but will impact on System plan delivery	Exec to Exec review and follow up process established until de-escalated; Consideration of external Deep dive
Level 2	Variance to organisational plan; risks may not currently be fully mitigated but system plan is not impacted	Increased organisational governance and oversight; including greater Board scrutiny. Conduct peer review and ensure Recovery Action Plans in place
Level 1	Minimal variance to organisational plan; recoverable with mitigations; Organisational risk	Managed within routine organisational governance processes

* Regional and National Intervention layers to be designed and will need to informed by NHSE approach

4. The report further details the recommendations made by the Delivery Management Strategic Cell and NHS Devon Chief Executive Officer decision on Escalation actions.

5. Additional items were raised at the Strategic Cell that may need a system level approach or liaison with NHSE, these include
    a. Reducing Mental Health risk on acute service provision
    b. Cash Management
    c. Duplication of assurance and performance management approaches – in particular in relation to Tier 1 weekly performance meetings.

6. Since establishing this process there has been further clarity in the respective roles of NHS England (NHSE) and Integrated Care Boards (ICBs) in performance management. NHSE will take a lead on day to day performance management, ICBs will focus on contract management.

7. To reflect this, whilst the July Delivery Management process remained broadly unchanged, from August NHS Devon will hold shadow contract management meetings with NHS providers that will replace the current Tactical Cell arrangements

8. These shadow contract management meetings will consider the full range of metrics agreed as part of the current Delivery Management process and a limited set of additional contractual metrics

9. Once the cluster arrangements between NHS Devon and NHS Cornwall and the Isles of Scilly have been formed, this will evolve into a full Contract Management Review process.

System Position

10.

Finance

Dimension	Metric	Performance Definition	Frequency	Latest date		ICS	ICB	RDU	UHP	TSD	DPT
CIP Delivery	CIP scheme identification - Percentage of CIP schemes unidentified	CIP Plans Unidentified (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	6,393	0	504	5,889	0	0
					Denominator	303,930	103,887	68,750	68,296	41,538	21,459
					Variance	2.1%	0.0%	0.7%	8.6%	0.0%	0.0%
	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	CIP Plans High Risk (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	72,393	17,688	21,881	15,530	12,659	4,635
					Denominator	303,930	103,887	68,750	68,296	41,538	21,459
					Variance	23.8%	17.0%	31.8%	22.7%	30.5%	21.6%
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	CIP Forecast in Q1-2 / CIP Forecast (Annual)	Monthly	2025-06	Numerator	112,372	38,858	24,208	25,961	13,721	9,624
					Denominator	303,930	103,887	68,750	68,296	41,538	21,459
					Variance	37.0%	37.4%	35.2%	38.0%	33.0%	44.8%
	CIP delivery - Percentage delivery YTD	(CIP Plan YTD - CIP Actual delivery (YTD)) /CIP Plan YTD	Monthly	2025-06	Numerator	29,869	15,475	2,968	5,698	3,686	2,042
					Denominator	34,840	10,732	8,398	9,131	3,461	3,118
					Variance	14.3%	-44.2%	64.7%	37.6%	-6.5%	34.5%
	CIP delivery - Percentage delivery YTD (Re-profiled plan)	(CIP Plan YTD - CIP Actual delivery (YTD)) /CIP Plan YTD	Monthly	2025-06	Numerator			2,968			
					Denominator			4,184			
					Variance			29.1%			
	CIP forecast recurrent delivery - Variance (Plan v Forecast)	CIP Recurrent Variance (Plan v Forecast)	Monthly	2025-06	Numerator	210,230	72,108	47,321	45,801	32,791	12,209
					Denominator	221,285	72,108	47,671	56,507	32,790	12,209
					Variance	5.0%	0.0%	0.7%	18.9%	0.0%	0.0%
Revenue Plan Delivery	YTD Variance to plan (Excluding DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	546	4,743	-4,252	0	55	0
					Denominator	1,115,835	544,064	194,733	179,519	125,408	72,111
					Variance	0.0%	-0.9%	2.2%	0.0%	0.0%	0.0%
	YTD Variance to plan (Including DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	-8,424	4,743	-4,252	-3,830	-5,085	0
					Denominator	1,115,835	544,064	194,733	179,519	125,408	72,111
					Variance	0.8%	-0.9%	2.2%	2.1%	4.1%	0.0%
	YTD Variance to plan (Re-profiled plan)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator			-38			
					Denominator			190,519			
					Variance			0.0%			
	Forecast Variance to plan (Excluding DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0	0	0	0	0
					Denominator	6,657,002	3,264,382	1,172,605	1,049,123	736,671	434,221
					Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Forecast Net Risk - Including DSF	Forecast Risk and Mitigations (Adverse) / Favourable - Including DSF / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0	0	0	0	0
					Denominator	6,657,002	3,264,382	1,172,605	1,049,123	736,671	434,221
					Variance	NULL	NULL	NULL	NULL	NULL	NULL
	Forecast Variance to plan (Including DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0	0	0	0	0
					Denominator	6,657,002	3,264,382	1,172,605	1,049,123	736,671	434,221
					Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Recurrent Forecast Variance (Variance to ULP)	Recurrent Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	-13,376	0	-1,500	-11,506	-370	0
					Denominator	6,657,002	3,264,382	1,172,605	1,049,123	736,671	434,221
					Variance	0.2%	0.0%	0.1%	1.1%	0.1%	0.0%
Productivity	YTD Productivity metrics (compared to 2024-25)	2025-26 National NHSE Productivity Performance / 2024-25 National NHSE Productivity Performance	Monthly	2025-06	Numerator	0		0	0	0	
					Denominator	0		0	0	0	
					Variance						
Cash Management	Cash Support Requirement	Cash Support Requirement	Monthly	2025-06	Numerator	0	0	0	0	0	0
					Denominator	0	0	0	0	0	0
					Variance	Permanent	None	None	None	Permanent	None
Capital	YTD Capital Financing (Use of Cash Reserves)	Variance (Planned v Actual) self-financed capital spend YTD / Planned self-financed capital spend YTD	Monthly	2025-06	Numerator	-2,635	0	-2,635	0	0	0
					Denominator	7,129	0	2,741	2,113	889	1,386
					Variance	-37.0%	0.0%	-96.1%	0.0%	0.0%	0.0%
	Forecast Capital Financing (Use of Cash Reserves)	Variance (Planned v Forecast) self-financed capital spend / Planned self-financed capital spend (Annual)	Monthly	2025-06	Numerator	-24,705	0	-20,160	-92	-2,764	-1,689
					Denominator	109,808	2,566	35,001	45,850	19,617	6,774
					Variance	-22.5%	0.0%	-57.6%	-0.2%	-14.1%	-24.9%

Performance

Dimension	Metric	Performance Definition	Frequency	Latest date		ICS	RDU	UHP	TSD	DPT	LSW
A&E	All Types A&E 78% 4hr	Performance variance to plan	Monthly/ Weekly	2025-07-08	Actuals	71%	70%	70%	69%		
					Plan/Targets	70%	68%	69%	73%		
					Variance	1.2%	1.8%	0.8%	-3.7%		
	No +24hr MH in ED	Volume over 24hrs - zero tolerence target	Weekly	2025-07-08	Actuals	40	7	16	17		
					Plan/Targets	0	0	0	0		
					Variance	40	7	16	17		
	Type 1 A&E 95% 4hr for children	Performance variance to plan	Weekly	2025-07-08	Actuals	82%	80%	86%	77%		
					Plan/Targets	95%	95%	95%	95%		
					Variance	-13.3%	-14.5%	-8.9%	-17.5%		
	Type 1 A&E Maximum 10% 12hrs	Performance variance to plan	Weekly	2025-07-08	Actuals	9%	4%	15%	9%		
					Plan/Targets	10%	2%	16%	9%		
					Variance	-1.3%	1.7%	-0.9%	0.0%		
	Type 1 A&E MH related attendances Maximum 10% 12hrs	Performance variance to plan	Monthly	2025-06	Actuals	19%	19%	21%	17%		
					Plan/Targets	10%	10%	10%	10%		
					Variance	9.1%	8.6%	10.7%	7.4%		
Ambulance	30 min Cat 2 response	Average response time variance (mins) to national average of 30mins	Monthly	2025-07	Actuals	36					
					Plan/Targets	30					
					Variance	6					
	Average Handover Delay	Average Handover Duration (min)	Monthly	2025-07	Actuals	50	32	77	53		
					Plan/Targets	74	36	78	88		
					Variance	-24	-5	-1	-36		
Cancer	Cancer 28 day performance	Performance variance to plan	Monthly	2025-05	Actuals	78%	81%	78%	70%		
					Plan/Targets	81%	80%	83%	80%		
					Variance	-3.5%	1.4%	-4.6%	-10.6%		
	Cancer 62 day performance	Performance variance to plan	Monthly	2025-05	Actuals	70%	77%	61%	70%		
					Plan/Targets	72%	73%	68%	74%		
					Variance	-1.8%	3.3%	-7.8%	-3.8%		
Diagnostics	Diagnostic performance	Performance variance to plan	Monthly	2025-05	Actuals	49,143	28,649	11,340	9,154		
					Plan/Targets	42,999	25,970	11,200	5,829		
					Variance	-12.2%	-13.4%	-6.5%	-18.4%		
Discharges	Reduce discharge delays NCTR	Variance against 5% historic target	Weekly	2025-06-24	Actuals	11%	13%	10%	7%		
					Plan/Targets	5%	5%	5%	5%		
					Variance	5.7%	8.0%	4.7%	2.4%		
Mental Health	Average length of stay for Adult Acute Beds	Performance variance to plan	Monthly	2025-05	Actuals	60				62	55
					Plan/Targets	59				61	
					Variance	1.10				0.63	55.18
RTT	RTT over 52 weeks	Performance variance to plan	Monthly/ Weekly	2025-07-13	Actuals	5,079	2,413	1,861	805		
					Plan/Targets	4,620	1,886	1,847	887		
					Variance	9.9%	28.0%	0.8%	-9.2%		
	RTT within 18 weeks	Performance variance to plan	Monthly/ Weekly	2025-07-13	Actuals	61%	60%	60%	66%		
					Plan/Targets	62%	61%	62%	63%		

UEC Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		ICS	ICB	RDU	UHP	TSD
A&E	Total number of 111 calls resulting in ETC outcome post validation	Variance against plan as a %	Monthly/ Weekly	2025-06-30	Actuals	1,098	1,098			
					Plan/Targets	780	780			
					Variance	40.8%	40.8%			
	Type 1 A&E attendances	Variance against plan as a %	Monthly	2025-06	Actuals	31,313	31,313	14,412	9,651	7,250
					Plan/Targets	31,314	31,314	14,180	9,458	7,676
					Variance	0.0%	0.0%	1.6%	2.0%	-5.5%
	Type 1 A&E Respiratory attendances		Monthly	2025-06	Actuals				238	227
					Plan/Targets				448	302
					Variance					
Activity	Total Non Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	15,185	15,185	6,028	5,674	3,483
					Plan/Targets	14,824	14,824	5,522	5,755	3,547
					Variance	2.4%	2.4%	9.2%	-1.4%	-1.8%

Elective Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		ICS	ICB	RDU	UHP	TSD
Activity	Total Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	19,075	18,725	9,205	6,022	3,848
					Plan/Targets	19,741		9,177	6,666	3,898
					Variance	-3%	-100%	0%	-10%	-1%
	Total Outpatient	Variance against plan as a %	Monthly	2025-06	Actuals	209,568	209,568	110,415	62,611	36,542
					Plan/Targets	204,193	204,193	103,718	63,142	37,333
					Variance	3%	3%	6%	-1%	-2%
Cost	Total IS cost	Variance against plan as a %	Monthly	2025-05	Actuals	4,044,450	4,044,450			
					Plan/Targets	3,937,917	3,937,917			
					Variance	2.71%	2.71%			
Referrals	GP referrals	Variance against plan as a %	Monthly	2025-05	Actuals	25,556	23,105	11,224	6,118	5,763
					Plan/Targets	25,674	23,228	10,705	6,758	5,765
					Variance	-0.46%	-0.53%	4.85%	-9.47%	-0.03%

Workforce

Dimension	Metric	Performance Definition	Frequency	Latest date		ICS	ICB	RDU	UHP	TSD	DPT
Bank and agency spend	Agency Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	4,673	15	1,984	392	1,077	1,220
					Plan/Targets		0				
					Variance	(4,673)	(15)	(1,984)	(392)	(1,077)	(1,220)
	Bank Spend – Track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	14,754	0	4,909	5,106	3,419	1,320
					Plan/Targets		0				
					Variance	(14,754)	0	(4,909)	(5,106)	(3,419)	(1,320)
Substantive spend	Substantive Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	317,095	2,504	121,487	103,001	59,593	33,014
					Plan/Targets		2,714				
					Variance	(317,095)	211	(121,487)	(103,001)	(59,593)	(33,014)
WTE	Agency WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	343	2	137	17	83	105
					Plan/Targets						
					Variance	(343)	(2)	(137)	(17)	(83)	(105)
	Bank WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	1,468	0	548	430	311	180
					Plan/Targets		0				
					Variance	(1,468)	0	(548)	(430)	(311)	(180)
	Infrastructure WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	8,324		2,872	2,769	1,790	894
					Plan/Targets						
					Variance	(8,324)		(2,872)	(2,769)	(1,790)	(894)
	Substantive WTE – track and measure against plan.	Variance to Plan	Monthly	2025-06	Actuals	32,400	410	12,277	10,309	6,196	3,619
					Plan/Targets		470				
					Variance	(32,400)	60	(12,277)	(10,309)	(6,196)	(3,619)

Primary care and Dentistry

Dimension	Metric	Performance Definition	Frequency	Latest date		ICS
Primary care activity	Primary care appointment same day	% Performance against plan	Monthly	2025-05	Actuals	45%
					Plan/Targets	35%
					Variance	9.71%
	Primary care appointment within two weeks	% Performance against plan	Monthly	2025-05	Actuals	80%
					Plan/Targets	85%
					Variance	-5.07%
	Primary care appointments	% Variance against plan	Monthly	2025-05	Actuals	741,288
					Plan/Targets	782,617
					Variance	-5.28%
Dentistry activity	Dentistry activity: unit on dental activity	% Variance against plan	Quarterly		Actuals	134,797
					Plan/Targets	209,090
					Variance	64%

11. System summary position:

Area	Commentary
Finance	There remains a significant proportion of **high risk CIPs** across the system, driven primarily by RDUH and UHP, though levels in all provider organisations are out of tolerance **Cash management and CDEL** usage are High risk across all organisations. CIP delivery progress to follow when Month 2 position available.
Performance	There is significant System variance to the **RTT 52 week** trajectory, whilst TSD are behind trajectory, the system position is driven primarily by under performance in RDUH who are also under plan on Elective activity **Ambulance handover, 4 hour performance for children and MH patients in ED over 24 hours** are off plan at all Acute Providers and lead to a poor system position **NCTR** is showing as off track, however the dashboard is currently measuring against the historic 5% target rather than organisational plan – this will be resolved by the next meeting of the tactical cell
Workforce	**Total WTE** across the system is below plan, however Bank usage is above plan across three providers (most notably RDUH) **Total workforce spend, agency spend and bank spend** are all significantly above plan, each across multiple providers
UEC Demand Management	**ED type 1 activity** is above plan for the system, with above plan activity seen in both UHP and RDUH – the provider level reports that follow detail the NHS Devon actions to manage demand above plan. **111 Validation** is delivering significantly off trajectory
Elective Demand Management	**IS costs** are significantly over plan
Primary Care and Dentistry	**Dentistry Activity** (led by NHS Devon) is significantly below trajectory

Month 2 Escalations and Interventions

12. Summary of Escalations and actions by organisation (organisational Breakdown in Appendix A) – communicated formally to organisations w/c 23 June

Organisation	Escalation Framework level	Further actions
Royal Devon University Hospitals NHS Foundation Trust (RDUH)	Finance – Level 3 Performance – Level 3	RDUH CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW RDUH COO to formally meet NHS Devon COO to present recovery actions and timescales for all red rated Performance risks – invitation extended to NHSE SW

	Workforce – Level 2	RDUH CPO to share with NHS Devon CPO summary of recovery actions and timelines for red rated Workforce Risks.
Torbay and South Devon NHS Foundation Trust (TSD)	Finance – Level 3 Performance – Level 2 Workforce – Level 2	TSD CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW TSD COO to share with NHS Devon a summary of recovery actions and timelines for red rated Performance Risks. TSD CPO to share with NHS Devon CPO summary of recovery actions and timelines for red rated Workforce Risks.
University Hospitals Plymouth NHS Trust (UHP)	Finance – Level 3 Performance – Level 3 Workforce – Level 2	UHP CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW UHP COO to formally meet NHS Devon COO to present recovery actions and timescales for all red rated Performance risks – invitation extended to NHSE SW UHP CPO to share with NHS Devon CPO summary of recovery actions and timelines for red rated Workforce Risks
Devon Partnership NHS Trust (DPT)	Finance – Level 3	DPT CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW
NHS Devon	Finance – Level 1 Performance – Level 3 Workforce – Level 2	No further action NHS Devon CMO (Demand Management and Dentistry) / COO to formally present recovery actions and timescales to NHS Devon Executive and assurance taken through Board Committees NHS Devon CPO to confirm delivery of actions to mitigate workforce red rated risks

Actions taken in month

13. Appendix B details the current position against delivery of the actions as detailed in the above summary table.

14. In summary

    a. All performance review meetings between COOs have now been completed
    b. All finance meetings between CFOs have either been completed or are scheduled – these were not all possible in month and therefore remain as the core intervention actions for Month 3
    c. Workforce plans have not yet been shared by CPOs, this has been followed up and escalated – where organisations have seen improvement in Month 3 workforce position they have remained escalated to Level 2 pending return of workforce plans

Emerging Month 3 position

15. The Month 3 Delivery management process has now commenced with further escalations and actions agreed. The full detail will follow in next month's report though in summary

    a. Finance – Delivery of CIP remains adverse to plan – outstanding CFO to CFO meetings to review actions to return to trajectory, ***no changes to escalation*** this month pending these meetings
    b. Performance – Improvements seen in Emergency Department 4 hour performance recovering to system plan. Continued significant variance to RTT 52 week plan and Diagnostic performance. ***RDUH escalated to Level 4, TSD escalated to Level 3***
    c. Workforce – WTE on or below plan, but spend above plan. Significant variance in Bank and Agency in RDUH. ***RDUH escalated to Level 3, no other changes to escalation levels***

Recommendations

16. The Board is asked to **TAKE SATISFACTORY ASSURANCE** in the Delivery Management Process.

Appendix A – Organisational position and actions

NHS Devon
Current Position
June 2025

1. High Risk (Red) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to Trajectory
Workforce	Agency WTE - track and measure against plan	1.80	Plan is in place to remove one post from agency and discussions taking place on the 0.8wte	All agency usage removed – 2 weeks
	Agency Spend - track and measure against plan	£15,000	Will be delivered as part of reduction of agency WTE	All agency usage removed – 2 weeks
UEC Demand Management	A&E attendances	0.4%	Focus on primary care and PPG increase capacity.	Impact being modelled and will be shared by 23/6/25
	Total number of 111 calls resulting in ETC outcome post validation	29%	Working with PPG to increase enhanced clinical validation for out of hours	Impact being modelled and will be shared by 23/6/25
Elective Demand Management	Total IS Cost	8%	Agreeing the IAPs (Indicative Activity Plans) with independent sector partners. All agreements must be reached by the end of June and if agreement is not reached for any reason the ICB will impose the IAP as set The IAP reductions are significant against all IS providers and NHS Devon is pushing the drive towards providing a comparable NHS first offer to patients (not impacting on choice regulation) to support realising a financially	IAP agreements in place by the of end M3. On average the IS providers overarching IAPs will be reducing by 45% however this is higher for the ophthalmology only providers based on the minimum wait times impacting ophthalmology

			sustainable system through equalisation of waits.	more significantly. M6 onwards.
Primary Care and Dentistry	Dentistry activity	-58.1%	Rebasing programme continues Increased focus on urgent care programme (though will be largely at the expense of routine dental care).	Rebasing will lead to slow recovery Urgent care programme will be a shift in focus of finite resource.

2. Low Risk (Amber) – Off Track delivery metrics:

Area	Metric	Position	Actions Taken	Impact / Return to Trajectory
Finance	CIP scheme identification - Percentage of CIP schemes unidentified	7%	No unidentified schemes as of M2	N/A
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	33%	Ahead of plan at M2 Exercise update internal profiling.	N/A
Elective Demand Management	Total Non Elective spells	2%	1. Demand Management Plan in place 2. Working with PPG to increase enhanced clinical validation for out of hours 3. Developing a Communications Strategy 4. Optimising primary Care ring fenced with 111	Anticipated impact to be provided at the next weekly tactical cell - performance only meeting
	Total Elective spells	-8%	Delivered through Provider plans as follows	See provider plans
	Total Outpatient	2%	Delivered through Provider plans as follows	See provider plans
	Primary care appointments	-0.07%	Marginal variation - no actions proposed	Expected to return to tolerance M3

Primary Care and Dentistry	Primary care appointment within two weeks	80.66%	Currently system still asking for same day need to be prioritised - no actions proposed	

3. Strategic Cell Recommendation

Proposed Escalation level as per framework
Level 2
Proposed Intervention Actions
Three key areas of risk: • ED demand above plan (particularly in UHP and RDUH) • IS spend above plan • Dentistry activity significantly below plan Mitigating actions in place for majority of areas, though recovery trajectories still being established, Dentistry risk does not appear fully mitigated. ***ACTION - NHS Devon to provide an update on recovery plans for Demand management, IS spend and Dentistry recovery, potentially moving to level 3 if not assured.***

4. NHS Devon CEO Decision

Accept the recommendation of the Strategic Cell	
Not fully	
If no – agreed amendments to Strategic Cell recommendation	
Finance – Level 1 Performance – Level 3	No further action NHS Devon CMO/COO to formally present recovery actions and timescales to NHS Devon Executive and assurance taken through Board Committees (Demand Management)

Workforce – Level 2	NHS Devon CPO to confirm delivery of actions to mitigate workforce red rated risks

Royal Devon University Healthcare NHS Foundation Trust (RDUH) Current Position

June 2025

5. High Risk (Red) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	51%	1. Fortnightly meeting led by Chief Exec to review through the savings programme all high-risk CIP is in place 2. NHSE Assurance Meeting has been held and any recommendations will be implemented Latest position shows improvement to 35% and will be reflected in next report.	Expected to improve further during June, focus on RED schemes – End of M3
	Cash Support Requirement	Permanent	1. Cash Management Committee in place 2. Infrastructure is in place, but cash support will be required	Actively manage cash position to ensure Trust has sufficient cash balances to meet obligations
	YTD System CDEL Variance to Plan	-100%	Continuing to manage the cash position by slowing down capital spend	This will recover over the year
Performance	RTT over 52 weeks	52.5%	1. Working with national sprints on validation 2. Clarifying and making flexible arrangements for waiting list initiative 3. Productivity programme as been implemented 4. Reinvigorating internal professional standards 5. Reviewing follow ups	Aiming to recover current position but forecasting work will show - TBC - trajectory to be provided by RDUH in 2 weeks

	Diagnostic performance	-11%	1. Working with the ICB to resolve the additional 500 referrals from the ceasing of the Korus independent sector contract 2. Validating all CHIME patients 3. Seeking to put in an additional Echo machine 4. Opened a new endsocopy unit 5. 2 diagnostic sprints will take place with NHSE	Recovery on NOUS and Audiology will take some time, recovery plans currently in development
	Maximum 45 min handover	183	1. Working with SWAST to implement the handover SOP 2. Continued work on improving flow	
	95% 4hr A&E for children	-13%	No mitigating actions provided.	
	No +24hr MH in ED	3	No mitigating actions provided.	
	Reduce discharge delays NCTR	8%	No mitigating actions provided.	
Workforce	Bank WTE - track and measure against plan	320	Continue with pay DBV programmes of work	
	Substantive Spend - track and measure against plan	(870)	Continue with pay DBV programmes of work	
	Agency Spend - track and measure against plan	(382)	Continue with pay DBV programmes of work	
	Bank Spend – Track and measure against plan	(738)	Continue with pay DBV programmes of work	
UEC Demand Management	A&E attendances (Type 1)	2%	Focus on primary care and PPG increase capacity.	Impact being modelled and will be shared by 23/6/25
Elective Demand Management	Total Elective spells	-11%	Tiverton has now started and should see increased activity; insourcing should pick up from M3 onwards	

6. Low Risk (Amber) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP scheme identification - Percentage of CIP schemes unidentified	1%	1. Fortnightly meeting led by Chief Exec to review through the savings programme all unidentified CIPs to be replaced with known schemes by end of June 2. NHSE Assurance Meeting has been held and any recommendations will be implemented. Latest assessment is less than £0.5m as unidentified.	No unidentified CIP- this would be green – M3
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	43%	No mitigating actions provided.	
Performance	RTT within 18 weeks	-1.8%	1. Working with national sprints on validation 2. Clarifying and making flexible arrangements for waiting list initiative 3. Productivity programme has been implemented 4. Reinvigorating internal professional standards 5. Reviewing follow ups	Aiming to recover current position but forecasting work will show
Workforce	Substantive WTE – track and measure against plan.	54	Continue with pay DBV programmes of work	
UEC Demand Management	Emergency admissions	-4%	No mitigating actions provided.	
Elective Demand Management	Total Non-Elective spells	9%	No mitigating actions provided.	
	Total Outpatient	8%	Continue as doing more activity is positive	

7. Strategic Cell Recommendation

Proposed Escalation level as per framework
Level 3
Proposed Intervention Actions

Areas of risk are substantial – and driving system position (especially on 52 week waits)

- Cash management
- RTT 52 weeks and Elective activity
- Diagnostics
- Ambulance Handover
- ED 45 minute handovers
- 4hr ED performance for children
- MH in ED beyond 24 hours
- Workforce spend
- Additionally Month 2 now showing 65% adverse to CIP plan

Mitigating actions in most areas, but recovery trajectory not clear

- RTT recovery trajectory under development and will be available in 2 weeks
- No mitigating actions for Children or MH patients in ED
- Workforce actions appear to be to continue with existing plan – this is a lagged measure so is worth review next month before action taken

ACTION – RDUH to complete Exec to exec session where they will need to share recovery plans for

- ***CIP delivery***
- ***RTT and elective performance***
- ***ED performance for MH and Children***

8. NHS Devon CEO Decision

Accept the recommendation of the Strategic Cell
Not Fully
If no – agreed amendments to Strategic Cell recommendation

Finance – Level 3	RDUH CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW
Performance – Level 3	RDUH COO to formally meet NHS Devon COO to present recovery actions and timescales for all red rated Performance risks – invitation extended to NHSE SW
Workforce – Level 2	RDUH CPO to share with NHS Devon CPO summary of recovery actions and timelines for red rated Workforce Risks.

Torbay and South Devon NHS Foundation Trust
Current Position
June 2025

9. High Risk (Red) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	Cash Support Requirement	Permanent	1. Fortnightly Cash Management Review Meeting is in place 2. Reviewing cash daily Currently a challenge from NHSE around CIP and reporting in order to inform the release of Q1 and Q2 DSF Cannot resolve the £8m gap and deficit in year	
	YTD System CDEL Variance to Plan	-100%	Profiling issue will self-resolve over the year.	Profiling issue will self-resolve over the year
Performance	Diagnostic performance	-18%	1. Full recovery plan in place 2. Insourcing request for Dexa Scanning has been submitted and a response is awaited.	M3
	Maximum 45 min handover	317	1. Implementing Handover Policy on 7th July 2. Reviewing the RAH Process 3. Implementing a revised Ward Improvement Programme 4. ED Build to go live in September and Frailty Programme to go live for Winter.	M5
	95% 4hr A&E for children	-21%	Internal professional standard process is due to launch in next 3 weeks	M4
	No +24hr MH in ED	4	1. Continued daily operational escalation process in place	

			2. Escalation has been taken through Exec to Exec 3. Continuing to align with RDUH work	
Workforce	Agency WTE - track and measure against plan	26	1. Agency Exit Plan in place 2. Weekly review meetings for Nurse, AHP, and Medical workforce with Deputy CNO oversight are taking place	M6
	Infrastructure WTE - track and measure against plan	114	1. MARS scheme going through internal governance process 2. Working on plans through strategic people partners with care groups to review infrastructure	M2
	Substantive Spend - track and measure against plan	(370)	1. Grip & Control internal pay control process is in place aligning with the letter received. 2. Week by week review	M4
	Bank Spend – Track and measure against plan	(113)	1. Grip & Control internal pay control process is in place aligning with the letter received. 2. Week by week review 3. Extra approval for nursing and bank and covered by weekly review meeting with Deputy CNO	M4

10. Low Risk (Amber) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	30%	A financial sustainability programme (Better Care Plan), is in place informed by an NHSE Review and outcomes are being implemented.	All CIPs identified and no high risk CIPs – M4
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	32%	A financial sustainability programme (Better Care Plan), is in place informed by an NHSE Review and outcomes are being implemented.	All CIPs identified and no high risk CIPs
Performance	Cancer 28 day performance	-6%	Plans in place to look at additional capacity for Dermatology and Colorectal (risk areas)	M3
	Cancer 62 day performance	-7%	Maximising theatre programmes and revamped the PTL programme	M3

	78% 4hr A&E	-6%	Implementing a Handover Policy on 7th July	M5
	Maximum 10% 12hrs A&E	1.1%	On track	
	Reduce discharge delays NCTR	4%	No mitigating actions provided.	
Elective Demand Management	Total Non Elective spells	6%	Reviewing Consultant to Consultant demand	
	Total Outpatient	-3%	No mitigating actions provided.	

11. Strategic Cell Recommendation

Proposed Escalation level as per framework
Level 2
Proposed Intervention Actions
Areas of risk broadly aligned to system position: • Cash management • ED 45 minute handovers • 4hr ED performance for children • MH in ED beyond 24 hours • Workforce spend • Additional TSD risk – Diagnostic performance All key risks have mitigating actions and recovery trajectories, though some mitigating actions seem to be business as usual/expected Grip and control – Advised expected further mitigating actions should be in place if no improvement next month. ***ACTION - TSDFT to report on their increased internal oversight procedures, including Cash management approach (also to be discussed as System risk)***

12. NHS Devon CEO Decision

Accept the recommendation of the Strategic Cell	
Not Fully	
If no – agreed amendments to Strategic Cell recommendation	
Finance – Level 3	TSD CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW
Performance – Level 2	TSD COO to share with NHS Devon COO summary of recovery actions and timelines for red rated Performance Risks.
Workforce – Level 2	TSD CPO to share with NHS Devon CPO summary of recovery actions and timelines for red rated Workforce Risks.

University Hospitals Plymouth NHS Trust
Current Position
June 2025

13. High Risk (Red) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	51%	1. Working with Care Groups to identify opportunities to reduce run rate and close the gap 2. Holding bank inflation to make savings and close the gap 3. Regular meetings are in place 4. Deferred income as a non-recurrent benefit 5. MARS redundancy scheme approved by NHSE due to go live on Wed 18th June. Latest position shows improvement to 38% and will be reflected in next report.	Reduced run rate Savings made with gaps closed – M4
	YTD System CDEL Variance to Plan	-100%	1. Discussions with NHSE to identify potential CDEL funding to support the bunker issue 2. Reviewing capital plan	
Performance	Maximum 45 min handover	506	A planned hard reset commencing 30th June across the site led by the UEC Team. Launching the Total Handover Program on 1st July – aim 45 mins (Think 30)	
	95% 4hr A&E for children	-9%	No mitigating actions provided.	
	No +24hr MH in ED	6	No mitigating actions provided.	
	Reduce discharge delays NCTR	6%	No mitigating actions provided.	

Workforce	Infrastructure WTE - track and measure against plan	99	No mitigating actions provided.	
	Substantive Spend - track and measure against plan	(1,095)	MARS redundancy scheme approved by NHSE due to go live Wednesday 18th June	M4
UEC Demand Management	A&E attendances (Type 1)	2%	1. Demand Management Plan in place 2. Working with PPG to increase enhance clinical validation for out of hours 3. Communications Strategy 4. Optimising primary Care ring fenced with 111	The impact on expected numbers is being worked on and will be brought back to next week's meeting.

14. Low Risk (Amber) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP scheme identification - Percentage of CIP schemes unidentified	9%	No mitigating actions provided.	
Performance	RTT over 52 weeks	8.4%	To increase weekend working by use of WLI/DTOT payments – approval with CEO pending confirmation that each specialty complies as follows: • Agreement to work 6 days per week in place • Have a clear interim solution based on the most cost-effective option • Have an exit plan • Achieving productivity requirements Validation sprint – now extended through to September.	Worked through once above action agreed in line with NHSE requirement for update on **24/6/25 - TBC**

				In May removed c.1,000 patients from list but cannot expect this high level to continue however fewer patients will tip over to 52 weeks as year progresses. TBC post NHSE finalisation
	78% 4hr A&E	-1%	AROW (Acute Rule Out Ward) 2) Paediatric Flow 3) MRU process and admitted patient flow 4) Maximising HALO (Pre Hospital Pathway Leads) to redirect and stream ambulances 5) Increasing the consistency by which SWAST refer to xray car and out of hospital UCR response 6) Mandated Call to Convey with Care Homes Commenced last week 7) Increasing and sustaining referrals via Gateway Hub 8) Max use of acute and community virtual ward	
	Maximum 10% 12hrs A&E	3.1%	No mitigating actions provided.	
Workforce	Bank Spend – Track and measure against plan	(17)	No mitigating actions provided.	

Elective Demand Management	GP referrals	3%	1. Optimising Primary Care ring fenced with 111 2. Implementation of UHP Physio first process for uro/gynae patients	
	Total Non Elective spells	-7%	Work with community team Deep dive on referrals to focus on top 10 referrals Implementing CRG referrals…?	
	Total Elective spells	-9%	No mitigating actions provided.	
	Total Outpatient	-5%	No mitigating actions provided.	

15. Strategic Cell Recommendation

Proposed Escalation level as per framework
Level 2
Proposed Intervention Actions
Areas of risk align with system position • Cash management • Ambulance Handover • 4hr ED performance for children • MH in ED beyond 24 hours • Workforce spend • Additionally month 2 now showing 38% adverse to CIP plan Mitigating actions and recovery trajectories in most areas except: • 4hr ED performance for children • MH in ED beyond 24 hours • Imminent risk to RTT 52 week performance ***ACTION – UHP to share their CIP and RTT 52 week recovery plans should this not give the required assurance then will escalate to level 3 and progress to an Exec to Exec for deep dive into CIP recovery actions.***

16. NHS Devon CEO Decision

Accept the recommendation of the Strategic Cell	
Not Fully	
If no – agreed amendments to Strategic Cell recommendation	
Finance – Level 3	UHP CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW
Performance – Level 3	UHP COO to formally meet NHS Devon COO to present recovery actions and timescales for all red rated Performance risks – invitation extended to NHSE SW
Workforce – Level 2	UHP COO to formally meet NHS Devon COO to present recovery actions and timescales for all red rated Workforce risks – invitation extended to NHSE SW

Devon Partnership NHS Trust
Current Position
June 2025

17. High Risk (Red) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	YTD System CDEL Variance to Plan	-100%	No mitigating actions provided.	
Workforce	Agency Spend - track and measure against plan	£25,000	Agency reduction plan now approved, expected impact from next month.	

18. Low Risk (Amber) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	32%	Repurposing £2m cash.	M2
Workforce	Bank WTE - track and measure against plan	1	Self-correct	
	Substantive Spend - track and measure against plan	£146,000	On plan, less than 1% off.	
	Bank Spend – Track and measure against plan	£17,000	No mitigating actions provided.	

19. Strategic Cell Recommendation

Proposed Escalation level as per framework
Level 2
Proposed Intervention Actions
Very few areas of high risk: • Agency Spend above plan • However Month 2 now showing CIP delivery 35% adverse to plan Mitigating actions in place. ***ACTION - DPT to share their CIP recovery plan should this not give the required assurance will escalate to level 3 and progress to an Exec to Exec for deep dive into CIP recovery actions.***

20. NHS Devon CEO Decision

Accept the recommendation of the Strategic Cell	
Not Fully	
If no – agreed amendments to Strategic Cell recommendation	
Finance – Level 3	DPT CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW

Appendix B – Action log

NHS Devon

Action	Action Update	Action Complete Date
NHS Devon CMO (Demand Management and Dentistry) / COO to formally present recovery actions and timescales to NHS Devon Executive and assurance taken through Board Committees.	Pending – demand currently below plan.	
NHS Devon CPO to confirm delivery of actions to mitigate workforce red rated risks	Actions Delivered – reflected in updated position	15/07/25

RDUH

Action	Action Update	Action Complete Date
RDUH CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW.	CFO meeting scheduled for 16/07.	
RDUH COO to formally meet NHS Devon COO to present recovery actions and timescales for all red rated Performance risks – invitation extended to NHSE SW.	Was scheduled for 11/07 – rescheduled due to RDUH COO unavailability, completed on the 16/07	16/07/25
RDUH CPO to share with NHS Devon CPO summary of recovery actions and timelines for red rated Workforce Risks.	Not received, NHS Devon CPO has followed up with RDUH CPO – to be superseded by need for formal meeting	

TSD Current Position
June 2025

1. High Risk (Red) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP forecast risk rating – Percentage of CIP schemes assessed as high risk	32%	Full review of plans following NHSE plans Identify further Plan for better care – workforce/performance improvement. Work up MARS scheme	By August
	Cash Support Requirement	Permanent	DSF funding. Ok q1 and q2. Concerns over 2nd half of year. Daily reviews of cash spend.	No Impact/Return date
Performance	Cancer 28 day performance	-10.6%	Met national standard, but set ambitious plan Spike for skin summer came early – additional clinic derm Colorectal - more registrar clinics. Cancer and diagnostic plan review.	Not fully known
	Diagnostic performance	-18.4%	CDC use – under used by patients MRI scanners went down. Equipment resilience plans Outsourcing DEXA – MRI and obstetric ultrasound	Not fully known
	No +24hr MH in ED	12	Queue is moving around system. Request for support. Suggest commissioning conversation with DPT ICB convene to respond.	Not fully known
Workforce	Agency WTE - track and measure against plan	26	No change from previous month: 1. Agency Exit Plan in place 2. Weekly review meetings for Nurse, AHP, and Medical workforce with Deputy CNO oversight are taking place	M6

2. Low Risk (Amber) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	32%	Not expected to now change	N/A
	CIP forecast recurrent delivery – Variance (Plan v Forecast)	2%	Opportunities to switch non-recurrent to recurrent being explored	No Impact/Return date
Performance	Cancer 62 day performance	-3.8%	See 28 day performance	See 28 day performance
	All types 78% 4hr A&E	-1.4%	No mitigating actions provided	No Impact/Return date
	Type 1 Maximum 10% 12hrs A&E	0.7%	Minimal variation, continuation of existing actions	No Impact/Return date
	Type 1 Maximum MH related attendances 10% 12hrs A&E	3.0%	See MH in ED	See MH in ED
Workforce	Substantive spend – track and measure against plan	275	No change from previous month	
	Bank spend – track and measure against plan	46	No change from previous month	
UEC Demand Management	Total Non Elective spells	1.3%	SDEC may be included. SWS to investigate further.	TBC
Elective Demand Management	Total Outpatient	-4%	SWS to complete further – elective ordinary is issue.	TBC

3. Month 2: Previous NHS Devon CEO Decision

Agreed Escalation level as per framework and actions	
Finance – Level 3	TSD CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW
Performance – Level 2	TSD COO to share with NHS Devon COO summary of recovery actions and timelines for red rated Performance Risks.
Workforce – Level 2	TSD CPO to share with NHS Devon CPO summary of recovery actions and timelines for red rated Workforce Risks.

4. Month 3: NHS Devon CEO Decision

Agreed Escalation level as per framework and actions	
Finance – Level 3	TSD CFO to share plans to reduce high risk CIPs with NHS Devon CFO – confirm all actions identified as part of the Finance risk framework completed
Performance – Level 3	TSD COO to formally meet NHS Devon COO to present recovery actions and timescales Diagnostics Delivery risk – invitation extended to NHSE SW
Workforce – Level 2	TSD CPO to share with NHS Devon CPO summary of recovery actions and timelines for red rated Workforce Risks

5. Action Log:

Action	Action Update	Action Complete Date
TSD CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW.	Scheduled by end of July	
TSD COO to share with NHS Devon COO summary of recovery actions and timelines for red rated Performance Risks.	Not received – Superseded by need for formal meeting	
TSD CPO to share with NHS Devon CPO summary of recovery actions and timelines for red rated Workforce Risks.	Not received, NHS Devon CPO has followed up with TSD CPO	

UHP Current Position
June 2025

6. High Risk (Red) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP scheme identification - Percentage of CIP schemes unidentified	9%	£6m value – Identified route map to close the gap – end of July Identify and implement new schemes	End July
	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	26%	£12m – has reduced since last month. Aiming for under 20% by end of July.	End July
	CIP delivery – percentage delivery YTD	33%	More back ended delivery. £4.8m behind MARS scheme released and applications received. Non-ward nursing and productivity review. Review of clinical admin.	Amber Q3 Green Q4
	CIP forecast recurrent delivery – variance (plan v forecast)	20%	Opportunities for recurrent CIPs to be identified as part of route map	Unknown
Performance	Type 1 Maximum MH related attendances 10% 12hrs A&E	14%	Reset week should see improvement over coming months	TBC
	No +24hr MH in ED	19	Sustaining reset week improvements, further actions TBC	TBC

7. Low Risk (Amber) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP profile – percentage of efficiencies expected to deliver in Q1 and Q2	39%	Not expected to now change	N/A

	Forecast Capital Financing (Use of cash reserves)	1%	Significant improvement since last month	No Impact/Return date
	Forecast capital allocation spend variance to capital allocation limit	1%	As above	No Impact/Return date
Performance	Cancer 28 day	-4.6%	Additional Derm clinic (70 slots/week), prostate referral review meeting	End July
	Cancer 62 day	-7.8%	Additional urology theatre capacity	TBC
	Diagnostic	-6.5%	Recruitment, space expansion, Dartmoor building opening	End November
	RTT over 52 weeks	1.5%	Achieved June target, working on 1% national target	Mid July
	95% 4hr A&E for children	-6.2%	Internal plan review	Beginning August
Workforce	Substantive Spend - track and measure against plan	872	Some came through from last year. Not as many WTE savings.	End June
	Bank Spend – Track and measure against plan	94	Targeted reduction, list of actions from workforce team	End June
Elective Demand Management	Total Elective spells	-4%	As described above	No Impact/Return date

8. Month 2: Previous NHS Devon CEO Decision

Agreed Escalation level as per framework and actions	
Finance – Level 3	UHP CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW
Performance – Level 3	UHP COO to formally meet NHS Devon COO to present recovery actions and timescales for all red rated Performance risks – invitation extended to NHSE SW
Workforce – Level 2	UHP CPO to share with NHS Devon CPO summary of recovery actions and timelines for red rated Workforce Risks

9. Month 3: Previous NHS Devon CEO Decision

Agreed Escalation level as per framework and actions	
Finance – Level 3	UHP CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW – confirm all actions identified as part of the Finance risk framework completed
Performance – Level 2	UHP COO to confirm to NHS Devon COO any amendments to recovery plan shared in previous month
Workforce – Level 2	Outstanding action to share Workforce plan to be completed

10. Action Log:

Action	Action Update	Action Complete Date
UHP CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW.	Scheduled by end of July	
UHP COO to formally meet NHS Devon COO to present recovery actions and timescales for all red rated Performance risks – invitation extended to NHSE SW.	Completed	11/7/25
UHP CPO to formally meet NHS Devon CPO to present recovery actions and timescales for all red rated Workforce risks – invitation extended to NHSE SW.	Not received, NHS Devon CPO has followed up with UHP CPO	

DPT Current Position
June 2025

11. High Risk (Red) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Finance	CIP Delivery – Percentage delivery YTD	-5%	Slow start, catching up with CIP programmes. Forecast to meet targets.	Not currently known – will confirm

12. Low Risk (Amber) – Off Track delivery metrics:

Area	Metric	Position	Actions Being Taken	Impact / Return to trajectory
Performance	Average length of stay for adult acute beds	0.63	Awaiting update from team	TBC
Workforce	Bank WTE - track and measure against plan	2	Clarify whether variance is over or under plan	TBC

13. Month 2: Previous NHS Devon CEO Decision

Agreed Escalation level as per framework and actions	
Finance – Level 3	DPT CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW

14. Month 3: NHS Devon CEO Decision

Agreed Escalation level as per framework and actions	
Finance – Level 3	DPT CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW – confirm all actions identified as part of the Finance risk framework completed
Performance – Level 2	DPT COO to share recovery actions for Length of Stay with NHS Devon COO for review.
Workforce – Level 1	No Further action.

15. Action Log:

Action	Action Update	Action Complete Date
DPT CFO to formally meet NHS Devon CFO to present recovery actions and timescales for all red rated Finance risks – invitation extended to NHSE SW	Scheduled by end of July	

Recommendations

The System Leadership Group is asked to:

NOTE the organisational escalation and intervention actions of the ICB, in particular the intervention actions in paragraph 10 and specific system actions as below

- All acute providers are asked to share a trajectory that sees the 95% ED 4hr standard for children met by end of year (or earlier) and that progress against this trajectory is tracked rather than delivery against the standard.

- Mental Health Provider Collaborative to holds a “MH in ED summit” with Acute providers in the next month to develop a joint proposal of actions that will mitigate in year risk, reporting back to SLG in August.

- The ICB share any emerging strategic plans from the Health and Care Strategy in September SLG for consideration of fast tracking ahead of winter.

Last Refreshed:
21/07/2025 13:26:10

Delivery Management Report

This report uses data that has been shared with NHS Devon ICB by NHS Digital (now NHS England). Under the terms and conditions of usage within the Data Sharing Agreement, NHS Devon ICB can share the data with ICS partners under a 'sub-licence' agreement. This means that access to this report is subject to Role Based Access Controls and that onward sharing of the report is restricted – please contact us before sharing.

Refresh Frequency: Monthly
Data Source(s):
Comments:

This dashboard monitors actuals against plans\targets for key performance indicators across the Devon system, these will be discussed at Tactical and Strategical Cells attended by Chief Operating Officers from Providers along with senior representatives from the ICB.

Contact for more Information: d-icb.businessintelligence@nhs.net natalie.stevenson@nhs.net karen.helliwell@nhs.net
Lead Analyst: Natalie Stevenson & Karen Helliwell
See version history (Hover)

Last Refreshed: 21/07/2025 13:26:10

Summary View

One Devon

ICS | ICB | RDU | UHP | TSD | DPT | LSW

Finance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
CIP Delivery	CIP scheme identification - Percentage of CIP schemes unidentified	CIP Plans Unidentified (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	13,921	6,393
					Denominator	303,930	303,930
					Variance	4.6%	2.1%
	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	CIP Plans High Risk (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	88,343	72,393
					Denominator	303,930	303,930
					Variance	29.1%	23.8%
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	CIP Forecast in Q1-2 / CIP Forecast (Annual)	Monthly	2025-06	Numerator	118,406	112,372
					Denominator	303,930	303,930
					Variance	39.0%	37.0%
	CIP delivery - Percentage delivery YTD	(CIP Plan YTD - CIP Actual delivery (YTD)) /CIP Plan YTD	Monthly	2025-06	Numerator	11,094	29,869
					Denominator	16,841	34,840
					Variance	34.1%	14.3%
	CIP forecast recurrent delivery - Variance (Plan v Forecast)	CIP Recurrent Variance (Plan v Forecast)	Monthly	2025-06	Numerator	221,285	210,230
					Denominator	221,285	221,285
					Variance	0.0%	5.0%
Revenue Plan Delivery	YTD Variance to plan (Excluding DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	-1,966	546
					Denominator	557,761	1,115,835
					Variance	0.4%	0.0%
	YTD Variance to plan (Including DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	-1,988	-8,424
					Denominator	557,761	1,115,835
					Variance	0.4%	0.8%
	Forecast Variance to plan (Excluding DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	6,657,002	6,657,002
					Variance	0.0%	0.0%
	Forecast Net Risk - Including DSF	Forecast Risk and Mitigations (Adverse) / Favourable - Including DSF / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	6,657,002	6,657,002
					Variance	NULL	NULL
	Forecast Variance to plan (Including DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	6,657,002	6,657,002
					Variance	0.0%	0.0%
	Recurrent Forecast Variance (Variance to LSP)	Recurrent Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	-13,376
					Denominator	6,657,002	6,657,002
					Variance	0.0%	0.2%
Productivity	YTD Productivity metrics (compared to 2024-25)	2025-26 National NHSE Productivity Performance / 2024-25 National NHSE Productivity Performance	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance		
Cash Management	Cash Support Requirement	Cash Support Requirement	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance	Permanent	Permanent
Capital	YTD Capital Financing (Use of Cash Reserves)	Variance (Planned v Actual) self-financed capital spend YTD / Planned self-financed capital spend YTD	Monthly	2025-06	Numerator	-1,318	-2,635
					Denominator	3,071	7,129
					Variance	-42.9%	-37.0%
	Forecast Capital Financing (Use of Cash Reserves)	Variance (Planned v Forecast) self-financed capital spend / Planned self-financed capital spend (Annual)	Monthly	2025-06	Numerator	-39	-24,705
					Denominator	109,808	109,808
					Variance	0.0%	-22.5%
	YTD Capital Allocation Variance to Plan	(Actual Capital Allocation Spend YTD Less Planned Capital Allocation Spend)/ Planned Capital Allocation Spend	Monthly	2025-06	Numerator	2,862	6,495
					Denominator	2,778	7,593
					Variance	3.0%	-14.5%
	Forecast Capital Allocation Spend Variance to Capital Allocation Limit	(Actual Capital Allocation Spend Forecast Less Capital Allocation Limit)/ Capital Allocation Limit	Monthly	2025-06	Numerator	111,265	118,965
					Denominator	105,779	107,779
					Variance	5.2%	10.4%

Performance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
A&E	All Types A&E 78% 4hr	Performance variance to plan	Monthly/ Weekly	2025-07-08	Actuals	70%	71%
					Plan/Targets	69%	70%
					Variance	1.7%	1.2%
	No >24hr MH in ED	Volume over 24hrs - zero tolerance target	Weekly	2025-07-08	Actuals	24	40
					Plan/Targets	0	0
					Variance	24	40
	Type 1 A&E 95% 4hr for children	Performance variance to plan	Weekly	2025-07-08	Actuals	80%	82%
					Plan/Targets	95%	95%
					Variance	-14.6%	-13.3%
	Type 1 A&E Maximum 10% 12hrs	Performance variance to plan	Weekly	2025-07-08	Actuals	9%	9%
					Plan/Targets	10%	10%
					Variance	-3.3%	-2.3%
	Type 1 A&E MH related attendances Maximum 10% 12hrs	Performance variance to plan	Monthly	2025-06	Actuals	19%	19%
					Plan/Targets	10%	10%
					Variance	8.6%	9.1%
Ambulance	30 min Cat 2 response	Average response time variance (mins) to national average of 30mins	Monthly	2025-07	Actuals	35	36
					Plan/Targets	30	30
					Variance	5	6
	Average Handover Delay	Average Handover Duration (min)	Monthly	2025-07	Actuals	53	50
					Plan/Targets	81	74
					Variance	-28	-24
Cancer	Cancer 28 day performance	Performance variance to plan	Monthly	2025-05	Actuals	80%	78%
					Plan/Targets	81%	81%
					Variance	-0.8%	-3.5%
	Cancer 62 day performance	Performance variance to plan	Monthly	2025-05	Actuals	68%	70%
					Plan/Targets	70%	72%
					Variance	-1.9%	-1.8%
Diagnostics	Diagnostic performance	Performance variance to plan	Monthly	2025-05	Actuals	46,887	49,143
					Plan/Targets	44,167	42,999
					Variance	6.8%	13.2%
Discharges	Reduce discharge delays NCTR	Variance against 5% historic target	Weekly	2025-06-24	Actuals	11%	11%
					Plan/Targets	5%	5%
					Variance	6.4%	5.7%
Mental Health	Average length of stay for Adult Acute Beds	Performance variance to plan	Monthly	2025-05	Actuals	55	60
					Plan/Targets	57	59
					Variance	-2.0)	1.10
RTT	RTT over 52 weeks	Performance variance to plan	Monthly/ Weekly	2025-07-13	Actuals	4,878	5,079
					Plan/Targets	4,516	4,620
					Variance	8.0%	9.9%
	RTT within 18 weeks	Performance variance to plan	Monthly/ Weekly	2025-07-13	Actuals	61%	61%
					Plan/Targets	61%	62%
					Variance	-0.2%	-0.2%

Workforce

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Bank and agency spend	Agency Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	2,449	4,673
					Plan/Targets		
					Variance	(2,449)	(4,673)
	Bank Spend – Track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	7,552	14,754
					Plan/Targets		
					Variance	(7,552)	(14,754)
Substantive spend	Substantive Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	158,818	317,095
					Plan/Targets		
					Variance	(158,818)	(317,095)
WTE	Agency WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	346	343
					Plan/Targets		
					Variance	(346)	(343)
	Bank WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	1,501	1,468
					Plan/Targets		
					Variance	(1,501)	(1,468)
	Infrastructure WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	8,319	8,324
					Plan/Targets		
					Variance	(8,319)	(8,324)
	Substantive WTE – track and measure against plan.	Variance to Plan	Monthly	2025-06	Actuals	32,350	32,400
					Plan/Targets		
					Variance	(32,350)	(32,400)

UEC Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
A&E	Total number of 111 calls resulting in ETC outcome post validation	Variance against plan as a %	Monthly/ Weekly	2025-06-30	Actuals	1,008	1,098
					Plan/Targets	984	780
					Variance	2.4%	40.8%
	Type 1 A&E attendances	Variance against plan as a %	Monthly	2025-06	Actuals	29,164	31,313
					Plan/Targets	29,199	31,314
					Variance	-0.1%	0.0%
Activity	Total Non Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	14,930	15,185
					Plan/Targets	14,057	14,824
					Variance	6.2%	2.4%

Elective Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Activity	Total Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	18,988	19,075
					Plan/Targets	19,196	19,743
					Variance	-1%	-3%
	Total Outpatient	Variance against plan as a %	Monthly	2025-06	Actuals	212,209	209,568
					Plan/Targets	195,825	204,193
					Variance	8%	3%
Cost	Total IS cost	Variance against plan as a %	Monthly	2025-05	Actuals	4,126,183	4,044,450
					Plan/Targets	3,937,917	3,937,917
					Variance	4.78%	2.71%
Referrals	GP referrals	Variance against plan as a %	Monthly	2025-05	Actuals	25,262	25,556
					Plan/Targets	25,266	25,674
					Variance	-0.02%	-0.46%

Primary care and Dentistry

Dimension	Metric	Performance Definition	Frequency	Latest date		Latest value	April	May
Primary care activity	Primary care appointment same day	% Performance against plan	Monthly	2025-05	Actuals		43%	45%
					Plan/Targets	35%	35%	35%
					Variance		8.37%	9.71%
	Primary care appointment within two weeks	% Performance against plan	Monthly	2025-05	Actuals		78%	80%
					Plan/Targets	85%	85%	85%
					Variance		-8.85%	-6.47%
	Primary care appointments	% Variance against plan	Monthly	2025-05	Actuals		759,927	741,288
					Plan/Targets	802,000	769,190	782,617
					Variance		-1.26%	-5.28%
Patient experience	GP Patient survey overall patient satisfaction survey response very good & fairly good	% Performance against target	Annual	2024	Actuals	78%		
					Plan/Targets	74%		
					Variance	4%		
Dentistry activity	Dentistry activity: unit on dental activity	% Variance against plan	Quarterly		Actuals		68,979	134,797
					Plan/Targets		111,990	209,090
					Variance		62%	64%

Quality

Dimension	Metric	Performance Definition	Frequency	Latest date		Latest value	April	May
Effectiveness of care	New urgent referrals to Crisis teams in the reporting period with fist face to face contace within 24 hours of referral		Monthly	2025-04	Actuals		61%	
					Plan/Targets			
					Variance		61%	
	New VERY urgent referrals to Crisis teams in the reporting period with fist face to face contace within 4 hours of referral		Monthly	2025-04	Actuals		43%	
					Plan/Targets			
					Variance		43%	
	Urgent Community Response two-hour performance		Monthly	2025-04	Actuals	83%	84%	
					Plan/Targets	70%	70%	70%
					Variance	13%	14%	
Patient experience	Friends & Family Test (FFT) Inpatients - % positive responses	Performance variance against England	Monthly	2025-01	Actuals	96%		
					Plan/Targets	95%		
					Variance	1%		
	GP continuity of care :Percentage of patients able to see their preferred primary care professional	Performance variance against England average	Annual	2024	Actuals	48%		
					Plan/Targets	40%		
					Variance	8%		
	Percentage of standard Continuing Healthcare referrals complete within 28 days	Performance variance against Target	Monthly	2025-06	Actuals		62%	68%
					Plan/Targets		80%	80%
					Variance		-19%	-12%
Patient safety	Learn from patient safety events (LFPSE) service		Monthly	2025-06	Actuals		7,881	8,101
					Plan/Targets			
					Variance		7,881	8,101
	MH Rate per 1000 of restrictive intervention use		Monthly	2025-04	Actuals		33.50	
					Plan/Targets			
					Variance		33.50	
	NHS Staff Survey safety culture score	Q20a I would feel secure raising concerns about unsafe clinical practice	Annual	2024	Actuals	70%		
					Plan/Targets	75%		
					Variance	69.9%		
	Number of complaints	Total number of complaints	Monthly	2025-06	Actuals		145	124
					Plan/Targets			
					Variance		145	124
	Number of concerns	Total number of concerns	Monthly	2025-06	Actuals		1,047	911
					Plan/Targets			
					Variance		1,047	911
	Total number of Patient safety incident investigations		Monthly	2025-05	Actuals		18	4
					Plan/Targets			
					Variance		18	4
Workforce	Leaver rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	0%	0%	0%
					Variance			
				2025-05	Actuals		8%	8%
					Plan/Targets			
					Variance		7.76%	7.73%
	Percentage of GPs to leave in the last 12 months	Variance to Plan	Monthly	2025-03	Actuals	8%		
					Plan/Targets	0%	0%	0%
					Variance	7.99%		
	Sickness rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	0%	0%	0%
					Variance			
				2025-05	Actuals		5%	5%
					Plan/Targets			
					Variance		5.29%	5.26%
	Staff survey engagement score	Variance to Plan	Monthly	2025-06	Actuals	6.45		
					Plan/Targets	0.00	0.00	0.00
					Variance	6.45		

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Summary View

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Finance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
CIP Delivery	CIP scheme identification - Percentage of CIP schemes unidentified	CIP Plans Unidentified (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	7,061	0
					Denominator	103,887	103,887
					Variance	6.8%	0.0%
	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	CIP Plans High Risk (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	17,688	17,688
					Denominator	103,887	103,887
					Variance	17.0%	17.0%
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	CIP Forecast in Q1-2 / CIP Forecast (Annual)	Monthly	2025-06	Numerator	34,115	38,858
					Denominator	103,887	103,887
					Variance	32.8%	37.4%
	CIP delivery - Percentage delivery YTD	(CIP Plan YTD - CIP Actual delivery (YTD)) /CIP Plan YTD	Monthly	2025-06	Numerator	5,286	15,475
					Denominator	5,286	10,732
					Variance	0.0%	-44.2%
	CIP forecast recurrent delivery - Variance (Plan v Forecast)	CIP Recurrent Variance (Plan v Forecast)	Monthly	2025-06	Numerator	72,108	72,108
					Denominator	72,108	72,108
					Variance	0.0%	0.0%
Revenue Plan Delivery	YTD Variance to plan (Excluding DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	0	4,743
					Denominator	272,032	544,064
					Variance	0.0%	-0.9%
	YTD Variance to plan (Including DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	0	4,743
					Denominator	272,032	544,064
					Variance	0.0%	-0.9%
	Forecast Variance to plan (Excluding DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	3,264,382	3,264,382
					Variance	0.0%	0.0%
	Forecast Net Risk - Including DSF	Forecast Risk and Mitigations (Adverse) / Favourable - Including DSF / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	3,264,382	3,264,382
					Variance	NULL	NULL
	Forecast Variance to plan (Including DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	3,264,382	3,264,382
					Variance	0.0%	0.0%
	Recurrent Forecast Variance (Variance to ULP)	Recurrent Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	3,264,382	3,264,382
					Variance	0.0%	0.0%
Cash Management	Cash Support Requirement	Cash Support Requirement	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance	None	None
Capital	YTD Capital Financing (Use of Cash Reserves)	Variance (Planned v Actual) self-financed capital spend YTD / Planned self-financed capital spend YTD	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance	0.0%	0.0%
	Forecast Capital Financing (Use of Cash Reserves)	Variance (Planned v Forecast) self-financed capital spend / Planned self-financed capital spend (Annual)	Monthly	2025-06	Numerator	0	0
					Denominator	2,566	2,566
					Variance	0.0%	0.0%
	YTD Capital Allocation Variance to Plan	(Actual Capital Allocation Spend YTD Less Planned Capital Allocation Spend)/ Planned Capital Allocation Spend	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance	0.0%	0.0%
	Forecast Capital Allocation Spend Variance to Capital Allocation Limit	(Actual Capital Allocation Spend Forecast Less Capital Allocation Limit)/ Capital Allocation Limit	Monthly	2025-06	Numerator	2,566	2,566
					Denominator	2,566	2,566
					Variance	0.0%	0.0%

Workforce

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Bank and agency spend	Agency Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	15	15
					Plan/Targets	0	0
					Variance	(15)	(15)
	Bank Spend – Track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	0	0
					Plan/Targets	0	0
					Variance	0	0
Substantive spend	Substantive Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	2,485	2,504
					Plan/Targets	2,714	2,714
					Variance	229	211
WTE	Agency WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	2	2
					Plan/Targets		
					Variance	(2)	(2)
	Bank WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	0	0
					Plan/Targets	0	0
					Variance	0	0
	Substantive WTE – track and measure against plan.	Variance to Plan	Monthly	2025-06	Actuals	411	410
					Plan/Targets	470	470
					Variance	59	60

UEC Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
A&E	Total number of 111 calls resulting in ETC outcome post validation	Variance against plan as a %	Monthly/ Weekly	2025-06-30	Actuals	1,008	1,098
					Plan/Targets	984	780
					Variance	2.4%	40.8%
	Type 1 A&E attendances	Variance against plan as a %	Monthly	2025-06	Actuals	29,164	31,313
					Plan/Targets	29,199	31,314
					Variance	-0.1%	0.0%
Activity	Total Non Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	14,930	15,185
					Plan/Targets	14,057	14,824
					Variance	6.2%	2.4%

Elective Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Activity	Total Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	18,533	18,725
					Plan/Targets		
					Variance	-100%	-100%
	Total Outpatient	Variance against plan as a %	Monthly	2025-06	Actuals	212,209	209,568
					Plan/Targets	195,825	204,193
					Variance	8%	3%
Cost	Total IS cost	Variance against plan as a %	Monthly	2025-05	Actuals	4,126,183	4,044,450
					Plan/Targets	3,937,917	3,937,917
					Variance	4.78%	2.71%
Referrals	GP referrals	Variance against plan as a %	Monthly	2025-05	Actuals	22,940	23,105
					Plan/Targets	23,177	23,228
					Variance	-1.02%	-0.53%

Quality

Dimension	Metric	Performance Definition	Frequency	Latest date		Latest value	April	May
Patient safety	Learn from patient safety events (LFPSE) service		Monthly	2025-06	Actuals		18	16
					Plan/Targets			
					Variance		18	16
	NHS Staff Survey safety culture score	Q20a I would feel secure raising concerns about unsafe clinical practice	Annual	2024	Actuals	70%		
					Plan/Targets			
					Variance	69.9%		
	Number of complaints	Total number of complaints	Monthly	2025-06	Actuals		8	7
					Plan/Targets			
					Variance		8	7
	Number of concerns	Total number of concerns	Monthly	2025-06	Actuals		272	316
					Plan/Targets			
					Variance		272	316
	Total number of Patient safety incident investigations		Monthly	2025-05	Actuals		0	0
					Plan/Targets			
					Variance		0	0
Workforce	Leaver rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	0%	0%	0%
					Variance			
				2025-05	Actuals		9%	8%
					Plan/Targets			
					Variance		9.39%	8.46%
	Sickness rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	0%	0%	0%
					Variance			
				2025-05	Actuals		4%	4%
					Plan/Targets			
					Variance		3.93%	3.77%
	Staff survey engagement score	Variance to Plan	Monthly	2025-06	Actuals			
					Plan/Targets	0.00	0.00	0.00
					Variance			

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Finance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
CIP Delivery	CIP scheme identification - Percentage of CIP schemes unidentified	CIP Plans Unidentified (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	971	504
					Denominator	68,750	68,750
					Variance	1.4%	0.7%
	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	CIP Plans High Risk (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	23,532	21,881
					Denominator	68,750	68,750
					Variance	34.2%	31.8%
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	CIP Forecast in Q1-2 / CIP Forecast (Annual)	Monthly	2025-06	Numerator	29,725	24,208
					Denominator	68,750	68,750
					Variance	43.2%	35.2%
	CIP delivery - Percentage delivery YTD	(CIP Plan YTD - CIP Actual delivery (YTD)) /CIP Plan YTD	Monthly	2025-06	Numerator	812	2,968
					Denominator	4,001	8,398
					Variance	79.7%	64.7%
	CIP delivery - Percentage delivery YTD (Re-profiled plan)	(CIP Plan YTD - CIP Actual delivery (YTD)) /CIP Plan YTD	Monthly	2025-06	Numerator	812	2,968
					Denominator	1,860	4,184
					Variance	56.3%	29.1%
	CIP forecast recurrent delivery - Variance (Plan v Forecast)	CIP Recurrent Variance (Plan v Forecast)	Monthly	2025-06	Numerator	47,671	47,321
					Denominator	47,671	47,671
					Variance	0.0%	0.7%
Revenue Plan Delivery	YTD Variance to plan (Excluding DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	-1,988	-4,252
					Denominator	97,708	194,733
					Variance	2.0%	2.2%
	YTD Variance to plan (Including DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	-1,988	-4,252
					Denominator	97,708	194,733
					Variance	2.0%	2.2%
	YTD Variance to plan (Re-profiled plan)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	153	-38
					Denominator	95,567	190,519
					Variance	-0.2%	0.0%
	Forecast Variance to plan (Excluding DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	1,172,605	1,172,605
					Variance	0.0%	0.0%
	Forecast Net Risk - Including DSF	Forecast Risk and Mitigations (Adverse) / Favourable - Including DSF / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	1,172,605	1,172,605
					Variance	NULL	NULL
	Forecast Variance to plan (Including DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	1,172,605	1,172,605
					Variance	0.0%	0.0%
	Recurrent Forecast Variance (Variance to ULP)	Recurrent Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	-1,500
					Denominator	1,172,605	1,172,605
					Variance	0.0%	0.1%
Productivity	YTD Productivity metrics (compared to 2024-25)	2025-26 National NHSE Productivity Performance / 2024-25 National NHSE Productivity Performance	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance		
Cash Management	Cash Support Requirement	Cash Support Requirement	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance	Permanent	None
Capital	YTD Capital Financing (Use of Cash Reserves)	Variance (Planned v Actual) self-financed capital spend YTD / Planned self-financed capital spend YTD	Monthly	2025-06	Numerator	-1,318	-2,635
					Denominator	1,370	2,741
					Variance	-96.2%	-96.1%
	Forecast Capital Financing (Use of Cash Reserves)	Variance (Planned v Forecast) self-financed capital spend / Planned self-financed capital spend (Annual)	Monthly	2025-06	Numerator	3,785	-20,160
					Denominator	35,001	35,001
					Variance	10.8%	-57.6%
	YTD Capital Allocation Variance to Plan	(Actual Capital Allocation Spend YTD Less Planned Capital Allocation Spend)/ Planned Capital Allocation Spend	Monthly	2025-06	Numerator	1,642	3,283
					Denominator	1,077	3,205
					Variance	52.4%	2.4%
	Forecast Capital Allocation Spend Variance to Capital Allocation Limit	(Actual Capital Allocation Spend Forecast Less Capital Allocation Limit)/ Capital Allocation Limit	Monthly	2025-06	Numerator	35,001	37,001
					Denominator	35,001	37,001
					Variance	0.0%	0.0%

Performance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
RTT	RTT over 52 weeks	Performance variance to plan	Monthly/ Weekly	2025-07-13	Actuals	2,209	2,413
					Plan/Targets	1,968	1,886
					Variance	12.2%	28.0%
	RTT within 18 weeks	Performance variance to plan	Monthly/ Weekly	2025-07-13	Actuals	60%	60%
					Plan/Targets	60%	61%
					Variance	0.2%	-1.0%
Discharges	Reduce discharge delays NCTR	Variance against 5% historic target	Weekly	2025-06-24	Actuals	14%	13%
					Plan/Targets	5%	5%
					Variance	9.2%	8.0%
Diagnostics	Diagnostic performance	Performance variance to plan	Monthly	2025-05	Actuals	26,494	28,649
					Plan/Targets	25,515	25,970
					Variance	10.9%	13.4%
Cancer	Cancer 28 day performance	Performance variance to plan	Monthly	2025-05	Actuals	84%	81%
					Plan/Targets	79%	80%
					Variance	5.0%	1.4%
	Cancer 62 day performance	Performance variance to plan	Monthly	2025-05	Actuals	73%	77%
					Plan/Targets	72%	73%
					Variance	0.9%	3.3%
Ambulance	Average Handover Delay	Average Handover Duration (min)	Monthly	2025-07	Actuals	32	32
					Plan/Targets	42	36
					Variance	-10	-4
A&E	All Types A&E 78% 4hr	Performance variance to plan	Monthly/ Weekly	2025-07-08	Actuals	69%	70%
					Plan/Targets	68%	68%
					Variance	1.4%	1.8%
	No +24hr MH in ED	Volume over 24hrs - zero tolerance target	Weekly	2025-07-08	Actuals	8	7
					Plan/Targets	0	0
					Variance	8	7
	Type 1 A&E 95% 4hr for children	Performance variance to plan	Weekly	2025-07-08	Actuals	80%	80%
					Plan/Targets	95%	95%
					Variance	-14.6%	-14.5%
	Type 1 A&E Maximum 10% 12hrs	Performance variance to plan	Weekly	2025-07-08	Actuals	5%	4%
					Plan/Targets	2%	2%
					Variance	3.3%	1.7%
	Type 1 A&E MH related attendances Maximum 10% 12hrs	Performance variance to plan	Monthly	2025-06	Actuals	20%	19%
					Plan/Targets	10%	10%
					Variance	9.5%	8.6%

Workforce

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Bank and agency spend	Agency Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	1,057	1,984
					Plan/Targets		
					Variance	(1,057)	(1,984)
	Bank Spend – Track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	2,576	4,909
					Plan/Targets		
					Variance	(2,576)	(4,909)
Substantive spend	Substantive Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	60,599	121,487
					Plan/Targets		
					Variance	(60,599)	(121,487)
WTE	Agency WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	136	137
					Plan/Targets		
					Variance	(136)	(137)
	Bank WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	581	548
					Plan/Targets		
					Variance	(581)	(548)
	Infrastructure WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	2,855	2,872
					Plan/Targets		
					Variance	(2,855)	(2,872)
	Substantive WTE – track and measure against plan.	Variance to Plan	Monthly	2025-06	Actuals	12,232	12,277
					Plan/Targets		
					Variance	(12,232)	(12,277)

UEC Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
A&E	Type 1 A&E attendances	Variance against plan as a %	Monthly	2025-06	Actuals	13,365	14,412
					Plan/Targets	13,564	14,180
					Variance	-1.5%	1.6%
Activity	Total Non Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	5,883	6,028
					Plan/Targets	5,243	5,522
					Variance	12.2%	9.2%

Elective Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Activity	Total Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	9,190	9,205
					Plan/Targets	9,029	9,177
					Variance	2%	0%
	Total Outpatient	Variance against plan as a %	Monthly	2025-06	Actuals	111,140	110,415
					Plan/Targets	99,929	103,718
					Variance	11%	6%
Referrals	GP referrals	Variance against plan as a %	Monthly	2025-05	Actuals	10,883	11,224
					Plan/Targets	11,003	10,705
					Variance	-1.09%	4.85%

Quality

Dimension	Metric	Performance Definition	Frequency	Latest date		Latest value	April	May
Effectiveness of care	Standardised Hospital Mortality Index (SHMI)		Monthly	2025-01	Actuals	0.97		
					Plan/Targets	1.00		
					Variance	0.97		
Patient experience	CQC inpatient survey satisfaction rate		Annual	2023	Actuals	8.61		
					Plan/Targets	10.00		
					Variance	8.6/10		
	Friends & Family Test (FFT) Inpatients - % positive responses	Performance variance against England	Monthly	2025-01	Actuals	99%		
					Plan/Targets	95%		
					Variance	5%		
Patient safety	CQC safe inspection score		Annual	2023	Actuals	3.00		
					Plan/Targets			
					Variance	Requires Improvement		
	Learn from patient safety events (LFPSE) service		Monthly	2025-06	Actuals		2,603	2,673
					Plan/Targets			
					Variance		2,603	2,673
	NHS Staff Survey safety culture score	Q20a I would feel secure raising concerns about unsafe clinical practice	Annual	2024	Actuals	73%		
					Plan/Targets			
					Variance	73.2%		
	Rate of neonatal deaths 1,000 total births	Rate compared with the group average	Annual	2023	Actuals	0.94		
					Plan/Targets			
					Variance	0.94		
	Rate of stillbirths per 1,000 total births	Rate compared with the group average	Annual	2023	Actuals	3.00		
					Plan/Targets			
					Variance	3.00		
	Total number of Patient safety incident investigations		Monthly	2025-05	Actuals		2	0
					Plan/Targets			
					Variance		2	0
Workforce	Leaver rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	0%	0%	0%
					Variance			
				2025-05	Actuals		7%	7%
					Plan/Targets			
					Variance		6.93%	6.93%
	Sickness rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	5%	5%	5%
					Variance			
				2025-05	Actuals		5%	5%
					Plan/Targets			
					Variance		4.95%	4.91%
	Staff survey engagement score	Variance to Plan	Monthly	2025-06	Actuals			
					Plan/Targets	0.00	0.00	0.00
					Variance			

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Summary View

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Finance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
CIP Delivery	CIP scheme identification - Percentage of CIP schemes unidentified	CIP Plans Unidentified (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	5,889	5,889
					Denominator	68,296	68,296
					Variance	8.6%	8.6%
	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	CIP Plans High Risk (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	26,732	15,530
					Denominator	68,296	68,296
					Variance	39.1%	22.7%
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	CIP Forecast in Q1-2 / CIP Forecast (Annual)	Monthly	2025-06	Numerator	30,770	25,961
					Denominator	68,296	68,296
					Variance	45.1%	38.0%
	CIP delivery - Percentage delivery YTD	(CIP Plan YTD - CIP Actual delivery (YTD)) /CIP Plan YTD	Monthly	2025-06	Numerator	2,328	5,698
					Denominator	4,462	9,131
					Variance	47.8%	37.6%
	CIP forecast recurrent delivery - Variance (Plan v Forecast)	CIP Recurrent Variance (Plan v Forecast)	Monthly	2025-06	Numerator	56,507	45,801
					Denominator	56,507	56,507
					Variance	0.0%	18.9%
Revenue Plan Delivery	YTD Variance to plan (Excluding DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	89,743	179,519
					Variance	0.0%	0.0%
	YTD Variance to plan (Including DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	0	-3,830
					Denominator	89,743	179,519
					Variance	0.0%	2.1%
	Forecast Variance to plan (Excluding DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	1,049,123	1,049,123
					Variance	0.0%	0.0%
	Forecast Net Risk - Including DSF	Forecast Risk and Mitigations (Adverse) / Favourable - Including DSF / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	1,049,123	1,049,123
					Variance	NULL	NULL
	Forecast Variance to plan (Including DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	1,049,123	1,049,123
					Variance	0.0%	0.0%
	Recurrent Forecast Variance (Variance to ULP)	Recurrent Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	-11,506
					Denominator	1,049,123	1,049,123
					Variance	0.0%	1.1%
Productivity	YTD Productivity metrics (compared to 2024-25)	2025-26 National NHSE Productivity Performance / 2024-25 National NHSE Productivity Performance	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance		
Cash Management	Cash Support Requirement	Cash Support Requirement	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance	None	None
Capital	YTD Capital Financing (Use of Cash Reserves)	Variance (Planned v Actual) self-financed capital spend YTD / Planned self-financed capital spend YTD	Monthly	2025-06	Numerator	0	0
					Denominator	677	2,113
					Variance	0.0%	0.0%
	Forecast Capital Financing (Use of Cash Reserves)	Variance (Planned v Forecast) self-financed capital spend / Planned self-financed capital spend (Annual)	Monthly	2025-06	Numerator	-98	-92
					Denominator	45,850	45,850
					Variance	-0.2%	-0.2%
	YTD Capital Allocation Variance to Plan	(Actual Capital Allocation Spend YTD Less Planned Capital Allocation Spend) / Planned Capital Allocation Spend	Monthly	2025-06	Numerator	677	2,125
					Denominator	677	2,113
					Variance	0.0%	0.6%
	Forecast Capital Allocation Spend Variance to Capital Allocation Limit	(Actual Capital Allocation Spend Forecast less Capital Allocation Limit)/ Capital Allocation Limit	Monthly	2025-06	Numerator	45,850	51,550
					Denominator	40,364	40,364
					Variance	13.6%	27.7%

Performance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
RTT	RTT over 52 weeks	Performance variance to plan	Monthly/ Weekly	2025-07-13	Actuals	1,755	1,861
					Plan/Targets	1,605	1,847
					Variance	9.4%	0.8%
	RTT within 18 weeks	Performance variance to plan	Monthly/ Weekly	2025-07-13	Actuals	60%	60%
					Plan/Targets	61%	62%
					Variance	-1.5%	-1.1%
Discharges	Reduce discharge delays NCTR	Variance against 5% historic target	Weekly	2025-06-24	Actuals	10%	10%
					Plan/Targets	5%	5%
					Variance	4.8%	4.7%
Diagnostics	Diagnostic performance	Performance variance to plan	Monthly	2025-05	Actuals	11,357	11,340
					Plan/Targets	12,326	11,200
					Variance	0.3%	-6.5%
Cancer	Cancer 28 day performance	Performance variance to plan	Monthly	2025-05	Actuals	78%	78%
					Plan/Targets	83%	83%
					Variance	-4.6%	-4.6%
	Cancer 62 day performance	Performance variance to plan	Monthly	2025-05	Actuals	64%	61%
					Plan/Targets	65%	68%
					Variance	-1.7%	-7.8%
Ambulance	Average Handover Delay	Average Handover Duration (min)	Monthly	2025-07	Actuals	99	77
					Plan/Targets	132	78
					Variance	33	-1
A&E	All Types A&E 78% 4hr	Performance variance to plan	Monthly/ Weekly	2025-07-08	Actuals	67%	70%
					Plan/Targets	68%	69%
					Variance	-0.9%	0.8%
	No +24hr MH in ED	Volume over 24hrs - zero tolerence target	Weekly	2025-07-08	Actuals	11	16
					Plan/Targets	0	0
					Variance	11	16
	Type 1 A&E 95% 4hr for children	Performance variance to plan	Weekly	2025-07-08	Actuals	82%	86%
					Plan/Targets	95%	95%
					Variance	-13.1%	-8.9%
	Type 1 A&E Maximum 10% 12hrs	Performance variance to plan	Weekly	2025-07-08	Actuals	16%	15%
					Plan/Targets	17%	16%
					Variance	-0.5%	-0.9%
	Type 1 A&E MH related attendances Maximum 10% 12hrs	Performance variance to plan	Monthly	2025-06	Actuals	22%	21%
					Plan/Targets	10%	10%
					Variance	12.3%	10.7%

Workforce

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Bank and agency spend	Agency Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	206	392
					Plan/Targets		
					Variance	(206)	(392)
	Bank Spend – Track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	2,573	5,106
					Plan/Targets		
					Variance	(2,573)	(5,106)
Substantive spend	Substantive Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	51,720	103,001
					Plan/Targets		
					Variance	(51,720)	(103,001)
WTE	Agency WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	16	17
					Plan/Targets		
					Variance	(16)	(17)
	Bank WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	452	430
					Plan/Targets		
					Variance	(452)	(430)
	Infrastructure WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	2,791	2,769
					Plan/Targets		
					Variance	(2,791)	(2,769)
	Substantive WTE – track and measure against plan.	Variance to Plan	Monthly	2025-06	Actuals	10,308	10,309
					Plan/Targets		
					Variance	(10,308)	(10,309)

UEC Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
A&E	Type 1 A&E attendances	Variance against plan as a %	Monthly	2025-06	Actuals	9,036	9,651
					Plan/Targets	8,510	9,458
					Variance	6.2%	2.0%
	Type 1 A&E Respiratory attendances		Monthly	2025-06	Actuals	256	238
					Plan/Targets	489	448
					Variance		
Activity	Total Non Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	5,657	5,674
					Plan/Targets	5,387	5,755
					Variance	5.0%	-1.4%

Elective Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Activity	Total Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	6,151	6,022
					Plan/Targets	6,323	6,666
					Variance	-3%	-10%
	Total Outpatient	Variance against plan as a %	Monthly	2025-06	Actuals	63,528	62,611
					Plan/Targets	59,558	63,142
					Variance	7%	-1%
Referrals	GP referrals	Variance against plan as a %	Monthly	2025-05	Actuals	6,411	6,118
					Plan/Targets	6,228	6,758
					Variance	2.94%	-9.47%

Quality

Dimension	Metric	Performance Definition	Frequency	Latest date		Latest value	April	May
Effectiveness of care	Standardised Hospital Mortality Index (SHMI)		Monthly	2025-01	Actuals	1.17		
					Plan/Targets	1.00		
					Variance	1.17		
Patient experience	CQC inpatient survey satisfaction rate		Annual	2023	Actuals	7.97		
					Plan/Targets	10.00		
					Variance	8.0/10		
	Friends & Family Test (FFT) Inpatients - % positive responses	Performance variance against England	Monthly	2025-01	Actuals	95%		
					Plan/Targets	95%		
					Variance	1%		
Patient safety	CQC safe inspection score		Annual	2021	Actuals	3.00		
					Plan/Targets			
					Variance	Requires Improvement		
	Learn from patient safety events (LFPSE) service		Monthly	2025-06	Actuals		1,602	1,609
					Plan/Targets			
					Variance		1,602	1,609
	NHS Staff Survey safety culture score	Q20a I would feel secure raising concerns about unsafe clinical practice	Annual	2024	Actuals	71%		
					Plan/Targets			
					Variance	70.7%		
	Number of complaints	Total number of complaints	Monthly	2025-06	Actuals		85	64
					Plan/Targets			
					Variance		85	64
	Number of concerns	Total number of concerns	Monthly	2025-06	Actuals		438	330
					Plan/Targets			
					Variance		438	330
	Rate of neonatal deaths 1,000 total births	Rate compared with the group average	Annual	2023	Actuals	2.04		
					Plan/Targets			
					Variance	2.04		
	Rate of stillbirths per 1,000 total births	Rate compared with the group average	Annual	2023	Actuals	3.53		
					Plan/Targets			
					Variance	3.53		
	Total number of Patient safety incident investigations		Monthly	2025-05	Actuals		2	2
					Plan/Targets			
					Variance		2	2
Workforce	Leaver rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	0%	0%	0%
					Variance			
				2025-05	Actuals		6%	6%
					Plan/Targets			
					Variance		6.48%	6.34%
	Sickness rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	6%	5%	5%
					Variance			
				2025-05	Actuals		6%	6%
					Plan/Targets			
					Variance		5.57%	5.51%
	Staff survey engagement score	Variance to Plan	Monthly	2025-06	Actuals			
					Plan/Targets	0.00	0.00	0.00
					Variance			

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Summary View

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Finance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
CIP Delivery	CIP scheme identification - Percentage of CIP schemes unidentified	CIP Plans Unidentified (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	0	0
					Denominator	41,538	41,538
					Variance	0.0%	0.0%
	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	CIP Plans High Risk (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	12,518	12,659
					Denominator	41,538	41,538
					Variance	30.1%	30.5%
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	CIP Forecast in Q1-2 / CIP Forecast (Annual)	Monthly	2025-06	Numerator	13,496	13,721
					Denominator	41,538	41,538
					Variance	32.5%	33.0%
	CIP delivery - Percentage delivery YTD	(CIP Plan YTD - CIP Actual delivery (YTD)) /CIP Plan YTD	Monthly	2025-06	Numerator	1,619	3,686
					Denominator	1,660	3,461
					Variance	2.5%	-6.5%
	CIP forecast recurrent delivery - Variance (Plan v Forecast)	CIP Recurrent Variance (Plan v Forecast)	Monthly	2025-06	Numerator	32,790	32,791
					Denominator	32,790	32,790
					Variance	0.0%	0.0%
Revenue Plan Delivery	YTD Variance to plan (Excluding DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	22	55
					Denominator	62,228	125,408
					Variance	0.0%	0.0%
	YTD Variance to plan (Including DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	0	-5,085
					Denominator	62,228	125,408
					Variance	0.0%	-4.1%
	Forecast Variance to plan (Excluding DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	736,671	736,671
					Variance	0.0%	0.0%
	Forecast Net Risk - Including DSF	Forecast Risk and Mitigations (Adverse) / Favourable - Including DSF / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	736,671	736,671
					Variance	NULL	NULL
	Forecast Variance to plan (Including DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	736,671	736,671
					Variance	0.0%	0.0%
	Recurrent Forecast Variance (Variance to ULF)	Recurrent Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	-370
					Denominator	736,671	736,671
					Variance	0.0%	0.1%
Productivity	YTD Productivity metrics (compared to 2024-25)	2025-26 National NHSE Productivity Performance / 2024-25 National NHSE Productivity Performance	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance		
Cash Management	Cash Support Requirement	Cash Support Requirement	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance	Permanent	Permanent
Capital	YTD Capital Financing (Use of Cash Reserves)	Variance (Planned v Actual) self-financed capital spend YTD / Planned self-financed capital spend YTD	Monthly	2025-06	Numerator	0	0
					Denominator	421	889
					Variance	0.0%	0.0%
	Forecast Capital Financing (Use of Cash Reserves)	Variance (Planned v Forecast) self-financed capital spend / Planned self-financed capital spend (Annual)	Monthly	2025-06	Numerator	-2,037	-2,764
					Denominator	19,617	19,617
					Variance	-10.4%	-14.1%
	YTD Capital Allocation Variance to Plan	(Actual Capital Allocation Spend YTD Less Planned Capital Allocation Spend)/ Planned Capital Allocation Spend	Monthly	2025-06	Numerator	232	463
					Denominator	421	889
					Variance	-45.0%	-47.9%
	Forecast Capital Allocation Spend Variance to Capital Allocation Limit	(Actual Capital Allocation Spend Forecast less Capital Allocation Limit)/ Capital Allocation Limit	Monthly	2025-06	Numerator	20,381	20,381
					Denominator	20,381	20,381
					Variance	0.0%	0.0%

Performance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
RTT	RTT over 52 weeks	Performance variance to plan	Monthly/ Weekly	2025-07-13	Actuals	914	805
					Plan/Targets	943	887
					Variance	-3.1%	-9.2%
	RTT within 18 weeks	Performance variance to plan	Monthly/ Weekly	2025-07-13	Actuals	63%	66%
					Plan/Targets	62%	63%
					Variance	0.9%	2.8%
Discharges	Reduce discharge delays NCTR	Variance against 5% historic target	Weekly	2025-06-24	Actuals	8%	7%
					Plan/Targets	5%	5%
					Variance	2.9%	2.4%
Diagnostics	Diagnostic performance	Performance variance to plan	Monthly	2025-05	Actuals	9,036	9,154
					Plan/Targets	6,326	5,829
					Variance	-17.9%	-18.4%
Cancer	Cancer 28 day performance	Performance variance to plan	Monthly	2025-05	Actuals	74%	70%
					Plan/Targets	81%	80%
					Variance	-6.3%	-10.6%
	Cancer 62 day performance	Performance variance to plan	Monthly	2025-05	Actuals	68%	70%
					Plan/Targets	75%	74%
					Variance	-7.3%	-3.8%
Ambulance	Average Handover Delay	Average Handover Duration (min)	Monthly	2025-07	Actuals	36	53
					Plan/Targets	94	88
					Variance	-54	-36
A&E	All Types A&E 78% 4hr	Performance variance to plan	Monthly/ Weekly	2025-07-08	Actuals	72%	69%
					Plan/Targets	71%	73%
					Variance	1.3%	-3.7%
	No +24hr MH in ED	Volume over 24hrs - zero tolerence target	Weekly	2025-07-08	Actuals	7	17
					Plan/Targets	0	0
					Variance	7	17
	Type 1 A&E 95% 4hr for children	Performance variance to plan	Weekly	2025-07-08	Actuals	78%	77%
					Plan/Targets	95%	95%
					Variance	-17.0%	-17.5%
	Type 1 A&E Maximum 10% 12hrs	Performance variance to plan	Weekly	2025-07-08	Actuals	6%	9%
					Plan/Targets	10%	9%
					Variance	-3.5%	0.0%
	Type 1 A&E MH related attendances Maximum 10% 12hrs	Performance variance to plan	Monthly	2025-06	Actuals	11%	17%
					Plan/Targets	10%	10%
					Variance	0.6%	7.4%

Workforce

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Bank and agency spend	Agency Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	576	1,077
					Plan/Targets		
					Variance	(576)	(1,077)
	Bank Spend – Track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	1,743	3,419
					Plan/Targets		
					Variance	(1,743)	(3,419)
Substantive spend	Substantive Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	29,696	59,593
					Plan/Targets		
					Variance	(29,696)	(59,593)
WTE	Agency WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	90	83
					Plan/Targets		
					Variance	(90)	(83)
	Bank WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	303	311
					Plan/Targets		
					Variance	(303)	(311)
	Infrastructure WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	1,779	1,790
					Plan/Targets		
					Variance	(1,779)	(1,790)
	Substantive WTE – track and measure against plan.	Variance to Plan	Monthly	2025-06	Actuals	6,186	6,196
					Plan/Targets		
					Variance	(6,186)	(6,196)

UEC Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
A&E	Type 1 A&E attendances	Variance against plan as a %	Monthly	2025-06	Actuals	6,763	7,250
					Plan/Targets	7,125	7,676
					Variance	-5.1%	-5.3%
	Type 1 A&E Respiratory attendances		Monthly	2025-06	Actuals	260	227
					Plan/Targets	329	302
					Variance		
Activity	Total Non Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	3,390	3,483
					Plan/Targets	3,427	3,547
					Variance	-1.1%	-1.8%

Elective Demand

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Activity	Total Elective spells	Variance against plan as a %	Monthly	2025-06	Actuals	3,647	3,848
					Plan/Targets	3,844	3,898
					Variance	-5%	-1%
	Total Outpatient	Variance against plan as a %	Monthly	2025-06	Actuals	37,541	36,542
					Plan/Targets	36,338	37,333
					Variance	3%	-2%
Referrals	GP referrals	Variance against plan as a %	Monthly	2025-05	Actuals	5,646	5,763
					Plan/Targets	5,946	5,765
					Variance	-5.05%	-0.03%

Quality

Dimension	Metric	Performance Definition	Frequency	Latest date		Latest value	April	May
Effectiveness of care	Standardised Hospital Mortality Index (SHMI)		Monthly	2025-01	Actuals	0.96		
					Plan/Targets	1.00		
					Variance	0.96		
Patient experience	CQC inpatient survey satisfaction rate		Annual	2023	Actuals	8.26		
					Plan/Targets	10.00		
					Variance	8.3/10		
	Friends & Family Test (FFT) Inpatients - % positive responses	Performance variance against England	Monthly	2025-01	Actuals	92%		
					Plan/Targets	95%		
					Variance	-2%		
Patient safety	CQC safe inspection score		Annual	2023	Actuals	3.00		
					Plan/Targets			
					Variance	Requires Improvement		
	Learn from patient safety events (LFPSE) service		Monthly	2025-06	Actuals		1,143	1,223
					Plan/Targets			
					Variance		1,143	1,223
	NHS Staff Survey safety culture score	Q20a I would feel secure raising concerns about unsafe clinical practice	Annual	2024	Actuals	69%		
					Plan/Targets			
					Variance	69.1%		
	Number of complaints	Total number of complaints	Monthly	2025-06	Actuals		16	15
					Plan/Targets			
					Variance		16	15
	Number of concerns	Total number of concerns	Monthly	2025-06	Actuals		132	104
					Plan/Targets			
					Variance		132	104
	Rate of neonatal deaths 1,000 total births	Rate compared with the group average	Annual	2023	Actuals	1.02		
					Plan/Targets			
					Variance	1.02		
	Rate of stillbirths per 1,000 total births	Rate compared with the group average	Annual	2023	Actuals	2.52		
					Plan/Targets			
					Variance	2.52		
	Total number of Patient safety incident investigations		Monthly	2025-05	Actuals		4	0
					Plan/Targets			
					Variance		4	0
Workforce	Leaver rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	0%	0%	0%
					Variance			
				2025-05	Actuals			
					Plan/Targets		12%	12%
					Variance		11.64%	11.60%
	Sickness rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	5%	5%	5%
					Variance			
				2025-05	Actuals			
					Plan/Targets		5%	5%
					Variance		4.94%	4.97%
	Staff survey engagement score	Variance to Plan	Monthly	2025-06	Actuals			
					Plan/Targets	0.00	0.00	0.00
					Variance			

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Finance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
CIP Delivery	CIP scheme identification - Percentage of CIP schemes unidentified	CIP Plans Unidentified (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	0	0
					Denominator	21,459	21,459
					Variance	0.0%	0.0%
	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	CIP Plans High Risk (Annual) / CIP Target (Annual)	Monthly	2025-06	Numerator	7,873	4,635
					Denominator	21,459	21,459
					Variance	36.7%	21.6%
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	CIP Forecast in Q1-2 / CIP Forecast (Annual)	Monthly	2025-06	Numerator	10,300	9,624
					Denominator	21,459	21,459
					Variance	48.0%	44.8%
	CIP delivery - Percentage delivery YTD	(CIP Plan YTD - CIP Actual delivery (YTD)) /CIP Plan YTD	Monthly	2025-06	Numerator	1,050	2,042
					Denominator	1,432	3,118
					Variance	26.7%	34.5%
	CIP forecast recurrent delivery - Variance (Plan v Forecast)	CIP Recurrent Variance (Plan v Forecast)	Monthly	2025-06	Numerator	12,209	12,209
					Denominator	12,209	12,209
					Variance	0.0%	0.0%
Revenue Plan Delivery	YTD Variance to plan (Excluding DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	36,050	72,111
					Variance	0.0%	0.0%
	YTD Variance to plan (Including DSF)	YTD Variance to Plan (Adverse) / Favourable / YTD Plan Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	36,050	72,111
					Variance	0.0%	0.0%
	Forecast Variance to plan (Excluding DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	434,221	434,221
					Variance	0.0%	0.0%
	Forecast Net Risk - Including DSF	Forecast Risk and Mitigations (Adverse) / Favourable - Including DSF / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	434,221	434,221
					Variance	NULL	NULL
	Forecast Variance to plan (Including DSF)	Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	434,221	434,221
					Variance	0.0%	0.0%
	Recurrent Forecast Variance (Variance to ULP)	Recurrent Forecast Variance to Plan (Adverse) / Favourable / Plan Annual Operating Expenditure	Monthly	2025-06	Numerator	0	0
					Denominator	434,221	434,221
					Variance		0.0%
Cash Management	Cash Support Requirement	Cash Support Requirement	Monthly	2025-06	Numerator	0	0
					Denominator	0	0
					Variance	None	None
Capital	YTD Capital Financing (Use of Cash Reserves)	Variance (Planned v Actual) self-financed capital spend YTD / Planned self-financed capital spend YTD	Monthly	2025-06	Numerator	0	0
					Denominator	603	1,386
					Variance	0.0%	0.0%
	Forecast Capital Financing (Use of Cash Reserves)	Variance (Planned v Forecast) self-financed capital spend / Planned self-financed capital spend (Annual)	Monthly	2025-06	Numerator	-1,689	-1,689
					Denominator	6,774	6,774
					Variance	-24.9%	-24.9%
	YTD Capital Allocation Variance to Plan	(Actual Capital Allocation Spend YTD Less Planned Capital Allocation Spend)/ Planned Capital Allocation Spend	Monthly	2025-06	Numerator	312	624
					Denominator	603	1,386
					Variance	-48.3%	-55.0%
	Forecast Capital Allocation Spend Variance to Capital Allocation Limit	(Actual Capital Allocation Spend Forecast Less Capital Allocation Limit)/ Capital Allocation Limit	Monthly	2025-06	Numerator	7,467	7,467
					Denominator	7,467	7,467
					Variance	0.0%	0.0%

Performance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Mental Health	Average length of stay for Adult Acute Beds	Performance variance to plan	Monthly	2025-05	Actuals	56	62
					Plan/Targets	56	61
					Variance	0.55	0.63

Workforce

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Bank and agency spend	Agency Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	610	1,220
					Plan/Targets		
					Variance	(610)	(1,220)
	Bank Spend – Track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	660	1,320
					Plan/Targets		
					Variance	(660)	(1,320)
Substantive spend	Substantive Spend - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	16,803	33,014
					Plan/Targets		
					Variance	(16,803)	(33,014)
WTE	Agency WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	105	105
					Plan/Targets		
					Variance	(105)	(105)
	Bank WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	166	180
					Plan/Targets		
					Variance	(166)	(180)
	Infrastructure WTE - track and measure against plan	Variance to Plan	Monthly	2025-06	Actuals	894	894
					Plan/Targets		
					Variance	(894)	(894)
	Substantive WTE – track and measure against plan.	Variance to Plan	Monthly	2025-06	Actuals	3,624	3,619
					Plan/Targets		
					Variance	(3,624)	(3,619)

Quality

Dimension	Metric	Performance Definition	Frequency	Latest date		Latest value	April	May
Effectiveness of care	New urgent referrals to Crisis teams in the reporting period with fist face to face contace within 24 hours of referral		Monthly	2025-04	Actuals		51%	
					Plan/Targets			
					Variance		51%	
	New VERY urgent referrals to Crisis teams in the reporting period with fist face to face contace within 4 hours of referral		Monthly	2025-04	Actuals		37%	
					Plan/Targets			
					Variance		37%	
Patient experience	CQC MH survey satisfaction rate		Annual	2024	Actuals	5.90		
					Plan/Targets	10.00		
					Variance	5.90		
	Friends & Family Test (FFT) Mental Health - % positive responses		Monthly	2025-01	Actuals	91%		
					Plan/Targets			
					Variance	91%		
Patient safety	CQC safe inspection score		Annual	2021	Actuals	2.00		
					Plan/Targets			
					Variance	Good		
	Learn from patient safety events (LFPSE) service		Monthly	2025-06	Actuals		1,091	1,033
					Plan/Targets			
					Variance		1,091	1,033
	MH Rate per 1000 of restrictive intervention use		Monthly	2025-04	Actuals		22.00	
					Plan/Targets			
					Variance		22.00	
	NHS Staff Survey safety culture score	Q20a I would feel secure raising concerns about unsafe clinical practice	Annual	2024	Actuals	76%		
					Plan/Targets			
					Variance	76.4%		
	Number of complaints	Total number of complaints	Monthly	2025-06	Actuals		22	11
					Plan/Targets			
					Variance		22	11
	Number of concerns	Total number of concerns	Monthly	2025-06	Actuals		159	142
					Plan/Targets			
					Variance		159	142
	Total number of Patient safety incident investigations		Monthly	2025-05	Actuals		0	1
					Plan/Targets			
					Variance		0	1
Workforce	Leaver rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	0%	0%	0%
					Variance			
				2025-05	Actuals		7%	7%
					Plan/Targets			
					Variance		6.76%	6.96%
	Sickness rate	Variance to Plan	Monthly	2025-04	Actuals			
					Plan/Targets	6%	6%	6%
					Variance			
				2025-05	Actuals		5%	5%
					Plan/Targets			
					Variance		5.29%	5.26%
	Staff survey engagement score	Variance to Plan	Monthly	2025-06	Actuals			
					Plan/Targets	0.00	0.00	0.00
					Variance			

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Performance

Dimension	Metric	Performance Definition	Frequency	Latest date		April	May
Mental Health	Average length of stay for Adult Acute Beds	Performance variance to plan	Monthly	2025-05	Actuals	50	55
					Plan/Targets		
					Variance	50.10	55.18

Quality

Dimension	Metric	Performance Definition	Frequency	Latest date		Latest value	April	May
Effectiveness of care	New urgent referrals to Crisis teams in the reporting period with fist face to face contace within 24 hours of referral		Monthly	2025-04	Actuals		76%	
					Plan/Targets			
					Variance		76%	
	New VERY urgent referrals to Crisis teams in the reporting period with fist face to face contace within 4 hours of referral		Monthly	2025-04	Actuals		100%	
					Plan/Targets			
					Variance		100%	
Patient experience	CQC MH survey satisfaction rate		Annual	2024	Actuals	6.30		
					Plan/Targets	10.00		
					Variance	6.30		
	Friends & Family Test (FFT) Mental Health - % positive responses		Monthly	2025-01	Actuals	84%		
					Plan/Targets			
					Variance	84%		
Patient safety	CQC safe inspection score		Annual	2019	Actuals	2.00		
					Plan/Targets			
					Variance	Good		
	Learn from patient safety events (LFPSE) service		Monthly	2025-06	Actuals		552	599
					Plan/Targets			
					Variance		552	599
	MH Rate per 1000 of restrictive intervention use		Monthly	2025-04	Actuals		45.00	
					Plan/Targets			
					Variance		45.00	
	NHS Staff Survey safety culture score	Q20a I would feel secure raising concerns about unsafe clinical practice	Annual	2024	Actuals	79%		
					Plan/Targets			
					Variance	78.9%		
	Number of complaints	Total number of complaints	Monthly	2025-06	Actuals		14	27
					Plan/Targets			
					Variance		14	27
	Number of concerns	Total number of concerns	Monthly	2025-06	Actuals		46	19
					Plan/Targets			
					Variance		46	19
	Total number of Patient safety incident investigations		Monthly	2025-05	Actuals		0	0
					Plan/Targets			
					Variance		0	0
Workforce	Leaver rate	Variance to Plan	Monthly	2025-04	Actuals		8%	
					Plan/Targets	0%		0%
					Variance		8.02%	
	Sickness rate	Variance to Plan	Monthly	2025-04	Actuals		6%	
					Plan/Targets	0%	0%	0%
					Variance		5.80%	

NHS Devon Integrated Care Board

Current position and actions arising from the Inspection of Local Authority Children Services (ILACs), Devon County Council

Date of Meeting	Date report produced
31 July 2025	26 June 2025

Author(s)		Report approved by	
Name and title:	Penny Smith, Chief Nursing Officer and Michele Thornberry, Deputy Director of Safeguarding and Patient Safety.	**Name and title:**	Penny Smith, Chief Nursing Officer
Phone:		**Date:**	26 June 2025
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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 an update on the outcome of Ofsted Inspection of Devon County Local Authority Children's Services (ILACs). It includes information about the responsibilities of NHS Devon and remedial actions being taken by health in response to the findings of the ILACs

Committees that have previously discussed/agreed the report, and outcomes of that discussion
NHS Devon Executive – 01 July 2025

Key recommendations and actions requested
NOTE the enhanced regulatory focus on Devon County Council's Children Services including reporting to the Secretary of State.
TAKE SATISFACTORY ASSURANCE regarding the remedial work being led by NHS Devon in relation to the areas relating to health

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	Neutral
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	Regulatory findings demonstrate Local Authority Children services in the Devon County Council footprint are inadequate. This includes aspects of health delivery.
Health inequalities	The Inspection Local Authority Children service (ILCAs) inspection focusses on vulnerable children including those in receipt of child protection arrangements and children in care.
Workforce	Regulatory findings demonstrate workforce challenges in related health services.
Resources and finance	Investment decisions made by Devon Investment Group (DIG).
Legal	Children's Act 1989 Section 11 Children's Act 2004. Working together to safeguard Children 2018 and 2023.
Digital and Data	Opportunity for efficiencies exist.
Involvement, Engagement and consultation	Not applicable at this time.

Current position and actions arising from the Inspection of Local Authority Children Services (ILACs), Devon County Council

Introduction and background

1. An Inspection of Local Authority Children's Services (ILACs) in Devon County was undertaken by Ofsted 30 September to 11 October 2024 and 13 to 16 January 2025. The report, published 13 May 2025, gave an inadequate rating overall.

2. The inspection identified key actions for multi-agency partners including health these inform the remainder of this report.

3. The Ofsted report arising from the 2020 ILACs found that children's services were 'inadequate' overall. Various directions ensued from the Secretary of State for Education, including appointment of Eleanor Brazil OBE as the first Children's Commissioner. Further directions arose, including that issued 10 October 2022 appointing Matt Dunkley CBE as the second Children's Commissioner, due to concerns over the pace of progress.

4. After the inadequate rating of 2025, and, in accordance with the single oversight framework, the Secretary of State appointed Nigel Richardson CBE as the third Children's Commissioner. He is required to assess if Devon Country Council has capability and capacity to improve itself to an adequate standard and report to the Secretary of State by 01 September 2025 with his recommendations.

5. If improvements are not achieved, there is possibility of formation of a children's trust, whereby the responsibility for children's services are removed from the local authority and placed in the responsibility of the trust.

6. The Devon Children Improvement Board was established by the second Children's Commissioner to oversee necessary improvements relating to the 2020 ILACs. Membership of this Improvement Board included the NHS Devon Chief Executive Officer and NHS Devon Director of Women's and Children's Services. The NHS Devon Chief Nursing Officer has now been invited in her role as Chair of the Devon Safeguarding Children's Partnership. Further to the 2025 inadequate rating, this group will be responsible for developing a reset of the improvement plan.

7. A health provider Chief Executive Officer is currently being sought to sit on the Devon Children Improvement Board. They will replace Liz Davenport, former Chief Executive Officer of Torbay and South Devon NHS Foundation Trust. This will further strengthen senior leadership contribution to oversee the necessary improvement needed by health. Devon County Council is also strengthening

their elected member contribution for children and young people increasing 1 named cabinet member to 3.

ILACs Assessment

Summary of the Report

8. The report of the most recent ILACs is published on the Ofsted website, accessible here: Inspection of Devon local authority children's services. The judgements arising from the most recent ILACs are outlined below:

Judgement	Grade
The impact of leaders on social work practice with children and families	Requires improvement to be good
The experiences and progress of children who need help and protection	Inadequate
The experiences and progress of children in care	Inadequate
The experiences and progress of care leavers	Inadequate
Overall effectiveness	Inadequate

9. An excerpt from the report summarised the position as stated below.

"Children's experiences in Devon remain poor. For too many children, serious weaknesses remain, leaving children at risk of harm. This is particularly the case for children experiencing neglect and domestic abuse, those at risk of extra-familial harm and care leavers living in unsuitable accommodation.

From the time of the last inspection, in March 2020, until January 2025, there have been several changes of director of children's services (DCS). Following the departure of the previous DCS at the end of 2024, the current DCS is an interim appointment, although he previously held the same role between January and September 2023. Since 2023, with the permanent appointments of the chief executive and some other senior leaders, there has been increased stability in leadership. This has enabled more ambitious and better-informed improvement plans to take shape and to begin to have an impact on practice, from a very low base.

NHS Devon responsibilities

Multi-Agency Safeguarding Hubs (MASH)

10. NHS Devon holds a statutory responsibility to commission safeguarding services in alignment with the statutory guidance Working Together to Safeguard Children

2023. This includes ensuring effective leadership and accountability and multi-agency collaboration with local authorities, police and other partners to help, protect and promote the welfare of children and safeguard children across Devon. This requires NHS Devon to commission sufficient resource within each Local Area to be able to respond to the level of safeguarding demand. Multi-Agency Safeguarding Hubs (MASH) are embedded across the three Local Authority's in Devon.

11. The health resource within the Devon local authority MASH is provided by Children Family Health Devon (CFHD). The specialist health input to the safeguarding process ensures that there is multi-agency information sharing and analysis and decision making to determine if there is a safeguarding risk to a child and to understand what ongoing support and help a child and/or family may require. The health staff in MASH attend strategy meetings as part of this process. This relates to action point 1 in the tables below.

12. Scrutiny of MASH functions including that of police and health processes in preparation for the Ofsted visit led to concerns being raised by CFHD about the capacity of their staff to fulfil safeguarding functions. The Devon MASH has seen an increase in demand by 30% since 2022/23. Ensuring adequate health resource in the MASH is a safeguarding priority within the NHS Devon 20252/26 Annual Plan (previously Objective 10 superseded by the proposed new Annual Plan Objective 6: Deliver statutory functions and continue to maintain a high-quality, safe and sustainable system, as set out elsewhere on the agenda for this meeting).

13. Inadequate MASH resource is held on the providers' risk registers. NHS Devon is working with them to mitigate this risk wherever possible, including reviewing ways of working and the profiling of action plans.

Children in Care (CIC) and Care Leavers Nurse Services

14. NHS Devon has corporate parenting responsibilities to ensure that the health needs of Children In Care (CIC) and care leavers are met. The CIC and care leavers nurse team work to enable young people to receive holistic and trauma informed care under appropriate pathways. There has been an 88% increase in the numbers of CIC since 2019. NHS Devon has identified children in care as a specific group within its Long-Term Plan, Joint Forward Plan, and this cohort have also been highlighted within the Core20Plus5 due to their vulnerability and being children of the state.

15. Monitoring visits to Devon County Council in 2023 highlighted concerns about the quality and impact of services for children in care, and the latest Ofsted report published in May 2025 stated that the availability of support to meet the needs of children in care and care leavers required improvement. Inadequate CIC and care leaver specialist nurse resource is held on the providers' risk registers. Inadequate capacity within the Children in Care (CIC) and Care Leavers Nurse Services will impact on the ability to address the needs of care leavers identified in the Devon ILACS. As with the MASH, NHS Devon is working with providers to mitigate this risk wherever possible.

Improvements needed by health

16. A review of the report by Ofsted has identified areas for improvement with implications for health providers and NHS Devon. These are summarised below:

Experiences and progress of children who need help and protection: rated inadequate

	Ofsted Findings	Initial NHS Devon Response
1.	**Delay in strategy discussions** Delays in almost half strategies. Reasons not recorded.	Further understand the cause of delays in strategy meetings to determine the impact of staff shortages in Children's Family Health Devon (CFHD).
2.	**Child protection conferences** Virtual attendance has become too routine.	• Review data on health attendance at Individual Children Protection Conferences (ICPC) and compare with police attendance. Is this virtual or face to face? • Is there any evidence to support virtual attendance having a negative impact on outcomes. • Determine the impact on clinical care of face-to-face attendance.
3.	**Children in Need and Child Protection Plans + Core groups** Actions from plans and core groups are not clear enough.	Review the quality and clarity of actions set by health within Children In Need (CIN) and Child Protection (CP) plans
4.	**Domestic abuse** Response not timely. Right support and timely interventions not available from LA and partners.	Determine the robustness of domestic abuse response within health services.
5.	**Children at risk of criminal or sexual exploitation** when children are identified response is not sufficiently effective across partnership for all children.	Understand whether health staff have the skills and resources to identify and respond to risks of exploitation.

The experiences and progress of children in care: inadequate

	Ofsted Findings	Initial NHS Devon Response
6.	**Children with complex needs** Significant minority of children experience disruption because	Complex needs workshops are in place. We need to work with partners to set out model with timeline and

	Ofsted Findings	Initial NHS Devon Response
	carers not able to meet their needs. Children in unregistered accommodation not receiving appropriate oversight. Some children's behaviours have reached high levels of concern where trauma and abuse have not been addressed. Partnership working is not strong enough to meet needs of these highly vulnerable children. As a result, many children do not receive the mental health and therapeutic support they need within a structured environment that can offer them safe care.	roadmap for plan delivery and implementation.
7.	**Health needs** For most children in care their general health needs are well understood. Social Workers work closely with partners. Funded dental checks when needed. Some children with mental health and emotional wellbeing needs, particularly those with complex needs do not always get the help they need or get it quickly enough.	Emotional wellbeing strategy and consideration to needs led 'waiting well' trauma offer.

The experiences and progress of care leavers: inadequate

	Ofsted Findings	Initial NHS Devon Response
8.	**Response to care leavers who are parents is inconsistent**. Lack of urgency or partnership working when safeguarding concerns.	Determine role of midwives and health colleagues to identify, support, and contribute to improvement.
9.	**PAs typically understand Health Needs of care leavers.** Access to health histories	Determine role of health colleagues to contribute to improvement.

The impact of leaders on social work practice with children and families requires improvement to be good

	Ofsted Findings	Initial NHS Devon Response
10	**Relationships with partner agencies including health are improving.** Collectively agencies do not always provide sufficiently strong multi agency response to supporting and protecting children and care leavers, including those at risk of exploitation or those experiencing domestic abuse or neglect. Senior leaders strengthened joint working and governance. Impact limited in relation to specialist services for children with acute needs.	Planning for new multi-agency arrangements to address.

17. A health improvement plan is in rapid development to ensure grip with clarity of oversight. It is due to be presented to the NHS Devon Executive meeting on 05 August 2025 for approval. This will then contribute to the multiagency plan overseen by the Devon Children's Improvement Board.

Conclusion

18. The Board is asked to:

- **NOTE** the enhanced regulatory focus on Devon County Council's Children Services including reporting to the Secretary of State.
- **TAKE SATISFACTORY ASSURANCE** regarding the remedial work being led by NHS Devon in relation to the areas relating to health

NHS Devon

NHS Devon Integrated Care Board

Torbay Ofsted and CQC Area Special Educational Needs and Disabilities (SEND) outcome

Date of Meeting	Date report produced
31 July 2025	18 July 2025

Author(s)		Report approved by	
Name and title:	Hannah Pugliese, Director for Women, Children and Young People	**Name and title:**	Penny Smith, Chief Nursing Officer
Phone:		**Date:**	23 July 2025
Email:	Penny.smith27@nhs.net		

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

Executive summary
This paper provides an update on the position in relation to waiting time recovery for children and young people in relation to the outcome of the Special Educational Needs and Disability (SEND) inspection in Torbay. It also sets out the actions that have been taken to improve service delivery within the health system and multiagency working. The impact of these actions is variable and demonstrates the need to go further faster and strengthen programme grip to address the underlying issues of: • Growing demand • Financial and workforce constraints Expediting a new model of delivery is a priority given the worsening position and the ongoing challenges of recovering the waiting times within the current model. This will include, consolidating senior leadership.

National context as well as the One Devon position is provided to inform the Board discussion regarding:

- The statutory obligations of NHS Devon including effective multiagency working
- Regulatory findings and ratings
- Forthcoming changes to supporting children with SEND
- Next steps required to deliver improvement at a pace that will prevent further negative impact on children, young people and families in Devon.

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

NHS Devon Executive – 15 July 2025

Key recommendations and actions requested

NOTE the findings of the SEND inspection for Torbay Local Area including identified areas of improvement for the Health System.

TAKE SATISFACTORY ASSURANCE regarding the work being undertaken by NHS Devon to respond to the findings of the SEND inspection.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Effective services produce better health outcomes for children and young people
Improve services and reduced unwarranted variation	Through improvement plans, completion of regulatory related action plans and embedding robust mechanisms of assurance
Make more efficient use of our resources	Reducing negative regulatory and inspectorate related issues enables better us of local resources for service delivery and quality of services.
Develop our culture and how we operate	To successfully address these complex challenges a strong culture of trusting and effective partnership working is required.

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

Area	

Quality of services	Poor regulatory compliance in impacts negatively on quality of care and outcomes for children and young people. Reputational risk and loss of confidence in health services by wider public and children, young people and families. CQC and Ofsted regulatory outcomes highlighted "major weaknesses" and "widespread failings" in Torbay's SEND services
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	ICB statutory obligations Children's Act 1989 Section 11 Children's Act 2004 Health and Care Act 2022 Children and Families Act 2014
Digital and Data	Data/intelligence in relation to Children's services and digital systems.
Involvement, Engagement and consultation	Various mechanisms deployed as part of various workstreams.

Torbay Ofsted and CQC Area Special Educational Needs and Disabilities (SEND) outcome

Introduction and background

1. The purpose of this paper is to provide a position update on the outcome of the Special Educational Needs and Disabilities (SEND) inspection in Torbay.

2. Ofsted and the Care Quality Commission (CQC) inspected the Torbay children and young people's SEND services and local area partnership, made up of Torbay Council and NHS Devon Integrated Care Board, 17-21st March 2025. The report was published in June. It can be found on the Ofsted website: Area SEND inspection of Torbay Local Area Partnership.

3. The inspection found widespread and systemic failings in SEND provision, with urgent improvements required. Inspectors reported that, despite active work within the Torbay Local Area since 2021, there continues to be a lack of progress on the impacts felt by Children and Young People with SEND and their families.

4. A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately three years.

5. The 4 Areas for Priority Action are:

    - The local area partnership must work together to urgently strengthen the systems that support partners' collaborative work at all levels. This includes the development and use of more effective governance arrangements to ensure improvements are made to SEND services in a timely manner.

    - The local area partnership must strengthen its commissioning arrangements to meet the identified needs of children and young people with SEND in Torbay. This includes strengthening the way that the joint strategic needs assessment is used to accurately identify and effectively manage risks when service gaps are identified across the partnership.

    - The local area partnership, including school leaders, must strengthen its multi-agency working to ensure that children and young people's needs are identified, assessed and met in a more efficient and timely manner through cohesive pathways across health, education and social care. This includes the following:

        - the effective use of the graduated response,
        - EHC plans accurately reflecting need, next steps and provision for children and young people,

- reducing levels of suspension and exclusion from secondary schools.

- NHS Devon must reduce waiting times across health services and strengthen the offer of support available to children and young people and their families while waiting for health assessments and diagnosis. This includes Child and Adolescent Mental Health Services (CAMHS), speech and language therapy, occupational therapy and community paediatrics

6. There are also 4 areas for improvement;

   - strengthening co-production,
   - improving working relationships with parents and carers,
   - strengthening support for children not in receipt of an Education Health and Care Plan (EHCP) and not accessing full time education,
   - and improving the preparation for adulthood offer.

Actions and Impact

7. A Priority Impact Plan is being developed with responsibilities set out for Torbay Council and for NHS Devon. It is due to be presented to the NHS Devon Executive meeting on 05 August 2025 for approval. The plan will be inclusive of the ongoing and future actions described in a paper elsewhere on the agenda for this meeting in relation to autism diagnostic assessment, but will be expanded to encompass all the specialties and care pathways identified by regulators.

8. A strong partnership approach and commitment will be required to deliver improvements the within the 18-month timeframe. This will be governed through Torbay SEND Local Area Improvement Board (SLAIP) and through the NHS Devon Board.

9. Preparation is underway for the anticipated inspections in Plymouth City Council and Devon County Council. A timeline for past and upcoming inspection can be seen in the **Appendix.**

10. Effective Joint Commissioning Across Education, Health, and Care will be managed through a strategic Joint Commissioning plan for SEND.

11. Commissioning plans will be co-produced with local Parent Carer Forums and young people. Embedding lived experience in service design, tendering, and performance review.

New Legislation and Reform - NHS Devon Responsibilities

12. The **SEND system in England is undergoing significant reforms**, focusing on improving support and outcomes for children and young people with SEND. These changes include the development of national standards, enhanced collaboration between education, health, and social care, and a move towards a more personalised and inclusive approach.

13. The key changes anticipated are:

- **National Standards for Inclusion** in education: There's a focus on creating a more inclusive system, ensuring that children with SEND can access mainstream education where appropriate.
- **Enhanced Collaboration**: Local authorities and health partners will be required to work more closely with parent carers and young people.
- **Personalised Support and EHCPs**: The reforms aim to create a more personalised approach to support,
- **Mediation and Dispute Resolution**: Including options for strengthening mediation between schools and local authorities
- Increased **Accountability and Transparency**: New local and national inclusion dashboard and refocused inspections by Ofsted and the CQC
- **Funding**: Investing in new special free schools and improving existing provision for children with SEND. There's a recognition of the need for a financially sustainable system for local authorities, with ongoing consultations on funding mechanisms. There has not yet been discussion about a similar approach to health funding

14. Wider Department for Education (DFE) and NHS developments of the **Families First Partnership**, including Multi-Agency Child Protection Teams (MACPT's), the **NHS 10 Year Plan** **mission shifts**, including neighbourhood models of care and children's integrated neighbourhood teams'.

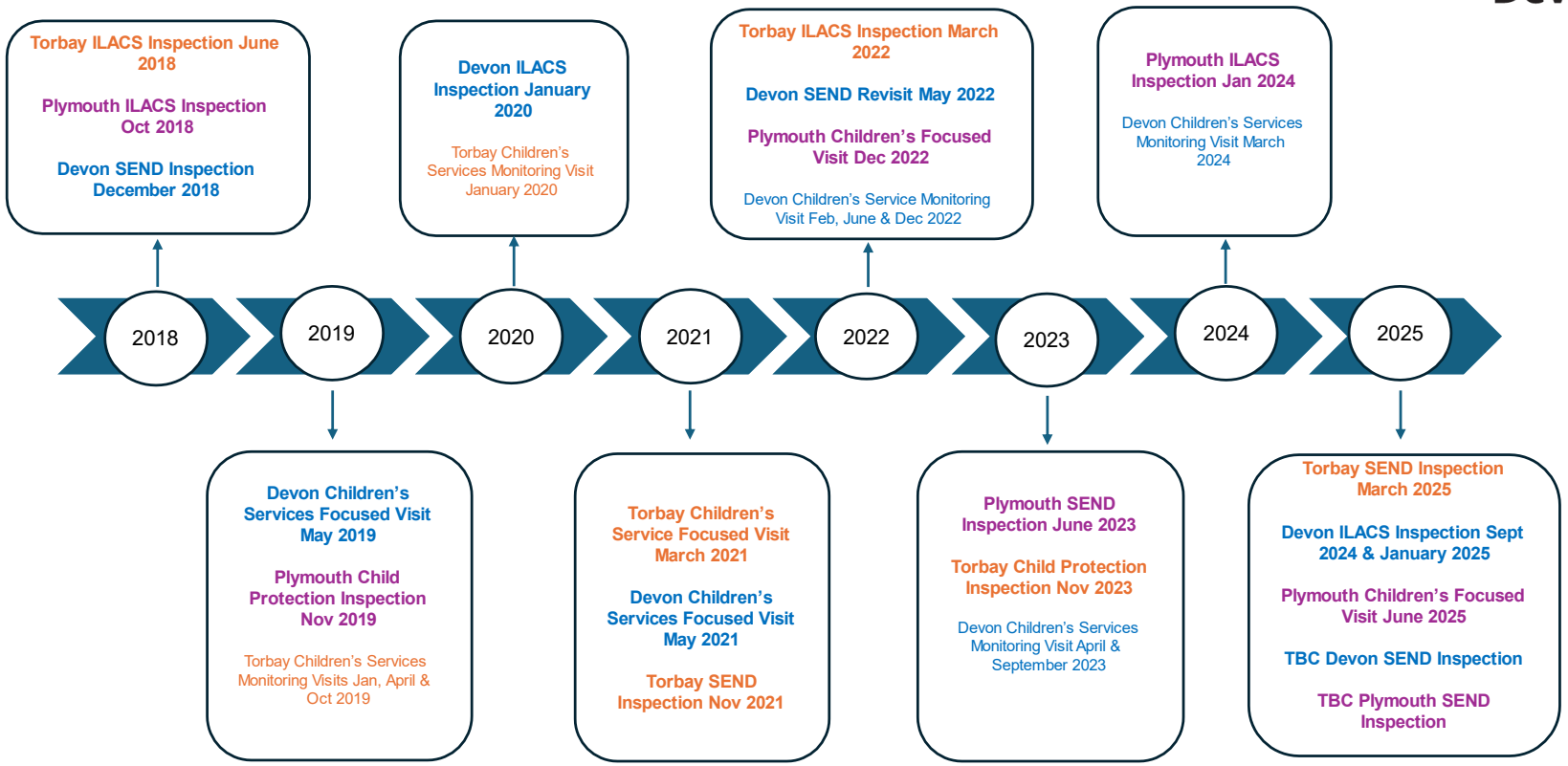
Conclusion

15. The Board is asked to:

- **NOTE** the findings of the SEND inspection for Torbay Local Area including identified areas of improvement for the Health System
- **TAKE SATISFACTORY ASSURANCE** regarding the work being undertaken by NHS Devon to respond to the findings of the SEND inspection.

Appendix:

Timeline of Devon, Torbay and Plymouth Local Area Ofsted & CQC Children's Services & SEND Inspections



NHS Devon

NHS Devon Integrated Care Board

Reducing Neurodiversity Waiting (incorporating Autism) Lists for Children and Young People

Date of Meeting	Date report produced
31 July 2025	18 July 2025

Author(s)		Report approved by	
Name and title:	Hannah Pugliese, Director for Women, Children and Young People	**Name and title:**	Penny Smith, Chief Nursing Officer
Phone:		**Date:**	23 July 2025
Email:	Penny.smith27@nhs.net		

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

Executive summary

This paper provides an update on the position in relation to waiting time recovery for children and young people in relation to Autism Diagnostic Assessment.

It also sets out the actions that have been taken to improve service delivery within the health system and multiagency working. The impact of these actions is variable and demonstrates the need to go further faster and strengthen programme grip to address the underlying issues of:

- Growing demand
- Financial and workforce constraints

Expediting a new model of delivery is a priority given the worsening position and the ongoing challenges of recovering the waiting times within the current model. This will include, consolidating senior leadership.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
NHS Devon Executive – 15 July 2025

Key recommendations and actions requested
TAKE LIMITED ASSURANCE regarding the impact of remedial work being led by NHS Devon for neurodiversity recovery noting improvements made and continued improvement plans

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Effective services produce better health outcomes for children and young people
Improve services and reduced unwarranted variation	Through improvement plans, completion of regulatory related action plans and embedding robust mechanisms of assurance
Make more efficient use of our resources	Reducing negative regulatory and inspectorate related issues enables better us of local resources for service delivery and quality of services.
Develop our culture and how we operate	To successfully address these complex challenges a strong culture of trusting and effective partnership working is required.

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Poor regulatory compliance in impacts negatively on quality of care and outcomes for children and young people. Reputational risk and loss of confidence in health services by wider public and children, young people and families. CQC and Ofsted regulatory outcomes highlighted "major weaknesses" and "widespread failings" in Torbay's SEND services
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	ICB statutory obligations Children's Act 1989 Section 11 Children's Act 2004 Health and Care Act 2022 Children and Families Act 2014
Digital and Data	Data/intelligence in relation to Children's services and digital systems.
Involvement, Engagement and consultation	Various mechanisms deployed as part of various workstreams.

Reducing Neurodiversity Waiting (incorporating Autism) Lists for Children and Young People

Introduction and background

1. The purpose of this paper is to provide a position update on waiting time recovery for children and young people (CYP) waiting for Autism Diagnostic Assessment

2. The report is written in context of:

    - The statutory obligations of NHS Devon including effective multiagency working
    - Regulator findings and ratings
    - Growing demand
    - Financial and workforce constraints

3. Autism is one of the diagnostic outcomes that may result from a neuro development diagnostic assessment. A differential diagnosis and formulation is made by a multidisciplinary team to identify how the needs children will be met by health, care and education. This is set out in Special Educational Needs and Disabilities (SEND) and NHS legislation.

4. National demand for neuro development diagnostic assessments has risen rapidly over the past 20 years, with year-on-year increase number of referrals. (Vo and Webb, 2024). This is a national issue; however, Devon remains and outlier in the numbers of CYP waiting for diagnostic services.

5. Consequently, neurodiversity recovery has a specific target within the Devon County Council (DCC) SEND Improvement Plan. NHS Devon Integrated Care Board (ICB) has a **statutory responsibility** to deliver the regulatory improvements set out in this plan as a strategic partner with DCC for SEND delivery in Devon.

6. Further to NHS Devon Board's direction, an **autism recovery programme** was established 2024/25. The programme is overseen by a group of senior responsible officers (SROs) from NHS Devon and health providers.

7. The programme scope includes:

    - **Waiting list reduction** with non-recurrent **investment** of £592k 2024/25 and 2025/26.
    - Introduction of **early help** as a mechanism for **demand management.**
    - Co-production of a **One Devon Neurodiversity Strategy**

8. However, despite good work across agencies, demand continues to exceed the gains achieved, giving a net increase in children waiting and a worsening position.

Actions to date and impact

9. On commencement of the autism/ neurodiversity recovery programme it became quickly apparent that the data did not provide an accurate understanding of the number of children waiting across Devon. A **data cleansing** exercise was completed and a dashboard developed to address this issue and track recovery progress.

10. This has resulted in improved reporting and monitoring of performance within individual organisations and at system level. However, there are ongoing limitations to **data quality**, primarily due to fragmented provision which leads to complex, multiagency neurodiversity pathways.

11. The remaining data quality issues are being managed through a **Data Quality Improvement Plan** which includes working with the regional team on the development of a new children's neurodiversity data set.

12. Implementation of the recovery plan, in the health system, is driven through the neurodiversity improvement and recovery programme with senior leadership from each health provider. The programme reports to committees of the NHS Devon Board, NHS England and three Local Authorities via the multi-agency strategic SEND governance arrangements and children's improvement boards.

13. The previously reported CYP autism waiting list recovery plan is now integrated into the above **governance** with ongoing drive to:

    - Reduce the number of CYP waiting over 52 weeks
    - Increase support for those waiting

14. The **One Devon Neurodiversity Strategy** for CYP has been co-created with partners and parent carers. It supports the recovery plan and signals a move away from a single diagnosis approach to recognition and inclusion of 'neurodiversity'. The strategy builds on work started in the recovery programme to deliver:

    - A needs-led model with less emphasis on formal diagnosis
    - Early identification and response
    - Integration of health pathways and services
    - Wider multi agency integration e.g. with education
    - The NHS England model for demand and capacity management

15. The strategy has been developed with CYP, parents and carers and is being further developed in partnership local authority SEND boards to respond to each Local Authority population needs.

16. A critical element of a new model is demand management which the ICB has a key role in delivering through our strategic partnership work underpinned by joint commissioning and through the commissioning intentions for the health system.

Performance

17. **Demand continues to exceed the available capacity.** This was at a rate of 39% in the 10 months to May 2025 in some areas. Demand continues to increase.

18. A total of 7,801 children and young people are waiting to access neurodevelopmental diagnostic assessments in Devon, with wait lists in the DCC and Torbay Council footprint continuing to increase. The number of children and young people waiting more than 52 weeks has also continued to increase in Devon and Torbay and is now 4,479. See **Appendix**.

19. For Plymouth early initiatives and improvements in the clinical pathways resulted in a rapid increase in the numbers of assessments undertaken. Specific medical workforce challenges have impacted this over the last 4 months, and this has seen improvement levelling off, with small increases being seen in children waiting. The early success in Plymouth stems from a more streamlined pathway including effective support to referral routes and a more established early help offer.

20. All organisations have increased activity during the recovery programme, but not all have been able to sustain this or to increase to a level that would keep up with demand. See **Appendix.**

21. There are ongoing challenges with **workforce** including recruitment of some clinical posts including paediatrics and psychology.

22. The **current model of delivery** is also a limiting factor in delivering pathways that are clinically effective, value for money and make best use of the available workforce.

Further actions and recommendations

23. Strengthened commissioning actions are being employed, with a focus on waiting list recovery, data quality, workforce, finance.

24. Consolidation of the senior leadership model have been developed and, papers have been received by respective provider boards in July 2025.

25. Creation of alternative clinical model group has commenced and is being chaired by Phil Mantay, Chief Executive Officer of Devon Partnership NHS Trust. This group has worked up an alternative clinical model for early support in schools, a critical element of the whole Neurodiversity pathway

26. **Expediting a new model of care to support a needs-led Neurodevelopmental Assessment Pathway is now a priority** given the worsening position and the ongoing challenges of recovering the waiting times within the current delivery model. This will include:

    - consolidating senior leadership
    - integration of services
    - early identifications and intervention
    - partnership with Local Authorities
    - A single point of access with clinical advice
    - multidisciplinary triage and decision making
    - collaboration and co-production with parents and carers

27. Appropriate focus on the needs of children and young people and the delivery of community children's services are being addressed in the Health and Care Strategy for Devon and will inform strategic commissioning intentions.

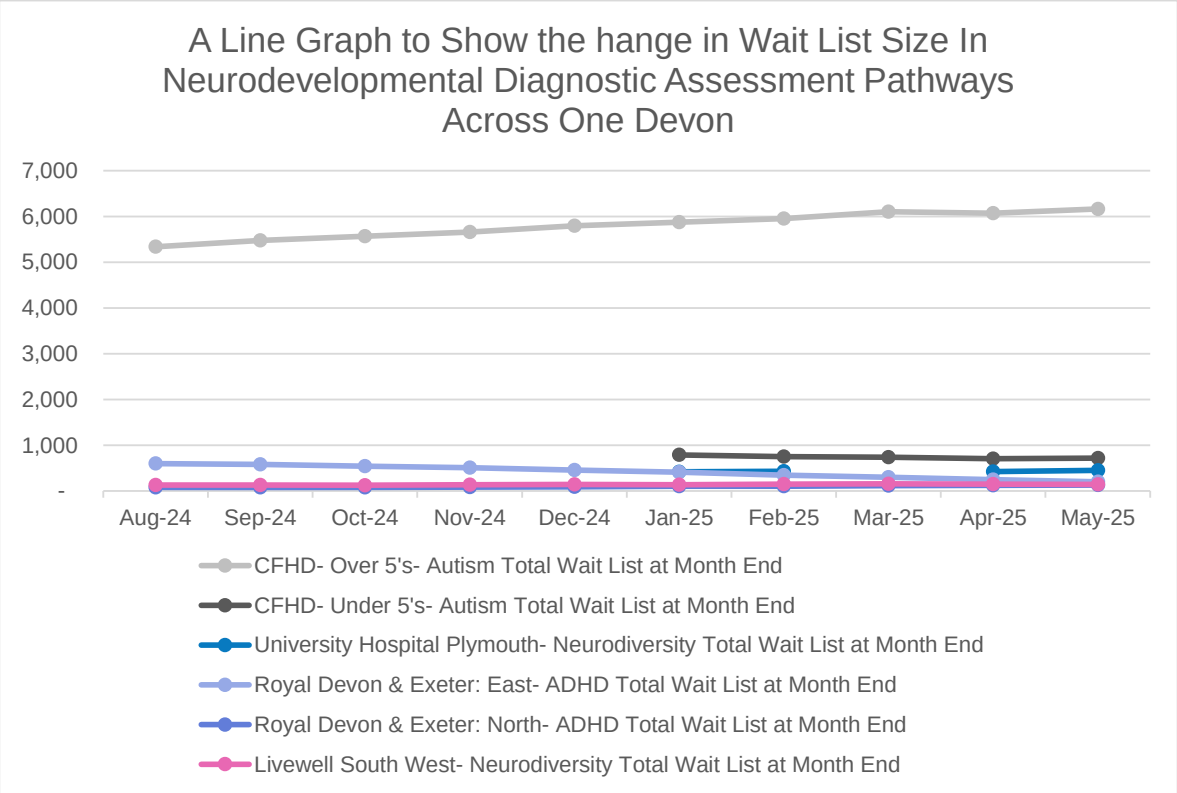
Conclusion

28. NHS Devon has had plans in place that have made good progress but at this point can only provide limited assurance of improvement in waiting times. These plans have set down a strong foundation which the next set of actions will build upon to drive up performance and establish a sustainable model of care.

29. The Board is asked to **TAKE LIMITED ASSURANCE** regarding the impact of remedial work being led by NHS Devon for neurodiversity recovery noting improvements made and continued improvement plans.

Appendix - Neurodevelopmental Performance & Delivery Analysis

Wait List Analysis



*UHP have changed the way this pathway is reported resulting in a temporary absence of data

Activity Analysis

Activity Across One Devon Neurodevelopmental Diagnostic Assessment Pathways

Activity Delivered	Aug -24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	% Change
CFHD- Over 5's- Autism	298	357	373	445	335	467	333	446	445	475	No Data	59.4%
CFHD- Under 5's- Autism	No Data	No Data	No Data	No Data	No Data	485	322	486	441	444	No Data	-8.5%
UHP- Neurodiversity	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	
TSD- ADHD	117	196	191	167	163	189	195	161	47	83	No Data	-29.1%
LSW- Neurodiversity	12	35	46	26	27	19	24	13	23	57	60	400.0%
RDUH: North & East, ADHD	91	109	146	171	114	147	158	146	150	153	190	108.8%
RDUH: North & East, Autism	51	65	55	45	49	54	37	37	46	29	31	-39.2%

*UHP have changed the way this pathway is reported resulting in a temporary absence of data

NHS Devon

NHS Devon Integrated Care Board

Developing a case for change for cardiovascular disease, cardiology and cardiac surgery services

Date of meeting	Date report produced
31 July 2025	14 July 2025

Author(s)		Report approved by	
Name and title:	Strategic commissioning team – NHS Devon	**Name and title:**	Libby Ryan-Davies Chief Strategic Commissioning and Planner Officer and Deputy CEO
Phone:		**Date:**	17 July 2025
Email:	d-icb.plannedcare@nhs.net		

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

One Devon

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

Executive summary

This paper summarises the process, timeline and governance to develop a draft case for change for cardiovascular disease (CVD) , cardiology and cardiac surgery services in Devon – alongside in-year activity to improve performance.

The case for change will outline current population needs and service provision – including CVD prevalence, waiting times, demand, gaps/variations, and compliance with national standards.

As part of the development work, a series of initial findings have been identified, including the CVD prevalence in Devon, opportunities to improve services and reduce waiting lists.

A period of engagement will be undertaken with a wide range of stakeholders – including clinicians, patients and stakeholders – to develop, review and refine the draft case for change

Alongside the work to develop the longer-term case for change, all system partners continue to collaborate and drive the existing CVD prevention programme and maximise opportunities to further prevent CVD across the population.

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

Scope information presented to System Leadership Group (26/06/25)
Scope information presented to the Peninsula Acute Provider Collaborative Executive group (30/06/2025)

Key recommendations and actions requested

ENDORSE the process to develop a case for change

NOTE the additional activity underway to be delivered in year

Impact on NHS Devon objectives

Objective	Impact
Improve population health	The case for change approach will reduce health inequalities and seek to improve population health and the way cardiovascular disease is managed
Improve services and reduced unwarranted variation	The case for change addresses the areas of variation within the service and seeks to improve the overarching service and patient experience
Make more efficient use of our resources	The case for change seeks to work collaboratively with service providers to make

	the best use of the resources available and improve patient experience
Develop our culture and how we operate	The paper supports the development of strategic commissioning intentions as part of the emerging health and care strategy and is based on collaboration with all providers. Early conversations with Cornwall are already in place to ensure a joint approach

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	The Case for Change seeks to address unwarranted variations in the service and work collaboratively with stakeholders to support an improved service
Health inequalities	This paper and proposed approach will improve health inequalities across Devon and Cornwall, if the scope is widened to include Cornwall. (currently in discussion with Cornwall partners regarding this work),
Workforce	Initial findings highlight some known variation in the delivery of services and seeks to promote the 'right person', right place' approach ensuring skilled capacity of current workforce is used most efficiently and effectively
Resources and finance	The paper looks at maximising prevention which will aim to manage some of the impact of the projected growth in disease prevalence and knock on capacity required within high-cost services. Greater productivity, collaboration and reduced variation will also provide opportunities to maximise current workforce and physical asset capacity
Legal	All development work will be in line with NHS England's strategic service change process as required
Digital and Data	Appropriate use of digital technology will be incorporated and appropriate data protection impact assessments and governance will be put in place
Involvement, Engagement and consultation	The paper outlines the approach to engagement, including patients, stakeholders and clinical teams.

Developing a case for change for cardiovascular disease, cardiology and cardiac surgery services

Introduction and background

1. NHS Devon's Board was due to consider a proposal on Thursday 29 May to establish a short-term, fixed-length "test and learn" process for out-of-hours primary Percutaneous Coronary Intervention (pPCI) services in Torbay and Exeter.

2. However, in light of the wide-ranging comments received from staff, clinicians, patients, the public, and elected representatives, the paper setting this out was withdrawn.

3. This was to enable the valuable feedback to be fully considered and allow time to reflect on whether such a process will lead to clarity on future commissioning arrangements to ensure the long-term sustainability of this important service.

4. This updated paper does not revisit the original pPCI proposal and test and learn process. Instead, it outlines the process that is underway to develop a 'Case for Change' which will inform a more comprehensive and forward-looking commissioning strategy for the provision of cardiology services across Devon. This includes proposed engagement with clinicians, patients and stakeholders.

5. A revised programme scope was approved by Chief Executives at all Devon acute providers at the System Leadership Group (SLG) on 26 June 2025. The Peninsula Acute Provider Collaborative (PAPC) Executive Board subsequently confirmed its support on 30 June 2025, which included representation from Cornwall and Isles of Scilly partners.

6. The scope articulated some urgent remedial actions required for current challenges within secondary care services. This includes addressing issues with patients in some parts of the county waiting too long for elective procedures.

7. When reviewed by the System Leadership Group, it was agreed that the scope should include all elements of the cardiovascular disease (CVD) pathway and cardiology services in Devon. Subsequently, NHS England have supported the inclusion of cardiac surgery services.

What a case for change is

8. A case for change comprehensively describes the current and future needs of the local population, the provision of local services and the key challenges facing the health and care system that must be addressed.

9. It provides the platform for change and needs to present a compelling picture of what needs to change and why.

10. A case for change does not include any proposals for future service change – it makes an argument for why change is needed, without suggesting which specific changes are required.

Draft vision

11. To support the development of the cardiology case for change, a draft vision has been developed that will be tested and further developed with key stakeholders, including clinicians:

    a. **To reduce cardiovascular disease in Devon by maximising prevention, ensuring early community-based detection and treatment, and delivering timely, equitable secondary and tertiary care in line with national standards.**

12. To realise this vision:

    a. All opportunities to reduce the prevalence of cardiovascular disease in Devon should be maximised and patients who have symptoms of or risk factors for cardiovascular disease are identified, diagnosed and treated as early as possible, and in their local community
    b. Clinical intervention and support for patients who require acute emergency or planned care will be provided as effectively and efficiently as possible, in line with national clinical and productivity standards
    c. Patients will have timely, clear and consistent pathways of care across Devon, with a focus on delivering care in the lowest clinically appropriate intensity settings.

Process to develop a case for change

13. Work has commenced and will continue to develop a case for change for Cardiovascular Disease (CVD), cardiology and cardiac surgery services, which will outline current population needs and service provision – including CVD prevalence, waiting times, demand, gaps/variations, and compliance with national standards.

14. The draft case for change will be the subject of significant engagement with the public and patients along with key stakeholders and multi-disciplinary clinical teams.

15. It will also be reviewed and input into by national and regional stakeholders, including the Peninsula Cardiovascular Network and Devon CVD Prevention Group. Partners in Cornwall and Isles of Scilly have also been invited to be part of this work.

16. An Equality Quality and Impact Assessment will be conducted to ensure the draft case for change and any subsequent programme of work fully considers all possible impacts on our population and health inequalities.

17. NHS Devon has produced a draft case for change which requires final testing and triangulation prior to being signed off by the NHS Devon Executive. This work will be completed in August 2025

Initial findings

18. As part of the work to develop a draft case for change, Initial findings from the work to develop a case for change are:

    a. Cardiovascular disease (CVD) is the second highest area of disease prevalence in Devon, and will continue to rise due to population demographics
    b. There is a significant opportunity to prevent more people becoming ill with a CVD related condition or long-term illness
    c. There are opportunities to intervene quicker within community care settings (primary care and secondary care-based interventions in community settings) to avoid patients' conditions worsening and requiring acute hospital care
    d. Patients are waiting too long for their treatment in acute hospitals in some parts of the county, leading to health inequalities and a risk of harm
    e. There are many differences in the way services are provided in Devon deviating from national targets and driving inequity in our population
    f. Some acute hospital services are not compliant with national clinical guidelines on their own (or without a formalised network of delivery across the county), which is a requirement set out in the NHS Devon Commissioning Plan, agreed by its NHS Devon Board
    g. There are productivity opportunities in acute hospital services which need to be grasped to ensure we are sustainable and responsive to the needs of patients now and in the future.
    h. Devon spends a higher amount than other ICB's on secondary care cardiology services

Timelines and next steps

19. A Cardiology Review Group (CRG) will be established to lead the engagement programme, as well as monitor the 'in year' performance recovery required by commissioners. The programme will report to NHS Devon's Board and NHS England's Specialised Commissioning Board.

20. An overarching 11-month timeline is proposed to ensure there is time to engage stakeholders in a meaningful manner.

21. A wide range of stakeholders will be involved in developing, reviewing and refining the case for change:

    a. **Clinicians** working across the whole patient pathway will be engaged, including through a Devon-wide clinical reference group. Independent and external clinical advice will also be sought
    b. **Overview and Scrutiny Committees** in Devon, Plymouth Torbay during August and September 2025
    c. **Public, patients and stakeholders** – including those with lived experience, MPs, Healthwatch, the Voluntary Community and Social Enterprise Sector (VCSE) and a stakeholder reference group

22. The engagement process on the draft case for change does not preclude the progression of delivery of performance improvements which will commence immediately (see below section for further details).

Additional in-year activity

23. Alongside the work to develop the longer-term case for change, all system partners continue to collaborate and drive the existing CVD prevention programme and maximise opportunities to further prevent CVD across the population.

24. Community-based integrated secondary care services for lower complexity patients will also be reviewed to ensure they are evidence-based, consistent and deliver best practice.

25. The Peninsula Acute Provider Collaborative will be commissioned by NHS Devon to consider and advise on the shape and form of a sustainable and equitable long-term solution for secondary care cardiology and cardiac surgery services for Devon, informed by the final case for change following the engagement process described.

26. In addition, the following in-year priorities have been identified:

    a. All acute providers to maximise current catheter lab capacity to ensure patients waiting for interventional procedures in Devon are prioritised and treated and the service is placed onto a sustainable footing. This will require providers to work together where capacity and waiting times fall differentially across provider organisations or where sustainability can best be achieved through collaboration across sites. The ICB has already started work with providers to ensure progress is made at pace and in parallel with the wider work programme

    b. All acute providers to deliver in-year changes to ensure the delivery of:

- 4% productivity targets across admitted and non-admitted care (including catheter lab utilisation of a minimum of 85%)
- emergency cardiology interventions within national standards (priority 1b patients within 72 hours)
- agreed referral-to-treatment (RTT) trajectories, focusing on priority 2 patients/highest clinical risk patients first
- the additional activity committed to via additional funding schemes as part of 25/26 Operating Plan

Conclusion

27. The Board is asked to:

- **ENDORSE** the process to develop a case for change
- **NOTE** the additional activity underway to be delivered in year

NHS Devon

NHS Devon Integrated Care Board

Approach to Winter Planning

Date of Meeting	Date Report Produced
31 July 2025	18 July 2025

Author(s)		Report Approved By	
Name and Title:	James Wenman Deputy Director Urgent and Community Care	**Name and title:**	John Finn (Acting Chief Operating Officer)
Phone:	07595398149	**Date:**	18 July 2025
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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 the approach to winter planning, setting out the NHS England timeline, system-wide priorities, and NHS Devon's key contributory programmes. It also details the next steps and provides recommendations to ensure coordinated and effective delivery across the system

Committees that have previously discussed / agreed the report, and outcomes of that discussion
System Leadership Group – 22 July 2025

Key recommendations and actions requested
TAKE SATISFACTORY ASSURANCE from the planning for winter and the proposed leadership model, including the approach to the appointment of an ICB Winter Director.

One Devon

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

AGREE to consider and approve the final Winter Plan in correspondence during August 2025.

Impact on NHS Devon Objectives	
Objective	**Impact**
Improve Population Health	All
Improve Services and Reduce Unwarranted Variation	
Make More Efficient Use of Our Resources	
Develop Our Culture and How We Operate	

Does this report have implications in any of the areas highlighted below?	
Area	**Yes**
Quality of Services	All
Health Inequalities	
Workforce	
Resources and Finance	
Legal	
Digital and Data	
Engagement and Consultation	

Approach to Winter Planning 2025/26

Introduction and background

1. This document sets out NHS Devon's strategic approach to system-wide winter planning for 2025/26. It is intended as a dynamic framework to support coordination, delivery, and governance across all system partners. While not an operational plan in itself, it establishes the overarching structure, timelines, leadership arrangements, and priority areas to guide the development and alignment of individual organisational winter plans.

2. The winter period brings a range of predictable pressures, including increased incidence of respiratory illness, higher rates of admissions related to frailty, and challenges in maintaining workforce capacity. While each organisation remains responsible for its own resilience planning, a joined-up, system-level approach is critical to mitigating the cumulative impact of these pressures. This strategic plan aims to foster alignment across the system by promoting joint planning, shared accountability, and a coordinated response to the risks and demands of the winter period.

3. The Winter Plan will outline how the Devon system will escalate its response in line with anticipated scenarios, ranging from baseline to moderate and extreme winter pressures.

Timeline

4. NHS England's winter planning timeline for 2025/26:

July 2025
- Integrated Care Boards (ICBs) and Trusts develop winter plans
- Trusts in current Tier 1 receive additional support, and check and challenge if required

August 2025
- ICB and Trust winter plans are signed off in draft at Board level
- ICBs and Trusts to confirm a named Executive Winter Director in each locality/organisation

September 2025
- all ICBs and Trusts (at executive and operational level) participate in NHS England winter exercise to test plans
- lessons learned from winter exercise captured
- final winter plan signed off at Board level, and Board Assurance Statement submitted to NHS England

October 2025
- ICBs and all NHS Trusts ensure that surveillance mechanisms are in place to alert providers early to surging winter pressures as far in advance as possible in order that contingency plans can be mobilised.

5. All provider organisations are currently in the process of developing their individual winter plans, with board approvals anticipated by late August. A system-wide alignment meeting is scheduled for August, during which plans will be reviewed collectively to:
    - Identify shared themes, pressures, and potential gaps.
    - Align operational responses across organisational boundaries.
    - Finalise a coordinated and integrated winter response plan for submission and implementation.

Learning from 2024/25

6. A comprehensive review of the One Devon Integrated Care System's response to winter pressures during 2024/25 has been undertaken to inform planning for the year ahead. This review captured insights from across the health and care system, reflecting on what worked well, where challenges persisted, and opportunities for improvement. By examining both qualitative feedback and performance data, the findings provide valuable learning to strengthen resilience, enhance coordination, and support more proactive planning for the 2025/26 winter period. Key themes included:

    - **Emergency Department (ED) Demand:** A clear seasonal pattern was observed in respiratory presentations, with under-10s peaking earlier (November–December) and older adults peaking later (December–January). Children (0-4 and primary school age) form one of the mainstays of our respiratory plan for this winter.
    - **Inpatient Length of Stay:** Younger respiratory patients had a 25% conversion rate to admission, while patients over 80 had an 80% conversion rate and longer stays. This created a time-lagged surge in bed demand following the ED peaks.
    - **System Leadership:** The appointment of a Winter Director and introduction of daily 19:30 system calls helped maintain situational awareness and coordination. Weekly weekend planning calls were effective and adopted by other systems.
    - **Escalation Calls:** GOLD escalation calls (totalling 43 hours) often had limited added value beyond existing tactical calls. The Devon Surge and Escalation Protocol would have triggered only two of these calls in 2024/25. However, there was a strong corelation between escalation calls earlier in the day and impact seen towards the afternoon/evening.

7. Key recommendations:

    - Plan based on staggered peaks in ED attendances and bed demand.
    - Retain the Winter Director role to provide operational leadership.
    - Continue weekend planning calls and tactical call cadence.
    - Facilitate briefing/training sessions for ICB on-call staff ahead of winter.
    - Mandate attendance for winter briefings and weekend calls by on-call staff.
    - The system coordination centre (SCC) will review the impact of the Timely Handover Process on escalation planning and agree any resultant changes to the winter plan prior to final Board sign off of winter plans.

NHS England UEC Plan

8. The NHS England (NHSE) Urgent and Emergency Care (UEC) Plan, published in June 2025, outlines a set of national priorities and expectations to guide ICBs' winter planning. It provides a clear framework for improving system resilience and patient outcomes during periods of peak demand. Key priorities include: improving access to primary and community care to reduce avoidable admissions; making more effective use of community and care home capacity; optimising patient flow through services such as Same Day Emergency Care (SDEC), Urgent Treatment Centres (UTCs), and Hot Clinics; fostering a culture of shared accountability across all sectors; and requiring Ambulance Trusts to appoint a named executive responsible for winter coordination with their ICB.

9. Seven National Priorities for Winter 2025/26:

   - **Category 2 Ambulance Response:** Meet 30-minute target for critical emergencies
   - **Ambulance Handover:** Cap handover delays at 45 minutes
   - **ED Performance:** 78% of patients to be admitted, transferred, or discharged within 4 hours
   - **12-Hour Waits:** Reduce to below 10% of ED cases
   - **24-Hour Mental Health (MH) Delays:** Minimise wait times for MH admissions
   - **Discharge Delays:** Reduce 21+ day length-of-stay patients significantly
   - **Paediatric ED Flow:** Improve 4-hour performance for children

10. Mental Health UEC Requirements:

    - Reduce out-of-area placements (OAPs) and commit to ending ICB-commissioned OAPs by March 2027
    - Decrease readmissions of high-intensity users with a local reduction target
    - Implement Mental Health UEC Action Cards and discharge improvement actions

Overview of roles and responsibilities

Integrated Care Board

11. NHS Devon will provide overarching system leadership, ensuring effective coordination across all partners during the winter period. A designated Winter Director will chair system coordination meetings (frequency to be agreed, increasing as required). The System Coordination Centre (SCC) will serve as the operational hub, providing real-time intelligence, situational awareness, and supporting system-wide decision-making. As the designated point of escalation for system-wide pressures, NHS Devon will coordinate the resolution of high-level risks, supporting timely and effective interventions when pressures exceed local capacity.

12. NHS Devon will lead on collecting and analysing surveillance data, including syndromic surveillance (e.g., respiratory illness, flu, COVID-19), urgent care

usage, and ambulance handovers. This will inform weekly demand forecasting and capacity modelling. Data will be used to dynamically update system plans and provide early warning for pressure points.

13. NHS Devon will also maintain oversight of provider winter plans, ensuring alignment with system priorities and activating mutual aid processes where necessary to maintain flow and safety. In parallel, the ICB will commission a range of preventative and responsive community-based services, detailed further in Appendix A, to manage demand outside of hospital settings.

14. Finally, NHS Devon will lead the coordination of system-wide winter communications. This includes clear and timely messaging to the public, updates to system partners, and briefings for key stakeholders to ensure shared awareness and a unified narrative throughout the winter period.

All providers, including acute, mental health, community, primary care, and ambulance services,

15. Providers are expected to develop and implement robust winter operational plans that align with NHS Devon demand forecasts and system-wide escalation protocols. These plans should ensure providers are equipped to maintain service delivery and patient safety throughout periods of heightened pressure and include a comprehensive suite of actions to prepare for both predicted and unpredicted surges in demand.

16. Each provider must also establish and regularly review internal escalation protocols to manage situations where demand exceeds available capacity. Close engagement with the SCC is essential, including participation in regular coordination calls and the timely submission of daily operational sitreps to maintain system oversight. Plans should be underpinned by real-time data insights and include active participation in system coordination efforts to ensure a joined-up response across the health and care system.

17. Providers are also responsible for planning additional surge capacity where necessary, which may include deploying extra staffing, extending service hours, or implementing rapid discharge pathways to free up bed space. In parallel, they are expected to support the NHS Devon-led communications strategy by delivering consistent local messaging and engaging with their patient populations and local communities to promote appropriate service use and public awareness throughout the winter period.

Winter leadership and governance

18. As the system prepares for the anticipated pressures of winter, it is critical to have a clear and agile leadership structure that enables effective coordination, timely decision-making, and shared accountability across all partners. The following leadership model is designed to strengthen operational readiness, build resilience, and support a collective response to emerging challenges.

Winter Director and Domain Leads

19. The assignment of a dedicated **Winter Director** with UEC expertise was a key enabler during winter 2024/25. It is crucial that this role is reinstated for 2025/26, supported by leads for critical domains:

    - Discharge and patient flow including liaison with Local Authorities
    - Vaccination and prevention
    - Urgent and emergency care (UEC)
    - Workforce
    - System escalation and recovery

20. Domain leads will oversee delivery, risk management, and performance within their area, ensuring alignment across organisations and rapid action where needed.

Winter System Group (Including Cornwall)

21. A system-wide Winter Group will meet to test plans and oversee coordination of further planning across all partners, including representation from Cornwall and the Isles of Scilly Integrated Care System. The group will:

    - Review and align organisational winter plans.
    - Identify capacity gaps and interdependencies.
    - Coordinate mutual aid and cross-system responses.
    - Support delivery of a single, integrated system winter plan.

ICB and Partner Assurance

22. A structured assurance process will ensure that provider and system plans are complete, deliverable, and aligned. This includes:

    - Review of provider plans by early August
    - A joint planning review meeting to agree shared priorities mid-August
    - ICB Board sign-off of the consolidated winter plan in end of August
    - Submission to NHS England South West in line with regional timelines

23. Ongoing oversight will continue through winter to monitor delivery and manage risks.

Stakeholder Winter Leadership Model

24. The delivery of the NHS Devon system winter plan will be overseen through a clear and coordinated leadership model to ensure accountability, alignment, and timely decision-making across all partners.

25. The role of Winter Director will provide strategic leadership and system-wide oversight of winter planning and delivery. The Winter Director will act as the

senior responsible officer, ensuring that all elements of the plan are progressed, risks are identified early, and interventions are implemented effectively.

26. In light of the concurrent reconfiguration of ICBs, NHS Devon is seeking a Winter Director appointment from amongst the Devon providers. Provider CEOs have been requested to liaise and identify the most suitable candidate for this role and inform NHS Devon by 31 July 2025.

27. Each partner organisation has also identified a named Winter Lead responsible for driving local delivery, liaising with system partners, and contributing to shared operational planning.

28. To monitor progress and maintain momentum, monthly winter coordination meetings will be held, bringing together all Winter Leads, the Winter Director, and key system stakeholders. These meetings will serve as the central forum for reviewing performance, escalating concerns, and identifying opportunities for system-wide improvement.

29. The SCC will play a critical support role, providing real-time data, operational insights, and coordination to ensure a responsive and joined-up approach to system pressures throughout the winter period.

30. Providers have been contacted for submission of their plans by close of play on Friday 18 July and a series of dates have been offered to discuss their plans in more detail.

31. Publishing of a Board Assurance Framework is expected which will require Board sign off.

System Co-ordination Centre (SCC)

32. The SCC will continue to manage system pressures in line with the System Coordination Centre Standard Operating Procedure (SOP) ensuring there is robust oversight of all system pressures.

33. The SCC will operate 08:00-18:00, 7 days a week reporting to the Chief Operating Officer. Out of hours NHS Devon will continue to operate a manager and director on call rota with the director on call assuming responsibility for overseeing system pressures out of hours.

Data-driven decision-making

34. The SCC will utilise the SHREWD resilience dashboard and South Western Ambulance Service NHS Foundation Trust (SWASFT) ambulance monitoring to ensure constant monitoring of pressures within the system and will lead on the managing of pressure, demand and capacity within the system as follows:

    - Collation of information from providers to enable accurate system OPEL level score at 10:00am daily.
    - Leading daily system calls at 11:00am and 16:30pm each day.

- Manage ambulance handover delays in line with the regional standard operating procedure.
- Attendance at regional and national reporting and escalation calls as required.
- Initiating additional escalation calls, including GOLD escalation.

Escalation Protocols

35. Escalation will be managed through clear and proportionate protocols, reducing unnecessary system calls while enabling rapid mobilisation when needed. Key elements include:

    - Adherence to the NHS Devon Surge and Escalation Protocol.
    - Defined roles at tactical and strategic levels.
    - Continuation of 1930 daily system calls for situational awareness.
    - Weekend planning meetings to anticipate pressure.
    - Shared dashboards and consistent communication across partners.

36. This structure ensures the system can respond quickly, avoid duplication, and maintain safe, effective care throughout winter.

Measuring Success

37. An evaluation exercise will be planned for the post-winter period but it is important that ongoing measures of success are taken throughout the winter period.

38. A key measure of success will be delivery against the 2025/26 UEC Plan metrics:
    - A reduction of ambulance wait times for Category 2 patients by over 14% (from 35 to 30 minutes).
    - Meet the maximum 45-minute ambulance handover time standard.
    - Ensure a minimum of 78% of patients who attend A&E are admitted, transferred, or discharged within 4 hours.
    - Reduce the number of patients waiting over 12 hours for admission or discharge from an emergency department to less than 10%.
    - A reduction in the number of MH patients who remain in an ED for over 24 hours.
    - Increase the number of children seen within 4 hours.
    - Fewer delays in patients waiting to be discharged.
    - An increase in staff Flu vaccination rates by at least 5 percentage points.

39. The impact of the winter communications strategy (Annex B); measures include:

    - Social media activity, reach, click through and engagement.
    - Digital marketing reports and insights.
    - Public recall survey.
    - Engagement with voluntary sector and Healthwatch.

- Analysis of media coverage during periods of escalation and ED attendance data.

40. It is also proposed that a measure of success will be fewer system escalation GOLD calls compared to last year, although it should be noted that the majority of these were triggered in response to the In Extremis SOP which is no longer extant.

Next steps

41. The following actions are required:

Date	Action	Lead
18 Jul 25	Trust / Provider plan submissions	Trust / Provider Leads
31 July 25	Meetings with providers to discuss plans	James Wenman (ICB)
31 Aug 25	Final System Plan submission	Winter Director
31 Aug 25	Provider board approvals and ICB sign-off	SLG
31 Aug 25	Collate Surveillance Data	Dave Spencer (ICB)
30 Sept 25	System testing and assurance exercises	NHSE SW
1 Oct 25	Winter Plan delivery phase commences	Winter Director
31 Mar 26	Winter Plan delivery phase ends	Winter Director
1 Apr 26	Evaluation phase starts	Winter Director

Conclusion

42. This Winter Plan approach sets out a comprehensive, coordinated approach to managing system-wide pressures across NHS Devon. Drawing on insights from the previous winter and aligning with national expectations, the plan outlines clear priorities, leadership structures, and improvement programmes designed to mitigate risk, maintain service quality, and protect patient outcomes throughout the most challenging period of the year.

43. The Board is asked to:

- **TAKE SATISFACTORY ASSURANCE** from the planning for winter and the proposed leadership model, including the approach to the appointment of an ICB Winter Director.
- **AGREE** to consider and approve the final Winter Plan in correspondence during August 2025.

NHS Devon Integrated Care Board

Updating the 2025/26 Annual Plan

Date of meeting	Date report produced
31 July 2025	11 July 2025

Author(s)		Report approved by	
Name and title:	Jon Taylor Head of Planning and PMO	**Name and title:**	Libby Ryan-Davies Chief Strategic Commissioning and Planning Officer & Deputy CEO
Email:	jontaylor@nhs.net	**Date:**	

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

Executive summary

The 2025/26 Annual Plan sets out how NHS Devon will deliver its strategic and operational objectives, meet statutory duties, and respond to national planning requirements. Since the Plan was approved in March, several significant developments have influenced our priorities, including the publication of the Model ICB Blueprint, acceleration of work to develop a Health and Care Strategy for Devon, and changes to the Transforming Devon programme.

In response, the NHS Devon Executive has agreed four organisational priorities for 2025/26: maintaining statutory functions, in-year delivery, strategy development, and ICB reconfiguration. These priorities have provided the framework for updating the Annual Plan, with the original 17 objectives consolidated into six streamlined, cross-cutting objectives that reflect the direction set out in the Blueprint and NHS 10-Year Health Plan.

To support delivery, we are proposing a formal de-prioritisation process to identify and manage activities that no longer align with our core priorities. This structured approach is designed to ensure transparency, enable robust risk assessment, and support the safe pausing, stopping, or transfer of work. Each proposal will be

assessed consistently, with governance routes clearly defined and decisions recorded for assurance and audit.

The revised Plan balances short-term delivery with longer-term transformation strengthening our role as a strategic commissioner and laying the foundations for the development of a healthcare strategy for Devon. Flexibility will be retained to adapt our plan further throughout the year in response to organisational change and functional realignment.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
NHS Devon Executive – 01 July 2025 Population Health Improvement Committee – 09 July 2025 Finance and Performance Committee – 09 July 2025 The NHS Devon 2025/26 Annual Plan was originally approved by the Board at its meeting on 27 March 2025.

Key recommendations and actions requested
APPROVE the six revised and consolidated Annual Plan objectives (Table 1, p.6)
APPROVE the updated Annual Plan (Appendix A) and the supporting delivery and enabling plans (Appendix B)
ENDORSE the de-prioritisation process for pausing, delaying or stopping activities that no longer align with current organisational priorities

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

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

Digital and Data

Engagement and consultation

Updating the 2025/26 Annual Plan

Context Background and Purpose

1. The 2025/26 Annual Plan, approved by the Board in March, sets out NHS Devon's intended work to deliver its strategic and operational objectives, meet statutory duties, and fulfil key national planning requirements.

2. At the time, it was recognised that the Plan, structured around 17 objectives, was being developed during a period of uncertainty for the NHS. It was also acknowledged that updates might be needed to reflect changes to NHS England (NHSE) and Integrated Care Board (ICB) structures.

3. Since then, several national and local developments have taken place that affect our 2025/26 Plan:

    - NHSE has published the Model ICB Blueprint, setting out the future direction for ICBs. This is described as the first step in reshaping ICB roles, functions and focus, ahead of the upcoming 10-Year Health Plan.
    - NHS Devon has agreed the approach and governance for developing a Health Care Strategy for Devon. This strategy will be the key vehicle for delivering the national policy objectives and commitments expected in the 10-Year Plan.
    - The One Devon System Leadership Group (SLG) has agreed changes to the Transforming Devon Programme. Several strategically important commissioner-led programmes, previously overseen through separate system governance, have therefore been embedded within the Annual Plan and will be governed through NHS Devon's internal governance and assurance processes.

4. Taken together, these developments will have a significant impact on our work in 2025/26. As a result, it has been necessary to maintain a flexible approach and re-prioritise regularly throughout the year particularly in response to the organisational change and functional realignment set out in the Model ICB Blueprint.

5. To guide this work, the NHS Devon Executive has agreed four new priorities for 2025/26:
    - Maintaining statutory functions
    - In-year delivery
    - Strategy development
    - ICB reconfiguration

6. Using these four priorities as a framework, the 2025/26 Annual Plan has been consolidated, and the original 17 objectives have been developed into six broader, cross-cutting objectives. These reflect the direction set out in the Model ICB Blueprint and recognise the need to accelerate local strategy development.

7. As part of this process, leads have begun identifying activities that do not align with the Executive priorities. Consideration will be given to whether these actions can be paused, stopped, or delivered differently, to better reflect the evolving role of ICBs.

8. A structured de-prioritisation process has been established to support this, ensuring that decisions are taken appropriately, with clear risk management. This will enable the removal of activities from the Plan on a rolling basis throughout the year, as organisational structures evolve.

9. These activities will be considered through a formal de-prioritisation process.

10. To ensure transparency, oversight, and effective risk management, we are asking the Board to review and approve the proposed de-prioritisation process to enable executives to work with leads to identify next steps.

11. The updated Plan is designed to support both immediate in-year priorities and longer-term transformation, aligning our work with the NHS 10-Year Plan, while strengthening NHS Devon's strategic commissioning capability as set out in the Model ICB Blueprint.

Maintaining a flexible approach for a transitional year

12. The NHS Devon Annual Plan outlines the work NHS Devon will deliver in 2025/26 to:

    - meet the objectives in the Joint Forward Plan
    - fulfil requirements of operational planning submissions
    - deliver statutory duties under the Health and Care Act 2022
    - progress clustering arrangements and build strategic commissioning capability

13. The updated Plan is structured around six cross-cutting, overarching objectives that:

    - Align with NHS Devon's purpose as defined in the Model ICB Blueprint, with a clear link to the wider ICS vision and strategic drivers
    - Reflect Darzi's three key shifts, which are central themes in the NHS 10-Year Plan
    - Capture cross-directorate priorities, including population health and prevention
    - Balance short-term improvement with longer-term transformation and organisational development, with a strong focus on sustainable change, financial recovery and performance improvement

14. Each of the six objectives is underpinned by a high-level delivery and enabling plan, which sets out:

- Scope of work
- Key actions
- Milestones
- Expected outcomes and benefits

15. These plans provide the foundation for delivery in 2025/26 and will inform Board oversight and committee assurance. They will be supported by detailed project and programme plans, available for further review where needed.

16. By focusing on six objectives, we are adopting a more streamlined delivery model, better aligned with the vision for population health and strategic commissioning described in the Model ICB Blueprint. This is consistent with our number one objective: developing a long-term, whole-population Healthcare Strategy for Devon.

17. As part of this approach, the Programme Management Office (PMO) has begun working with leads to identify activities that no longer align with organisational priorities and may be considered for de-prioritisation.

18. As a result, some elements of the Annual Plan may be paused, stopped or de-prioritised during the year, subject to Executive agreement on a rolling basis. Any changes will be reported through the relevant decision-making and assurance committees.

19. Leads will also be asked to regularly consider how delivery can be managed differently through a strategic commissioning lens and within reduced capacity.

20. All material changes will be logged in a 'change log', available to the NHS Devon Executive and Board Assurance Committees, to maintain a clear audit trail.

Table 1: Updated 2025/26 Planning Objectives

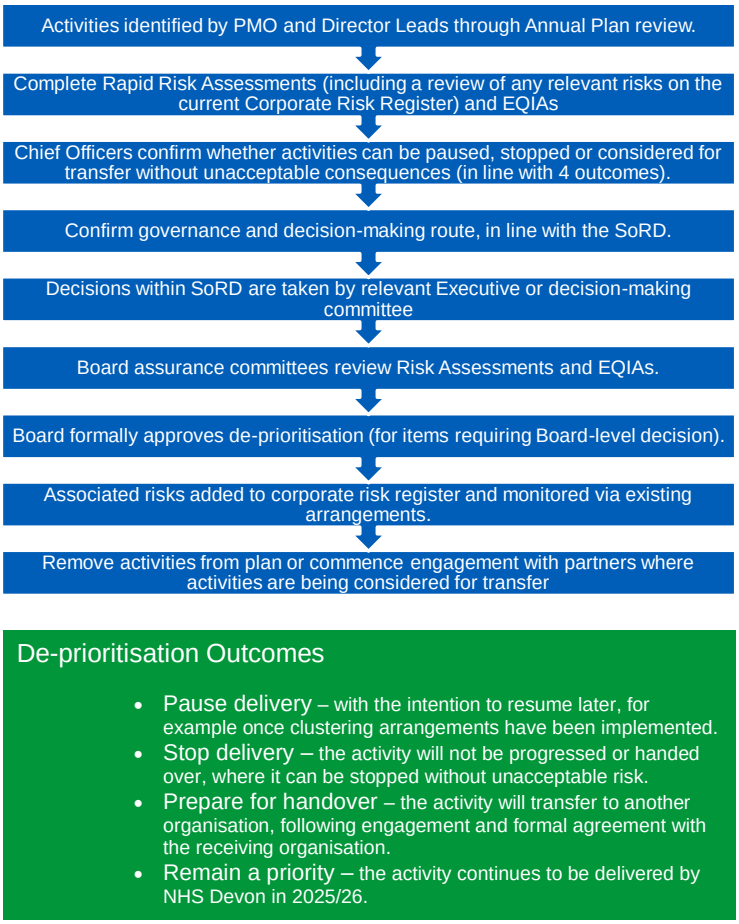
Objective	Executive Leads (proposed tbc)
1. Develop a Long-Term, Whole-Population Health Care Strategy: Lead the development of an inclusive, future-focused strategy that ensures safe, effective, and sustainable healthcare for all people in Devon.	• Chief Strategic Commissioning and Planning Officer
2. Strengthen Strategic Commissioning to Tackle Health Inequalities and Promote Prevention: Enhance our strategic commissioning capability to reduce health inequalities, strengthen prevention and address the wider determinants of health	• Chief Strategic Commissioning and Planning Officer
3. Improve Personalised Care, Access, and Outcomes Across the System, targeting those with greater need: Through outcome-focused, strategic commissioning we will drive the development of new models of care that improve personalised support, access, experience and outcomes for people across the system, with particular focus where needs are greatest	• Chief Medical Officer • Chief Nursing Officer

4. Drive Clinical Service Transformation and In-Hospital Productivity: Lead the strategic commissioning of clinical service change to improve outcomes, increase productivity and create resilience across the acute care system.	• Chief Medical Officer • Chief Strategic Commissioning and Planning Officer
5. Optimise Workforce, Digital Infrastructure, Estate and Commissioning Support Services, Focusing on Delivery at Scale and Financial Sustainability: Support cluster and region-wide productivity, efficiency, and internal transformation by driving improvements in workforce, digital infrastructure, estates, and commissioning support functions Strengthen financial sustainability by embedding the value-based approach and supporting system-wide cost-effectiveness through shared infrastructure and more efficient ways of working.	• Chief Finance Officer • Chief People Officer
6. Deliver Statutory Functions and Maintain a High-Quality, Safe, Financially Balanced and Sustainable System: Continue to deliver our core statutory functions, including those linked to quality, safety, safeguarding, and financial management. Strengthen our leadership role in overseeing system finances, ensuring financial balance across the ICB and its partners. Maintain high standards of governance, assurance and accountability, while exploring and adopting new approaches aligned to the Model ICB.	• Chief Communication and Corporate Affairs Officer • Chief Finance Officer • Chief Nursing Officer

De-prioritisation Process

21. Where activities do not align with the four Executive priorities, we have identified a formal process to pause, delay or stop them and remove associated actions from the Annual Plan

22. This process was initially tested at a Board Development session on 26 June 2025 and has been refined further in response to feedback



23. To ensure transparency and effective risk management, we are asking the Board to review and approve this process. The process is designed to:

- Ensure visibility of changes to the Plan at Executive and Board level
- Support robust risk assessments and Quality Equality Impact Assessments (QEIAs)
- Identify safe ways to stop or transition activity ensuring that receiving organisations have considered and agreed transfers
- Confirm governance and decision-making routes, aligned with the Scheme of Reservation and Delegation (SoRD)
- Understand the resource and timeline implications of de-prioritisation
- Ensure risks are identified, mitigated, and managed appropriately
- Ensure decisions are clearly and formally recorded for assurance and audit

24. We will work with the governance team to clarify decision-making routes. Where Board, partner or stakeholder engagement is required, this will be identified early and built into timelines.

25. The de-prioritisation process will be used on a rolling basis throughout 2025/26, as organisational structures evolve, and functions are realigned.

Next Steps

26. Launch De-Prioritisation Surgeries with Director Leads to:

    - Agree steps and assessments needed to inform decisions
    - Clarify decision-making process
    - Understand risks and interdependencies
    - Complete De-Prioritisation Pro-Formas to inform assurance and formally record decisions

27. NHS Devon Executive to review the first batch of completed Pro-Formas and agree any activities that can be stopped, paused or considered for transfer (pending agreement of the receiving organisation)

28. Annual Plan to be reviewed regularly, with updates made as needed in line with the de-prioritisation process

Recommendations

29. The Board is asked to:

    - **APPROVE** the six revised and consolidated Annual Plan objectives (Table 1, p.6)
    - **APPROVE** the updated Annual Plan (Appendix A) and the supporting delivery and enabling plans (Appendix B)
    - **ENDORSE** the de-prioritisation process for pausing, delaying or stopping activities that no longer align with current organisational priorities

NHS Devon Annual Plan 2025/26 (July Update)

Contents

Introduction

The 2025/26 Annual Plan, approved by the Board in March, set out NHS Devon's intended work to deliver its strategic and operational objectives, meet statutory duties, and fulfil key national planning requirements.

At the time, it was recognised that the Plan, built around 17 objectives, had been developed during a period of uncertainty for the NHS. It was also acknowledged that future updates might be needed to reflect changes to NHS structures, particularly the abolition of NHS England and the clustering of ICBs.

Since the Plan was agreed, there have been several significant national and local developments that impact our approach for 2025/26:

- Firstly, NHS England has published the Model ICB Blueprint, which sets out the future direction for ICBs. The Blueprint is described as the first step in reshaping the roles, functions and focus of ICBs, in preparation for delivering the newly published NHS 10-Year Health Plan.
- Secondly, NHS Devon has recently agreed its approach and governance arrangements for developing a Health and Care Strategy for Devon. This Strategy will become the main vehicle for delivering the national policy objectives and commitments outlined in the 10-Year Plan.
- Thirdly, the One Devon System Leadership Group (SLG) has agreed changes to the delivery arrangements for the Transforming Devon programme. These changes mean that several key, strategically significant commissioner-led programmes, previously overseen through the Transforming Devon architecture, will now be embedded within our Annual Plan and governed through NHS Devon's internal governance and assurance processes.

Taken together, these developments will significantly impact our work in 2025/26. As a result, it has been necessary to rapidly re-prioritise, particularly in response to organisational change and functional realignment driven by the ICB Blueprint.

To guide this work, the Executive Committee (ExCo) has agreed four new priorities for 2025/26:

- Maintaining statutory functions
- In-year delivery
- Strategy development
- ICB reconfiguration

Using these four priorities as a framework, the Annual Plan has been consolidated, and the original seventeen objectives have been developed into six broader, cross-cutting objectives. These reflect the direction set out in the ICB Blueprint and acknowledge the need to accelerate local strategy development.

As part of this process, leads have begun identifying activities that do not align with the Executive priorities. Consideration will be given to whether some of these actions can be paused, stopped, or done differently, to better reflect the evolving responsibilities of ICBs.

A structured de-prioritisation process will support this, ensuring decisions are taken appropriately and with clear risk management. This process will allow for the removal of activities from the Plan on a rolling basis throughout the year, in response to functional realignment and evolving organisational structures.

The updated Plan is designed to support both immediate in-year priorities and longer-term transformation, aligning our work with the NHS 10-Year Plan, while strengthening NHS Devon's strategic commissioning capability, as outlined in the ICB Blueprint.

Key Planning Requirements Informing our Annual Plan

Our Annual Plan is designed to respond to key national requirements that shape our priorities and commitments each year. These include statutory duties, national operational planning guidance, the NHS 10-Year Plan and requirements linked to the NHS Oversight Framework.

5-Year Joint Forward Plan (JFP)

Under the National Health Service Act 2006 (as amended by the Health and Care Act 2022), Integrated Care Boards (ICBs) and their partner Trusts must develop a 5-Year Joint Forward Plan (JFP). This plan sets out how they will exercise their functions over the next five years and must be reviewed and, if necessary, updated annually before the start of each financial year.

The JFP outlines how ICBs, will:

- Deliver the Integrated Care Partnership's Integrated Care Strategy.
- Meet the health needs of the local population.
- Fulfil NHS commitments
- Deliver on the four core purposes of Integrated Care Systems (ICSs).

Additionally, the JFP must:

- Describe the health services that the ICB intends to commission.
- Set out how the ICB will meet its statutory duties under sections 14Z34 to 14Z45 (general duties) and 223GB and 223N (financial duties).
- Explain how the ICB will implement Joint Local Health and Wellbeing Strategies
- Detail specific steps to address the needs of:
    - Children and young people (under 25).
    - Victims of abuse, including domestic and sexual abuse.

While the JFP provides flexibility in scope and structure, it must be informed by Joint Strategic Needs Assessments (JSNAs), Joint Health and Wellbeing Strategies (JHWSs), and operational planning guidance published annually.

ICBs are currently accountable for delivering the JFP, with scrutiny from the Integrated Care Partnership (ICP), Healthwatch, and Local Authorities' health overview and scrutiny Committees.

Following the publication of the NHS 10-Year Plan, an extensive update to the 5-Year Joint Forward Plan will likely be required in 2025/26. To allow sufficient time for broad stakeholder engagement, work has already commenced on the development of a healthcare strategy for Devon which will form the foundation of our Joint Forward Plan for 2026–31.

NHS Operational Planning Guidance

Each year, NHS England publishes operational planning guidance, setting National priorities, targets, and expectations for the upcoming financial year. NHS organisations are required to develop operational planning submissions in response to the guidance setting out how in year priorities will be delivered while also addressing other relevant local priorities and commissioner requirements.

NHS England holds all NHS organisations accountable for the delivery of operational plans, ensuring they contribute to the delivery of Nationally set objectives, informed by the Government's NHS Mandate. The latest operational planning priorities are detailed in Appendix A.

NHS Oversight Framework

In 2024/25, NHS Devon and three local NHS providers were placed in Segment 4 of the NHS Oversight Framework (NOF), requiring them to take additional actions beyond the national planning requirements..

For 2025/26, the updated NOF continues to apply a segmentation approach to provider organisations. While ICBs will not be formally segmented in 2025/26, those currently in the Recovery Support Programme (RSP), including NHS Devon, will remain in the programme. These ICBs will be assessed against their existing improvement trajectories, and a transition plan will be agreed with NHS England. This process will effectively serve as a proxy for Segment 5.

As such, we must continue to reflect any additional NOF-related requirements in our planning throughout the year and ensure that our 2025/26 Annual Plan supports delivery of these priorities.

By aligning our Annual Plan with the core planning requirements described above, we have ensured that our delivery approach in 2025/26 is both compliant with National policy objectives and responsive to the needs of our population, system partners, and regulators.

Model Integrated Care Board – Blueprint

The Model Integrated Care Board (ICB) Blueprint was published by NHS England in May 2025. It was developed jointly with ICB leaders from across the country, with input from NHS England, in response to the need for greater clarity and consistency around the role of ICBs.

The blueprint aims to provide a clear, shared vision for ICBs, setting out why they exist, what they should do, what capabilities they require, and how they should transition towards this new operating model. Its central message is that ICBs should in future act as lean, strategic commissioners focused on improving population health outcomes and tackling health inequalities, rather than managing services or providers operationally.

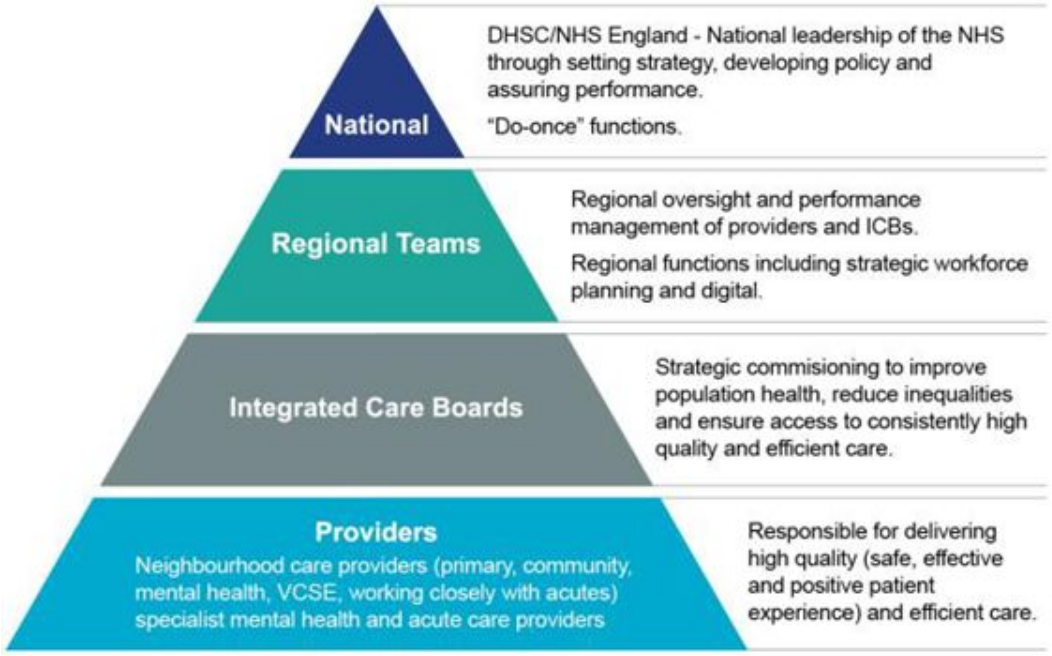


Figure 1 above shows the refreshed role of ICBs outlined in the ICB Blueprint (NHS England, 2025)

The blueprint signals a wider system shift towards NHS England's three national priorities: moving from treatment to prevention, from hospitals to community-based care, and from analogue to digital delivery.

For ICBs, the blueprint carries significant implications for 2025/26 and beyond, and in Devon we will need to update our Annual Plan to reflect these requirements and this direction of travel.

Firstly, a key requirement in the blueprint is for ICBs to streamline their operations and reduce their running costs by 50% during 2025/26.

Secondly, ICBs are required to reshape their organisations and operating models to align with the blueprint's vision, including substantial organisational and functional realignment to deliver the required cost reductions. This will involve redesigning governance, refocusing leadership capacity on strategic commissioning, and reducing duplication.

Third, ICBs will be required to develop new forms of collaboration with emerging neighbourhood health providers and other system partners, with a clear emphasis on commissioning integrated, community-based models of care.

Fourth, ICBs are expected to grow and strengthen strategic commissioning capabilities, including digital capabilities and population health analytics, to support proactive, prevention led approaches.

To achieve this, some functions currently held by ICBs will need to be transferred to regional teams, providers, or delivered through new collaborative structures at a regional or cluster level. The development of strategic commissioning capabilities, alongside the transformation and transfer of ICB functions, is likely to require focus

and resourcing. Key elements of our Annual Plan will therefore need to be adjusted regularly to support this.

Figure 2 above shows ICB core functions outlined in the ICB Blueprint published by NHS England

Executive Priorities for 2025/26

In response to the need to sharpen the organisation's focus and deliver both regulatory and planning requirements, alongside organisational development and change aligned to the Model ICB, the NHS Devon Executive Committee recently agreed four executive priorities to shape and direct the organisation's work in 2025/26.

These priorities – Maintaining Statutory Functions, In-Year Delivery, Strategy Development, and ICB Reconfiguration – sit alongside the Model ICB Blueprint and provide the framework for updating our 2025/26 objectives, as well as our delivery and enabling plans. All activities in these plans align with at least one priority, and many actions contribute to several

Priority 1: Maintaining Statutory Functions

Despite expected changes to function and structure, all current ICB statutory functions must continue to be delivered in full. These are defined in legislation, particularly the Health and Care Act 2022, and underpin how services are planned, commissioned, and delivered.

Our Annual Plan includes Table 2: *Delivering our Statutory Duties* on (p.17-20) outlining how NHS Devon will meet these legal responsibilities in 2025/26, ensuring alignment with our strategic and operational priorities.

Priority 2: In-Year Delivery

This priority encompasses the delivery of the 2025/26 Operational Plan, NHS Devon's Commissioning Plan, the prioritised objectives within the Annual Plan, and in-year risk management where the ICB holds accountability. Given the scale of ambition and the level of risk within the Operational Plan, it is essential to maintain strong grip and oversight to ensure successful delivery. To support this, NHS Devon has introduced a new 'Delivery Management' approach.

Core delivery outcomes are monitored closely through a newly developed dashboard, which includes defined trajectories and tolerances. A Tactical Cell has been established to meet weekly, tracking progress against plan and identifying mitigating actions where delivery falls short. These actions are then reviewed by a Strategic Cell, which assesses them in relation to risk and recommend any necessary escalations through system governance arrangements.

Since this approach was agreed, NHS England has launched the Operational Plan Monitoring phase, which includes regular assurance meetings- referred to as tiering.

As a result, the Delivery Management model is likely to evolve throughout the year as we attempt to reduce duplication, better align with national and regional performance management responsibilities, and strengthen oversight of quality, and financial delivery. As we move toward 2026/27 and increase our maturity as a strategic commissioner, we will increasingly focus on using our contractual mechanisms to

support provider delivery and will establish formal processes to hold providers to their contractual obligations.

Priority 3: Strategy Development

NHS Devon's Health Care Strategy will be developed and delivered using a Discover, Design and Deliver approach, focusing on transforming care pathways across the system. The Annual Plan will set out the actions required for each phase, ensuring Board assurance and oversight.

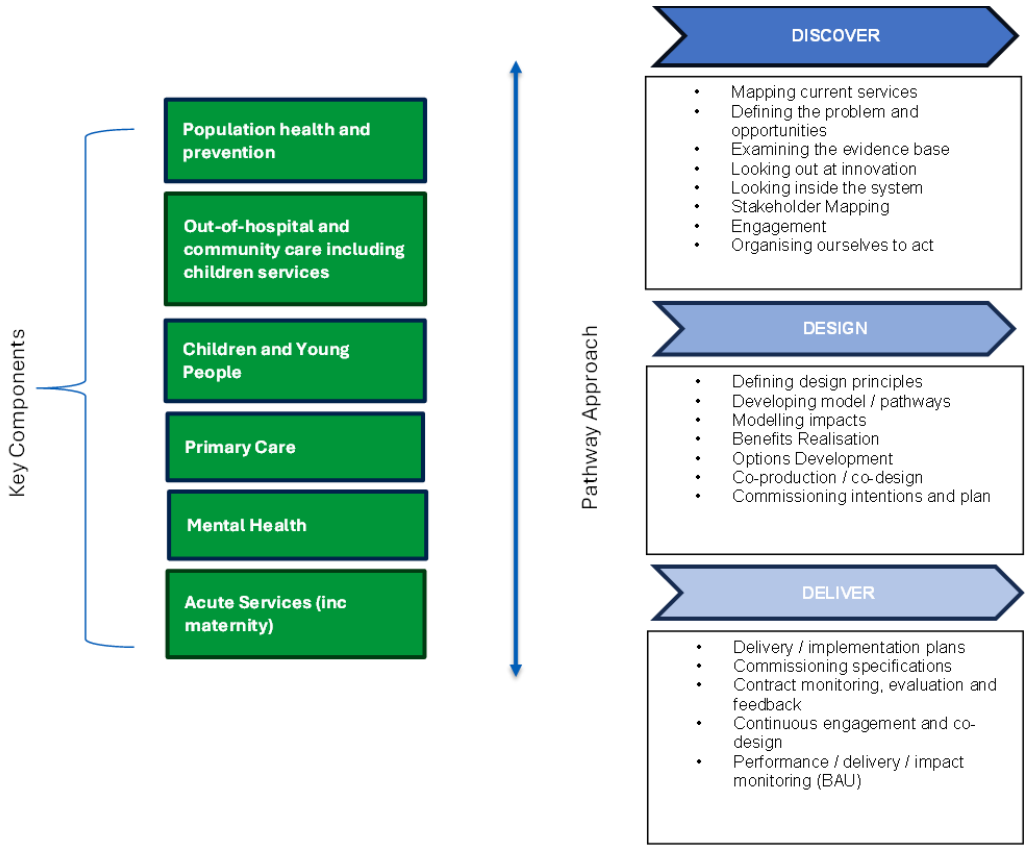


Figure 3 above shows the key components of the Health Care Strategy and stages of development

Key strategic enablers will also need to be progressed through delivery of the Annual Plan, including:

- Development of Strategic Commissioning Intentions
- Establishment of a Strategic Commissioning Hub
- Strengthening of Strategic Commissioning capability

Priority 4: ICB Reconfiguration

The Model ICB Blueprint sets out expectations for 2025/26, which include requirements to:

- Review the feasibility of functional changes proposed in the ICB Blueprint and plan for delivery at scale or the transfer of functions to other bodies/organisations
- Build the organisational capabilities and enablers needed to be an effective strategic commissioner
- Rapidly progress with clustering arrangements, to support ICB running cost reductions

While proposals for functional changes remain subject to local feasibility, partner engagement, and (in some cases) legislative change, NHS England expects ICBs to begin this work during 2025/26.

In response, relevant actions have been included in our updated Annual Plan to enable monitoring through our established delivery assurance processes. Importantly, actions that no longer align with the future purpose of the organisation (as defined in the Blueprint) are being considered through a formal de-prioritisation process. This will help release capacity and resource to develop the functions and capabilities required to align with the Model ICB.

Adapting Our Approach in a Transitional Year

The NHS Devon Annual Plan sets out the work the ICB will undertake in 2025/26 to deliver the objectives in the Joint Forward Plan, meet the requirements of our operational planning submissions, fulfil our statutory duties under the Health and Care Act 2022, and take forward actions needed to build strategic commissioning capability and progress clustering arrangements at pace.

All of this will be delivered in the context of the organisational role and purpose set out in the ICB Blueprint, published by NHS England in May. The Plan is structured around six cross-cutting, overarching objectives that:

- Align with the ICB's purpose as defined in the Blueprint, maintaining a clear link to the wider ICS vision and strategic drivers
- Reflect Darzi's three key shifts, which are central themes in the NHS 10-Year Plan
- Capture cross-directorate priorities, including population health and prevention
- Balance short-term improvement with longer-term transformation and organisational development, with a stronger focus on how NHS Devon and its partners will drive sustainable change alongside financial and performance recovery

Each of the six objectives is supported by a high-level delivery and enabling plan, which sets out:

- The scope of work
- Key actions
- Milestones for delivery
- Expected outcomes

These plans provide the foundation for delivery in 2025/26 and will form the basis for Board oversight and committee assurance. They will be supported by more detailed project and programme plans, available for deeper review as needed.

By focusing on six objectives, we are adopting a more streamlined delivery model, better aligned with the future vision for population health and strategic commissioning described in the ICB Blueprint. This is consistent with our primary objective: the development of a long-term, whole-population Healthcare Strategy.

As part of this approach, the PMO has started working with leads to identify actions and activities that no longer align with organisational priorities and may therefore be considered for de-prioritisation.

As a result, some elements of this Annual Plan may be paused, stopped or de-prioritised during the year, subject to Executive agreement on a rolling basis throughout 2025/26. Any such changes will be reported through the appropriate decision-making and assurance committees.

Leads will also be asked to regularly consider how activities could be delivered differently, using a strategic commissioning lens, and how delivery can be managed within reduced capacity.

All material changes will be recorded in a ‘change log’, which will be available to the Executive Committee and Board Assurance Committees where required, to ensure a clear audit trail is maintained.

NHS Devon 2025-26 Annual Objectives

Objective	Executive Lead (proposed tbc)
1. Develop a Long-Term, Whole-Population Health Care Strategy Lead the development of an inclusive, future-focused strategy that ensures safe, effective, and sustainable healthcare for all people in Devon.	• Chief Strategic Commissioning and Planning Officer
2. Strengthen Strategic Commissioning to Tackle Health Inequalities and Promote Prevention Enhance our strategic commissioning capability to reduce health inequalities, strengthen prevention and address the wider determinants of health	• Chief Strategic Commissioning and Planning Officer
3. **Improve Personalised Care, Access, and Outcomes Across the System, targeting those with greater need:** Through outcome-focused strategic commissioning we will drive the development of new models of care that improve personalised support, access, experience and outcomes for people across the system, with particular focus where needs are greatest	• Chief Medical Officer • Chief Nursing Officer
4. Drive Clinical Service Transformation and In-Hospital Productivity Lead the strategic commissioning of clinical service change to improve outcomes, increase productivity and create resilience across the acute care system.	• Chief Medical Officer • Chief Strategic Commissioning and Planning Officer
5. Optimise Workforce, Digital Infrastructure, Estate and Commissioning Support Services, Focusing on Delivery at Scale and Financial Sustainability Support cluster and region-wide productivity, efficiency, and internal transformation by driving improvements in workforce, digital infrastructure, estates, and commissioning support functions Strengthen financial sustainability by embedding the value-based approach and supporting system-wide cost-effectiveness through shared infrastructure and more efficient ways of working.	• Chief Finance Officer • Chief People Officer

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6. Deliver Statutory Functions and Maintain a High-Quality, Safe, Financially Balanced and Sustainable System Continue to deliver our core statutory functions, including those linked to quality, safety, safeguarding, and financial management. Strengthen our leadership role in overseeing system finances, ensuring financial balance across the ICB and its partners. Maintain high standards of governance, assurance and accountability, while exploring and adopting new approaches aligned to the Model ICB.	• Chief Communication and Corporate Affairs Officer • Chief Finance Officer • Chief Nursing Officer

Table 1 above shows the six consolidated Annual Plan objectives for 2025/26 and the supporting leadership and assurance arrangements

Delivering our Statutory Duties

Despite anticipated changes to the ICB's function and structure as part of the national ICB Blueprint, all current statutory functions must continue to be delivered in full throughout 2025/26. These functions are defined in legislation, most notably the Health and Care Act 2022, and form the legal foundation for how services are planned, commissioned, and delivered across the system.

These duties are central to our role in improving population health, tackling health inequalities, and ensuring the delivery of high-quality, sustainable care. Recognising their importance, NHS Devon's Executive Committee has identified the maintenance of statutory functions as a key organisational priority for 2025/26.

To support this, NHS Devon has developed a clear framework that outlines how each statutory duty will be met. This framework ensures alignment with our strategic and operational priorities and sets out the specific actions we will take to deliver on our legal responsibilities.

By embedding these duties into our planning and delivery processes, we will strengthen our ability to drive improvements in health outcomes, financial sustainability, and system-wide integration. Delivering on these responsibilities will require continued collaboration with local authorities, providers, and communities to ensure we meet the needs of our population effectively.

The following table sets out each statutory duty alongside the actions NHS Devon will take to ensure compliance and delivery

NHS statutory duties	How we will meet our duties	ICB Duty Sections
Describe health services the ICB proposes to arrange to meet needs	Our Joint Forward Plan broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. Each year we also produce an operational planning submission that provides more detail about the planned performance of services. This submission is currently being developed and is due to be submitted to NHS England on 27 March 2025.	14Z52, 14Z53, 14Z54
Duty to promote integration	The Joint Forward Plan is an integrated system-wide plan that encompasses a wide range of programmes that will contribute to improving the health and wellbeing of people living and working in Devon. Each section of our JFP describes how system partners will work together to deliver joined up services. As part of the national operational planning process, we are also required to submit Better Care Fund (BCF) plans which describe how we will work in an integrated way with partners at 'Place'. These plans will be approved by Health and Wellbeing Boards ahead of submission to NHS England in March 2025.	14Z42
Duty to have regard to wider effect of decisions	The Joint Forward Plan is a system-wide plan to meet the aims and strategic goals set out in the Integrated Care Strategy. The strategy is overseen by the One Devon Partnership which will have the remit to ensure the full consequences of any decisions made are understood. The strategy provides a framework to support decision-making helping to ensure that decisions made in one part of the system can be viewed and understood in the broader context of population health improvement.	14Z43
Implementing any JLHWS	There are three Health and Wellbeing Boards in Devon, and we have worked closely with all three to ensure that their priorities are reflected in the Joint Forward Plan. Relevant objectives from the Joint Forward Plan, have in turn informed the development of this Annual Plan. All three Devon Health and	14Z52, 14Z53, 14Z54

	Wellbeing Boards have reviewed our updated Joint Forward Plan (2025-30) and have confirmed that it aligns with the priorities in local JLHWSs.	
Financial duties	Refresh of system-wide Medium Term Financial plan that will set out how Devon will achieve financial balance over the JFP 5-year period. We will meet our financial duties through year-on-year delivery of agreed annual financial plan.	223M
Duty to develop a joint capital resource use plan	Development and submission of the joint capital resource plan (linked to operational planning requirements). Due to be submitted to NHS England in March.	14Z56
Duty to improve quality of services	Everybody has the right to feel safe and have confidence in the services provided across Devon. We are committed to securing continuous improvement and will ensure that our services are of appropriate quality. In accordance with the National Quality Board (NQB) guidance have robust mechanisms in place to enable proactive improvement and risk management where quality and safety standards are not being met or are at risk. We have developed ways to effectively share intelligence and triangulate insights. and have a performance and quality reporting function in place. Our Chief Nursing Officer provides executive leadership for oversight of quality across our system recognising responsibility sits in different teams across provider, ICBs and others.	14Z34
Duty to reduce inequalities	One of our systems aims is tackling inequalities in outcomes, experience and access' and two of our strategic goals in our Integrated Care Strategy focus on the top five risk factors and causes of death and disability. A third strategic goal explicitly states that we want 'everyone to have an equal opportunity to be healthy and well'. To achieve this, each section of our Joint Forward plan outlines how relevant workstreams will contribute to reduce inequalities, particularly in relation to Core20PLUS5 (including Children) and, in line with the 2022 Armed Forces Bill, with regard to serving military personnel, reservists, veterans and their families. NHS Devon's newly established Population Health function will be a key enabler and will co-ordinate our cross-system work in this area.	14Z35
Duty to promote involvement of each patient	We are committed to promoting personalised care across all the services we deliver across our organisations. Our approach outlined in the strategic goal in our Integrated Care Strategy: 'People in Devon will be support to stay well at home, through preventative, proactive and personalised care'. Specifically, the Primary and Community Care workstream in our Joint Forward Plan describes how we will use the comprehensive model of personalised care to deliver this ambition.	14Z37

Duty to involve the public	The NHS Devon Working with People and Communities Framework sets out our principles for involving local people. The communications and involvement enabling programme outlines how we will support delivery leads to ensure people and communities are involved in a meaningful way.	14Z45
Duty to enable patient choice	NHS Devon supports patient choice in our commissioning plans in a number of ways. These include expanding the use of personal budgets through our personalised care commissioning and the use of the Devon Referral Support Service (DRSS), which supports patient choice at the point of referral into secondary care.	14Z37
Duty to obtain appropriate advice	We ensure that we obtain appropriate advice throughout the development of plans. This includes from: clinicians (both local and through regional networks), NHSE (regional and national), the South west Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation. Our system approach to delivering the JFP means that relevant partners are included on our Programme Boards and are able to influence and give advice as appropriate, this includes police, housing, education and public health.	14Z38
Duty to promote innovation	We work closely with Health Innovation South West and Peninsula Research and Innovation Partnership to ensure we are cognisant of innovation and best practice. The Research and Innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.	14Z39
Duty in respect of research	We work closely Health Innovation South West and Peninsula Research and Innovation Partnership to ensure we are cognisant of research and best practice and that we promote research within Devon. The research and innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.	14Z40
Duty to promote education and training	We work collaboratively with our academic institutions, NHS and social care providers to promote health and care as a career option, supporting the development of programmes and learners within practice. Our ambitious plans align with the transformation of services to provide a supply of skilled staff, providing care at the right time, in the right place, with the right reporting framework and robust metrics.	14Z41
Duty as to regard to climate change etc	We have committed in our updated Joint Forward Plan to develop and deliver ICS Green Plan to reduce emissions, embed sustainability into healthcare delivery, and drive system-wide transformation (in response to NHSE Green Plan guidance, NHS Net Zero Travel and Transport Strategy, Net Zero Building Standard, and the Estates Net Zero Carbon Delivery Plan).	14Z44
Duty as to effectiveness,	We ensure effectiveness efficiency an economy by prioritising evidence-based decision-making (e.g. Commissioning policy informed by clinical effectiveness) optimising resource allocation and reducing	14Z33

efficiency and economy	unwarranted variation. We work with partners to streamline pathways, improve productivity, and drive innovation ensuring, high-quality care is delivered sustainably will achieving in value for money for tax payers.	
Duty to promote the NHS Constitution	We ensure compliance with the NHS Constitution by embedding its principles in our commissioning decisions and the design of services, ensuring patient rights are upheld, and working with our providers to deliver high-quality, equitable care. We also promote staff wellbeing, engage regularly with the public to support service design and monitor performance to uphold NHS values.	14Z32
Addressing the particular needs of children and young people	Our Joint Forward Plan includes specific strategic goals on children and young people and the children and young people delivery programme outlines the wide programme of work. Specific work programmes ensure that the ICB duties are met for Special Education Needs and Disabilities, (SEND), Safeguarding, and Children in Care	
Addressing the particular needs of victims of abuse	We are active members of the three Safety Partnerships, two Safeguarding Adult Boards and three Safeguarding Children Partnerships in Devon. We work together to improve recognition of and protection of victims of abuse, to understand the needs of victims and survivors so they feel safe and can recover, and to work with communities to prevent and tackle community safety issues. We undertake individual case reviews to identify good practice and areas for improvement, and we work with partners to embed learning into practice to improve care, safety, and patient experience. We work with our health providers to improve the recognition of and response to those affected by violence and abuse, whether they be patients or staff members, and to meet the health needs of those impacted by trauma.	

Table 2 above shows how NHS will deliver NHS core statutory duties in 2025/26

Annual Plan Delivery

Chief Officers will lead the delivery of the Annual Plan, drawing on subject matter expertise and leadership from across the organisation.

This matrix approach will ensure cross-cutting themes and interdependencies are managed effectively.

To support delivery, the Programme Management Office (PMO) will oversee internal reporting, ensuring that progress is monitored, and any issues are escalated through agreed governance structures.

Progress will be tracked via six ‘live’, centrally held high-level delivery plans. These will be monitored against agreed milestones and metrics aligned to the NHS Oversight Framework. The PMO will use these live plans to generate regular highlight reports, which will inform Chief Officers, internal business meetings, and the wider assurance process through the evolving committee structure.

This process will also provide insight to support the Board Assurance Framework, track performance improvements, and identify risks to be managed via the corporate and/or directorate-level risk registers.

Highlights and escalations will be consolidated into a monthly performance and highlight report, which will be submitted to the relevant decision-making and assurance committees ahead of formal progress reporting to the NHS Devon Board via the Chief Executive’s Report.

For additional assurance, each 2025/26 Annual Plan objective will be allocated to at least one Board Assurance Committee. This will enable more formal review of progress and associated risks, strengthening oversight and improving visibility of both progress and delivery challenges at Board level.

Board Assurance Committees may also undertake deep dives into areas of concern and review detailed programme plans where needed. Where objectives span multiple committee remits, joint deep dives may be undertaken to ensure a more comprehensive approach to scrutiny.

Appendix A: National Priorities and Success Measures for 2025-26

Priority	Success measure
Reduce the time people wait for elective care	Improve percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement.
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement.
	Reduce proportion of people waiting over 52 weeks for treatment to less than 1% of total waiting list by March 2026.
	Improve performance against the 28- day cancer Faster Diagnosis Standard to 80% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)

Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

NHS Devon Annual Plan 2025/26: Delivery and Enabling Plans

Objective 1: Develop a Long-Term, Whole-Population Health Care Strategy

Lead the development of an inclusive, future-focused strategy that ensures safe, effective, and sustainable healthcare for all people in Devon.

Scope
• Take a whole-population approach, covering all age groups, children, adults, and older people, with targeted support for people with mental health needs, complex conditions, long-term conditions, learning disabilities, autism, and neurodiversity. • Drive improvements across the full continuum of care: prevention and early intervention; primary, community and mental health care; acute and specialist services. • Address key system pressures: rising service demand, financial deficits, workforce challenges, post-COVID recovery, and unwarranted variation in access, quality, and outcomes.
Expected Impact and Benefits
Quality Benefits • Comprehensive, inclusive, future-focused strategy setting out the roadmap to safe, effective, and sustainable healthcare for all residents across Devon. • Whole population focus to commissioning with care across the continuum and seamless service delivery across organisations. • Infrastructure in place to use of real-time intelligence, segmentation, and predictive modelling to guide strategic commissioning and decision-making.

- Reduction in health inequalities driven by identifying and addressing gaps, co-producing community-focused solutions, and prioritising upstream investment to reduce demand and improve long-term outcomes.
- Resource allocation based on value, cost modelling, and return on investment.
- Rapid spread of innovation and best practice, and continuous improvement embedded through feedback.
- More people remaining at home with care and support and fewer unnecessary hospital visits and admissions.
- Improved quality of life and enhanced outcomes for children with long-term conditions particularly those facing inequalities.
- Greater emphasis being placed on prevention, integration, and personalisation.

Performance Benefits

- Reduction in emergency admissions and hospital stays through standardised care pathways.
- Reduced need for reactive services by addressing escalating needs early.

Financial Benefits

- Delivery of planned suprplus/deficit
- Delivery of financial plan
- Improved productivity
- Agreement of Medium-Term Financial Plan
- Increase in financial management and leadership maturity (e.g., withdrawal from NoF4 and NoF3)

Ref	Executive Priority	Actions / Activity / Project	Milestones Q1 – Q4
1	Strategy Development	Strategy Development Initiation	1. Outline Strategy development approach 2. Establish Programme resource, architecture, and governance 3. Establish Programme Delivery Group and T&F Groups 4. Establish Programme Plan
2	Strategy Development	Discover Phase	1. Share strategy updates at key governance meetings 2. Comms & Engagement support 3. Case for change submitted by component leads 4. Data submitted from T&F Groups.

			5. Discover Report drafted. 6. Discover Report shared for feedback. 7. Final Discover Report and sign-off.
3	Strategy Development	Design Phase	1. Agree design principles 2. Develop Engagement Plan

Objective 2: Strengthen Strategic Commissioning to Tackle Health Inequalities and Promote Prevention

Enhance our strategic commissioning capability to reduce health inequalities, strengthen prevention and address the wider determinants of health.

Scope
In scope • Shifting the system focus from treatment to prevention and early intervention. • Enabling timely access to appropriate primary care, improving patient experience, and supporting workforce sustainability. • Strengthening community-based care and support by building neighbourhood and place-based capacity, developing strong VCSE partnerships, and tackling inequalities. • Improving vaccination uptake and maintaining effective, collaborative outbreak planning. • Continuing to deliver responsibilities for health protection and the prevention of infectious diseases, increasingly working with partners at cluster and regional levels. • Addressing wider social, economic, and environmental factors that impact health and wellbeing. • Whole-population approach, covering all age groups — children, adults, and older people.
Expected Impact and Benefits
Quality Benefits • Reduced disease prevalence and improved health life expectancy. • Better patient outcomes, safety and experience. • Increased vaccination rates and antimicrobial effectiveness. • Reduced health inequalities and improved access to care. • Expanded roles for community services. • More person-centred, responsive care. • Stronger partnerships between the NHS and place-based organisations and communities.

- Effective use of Population Health Management tools for targets interventions.
- Increased maturity of integrated, place-based care models
- Reduction in emergency attendances, especially High-Intensity Users (HIU).
- Robust data supports Population Health Management (PHM) investment decisions and funding shifts toward prevention.

Performance Benefits

- Reduced demand on services due to fewer emergency admissions, hospital stays and urgent care visits.
- Reduction in percentage of people waiting over 6 weeks for a diagnostic procedure or test
- Improvement in urgent community response 2-hour performance
- Reduction in percentage of ambulance patients conveyed to emergency departments
- Shift from reactive to preventative care, especially for high-needs groups.
- Increase in percentage of patients to describe booking a general practice appointment as easy
- Increase in percentage of patients with GP recorded CVD who have their cholesterol levels managed to NICE guidance
- Increase in percentage of hypertension patients treated to target
- Reduction in administrative burden on GP practices and pharmacies.
- Increase in dental appointments in line with national targets
- Continued access to online consultations and streamlined stakeholder management.

Financial Benefits

- Delivery of planned suprplus/deficit
- Delivery of financial plan
- Improved productivity
- Agreement of Medium-Term Financial Plan
- Increase in financial management and leadership maturity (e.g., withdrawal from NoF4 and NoF3)

	Executive Priority	Action / Activity / Project	Milestones Q1 – Q4

4	Strategy Development	**Out of Hospital Programme** Complete the design phase of the OOH programme by the end of Q1, to define the community model for delivery, with a strong focus on mitigating demand on the UEC system.	1. Design phase and define community model from Q1 – Q2. 2. Implementation phase 3. Delivery and evaluation.
5	In Year Delivery	**Core20+5:** To improve the delivery of priority health services consistently across Devon for children and young people living with long term conditions, and reduce the level of health inequalities experienced, by March 2026.	1. Priority actions identified, and programme plan developed. 2. Implementation plan developed. 3. Implement agreed changes. 4. Review completed, and actions identified delivered.
6	Strategy Development	Increase Secondary Prevention to improve outcomes in Population Health by developing system wide plans for prevention of CVD, Diabetes, Respiratory, and Falls and Frailty.	1. Finalise CVD prevention plan and agree and implement new Falls & Frailty structure (central and localities). Establishment of Falls & Frailty Development Group and two sub groups and the first meeting of Prevention Oversight Group. 2. Ongoing delivery of CVD plan, complete development of Falls & Frailty plan, and establish a Respiratory Working Group. Draft Diabetes plan by end of Q2. 3. Ongoing delivery of the CVD Falls & Frailty plans and draft Respiratory plans by end of Q23. 4. Ongoing delivery of the CVD and Falls & Frailty plans and finalise the Diabetes and Respiratory Plans. Prevention embedded into other directorate plans including OOH in line with Darzi recommendations.

7	Strategy Development	**Tackle inequalities in access, experience, and outcomes** - Implement NHSE Inclusion Framework. - Implement mechanisms to demonstrate progress on Core20+5 Framework	1. Agree IHF action plan, establish a Homeless Working Group, and map current CORE20+5 activity and scope of each group included. 2. Ongoing delivery of Inclusion Health Framework, agree evaluation framework for Population Health, and establish a regular reporting mechanism to feed into the Core20+5 governance group to update on activity and drive progress. 3. Ongoing delivery of the Inclusion Health Framework and establish scope of annual review against CORE20+5 framework and continue to track progress monthly. 4. Ongoing delivery of the Inclusion Health Framework and complete an annual review of Core 20+5 activity and EQIA process.
8	Strategy Development	**Embed Population Health Management approach** - Commission system wide infrastructure to support use of One Devon Dataset (ODD) - Increase Primary Care sign up to ODD.	1. Review primary care practices not signed up to the ODD with agreed programme of engagement based on rationale on why not signed up to date. 2. Establish segmentation and risk stratification processes (aligned to neighbourhood teams) and begin proactive engagement. 3. Proposal to Board for commissioning strategic PHM data. Ambition of 80% sign up by end of Q3 and review of risk of non-achievement of 100% by year end. 4. 100% sign up to ODD in place. 5. Report on PHM data and team capacity needed in order to review major pathways impacting on HLE and to meet shift towards prevention.

9	Strategy Development	**Develop Organisational Culture focused on improving Population Health** **-** Agree and implement Population Health governance and reporting framework. - Implement Digital Inclusion Framework (DIF.) - Implement Population Health Charter and supporting resources.	1. Governance Groups(x4) commenced and agree a plan for Digital Inclusion Framework (DIF) Launch Charter with all partners. 2. Launch SHINE and ongoing delivery of Digital Inclusion Framework. 3. Ongoing delivery of Digital Inclusion Framework. 5. Evaluate SHINE and Charter, and Digital Inclusion Framework and review of new governance arrangements.
10	Strategy Development	Implement Anchor organisation strategy by March 2026.	1. Develop an anchor action plan and associated metrics for measurement, finalise the comms/engagement plan to ensure system buy in, and establish Anchor Group with ToR and correct membership. 2. Health system engagement on the anchor strategy and action plan - secure collective commitment and map existing Anchor activity in NHS and finalise the framework for measurement and evaluation. 3. Establish the mapping and monitoring of activity, supported by the Anchor Governance Group. 4. Finalise and sign off strategy and begin implementation.
11	Strategy Development	Develop a comprehensive ICB stakeholder map	1. Finalise and test stakeholder map. 2. Test stakeholder map with key system partners through the Devon Engagement Partnership. 3. Implement and operationalise.

12	In Year Delivery	Procurement complete and contract in place for a primary care remote consultation solution by end of June 25.	1. Procurement complete and contract in place for practices currently using Accrux by end of April 2025. 91 practices affected. COMPLETE. 2. Put a new process in place to allow GP practices that have decided to purchase their own system from the approved list to reclaim equivalent funding COMMENCED AND NEARING COMPLETION.
13	Maintain Statutory Functions	**New models of General Practice** The ICB will build resilience and invest in new models of general practice to achieve same day and 2-week targets, demonstrated on a quarterly basis using GPAD and: - Undertake comprehensive LES reviews - Halve historic LES funding deficits. - Increase Practice resilience (agreed as per headline submission). - Increase Practice ratings of Good and/or Outstanding (Agreed as per headline submission). - Invest in and implement viable PCN / PCN+ new delivery model.	1. Completed 2 LES reviews, commence and conclude evaluation of pilots in place at Q1, and have in place 3 new model pilots. 2. Have invested timing will be dependent on DDRB and completed 3 LES. 3. Completed 5 LES. 4. Have option scoped all Practices. at Q4 with in scope score and completed 7 LES.
14	In Year Delivery	**Dental Provision** **I**CB will improve dental provision in Devon by achieving a 10% increase in NHS dental activity by Q4 25/26 by: - Supporting 10 (wte) Golden Hellos under the national incentive scheme. - Increasing activity by 10%. - Delivering 24,269 urgent episodes of	1. - Golden Hellos EOI actionable and live for current providers. - Appraised options progressed and launched. - Scheme option(s) appraisal completed. - New dental practice procurement approach agreed.

		care above baseline (Q4) - will be backloaded trajectory with 0 from Q1. - Evaluating and implementing in feasible new patient premium. - Running a procurement process for at least 2 new dental practices in Devon.	2. - Golden Hellos - 3 applications supported. - By the end of Q2, 15% of target is delivered (3,640). - New dental practice procurement process live. 3. - Golden Hellos - 3 applications supported. - By the end of Q3, 25% of target is delivered (6,067). - New dental practice procurement process live. 4. - Golden Hellos - 4 applications supported. - By the end of Q4, 60% of target is delivered (14,562). - New dental practice contract award.
15	In Year Delivery	**Pharmacy Service Provision** ICB will extend the provision of locally commissioned pharmacy services by 40% from the baseline by Q4 25/26 by: - Increasing contractor resilience. - Growing nationally commissioned clinical pharmacy services by 40% from baseline. - Pharmacy First clinical. pathway consultations (Baseline 3,205). - Oral contraceptive service consultations (Baseline 768). - Hypertension case finding service blood pressure check consultations (Baseline	1. - Resilience programme launched. - Pharmacy First Q1 - 3,411. - Oral contraceptive service Q1 – 798. - Hypertension service Q1 - 5,524. - Strategical framework issued and socialised. 2. - Pharmacy First Q2 - 3,817. - Oral contraceptive service Q2 – 828. - Hypertension service Q2 - 5,827. - Workplan implemented to take forward actions from strategic framework.

		5,224). - Launching strategic framework for community pharmacy.	3. - Pharmacy First Q3 - 4,147. - Oral contraceptive service Q3 – 951. - Hypertension service Q3 - 6,568. - Actions delivered in line with workplan. 4. - Pharmacy First Q4 - 4,487. - Oral contraceptive service Q4 - 1,075. - Hypertension service Q4 - 7,314. - Actions delivered in line with workplan.
16	In Year Delivery	Put in place action plans to improve general practice contract oversight, commissioning, and transformation and tackle unwanted variation in 2025/26.	1. Draft action plans in place in line with PG timelines. 2. Finalised plans in June 2025.
17	In Year Delivery	**Joy App Adoption** Achieve 100% adoption of the Joy App by social prescribers across all PCNs.	1. 40% coverage on Joy App. 2. 60% coverage on Joy App. 3. 80% coverage on Joy App. 4. 100% coverage on Joy App.
18	In Year Delivery	**Local Care Partnership Development** Development of LCP's across Devon (maturity of arrangements and response to local population need).	1. Assess and establish current state. 2. Agree ICB ambition for delivery against operating model. 3. Develop delivery model. 4. Test delivery model.
19	Strategy Development	Establish a skilled, values-driven community development workforce by 2028.	1. Stocktake current delivery models and workforce 2. Agree blueprint for delivery and implementation plan 3. Delivery phase 4. Implementation and evaluation

20	Strategy Development	Strengthen community-led social change initiatives, fostering collaboration and learning by 2028	1. Map community-led social change initiatives 2. Undertake review existing initiatives to identify strengths and weaknesses 3. Agree recommendations 4. Implement action plan based on recommendations
21	In Year Delivery	Review Adult Social Care arrangements (those subject to Section 75 partnership agreement) in Torbay to strengthen support for hospital discharge, reablement, and independent living.	1. Undertake a review of the Section 75 agreement. 2. TBC.
22	In Year Delivery	Strategic Commissioning (NICE Other)	Milestones TBC
23	In Year Delivery	Commissioning Intentions	Milestones TBC
24	In Year Delivery	Community Hospital Consolidation	Milestones TBC
25	In Year Delivery	Investment Review: Undertake a comprehensive review of all contracts and influenceable commissioning spend across the ICB to identify opportunities for financial optimisation and improved outcomes. This will involve assessing the values and impact of services through benchmarking, quality impact assessments (QIA) and system wide consequence analysis, to inform decisions on service continuation, revision, or decommissioning.	End Q2 - Completed reviews undertaken for the following contracts: - GPwER contracts. - low-value (<£250k) contracts. - enteral feeds contract. - higher value contracts to explore efficiency opportunities. Q4. Identify the IS savings (aligned to APAs and set IAPs) from repatriation.
26	Maintain Statutory Functions	Improved patient safety by ensuring that the system is resilient and able to respond to, manage and mitigate HCAI with the Devon System.	Establish a baseline for current infection rate in Devon and HCAI monitoring and reporting.

			Trusts to adopt SW IPC strategy into their IPC action plans and report on their progress at each IPC Committee meeting and completion of impact assessment (EQIA). Seek assurance from providers in respect to achievement of training levels re: IPC protocols and management of infections within the clinical environment.
27	Maintain Statutory Functions	Update our approach to outbreak planning in line with the Model ICB by identifying opportunities to commission services at scale with system partners, improving vaccination uptake for preventable diseases, and supporting enhanced antimicrobial effectiveness.	1. Establish a baseline for AMS activity and develop improved ICB role in coordination of AMS activity. 2. Continued development and refocus of the Peninsula Anti-microbial Resistance Group, (supporting the Devon/CIOS future close working). 3. Report on compliance with national guidelines and resistance rates against system data. 4. Undertaken investigative deep dive into community and Primary Care based AMS activity: Prepare and present reports to stakeholders.
28	Maintain Statutory Functions	Update our approach to outbreak planning in line with the Model ICB by identifying opportunities to commission services at scale with system partners, improving uptake of vaccinations for preventable diseases, and strengthening collaborative and system leadership.	1. Co-create projects with partners focusing on infection management, prevention, and control. 3. Provide leadership in ongoing projects. 4. Evaluate the progress of collaborative initiatives.
29	Maintain Statutory Functions	Effective Outbreak Management: Improved patient safety by ensuring that the system is resilient and able to	1. Develop improved outbreak plans with Public Health colleagues. 2. Collaboration with partner agencies to implement NHSE guidelines.

		respond to manage, mitigate infection outbreaks within the Devon System.	3. Evaluate and report on compliance and readiness for control and management of incidents.
30	Maintain Statutory Functions	Prepare for ICB's commissioning of section 7a vaccinations by April 2026, achieve higher vaccination rates.	1. Begin shadowing NHSE for section 7a vaccinations. 2. Develop a detailed plan for ICB commissioning transition and launch campaigns to increase routine 0-5s vaccination uptake. 3. Monitor progress towards 95% uptake for routine 0-5s vaccinations. 4. Finalise preparations for ICB commissioning of section 7a vaccinations.
31	In Year Delivery	Take a lead in planning prevention work with providers to increase vaccination uptake to support the UEC plan by reducing avoidable hospital attendances and admissions. Support system wide UEC winter plans.	1. Develop a plan for increasing and monitoring uptake of childhood vaccinations. 2. Develop a detailed plan for increasing flu uptake in Trust FLHW by 5% and to reduce ED respiratory attendance and admissions. 3. Work with Primary Care providers to achieve 70% uptake of RSV. vaccine for 75-79s by 31st August 4. Work with Primary Care providers to achieve 60% uptake of RSV vaccine for those turning 75 in 25/26. 5. Work with providers to maintain an accessible Occupational Health FLHW flu offer throughout the campaign to 31 March 2026.
32	Maintain Statutory Functions	To commission sufficient capacity as set out in the Working Together to Safeguard Children 2023 guidance, within the multi-agency safeguarding hubs (MASH), to ensure delivery of all front door	1. Appropriate level of resource identified to increase delivery in providers, or risk clearly described and documented. 2. Implementation plan within resource available agreed.

		safeguarding statutory duties and improve the delivery of safeguarding practice, by March 2026.	3. Implement agreed changes, within resource available. 4. Safeguarding statutory duties implemented, and safeguarding processes improved.
33	Maintain Statutory Functions	**SEND Improvements** To lead the health system delivery of SEND health improvements as a statutory responsibility of the ICB, through effective commissioning and leadership across all three Local Areas, with full implementation by March 2027.	1. Lead delivery of improvement in local areas, as identified in each area's SEND improvement plan. 2. Ensure any opportunities for whole Devon improvement are realised. 3. Evaluate local area improvement and share learning and best practice where relevant. 4. Ensure all completed improvement actions are visible within SEND inspection updates and inform the revision of local area plans.
34	Maintain Statutory Functions	**Crisis Support Model** To develop the model of crisis support for children and young people with emotional wellbeing and mental health, in conjunction with the South West Provider Collaborative's redesign of inpatient support and pathways by March 2027.	1. Crisis provision and model scoped. 2. Pathways and model developed and agreed with stakeholders, including South West Provider Collaborative. 3. Implementation plan drafted and shared for engagement. 4. Implementation plan finalised, and resource planning completed for 2027.
35	Strategy Development	To plan for the effective recommissioning of Children's Services to enable improved and more consistent delivery across the Devon footprint by March 2029.	1. Agree scope of recommissioning plan. 2. Commence needs assessment and stakeholder engagement. 3. Finalise procurement plan. 4. Engagement work inform implementation of procurement.
36	Strategy Development	Develop a framework for commissioning/decommissioning linked to delivery of the 2025/26 operational plan.	Develop framework and process for decommissioning linked to op plan delivery.

37	In Year Delivery	CIP clinical waste procurement for general practice and community pharmacy in Devon.	Milestones TBC
38	Strategy Development	Undertake a review of community urgent care provision with a focus on modernising Devon's Type 3 community urgent care services (MIUs, UTCs, and WICs), to address longstanding operational inefficiencies, inconsistent standards, and escalating workforce and financial pressures.	1. Review existing Type 3 community urgent care provision and develop the case for change – 01/07/25. 2. Approve the Case for Change – 15/07/2025. 3. Develop a Pre-Consultation Business Case, to inform stakeholder engagement (internal and external) on future service provision – 01/11/2025. 4.Undertake stakeholder engagement to inform future service design – Dec 25 – March 26.
39	In Year Delivery	Repatriation of Activity: Oversee sufficient capacity within NHS providers to enable IS providers to move back to provision at originally contracted levels fulfilling the patient choice requirements for commissioners. Through reduction in IS IAPs support the facilitation of c.£17m financial recovery for the system. Plans for IS providers are indicative only and do Not affect patient choice. Aggregate system IAP reduction at a speciality level is - Cardiology 100%, Ophthalmology 75%, General Sx Urology & Gastro 70%, Spinal 75% and Orthopaedics 30%.	1. IAP agreements with IS providers by 1st July. 2. Ongoing pathway work to ensure SPOA for choice and informed choice discussions. 3. Ongoing assurance processes from NHS providers regarding capacity and performance. 4. Quarterly IS CRMs with additional monthly (TBC). 5. Ongoing oversight and review of DRSS patient facilitation to ensure robust and fair patient choice is maintained.

40	In Year Delivery	AACC – Digital Transformation.	Implement new digital case management system, with brokerage capability, to enable workforce efficiency.
41	Maintain Statutory Functions	AACC- Strategic Placements Undertake market development procurement to ensure ICB legally compliant contracts for complex care, live-in care, trusted assessor services and specialist hospitals.	Milestones TBC

***** *Denotes an action within multiple objectives*

Objective 3: Improve Personalised Care, Access, and Outcomes Across the System, targeting those with greater need

Through outcome-focused, strategic commissioning we will drive the development of new models of care that improve personalised support, access, experience and outcomes for people across the system, with particular focus where needs are greatest.

Scope
In scope • Improving access, experience, and outcomes for people with mental health needs, learning disabilities, autism, and neurodiversity. • Leading the development of care models that reduce waiting times, address SEND priorities and improve outcomes for children and young people, including those with long-term conditions, mental health needs, and neurodiversity both in and out of hospital. • Improving maternity and neonatal care through an outcomes-based commissioning approach. • Whole-population approach, covering all age groups — children, adults, and older people.
Expected Impact and Benefits
Quality Benefits • More patients able to access to the right treatment at the right time • More patients able to access diagnosis, advice, and guidance quickly. • Better access to health services for underserved populations • Improved outcomes for people with serious mental illness (SMI) and/or eating disorders • Improved support and reduced length of stay for dementia patients • Improved outcomes for babies born into vulnerable families • Improved outcomes for women, birthing people, and families affected by adverse mental health • Reduction in health inequalities across underserved populations • Better access to reasonable adjustments, especially for people with learning disabilities or autism

- Effective governance of perinatal improvement programmes

Performance benefits

- Improved efficiency and effectiveness of the perinatal system across the Peninsula
- Reduction in waiting lists for CYP
- Increased access to mental health support for autistic people
- Increased SMI (serious mental illness) annual physical health checks
- Increase in percentage of annual health checks completed for patients with a learning disability or who are autistic
- Reduction in percentage of people with suspected autism waiting more than 12 weeks for contact
- Reduction in the use of mental health bed days that are out of area
- Reduction in the percentage of inpatients with >60 days length of stay (mental health)
- Increase in the percentage of continuing healthcare (CHC) referrals completed in 28 days

Financial Benefits

- Delivery of planned suprplus/deficit
- Delivery of financial plan
- Improved productivity
- Agreement of Medium Term Financial Plan
- Increase in financial management and leadership maturity (e.g., withdrawal from NoF4 and NoF3)

	Executive Priority	Action / Activity / Project	Milestones Q1 – Q4
42	In Year Delivery	Core20+5: To improve the delivery of priority health services consistently across Devon for children and young people living with long term conditions,	1. Priority actions identified and programme plan developed. 2. Implementation plan developed. 3. Implement agreed changes.

		and reduce the level of health inequalities experienced, by March 2026.	4. Review completed and actions identified delivered.
43	Maintain Statutory Functions	SEND Improvements To lead the health system delivery of SEND health improvements as a statutory responsibility of the ICB, through effective commissioning and leadership across all three Local Areas, with full implementation by March 2027.	1. Lead delivery of improvement in local areas, as identified in each area's SEND improvement plan. 2. Ensure any opportunities for whole Devon improvement are realised. 3. Evaluate local area improvement and share learning and best practice where relevant. 4. Ensure all completed improvement actions are visible within SEND inspection updates and inform the revision of local area plans.
44	Maintain Statutory Functions	Crisis Support Model To develop the model of crisis support for children and young people with emotional wellbeing and mental health, in conjunction with the South West Provider Collaborative's redesign of inpatient support and pathways by March 2027.	1. Crisis provision and model scoped. 2. Pathways and model developed and agreed with stakeholders, including South West Provider Collaborative. 3. Implementation plan drafted and shared for engagement. 4. Implementation plan finalised and resource planning completed for 2027.
45	Strategy Development	Neighbourhood Health Service Offer Deliver a core neighbourhood health service offer, with delivery tailored to local needs and assets and response to national guidance.	1. Stock take, local delivery against guidance and partner engagement. 2. Agree Neighbourhood health service offer blueprint 3. Roadmap delivery by end of Q3. 4. Commence implementation of offer and test it.

46	Strategy Development	Increased patient empowerment and self-management: Implement risk stratified, personalised care across integrated teams, prioritising high need groups e.g., frailty, dementia, and end of life care.	1. Refresh the baseline assessment and agree prioritisation of high need groups. 2. Process design and development and review and agreed phased implementation plan. 3. Roll out of phase 1 implementation. 4. Review and evaluation of phase 1.
47	Maintain Statutory Function	Monitor and implement mandatory and statutory requirements and long-term plan objectives Including Access to Talking Therapies, Reliable recovery, reliable Improvement, completed course of treatment, Out of Area Placements, Access to perinatal MH, IPS Length of stay LOS.	Evaluate monitoring quality assurance report.
48	Strategy Development	Dementia Strategy Provider Collaborative Signature move	1. Conduct a comprehensive needs analysis aligned to the Devon Dementia Strategy by engaging key stakeholders and analysing relevant data, EQIA, and gap analysis. 2. Develop a commissioning policy for the effective delivery of integrated dementia care services and establish focus areas. 3. Establish performance metrics to monitor alignment with national KPIs and local outcomes and prepare a commissioning statement.

49	Strategy Development	Address the treatment gap in mental health services Provider Collaborative Signature move	1. Conduct a comprehensive needs analysis by engaging key stakeholders and analysing relevant data, EQIA, and gap analysis. 2. Develop a commissioning policy for the effective delivery addressing the commissioning gap. 3. Establish performance metrics to monitor alignment with national KPIs and local outcomes and prepare a commissioning statement. 4. Plan for implementation that has been agreed by ICB Board and partners and evaluate progress made in year 1.
50	Strategy Development	24/7 MH Care Provider Collaborative Signature Move	1. Conduct a comprehensive needs analysis aligned to 24/7 access to care by engaging key stakeholders and analysing relevant data, EQIA, and gap analysis. 2. Develop a commissioning policy for the effective delivery of 24/7 care. 3. Establish performance metrics to monitor alignment with national KPIs and local outcomes and prepare a commissioning statement. 4. Plan for implementation that has been agreed by ICB Board and partners and evaluate progress made in year 1.

51	Maintaining Statutory Functions	Physical health monitoring for individuals with Severe Mental Illness (SMI) and Eating Disorders. Reduce inequalities in Mental Health care by increasing the rate of annual physical health checks so that people with severe mental illness (SMI) are receiving a full annual health check with at least 64% receiving one by March 2026 ensuring appropriate follow-up care for all those who need it.	1. Continue to monitor implementation of SMI health checks. LES to EXCO in regard to Anti-Psychotic prescribing to support system understanding of need. 2. Implementation of the LES/Shared Care recommendations. 3. Monitor Impact and quality oversight. 4. Continue to support implementation across the primary care system.
53	In Year Delivery	Intensive community support National Guidance to enhance community Mental Health response	1. Complete recommendations. 2. Full review of operational procedures and growth and undertake EQIA to consider impact of recommendation within Devon. 3. Prepare a commissioning statement. 4. Plan for implementation that has been agreed by ICB Board and partners.
54	Strategy Development	UEC Pathway Devon ICB will work with system partners to improve the service users journey through the UEC MH pathway, to reduce inappropriate demand and delays in ED and improve outcomes for services users.	1. Complete recommendations. 2. Full review of operational procedures and growth and undertake EQIA to consider impact of recommendation within Devon. 3. Prepare a commissioning statement. 4. Plan for implementation that has been agreed by ICB Board and partners.

55	Maintaining Statutory Functions	Perinatal Mental Health and transform Emotional and Mental Health pathways of care for Women, Birthing People, babies, and partners during pregnancy and the first year after childbirth that: • In year focus on Mothers and Birthing people that have had removal of a baby • Is integrated with social care led vulnerable pregnancy pathways and early help offers.	1. Review current service provision and undertake scoping exercise to consider gap analysis, undertake EQIA and stakeholder engagement. 2. To be reviewed by Maternity CYP and Women's Health.
56	Strategy Development	Neurodiversity community offer. Community provision for autistic people who are experiencing a mental health need. this is to support the end to end pathway for new capacity in LD and N mental health developments.	1. Complete gap analysis, data collection, and EQIA, analyse data collection, and produce stakeholder engagement events for pathway development. 2. Hold system workshops, co-produce neurodiversity system pathway, establish co-production forum, LDN groups, and Local Authority. 3. Development of business case and options appraisal for consideration and agreement by the system and Board. 4. Agreed options appraisal to be part of the operational planning and prioritisation 2026/27.

57	Maintaining Statutory Functions	Neurodiversity (inc. Right to Choose and delivery pathway) - Implement national legislation through the right choice.	1. Develop dashboard to inform trajectories and referral routes from primary care, standardise contract reporting and governance oversight, and undertake and complete EQIA. 2. Dashboard roll out and first information from the DRSS referral route, trajectories on patterns of referral routes, convergent rates, and neurodiverse profile. 3. Trajectories on patterns of referral routes, convergent rates, and neurodiverse profile. 4. Analyse full year data and report.
58	Maintaining Statutory Functions	Reasonable adjustment digital flag linked to electronic roll out across the system.	1. Develop Digital Flag strategy for Q1 for sign off and progress report. 2. Continued implementation across health care providers and progress report. 3. Evaluate progress.
59	In Year Delivery	Oliver McGowan mandatory training - Commissioned Living Options to deliver the OMMT training and train the trainer sustainability plan. Workforce statutory requirement.	1. Update and delivery and performance to compliance rate 33%-year-end target. 2. Train the trainer implementation trust to improve for trained individuals and workforce report on compliance. 3. Workforce on compliance and Trust commissioning intentions for 2026/27. 4. Train the trainer implementation trust to improve for trained individuals, workforce report on compliance, and year end update.

60	In Year Delivery	South-West Regional Future beds - This is in the Mental Health In-Patient Unit (One in Devon and one in Bristol for the seven ICBs of SW). Appropriate inpatient care for LD and Autistic People.	1. - Devon: First Bed Day June 2025, Board sign-off of provider assurance of progress and board have sign of the MOU and clinical pathways and confidence of the process for first bed day. - Bristol: Continue to progress development, all governance is aligned to the same pathway. 2. - Devon: Regional overview and monitoring of provision and implementation review. - Bristol: Preparation of workforce working towards and quarterly update on mobilisation. 3. - Devon: First 100 day review of provision, quality and safety review and impacts, and quarterly update on mobilisation. 4. - Devon: Planning of 1st year review of delivery, review of financial position, and year end update on mobilisation. - Bristol: First day and year end update on mobilisation.
61	Maintain Statutory Functions	S117 and Individual Patient Placement (IPP).	1. Complete recommendations from the Southwest Audit. 2. Full review of operational procedures and growth, undertake EQIA to consider impact of recommendation within Devon. 3. Prepare a commissioning statement. 4. Plan for implementation that has been agreed by ICB Board and partners.

62	In Year Delivery	Enhanced End of Life (EoL) Care Delivery: Enhance end of life care with early identification, advanced care planning, and coordinated support.	1. Complete recommendations from the Southwest Audit. 2. Full review of operational procedures and growth, undertake EQIA to consider impact of recommendation within Devon. 3. Prepare a commissioning statement. 4. Plan for implementation that has been agreed by ICB Board and partners. 1. Complete new service specifications for all elements of the EoL pathway and establish an EoL collaborative. 2. Procure new service elements (note that some procurement activity will extend into 2026/27). 3. Complete mapping and review of night care service currently provided by Marie Curie. 4. Implementation of Gold Standard Framework (GSF) across EOLC system. 5. Implementation of 'Integrated Care Plan' on the DCCR. 6. Adoption of e-TEP across Devon and Cornwall as BAU.
63	In Year Delivery	To improve the access to health services for all CYP who need hospital care, mental health, and community services including all those on health waiting lists, through improved delivery against current contracts, and effective commissioning of additional and enhanced capacity where this is required by March 2026.	1. Scope, analyse, and priority services agreed. 2. Implementation plan within resource available agreed. 3. Implement agreed changes. 4. Monitor and evaluate, and plan for 2026/27.

64	Maintain Statutory Functions	To design and implement an ICB process which consistently addresses individual commissioning needs for CYP, where their needs fall outside of core commissioned services, by March 2026.	1. Focus priority areas identified that falls outside of core commissioned services. 2. Process designed on how to address individual. commissioning needs 3. Process implemented and considered alongside wider recommissioning plans. 4. Agreed new process monitored with feedback from local areas sought.
65	Strategy Development	Establish the leadership and governance framework needed to drive, deliver, and assure maternity improvement and transformation for the Peninsula.	1. Leadership, governance, and reporting requirements of full perinatal portfolio mapped. 2. Revised accountability and assured framework developed and leadership responsibilities clarified and agreed. 3. Peninsula LMS established and MNVP new contract operational.
66	Strategy Development	Lead and drive priority improvements at system level that will achieve patient safety requirements and efficient use of resources	1. Maternity summit held and system improvement priorities agreed. 2. Data review and assurance process in place 'have we met our safety ambitions and are current interventions making a difference?'. 3. Policy Review Group established.

67	In Year Delivery	Quantify where MSSP and other improvement agendas have workforce and financial implications. Prioritise and agree case for change within the context of current financial pressures.	1. Workplace plans costed and capital costs scoped. 2. Financial commitments fed into systems financial planning for affordability 2025/26 and opportunities for 2026/27. 3. Financial commitments finalised. 4. End year progress reports produced.
68	Strategy Development	Establish the work programme needed to develop sustainable future perinatal services in Devon, in conjunction with PASP.	In conjunction with PASP, LMNS to provide clinical and commissioning perinatal expertise.
69	Maintaining Statutory Functions	Commission pilot pathways for socially vulnerable women that increase the number of babies that remain safely with their birth families by March 2026.	1. Pathways with scope for improvement identified and agreed across multi-agency governance (LA, provider, and ICB). 2. Pilot pathways developed. 3. Implementation plans agreed, and evaluation metrics identified. 4. Pilot pathways operationalised, and early outcomes assessed.
70	Strategy Development	Establish perinatal Mental Health community of practice to ensure a cohesive mental health and emotional support pathway of care for women, birthing people, and their families.	1. Community of Practice established. 2. Collaborative vision agreed, and gap analysis completed. 3. Commissioning and transformation implications understood. 4. Agreed comprehensive pathway of care for women requiring perinatal support.

71	Strategy Development	Develop a more integrated, preventative approach to women's health, through effective coordination of women's health initiatives across Devon ICS.	1. Review and gap analysis of services currently in place against the 10 priority services outlined nationally. 2. Services which could be developed to work in a health hub model identified and engagement commenced. 3. LARC training offered to all general practice settings. 4. Selection of services to develop into women's health hub model confirmed.
72	Strategy Development	Develop alignment between ICB/ICS objectives and regional clinical networks	1. Review network workplans and identify contributions to ICS plans. 2. Ensure ICB network places are complementary.

***** *Denotes an action within multiple objectives*

Objective 4: Drive Clinical Service Transformation and In-Hospital Productivity

Lead the strategic commissioning of clinical service change to improve outcomes, increase productivity and create resilience across the acute care system.

Scope
In-Scope • Providing leadership for the development and commissioning of new models of acute care, including consultation and engagement on major service changes in line with our strategic responsibilities. • Using outcomes-based commissioning to incentivise improvements in elective and urgent care pathways, supporting collaboration across providers to improve productivity and system resilience. • Ensuring compliance with national standards and continuing to drive safety improvements, for examples, in maternity and neonatal care. • Whole-population approach, covering all age groups – children, adults and older people. **Out of Scope** • Tactical service changes linked to acute care delivery. • Primary care, long-term care, and models of care that fall solely within community services.
Expected Impact and Benefits
Quality Benefits • More resilient acute services improving the system's ability to manage unexpected demand surges, ensuring continuity of critical care during crises. • Improved access times to community physio resulting in improved outcomes for patients, faster diagnosis and identification of treatment pathway • Improvements in access, assessment, and consultant availability leading to better outcomes and more effective use of non-surgical treatment options.

- Underutilised NHS assets being maximised to deliver performance improvement

Performance benefits

- Reduction in waiting times and improve patient flow, leading to more efficient use of resources and fewer delays in treatment.
- Reduction in agency and outsourcing reliance.
- Reduction in consultant referrals by 20%.
- Achievement of diagnostic waiting time standards by supporting timely access to diagnostics, contributing to national performance benchmarks.
- Reduction under 18s elective waiting list growth
- Reduction in percentage of older inpatients (over 65) with >90 day length of sta
- Expanded virtual ward capacity by supporting earlier discharges and remote monitoring.
- Reduction in the percentage of patients waiting less than 18 weeks (absolute performance and performance compared to plan)
- Reduction in percentage of patients waiting over 52 weeks
- Reduction in percentage of patients waiting over 52 weeks for community services
- Increase in the percentage of urgent suspected cancer referrals to receive a definitive diagnosis within 4 weeks
- Increase in the percentage of patients treated for cancer within 62 days of referral
- Increase in percentage of emergency department attendances admitted, transferred or discharged within four hours
- Percentage of emergency department attendances spending over 12 hours in the department (UEC) (Access)
- Reduction in average Category Two ambulance response time
- Reduction in average number of days from discharge ready date and actual discharge date

Financial Benefits

- Delivery of planned suprplus/deficit
- Delivery of financial plan
- Improved productivity

- Agreement of Medium Term Financial Plan
- Increase in financial management and leadership maturity (e.g., withdrawal from NoF4 and NoF3) Savings from reduced Independent Sector (IS) provider usage.
- Reduction in agency and outsourcing costs.

	Executive Priority	Action / Activity / Project	Milestones Q1 – Q4
73	In Year Delivery	To improve the access to health services for all CYP who need hospital care, mental health, and community services including all those on health waiting lists, through improved delivery against current contracts, and effective commissioning of additional and enhanced capacity where this is required by March 2026.	**1.** Scope, analyse, and priority services agreed. **2.** Implementation plan within resource available agreed. **3.** Implement agreed changes. **4.** Monitor and evaluate and plan for 2026/27.
74	Strategy Development	Provide leadership in the development, consultation, and commissioning of new models of acute care — including major service changes — by supporting the development and sign-off of the Case for Change, in line with our strategic commissioning responsibilities and the Strategic to Tactical continuum.	1. Feed outputs from 10-year plan engagement. 2. Sign off final version of case for change.
75	Strategy Development	Provide leadership in developing and commissioning new models of acute	Clinical Services Strategy

		care, including major service changes and clinical engagement, underpinned by an overarching clinical strategy for acute services and aligned with our strategic commissioning responsibilities and the Strategic to Tactical continuum.	
76	Strategy Development	Provide leadership in the development and commissioning of new models of acute care — including consultation on major service changes — by creating and modelling strategic options that incorporate demographics, workforce, finance, and estates, in line with our strategic commissioning responsibilities and the Strategic to Tactical continuum.	1. Analyse impact of demographic changes on activity modelling. 2. Update activity to reflect demographic changes. 3. Coordinate expertise from Trusts to contribute to Finance, Workforce, and estates modelling.
77	Strategy Development	Provide leadership in the development and commissioning of new models of acute care — including consultation and engagement on major service changes — and contribute to and sign off the final evaluation criteria, ensuring alignment with our strategic commissioning responsibilities and the Strategic to Tactical continuum.	1. Contribute to the development of evaluation criteria. 2. Sign off final evaluation criteria.
78	Strategy Development	Provide leadership in the development and commissioning of new models of acute care — including consultation and engagement on major service changes — and sign off the pre-	Sign off draft pre-consultation business case.

		consultation business case, in line with our strategic commissioning responsibilities and the Strategic to Tactical continuum.	
79	Strategy Development	Provide leadership in the development and commissioning of new models of acute care — including consultation and engagement on major service changes — and lead stakeholder and public engagement in conjunction with the PAPC Communications and Involvement Group, ensuring alignment with our strategic commissioning responsibilities and the Strategic to Tactical continuum.	1. Develop citizens panel to support involvement in modelling and option development 2. Support citizens panel involvement in modelling and option development and evaluation criteria 3. Support citizens panel involvement in evaluation of options 4. Support citizens panel involvement in pre-consultation business case review
80	In Year Delivery	Establish a recovery plan and programme to eliminate waits of over 18 weeks for community services and how front-end pathways are streamlined and consistent to support in hospital activities.	1. Design a recovery plan and pathway/service review for key community priority areas including MSK, Diabetes, weight management, and neuro rehab. 2. Implement recovery plan and programme
81	In Year Delivery	Develop a three-year recovery plan to return to and meet the 18-week standard for elective services. This will commence with high volume specialties initially (Orthopaedics).	1. Produce demand and capacity plan to understand gap in capacity. 2. Validate plan with providers and monitor productivity delivery realised and plans to create additional capacity. 3. Develop demand and capacity analysis for further set of specialties. 4. Ensure year 2 of plan is agreed as part of operating plan for 2026/27.

82	In Year Delivery	In order to deliver the in year 25/26 operational plan for both performance and finance, a robust plan will be developed and implemented to repatriate elective NHS activity into the acute providers and reduce the systems reliance on the Independent Sector. A medium and long term strategic plan will also be in place to support the outcomes based strategic commissioning of a sustainable Devonshire NHS service. This will be facilitated through the maximisation of system assets and improved productivity at the base acute sites. The initiative will not impact on any patients right to choose as per the NHS Choice Framework and the Health and Care Act 2022.	Develop a plan linked to 2025/26 operational plan delivery: 1) Agree additional elective activity volumes (aiming HVLC activity) to be commissioned from NHS providers. 2) Agree IAP reduction in IS. 3) Progress actions required to ensure SPOA approach to facilitate transparency in choice/streamlined pathway. 4) Monitor delivery levels, waiting times against GIRFT productivity measures for all additional activity (Focus on cardiology, ophthalmology, spinal, orthopaedics).
83	In Year Delivery	**For a set of prioritised elective specialties (One Devon Elective Specialty Improvement):** -deliver further faster metrics in line with national GIRFT benchmarks -Maximise all capacity by working cross provider, and ensuring adoption	1. - Finalise prioritisation exercise to confirm specific specialties. - For existing specialties: confirm 25/26 deliverables, confirm managerial and clinical leadership and project support.

		of best practice and innovative delivery models (e.g. Group clinics, targeted 'waiting well' health optimisation approaches) -implement best practice referral and community pathways and surgical pathways -Implement best practice CRGs in line with national referral pathways -Apply commissioning policy and CRG review to all Consultant referrals	- For new specialties: confirm deliverables and impact of these Collate C2C and GP referral information to feed into prioritisation. 2. Hold grip around deliverables at provider level and facilitate pathway redesign work and supporting policy requirements with clinical teams and primary care. 3. Hold grip around deliverables at provider level, implement pathways/CRGs and ensure capacity is commissioned. 4. Evaluate full year performance.
84	In Year Delivery	**Waiting list validation** For all specialties: - Deliver best practice waiting list validation. - System leadership and grip of national validation sprint roll out.	Milestones TBC
85	In Year Delivery	**Demand Management:** For all elective care specialties: - Implement a 'No acceptance of Consultant referral without application of commissioning policy and CRG ensuring secondary care as standard' discipline. For further specialties that specifically have a referral rate higher than peer comparators: - CRG review. - Development and implementation of	1. Learning session with acutes and roll out plan development and prioritisation exercise for CRG development. 2. Commence/finalise implementation and reviews. 3. Monitor and feedback and finalise Q2 reviews and commence Q3 reviews. 4. Monitor and feedback and finalise Q3 reviews and commence Q4 reviews.

		system standard best practice (national referral pathways).	
86	In Year Delivery	**Diagnostic Delivery** To enable delivery of the in year operational plan a programme of work will be implemented to maximise the delivery of diagnostic procedures. This will be done through: - The full implementation of CDCs in all localities and expanding on direct to test and one stop pathways. - Ensuring best practice operating models are in place. - Diagnostic demand management, with a focus on key challenged modalities. A wider strategic delivery plan will be drawn up to support the commissioning of sustainable diagnostic services, taking into account access, all age delivery and reduction in health inequalities in line with the Health Care Strategy.	Achievement of monthly CDC trajectory plans. UHP CDC online by 31st March 26. All CDC sites to host a minimum of 3 pathways by March 26 for TSD & RDUH and August 26 for UHP. Develop and implement a demand management and productivity plan for DEXA and Ultrasound.
87	In Year Delivery	Ensuring maximised in hospital alternatives and pathways / avoidance of hospital capacity when not required consistently for Devon including SDEC, Frailty, UTC, MIU, Virtual Wards, LoS, and Discharge. This includes the daily monitoring of	1. For areas lists as delivery phase, ICB will monitor. For development areas (LoS and Discharge): review and refine current discharge improvement plans with localities, create further in hospital LoS efficiencies by working with providers to review interventions for patients over an agreed LoS and alternative

		service activity via ICB operational pressures dashboard, discussion at daily system tactical calls and through performance management meetings between providers and commissioners. Performance and assurance through the locality planning and delivery group as well as the tactical Management group?	management. 2. For areas listed as delivery phase, ICB will monitor. Commence implementation of development areas. 3. For areas listed as delivery phase, ICB will monitor and finalise implementation of development areas. 4. For areas listed as delivery phase, ICB will monitor and evaluate and BAU of development areas.
88	In Year Delivery	Develop additional services / interventions to reduce demand on Emergency Department including: - Increasing enhanced clinical validation of emergency outcomes in NHS 111. - Effective navigation to ED alternatives from SWAST call stack. - Increasing access to same day primary care. - Improved access to respiratory services in the community.	1. For areas listed as delivery phase, ICB will monitor. For areas listed as development stage (coordination and navigation and navigation of low acuity patients), create plans by end of Q1. 2. Commence implementation. 3. Finalise implementation 4. Evaluation and BAU.
89	In Year Delivery	**Aseptic and Radiopharmacy Services** Co-ordinate providers to deliver sustainable aseptic and radiopharmacy services with peninsula acute providers.	1.Conclude service reviews with providers. 2. Agree future strategy and governance arrangements. 3. Implement plan.

***** *Denotes an action within multiple objectives*

Objective 5: Optimise Workforce, Digital Infrastructure, Estate and Commissioning Support Services, focusing on delivery at scale and financial sustainability.

Support cluster and region-wide productivity, efficiency and internal transformation by driving improvements in workforce, digital infrastructure, estates, and commissioning support functions.

Strengthen financial sustainability by embedding the value-based approach and supporting system-wide cost-effectiveness through shared infrastructure and more efficient ways of working.

Scope
In Scope • Leading collaborative financial planning and strategic resource allocation, with a focus on high-value, high impact services. • Commissioning share service models at scale to drive efficiency and cost-effectiveness. • Commissioning digital infrastructure, including the Devon Care Record, to enable real-time information sharing, reduce duplication, and maximise the benefits of automation and AI, while addressing digital exclusion. • Supporting strategic workforce planning, working regionally and at cluster level, to improve staff wellbeing, productivity and retention - with a focus on inclusion, careers pathways, and long-term sustainability. • Whole-population approach, covering all age groups – children, adults and older people. • Supporting cluster and region-wide productivity, efficiency and internal transformation by driving improvements in workforce, digital infrastructure, estates, and commissioning support functions. • Strengthening financial sustainability by embedding the value-based approach and supporting system-wide cost-effectiveness through shared infrastructure and more efficient ways of working. **Out of scope** • Direct delivery of clinical care. • Development of digital platforms beyond the Devon Care Record. • Corporate services already managed collaboratively (e.g. payroll).

- Development of shared clinical support services (e.g. pharmacy, radiology, laboratory and pathology).

Expected Impact and Benefits

Quality Benefits

- Improved integration of health and social care services.
- Continuation and expansion of the Devon shared care records.
- Enhanced patient experience through the delivery of compassionate, timely, and personalised care.
- Improved Service Accessibility and Quality, for example, increased use of the NHS App, enhancing digital engagement and access.
- Enhanced system-wide clinical leadership.
- Improved system working and leadership capability.

Performance Benefits

- Improved workforce efficiency and collaboration
- Faster and more reliable clinical support services
- Skilled, trained workforce with improved retention and patient safety.
- Sustainable workforce supply through future-ready talent pipelines.
- Improved productivity and retention during organisational change.
- Reduction in sickness absence rate
- Decrease in the GP leaver rate percentage.

Financial Benefits

- Delivery of planned suprplus/deficit
- Delivery of financial plan
- Improved productivity
- Agreement of Medium Term Financial Plan
- Increase in financial management and leadership maturity (e.g., withdrawal from NoF4 and NoF3)

	Executive Priority	Action / Activity / Project	Milestones Q1 – Q4

90	In Year Delivery	**Access to technology:** By end of March 2026, we will have explored opportunities to develop an approach with partners to enable access to technology for personalised care at home for patients with long term conditions and end of life via Integrated Care Plans and electronic Treatment Escalation.	**1.** Map out existing technology solutions. **2.** Assess different technology solutions, engagement, and identify barriers. **3.** Develop an approach and test feasibility. **4.** Finalise recommendations and next steps.
91	Maintain Statutory Functions	**Clinical & Care Professional Leadership Framework** Update Clinical & Care Professional Leadership framework and develop updated implementation plan, with any actions agreed for 2025/26 to take place.	**1.** Prepare updated framework. **2.** Socialise framework with. stakeholders **3.** Publish framework.
92	Strategy Development	In 25/26 we shall drive transformation and deliver savings across the estates portfolio and programme through minimising wastage and undertaking long term strategic planning to enable future decisions to be made over our core assets.	Continue to develop rationalisation programmes for our tail categorised assets and proceed with implementation through current governance arrangements.
93	Maintain Statutory Functions	**Primary Care Estates** As PCN funding becomes	**1.** Recruit to Primary Care Estates Manage role. **2.** Reset primary estates delivery programme in

		available we shall then plan and manage a primary care estates delivery programme which shall seek to commence delivery over a 15-year schedule.	accordance with NHSE PCN guidance following a change in government. **3.** Continue to develop schemes alongside BAU activity.
94	Strategy Development	**Devon New Hospital Programme (NHP)** The NHP requires considerable investment of time and strategy to ensure its effective delivery.	**1.** Review scope of NHP programme for each trust in light of recent funding announcements. **2.** Assess risks associated with changed in NHP delivery and revise each trust programme in accordance with new funding timescales. **3.** Socialise revised programmes through system governance routes and with collaborative partner organisations. **4.** Establish as appropriate, a support network to help facilitate newly revised trust programmes.
95	ICB Reconfiguration	In 2025/26 Estates and facilities shall implement new ways of collaborative working. We shall run a series of workshops to identify areas for collaboration for service mergers and agree a plan for further system integration.	**1.** Agree phased integration plan with system Estates Directors and with the consideration to collaboration with CIoS partners. **2.** Establish a series of workshops with various strands of Estates and Facilities departments. **3.** Commence delivery of first tier implementation with agreed departments. **4.** Evaluate and plan for next tier and report back to Estates Directors.
96	In Year Delivery	NHS App Sign Up Number of eligible citizens connected to the NHS App increased to 60% Consider de-prioritisation as current performance is at 58%	**1.** 55% **2.** 56% **3.** 58% **4.** 60%

		and on target to hit 60%. The activity to increase uptake is primarily communication and engagement. The NHS App is the national priority for the delivery of digital services to the public and there is a commitment to its continued development. National Target for Board consideration.	
97	Maintain Statutory Functions	**DCCR** Remaining core health and care organisations connected to the Devon and Cornwall Care Record (DCCR) by March 2028.	**1.** TSDFT and Care Home pilots connected to DCCR. **2.** Torbay Council and 90% of GP practices connected to DCCR. **3.** Plymouth City Council and 98% of GP practices connected to DCCR. **4.** All core organisations connected to DCCR.
98	Maintain Statutory Functions	**DCCR Procurement** To prepare the business case for the re-procurement of the Devon and Cornwall Care Record (DCCR) and subject to approval to procure and implement the DCCR. The DCCR is the Devon's and Cornwall's provision of a shared care record, the provision of which is a national requirement.	**1.** Business case completed Apr 25, ICB Devon decision on business case (OBC): contract extension, full procurement or stop. **2.** Procurement completed July 2025. **3.** FBC completed Sept 25 and ICB decision on FBC. **4.** Contract agreed and implementation commenced (if different supplier).
99		Conduct an AI assessment to explore appropriate use cases for supporting General Practice,	**1.** Run workshop with PCNs on potential AI and Automation opportunities and governance processes agreed for pilot sites.

		ensuring alignment with governance standards. (This Objective overlaps with 2, Primary Care Outcomes). Potential low risk de-prioritisation opportunity. There is a national AI team that are preparing AI guidance and advice, the first of which is already published. A national notice of 09/06/25 indicates a vendor approval, sign-off compliance, DPA governance approval and assurance role for ICBs; further detail is required to understand the implications and resource requirements. Adoption of AI technology and national involvement is moving quickly which is superseding this activity.	**2.** Explore possible solutions and test them via the NHS England Regional Primary Care Lab. **3.** Develop Clinical safety cases and documentation for using AI in PCNs. **4.** AI test sites underway and providing feedback on the pros and cons.
100	Maintain Statutory Functions	Increase placement capacity across the system by 20% with the range of placement experiences increasing by 30% and reducing under-utilisation by 30%.	**1.** Collate placement baseline in secondary care. **2.** Placement baseline data across primary and secondary care, and placement demand baseline from educational establishments. **3.** Analysis of supply and demand data from providers and education partners, design, and pilot new learner models to increase placement capacity and utilisation and increase placement capacity by 10%. **4.** Develop a supply and demand dashboard, enabling

			future planning of educational placements and increase placements by 10%.
101	Maintain Statutory Functions	Increase Nursing and Midwifery Apprenticeships by 20%.	**1.** Apprenticeship provider plans across health and social care in place for 25/26 academic starts, build apprenticeship system dashboard assuring use of supply, and 20% increase from baseline target. **2.** Review of at-risk professional groups and commence plans for 2026/27 (MH/LDA/ODP, Podiatry, OT, and Orthotics), review educational pathways to meet system need, and pilot dashboard with providers. **3.** System wide levy agreement signed off and embedded int BAU, engagement with private sector to increase levy funds if needed, and system dashboard operating. **4.** Review apprenticeship places for 2026/27 and 20% increase from baseline (2023) for 2026/27 academic starts.
102	Maintain Statutory Functions	Increase Advanced Practitioners by 10% and by end of 2025/26, 100% compliance with Advanced Practice Matrix.	**1.** Workshops to develop new and emerging areas of practice across providers and Advanced Practice Scoping returns to NHSE. **2.** Workshop 2 to design posts and job plans and workforce planning for Advanced Practice posts 2026/27. **3.** Governance review of Advanced Practice Maturity Matrix and identify system barriers and improvement plan to enable expansion. **4.** Review of workforce plans, review of learner quality panels, and governance returns.

103	Strategy Development	Design and deliver workforce programmes to enable new care models and transformation delivery to support NHS Devon's strategic priorities, including Transforming Devon Plan, Healthcare strategy and Integrated Neighbourhood Teams.	**1.** PASP round 1 modelling and Workforce Transformation product fully developed and live, workforce support to Health Care Strategy development, and workforce support to Integrated Neighbourhood team design and implementation. **2.** PASP round 2 modelling, clarity of Transforming Devon (TDP) priorities, and CYP workforce modelling. **3.** PASP final round modelling. **4.** Support to TDP workforce redesign as requested
104	Maintain Statutory Functions	Design future workforce, talent attraction, and development models to enable optimum service delivery and workforce sustainability.	**1.** Commence development plan for System Career Hub model. **2.** Commence development of future Workforce plan aligned to INT and TDP models and continue development of System Career Hub model. **3.** Continue development of future Workforce plan and launch System Career Hub model. **4.** Future Workforce plan fully developed, and System Career Hub model fully implemented.
105	ICB Reconfiguration	Create a culture for NHS Devon staff to grow and develop, nurturing talent and developing leadership skills at all levels, maximising the opportunities for NHS Devon to be a well-run, effective, and efficient organisation in pursuit of our aims and objectives.	**1.** Design and deliver a support package for all staff that provides timely, practical, and consistent support through the organisational change and transition process. **2.** Design and begin implementation of a development plan for a 'clustered' ICB Board, Executive Team, and Senior Leadership Team. **3.** Development of a positive culture, values, and behaviours (using National People Promise framework) for a 'clustered' ICB. **4.** Design a plan which supports the development of organisational capabilities to support ICB purpose and

			function as described in 'Model ICB Blueprint - 08.05.25
106	Strategy Development	Develop and deliver a comprehensive organisations development (OD) plan for the Devon System in preparation for the successful delivery of the NHS 10 year plan and a single operating model for Devon.	**1.** Scope and design a strategic commissioning focused system development plan. **2**. System wide CEO development.
107	ICB Reconfiguration	Organisational change programme Design and implementation of new ICB to deliver the running cost target of £18.76 per head of population.	1. Design new ICB structure (high level). 2. Consult and implement Chief Executive and Chair roles. 3. Design, consult and implement new SLT structure. 4. Design, consult and implement new wider staff structure, appropriate staff consultation and governance processes to be followed. Appropriate support package in place for staff.
108	Maintain Statutory Functions	All-Age Continuing Care (AACC)	Milestones TBC

***** *Denotes an action within multiple objectives*

Objective 6: Delivery Statutory Functions and Maintain a High-Quality, Safe, Financial Balanced and Sustainable System

Continue to deliver our core statutory functions, including those linked to quality, safety, safeguarding, and financial management.

Strengthen our leadership role in overseeing system finances, ensuring financial balance across the ICB and its partners.

Maintain high standards of governance, assurance and accountability, while exploring and adopting new approaches aligned to the Model ICB.

Scope
In Scope • Delivery of ICB statutory duties • The development of (with NHS Cornwall and Isles of Scilly) a five-year Quality Framework that supports delivery of essential national quality requirements and reflects the future role of ICBs. • Commissioning of safeguarding arrangements in partnership with NHS CIOS, improving responses for vulnerable children and adults through consistent integration into contracts and partnerships. • Maintaining a clear focus on quality and safety throughout system transformation and service change programmes led by NHS Devon embedding quality and safety as part of a strategic commissioning approach. • Strengthen our leadership role in overseeing system finances, ensuring financial balance across the ICB and its partners • Maintaining high standards of governance, assurance and accountability, while exploring and adopting new approaches aligned to the Model ICB.
Expected Impact and Benefits
Quality Benefits • Improved system-wide collaboration • Enhanced levels of system working across services

- Strengthened relationships with stakeholders
- Safeguarding and providing excellent services to vulnerable children and adults
- Reduction in rates of Healthcare Associate Infection (MRSA, C-Difficile and E-Coli)
- Reduction in number of neonatal deaths and stillbirths
- Reduction in the rate of restrictive interventions used
- Increase in percentage of patients in crisis to receive face-to-face contact within 24 hours
- Reduction in number of inpatients acquiring a new pressure ulcer
- Reduction in the percentage of children (aged 0-9) prescribed antibiotics in the last 12 months

Performance Benefits

- Improved patient outcomes and safety
- Consistent and equitable service delivery
- System-wide collaboration and assurance which drives performance improvements
- Learning from excellence and early targeted support to avoid safety and performance issues

Financial Benefits

- Delivery of planned suprplus/deficit
- Delivery of financial plan
- Improved productivity
- Agreement of Medium Term Financial Plan
- Increase in financial management and leadership maturity (e.g., withdrawal from NoF4 and NoF3)

	Executive Priority	Actions / Activity / Project	Milestones Q1 – Q4
109	In Year Delivery	**Core20+5:** To improve the delivery of priority health services consistently across Devon for children and young people living with long term conditions, and reduce the level of health	**1.** Priority actions identified, and programme plan developed. **2.** Implementation plan developed. **3.** Implement agreed changes.

		inequalities experienced, by March 2026.	**4.** Review completed and actions identified delivered.
110	Maintain Statutory Functions	To commission sufficient capacity as set out in the Working Together to Safeguard Children 2023 guidance, within the multi-agency safeguarding hubs (MASH), to ensure delivery of all front door safeguarding statutory duties and improve the delivery of safeguarding practice, by March 2026.	**1.** Appropriate level of resource identified to increase delivery in providers, or risk clearly described and documented. **2.** Implementation plan within resource available agreed. **3.** Implement agreed changes, within resource available. **4.** Safeguarding statutory duties implemented and safeguarding processes improved.
111	Maintain Statutory Functions	**SEND Improvements** To lead the health system delivery of SEND health improvements as a statutory responsibility of the ICB, through effective commissioning and leadership across all three Local Areas, with full implementation by March 2027.	**1.** Lead delivery of improvement in local areas, as identified in each area's SEND improvement plan. **2.** Ensure any opportunities for whole Devon improvement are realised. **3.** Evaluate local area improvement and share learning and best practice where relevant. **4.** Ensure all completed improvement actions are visible within SEND inspection updates and inform the revision of local area plans.
112	Strategy Development	To plan for the effective recommissioning of Children's Services to enable improved and more consistent delivery across the Devon footprint by March 2029.	**1.** Agree scope of recommissioning plan. **2.** Commence needs assessment and stakeholder engagement. **3.** Finalise procurement plan. **4.** Engagement work inform implementation of procurement.
113	Maintain Statutory Functions	To design and implement an ICB process which consistently addresses individual commissioning needs for CYP, where their needs fall outside of	**1.** Focus priority areas identified that falls outside of core commissioned services. **2.** Process designed on how to address individual commissioning needs.

		core commissioned services, by March 2026.	**3.** Process implemented and considered alongside wider recommissioning plans. **4.** Agreed new process monitored with feedback from local areas sought.
114	Maintain Statutory Functions	All Age Continuing Care (AACC)	Deliver action plan for the application of Community Deprivation of Liberty Safeguards.
115	Maintain Statutory Functions	**Quality Framework:** Deliver a 'working draft' framework for consultation and collaboration of an NHS Devon/CIOS 5 year Quality Framework (strategy) inclusive of Total Quality Management principles enabling an engagement programme to coproduce a Quality Strategy to be launched in 2026/27. **-** Deliver an NHS Devon Quality of Care conference to celebrate and inspire improving care quality across Devon, sharing the draft framework for system strategy co-production.	**1.** Draft framework inclusive of draft Quality Management System process, conference planning for Q3 event, and implementing the ICB Quality Hub approach. **2.** Engagement and collaboration events/activities to develop final strategy, conference planning for Q3 event, ongoing implementation of QI hub and updates to QPEC. **3.** Drafting of strategy drafts to ExCo and QPEC for assurance, delivery the NHS Devon Quality of Care conference, and ongoing implementation of QI hub. **4.** Co-production of strategy, which will go through the ICB and System Quality Governance processes, and review and evaluate QI hub impact.
116	In Year Delivery	**EQIA:** NHS Devon will have robust and evidenced impact assessments through the EQIA process.	**1.** Fully implement the new Datix process and deliver mandatory ICB staff EQIA training. **2.** Maintain mandatory ICB staff EQIA training and monitor/report coverage and quality of EQIAs undertaken. **3.** Review and evaluate delivery, compliance, and outcome of EQIA activity in 2025/26.

117	Maintain Statutory Functions	**System Quality Metrics Dashboard:** Implementation of system quality metrics dashboard incorporating QEWS, Model Health, Learning from Patient Safety Events (LfPSE) and other national data sources for 'Watch and escalation' and respond to identification of risks from the dashboard.	**1.** Draft dashboard sign off through quality governance process and complete the accompanying EQIA. **2.** Implement dashboard through System Quality Group and reporting to Quality & Patient Experience Committee (QPEC). **3.** Ongoing monitoring and reporting. **4.** Review and evaluate impact of dashboard and revisit EQIA.
118	Maintain Statutory Functions	**Patient Safety & Experience:** Maintain and improve standards of patient safety, experience, and outcomes throughout the Devon system via: - BAU delivery of LfPSE/PSIRF. - Increasing primary care adoption (100% GP practice coverage target). - Independent/VCSE sector support/development. - Patient safety partners development.	**1.** Develop 2025/26 patient safety and experience action plan and report to QPEC. **2.** Delivery of plan progress update reported to QPEC and implement Patient Experience Network in Devon System (Inclusive of CYP participation). **3.** Delivery of plan progress report to QPEC. **4.** Review and evaluate role delivery/outcomes of plan to inform 2026/27 planning.
119	Maintain Statutory Functions	**Children's Wellbeing and Education Bill Implementation** Work with Safeguarding partners to implement the Children's Wellbeing and Education bill, ensuring health resources to meet requirements for an integrated front door, Lead Practitioners, and multiagency child protection services.	**1.** Scope vision and requirement. **2.** Develop plan with Women and Children Commissioners and complete EQIA. **3.** Develop capacity and capability within workforce. **4.** Implement plan and reevaluate EQIA.
120	Maintain Statutory Functions	**Information Sharing to Prevent Violence Implementation**	**1.** Support ED providers to complete a data sharing agreement with Community Safety Partnership (CSP)

		Support ED providers to implement ISTV (Information Sharing to Prevent Violence) that will enable NHS Devon to meet Serious Violence duties.	details. **2.** Review data sharing arrangements to ensure implementation. **3.** Seek assurance regarding data quality. **4.** Evaluate delivery.
121	Maintain Statutory Functions	**Multi-Agency Safeguarding Hubs** Commission sufficient capacity within the multi-agency Safeguarding Hubs to ensure delivery of all front door safeguarding statutory duties by September 2025.	**1.** Confirm requirements for additional capacity and opportunities to increase productivity and efficiency. **2.** Review provider recruitment to MASH posts. **3.** Embed new staffing model and processes. **4.** Evaluate MASH delivery.
122	Maintain Statutory Functions	**Delivery of ICB Requirements** The National Safeguarding Steering Group has updated a suite of protocols that outline ICB responsibilities in relation to: - Child protection - Information system. - Female Genital Mutilation (FGM). - Child death review process. - Domestic abuse and sexual violence. - Modern Slavery and human trafficking. - Domestic homicide reviews. **MARMM Implementation** - Support TDSAP and health providers to implement MARMM (Multiagency risk management meetings) across	**1.** Complete mapping exercise and develop action plans related to each protocol and complete EQIA. **2.** Implement plan to ensure compliance with protocols. **3.** Implement plan. **4.** Review and evaluation of actions, produce end of year progress made and review EQIA. 1. Implementation of test of change. 2. Evaluate test of change. 3. Further roll out of MARMM process. 4. Evaluation of roll out.

		Torbay and Devon. May require further review.	
123	In Year Delivery	**ICS Financial Revenue Plan** Deliver ICS financial revenue plan for 25/26 including delivery of CIP targets and any additional financial criteria related to NOF4 exit.	1. Boards sign off financial plan and establish robust reporting metrics across the system. **2.** Identity any mitigations for potential slippage. **3.** Start CIP planning for 26/27. **4.** Complete delivery of plan with no overspend.
124	In Year Delivery	**ICB Financial Revenue Plan** Deliver ICB financial revenue plan for 25/26 including delivery of the CIP targets and any additional financial criteria related to NOF4 exit.	**1.** Boards sign off financial plan. **2.** Identify any mitigations for potential slippage. **3.** Start CIP planning for 26/27. **4.** Complete deliver of plan with no overspend.
125	In Year Delivery	Delivery of ICB Requirements.	**1.** Exit NOF4. **2.** Plan exit of NOF3. **3.** Prepare to exit NOF3.
126		Produce Devon ICS Research and Innovation Strategy.	**1.** Prepare and socialise draft strategy. **2.** Publish strategy.

***** *Denotes an action within multiple objectives*

NHS Devon

NHS Devon Integrated Care Board

Board Assurance Framework

Date of Meeting	Date Report Produced
31 July 2025	14 July 2025

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

Executive Summary
This report provides the NHS Devon Integrated Care Board with information about the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year. In light of recent changes to the operating context for Integrated Care Boards (ICBs), the report takes an alternative approach to the Board Assurance Framework in 2025/26 to that which was agreed by the Board at its meeting in public on 27 March 2025. It also includes the addition of two risks in relation to ICB recent requirements to reduce ICB running costs by 50%.

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
NHS Devon Executive via correspondence w/c 21 July 2025.

Key recommendations and actions requested
APPROVE the content of the latest iteration of the 2025/26 Board Assurance Framework risks to achieving the strategic objectives of NHS Devon

Impact on NHS Devon Objectives	
Objective	**Impact**
Improve Population Health	**All**
Improve Services and Reduce Unwarranted Variation	
Make More Efficient Use of Resources	
Develop Our Culture and How We Operate	

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of Services	Risk management systems and processes do not in themselves present any quality or safety implications. They capture and report the risks relating to population health outcomes and patient experience in the One Devon Integrated Care System, in order to ensure that they are appropriately mitigated / controlled.
Health Inequalities	None
Workforce	None
Resources and Finance	Risk management systems and processes do not present in themselves any financial implications. They capture and report the strategic financial risks faced by NHS Devon in order to ensure that they are appropriately mitigated / controlled.
Legal	Sound control and assurance mechanisms, including risk management systems are an essential component of internal control processes. NHS organisations are required to sign an annual governance statement to provide reasonable assurance that they have been properly informed about the totality of their

	risks and can evidence that they have identified the organisational objectives and managed the principal risks to them. There is a mandatory annual internal audit review into aspects of risk management and the BAF each year.
Digital and Data	None
Engagement and Consultation	This is an internal control process, and no patient engagement has taken place with respect to it.

Board Assurance Framework

Introduction and Background

1. NHS Devon is required to prepare public statements to confirm that it has done its reasonable best to maintain a sound system of internal control to manage the risks to achieving its objectives. This is achieved by the Chief Executive providing a signed Annual Governance Statement, which covers the risk management and review processes within the organisation. The evidence to support this Statement is supported by the Board Assurance Framework, referred to hereafter as the BAF.

2. NHS Devon's BAF is based upon the identification of its strategic objectives (in essence, its strategic aims and goals), the principal risks to delivering them, the key controls to minimise these risks, with the key assurances of these controls identified. These are monitored by the NHS Devon Executive to resolve issues or concerns and to improve control mechanisms.

Board Assurance Framework in 2025/26

Alignment to NHS Oversight Framework

3. In light of the importance of exiting Segment 4 of the NHS Oversight Framework (NOF4), it was agreed at the NHS Devon Board meeting in public on 27 March 2024 that the BAF in 2024/25 should be aligned to the six themes set out in the NHS Oversight Framework:

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

4. The BAF risks have, therefore, been articulated in 2024/25 as follows:

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

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

System potentially continuing to suffer health inequalities.

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

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

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

Reflecting the strategic objectives set out in the 2025/26 Annual Plan

5. It was agreed by the Board at its meeting in public on 27 March 2025 that the 2025/26 BAF should focus on providing assurance with regard to the risks to each of the 17 objectives set out in the 2025/26 Annual Plan.

6. However, since the beginning of April 2025, the operational context for Integrated Care Boards (ICBs) has changed significantly. The requirement for ICBs to find significant reductions to their running costs and the publication of the Model ICB Blueprint by NHS England (NHSE) have led to a refocussing of the strategic intent of ICBs. As result of this work has been undertaken on the revision of the 2025/25 Annual Plan, the outcome of which can be found elsewhere on the agenda for this meeting. Work also continues on the development of a Health and Care Strategy (Joint Forward Plan) to describe the strategic change required alongside a refreshed Medium Term Financial Plan (MTFP). This is due to be presented for approval in September 2025.

7. In light of this changing operational context, the Board agreed at its meeting in public on 29 May 2025 that the BAF risks in 2025/26 should continue to remain aligned to the NOF themes as articulated above, rather than being aligned to the 2025/26 Annual Plan objectives. This is until the approval of the Health and Care Strategy (Joint Forward Plan) in September 2025, at which point the risks to the strategic objectives identified within the strategy can be articulated for a further iteration of the BAF.

8. At its meeting in public on 29 May 2025, the Board approved the addition of the following risks to those aligned to the NOF themes set out above:

Reducing ICB running costs
If the appropriate systems and processes are not in place to support the implementation of ICB transition activities
then we may fail to deliver the reduction of running costs by Q3 2025/26 as required
resulting regulatory action being taken

Delivering business as usual in 2025/26
If the appropriate systems and processes are not in place to support the delivery of business as usual activities whilst transition activities are being undertaken
then we may fail to deliver our 2025/26 Operational Plan
resulting in patients across the One Devon Health and Care System potentially not receiving the services that they need

Risk Appetite Statement for 2025/26

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. The NHS Devon Board has previously agreed to articulate its risk appetite 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, as well as to ensure that the mitigations controls being put in place for risks are appropriate.

12. Set out below is the risk appetite statement that was agreed by the Board for the 2024/25 financial year and which continues into 2025/26 until the revision of the BAF:

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

Current Risk Position

13. The table below provides a high-level summary of the current risk position for the 7 strategic risks for the current financial year:

			Historical and Current Risk Scores								
NHS Oversight Framework Theme – Risk Entry	**Board Committee**	**Inherent Risk Score**	**June 2025** Residual Risk Score	**August 2025** Residual Risk Score	**October 2025** Residual Risk Score	**December 2025** Residual Risk Score	**February 2025** Residual Risk Score	**Risk Movement** (Residual Risk Score)	**Risk Appetite**	**Target / Tolerance Level** (Residual Risk Score)	**Last Reviewed**
1. Quality of Care, Access and Outcomes	QPEC & FPC	25	12	-	-	-	-	N/A	AVOID	8 - 12	Jun-25
2. Preventing Ill-health and Reducing Health Inequalities	PHIC	25	16	-	-	-	-	N/A	AVOID	8 - 12	Jun-25
3. Finance and Use of Resources	FPC	20	16	-	-	-	-	N/A	OPEN	15	Jun-25
4. People	PODC & FPC	20	12	-	-	-	-	N/A	SEEK	20 - 25	Jun-25
5. Leadership and Capability	EXCO	20	16	-	-	-	-	N/A	SEEK	20 - 25	Jun-25
6. Reducing ICB running costs	EXCO	25	20	-	-	-	-	N/A	OPEN	15	Jun-25
7. Delivering business as usual in 2025/26	EXCO	25	20	-	-	-	-	N/A	OPEN	15	Jun-25

Committee Abbreviations	
ExCo	Executive
QPEC	Quality and Patient Experience Committee
FPC	Finance and Performance Committee
PHIC	Population Health Improvement Committee
ODC	Organisational Development Committee

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

14. The details for each risk are attached at **Annex A** and the scoring methodology at **Annex B** of this report.

Heat Map Showing Current Risk Scores

15. The heatmap provides a comprehensive view of the likelihood and impact of NHS Devon's strategic risks. It shows that of the five BAF risks, four are within or below the agreed target / tolerance level in terms of their residual risk score. One risk has a residual risk rating in excess of the target / tolerance level.

Board Assurance Framework Heatmap – Status as at July 2025:

NHS Oversight Framework Theme - Risk Entry	Chief Officer	Assigned Board Committee	Risk Appetite	1-3	4-6	8	9	10	12	15	16	20	25
1. Quality of Care, Access and Outcomes	CNO	QPEC & FPC	AVOID										
2. Preventing Ill-health and Reducing Health Inequalities	CMO	PHIC	AVOID										
3. Finance and Use of Resources	CFO	FPC	OPEN										
4. People	CPO	PODC & FPC	SEEK										
5. Leadership and Capability	CCA & CO	EXCO	SEEK										
6. Reducing ICB running costs	CCA & CO	EXCO	OPEN										
7. Delivering business as usual in 2025/26	CSCPO	EXCO	OPEN										

Chief Officer Abbreviations:	
CNO	Chief Nursing Officer
CMO	Chief Medical Officer
CFO	Chief Finance Officer
CPO	Chief People Officer
CCA&CO	Chief Corporate Affairs & Communications Officer
CSCPO	Delivering business as usual in 2025/26

Key – Risk Score Symbols and Shapes	
▭	Tolerance Level – Residual Risk
●	Current Residual Risk Score

Conclusion

16. The Board is asked to **APPROVE** the content of the latest iteration of the 2025/26 Board Assurance Framework risks to achieving the strategic objectives of NHS Devon.

Annex A

NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
1. Quality of Care, Access and Outcomes	Penny Smith - Chief Nursing Officer	Quality & Patient Experience Committee; and Finance & Performance Committee	June 2025

Principal Risk

IF NHS Devon does not work with system partners to deliver NHS service performance for 'All Age' services in line with national standards and quality requirements, **THEN** we will fail to deliver on one of our key statutory purposes (improve outcomes in population health and healthcare), **RESULTING IN** patients across the One Devon Integrated Care System not receiving the services that they need.

Risk Appetite	AVOID	Risk Tolerance	8 - 12

Risk Scoring	Likelihood	Impact	Total	Movement
Inherent Risk Score	5	5	25	-
Current Residual Risk Score	3	4	12	↔

Rationale for Amendment to Residual Risk Score:

N/A

	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?		Current Key Control Gaps	
C1	Health and Care Strategy in place	Partial			
C2	Out of Hospital (OOH) Programme delivered	Partial			
C3	Primary care remote consultation solution in place	Partial			
C4	New models of general practice invested in to achieve same day and 2-week targets	Partial			
C5	Increase in NHS dental activity	Partial			
C6	Provision of locally commissioned pharmacy services extended	Partial			
C7	Action plans in place to improve general practice contract oversight, commissioning, and	Partial			

Annex A

	transformation and tackle unwanted variation in 2025/26.				
C8	100% adoption of the Joy App by social prescribers across all PCNs.	Partial			
C9	Appropriate Section 75 Agreement in place	Partial			
C10	Commissioning Plan in place	In place			
C11	System is resilient and able to respond to, manage and mitigate HCAI with the Devon System.	Partial			
C12	Clear approach to outbreak planning in place	Partial			
C13	Increase vaccination rates	Partial			
C14	Appropriate capacity in place within the multi-agency safeguarding hubs (MASH), to ensure delivery of all front door safeguarding statutory duties and improve the delivery of safeguarding practice, by March 2026	Partial			
C15	Delivery of SEND health improvements	Partial			
C16	Model of crisis support implemented for children and young people with emotional wellbeing and mental health	Partial			
C17	Appropriately commissioned Children's Services	Partial			
C18	Commissioning framework in place linked to delivery of 2025/26 operational plan	Partial			
C19	AACC- Strategic Placements	Partial			
C20	SEND Improvements	Partial			
C21	Crisis Support Model	Partial			
C22	Neighbourhood Health Service Offer	Partial			
C23	Increased patient empowerment and self-management: Implement risk stratified, personalised care across integrated teams, prioritising high need groups e.g., frailty, dementia, and end of life care.	Partial			
C24	Clear information about performance against mandatory and statutory requirements	Partial			
C25	Dementia Strategy in place	Partial			
C26	Address the treatment gap in mental health services	Partial			

Annex A

C27	Intensive community support National Guidance to enhance community Mental Health response	Partial			
C28	UEC Pathway	Partial			
C29	Perinatal Mental Health	Partial			
C30	Neurodiversity community offer	Partial			
C31	Neurodiversity (inc. Right to Choose and delivery pathway) - Implement national legislation through the right choice.	Partial			
C32	Oliver McGowan mandatory training	Partial			
C33	South-West Regional Future beds	Partial			
C34	S117 and Individual Patient Placement (IPP)	Partial			
C35	Enhanced End of Life (EoL) Care Delivery	Partial			
C36	Children and Young People's Services	Partial			
C37	Lead and drive priority improvements at system level that will achieve patient safety requirements and efficient use of resources	Partial			
C38	Work programme in place to develop sustainable future perinatal services in Devon	Partial			
C39	Number of babies that remain safely with their birth families	Partial			
C40	Perinatal mental health community of practice	Partial			
C41	Integrated, preventative approach to women's health	Partial			
C42	Access to health services for all CYP	Partial			
C43	Waits of over 18 weeks for community services	Partial			
C44	18-week standard for elective services	Partial			
C45	Repatriate elective NHS activity into the acute providers and reduce the systems reliance on the Independent Sector	Partial			
C46	Waiting list validation	Partial			
C47	Demand Management - elective	Partial			
C48	Diagnostic Delivery	Partial			
C49	Hospital alternatives and pathways	Partial			
C50	Demand Management – ED	Partial			

Annex A

C51	Aseptic and Radiopharmacy Services	Partial			
C52	Access to technology	Partial			
C53	NHS App Sign Up	Partial			
C54	DCCR	Partial			
C55	DCCR Procurement	Partial			
C56	Primary and secondary care placement	Partial			
C57	Quality Framework	Partial			

Current Assurances (how do we know that the controls in place are working effectively?)			**Current Assurance Gaps**	
1.	**System Quality Group (SQG)** in place focused on enabling quality improvement across the One Devon Integrated Care System.			
2.	**Quality & Patient Experience Committee (QPEC)** in place providing oversight and assurance to the NHS Devon Integrated Care Board that it is delivering its functions in a way that secures continuous improvement in the quality of services.		AG2	**QPEC** forward plan needs to be informed by 2025/26 Annual Plan priorities once approved.
3.	**Quality Report** is received by the NHS Devon Executive, QPEC and the NHS Devon Board at agreed intervals throughout the year.			
4.	**Provider Quality Committees** are in place and attended by representatives of NHS Devon, ensuring that providers have appropriate assurance and oversight mechanisms with regard to quality.			
5.	**National and NOF4 Reporting Requirements** ensure that all partners within the One Devon Integrated Care System provide assurance about quality metrics to appropriate national bodies.			
6.	**System planning and delivery assurance structures** are clear and in place to ensure oversight of key risks and issues.			

Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	**Action Owner**	**Planned Completion Date**	**Assurance Level**	**Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')**
AG2: QPEC forward plan to be informed by 2024/25 Annual Plan.	CCCAO	End Q2 2025/26	Partially Assured	-
CG1 Health and Care Strategy to be developed				
CG2 OOH Programme design phase to be implemented by the end of Q1, to define the community model for delivery, with a strong focus on mitigating demand on the UEC system				

Annex A

CG3 Process to be implemented to allow GP practices that have decided to purchase their own system from the approved list to reclaim equivalent funding				
CG4 Comprehensive LES reviews to be completed, historic LES funding deficits to be addressed, Practice resilience to be increased, Practice ratings of Good and/or Outstanding to be increased, viable PCN / PCN+ new delivery model to be invested in and implemented.				
CG5 10 (wte) Golden Hellos to be supported under the national incentive scheme, activity to be increased by 60% by end Q4, new patient premium to be evaluated and implemented, procurement process completed for at least 2 new dental practices in Devon.				
CG6 Contractor resilience to be increased, nationally commissioned clinical pharmacy services to be grown by 40% from baseline, Pharmacy First clinical. pathway consultations (Baseline 3,205). Oral contraceptive service consultations (Baseline 768). Hypertension case finding service blood pressure check consultations (Baseline 5,224). Strategic framework for community pharmacy to be launched.				
CG7 Finalised action plans to be put in place.				
CG8 100% coverage on Joy App to be achieved.				
CG9 Review of S.75 Agreement to be undertaken.				
CG11 Trusts to adopt SW IPC strategy into their IPC action plans and report on their progress at each IPC Committee meeting and completion of impact assessment (EQIA).				
CG12 Effective Outbreak Management: Improved patient safety by ensuring that the system is resilient and able to respond to manage, mitigate infection outbreaks within the Devon System.				
CG13 Prepare for ICB's commissioning of section 7a vaccinations by April 2026, achieve higher vaccination rates.				
CG14 To commission sufficient capacity as set out in the Working Together to Safeguard Children 2023 guidance, within the multi-agency safeguarding hubs (MASH), to ensure delivery				

Annex A

of all front door safeguarding statutory duties and improve the delivery of safeguarding practice, by March 2026.				
CG15 To lead the health system delivery of SEND health improvements as a statutory responsibility of the ICB, through effective commissioning and leadership across all three Local Areas, with full implementation by March 2027.				
CG16 To develop the model of crisis support for children and young people with emotional wellbeing and mental health, in conjunction with the South West Provider Collaborative's redesign of inpatient support and pathways by March 2027.				
CG17 To plan for the effective recommissioning of Children's Services to enable improved and more consistent delivery across the Devon footprint by March 2029.				
CG18 Develop a framework for commissioning/decommissioning linked to delivery of the 2025/26 operational plan.				
CG19 Undertake market development procurement to ensure ICB legally compliant contracts for complex care, live-in care, trusted assessor services and specialist hospitals.				
CG20 Lead the health system delivery of SEND health improvements as a statutory responsibility of the ICB, through effective commissioning and leadership across all three Local Areas, with full implementation by March 2027.				
CG21 Develop the model of crisis support for children and young people with emotional wellbeing and mental health, in conjunction with the South West Provider Collaborative's redesign of inpatient support and pathways by March 2027.				
CG22 Deliver a core neighbourhood health service offer, with delivery tailored to local needs and assets and response to national guidance.				
CG23 1. Refresh the baseline assessment and agree prioritisation of high need groups. 2. Process design and development and review and agreed phased implementation plan. 3. Roll out of phase 1 implementation.				

Annex A

4. Review and evaluation of phase 1.				
CG24 Monitor and implement mandatory and statutory requirements and long-term plan objectives Including Access to Talking Therapies, Reliable recovery, reliable Improvement, completed course of treatment, Out of Area Placements, Access to perinatal MH, IPS Length of stay LOS.				
CG25 Conduct a comprehensive needs analysis aligned to the Devon Dementia Strategy by engaging key stakeholders and analysing relevant data, EQIA, and gap analysis. Develop a commissioning policy for the effective delivery of integrated dementia care services and establish focus areas. Establish performance metrics to monitor alignment with national KPIs and local outcomes and prepare a commissioning statement				
CG26 1. Conduct a comprehensive needs analysis by engaging key stakeholders and analysing relevant data, EQIA, and gap analysis. 2. Develop a commissioning policy for the effective delivery addressing the commissioning gap. 3. Establish performance metrics to monitor alignment with national KPIs and local outcomes and prepare a commissioning statement. 4. Plan for implementation that has been agreed by ICB Board and partners and evaluate progress made in year 1.				
CG27 1. Complete recommendations. 2. Full review of operational procedures and growth and undertake EQIA to consider impact of recommendation within Devon. 3. Prepare a commissioning statement. 4. Plan for implementation that has been agreed by ICB Board and partners.				
CG28 Work with system partners to improve the service users journey through the UEC MH pathway, to reduce inappropriate demand and delays in ED and improve outcomes for services users.				

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CG29 Perinatal Mental Health and transform Emotional and Mental Health pathways of care for Women, Birthing People, babies, and partners during pregnancy and the first year after childbirth				
CG30 Community provision for autistic people who are experiencing a mental health need. this is to support the end to end pathway for new capacity in LD and N mental health developments.				
CG31 1. Develop dashboard to inform trajectories and referral routes from primary care, standardise contract reporting and governance oversight, and undertake and complete EQIA. 2. Dashboard roll out and first information from the DRSS referral route, trajectories on patterns of referral routes, convergent rates, and neurodiverse profile. 3. Trajectories on patterns of referral routes, convergent rates, and neurodiverse profile. 4. Analyse full year data and report.				
CG32 Commissioned Living Options to deliver the OMMT training and train the trainer sustainability plan. Workforce statutory requirement.				
CG33 This is in the Mental Health In-Patient Unit (One in Devon and one in Bristol for the seven ICBs of SW). Appropriate inpatient care for LD and Autistic People.				
CG34 1. Complete recommendations from the Southwest Audit. 2. Full review of operational procedures and growth, undertake EQIA to consider impact of recommendation within Devon. 3. Prepare a commissioning statement. 4. Plan for implementation that has been agreed by ICB Board and partners.				
CG35 Enhance end of life care with early identification, advanced care planning, and coordinated support.				
CG36 Improve the access to health services for all CYP who need hospital care, mental health, and community services including all those on health waiting lists, through improved delivery against current contracts, and effective commissioning				

Annex A

of additional and enhanced capacity where this is required by March 2026.				
CG37 1. Maternity summit held and system improvement priorities agreed. 2. Data review and assurance process in place 'have we met our safety ambitions and are current interventions making a difference?'. 3. Policy Review Group established.				
CG38 Establish the work programme needed to develop sustainable future perinatal services in Devon, in conjunction with PASP.				
CG39 Commission pilot pathways for socially vulnerable women that increase the number of babies that remain safely with their birth families by March 2026.				
CG40 Establish perinatal Mental Health community of practice to ensure a cohesive mental health and emotional support pathway of care for women, birthing people, and their families.				
CG41 Develop a more integrated, preventative approach to women's health, through effective coordination of women's health initiatives across Devon ICS.				
CG42 To improve the access to health services for all CYP who need hospital care, mental health, and community services including all those on health waiting lists, through improved delivery against current contracts, and effective commissioning of additional and enhanced capacity where this is required by March 2026				
CG43 Establish a recovery plan and programme to eliminate waits of over 18 weeks for community services and how front-end pathways are streamlined and consistent to support in hospital activities.				
CG44 Develop a three-year recovery plan to return to and meet the 18-week standard for elective services. This will commence with high volume specialties initially (Orthopaedics).				
CG45 Develop a plan linked to 2025/26 operational plan delivery:				

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1) Agree additional elective activity volumes (aiming HVLC activity) to be commissioned from NHS providers. 2) Agree IAP reduction in IS. 3) Progress actions required to ensure SPOA approach to facilitate transparency in choice/streamlined pathway. 4) Monitor delivery levels, waiting times against GIRFT productivity measures for all additional activity (Focus on cardiology, ophthalmology, spinal, orthopaedics).				
CG46 For all specialties: - Deliver best practice waiting list validation. - System leadership and grip of national validation sprint roll out.				
CG47 For all elective care specialties: - Implement a 'No acceptance of Consultant referral without application of commissioning policy and CRG ensuring secondary care as standard' discipline.				
CG48 To enable delivery of the in year operational plan a programme of work will be implemented to maximise the delivery of diagnostic procedures.				
CG49 Ensuring maximised in hospital alternatives and pathways / avoidance of hospital capacity when not required consistently for Devon including SDEC, Frailty, UTC, MIU, Virtual Wards, LoS, and Discharge.				
CG50 Develop additional services / interventions to reduce demand on Emergency Department including:				
CG51 Co-ordinate providers to deliver sustainable aseptic and radiopharmacy services with peninsula acute providers.				
CG52 By end of March 2026, we will have explored opportunities to develop an approach with partners to enable access to technology for personalised care at home for patients with long term conditions and end of life via Integrated Care Plans and electronic Treatment Escalation.				
CG53 Number of eligible citizens connected to the NHS App increased to 60%				

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CG54 Remaining core health and care organisations connected to the Devon and Cornwall Care Record (DCCR) by March 2028.				
CG55 To prepare the business case for the re-procurement of the Devon and Cornwall Care Record (DCCR) and subject to approval to procure and implement the DCCR. The DCCR is the Devon's and Cornwall's provision of a shared care record, the provision of which is a national requirement.				
CG56 Increase placement capacity across the system by 20% with the range of placement experiences increasing by 30% and reducing under-utilisation by 30%.				
CG57 Deliver a 'working draft' framework for consultation and collaboration of an NHS Devon/CIOS 5 year Quality Framework (strategy) inclusive of Total Quality Management principles enabling an engagement programme to coproduce a Quality Strategy to be launched in 2026/27.				

Annex A

NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
2. Preventing Ill-Health and Reducing Inequalities	Chief Medical Officer	Population Health Improvement Committee	June 2025

Principal Risk

IF NHS Devon is unable to embed a focus on population health management across all of its 'All Age' services and activities and those of its partners, **THEN** we will fail to deliver on our key statutory purposes (improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, and help the NHS support broader social and economic development) **RESULTING IN** patients across the One Devon Integrated Care System potentially continuing to suffer health inequalities.

Risk Appetite	AVOID	Risk Tolerance	8 - 12

Risk Scoring	Likelihood	Impact	Total	Movement
Inherent Risk Score	5	5	**25**	-
Current Residual Risk Score	4	4	**16**	↔

Rationale for Amendment to Residual Risk Score:

N/A

Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)		In Place?		Current Key Control Gaps	
C1	Delivery of priority health services consistently across Devon for children and young people	Partial			
C2	CVD, Diabetes, Respiratory, and Falls and Frailty	Partial			
C3	Tackle inequalities in access, experience, and outcomes	Partial			
C4	Embed Population Health Management approach	Partial			
C5	Develop Organisational Culture focused on improving Population Health	Partial			
C6	Physical health monitoring for individuals with Severe Mental Illness (SMI) and Eating Disorders.	Partial			

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C7	Individual commissioning needs for CYP	Partial			
C8	Equality Quality Impact Assessments (**EQIA)**	In place			

Current Assurances (how do we know that the controls in place are working effectively?)			**Current Assurance Gaps**	
1.	**System Governance and Assurance Structures** are focused on Population Health.			
2.	**One Devon Population Health Steering Group** in place which is comprised of system partners. This group provides assurance that work is on-going within the system in relation to Population Health.			
3.	**Population Health Improvement (Board Assurance) Committee** in place to provide assurance to the Board that NHS Devon is fulfilling its role to improve outcomes in population health and healthcare and to tackle inequalities in outcomes, experience and access. Provides oversight and challenge.			
4.	**NHS Devon Annual Report** demonstrates how it has discharged its functions in the previous financial year. NHS England (NHSE) Core20PLUS5 relates specifically to those duties in relation to health inequalities.			

Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	**Action Owner**	**Planned Completion Date**	**Assurance Level**	**Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')**
CG1 To improve the delivery of priority health services consistently across Devon for children and young people living with long term conditions, and reduce the level of health inequalities experienced, by March 2026.				
CG2 Increase Secondary Prevention to improve outcomes in Population Health by developing system wide plans for prevention of CVD, Diabetes, Respiratory, and Falls and Frailty.				
CG3 Implement NHSE Inclusion Framework and implement mechanisms to demonstrate progress on Core20+5 Framework				
CG4 Commission system wide infrastructure to support use of One Devon Dataset (ODD) and increase Primary Care sign up to ODD.				

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CG5 - Agree and implement Population Health governance and reporting framework. - Implement Digital Inclusion Framework (DIF.) - Implement Population Health Charter and supporting resources.				
CG6 Reduce inequalities in Mental Health care by increasing the rate of annual physical health checks so that people with severe mental illness (SMI) are receiving a full annual health check with at least 64% receiving one by March 2026 ensuring appropriate follow-up care for all those who need it.				
CG7 To design and implement an ICB process which consistently addresses individual commissioning needs for CYP, where their needs fall outside of core commissioned services, by March 2026.				

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
3. Finance and Use of Resources	Kirsty Denwood – Acting Chief Finance Officer	Finance and Performance Committee	June 2025

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	4	16	-

Rationale for Amendment to Residual Risk Score:

N/A

	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?			Current Key Control Gaps
C1	Investment Review				
C2	clinical waste procurement				
C3	community urgent care provision				
C4	Repatriation of Activity:				
C5	Estates				
C6	Primary Care Estates				
C7	Devon New Hospital Programme (NHP)				
C8	Estates collaboration				

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C9	ICS Financial Revenue Plan				
C10	ICB Financial Revenue Plan				

	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.		
2.	**Fortnightly reporting to the Finance and Planning Board (FPB)**. Matters that cannot be resolved here are escalated to the System Recovery Board (SRB).		
3.	**NHS Devon Finance and Performance Committee (FPC)** receives system finance reports; these flag issues for escalation to the Board.		
4.	**Additional mandated support** is provided by NHS England (NHSE).		

Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	**Action Owner**	**Planned Completion Date**	**Assurance Level**	**Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')**
CG1 Undertake a comprehensive review of all contracts and influenceable commissioning spend across the ICB to identify opportunities for financial optimisation and improved outcomes. This will involve assessing the values and impact of services through benchmarking, quality impact assessments (QIA) and system wide consequence analysis, to inform decisions on service continuation, revision, or decommissioning.				
CG2 CIP clinical waste procurement for general practice and community pharmacy in Devon.				
CG3 Undertake a review of community urgent care provision with a focus on modernising Devon's Type 3 community urgent care services (MIUs, UTCs, and WICs), to address longstanding operational inefficiencies, inconsistent standards, and escalating workforce and financial pressures.				

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CG4 Oversee sufficient capacity within NHS providers to enable IS providers to move back to provision at originally contracted levels fulfilling the patient choice requirements for commissioners.				
CG5 In 25/26 we shall drive transformation and deliver savings across the estates portfolio and programme through minimising wastage and undertaking long term strategic planning to enable future decisions to be made over our core assets.				
CG6 As PCN funding becomes available we shall then plan and manage a primary care estates delivery programme which shall seek to commence delivery over a 15-year schedule.				
CG7 The NHP requires considerable investment of time and strategy to ensure its effective delivery.				
CG8 In 2025/26 Estates and facilities shall implement new ways of collaborative working. We shall run a series of workshops to identify areas for collaboration for service mergers and agree a plan for further system integration.				
CG9 Deliver ICS financial revenue plan for 25/26 including delivery of CIP targets and any additional financial criteria related to NOF4 exit.				
CG10 Deliver ICB financial revenue plan for 25/26 including delivery of the CIP targets and any additional financial criteria related to NOF4 exit.				

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
4. People	Piers Tetley – Chief People Officer	People and Organisational Development Committee Finance and Performance Committee	June 2025

Principal Risk

IF NHS Devon does not work with system partners to ensure an appropriate NHS workforce, **THEN** we will not be appropriately resourced to deliver safe and effective services, **RESULTING IN** patients across the One Devon Integrated Care System not receiving the services that they need.

Risk Appetite	SEEK	Risk Tolerance	20 - 25

Risk Scoring	Likelihood	Impact	Total	Movement
Inherent Risk Score	5	4	20	-
Current Residual Risk Score	3	4	12	-

Rationale for Amendment to Residual Risk Score:

N/A

	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?		Current Key Control Gaps	
C1	community development workforce				
C2	community-led social change				
C3	AACC – Digital Transformation.				
C4	Clinical & Care Professional Leadership Framework				
C5	Nursing and Midwifery Apprenticeships				
C6	Advanced Practitioners				
C7	new care models and transformation delivery				
C8	workforce sustainability				

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Current Assurances (how do we know that the controls in place are working effectively?)		Current Assurance Gaps	
1.	**Governance Architecture** – Appropriate governance architecture in place to manage delivery of this workstream.		
2.	**System Workforce Dashboard** in place and monitored on a monthly basis. The dashboard includes data relating to staff turnover, staff sickness absence rates etc.		
3.	**Workforce Delivery Group (WDG)** in place, with membership comprising of Chief People Officers (CPOs) and Chief Finance Officers (CFO) from across the Devon system. Considers matters such as plans for efficient use of workforce (e.g. job planning, staff rostering etc.) and work programmes in support of system transformation (e.g. UEC improvements and PASP), reporting to SRB on the latter.		
4.	**National People Plan** – A People Plan specifically for the Devon system has been established.		

Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	Action Owner	Planned Completion Date	Assurance Level	Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')
CG1 Establish a skilled, values-driven community development workforce by 2028.				
CG2 Strengthen community-led social change initiatives, fostering collaboration and learning by 2028				
CG3 Implement new digital case management system, with brokerage capability, to enable workforce efficiency.				
CG4 Update Clinical & Care Professional Leadership framework and develop updated implementation plan, with any actions agreed for 2025/26 to take place.				
CG5 Increase Nursing and Midwifery Apprenticeships by 20%.				
CG6 Increase Advanced Practitioners by 10% and by end of 2025/26, 100% compliance with Advanced Practice Matrix.				
CG7 Design and deliver workforce programmes to enable new care models and transformation delivery to support NHS Devon's strategic priorities, including Transforming Devon				

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Plan, Healthcare strategy and Integrated Neighbourhood Teams.				
CG8 Design future workforce, talent attraction, and development models to enable optimum service delivery and workforce sustainability.				

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
5. Leadership and Capability	Philippa Harding, Interim Chief Communications & Corporate Affairs Officer	NHS Devon Executive	June 2025

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 Amendment to Residual Risk Score:
N/A

	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	**In Place?**		**Current Key Control Gaps**	
C1	Anchor Organisation strategy	Partial			
C2	ICB stakeholder map	Partial			
C3	Local Care Partnership Development	Partial			
C4	maternity improvement and transformation	Partial			
C5	regional clinical networks	Partial			
C6	new models of acute care	Partial			
C7	NHS Devon culture	Partial			

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C8	Organisations development (OD) plan for the Devon System	Partial			
C9	Delivery of ICB Requirements	Partial			
C10	Devon ICS Research and Innovation Strategy	Partial			

Current Assurances (how do we know that the controls in place are working effectively?)			Current Assurance Gaps	
1.	**NHS Devon Organisation Change Oversight Group** provides assurance on the organisational change process from a technical and procedural perspective and also touches on the wider determinants.			
2.	**NHS Devon Governance Structure** – Clear governance structure in place to provide robust assurance on the measures being taken to improve and develop leadership capability in NHS Devon.			
3.	**System Planning and Delivery Assurance Structures** are clear and in place to ensure oversight of key risks and issues.			
4.	**NHS Oversight Framework (NOF)** – Ongoing work with NHSE regional colleagues to ensure that NHS Devon has the appropriate senior capacity and capability to deliver the priorities set out in NHS planning guidance, the overall aims of the NHS Long Term Plan (LTP), and the NHS People Plan, as well as the shared local ambitions and priorities of the One Devon Integrated Care System.			

Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	Action Owner	Planned Completion Date	Assurance Level	Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')
CG1 Implement Anchor Organisation strategy by March 2026.				
CG2 Develop a comprehensive ICB stakeholder map				
CG3 Development of LCP's across Devon (maturity of arrangements and response to local population need).				
CG4 Establish the leadership and governance framework needed to drive, deliver, and assure maternity improvement and transformation for the Peninsula.				
CG5 Develop alignment between ICB/ICS objectives and regional clinical networks				
CG6 Provide leadership in the development, consultation, and commissioning of new models of acute care — including major service changes — by supporting the				

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development and sign-off of the Case for Change, in line with our strategic commissioning responsibilities and the Strategic to Tactical continuum.				
CG7 Create a culture for NHS Devon staff to grow and develop, nurturing talent and developing leadership skills at all levels, maximising the opportunities for NHS Devon to be a well-run, effective, and efficient organisation in pursuit of our aims and objectives.				
CG8 Develop and deliver a comprehensive organisations development (OD) plan for the Devon System in preparation for the successful delivery of the NHS 10 year plan and a single operating model for Devon.				
CG9 **1.** Exit NOF4. **2.** Plan exit of NOF3. **3.** Prepare to exit NOF3.				
CG10 Produce Devon ICS Research and Innovation Strategy.				

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
6. Reducing ICB running costs	Philippa Harding, Interim Chief Communications & Corporate Affairs Officer	NHS Devon Executive	June 2025

Principal Risk
IF the appropriate systems and processes are not in place to support the implementation of ICB transition activities **THEN** we may fail to deliver the reduction of running costs by Q3 2025/26 as required **RESULTING** regulatory action being taken.

Risk Appetite	**OPEN**	**Risk Tolerance**	**15**

Risk Scoring	**Likelihood**	**Impact**	**Total**	**Movement**
Inherent Risk Score	5	5	**25**	-
Current Residual Risk Score	4	5	**20**	-

Rationale for Amendment to Residual Risk Score:
N/A

	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	**In Place?**
C1	Transition lead and working group in place	In place
C2	Clarity about requirements set by NHSE	Partial
C3	Project plan in place	Partial
C4	Appropriate structures developed	Partial

	Current Assurances (how do we know that the controls in place are working effectively?)
A1	Reporting to NHS Devon Board

Current Key Control Gaps	

Current Assurance Gaps	

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A2	Meeting NHSE requirements			

Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	Action Owner	Planned Completion Date	Assurance Level	Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')
CG2 Ongoing briefing from NHSE as developments arise				
CG3 Project plans being amended in light of dependencies				
CG4 High level structures developed in draft, for further consultation				

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
7. Delivering business as usual in 2025/26	Libby Ryan-Davies, Chief Strategic Commissioning and Planning Officer	NHS Devon Executive	June 2025

Principal Risk
IF the appropriate systems and processes are not in place to support the delivery of business as usual activities whilst transition activities are being undertaken **THEN** we may fail to deliver our 2025/26 Operational Plan **RESULTING IN** patients across the One Devon Health and 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	5	25	-
Current Residual Risk Score	4	5	20	-

Rationale for Amendment to Residual Risk Score:
N/A

	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?
C1	Delivery Management system in place	In Place
C2	Appropriate leadership and resources allocated	Partial

Current Key Control Gaps	

	Current Assurances (how do we know that the controls in place are working effectively?)
A1	Regular reporting to Board, Board Assurance Committees and System Leadership Group

Current Assurance Gaps	

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Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	Action Owner	Planned Completion Date	Assurance Level	Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')
CG2 resource allocation under constant review				

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Assessing and Scoring Risks:

Current risks are scored using a combined assessment of both the likelihood and impact of the risk materialising, as summarised in the matrix below. Further information on the definition of the likelihood and impact categories can be found in NHS Devon's Risk Management Policy.

The inherent risk score is the rating assigned to a risk before any mitigations / controls are applied; the current risk score is the rating assigned to a risk that takes account of the mitigations / controls applied to it.

Risk Scoring Approach = Impact / Consequence x Likelihood (I x L)

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

For grading risk, the scores obtained from the risk matrix are assigned as follows:

Colour	Risk Score Range	Risk Grading
	1 to 6	Low Risk
	8 to 10	Moderate Risk
	12	High Risk
	15 to 25	Extreme Risk

BAF Controls and Mitigating Action Status - Colour Keys:

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Control - In Place?
Not in Place *(No Control)*
Partially *(Control in Place BUT Concerns Over Effectiveness of Control)*
Fully *(Control In Place)*

Assurance Levels	
Limited Assurance	• **A significant delay in schedule** • **Metrics are falling below acceptable thresholds**
Partially Assured	• **Some delay in schedule** • **Metrics that are borderline or trending negatively**
Fully Assured	▪ **Project is on schedule** ▪ **Metrics that meet or exceed expectations**

Risk Appetite:

Risk appetite is defined as “the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic aims and objectives” and is key to achieving effective risk management.

Good Governance Institutes Framework Definitions:

Risk Appetite	Risk Appetite Level Description
Avoid	The avoidance and uncertainty is a key organisational objective
Minimal	(ALARP - As Little As Reasonably Possible) - The preference for ultra-safe delivery options that have a low degree of inherent risk and only for a limited reward potential
Cautious	The preference for safe delivery options that have a low degree of inherent risk and may only have a limited potential for reward
Open	Willing to consider all potential delivery options and chose while also providing an acceptable level of reward and Value for Money (VfM)
Seek	Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk
Mature	Confident in setting higher levels of risk appetite because controls, forward scanning and responsiveness systems are robust

Annex B

NHS Devon's Risk Appetite Statement (Board Approved: 26 March 2024):

NHS Devon's Risk Appetite Statement documents the delegation of risk taking from the Board to senior management. It specifies the overall risk levels that the Board is willing to accept whilst operating in full compliance with regulatory and legal requirements:

NHS Oversight Framework Theme	Risk Appetite	Tolerance Level for Residual Risk
Quality of Care, Access and Outcomes	AVOID	8 to 12
Preventing Ill-health and Reducing Inequalities	AVOID	8 to 12
Finance and Use of Resources	OPEN	15
People	SEEK	20 to 25
Leadership and Capability	SEEK	20 to 25
Local Strategic Priorities	OPEN	15

NHS Devon

NHS Devon Integrated Care Board

Quality Report

Date of meeting	Date report produced
31 July 2025	3 June 2025

Author(s)		Report approved by	
Name and title:	Ed Cox, Interim Director of Nursing & Quality Sara Wright, Interim Deputy Director Quality Improvement & Professional Standards	**Name and title:**	Penny Smith, Chief Nursing Officer
Phone:		**Date:**	3 June 2025
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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 following report describes a summary of key quality information, in the format of both quantitative and qualitative data. Sources range from NHS Devon data collection including patient experience; and direct from NHS Devon Nursing and Quality Directorate teams being embedded in partner meetings, groups, quality committees and other key forums. The report is divided into sections but seeks to evidence the triangulation of quality information around key issues identified through quality governance process.

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

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

NHS Devon Executive - 03 June 2025
Quality & Patient Experience Committee - 12 June 2025

Key recommendations and actions requested

TAKE SATISFACTORY ASSURANCE from the content of this report and that there is satisfactory focus and actions in place to mitigate risks and support improvements in relation to quality.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	This report and the activity/work communicated within seeks to positively impact on all these 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

Area	
Quality of services	Delivery of high quality services.
Health inequalities	Addresses health inequalities.
Workforce	Addresses impact on workforce.
Resources and finance	Delivery of financial sustainability
Legal	None
Digital and Data	Identifies areas of risk and also improvement required.
Engagement and consultation	Addresses experience and engagement.

Quality Report

Introduction and background

1. The Quality Report provides a high-level summary of key quality information. Sources include data collected via NHS Devon reports and directly from NHS Devon Nursing and Quality Directorate teams attending and participating in system partner meetings, groups, quality committees and other forums.

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

Safety

Developments challenging assurance:

3. **Urgent and Emergency Care (UEC) and Elective Care:** UEC continues to be a focus for NHS Devon, with, at times, long waits in ambulances and within Emergency Departments (ED). There is a risk to patient safety and experience during delayed handovers. In addition, risk for patients in the community who are waiting for an ambulance. South Western Ambulance Service NHS Foundation Trust (SWASFT) is an outlier in terms of handover times compared to other providers across England. The "Timely Handover Process" is being developed across the region by NHS England (NHSE). Handover delays and SWASFT operational time lost has improved from Winter and Spring peaks in May 2025 but remain inconsistent with variation across the four acute sites and outside of the national standard of 15 minutes.

4. **Cardiology:** A proposal to reconfigure primary percutaneous coronary intervention services in South Devon was due to be considered by the NHS Devon Board in May 2025 but was withdrawn following wide-ranging comments. An update will now be presented to the Board in July, which will reflect the feedback received and outline a broader vision for the provision of cardiology services across Devon.

5. **Waiting Times**: The overall Referral to Treatment (RTT) incomplete waiting list position is improving with both enhanced productivity work at all acute providers, ongoing demand management work through clinical referral guideline oversight, validation and advice and guidance. Adherence to the 18-week standard is improving although there requires an operational balance to move closer to

meeting this target whilst clearing the longest waiting patients. In turn improved safety and experience is anticipated as waiting time performance is improved.

6. **Never Events**: In total University Hospitals Plymouth NHS Trust (UHP) have reported seven never events since April 2024 to present, and are one of the highest reporting organisations nationally (in upper quartile). This has been discussed at UHP Quality Committee, noting no harm and low harm reporting, further work is being progressed by UHP with support from NHS Devon.

Developments improving assurance:

7. **Patient Incident and Response Framework:** The main providers within NHS Devon are either finalising or have completed their revised year two Patient Safety Incident Response Plan (PSIRP). A refreshed summary of all local priorities will be compiled once all PSIRPs have been submitted. Several Independent Providers have had their Patient Safety Incident Response Framework (PSIRF) policies approved by NHS Devon since the last report. Work continues to promote the new national approach in Primary Care. However, it is important to note that the national thematic analysis/insight function that was originally offered as part of the national system remains delayed which limits assurance.

8. **Safeguarding**: This report provides additional information demonstrating positive work in safeguarding across Devon, inclusive of additional positive assurance information regarding safeguarding development in primary care.

Patient Experience

Developments challenging assurance:

9. In summary, patient experience report themes arising from formal complaints to NHS Devon mostly report access issues to GP appointments and dental care. There has been an increase in complaints and concerns regarding routine and specialist audiology in the Eastern locality, following the commissioning of a new provider on 1 April 2025. The team have received 103 new contacts in the last two months. Routine audiology will now be delivered by several providers within the Eastern locality, and patients will be able to choose from these and other commissioned providers across Devon with the aim to increase capacity and reduce wait times for patients to access this service.

Developments improving assurance:

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

11. **Same Sex Accommodation Breaches:** The implications of the Supreme Court ruling are likely to lead to the Equalities and Human Rights Commission (EHRC)

issuing statutory guidance which means that providers of single sex services (including hospital accommodation) will need to do this on the basis of biological sex. In drafting the revised Same Sex Accommodation guidance, NHSE will ensure that the practical/operational implications of moving to provision of this care on the basis of biological/birth sex, rather than gender, are understood and appropriately captured in guidance to support providers, so are convening a small group of provider senior nurses from across acute, community and mental health providers in July 2025. This is a focus for the System Quality Group.

Effectiveness/Outcomes

Developments improving assurance:

12. **Equality Quality Impact Assessment (EQIA):** Significant advancements have been made in tools, training, governance, and integration, supporting a more robust, proactive, and accountable approach. This is in line with the requirements for Board assurance stated in the 2025/26 Operating Framework. Key achievements are noted in leadership & strategic alignment, policy and process redesign, EQIA form implementation, and training & awareness.

13. **Quality Metrics – New Dashboard:** NHS Devon is progressing a Quality Metrics Dashboard that can be reviewed by the System and considered alongside the Performance/Delivery Management System.

14. **Quality Management Handbook:** The NHS Devon Quality Management Handbook was endorsed by the Quality and Patient Experience Committee.

15. **Area of NHS Devon Quality focus: - Vaccinations – Improving Assurance:** Analysis of the Childhood Vaccination Cover Statistics reports sees Devon with comparably good uptake levels.

16. **Area of NHS Devon Quality focus: S117 Aftercare Arrangements - Improving Assurance:** Positive work has been completed to address issues raised in the 2024 internal audit via an NHS Devon led task and finish group. There has been improvement in review performance for NHS Devon cases with system improvement work being supported by NHS Devon.

17. **Mortality:** For Summary Hospital-level Mortality Indicator (SHMI), Torbay and South Devon NHS Foundation (TSD) and Royal Devon University Healthcare NHS Foundation Trust (RDUH) are both below the midpoint score of 100. UHP is above. Work is on-going with UHP to understand and improve coding and practice. Actions shared include deep dives, a UHP mortality app being rolled out across Care Groups and cross referencing with Medical Examiner data when coding is considered the main reason for SHMI ratings. UHP's Chief Medical Officer and Director of Performance presented their work to the System wide group in May 2025, which NHSE attends. UHP report on findings through their Trust Morbidity and Mortality Group which NHS Devon attends.

18. **Maternity:** A Perinatal Summit, including directors of midwifery, obstetric & neonatal consultants & Trust chief nurses, took place 3 April 2025. The focus on Peninsula Acute Sustainability Programme, perinatal compliance, maternity safety support programme, priorities & governance. Priorities were identified for planning in 2025/26 onwards.

Developments challenging assurance:

19. **Devon County Council (DCC) Inspecting Local Authority Children's Services (ILACS) Ofsted Report:** The Ofsted report was published on 13 May 2025. Subsequently, the report has been reviewed and health specific actions will form part of the partnership improvement plan. Some areas of good practice were identified for Children in Care and their health needs. Concerns in the report relate to children with complex needs not always getting the care they need in a timely manner. Further information about this can be found elsewhere on the agenda for this meeting.

20. **System Quality Group Update:** This mandated group meets monthly. The June meeting included discussions on Developing Workforce Safeguards guidance for provider organisations, update on the paediatric audiology improvement plan, updates from provider organisations, and review of open Rapid Quality Review processes.

Section	Assurance	Trend from previous month
Overall assurance	**Satisfactory – (**areas of concern/increased risk have additional focus and mitigating actions in place)	**Satisfactory**

Recommendations

21. The Board is asked to:

- **Note** the content of this report and consider the overall assurance level relating to quality issues within the NHS Devon system; and
- **Note** that there is satisfactory focus and actions in place to mitigate risks and support improvements.

NHS Devon Quality Report June 2025

Penny Smith, Chief Nursing Officer, NHS Devon

Developed by:
The Nursing & Quality Directorate

Editors:
Ed Cox, Director of Nursing & Quality (interim)
Sara Wright, Deputy Director of Quality Improvement & Professional Standards (interim)

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

Contents:

Executive Summary - Key Points:

EQIA: Significant advancements have been made in tools, training, governance, and integration, supporting a more robust, proactive, and accountable approach. This is in line with the requirements for Board assurance stated in the 2025/26 Operating Framework. Key achievements are noted in leadership & strategic alignment, policy & process redesign, EQIA form implementation, and training & awareness.

Maternity: A Perinatal summit, including directors of midwifery, obstetric & neonatal consultants & Trust chief nurses, took place on 3 April 2025. The focus on Peninsula Acute Sustainability Programme, perinatal compliance, maternity safety support programme, priorities & governance. Priorities were identified for planning in 2025/26 onwards.

Continuing Healthcare (CHC): The national framework determines that 80% of assessments are to be completed within 28 days. For 2024/25 the ICB is subject to a performance improvement plan and the ICB saw a significant improvement for Q4, achieving 75% (Regional 75%, national 75%) completed assessments.

Infection Management: The Devon system has seen an increased number of tuberculosis cases. A business case for investment in additional community resources was not approved and so an alternative strategy is being pursued, seeking to improve cross-working between providers, facilitated by the ICB, to support risk mitigation. Additionally, the ICB is facilitating a system wide improvement plan, responding to national, regional and local increase in clostridium difficile rates (noting recent reduction locally).

Patient Experience: There has been an increase in complaints and concerns regarding routine and specialist audiology in the Eastern locality, following the commissioning of a new provider on 1 April 2025. The team have received 103 new contacts in the last 2 months. Routine Audiology will now be delivered by several providers within the Eastern locality, and patients will be able to choose from these and other commissioned providers across Devon with the aim to increase capacity and reduce wait times for patients to access this service. This is the main source of the increase in issues being raised with the team currently.

Cardiology: A proposal to reconfigure primary percutaneous coronary intervention services in South Devon was due to be considered by the NHS Devon Board in May 2025 but was withdrawn following wide-ranging comments. An update will now be presented to the Board in July, which will reflect the feedback received and outline a broader vision for the provision of cardiology services across Devon.

Urgent & Emergency Care: Delayed handovers cause poor patient experience and clinical risk due to delays in care and deterioration of patients waiting for handover; and the raised clinical risk for patients in the community who are waiting for an ambulance. South West Ambulance Service Foundation Trust (SWAST) is an outlier in terms of handover times compared to other providers across England. The “Timely Handover Process” is being developed across the region by NHSE. Handover delays and SWASFT operational time lost has improved from Winter and Spring peaks in May 2025 but remain inconsistent with variation across the 4 acute sites and outside of the national standard of 15 minutes. April data showed an average daily handover time lost as 133 hours for University Hospitals Plymouth (UHP), 28 hours for Torbay & South Devon Foundation Trust (TSDFT), 32 hours for Royal Devon University Hospital (RDUH) E and 12 hours for RDUH N.

Executive Summary - Key Points:

Mortality: ICB work is on-going to address the impact of health inequalities on mortality, related data was presented in May 2025 to the System Group. A deep dive into Cerebral Vascular Disease is planned for Q3 by the System Group, informed by data supplied by the Regional Public Health Team. Local provider SHMI data is included regularly in this report. Focussed work with UHP is ongoing.
Patient Safety: The main providers within NHS Devon are either finalising or have completed their revised year two Patient Safety Incident Response Plan (PSIRP). A refreshed summary of all local priorities will be compiled once all PSIRPs have been submitted. Several independent Providers that have had their PSIRF policy approved by NHS Devon since the last report. The new process for monitoring safety alerts on Datix is nearly complete. The national thematic analysis/insight function that was originally offered as part of the national system remains delayed which does limit assurance. In addition, NHS England have created a new tracker for outstanding safety alerts to be completed by all Trusts and NHS Devon. Work is underway to better understand increases in Never Events in the Devon system, noting mainly low harm issues reported.
NHS Devon S117 / Individual Patient Placement arrangements: Positive work has been completed to address issues raised in the internal audit via an ICB task and finish group. There has been improvement in review performance for ICB cases with system improvement work being supported by the ICB.
Quality Metrics – New Dashboard: The ICB is progressing a Quality Metrics Dashboard. Metrics under development include a set of 'Watch Metrics' that can be refined and utilise specific quality data that can be reviewed by the System and considered alongside the Performance/Delivery Management System.
Quality Management Handbook: The ICB Quality Management Handbook was signed off at June's ICB Quality & Patient Experience Committee (QPEC).
Same Sex Accommodation Breaches: The implications of the Supreme Court ruling are likely to lead to the EHRC issuing statutory guidance which means that providers of single sex services (including hospital accommodation) will need to do this on the basis of biological sex. In drafting the revised Same Sex Accommodation guidance, NHSE will ensure that the practical/operational implications of moving to provision of this care on the basis of biological/birth sex, rather than gender, are understood and appropriately captured in guidance to support providers, so are convening a small group of provider senior nurses from across acute, community and MH providers in July 2025. This is a focus for the System Quality Group.
System Quality Group: This mandated group meets monthly. The June meeting included discussions on Developing Workforce Safeguards guidance for provider organisations, update on the paediatric audiology improvement plan, updates from provider organisations, and review of open Rapid Quality Review processes.
DCC ILACS Ofsted Report published 13 May 2025: Report reviewed and health specific actions will form part of the partnership improvement plan. Some areas of good practice were identified for Children in Care and their health needs. Concerns in the report relate to children with complex needs not always getting the care they need in a timely manner.

New Quality Focused National & Regional Guidance (since previous Quality Report March 25):

Being Fair Tool: Supporting staff following a patient safety incident:

The being fair tool will support decision-making for patient safety incidents referred to workforce, and to ensure that staff are not treated unfairly.

In rare circumstances a learning response may raise concerns about an individual's conduct or fitness to practice. It is in these specific circumstances that the tool can help decide what next steps to take.

NHS England » Being fair tool: Supporting staff following a patient safety incident

Model ICB Blueprint V1:

This Model ICB Blueprint has been developed by a group of ICB leaders from across the country, representing all regions and from systems of varying size, demographics, maturity and performance. It is a joint leadership product, developed and written by ICBs in partnership with NHS England.

Model Integrated Care Board – Blueprint v1.0

NHS Patient Safety Strategy- Progress Update:

This update highlights the significant achievements across the strategy's national patient safety programmes, including Martha's Rule

NHS England » NHS patient safety strategy – progress update – April 2025

Patient Safety Healthcare Inequalities Framework:

The framework is for all NHS providers and their staff, and particularly leaders, managers and educators implementing strategies to foster a culture of inclusive, safe care. This framework sets out 5 principles to reduce patient safety healthcare inequalities across the NHS.

NHS England » Patient safety healthcare inequalities reduction framework

PSIRF Survey:

Patient Safety Specialists have been asked to complete two surveys. The Response Study is an independent evaluation of the implementation of PSIRF in the NHS in England. There are two versions of the national survey, for PSIRF leads in NHS Trusts and in ICBs. The survey will close on 30 June 2025.

The Response Study - National PSIRF Survey NHS Trusts

The Response Study - National PSIRF Survey Integrated Care Boards

Quality Risk Overview

As at 16/05/25 NHS Devon had 28 risks on the Corporate Risk Register, 9 of these being held by the CNO, as described below:

- No risks have been added to the Corporate Risk Register although new risks are currently being drafted and are following the approval / governance processes.
- No risks are being recommended for closure.
- One risk has moved in score: TB service provision risk (COR0009) increased in April from 12 (L4xI3) to 16 (L4xI4) due to an increase in community TB cases and lack of adequate community provision.
- All operational risks when reviewed are checked to ensure they remain relevant, that appropriate action is being taken to manage the risks and that the risk information recorded reflects the latest position. A piece of work is underway to look at any risks that have been open 3 months or longer where the risk score has not moved.
- The new risk management system is in place with all Board Assurance Framework (BAF) & Corporate risks having been transferred over. The ICB are still working closely with the suppliers to support with modifications to enhance access, reporting detail and email notifications.

Primary Care 1: Patient Safety Events: Data

The Patient Safety Team continue to prioritise supporting the GPs in registering and reporting patient safety incidents and concerns to the national Learn from Patient Safety Events (LfPSE) system. Currently, **60% of Devon GP practices** are registered with LfPSE. The below charts illustrate the number of reported patient safety incidents within primary care and the type of incidents that are being reported.

Chart 1: Reported incidents within Primary Care April to March 2025

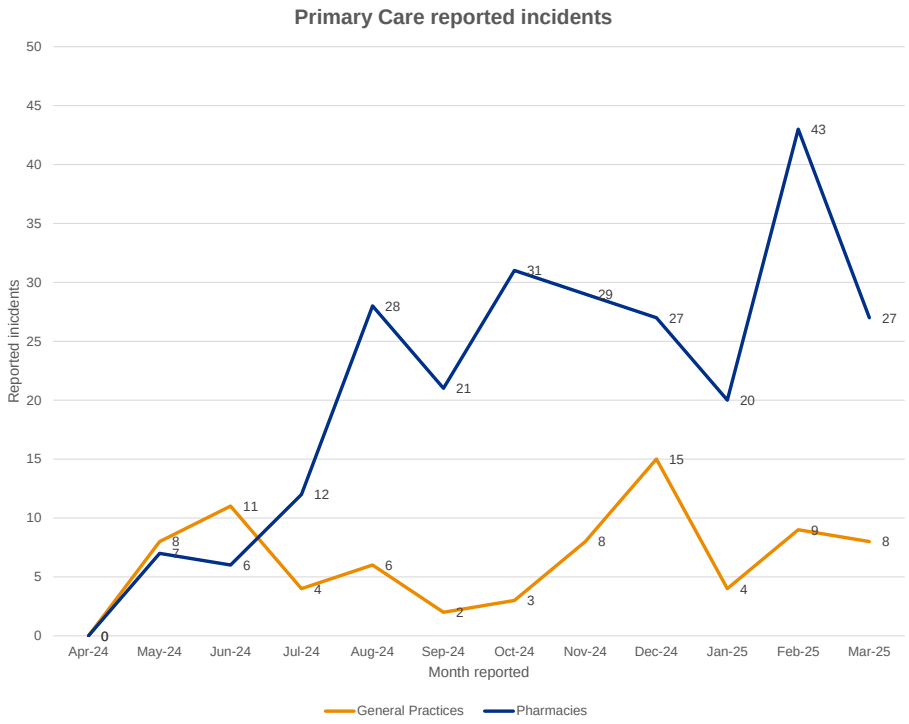
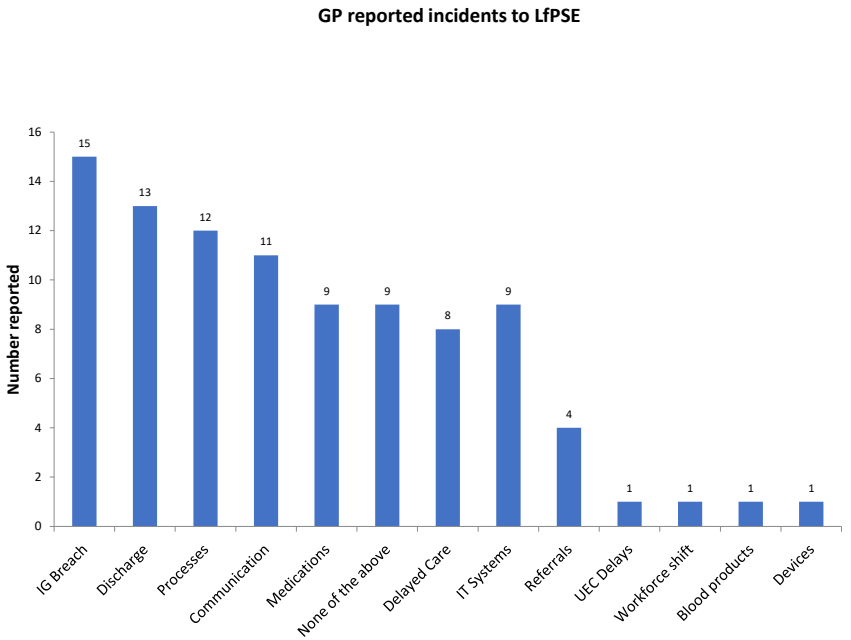


Chart 2: Reported incidents by General Practices April to March 2025, by type

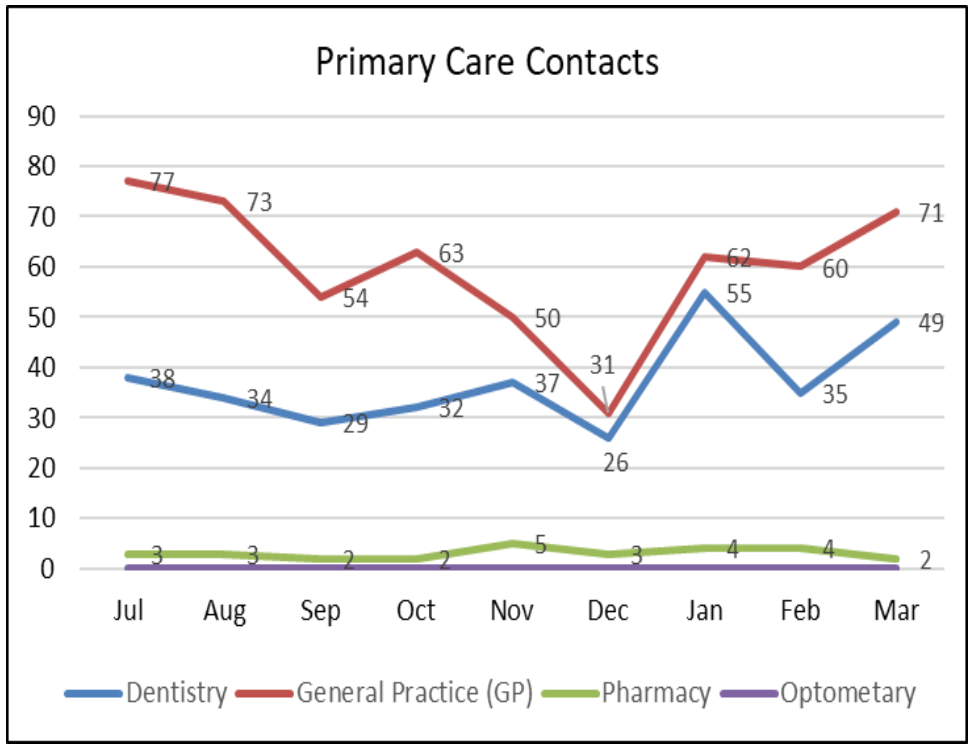


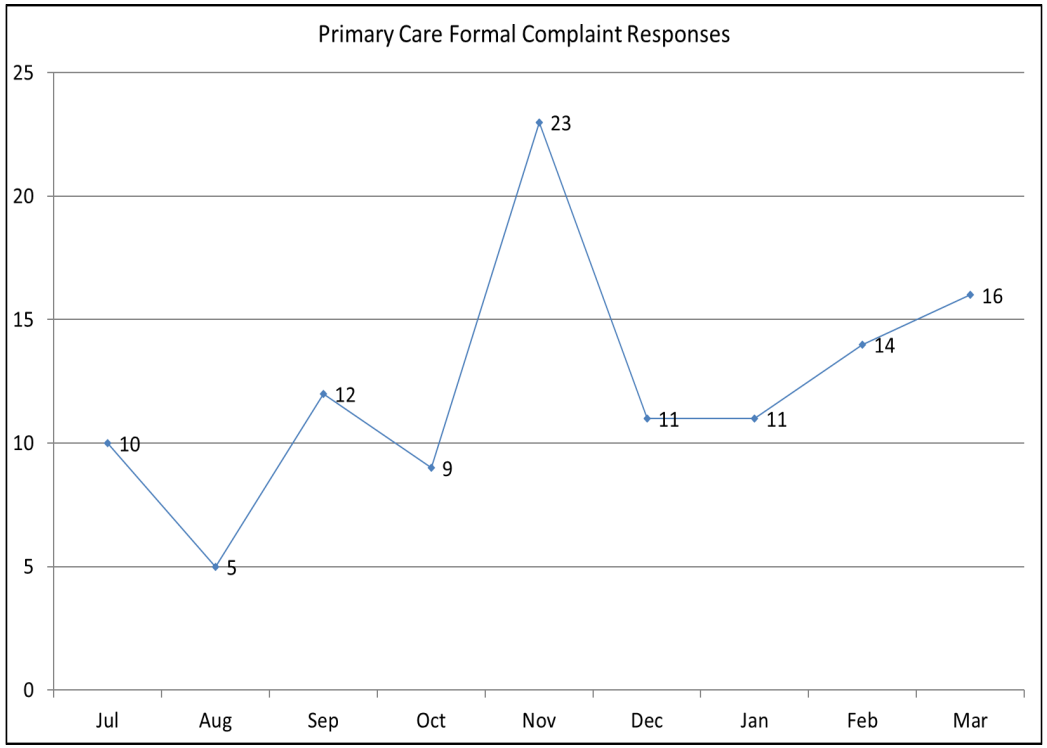
Primary Care 2: Patient Safety Events Narrative/ Assurance Information

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	**Patient Safety Strategy: Primary Care Summary** The patient safety strategy for Primary Care has 3 main aims: •Developing a supportive, learning environment and just culture in primary care, with sharing across the system so that the services can continually improve •Ensuring that the safety and wellbeing of patients and staff is central, and that our approach to managing safety is systematic and based on safety science and systems thinking •Involving patients in the identification and co-design of primary care patient safety ambitions, opportunities and improvements Recognises the pressures in primary care, the implementation of the strategy is flexible, with General Practices (GPs) being the priority for implementation. Shared learning and articles that promotes the aims of the patient safety strategy are being shared with GP's – for example, the recent article by Health Services Safety Investigations (HSSIB) on "The impact of staff fatigue on patient safety".	The Patient Safety Team is producing a patient safety newsletter to share with Primary Care colleagues to help promote a shared learning culture. In the absence of the newsletter relevant articles are being shared.
Safety	**Learning from Patient Safety Events (LfPSE)** It is now stipulated within the GP's contract that they must be registered on LfPSE and further correspondence will be sent to all GP's that have yet to confirm their registration. The Patient Safety Team have agreed to continue to prioritise supporting the GPs in registering and reporting patient safety incidents and concerns to the national LfPSE system. This will support GPs to improve their reporting culture enable them to learn from patient safety from outside their own Practices. The highest number of patient safety incidents are regarding: •Medications – specifically regarding the wrong type of medication being prescribed, followed by the wrong dosage of medications. •IG Breaches **Chart 2 illustrates all type of reported incidents from GPs see previous slide.**	Supporting GPs to register onto LfPSE requires resource, which is limited within the team. Communication is shared with Primary Care Commissioning colleagues and engagement colleagues are supporting the communication.

Primary Care 3: Patient Experience Data

Patient Experience





Primary Care 4: Patient Experience Narrative/ Assurance Information

Please see data slide (s) above and Appendix 1: Primary Care Deep Dive.

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Patient Experience:	Dental contacts remain frequent Primary Care contacts for NHS Devon; main themes relate to dental access. - Dental access concerns and complaints are responded to providing details of the national work to improve England's oral healthcare. It does not resolve the current position that Devon patients cannot access an NHS Dentist in the area. - Continue to see contact relating to vulnerable patients including young patients with neuro-diversity conditions, especially accessing more specialist dental treatment. General practice contacts remain stable, mainly relating to communication, appointments and quality of care with some particular issues identified below: - Contacts relating to North Devon Practices not delivering phlebotomy service for Royal Devon University Hospital as of the 1st April 2025. - Increase in contacts relating to service and communication which created concerns regarding both a Western and Eastern practice. - Prescribing issues particularly relating to delays and access to certain medications. - During quarter 3 there has been an increase in number of formal complaints received for review and sign off from the Primary Care Hub, linked to improved resources within the hub. - A small number of pharmacy contacts in February/March/ April which related to quality of service, home prescriptions and the pharmacies opening times. - NHS Devon has not received any contacts regarding Optometry.	- No action required, patient experience managing these contacts on a regular basis. The level of contacts continue to fluctuate. - From Tuesday 1 April 2025 there has been community phlebotomy clinics provided by the Royal Devon in Bideford, Torrington and Holsworthy. - This has been escalated through quality assurance meetings and the primary care team.

Patient Experience 1: Data

Contact received in quarter 4: Table 1

Formal complaints	11
Informal concerns	691
Ombudsman investigations	0
Primary care hub sign off	39

Open and unallocated cases*: Table 2

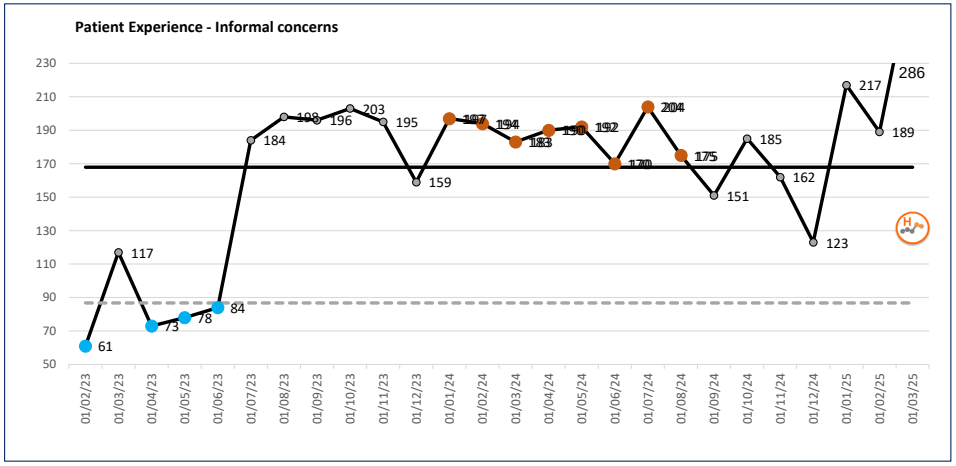
**as at 13/05/2025*

Formal complaints	21
Informal concerns	83
Ombudsman investigations	8
Primary care hub sign off	28
Unallocated cases	7

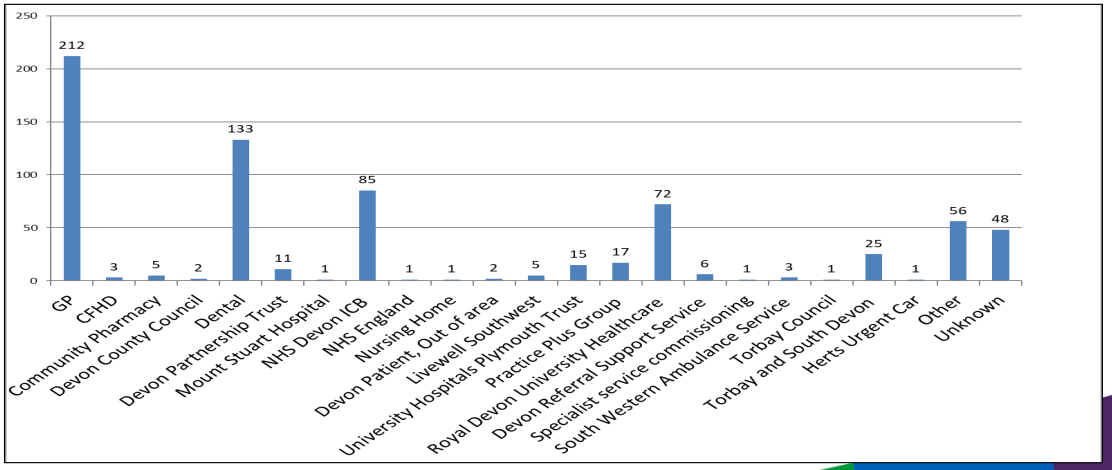
Top themes of quarter 4: Table 3

Theme	Number received	Main topic
Access to service	441	Themes mainly relate to the change of audiology services in East Devon.
Communication	121	Themes relating to pharmacy services, GP experiences and referral pathways. Also, ADHD, Autism Right to Choose along.
Quality of Care	113	Behaviours, attitudes and level of support across a number of disciplines.

New contacts by month: Graph 1



Quarter 4 contacts by provider: Graph 2



Patient Experience 2: Narrative/ Assurance Information

Please see data slide (s) above:

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Experience	**Overall position** Due to an increase in resource, the Patient Experience team position had improved in terms of managing inbound contact, however capacity is challenged whilst new staff are being inducted and trained Patient Experience support provided by DRSS reduced in December due to DRSS capacity. This also had an impact on the workload within Patient Experience. The oldest complaint has significantly improved due to the closure of a complex complaint. The oldest complaint is now 10 months old waiting for provider input. February contacts had decreased following reduced numbers during the winter, however increased significantly in March and April due to the closure of East Devon audiology services under the previous provider. *Activity throughout quarter 3 is illustrated in table 1 and 2 and graph 1 and 2.*	• Patient Experience team will provide a projected plan for longer term improvement in managing contact into the team. Each case is assigned a risk score when logged onto Datix, this is updated weekly. • NHS Devon remains in contact with the family on a regular basis and already escalated due to lack of provider responses.
Experience	**Main topics** **Audiology services in Eastern locality** A Social Enterprise for Routine and Specialist Audiology in the Eastern locality of Devon ended on 31 March 2025. Routine Audiology will now be delivered by several providers within the Eastern locality, and patients will be able to choose from these and other commissioned providers across Devon. The team have received 103 new contacts in the last 2 months and is significant impact on team capacity. *The top themes of quarter 3 are illustrated in table 3.*	• There are clear statements to provide patients contacting NHS Devon to explain the actions being taken to improve access. • The learning has been to review our patient experience automated response system to direct patients more efficiently and consider proactive communications in future decommissioning/commissioning processes.

Patient Experience 3: Narrative/ Assurance Information

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Experience	**Dental** Dental access continue to be a key theme of contacts to the Patient Experience Team. The team is continuing to respond to contacts with an updated template response. **Nebido (male testosterone treatment)** GP Practices have been reviewing the viability of services they offer and considering factors such as funding and staff. This has led to some practices determining that they are unable to continue to provide some services which do not fall under their core contract, such as the delivery of Nebido injections. This has resulted in the team receiving 14 concerns and complaints. **Activity and learning** **Supporting out of area patients** Following an Ombudsman investigation which has now been concluded both Plymouth city council and Livewell Southwest have identified process improvements to ensure families are signposted for potential benefits and financial support. This specifically relates to children and young people with mental health conditions who are placed out of area. There is now a wider system learning exercise required to ensure all mental health provider make appropriate changes to their processes.	• Data has been collected and is on the Patient Experience work management plan which will be reported in the next Quality Report. • A solution is being progressed by the Primary Care Commissioning team in conjunction with the CMO Directorate. • Support required to ensure wider system learning takes place.
Experience	**System activity** **Devon Patient Experience Network** - The Devon Patient Experience Network meet bi-monthly to share learning, peer support and review new initiatives. - Although there has been small progress due to the team's capacity, a formal terms of reference has now been developed and awaiting approval. **Other activity** - Practice Plus Group (PPG) have successfully started a Patient Experience forum within the organisation that will look at PPG's quality improvement. PPG are also considering establishing a local patient participation group. - Livewell Southwest have rewritten their Involvement and Experience strategy which focuses on 5 priorities involving patients and their families. Livewell will be presenting more details to the Patient Experience Network. - There has been an increase in contact from Veterans in relation to mental health.	

Patient Safety Events 1. Devon System Level Data

Chart 1: Reported incidents to LfPSE by specialty April 2024 – March 2025

(For further description, please see next slide)

The most reported patient safety incidents relate to the following areas:

- Adult mental Health
- Community Medicine
- Unknown
- Emergency medicine Nursing
- Elderly medicine
- Acute internal medicine
- General internal medicine
- Trauma and orthopaedics
- General surgery
- Midwifery
- Older age psychiatry
- Respiratory medicines
- Paediatrics
- Cardiology
- Radiology
- Allied Health Professional

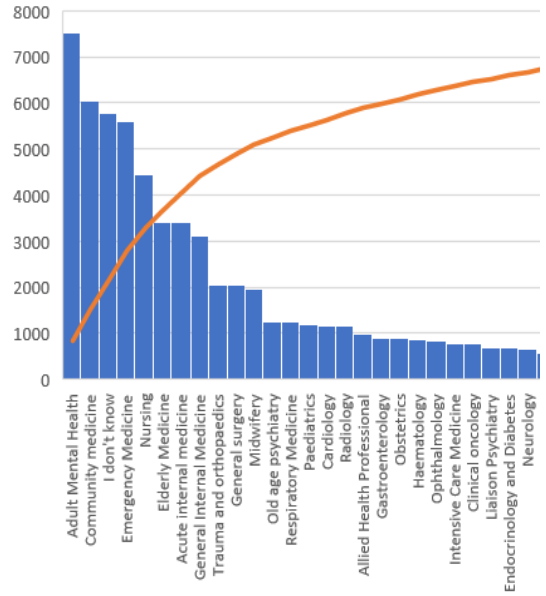
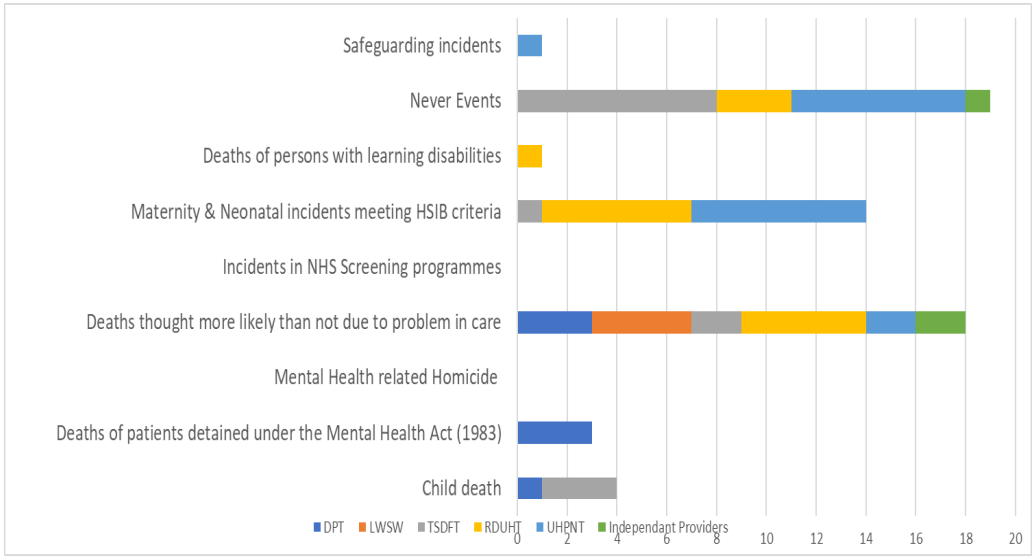


Chart 2: National priorities reported by Provider

Chart 2 illustrates the number of national priority PSII investigations reported since April 2024 to date (30/04/2025) by type of priority. These are monitored monthly to enable national insight in trend and theme analysis.



Patient Safety Events 2. Data cont.

As the number of reported Never Events appears raised in Devon (UHP and TSD feature in upper quartile –see chart 6), there is a need for increased scrutiny and benchmarking by the Patient Safety and Quality Team. This will support a deeper understanding of trends and thematic analysis. The charts below provide further insight into these analyses. Chart 3 is included to provide trend analysis reporting for mental health homicides, noting days between reported incidents over an extend time range, this work is jointly monitored by providers, the ICB and NHSE Regional Team, further detail on this included in the mental health section in slide 37 .

Chart 3: Reported mental health related homicides 2013 – May 2025

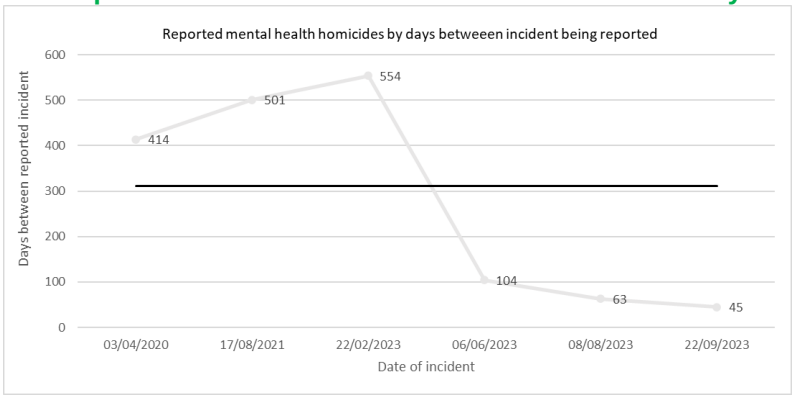


Chart 4: Never events reported by type during April 2024 – 15 May 2025

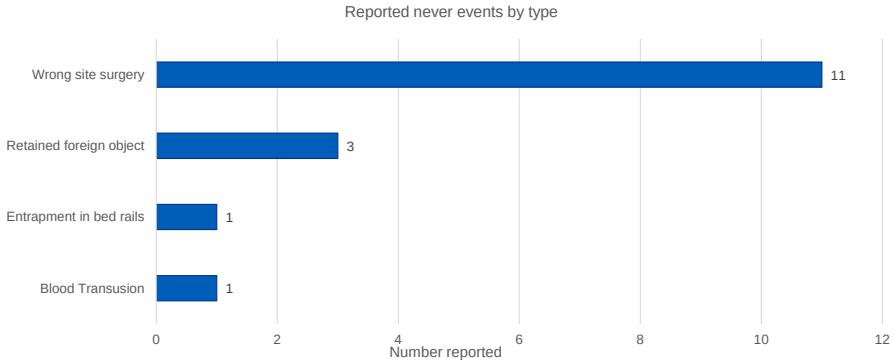


Chart 5: Reported never events April 2023 – May 2025

An increase in the number of days between reported never events indicates improvement.

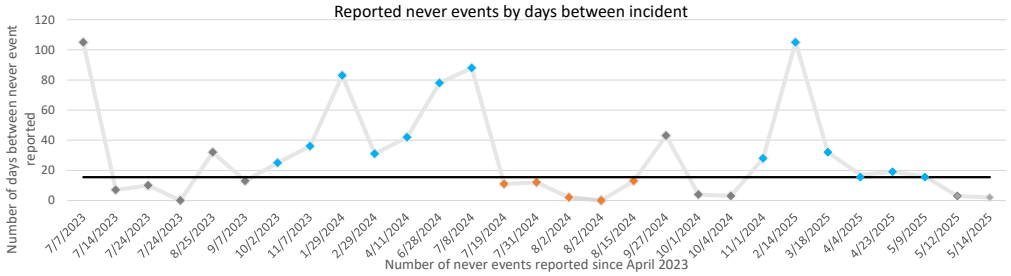
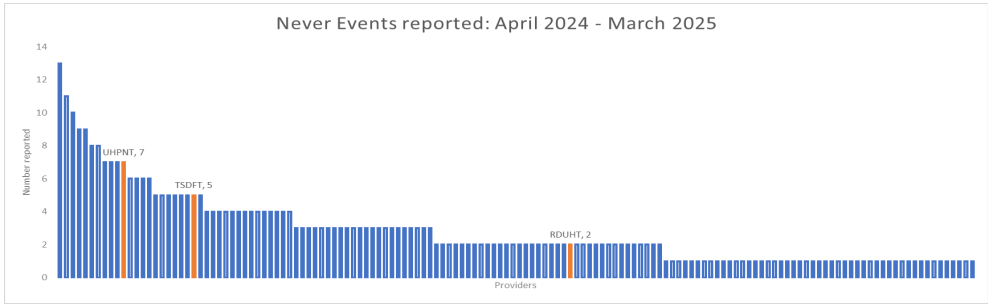


Chart 6: Never Events reported by Devon NHS Trusts compared to other providers nationally during April 2024 – March 2025 (NHS England data)



Patient Safety Events 3: Narrative/ Assurance Information

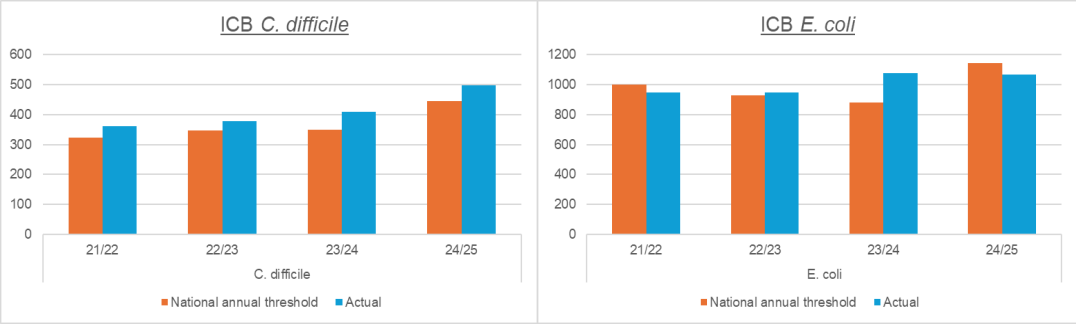
Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	**Serious Incidents (SI)** Currently, there are 36 open serious incidents with 2 investigation reports completed and submitted to the NHS Devon Patient Safety Team for review and approval for closure. This will reduce the number of open SIs further by the end of next month. During quarter 4 of 2024/25 NHS Devon received, reviewed and closed 20 SI investigation reports, A further 9 SI investigation reports were reviewed by the Patient Safety Team, however further assurance is required before closure is supported. The Patient Safety Team are in regular contact with all Providers that have open SIs on the Strategic Executive Information System (StEIS) to ensure they are on track to complete their open SIs. Livewell Southwest were the first main Provider to close all serious incidents.	The number of SI being closed each month is being reduced. NHSE have confirmed StEIS will remain active until next year, providing additional time for Providers to close SI on StEIS.
Safety	**National and Local Patient Safety Incident Investigations (PSII)** PSIRF enables Providers to establish their own local patient safety priorities by analysing historical themes and trends. These priorities are outlined in their PSIRF plan and policy, which must be approved by NHS Devon ICB. Alongside these local priorities, PSIRF also sets certain national priorities that all Providers must address through mandatory Patient Safety Incident Investigations (PSII). Some of these investigations will be conducted locally by the provider, while others will involve an independent PSII. During quarter 4 of 2024/2025 fiscal year, 14 national priorities were reported and 16 local. The system is still not able to provide detailed thematic analysis and reports at county level. The majority of SWASFT's PSIIs are reported as system pressure incidents which includes identifying issues such as non-compliant calls, missed opportunities for escalation and equipment challenges. NHS Devon is working with NHS Dorset (Lead Commissioner for SWASFT) to ensure appropriate learning is extracted from incidents. NHS Devon has started to receive SWASFT incident decision-making reports that provides a better understanding of harm happening specifically within Devon rather than the whole geographic footprint of SWASFT. A review of all Providers reported national and local patient safety incidents has concluded to ensure data aligns. This is reflected within chart 2.	Discussions with SWASFT and Lead Commissioner regarding reporting of PSII, how learning from the local priority system pressures/delays has been embedded into practice and whether SWAST's action plan should be refreshed based on any new learning or system actions.
Safety	**National Priority: Never events** In total UHP have reported 7 never events since April 2024 to present and are one of the highest reporting organisations nationally (in upper quartile). Royal Devon University NHS Foundation Trust have reported 5 and TSDFT have reported 1. Illustrated within chart six. This has been discussed at UHP Quality Committee, noting no harm and low harm reporting, further work is being progressed by UHP with support from the ICB TSDFT and UHP continue to work together to enhance their learning and safety improvements in the theatre environment.	Ongoing discussion continue between CNOs and quality team support and monitoring. .

Patient Safety Events 4: Narrative/ Assurance Information

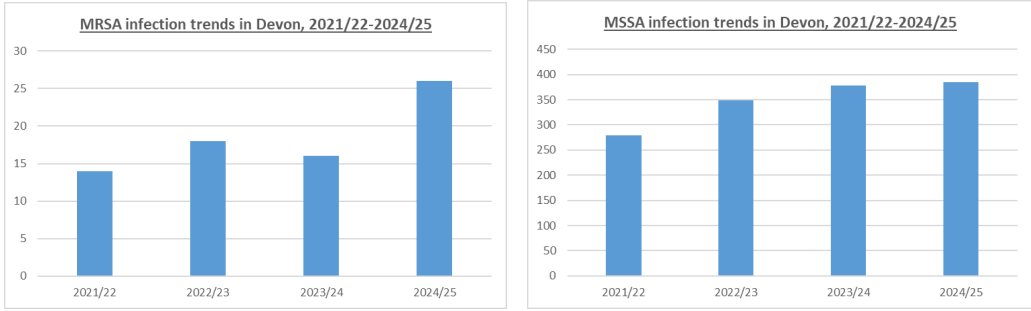
Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	**Learning from Patient Safety Events (LfPSE)** NHS Devon has access to a monthly dataset of all patient safety events reported to the Learn from Patient Safety Events (LfPSE) system that it commissions. Considering the Pareto principle (80/20 rule) across the Devon system, 80% of the concerns reported patient safety incidents on LfPSE come from 16 of the 210 speciality areas. While a deeper review of these areas could be beneficial, they should at minimum be considered when Providers are setting their local PSIRF (Patient Safety Incident Response Framework) priorities. NHS England has published its first national LfPSE report, though the available data is currently limited due to ongoing delays with the additional analysis and reporting capabilities of the system. Chart 1 illustrates the top 16 speciality causes of reported patient safety incidents onto LfPSE.	Reporting within main providers remains consistent.
Safety	**Patient Safety Incident Response Framework (PSIRF)** The main providers within NHS Devon are either finalising or have completed their revised year two Patient Safety Incident Response Plan (PSIRP). A refreshed summary of all local priorities will be compiled once all PSIRPs have been submitted. Independent Providers that have had their PSIRF policy approved by NHS Devon since the last report: • MSI Reproductive choices UK • Pete's Dragons • Practice Plus Group Urgent Care Limited • Problem Shared • SpaMedica • Step One Charity • Stroke Association • Ultracardiac Limited • Western Medical Services Limited	Contracting colleagues are updated monthly with received, reviewed and approved PSIRF policies from independent providers.
Safety	**Central Alerting System (CAS):** The new process for monitoring safety alerts on Datix is nearly complete, which will mean the fiscal year of 2025/26 will all be recorded on Datix. In additional NHS England have also created a new tracker for outstanding safety alerts which is to be completed by all Trusts and NHS Devon. Current outstanding safety alerts across the system: •NatPSA/2023/010/MHR - Medical beds, trolleys, bed rails (A new update will be released in March 2025). There is on-going system work to drive improvement. •NatPSA/2024/004/MHRA - Reducing risks for transfusion-associated circulatory overload (Acute Trusts)	Outstanding safety alerts are monitored by the Patient Safety Team and monthly within Quality Assurance Meeting.

Infection Management 1: Data & Issues

C. Difficile and E. coli progress against annual national thresholds, 2021/22-2024/25

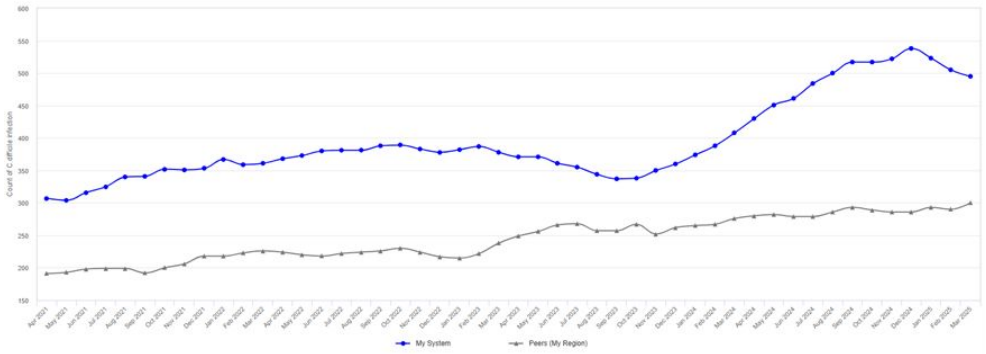


MRSA and MSSA year on year changes, 2021/22-2024/25



Data views into recent rise in *C. difficile*

C. difficile 12 month rolling count, Devon compared to regional average count, Apr 2021-May 2025



Devon Tuberculosis - May 2025 update

- Tuberculosis (TB) cases are increasing both nationally and locally in Devon. UKHSA reports a 13% increase in England in TB cases in 2024 compared to 2023. 82% of TB notifications in England were in people born outside the UK.
- The South West is among regions with the biggest increases.
- 350 confirmed active TB cases in the NHS Devon ICB population between January 2015 and August 2024.
- A steady increase since 2020, makes Devon second highest number of annual cases in the South West region in 2024.
- Disproportionate impact on vulnerable populations including migrant workers, homeless individuals, and immunocompromised persons.
- Plymouth had the highest infection rate in Devon (4.1 per 100,000 people), followed by Torbay (3.3 per 100,000) and Exeter (3.2 per 100,000).
- **Community resources are limited to be able to responded proactively to outbreaks. There is no national support money available for services and internal IPC bids for funding have not been successful. A mitigation action plan is being developed.**

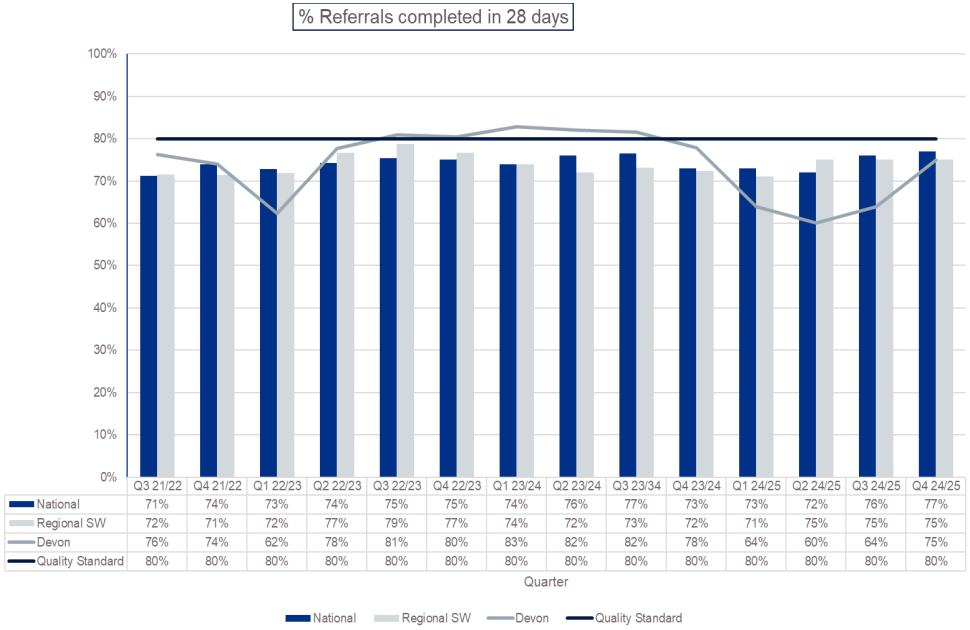
Infection Management 2: Narrative/ Assurance Information

Please see data slide above:

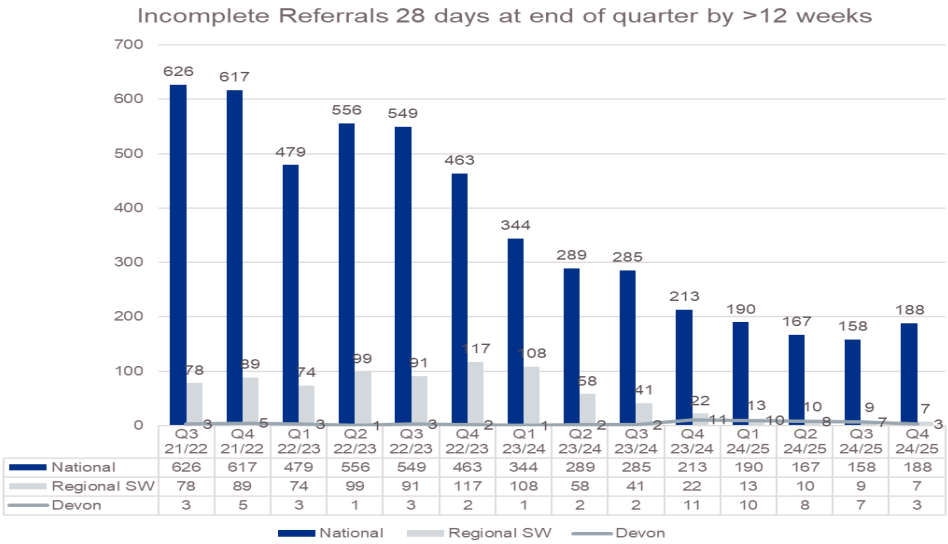
CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Well-led	**Community infection management service (CIMS):** • The CIMS team have undergone a review, resulting in strengthened governance and clearer outcomes for the service. The team continue to support the community setting in an effective way. **Health Protection Delivery Group:** • Devon ICB is leading a county wide group with public health colleagues to address commissioning gaps in services. Other Devon groups have now been consolidated into this group to improve effectiveness. **FFP3 mask training in primary care** • A project to provide "train the tester" mask fit test training for primary care settings, providing 60 spaces for primary care network (PCN) staff, has been stood down, for reasons including financial barriers, other community work, and organisational responsibility. A communications package to primary care settings will be sent out the requirements for these organisations as well as signposting to available resources. **High Consequence Infectious Disease (HCID) response** • The Devon system is working to commission a community HCID swabbing service, as this is a current system gap. This service is to be provided through locality Trust teams, with the start date for two of the three teams to be July 2025. **Regional Memorandum of Understanding (MoU)** • The UK Health Security Agency (UKHSA) have requested all systems agree a regional MoU to clarify organisational roles and responsibilities in outbreak and other emergency situations. The ICB IPC team have taken the responsibility of coordinating the completion of this MoU for Devon.
Safe	**Tuberculosis (TB)** • The Devon system has seen an increased number of tuberculosis cases, causing a system impact. A business case for investment in new nursing staff was not approved and so an alternative strategy is being pursued, with improved cross-working between providers, facilitated by the ICB. • A tuberculosis outbreak within residential homes in the Devon area has led to a communications and education opportunity, and an asynchronous podcast with subject matter experts has now been made available. • Latent tuberculosis (LTBI) screening in the Afghan resettlement population is in the implementation stage. **National thresholds** • The figures for 2024/25 are now complete and available on the data slide. *E.coli* is below trajectory, whereas *C. difficile* is above. New thresholds are awaited. ***C. difficile* increases** • There has been a consistent rise in *C. difficile* over the last 12 months, both within Devon and regionally. Despite local, regional and national interest and investigation, no specific explanation has been found. All local Trusts have active reduction plans and are monitoring the situation at a Trust level.

Continuing Health Care (CHC) 1: Key Quality Metrics – NHSE

Bench Marking Data Q4



	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/34	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
National	71%	74%	73%	74%	75%	75%	74%	76%	77%	73%	73%	72%	76%	77%
Regional SW	72%	71%	72%	77%	79%	77%	74%	72%	73%	72%	71%	75%	75%	75%
Devon	76%	74%	62%	78%	81%	80%	83%	82%	82%	78%	64%	60%	64%	75%
Quality Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%



	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
National	626	617	479	556	549	463	344	289	285	213	190	167	158	188
Regional SW	78	89	74	99	91	117	108	58	41	22	13	10	9	7
Devon	3	5	3	1	3	2	1	2	2	11	10	8	7	3

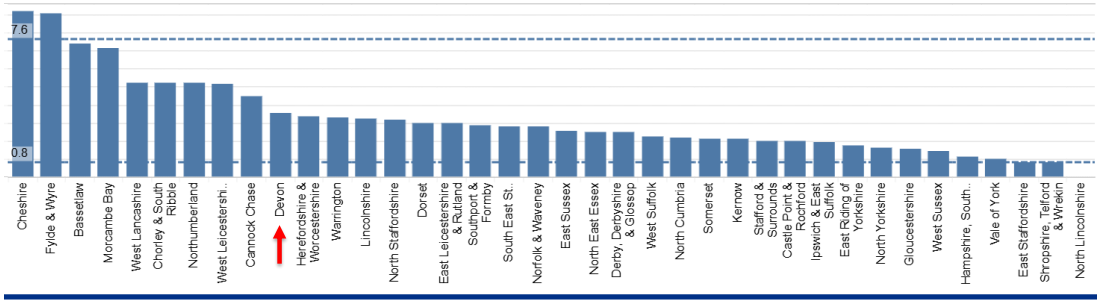
3 Assessments incomplete over 12 weeks for Q4 2024/25 (highlighted in green).

75% of Assessments completed within 28 days for Q4 2024/25

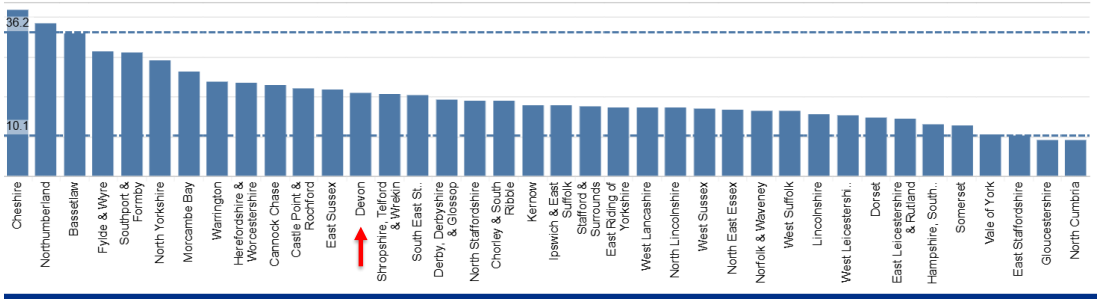
28 days KPI
Regional Average 75%
National Average 72%
NHS Devon ICB 75 % An improvement, however KPI not met.(highlighted in red).

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

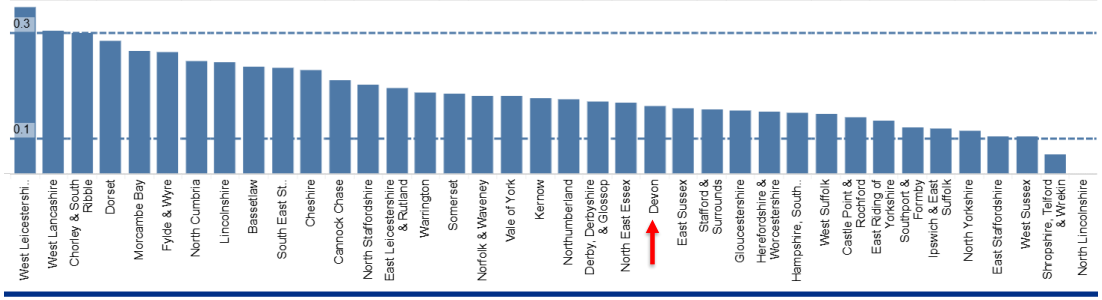
CHC 2 : Assessment Activity Data – NHS Bench marking data



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



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



Standard CHC assessment conversion rate

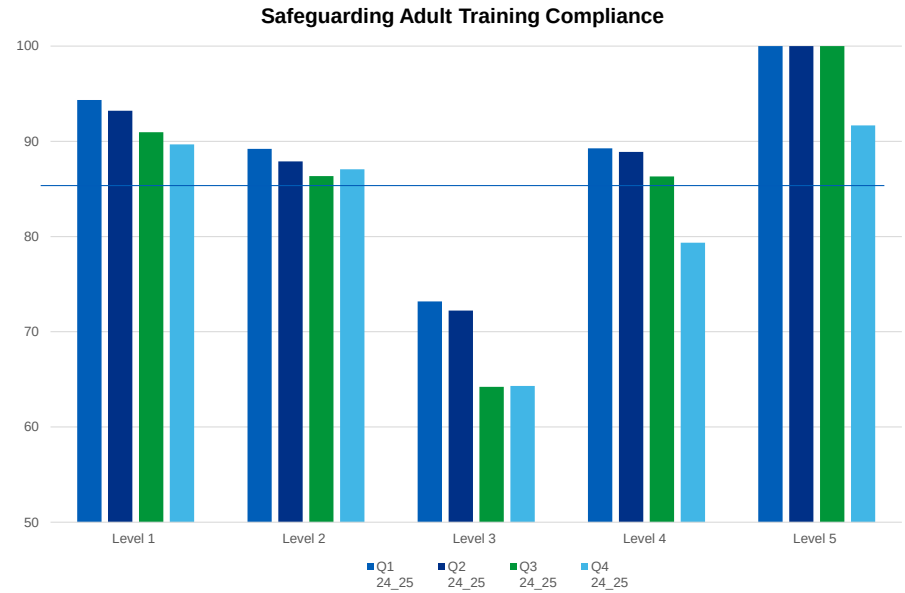
CHC 3: Update Narrative/ Assurance Information

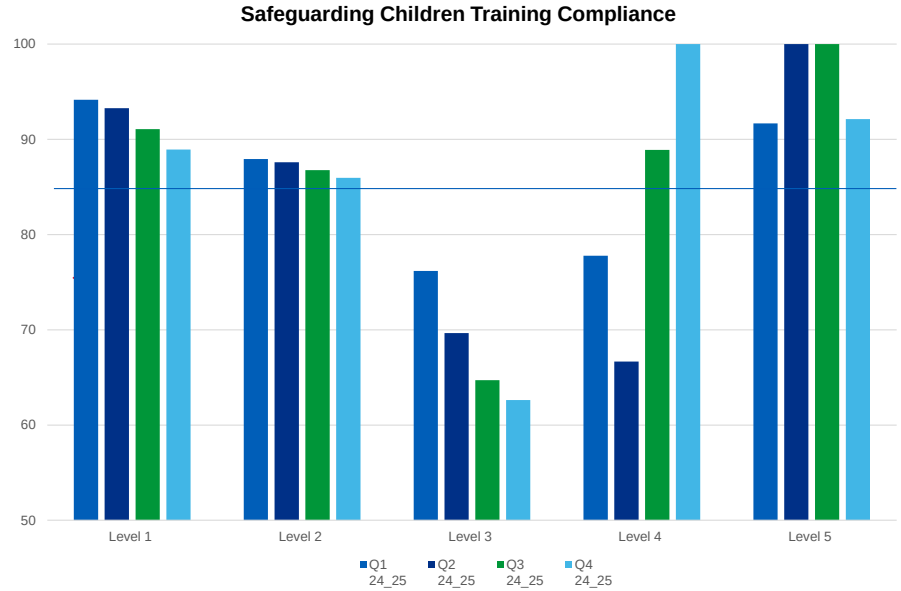
Please see data slide (s) above:

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safe Effective	**Key Performance Indicator (KPI) – 80 % Assessments completed within 28 day:** The CHC national Framework, determines that a 80% of assessments are to be completed within 28 days. For 2024/25 the ICB is subject to a performance improvement plan – as the service just missed meeting its KPIs at the end of Q4 2023/24. The KPI for Q1 was met. Due to workforce capacity issues the KPI and projection was not met. Target Q2 was between 65% and 69.9%- achieved 60% Target Q3 was between 70% - 74.9%- achieved 64% Target Q4 was 80 %- achieved 75% (Regional 75%, national 75%) Significant improvement for Q4 Mitigations are that recruitment has taken place for clinical assessors, and that the outsourcing continues to support demand. It will continue to be monitored during Q1 2025/26.	• It was agreed to move the NHSE quarterly assurance meetings to monthly. • The current performance was discussed, as part of the NHSE Q4 assurance meeting. • It was noted that there had been an overall significant performance improvement, however, the target KPI was not met. • NHS Devon ICB advised that the performance for Q1 which while likely to improve, it would unlikely meet the meet 80% target KPI. • Matter is subject to a corporate risk register entry. • Concerns remain with the Western CHC hub- the team have limited clinical capacity due to vacancies. Mitigations are in place. Recruitment and onboarding has taken place.
Safe Effective	**KPI – in complete assessments over 12 weeks:** Q4 target met. Target to have less than 9 incomplete assessments over 12 weeks. Q4 achieved out of 18 assessments over 28 days – 3 were incomplete over 12 weeks.	• This KPI will continue to be monitored throughout Q1. • Challenges remain with workforce capacity and outcomes agreed with the ICBs partner organisations. .
Safe Effective	**Assessment activity:** The assessment activity is comparative with other ICBs. The ICB is benchmarked within the middle grouping compared to other organisations nationally- for spend. Conversion rates to CHC eligibility sit at 15%, this is not an outlier.	• The ICB present these slides to NHSE and they are assured on the activity for NHS Devon. • A focus going forward will be on ensuring timely reviews are undertaken utilising the clinical capacity as it improves with recruitment.

Safeguarding 1: ICB Training

ICB Staff Safeguarding Training:



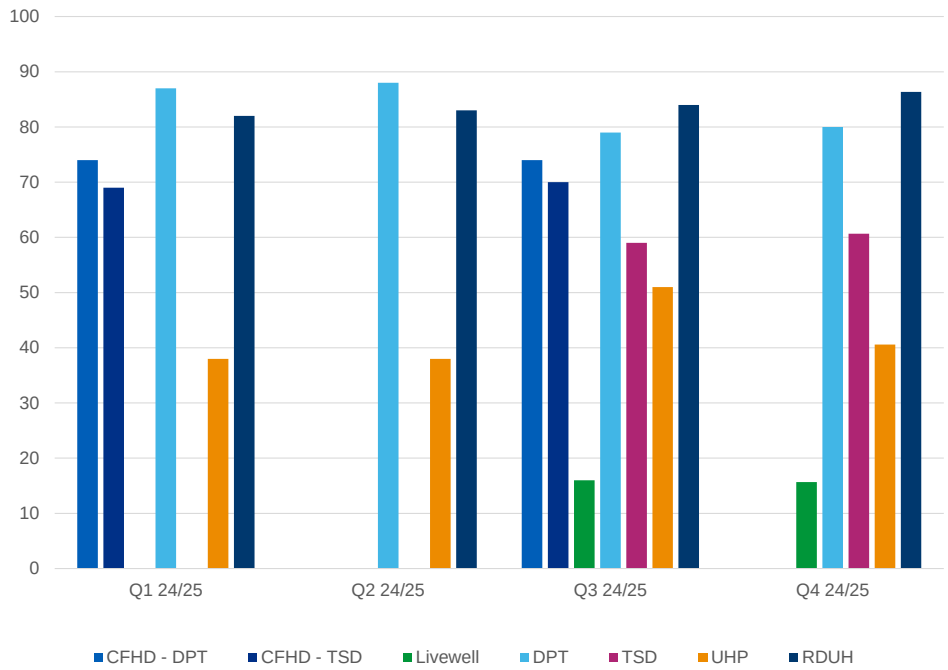


ICB Training:

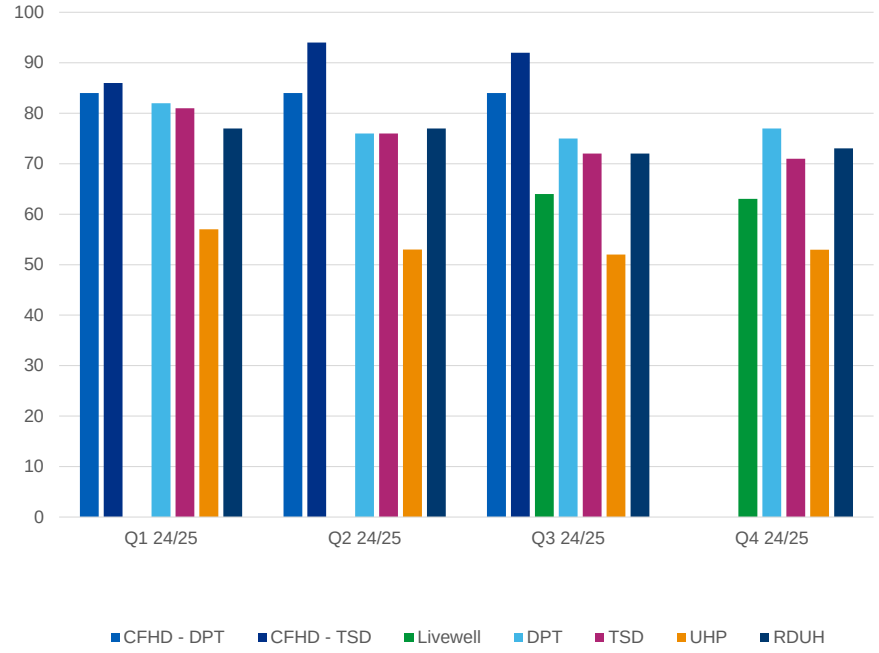
There has been a further slight reduction in compliance for L3 safeguarding adult and children training due to an increase in new staff, inappropriate allocation of levels on Electronic Staff Record (ESR) and staff requiring 3 yearly update training. The Safeguarding Team are continuing to work with individual staff members, line managers and HR to rectify this. This relates to a small number of staff (12 and 11 respectively). L3 safeguarding adult training was delivered to 6 staff in April which should improve compliance for the next report. New staff are also being encouraged to provide evidence of previous employer training in line with the Intercollegiate document guidance, instead of needing to repeat training. All staff with L3 requirement receive levels 1 & 2 training during induction and have access to support from the safeguarding team, thus reducing any risk.

Safeguarding 2: Provider Training

Safeguarding Adult Level 3 Training



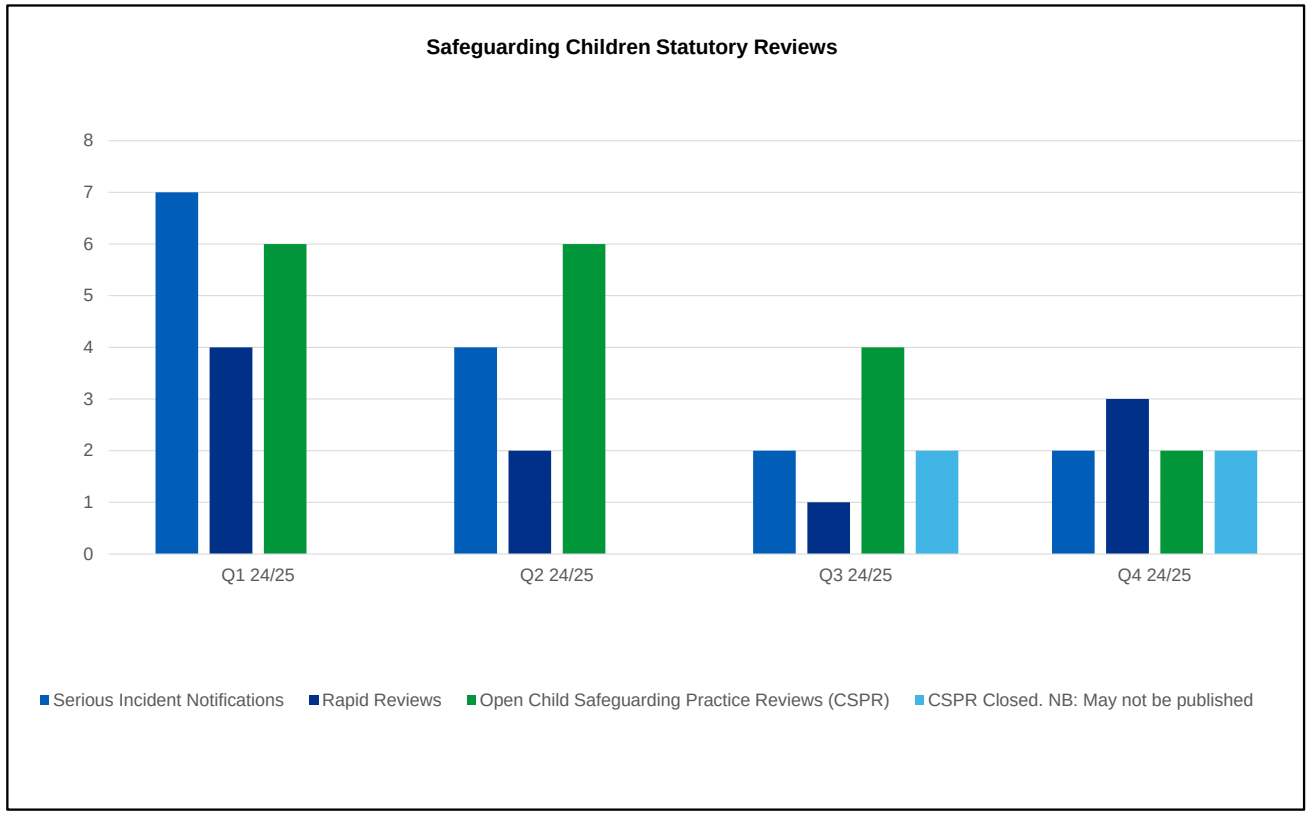
Safeguarding Children Level 3 Training



Provider Training:

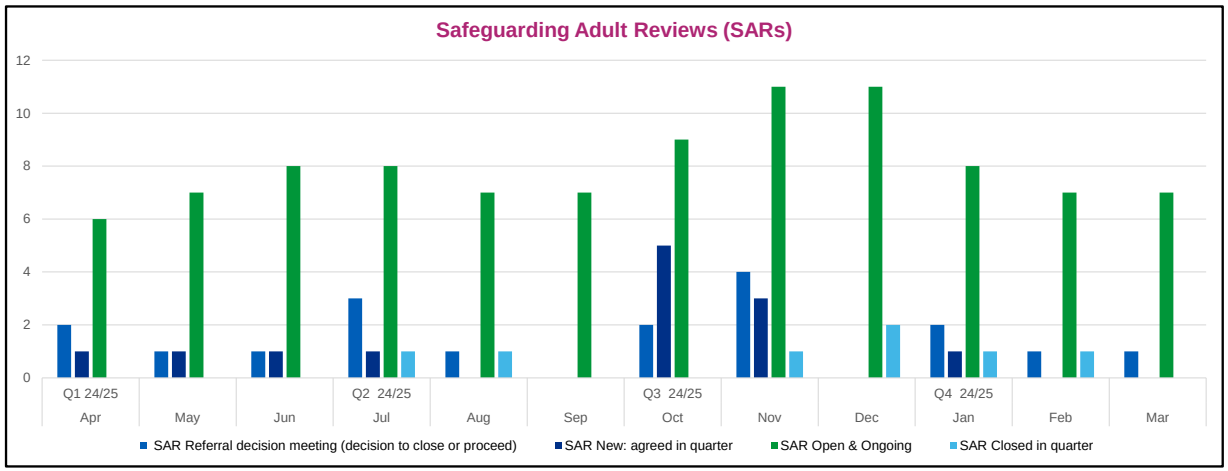
All clinical staff receive Level 1 and 2 training and therefore have a basic level of safeguarding training and access to supervision from their safeguarding teams. Compliance requirements for Level 3 training is a minimum of 85%. Providers not compliant with Level 3 training report that this is due to the availability of places and capacity to attend due to clinical demands. There have been improvements in some safeguarding adult training compliance in Q4 24/25 except UHP and Livewell who have contingencies in place and assurance to demonstrate improvements have been prioritised. This will be monitored in each provider's safeguarding committee, which the Designated Nurses attend.

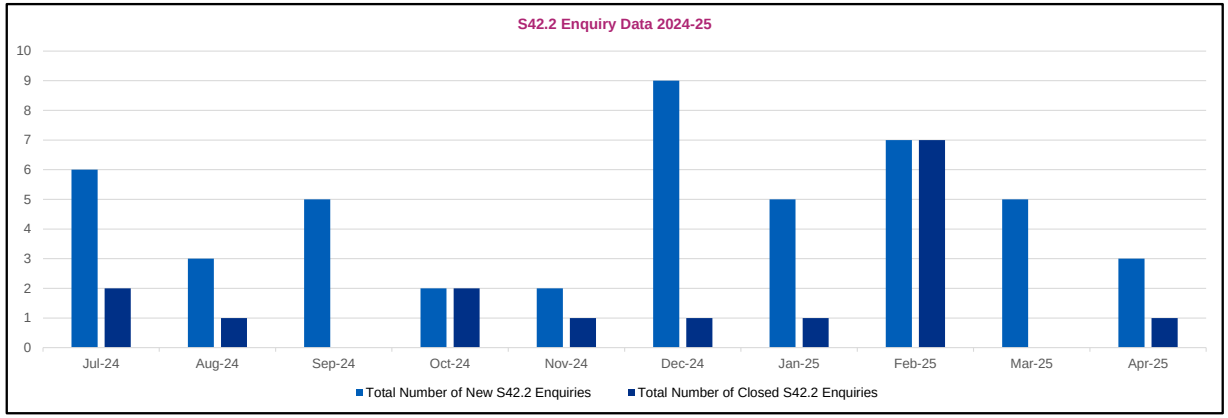
Safeguarding 3: Safeguarding Children Statutory Reviews and Learning Themes



- Domestic Abuse Routine Enquiry
- Professional challenge
- Lack of consistent practitioners
- Impact of reduced home visiting
- Safe sleep
- Non accidental injury
- Bruising in non-mobile babies
- Neglect
- Limited face to face contacts
- Missing children
- Communication
- Multiple information systems
- Supervision
- Safety planning
- Care experienced parents
- Professional curiosity

Safeguarding 4: Safeguarding Adult Statutory Reviews (SAR) and Actions





Themes from Q4 published SARs

- Self-neglect not identified or appropriately escalated;
- Poor legal literacy regarding Mental Capacity Act (MCA), executive function and inherent jurisdiction;
- Poor risk management/planning
- Lack of interagency escalation and multi-agency co-operation
- TDSAP Multiagency risk management meeting (MARMM) test and change was rolled out in April to support risk management.

Two SARs have been published by Torbay and Devon Safeguarding Partnership (TDSAP) in Q4 24/25.

- SAR June - Devon Safeguarding Adults Partnership
- SAR William - Devon Safeguarding Adults Partnership

These have been shared across the health system and internally with ICB staff

Safeguarding 5: Primary Care Safeguarding Team

Statutory Reviews

Primary Care Learning Themes 24/25

Child Safeguarding Practice Reviews (CSPRs)

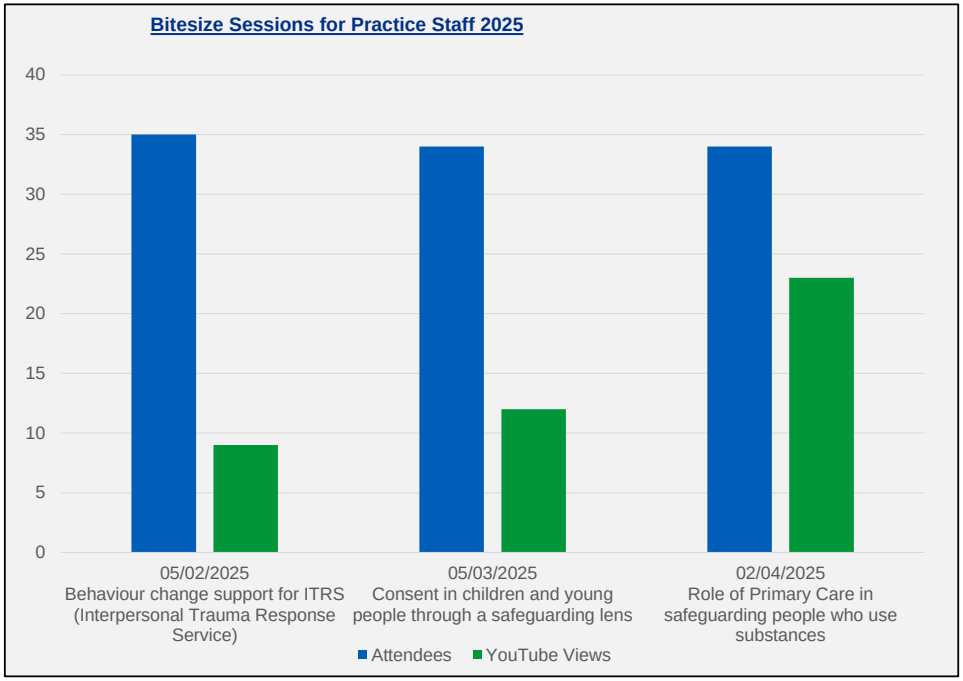
- Professional curiosity
- Safe sleep
- Domestic Abuse Routine Enquiry
- Communication
- Children in care and care experienced young people.
- Was Not Brought (WNB)
- SNOMED (practice coding)

Safeguarding Adult Reviews (SARs)

- Mental health
- Mental capacity
- Communication.
- Multi-agency working
- Self-neglect
- Risk management and planning.

Domestic Homicide Reviews (DHRs)

- SNOMED (practice coding)
- Interpersonal trauma training
- Communication
- Mental health



Published Statutory Reviews

All published reviews are disseminated to practices via the NHS Devon GP bulletin.

The Primary Care Safeguarding Team are producing a repository of learning page within SharePoint. This will hold all published statutory reviews along with other safeguarding resources.

Safeguarding 6: TSCP Section 11 Self-Assessment

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safe Responsive Effective Caring	• Section 11 of the Children Act 2004 places a statutory duty on key persons and bodies to make arrangements to ensure that in discharging its functions, they have regard to the need to safeguarding and promote the welfare of children, and that, where appropriate, services they contract out to others also have regard to that need. • As one of the statutory partners of the Safeguarding Children Partnerships, NHS Devon is required to provide a self-assessment against standards set out within Section 11, demonstrating compliance and good practice, and areas where improvement is needed. A combined section 11 audit tool has been created by the three safeguarding children partnerships in Devon and completed by NHS Devon.	• Progress of these actions will be monitored through the ICB Safeguarding Steering Group. • Currently no risks have been identified in relation to these actions.

Planned Care 1: System Overview Data Slide

System Overview: Table 1

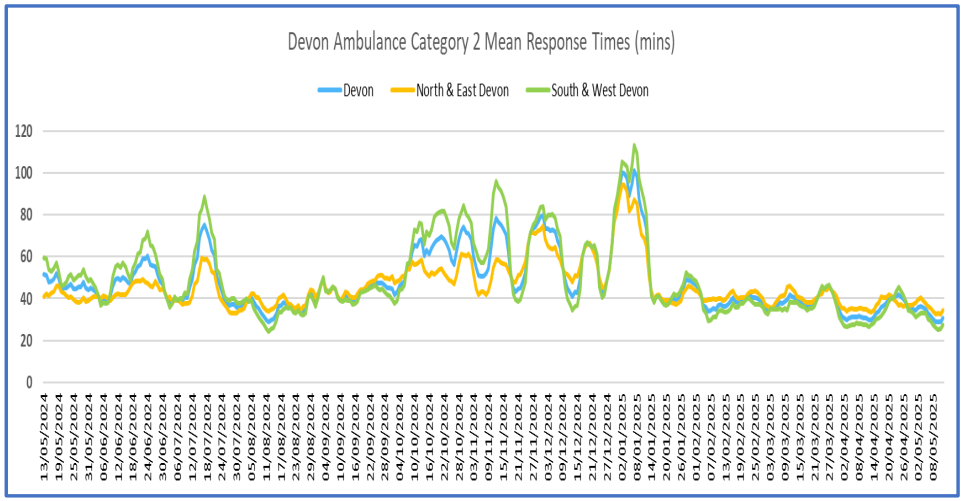
Group	System				
Metric	Target	Latest Date	Value	Variation	Assurance
RTT Incomplete Waiting list		Mar 2025	153,558		
RTT 18 weeks	92%	Mar 2025	61.3%		
RTT over 104 weeks		Mar 2025	1		
RTT over 78 weeks		Mar 2025	26		
RTT over 65 weeks		Mar 2025	434		
Diagnostics within 6 weeks	99%	Mar 2025	71.5%		
Diagnostic Total Waiting list		Mar 2025	34,229		
Cancer 28 day Faster diagnosis Comb...	75%	Mar 2025	81.2%		
Cancer 31 day Combined	93%	Mar 2025	93.3%		
Cancer 31 day First	96%	Mar 2025	94.3%		
Cancer 31 day follow-up drug	98%	Mar 2025	98.4%		
Cancer 31 day follow-up sugery	94%	Mar 2025	84.9%		
Cancer 31 day follow-up radiotherapy	94%	Mar 2025	88.8%		
Cancer 62 day urgent	85%	Mar 2025	73.9%		
Cancer 62 day screening	90%	Mar 2025	45.9%		
Cancer 62 day Upgrade	85%	Mar 2025	80.7%		

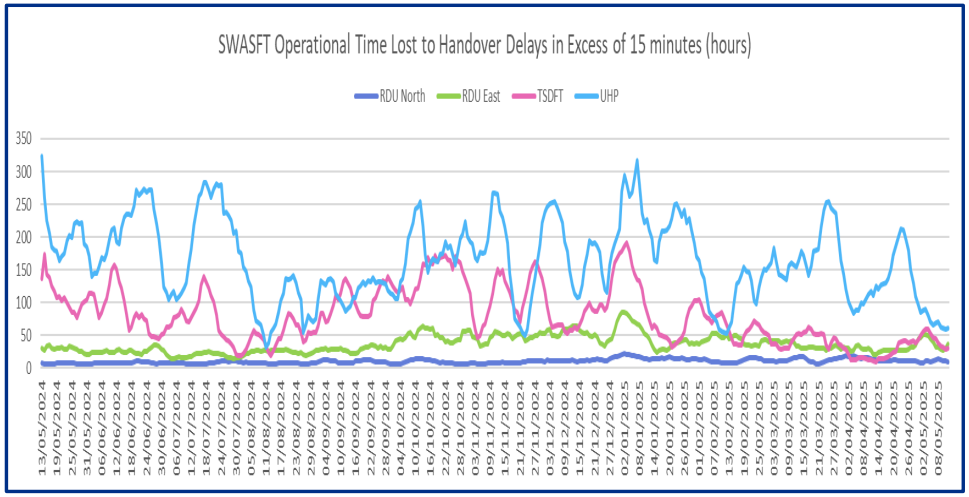
- The overall Referral to Treatment (RTT) incomplete waiting list is improving with both enhanced productivity work at each of the acute provides and ongoing demand management work through clinical referral guideline oversight, validation and advice and guidance.
- Adherence to the 18 week standard is improving although there requires a operational balance to move closer to meeting this target whilst clearing down the longest waiting patients. There is a significant focus on increasing the number of outpatient first appointments as this has the biggest impact on removal from a waiting list, however, also increases additions to an admitted waiting list.

Planned Care 2: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe Caring Responsive	65 and 78 week wait cohort continues to improve month on month with oversight being managed through the weekly tier 2 regional meetings. These meetings as of w/c 12th May will change their frequency with the revised cadence to be updated by regional colleagues. A monthly elective oversight meeting will now replace the monthly system Tactical Delivery Group and be chaired by NHSE South West. This will form part of the check and challenge process on operational performance areas that sit outside of the key national metrics, and include areas such as theatre productivity, Getting It Right First Time (GIRFT) and validation. Diagnostic capacity remains a challenge across the system to meet the 6 week target. Community Diagnostic Centres (CDC) activity is increasing however there have been some data quality challenges at the Nightingale Buttercup CDC which need to be worked through. Ultrasound remains a particular challenge across the system driven by both an increase in requests and GP direct Intracardiac echocardiography (ICE) ordering. **Cancer Care:** Devon continues to deliver operational performance against national access standards, exceeding the 77% Faster Diagnosis Standard (FDS) target again in March. With a headline figure of 81.1% Devon, as part of the PCA, ranking 4th nationally. Whilst overall performance is good, challenges to meet the FDS target remain within colorectal, gynaecology, urology, lung and haematology across a number of our Trusts. Devon continues to deliver operational performance against national access standards, having exceeded the 70% 62d target throughout 2024/25. With a headline figure of 74.5% Devon, as part of the PCA, ranking 2nd nationally. As with FDS, a number of specialties (as above, plus Upper GI) are experiencing ongoing challenges across our Trusts. Plans are in place, or are being developed, with the PCA and ICB to address these.

Urgent and Emergency Care





- There is a risk to patient safety and experience during delayed handovers. In addition, risk for patients in the community who are waiting for an ambulance.
- SWAST remains an outlier in terms of handover times compared to other ambulance trusts across England, the national average of 35 minutes in February 2025, 19 minutes per patient lower (better) than the handover times reported across the South West.
- SWASFT delay cases are assessed and if it is corroborated that moderate and above harm is likely to have occurred, they are shared at their Executive Decision-Making Panel (EDMP) for consideration or potential new system learning.
- Harm reports are now being shared at ICB level and NHS Devon is working with NHS Dorset (Lead Commissioner) to ensure learning is extracted from patient safety incidents.
- System Oversight of harm and risk of harm related to delays is reported through the ICB Quality & Patient Experience Committee (QPEC) and the System Quality Group (SQG).
- The “Timely Handover Process” is being developed across the region by NHSE.
- Handover delays and SWASFT operational time lost to these remain inconsistent across the 4 acute sites and largely outside the national standard of 15 minutes. April data showed an average daily handover time lost as 133 hours for UHP, 28 hours for TSDFT, 32 hours for RDUH E and 12 hours for RDUH N.

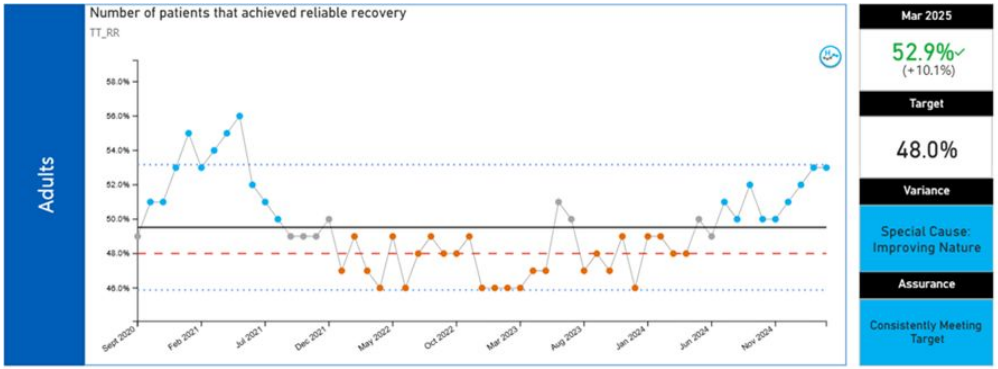
Mental Health 1: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Effective Safe	**Primary Care: Drug safety monitoring and prescribing for Oral Antipsychotics** **F**ollowing 2 GP practices in Devon ceasing anti-psychotic prescribing and monitoring, the LMC has issued guidance to all practices considering this position. An options paper has been submitted and preferred option agreed. **Annual physical health checks (APHC) for people with Serious Mental Illness.** APHC checks continue to show a steady increase month on month; in January performance reached 47%. Investment has been agreed by the Mental Health Learning Disability and Neurodiversity collaborative, boosting capacity in community teams to complete APHC's.
Safe	**Right Care Right Person:** • The Right Care, Right Person (RCRP) program, mandated by NHS England (NHSE) and the Home Office, is a national initiative to transform responses to mental health and welfare concerns. The program promotes the need for health led solutions, reducing unnecessary police involvement, and ensuring timely, compassionate care for individuals in mental health distress, those who are requiring welfare checks related to vulnerability and/or are in mental health crisis. NHS England has produced guidance informing ICB's of their role in Right Care Right Person PRN01145_Guidance on implementing the National Partnership Agreement - Right Care Right Person_November 2024.pdf . Phase 1 and 2 have been implemented with the intention of completing phase 3 and 4 in 2025.
Safe Effective	**Mental Health Independent Investigations:** The ICB is progressing a quality assurance review across the Devon system focusing on the recommendations with Mental Health Homicide (MHH) investigations 2018 – 2025, in addition to current provider level investigations. Themes have been identified and mapping against improvement work, including opportunities for further work is in progress. Working in collaboration with NHSE and providers. National shared learning: The independent investigation into the care and treatment received by Valdo Calocane in Nottingham, NHS England » Independent Mental Health Homicide Review into the tragedies in Nottingham. NHS Devon has responded to the National intensive and assertive community treatment review which was prompted by the Nottingham case. The ICB is seeking providers update on action plans.

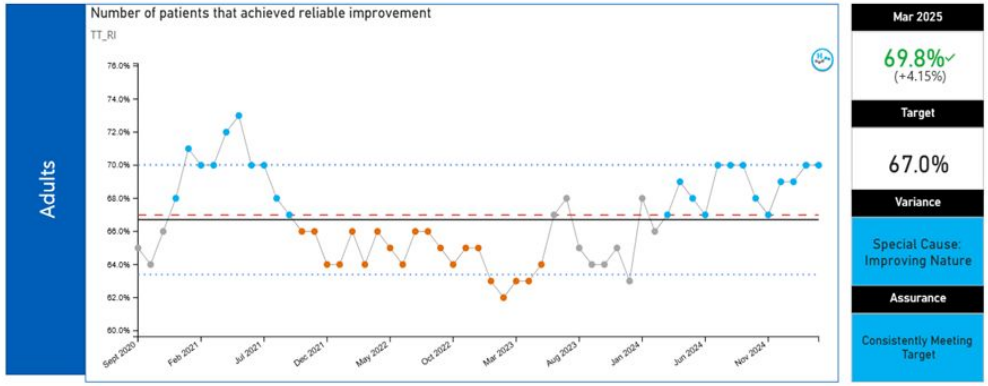
Mental Health 2: Data

This slide represents data that reflects the experience of mental health patients when accessing services- please see narrative info for more information..

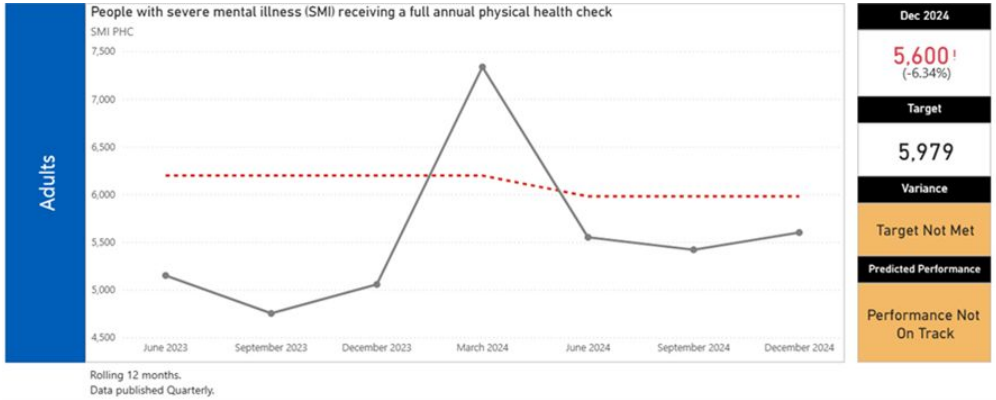
Talking Therapy – number of patients that achieved reliable recovery



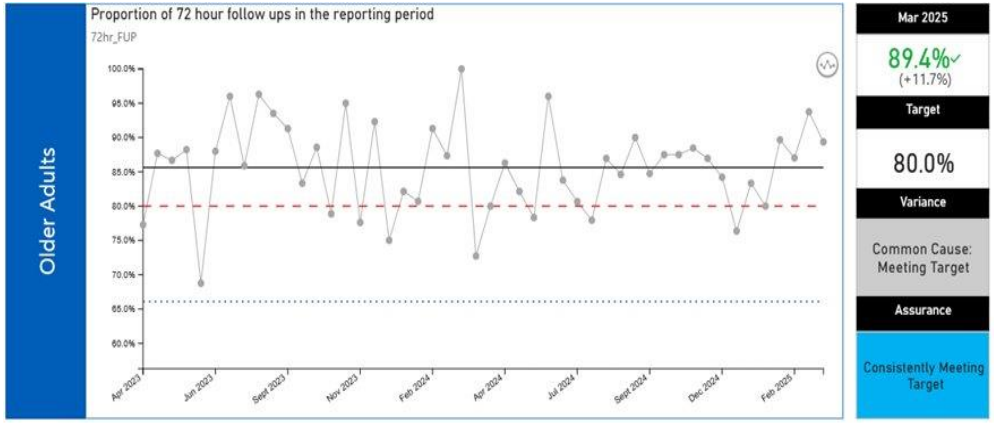
Talking Therapy – number of patients that achieved reliable improvement



People with severe mental illness receiving a full annual physical health check.



Proportion of 72 hour follow-ups in the reporting period



Data: ICB Mental Health Dashboard (BI) May 2025

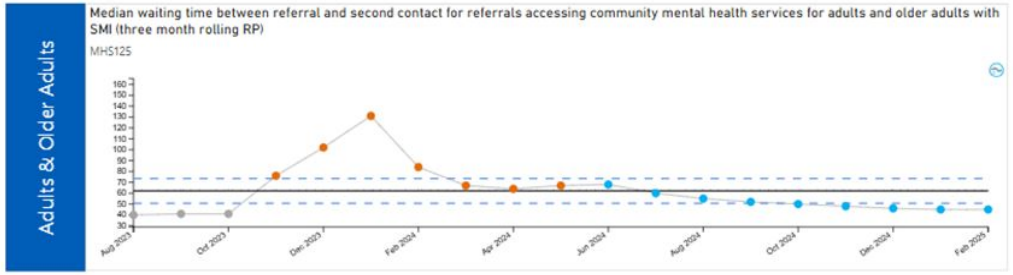
Mental Health 3: Narrative/ Assurance Information

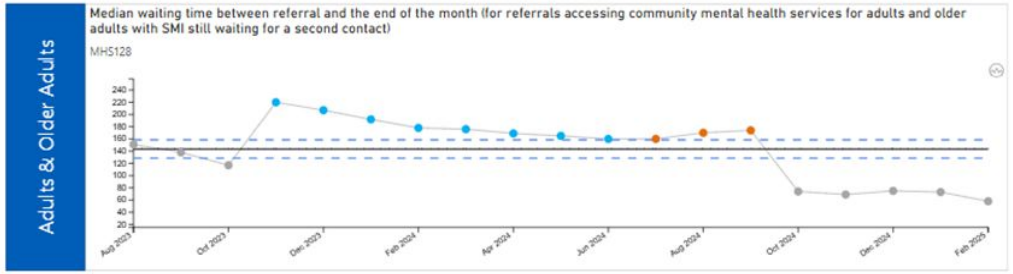
CQC: Safe Effective Caring Responsive Well-Led	Summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are risks discussed considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safe Effective	**Southwest Provider Collaborative (SWPC).** SWPC is responsible for the commissioning of specialist mental health services including low and medium secure mental health services, adult inpatient eating disorder services, inpatient perinatal mental health, and Tier 4 Child and Adolescent Mental Health services. From 1st April there is a new double delegation arrangement in place with Somerset as the Principal ICB. DPT as the SWPC lead provider is undertaking an internal governance review to align with the new delegation arrangements. Improved links to Devon ICB system quality group has been developed. • Devon services are under a routine level of quality oversight, except for DPT's Secure Mental Health services which are in an **intensive** level of quality oversight. • CQC issued a warning notice to Devon Partnership NHS Trust in June 2025 following an inspection of Langdon Hospital.	Escalation in place through established governance routes.
Responsive **Effective**	I**nappropriate out of area placements:** Controls are in place to support effective management and oversight of local bed stock. Proof of concept proposed aligned to rehabilitation beds, which will increase capacity / flow from acute inpatient beds. Implementation of the workplan aligned to the mental health inpatient strategy has commenced.	Aligned to ICB corporate risk C0023
Responsive **Safe**	**Devon Partnership Trust:** Following a national 4-week wait pilot, new waiting time standards are being introduced in all adult core and community services, with implementation of phase 3. Reporting will continue to be updated in line with national changes to include the full suite of metrics that are yet to be fully released. DPT are working closely with services and NHSE to ensure that measures are correct and aligned with the national data. The Adult Directorate continues to monitor assessment waits; the average wait is between 8 and 10 weeks for first assessment.	
Responsive Effective	Talking Therapies (TALKWORKS) has met or exceeded all of its targets which are Long Term Plan national targets. DPT's TALKWORK is performing in the top 6% in the country for reliable recovery rates based on data from autumn 2024.	N/A

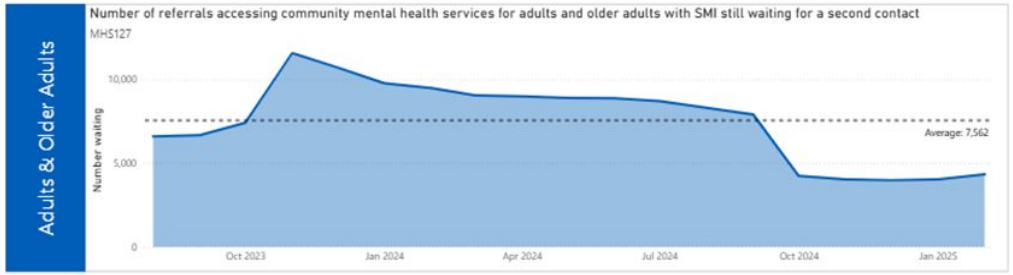
Mental Health 4. Data

This slide represents data that reflects the experience of mental health patients when accessing services. Please see narrative slides for more information.

Median waiting times -access to community mental health services for adults and older adults.

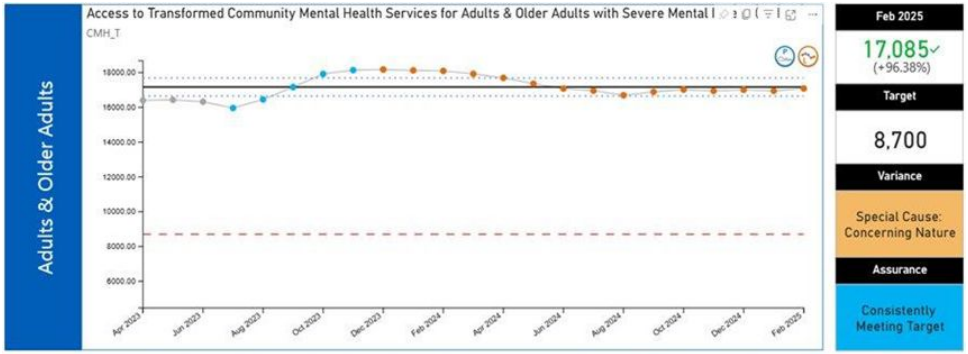






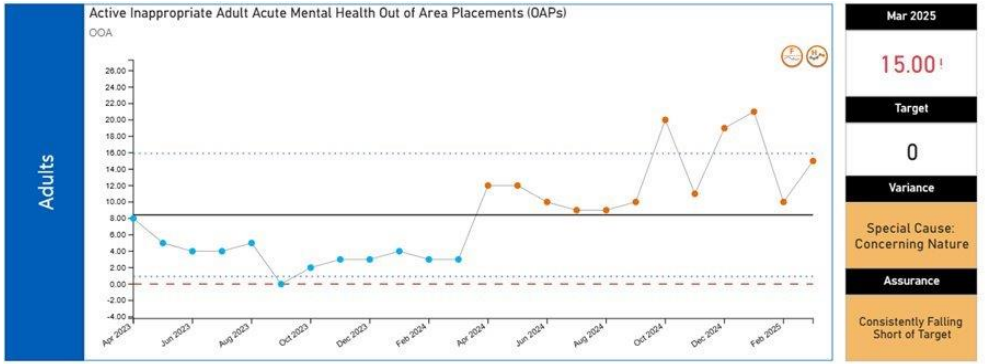
Data: ICB Mental Health Dashboard (BI) May 2025

Access to Transformed Community Health Services for adults and older adults with severe mental illness



Suppression is used in both the dashboard and backing data to address data disclosure risk. For counts, values from 0 to 4 are suppressed and other values are rounded to nearest 5. This also means that system wide figures will not match the total of providers.

Inappropriate Adult Acute Mental Health out of area placements



Children and Young People 1: SEND data

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

	September 2024 Compliance	November 2024 Compliance	March 2025 Compliance
Children & Family Health Devon (CFHD) (Devon)	86%	81%	92%
Children & Family Health Devon (CFHD) (Torbay)			91%
Livewell Southwest (LSW)	100%	No returns due	93.3%
Torbay & South Devon Foundation Trust	78%*	86%	78%*
Royal Devon University Hospitals**	-	-	-
University Hospitals Plymouth (Devon)	33%	60%	100%
University Hospitals Plymouth (Plymouth)	100%	100%	No returns due
Devon Partnership Trust	100%	100%	100%

*Torbay is local authority data and not from TSD
**to note, this currently does not contain RDUH East or North data, this has been escalated.

Children and Young People 2: SEND - Narrative/Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored For waiting list information, see Neurodiversity/Autism slides.
Safe Responsive Effective	**SEND Standard Operating Procedures (SOP's) for health input into ECHPs, Tribunals and Annual Reviews: Assurance** • The final version of the SEND SOP's for health input has been completed. • SEND SOPs has been signed off through the Devon SEND Board and is on the agenda for both Torbay and Plymouth's SEND Boards for sign off in May. • When in place, this will standardise the approach across all providers in the ICB and ensure timeliness and quality can be monitored.
Responsive	**Co-production with the Parent Carer Forums: Assurance** • The Children's Senior Leadership Team are meeting with three local area Parent Carer Forums (PCFs) again in May to work together to review our future work plan, embed co-production as a principle and agree next steps with the SEND pieces of work. • NHS Devon is involved in all 3 LA's co-production workshops to embed the 4 cornerstones and co-production charter across health.
Safe Responsive Effective	**Workforce Training: Assurance** • Plymouth: Council of Disabled Children SEND Basic Awareness training launched as a partnership universal training offer. Over 1000 people have completed the training (March 2025). • SEND training offer across health providers to be reviewed by the DCO's to ensure equity of offer for staff.
Responsive	**Local Offer: Limited Assurance** • Working to provide a consistent approach across the local offer pages. • Further developments are underway to expand the One Devon website.
Effective Responsive	**Partnership in Neurodiversity for Schools (PINS) support offers to schools: Assurance** • 24/25 Programme completed and evaluation data submitted to national research team. • 25/26 Programme delivery plan agreed, funding allocation confirmed, project group established and selected schools are being asked to complete their self evaluations.
Responsive Effective	**Quality Improvement Approach across all 3 LA's: Assurance** • Torbay's SEND Inspection draft report has been received from CQC/Ofsted, reviewed in partnership and comments returned to Ofsted. Awaiting final report. • Pre-inspection preparations are underway across Devon and Plymouth, informed by Torbay inspection reflections and learning on best practice. • Providing health systems leadership into partnership working across the SEND improvement programmes with the new Head of Joint Commissioning and Clinical lead for SEND and CiC. • Work has started to develop a standardised collection process for SEND data across all 3 LA's to feed into the CYP Integrated dashboard and a new SEND Dashboard.

Children and Young People 2: Other - Narrative/Assurance Information

Safe Effective	**National Paediatric Audiology Quality Improvement Programme:** The outcome of site visits undertaken with all Devon sites in Q4 have been shared with all providers and improvement plans are being developed. Follow up review of RDUH North and East will take place in Q3, with support of local Subject Matter Experts.	

Children and Young People 3: Care Experienced Data

Quality and Performance

Initial Health Assessment (IHA) compliance 2024/5 – Q2, Q3 & Q4

	RDUH			TSD			UHP		
	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4
Total number of IHAs completed	28	71	75	43	18	30	44	30	45
Total number of IHAs completed on time	1	11	43	5	3	15	2	19	23
% of IHAs completed on time	**4%**	**16%**	**57%**	**12%**	**17%**	**50%**	**5%**	**63%**	**51%**

To note: TSD Q2 and Q3 data is reporting on the number of children entering care, per month, as opposed to the IHA activity completed per month, as per Q4

Review Health Assessments (RHA) compliance 2024/25 – Q2, Q3 & Q4

	LSW			CFHD		
	Q2	Q3	Q4	Q2	Q3	Q4
Total number of RHAs completed	-	106	88	-	250	221
Total number of RHAs completed on time	-	74	58	-	177	158
% of RHAs completed on time	**66.9%**	**69.8%**	**66%**	**63.9%**	**70.8%**	**71%**

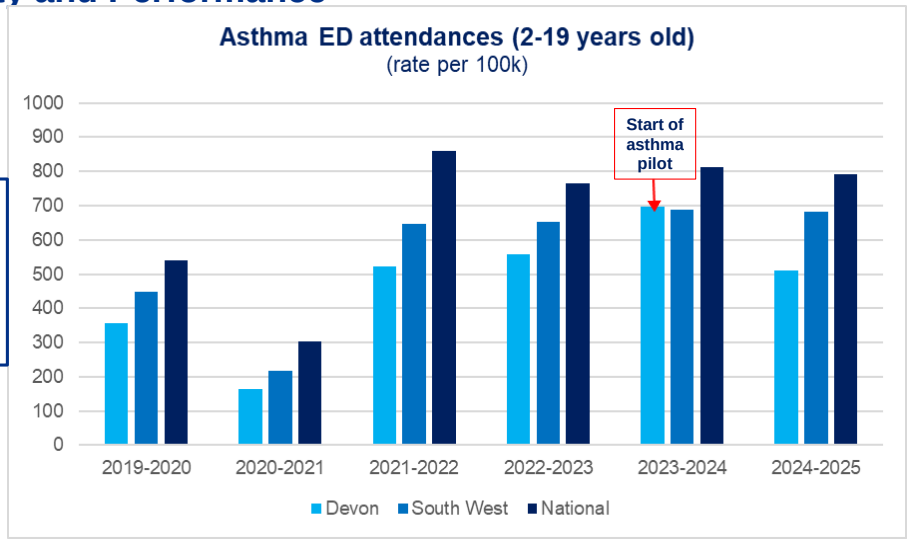
Children and Young People 4: Care Experienced - Narrative/Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe Responsive Effective	**Data** • The data collection template has been finalised for both IHA's and RHA's and with providers for monthly completion and submission to NHS Devon, which ensure there is now consistent data collection across the ICS. • KPIs to be formalised within provider contracts. **Initial Health Assessments (IHA): Limited Assurance** • Comparative data for RDUH and UHP of Q4 and Q2 highlights marked improvement on % of IHA's completed in timescales. • There is a suggestion that TSD have made an improvement between Q4 and Q2, however the data is measured on different parameters. **Review Health Assessments (RHA): Limited Assurance** • There continues to be capacity issues in the CIC nursing teams to meet statutory targets. Funding for additional CIC nursing resource required to meet demand has been identified through a business case, the outcome is awaited. Task and Finish groups now established within all three LAs to maintain traction on the Rapid Improvement plans across the ICS.
Safe Responsive Effective	**DCC ILACS Ofsted Report published 13th May 2025** • Report reviewed and health specific actions will form part of the partnership improvement plan. • Some areas of good practice were identified for Children in Care and their health needs. • Concerns in the report relate to children with complex needs not always getting the care they need or quickly enough.
Safe Responsive Effective	**Immunisations: Limited Assurance** • HPV acceleration campaign has been promoted across all three LAs. Care Experienced young people have been identified as one of the lowest uptake cohorts for this vaccinations. • Data sharing agreements to be completed between vaccination provider and LAs to ensure consent given for school age vaccinations, as this has been identified as a barrier for uptake. **Access to Dental: Limited Assurance** • The dental access clinic pilot for care experienced CYP has been extended for a further year for 25/26 with expressions of interest out to Torbay and Exeter areas to look to provide a more equitable offer across the county. **Optical: Limited Assurance** • Draft guidelines have been produced and been circulated to CIC professions, LAs, acute providers and Public Health for comments. **Emotional Health and Wellbeing: Limited Assurance** • A series of workshops across the ICS has commenced to address those CYP sit outside the parameters of emotional and mental health provision • An agreed SDQ (strengths and difficulties questionnaire) process has been commenced across Plymouth w/b 22nd April. The process is being reviewed across Devon and Torbay which will ensure a robust process and appropriate response to targeted support for individual's emotional health.
Safe Responsive Effective	**Prescriptions: Assurance** • Free prescriptions for care leavers launched on 1st April. • Data collection spreadsheet in development.
Safe Effective Caring Responsive	**CIC healthy weights pilot** • This has now been referred into pilot, with work commenced with young people. • Data collection has been developed to inform ongoing evaluation. • Links with Public Health have been established to roll out training for specialist nurses.
Safe Effective	**Apprenticeships for care leavers** • Meeting taken place between Spectra and Twenty Five Seven, contract holders for the ICS. • Links have been made with LAs to identify young people who wish to take up apprenticeships within the system.

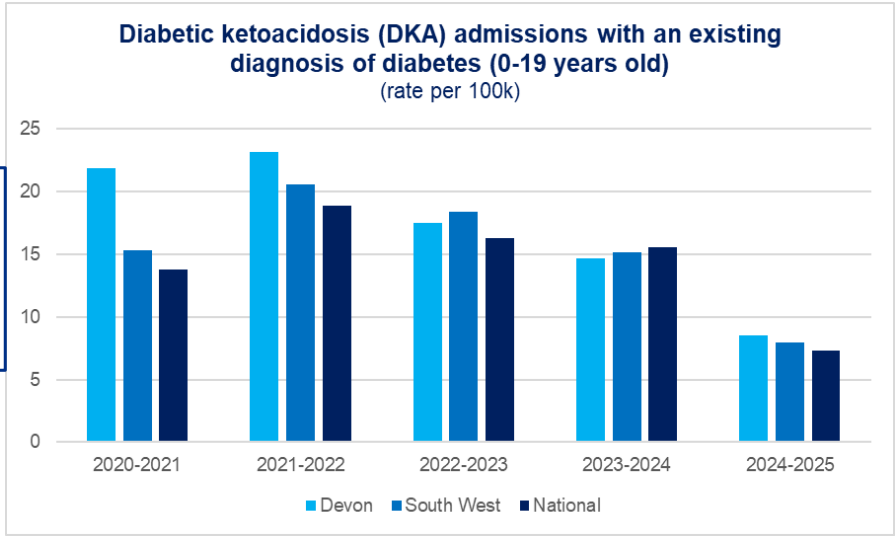
Children and Young People 5: Long term conditions

Quality and Performance

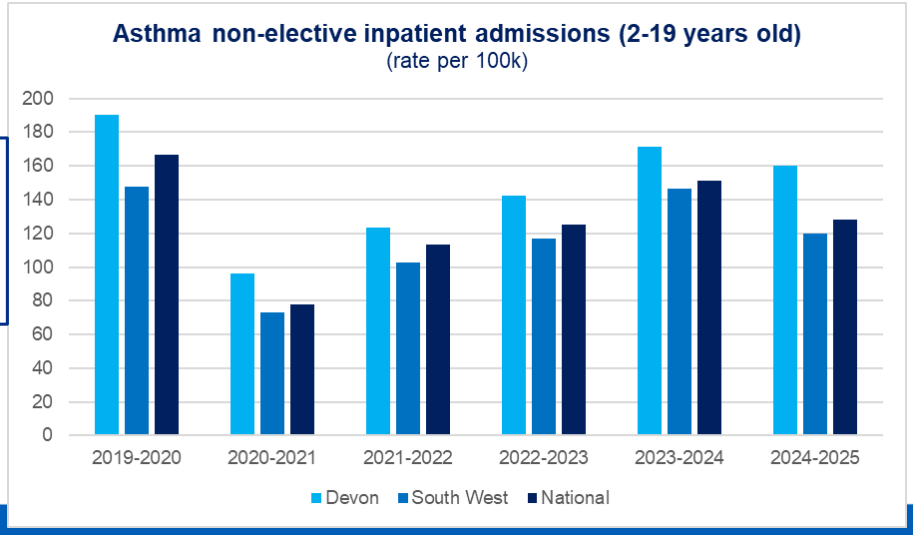
Asthma



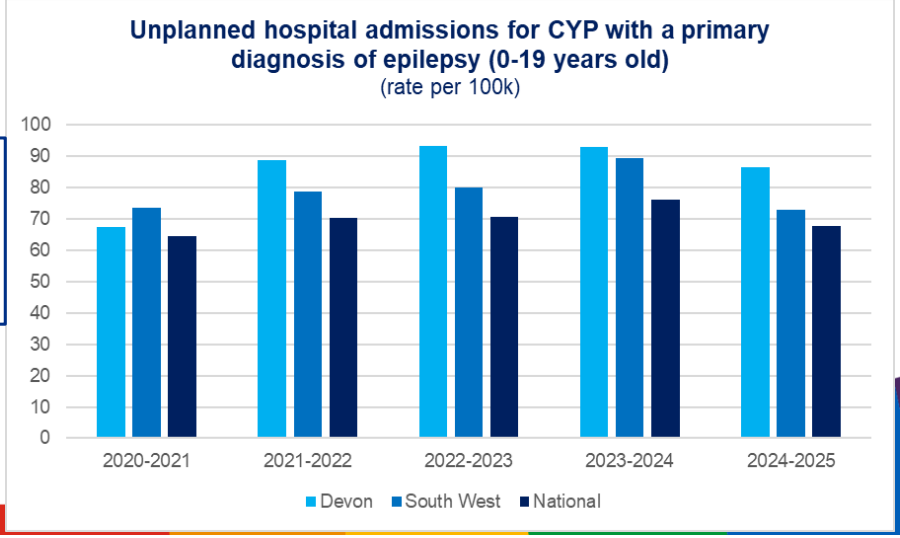
Diabetes



Asthma



Epilepsy



Children and Young People 6: Long term conditions

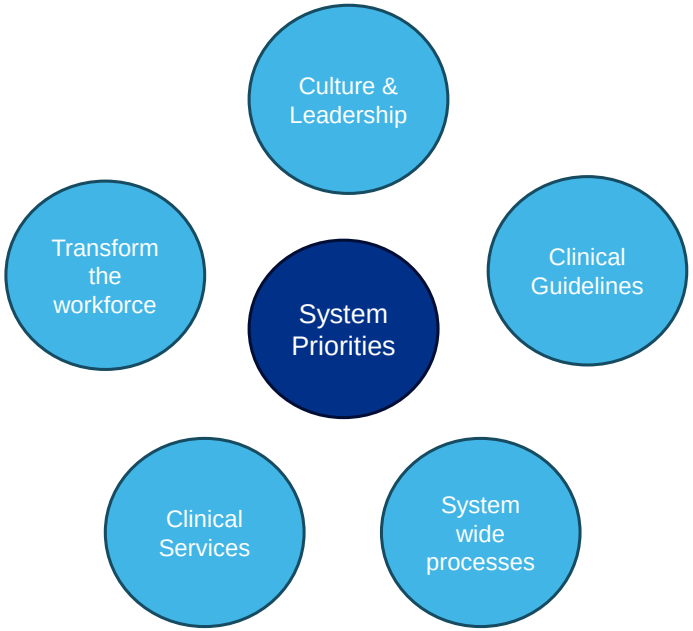
CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe Effective Responsive Well-Led	**Asthma: Limited assurance** Overall asthma action: To review asthma as a core condition within CYP neighbourhood health hubs through quality improvement within primary care, specialist input into management and potentially lead to further reduction ED attendances, admissions and over reliance on reliever medications. **Admissions:** Devon continues to be above the regional and national average for non-elective CYP asthma admissions, despite not returning to rates pre-pandemic, the gap between Devon and the SW is widening from 16.9% in 2023/24 to 33.4% in 2024/25. **Prescribing:** Within the NHSE CYP Transformation dashboard (age 2-19), Devon is ranked 5th from the bottom in overall prescribing performance of ICBs and outlines that 65% of CYP (11,386) with asthma are categorised as very high or high risk from their asthma (exacerbation, admission or avoidable harm from asthma.) The risk stratification searches available for primary care provide the option to case find these children and proactively improve quality of asthma care and prescribing, which would lead to improvements in attendances/admissions through early intervention and prevention. CYP avoidable asthma deaths have occurred in other ICBs who have similar prescribing performance and Devon therefore at risk of avoidable harm happening within our population. **ED attendances:** The data does not capture those with direct admission to paediatric assessment units. Devon has consistently been lower than SW and National averages since 2019 until 2023 which saw an increase. January 2023 was the start of the CYP Asthma pilot and from there on a significant reduction of attendances by the end of 2024. **CYP asthma training:** A key aim of the pilot was to increase uptake of national training across clinical roles, schools and other non-clinical roles. By Q4 of 2024/25 Devon had 3036 education staff trained (710 through practitioner & 2329 through NHSE platform) Which correlates with the above reduction in attendances seen in this past year. **Diagnostics:** CYP in Devon do not have equitable access to diagnostics (FeNO and Spirometry). Exeter Community Diagnostic Centre (CDC) is the only location currently providing the CYP asthma pathway and there is no provision within primary care for this. Based upon CYP receiving prescribed inhalers and known diagnosis rates, approximately 4650 CYP in Devon require testing to confirm or otherwise, a diagnosis of asthma.
Safe Effective Responsive	**Diabetes: Limited assurance** **Hybrid Closed Loop (HCL):** • By Q4 2024/25, 56% of CYP were on HCL, the highest in the SW and slightly above the national average. Devon achieved equity of access between the highest and lowest deprivation deciles, but inconsistencies remain between localities, requiring targeted intervention this year. • For 2025/26, priority groups remain unchanged, but investment has quadrupled to approximately £1.4 million, enabling Devon to offer HCL to remaining CYP, contingent on workforce availability.
Safe Effective Responsive	**Epilepsy: Limited assurance** **SW ODN reports:** Epilepsy Specialist Nurse (ESN): There is relatively equitable ratio of nurse-to-patient caseload within the ICB, however, this in comparison with other ICB regions there is marked inequity. Mental Health provision: No Trusts with Devon are utilising approved MH screening tools for CYP with epilepsy and whilst there is access to Psychology services, there is an identified need to strengthen the working relationships between the clinical teams and CAMHS to ensure the MH needs of these vulnerable CYP are being met. Transition: There is variation across the system with transition to adult care, with TSDFT and UHP having no clear transition pathway. RDUH provide nurse led transition clinics with adult teams.

Perinatal 1: Transformation

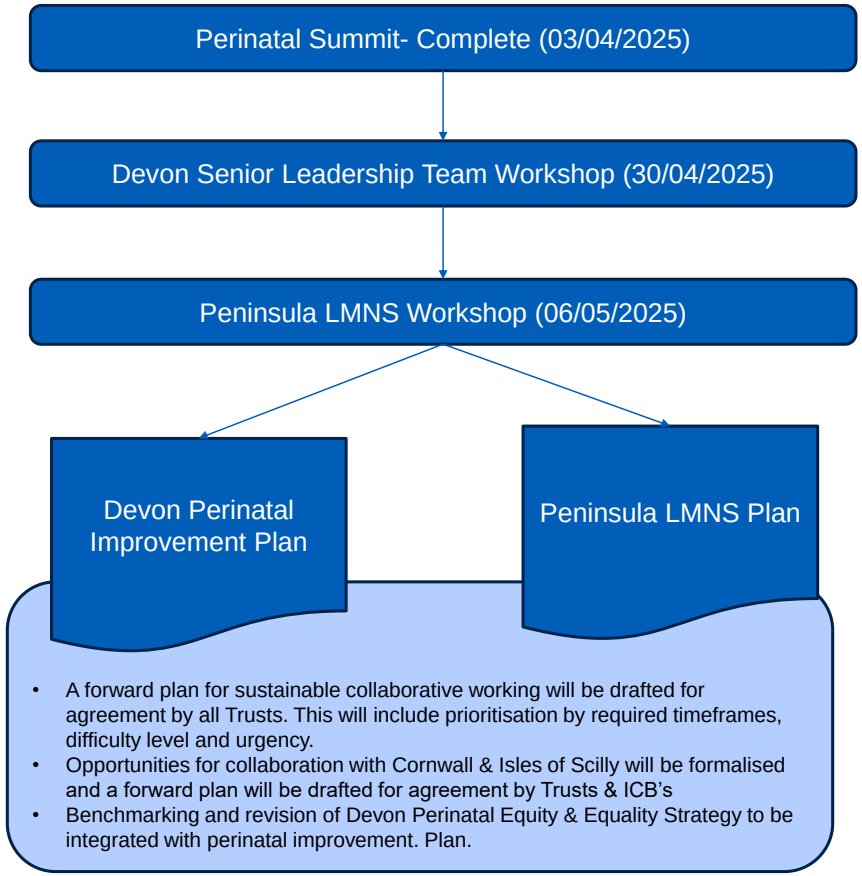
Schedule of Topics:
- Three Year Delivery Plan
- **Peninsula Acute Sustainability Programme**
- Equity & Equality
- **Peninsula LMNS**

Perinatal Summit (03/04/2025)

- Collaborative workshop including directors of midwifery, obstetric & neonatal consultant & Trust chief nurses.
- Focus on Peninsula Acute Sustainability Programme, perinatal compliance, maternity safety support programme, priorities & governance.
- Priorities identified for planning in 2025/26 onwards



Next steps



- A forward plan for sustainable collaborative working will be drafted for agreement by all Trusts. This will include prioritisation by required timeframes, difficulty level and urgency.
- Opportunities for collaboration with Cornwall & Isles of Scilly will be formalised and a forward plan will be drafted for agreement by Trusts & ICB's
- Benchmarking and revision of Devon Perinatal Equity & Equality Strategy to be integrated with perinatal improvement. Plan.

Perinatal 2: Quality & Safety

Schedule of Topics:
- **Saving Babies Lives & CNST**
- **Perinatal Quality Surveillance Model**
- National Publications

Clinical Negligence Scheme (CNST) for Trusts: Final Status

- **University Hospitals Plymouth**
  - Full Compliance
- **Torbay & South Devon Foundation Trust**
  - Partial Compliance (8/10)
    - Appropriate actions have been taken within the Trust to address.
- **Royal Devon University Hospitals**
  - Full compliance

Perinatal quality surveillance model

- A revised perinatal quality surveillance model has been devised nationally and publication is awaited. This is delayed from September 2024 and is anticipated in autumn 2025.
- All Trusts in Devon are compliant with the current (2020) model, evidenced through compliance with CNST safety action 9.
- NHS Devon have 1 outstanding action- development of a system wide quality dashboard.
  - Previous actions/ mitigations unsuccessful
  - Revised mitigation plan to produce a manual system dashboard from existing Trust dashboards to support oversight
  - Development of problem statement outlining issues with BI & data quality and resource.

Maternity 1: Perinatal Services:

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe	**Saving Babies Lives** Quarter 4 review of Quarter 3 evidence is completed in all Trusts (Compliant with CNST safety action 6) Revised Saving Babies Lives guidance anticipated. Recommendations from internal audit are in development for launch in Q1 (System wide audit template & action plan) **Mortality review (pending)** Review of perinatal & maternal mortality 2019-present to identifies themes aligned to vulnerability, social complexity and comorbidities
Effective	Development of system wide maternity & neonatal improvement plan drawing on recommendations & options from perinatal summit. Benchmarking review of Devon Perinatal Equity & Equality strategy • Data review complete • Internal action review underway • Trust action review pending
Responsive Caring	**Procurement of enhanced Maternity & Neonatal Voices Partnership (MNVP)** New staff started in post May 2025. Development of collaborative workplan to ensure compliance agenda is met whilst doing the right thing for women, birthing people & families in Devon.

IPP & Section 117 1: Explanation of ICB Functions

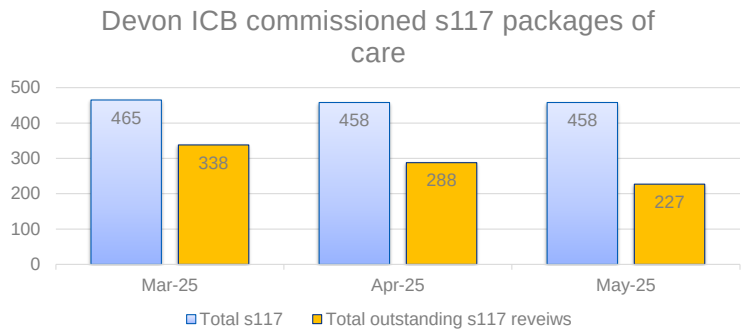
NHS Devon S117 arrangements

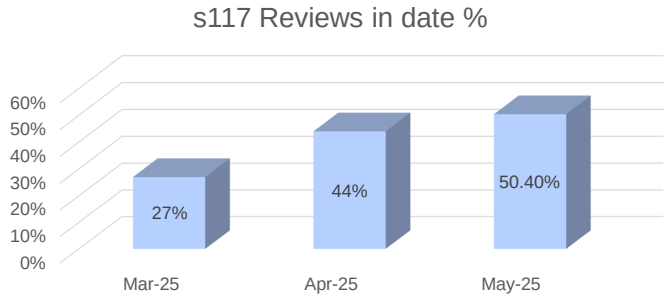
- Each Local Authority and NHS providers have different funding arrangements for various cohorts. Overall, there are five different processes.
- There are some situations where the Responsible Commissioner for Health and the Social Care Ordinary Residency do not match the arrangements. Some cases are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

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

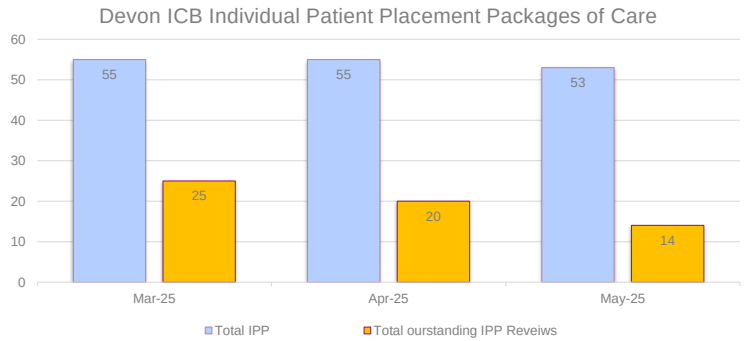
- The responsibility of s117 reviews and case management falls to either DPT or Livewell with the relevant Local Authority (Devon County Council, Plymouth City Council and Torbay Council).

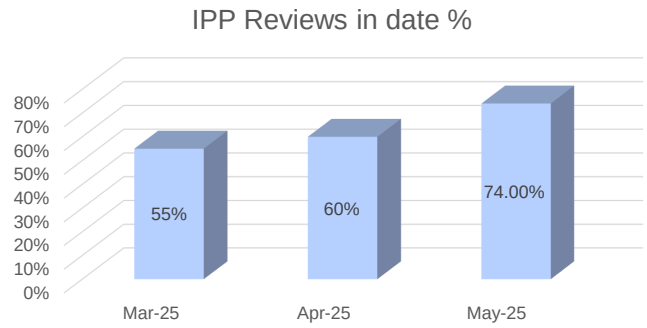
IPP & S117 2: Data





There has been an increase in the percentage of Devon ICB s117 reviews in date. Currently at 50.4% previously 44%, prior to that 27% (improvement of 23.6%)





There has been an increase in the percentage of Devon ICB IPP Reviews in date. Currently at 74%, previously 60%, prior to that 55% (improvement of 24%)

IPP & S117 3: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Effective	• Audit report received- Management responses to recommendations arising from Limited Assurance reports require approval by the NHS Devon Executive. Previous reported quality assurance work has been added to a joint audit improvement action plan. • Devon system wide S117 increasing (due to an increase in those detained under the Mental Health Act (MHA) and made eligible. • Positively, since the implementation of the ICB Task & Finish Group, Devon ICB s117 packages of care have reduced slightly and there had been an increase of s117 reviews, this is a direct result of data cleansing. • The Task & Finish Group has positively addressed the majority of issues raised through the internal audit and a closure report is being prepared	The report and proposed responses to the recommendations was presented, together with an additional assurance paper, to the NHS Devon Executive meeting on 5 November 2024 and the Audit Committee in January 2025. The ICB initiated a detailed action plan to respond to issues identified via a focussed Task & Finish Group . Additionally, the ICB main stakeholder for delegated S117 has made positive progress on their work plan to address s117 governance and delivery
Effective continued	Out of date s117 reviews - . Head of IPP & S117 meetings with Service Managers at DPT & Livewell to discuss outstanding s117 reviews to understand specific cohort numbers and data reporting. A Devon ICB led System S117 Symposiumwas held on 27 May 2025 to present s117 maturity matrix Devon wide. It is designed to enable local systems to identify areas that might need further operational, strategic, commissioning, and financial development, and agree actions to initiate improvement for people subject to this legal entitlement. [Available At: Discharge from mental health inpatient settings - GOV.UK GOV.UK - 2025]	

Learning Disabilities & Autism 1: Data

NHS Inpatient Admissions: Long Term Plan and NHSE Operational Priorities aim to decrease dependence on inpatient care (while enhancing its quality) to ensure that by March 2024, there are no more than 30 adults with a learning disability and/or autism per million adults, and no more than 1,215 individuals under 18 with a learning disability and/or autism per million under 18s receiving care in an inpatient unit. Below is a table detailing the status of inpatient admissions in Devon:

Inpatients	DCC	Torbay	PCC	OOA	In Region	Total
ICB Commissioned Target Discharged Transfer SW Collaborative	13	6	4 1	10	13	23 **20**
Southwest Collaborative Target Discharged Transferred ICB Commissioned	8	2	3	6	7	13 **8**
Devon Adult LDAP Total **Devon Adult LDAP Target**						**36** **34**
CAMHS Tier 4 Children Discharge	1		3	2	2	4
Devon CYP LDAP Total **Devon CYP LDAP Target**						**4** **5**
Admissions ICB SW Collaborative CAMHS Tier 4 Children	 0 0 0	 1 0 0	 0 0 0	 0 0 0	 0 0 0	 1 0 0

CTRs/CETR's*	
Planned/completed – CTR / CETRs	**4**
Compliance – Adults ICB Compliance - Adults SWPC Compliance – Children (Community) Compliance – Children (SWPC)	100% 100% 100% 100%

**CTR are Community Treatment and Rehabilitation Teams providing community-based services for mental health, while CETR, or Community Eating Disorder Treatment and Recovery Services, offer specialised programs for individuals with eating disorders.*

The below table demonstrates the LDAN cohort commissioning accountability across Devon. When the transforming care programme was established in 2015 the majority of those with LD & A were commissioned by Devon ICB, there is now an increase of people with LD&A admitted to acute Mental Health wards with responsible adjustments (preventing out of area hospitals) and an increase of patients with a primary diagnosis of Mental health disorder and secondary diagnosis of Autism.

Devon ICB IPP	DPT IPP (18 – 65 MH)	Torbay IPP	Livewell IPP	DPT acute MH	Livewell acute MH	ASU (DPT)
6	4	3	1	4	3	3

Learning Disabilities & Autism 2: Data (LeDeR)

Update on reviews completed/outstanding/sign-off. Latest Process with Reviews for month ending 31/05/2025

Status	Total (last month)	Autism	Learning Disability	Change	Comments
Awaiting allocation	53 (54)	3	50	↓	Reviews now being undertaken by multiple Reviewers and Senior reviewer.
In progress	18 (18)	1	17	-	
On Hold (pending external investigation)	13 (13)	1	12	-	Pending external investigation ie Coroner
Pending Quality Review	5 (4)	0	5	↑	Initial (1), Focused (4)
TOTAL	**86***	5	81	↓	***Three-month reporting average at **7** per month.

- Reviews waiting for allocation fell slightly from 54 to 53
- 18 cases remain in progress, showing stable workload
- 13 reviews are still on hold, waiting for external investigation outcomes
- Reviews needing quality review increased from 4 to 5
- Total reviews reduced from 89 to 86, showing a small decrease
- However, new reports continue to exceed completions, so the backlog remains
- The three-month average completion rate stays at seven per month

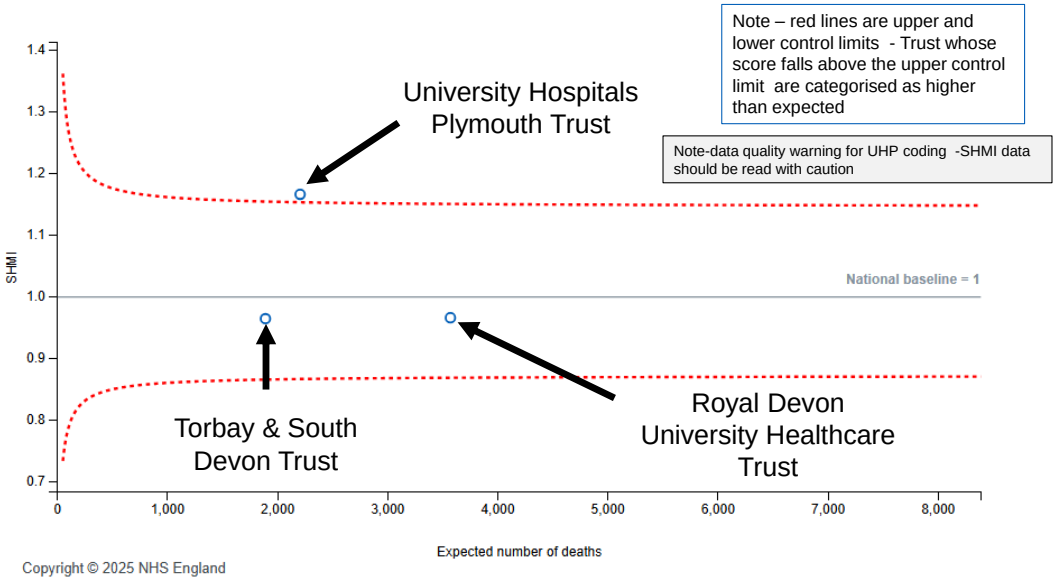
LeDeR Areas of Concern (Apr-Jun 2025)
Themes from initial reviews by locality:

- **Eastern & Northern:** System processes, support services, care planning, workforce competence
- **Western:** Clinical risk, multidisciplinary coordination, end-of-life care
- **Torbay & Southern:** Legal compliance, specialist access

Good Practice being collated for distribution

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

SHMI National Comparison, January 2024 to December 2024 : Devon Trusts



- Work is on-going with UHP to develop understanding, improvement in coding and practice.
- Actions shared include deep dives, a UHP mortality app being rolled out across Care Groups and cross referencing with Medical Examiner data when coding is considered the main reason for SHMI ratings.
- UHP report on findings through their Trust Morbidity and Mortality Group which the ICB attends.
- The System group reports directly to the Regional Group, attended by the ICB CMO.
- A Deep Dive into Cerebral Vascular Disease is planned for Q3 by the System Group, informed by data supplied by the Regional Public Health Team (presented to partners at the group in May 25).

Source: Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, January 2024 - December 2024 - NHS England Digital

Mortality. Narrative/ Assurance Information:

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe Effective Well-Led	**The Summary Hospital-level Mortality Indicator (SHMI) :** 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. Equation: Actual deaths / expected deaths x 100 = SHMI [Note - Covid patients excluded from SHMI] It should be noted that both definitions are heavily dependent on calculating the 'expected' number of deaths in any given hospital. The 'expected' number of deaths is calculated at a patient level based upon a range of risk factors such as their age, what they were admitted for and whether they have any relevant comorbidities etc. It is this part that is susceptible to recording issues. The level and recording of comorbidities are often termed 'coding depth'. These can sometimes be viewed as less significant when recording hospital spell activity especially if coding capacity is limited. Reduced coding depth can then understate the patient's risk of death when admitted with a net result of increasing the apparent mortality rate. The quality of the coding at hospital level should be understood as part of the mortality reporting process to avoid over-interpretation of the data. When comparing provider activity this report will generally focus on the SHMI using a rolling 12 months to smooth out any variation. As the number of deaths reflect a seasonal pattern a 12-month rolling average will encompass the whole annual cycle. Deprivation: ICB work is on-going to reflect the impact of health inequalities within the data report and was presented in May 25 to the System Group.

ICB Quality Improvement 1: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe Effective Responsive Well-Led	**Workplan:** The Quality Improvement (QI) Hub formally launched in January 2025. With a renewed focus on QI, the team are progressing a workplan. There is progress including: • Development of a QI Resource Intranet page • Supporting ICB QI Projects • QI Capability Audit • Staff QI Comms • Staff Training • Joining the system QI Network (incl. presenting June 2025) **Training:** • 12 staff are QI trained • 12 staff are currently progressing or planning to attend the QSIR course • 2 of the QI Hub team have been successful in passing the QSIR Associate Training in Q4 in order to deliver in-house QI training.

NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of meeting	Date of committee covered in this report
31 July 2025	12 June 2025

Chair	
Name and title:	Salma Ali, Independent Non-Executive Member (in the Chair until Item 4.1) Thandiwe Hara, Independent Non-Executive Member (in the Chair from Item 4.1 onwards)

Board Assurance Framework (BAF) updates or escalation
The Committee **took assurance** from the current content of the BAF, **commented** on the adequacy and effectiveness of the controls and assurances identified and **noted** the approach to the BAF for the first six months of the 2025/26 financial year, that being to continue to align the BAF risks to the six themes within the NHS Oversight Framework.

Risk register review updates/escalation
None

Deep Dives
N/A

Reports received, discussed, and noted

The **Patient Choice** report gave a detailed overview of the patient choice process across the Devon system. Further clarification was requested on the interaction between patient choice and contract management for the 2025/26 year and whether it aligned with the content of the Operational Plan. It was agreed that this went beyond scope of discussion in this meeting and thus should be brought back at a future committee meeting. The Committee took limited assurance on the process.

The Committee took satisfactory assurance from the information provided regarding **Equality Quality Impact Assessments (EQIAs)**having noted the advancements made with regarding the leadership and the training which had bee delivered to over 200 staff at NHS Devon.

The **2025/26 Operational Plan follow up – EQIAs** report provided satisfactory assurance in respect of EQIAs prior to the approval of the 2025/26 Operational Plan. The Committee was of the view that EQIAs would be an appropriate issue for a joint committee review for the Quality and Patient Experience Committee and the Finance and Performance Committee.

The Committee took satisfactory assurance from the progress made in developing the **Delivery Management** process for the Operational Plan which included the establishment of the Tactical and Strategic Cells which would go live on 16 June 2025. The Committee noted the current level of risk in Operational Plan delivery ahead of the process go live and that mitigating actions would not be fully available until the process was operational. The Committee also noted the NHS Devon Executive's decision to stand down any potentially duplicative Data dashboards, system or NHS Devon groups or additional processes or procedures to create a single version and source of reference.

The Committee took assurance from the **System Quality Group Report** regarding NHS Devon fulfilling the mandate to lead and facilitate system level quality assurance and improvement; noting that this report was submitted to NHSE Regional Quality Group.

The **Regulatory Issues Update** provided satisfactory assurance that NHS Devon is suitably engaged with regulatory activity in Health and Social Care services with Devon.

The Assistant Director of Nursing / Compliance for Royal Devon University Healthcare NHS Foundation Trust (RDUH) delivered a presentation in respect of RDUH's **Implementation of the Patient Safety Incident Response Framework** and shared their learning which was noted by the Committee.

The Committee reviewed the **Quality Management Handbook** which detailed the framework NHS Devon will use to deliver its statutory duty for quality, including quality improvement and quality assurance. The Committee took satisfactory assurance from the Handbook and noted further amendments will be required as new information is published nationally.

The **Annual Safeguarding Report 2024/25** was deferred to the next Committee meeting to allow sufficient time to review the updated report, which contained further information on the lead safeguarding partnership arrangements and the delegated safeguarding partnership arrangements.

An **Update on the 2025/26 Annual Plan** was provided to describe the approach and action taken to review the Annual Plan and the next steps to follow. The Committee took satisfactory assurance from the process and approach described, including the proposed approach to the Population Health Management review. The Committee also noted the timeline, next steps and the Annual Plan Assurance Report template for future reporting.

Committee decisions

The Committee agreed the overall assurance level relating to the **Quality Report** position of the One Devon Integrated Care System (ICS) of satisfactory and agreed that adequate plans are in place to mitigate the quality risks and support improvement subject to the receipt of follow up.

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

The Committee agreed that the NHS Devon Board should consider the 2025/26 Operational Plan follow up – EQIAs report and supporting EQIAs as a good candidate for a joint committee between Finance and Performance Committee and Quality and Patient Experience. An informal workshop style meeting was suggested, to propose key lines of enquiries and the outcomes of which would be presented to both committees.

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

Finance Report Month 02 2025/26

Date of meeting	Date report produced
31 July 2025	7 July 2025

Author(s)		Report approved by	
Name and title:	Suzanne Pollard Head of Finance - System	**Name and title:**	Kirsty Denwood Interim Chief Finance Officer
Phone:		**Date:**	21 July 2025
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
The presentation of the One Devon Integrated Care System's (ICSs) Finance Report seeks to provide the necessary assurance on the financial position relating to the ICS financial plan for the year ending 31 March 2026. The report details the ICS financial position for the period ended 31 May 2025 against the finance plan submitted for the financial year 2025/26 on the 30 April 2025. Through the newly established Delivery Tactical and Strategic Cells, the actions in respect of red and amber issues highlighted through the performance framework were reviewed with each provider. Escalations were taken through the Senior

One Devon

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

Leadership Team and are being followed up in face-to-face meetings between Chief Finance Officers (CFOs).

The assurance ratings in this report are based on the reported outturn positions and are as follows:

Section	ICS Assurance	Trend from previous month	ICB Assurance	Trend from previous month
Overall assurance	**Limited**	**No change**	**Limited**	**Not applicable**
Financial performance	Satisfactory	No change	Satisfactory	Not applicable
Savings and efficiencies	Limited	No change	Satisfactory	Not applicable
Financial risks	Limited	No assessment in M01	Limited	Not applicable
Workforce	Limited	No change	Not applicable	Not applicable

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

NHS Devon Executive - 03 June 2025
Finance and Performance Committee – 10 July 2025

Key recommendations and actions requested

TAKE LIMITED ASSURANCE relating to the financial position of the One Devon Integrated Care System and NHS Devon as at Month 2 2025/26.

Impact on NHS Devon Objectives

Objective	Impact
Improve Population Health	
Improve Services and Reduce Unwarranted Variation	
Make More Efficient Use of Our Resources	Financial plan delivery
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

Finance Report Month 2 2025/26

Background

1. On 30 April 2025 the One Devon Integrated Care System (ICS) submitted a breakeven plan to NHS England (NHSE) which included £53.8m of deficit support funding (DSF) and a further £10.0m of regional support. Within the overall plan of breakeven, Torbay and South Devon NHS Foundation Trust (TSD) have a plan of £8.0m deficit and NHS Devon have a plan for £8.0m surplus.

2. The plan included £255.8m efficiencies which is 7.8% of NHS Devon allocation. £13.9m (5%) efficiencies were unidentified at the time of submission.

3. Gross risks of £164.0m (of which £92.2m related to efficiencies) and £56.5m mitigations were identified at the planning stage resulting in a net risk of £107.5m.

Financial Position

4. As at Month 2 the system has reported a Year to Date (YTD) deficit of £16.0m against the planned YTD deficit of £7.6m, an adverse variance of £8.4m.

Organisation	Year to date			Forecast		
	Plan surplus / (deficit) £000	Actual surplus / (deficit) £000	Variance favourable / (adverse) £000	Plan for the year surplus / (deficit) £000	Forecast surplus / (deficit) £000	Variance favourable / (adverse) £000
Devon ICB	1,332	6,074	4,742	7,989	7,989	0
Devon Partnership NHST	159	159	0	0	0	0
Royal Devon University Healthcare NHS FT	(2,826)	(7,078)	(4,252)	0	0	0
Torbay and South Devon NHS FT	(4,289)	(9,375)	(5,086)	(7,989)	(7,989)	0
University Hospitals Plymouth NHST	(1,961)	(5,791)	(3,830)	(0)	0	0
Total	**(7,585)**	**(16,011)**	**(8,426)**	**(0)**	**0**	**0**

5. The adverse position is a consequence of the NHSE withholding deficit support funding (DSF) for the One Devon Integrated Care System (ICS) for the first two months of the year (£8.97m). This impacts on TSD and University Hospitals Plymouth NHS Trust (UHP), both of which would otherwise be reporting a position in line with the year-to-date plan.

6. Royal Devon University Healthcare NHS Foundation Trust (RDUH) is reporting an adverse variance of £4.3m (M01 £2.0m adverse) against plan, due to delays in delivering the planned phasing of savings at the start of the year. The Trust has reviewed its efficiency programme and updated the phasing of the expected delivery of efficiencies for local monitoring. The plan submitted to NHSE cannot be changed, however the Trust is £1.2m behind its rephased internal plan as at Month 2.

7. NHS Devon is reporting a £4.7m favourable variance against plan year-to-date. This results from earlier than planned recognition of efficiency savings.

8. All organisations in the One Devon ICS are forecasting delivery of the net plan position for the year, resulting in a balanced financial outturn for the ICS for the year.

9. Based on the above reported position, the assurance on the financial performace is considered **satisfactory** by both NHS Devon and the One Devon ICS.

Deficit Support Funding

10. The financial plans submitted to NHSE for 2025/26 include receipt of deficit support funding (DSF) of £53.8m, allocated to TSD (£30.8m) and UHP (£23.0m) in equal twelfths across the year.

11. There is a requirement for the system to deliver its plan in order to be eligible for the DSF. Since the One Devon ICS was off plan in the first month of the year and there are recognised risks to delivery of the plan, NHSE has withheld payment of the DSF for quarter 1. DSF has therefore not been recognised in the year to date position resulting in a shortfall of £8.97m.

12. The One Devon ICS is reporting a balanced position for Month 2, excluding the impact of the withheld DSF. This should secure receipt of Q1 and Q2 DSF in full and Q1 allocation has been received by Devon ICB in July.

13. In agreement with NHSE, providers have assumed continued access to the full allocations in their forecast. Where there have been delivery concerns and quarterly release of deficit support funding has not happened there will be the option of a catch-up payment where assurance is provided of plan delivery at a later date.

Efficiencies

14. Due to the risk status of the financial plan across Devon and the essential need for the One Devon ICS to achieve a challenging efficiency plan in total in 2025/26, NHSE has completed deep dive “audit reviews” of the efficiency plans of TSD, RDUH and UHP during May, June and July. A similar review is expected for NHS Devon. NHS Devon plans to complete a review in the same format at Devon Partnership NHS Trust (DPT).

15. NHSE has introduced monitoring of weekly updates on the progress of development of the efficiency programmes at each organisation. This is to assure NHSE that there is sufficient progress on the programme to enable the planned in year delivery of savings.

16. At Month 2 the One Devon ICS has reported £21.9m efficiency achievement against a plan of £26.8m which is a shortfall of £5.0m.

Organisation	Year to date			Full year
	Plan CIP total £000	achieved £000	Variance fav / (adv) £000	Plan £000
Devon ICB	2,714	7,457	4,743	55,782
Devon Partnership NHST	3,118	2,042	(1,076)	21,459
Royal Devon University Healthcare NHS FT	8,398	2,968	(5,430)	68,750
Torbay and South Devon NHS FT	3,461	3,686	225	41,538
University Hospitals Plymouth NHST	9,131	5,698	(3,433)	68,296
Total	**26,822**	**21,851**	**(4,971)**	**255,825**

17. The shortfall on the RDUH efficiency programme is mostly due to the rephasing of the plan, although there is still a shortfall of £1.2m against the rephased plan.

18. The shortfalls at UHP and DPT are also related to the profiling of schemes in the early part of the year. For all three providers with the continued variance to plan for delivery of efficiencies this has triggered red and amber scores in the financial assurance framework. These have resulted in escalation, and NHS Devon has sought assurance of actions and timescales for recovery, with follow up CFO meetings.

19. NHS Devon has identified efficiency savings that have been achieved earlier than indicated in submitted plans of £4.7m.

20. All organisations are forecasting that the efficiency plans will be delivered in full. The forecast for UHP indicates a shortfall in planned recurrent efficiency savings of £10.7m, which will impact on the underlying financial position into 2026/27.

Efficiency delivery 2025/26	Year to date			Forecast		
	Plan CIP delivery £000	Actual CIP delivery £000	Variance benefit / (adverse) £000	Plan for the year £000	Forecast £000	Variance benefit / (adverse) £000
Recurrent efficiencies	17,768	11,226	(6,542)	173,180	162,125	(11,055)
Non-recurrent efficiencies	9,053	10,625	1,572	82,645	93,700	11,055
Total	**26,821**	**21,851**	**(4,970)**	**255,825**	**255,825**	**0**
Recurrent %	66.2%	51.4%		67.7%	63.4%	
Non-recurrent %	33.8%	48.6%		32.3%	36.6%	

Efficiency risk

21. At the point of plan submission, the One Devon ICS indicated that £106.8m (42%) of efficiency schemes by value were high risk of incomplete delivery. In Month 2, the forecast position has improved to 28% (M01 35%).

Organisation	Low risk Fcst £000	Medium risk Fcst £000	High risk Fcst £000	Total value Fcst £000	High risk Fcst %
Devon ICB	7,126	30,968	17,688	55,782	32%
Devon Partnership NHST	11,093	5,731	4,635	21,459	22%
Royal Devon University Healthcare NHS FT	23,797	23,072	21,881	68,750	32%
Torbay and South Devon NHS FT	18,800	10,079	12,659	41,538	30%
University Hospitals Plymouth NHST	34,288	18,479	15,530	68,297	23%
Total	**95,104**	**88,329**	**72,393**	**255,826**	
Percent of total	37%	35%	28%	100%	

22. Based on the above there is **limited assurance** that the One Devon ICS will achieve the full value of the efficiency requirement in 2025/26. There is **satisfactory assurance** that NHS Devon will achieve the full efficiency target. Trusts need to focus on developing the maturity of schemes and identifying further savings opportunities to offset schemes that might not deliver in full; to reduce the overall risk profile of the efficiency programme.

23. Proposed mitigations:
    - CFOs to provide recovery actions and timescales required for all red and amber performance framework scores
    - Trusts will be expected to reduce unidentified efficiences to zero by the end of Month 4 and show progress in improved scheme maturity each month.

24. The system financial risk management framework, see section 9, will give improved visibility to the progress of the key risk points at each organisation.

Risks and mitigations

25. The table below shows the risks and mitigations as at Month 2.

Risk	DPT £'000	RDUH £'000	TSD £'000	UHP £'000	ICB £'000	Total £'000
Additional cost risk (capacity, pressures, winter, COVID)	(3,559)	(1,300)	(8,600)	(16,000)	(3,000)	(32,459)
Additional cost risk (inflation)	0	(1,500)	0	(800)	(500)	(2,800)
Efficiency risk	(5,160)	(34,000)	(12,518)	(26,600)	(15,018)	(93,296)
Income risk	0	(10,000)	(911)	0	0	(10,911)
Contract risk	0	0	0	0	(1,000)	(1,000)
Prescribing / CHC	0	0	0	0	(2,500)	(2,500)
Total Risks	**(8,719)**	**(46,800)**	**(22,029)**	**(43,400)**	**(22,018)**	**(142,966)**
Mitigation						
Additional cost control or income	4,814	7,800	0	0	0	12,614
Efficiency mitigation	1,500	34,000	0	7,500	4,500	47,500
Non-recurrent mitigation	0	5,000	11,004	0	5,500	21,504
Transformational / Pathway changes	0	0	0	0	0	0
Total Mitigations	**6,314**	**46,800**	**11,004**	**7,500**	**10,000**	**81,618**
Net risk at month 2	**(2,405)**	**0**	**(11,025)**	**(35,900)**	**(12,018)**	**(61,348)**
Net risk at plan	**(2,405)**	**(40,496)**	**(11,025)**	**(41,600)**	**(12,018)**	**(107,544)**
Difference (Increase) / Decrease	0	40,496	0	5,700	0	46,196

26. As at Month 2, gross risks of £143.0m have been identified along with mitigations of £81.6m resulting in a net risk of £61.3m against delivery of the plan. Net risks have reduced by £46.2m since the plan was developed, the main reduction is at RDUH (£40.5m reduction). This reduction is due to a strong and continued focus on the efficiency programme where the organisation has been able to test the efficiency risk both internally and via the recent NHSE review and are confident in the risks and mitigations required.

27. Based on the above there is **limited assurance** that the risks for NHS Devon and for the One Devon ICS will be mitigated sufficiently to deliver the financial plan.

Workforce

28. The trusts in the One Devon ICS are reporting a net overspend on pay against plan year-to-date of £5.6m in Month 2 (M01 £3.1m adverse). The reported workforce numbers are 37 whole time equivalents (wte) under plan.

29. RDUH reports a £4.2m overspend against plan year-to-date at month 2. Of this, £1.3m is the result of the delayed implementation of the Trust's efficiency programme. The balance of the overspent position of £2.9m is due to a combination of delivery of new funded activity (£1.7m) and the impact of bank holidays on bank and agency staff expenditure (£1.2m).

30. UHP reports a £1.6m overspend against plan, due mainly to slippage in the efficiency programme.

Organisation	Class	Year to date (excl capitalised)			WTE current month		
		Plan £000	Actual £000	Variance fav/(adv) £000	Plan wte	Actual wte (per PWR)	Variance fav/(adv)
Devon Partnership NHST	Substantive	33,067	33,140	(73)	3,632	3,619	13
	Bank	1,580	1,320	260	164	180	(16)
	Agency	1,392	1,220	172	116	105	11
		36,039	35,680	359	3,912	3,904	8
Royal Devon University Healthcare NHS FT	Substantive	119,590	121,834	(2,244)	12,181	12,277	(97)
	Bank	3,759	4,909	(1,150)	362	548	(186)
	Agency	1,155	1,984	(829)	288	137	150
		124,504	128,727	(4,223)	12,830	12,962	(132)
Torbay and South Devon NHS FT	Substantive	58,632	58,735	(103)	6,292	6,196	97
	Bank	3,261	3,419	(158)	312	311	1
	Agency	1,209	1,077	132	63	83	(21)
		63,102	63,231	(129)	6,667	6,590	77
University Hospitals Plymouth NHST	Substantive	100,048	101,760	(1,712)	10,348	10,309	39
	Bank	4,935	5,106	(171)	469	430	39
	Agency	661	392	269	22	17	5
		105,644	107,258	(1,614)	10,839	10,755	84
Total by class	**Substantive**	**311,337**	**315,469**	**(4,132)**	**32,453**	**32,400**	**52**
	Bank	**13,535**	**14,754**	**(1,219)**	**1,307**	**1,468**	**(162)**
	Agency	**4,417**	**4,673**	**(256)**	**488**	**343**	**146**
Total		**329,289**	**334,896**	**(5,607)**	**34,248**	**34,211**	**37**

31. Bank and agency expenditure is £1.5m adverse to plan and forecast to deliver under plan for the year. The forecasts indicate that the One Devon ICS will manage bank and agency staffing costs within the expenditure ceiling set by NHSE for both elements.

Trust	YTD plan £000	YTD actual £000	YTD variance £000	Full year plan £000	Forecast £000	Full year variance £000
Agency						
Devon Partnership NHST	1,392	1,220	172	6,104	6,105	(1)
Royal Devon University Healthcare NHS FT	1,155	1,984	(829)	9,657	9,657	0
Torbay And South Devon NHS FT	1,208	1,077	131	7,104	7,104	0
University Hospitals Plymouth NHST	661	394	267	3,496	3,496	0
Total	**4,416**	**4,675**	**(259)**	**26,361**	**26,362**	**(1)**
Ceiling and forecast expenditure %				**26,568**	**99.2%**	
Bank						
Devon Partnership NHST	1,580	1,320	260	9,475	8,923	552
Royal Devon University Healthcare NHS FT	3,759	4,909	(1,150)	25,436	25,436	0
Torbay And South Devon NHS FT	3,261	3,419	(158)	19,042	19,042	0
University Hospitals Plymouth NHST	4,935	5,096	(161)	25,748	25,748	0
Total	**13,535**	**14,744**	**(1,209)**	**79,701**	**79,149**	**552**
Ceiling and forecast expenditure %				**82,966**	**95.4%**	

32. The Board can take **limited assurance** that the workforce controls and priority areas will deliver the workforce cost and WTE reductions.

Cash

33. The system cash position at the end of Month 2 is £5.8m favourable to plan. The indicator of the cash facility to cover operating expenditure shows that TSD and RDUH have limited flexibility in the availability of cash to address expenditure obligations.

Cash balances at end of Month 2

Cash balance	DPT £m	RDUH £m	TSD £m	UHP £m	Total £m
Planned balance	62.95	2.29	2.79	41.09	**109.11**
Actual balance	58.75	2.76	2.31	51.13	**114.95**
Variance (fav / (adv))	(4.19)	0.48	(0.48)	10.04	**5.84**
Operating expenditure days facility	54.65	0.87	1.15	18.49	

34. Cash relating to DSF was paid in both April and May. NHSE's instruction to withhold DSF cash in June resulted in the ICB both withholding June's payment, but also clawing back the cash already paid for April and May. As a result of this, both providers have had to mitigate the reduced cash holding by profiling and extending suppliers payment terms. The cash for quarter 1, along with the release of quarter 2, will be released if the One Devon ICS meets the conditions of no adverse variance to plan for Month 2 (apart from DSF) and NHSE is assured on the level of risk in the plan. An allocation of the quarter 1 DSF has been received by NHS Devon in July.

35. The One Devon ICS is maintaining a cash management plan for the system which sets out the actions to mitigate the loss of the DSF and seeks to ensure that each individual organisation continues to be able to meet its cash requirements. Trusts and NHS Devon are co-operating to identify mitigations to the increased cash risk.

Capital

System CDEL

36. At the planning stage, the One Devon ICS was notified of £104.2m system capital departmental expenditure limit (CDEL) and as per business rules, this would be subject to a revenue fair shares penalty due to the requirement of deficit support funding. The assumption was that this would be £5m as per 2024/25.

37. The remaining £99.2m was allocated to providers as per the table below. Since the planning stage, RDUH and UHP have been notified of additional urgent and emergency care (UEC) capital funds due to 2024/25 operational performance.

	Allocations			Planned expenditure				
	Allocated CDEL £m	Notified UEC £m	Allocated CDEL + UEC £m	Plan £m	Plan + UEC £m	Forecast £m	Variance to allocation £m	Variance to plan £m
Devon Partnership NHST	7.5		7.5	7.5	7.5	7.5	0.0	0.0
Royal Devon University Healthcare NHS FT	35.0	2.0	37.0	35.0	37.0	37.0	0.0	0.0
Torbay and South Devon NHS FT	20.4		20.4	19.6	19.6	20.4	0.0	(0.8)
University Hospitals Plymouth NHST	36.4	4.0	40.4	45.9	49.9	51.6	(11.2)	(1.7)
Total	**99.2**	**6.0**	**105.2**	**107.9**	**113.9**	**116.4**	**(11.2)**	**(2.5)**

38. TSD are forecasting more than their plan but to the limit of their allocated CDEL.

39. UHP are forecasting £1.7m more than their plan which relates to the sale of an asset that was part of the plan but not allowable in the forecast until the sale is completed. Also the original plan was higher than their allocation as this included the system's allowances for overprogramming (£4.9m) and a reduction in the capital penalty (£4.6m).

40. Since the planning stage, the revenue fair shares deduction to capital has been confirmed as £0.39m. After applying this and including the NHS Devon allocation of £2.6m, the allocation totals £112.4m, see the table below. The directors of finance are considering a range of options as to how the additional CDEL should be utilised.

41. The table below shows the system is forcasting £6.6m above its allocation. This is partly due to the asset sale not being in the forecast (£1.7m) as not yet sold and partly that the overprogramming (£4.9m) as part of planning has not yet been managed down to the allowable allocation.

System Capital Departmental Expenditure Limit (CDEL)	**Plan 2025/26 £m**	**Forecast £m**
Capital allocation	104.2	104.2
Revenue fair shares deduction	(0.4)	(0.4)
Operational UEC performance	0.0	6.0
ICB allocation	2.6	2.6
Total allocation	**106.4**	**112.4**
Forecast charge against allocation		119.0
Variance to allocation		(6.6)

Financial assurance

42. The One Devon ICS has introduced a new mechanism for monitoring and highlighting the system-wide position in relation to key indicators of the current and projected financial health of the One Devon ICS. The table below shows the financial risk management dashboard for Month 2, using an automated indicator of risk status (red, amber, green).

Dimension	Measure	DPT Month 2	RDU Month 2	TSD Month 2	UHP Month 2	ICB Month 2	ICS Month 2
CIP Delivery	CIP scheme identification - Percentage of CIP schemes unidentified	0%	1%	0%	9%	0%	2%
	CIP forecast risk rating - Percentage of CIP schemes assessed as high risk	22%	32%	30%	23%	17%	24%
	CIP profile - Percentage of efficiencies forecast to deliver in Q1 and Q2	45%	35%	33%	38%	37%	37%
	CIP delivery - Percentage delivery Variance YTD	35%	65%	-7%	38%	-44%	14%
	CIP forecast recurrent delivery - Variance (Plan v Forecast)	0%	1%	0%	19%	0%	5%
Revenue Plan Delivery	YTD Variance to plan (Excluding DSF Variance)	0%	2%	0%	0%	-1%	0%
	YTD Variance to plan (Including DSF Variance)	0%	2%	4%	2%	-1%	1%
	Forecast Variance to plan (Excluding DSF Variance)	0%	0%	0%	0%	0%	0%
	Forecast Variance to plan (Including DSF Variance)	0%	0%	0%	0%	0%	0%
	Recurrent Forecast Variance (Variance to ULP)	0%	0%	-1%	1%	0%	0%
Productivity	YTD Productivity metrics (compared to 2024-25)	N/A	N/A	N/A	N/A	N/A	N/A
Cash Management	Cash Support Requirement	None	None	Permanent	None	None	Permanent
Capital	YTD Capital Financing (Use of Cash Reserves)	0%	-96%	0%	0%	0%	-37%
	Forecast Capital Financing (Use of Cash Reserves)	-25%	-58%	-14%	0%	0%	-22%
	YTD Capital Allocation Variance to Plan	-55%	2%	-48%	1%	0%	-14%
	Forecast Capital Allocation Spend Variance to Capital Allocation Limit	0%	0%	0%	28%	0%	10%

43. Where organisations trigger as amber or red risk levels the process requires them to identify the causes of the increased risk level and the actions that are in progress to reduce the risk level. Standard framework process requires organisations to provide updates and assurances where they trigger and further actions required including peer review and challenge.

44. All organisations have been consulted on and agreed this approach. Organisations are aware of the need to provide information each month, on red and amber rated risk areas, to highlight the risks and to provide assurance that all financial risk management actions required have been completed, or are progressing at pace.

45. All organisations have also agreed that a second consecutive red rating on any dimension will prompt a requirement for submission of full documentation of the risk management actions to be considered at the following locality meetings.

Assurance and Recommendations

46. Based on the outturn positions as reported throughout the report, the assurance ratings are as follows:

Section	ICS Assurance	Trend from previous month	ICB Assurance	Trend from previous month
Overall assurance	**Limited**	**No change**	**Limited**	**Not applicable**
Financial performance	Satisfactory	No change	Satisfactory	Not applicable
Savings and efficiencies	Limited	No change	Satisfactory	Not applicable
Financial risks	Limited	No assessment in M01	Limited	Not applicable
Workforce	Limited	No change	Not applicable	Not applicable

47. The Board is requested to **TAKE LIMITED ASSURANCE** relating to the financial position of the One Devon Integrated Care System and NHS Devon as at Month 2 2025/26.

NHS Devon Integrated Care Board

Committee Chair's Report – Finance and Performance Committee

Date of Meeting	Date of Committee Covered in this Report
31 July 2025	12 June 2025

Chair	
Name and Title:	Kaye Bentley, Independent Non-Executive Member for Finance and Performance Committee.

BAF Updates or Escalation

The Committee received a report informing it of the current position of the 2024/25 BAF risks for which it had been identified as responsible for overseeing. The report also provided details on the proposed approach to the BAF for the first six months of the 2025/26 financial year, to continue to align the BAF risks to the six themes within the NHS Oversight Framework. In reviewing the residual risk score for the Finance and Use of Resources BAF risk, the Committee agreed that, in light of the latest reported financial position and the high cash risk, the score was too low and needed to be increased at the next iteration of the BAF.

Risk Register Review Updates / Escalation

None

Assurance Updates

NHS Devon 2025/26 Annual Plan – Delivery Assurance Report

In consideration of the paper, the Committee discussed Integrated Care Board (ICB) statutory functions and the capability and capacity required to deliver these

at the end of the cost reduction programme. The Committee was informed that, since agreement of the 17 Annual Plan objectives by the NHS Devon Board, there had been a number of contextual changes, including the launch of the Model ICB Blueprint and the required reduction in ICB running costs, which had led to the proposal to cluster NHS Devon and Cornwall and the Isles of Scilly ICBs. As a result, NHS Devon was now in the process of reviewing and refining its 2025/26 Annual Plan to reflect the additional work that would be required in those areas and NHS Devon's ability and capacity to deliver within that plan.

Delivery Management (Performance)

The Committee received the Delivery Management (Performance) paper which set out the progress that was being made in relation to the Delivery Management Process, including the establishment of a Tactical and Strategic Cell. The Committee observed that the 2025/26 Operational Plan that was highly ambitious and carried a significant amount of risk within it. This being the case, the Committee discussed the importance of NHS Devon being action focused and pacey in terms of its response to any identified issues. It did not want to see the same issues coming up multiple times because timely action hadn't been taken to solve the issues; it would be a case of logging the issue, solving the issue and then moving on. The Committee also discussed urgent actions and how, when things went wrong, NHS Devon would ensure a prompt response. It also discussed the timeliness of completion of corrective actions.

Operational Plan Delivery: Escalations

The Committee received an oral update and noted that there were no escalations from the Delivery Management process.

Monthly Reporting

One Devon (ICS) Finance Report – Headlines Month 01

The Committee received the One Devon Integrated Care System (ICS) Finance Report which provided headlines of the Month 01 position of the 2025/26 financial year. A further update was provided on developments post paper publication, particularly around issues in relation to receipt of Deficit Support Funding (DSF). The Committee considered the impact that this would have, particularly on the cash position, and the potential solutions if DSF was not received. Discussions took place in relation to the reported workforce figures, both in terms of spend and Whole Time Equivalents (WTEs). The Committee was concerned that, as had been the case for 2024/25, the two did not correlate. Based on the reported information, the Committee agreed that it had limited assurance on the overall position of the ICS as at Month 01 of the 2025/26 financial year.

System Cash Management Process

The Committee received the paper and supporting appendices relating to the System Cash Management Process. The Committee endorsed the Devon System Cash Risk Policy which included new governance requirements, took assurance on the One Devon System Finance Plan Cash Risk Review, noting that further decisions were required in order to manage the cash requirements later in the year

in line with aforementioned policy and was able to take assurance from the Deficit Support Funding Risk Assessment subject to certain caveats.

Other Business

Medium Term Financial Plan (MTFP) Development
The Committee received the paper which described the approach that would be taken by the One Devon Integrated Care System (ICS) in terms of development of the Medium Term Financial Plan (MTFP). In consideration of the paper, discussions took place around the date assumed for removal of Deficit Support Funding (DSF) and the possibility for syncing dates between the development of the Health and Care Strategy, the development of the MTFP and the NHS 10 year plan. The Committee recognised that the underlying position was a major part of the MTFP.

Outcome of National Triangulation Tool
The Committee took satisfactory assurance from the Outcome of National Triangulation Tool report that provider plans were in place and showed a good degree of alignment. It noted that further work was planned to follow-up the unexpected increase in Torbay and South Devon NHS Foundation Trust (TSD) weighted cost per unit of elective activity.

Equality Impact Assessment Annual Report 2024/25
The Committee received the Equality Impact Assessment Annual Report for 2024/25 and took satisfactory assurance from the information that had been provided. The Committee discussed having a meeting in common with the Quality and Patient Experience Committee to look at Equality Quality Impact Assessments (EQIAs) in the round i.e. what was the population / equality / quality and financial impacts. It was envisaged that the meeting would take place over the summer months.

One Devon Finance Shared Service Business Case
The Committee noted the addendum to the business case that was approved by the NHS Devon Executive and which was going through individual organisational approvals processes by middle of June 2025.

Closing Business

Forward Plan
The Committee noted the 2025/26 Finance and Performance Committee workplan.

Committee Decisions

The Committee endorsed the Devon System Cash Risk Policy which included new governance requirements.

Escalation to the Board – For Information

- Limited assurance on workforce and limited assurance overall on the financial position of the One Devon Integrated Care System (ICS) as at Month 01 of the 2025/26 financial year.
- The Committee discussed the Devon System Cash Risk Policy and the need for the NHS Devon Board to understand and be aware of it, in light of the risks around cash.

Escalation to the Board – For Action

None

Recommendations for the Board

None

Recommendations for Other Committees

None

Terms of Reference or Other Committee Effectiveness Issues

None

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

NHS Devon Integrated Care Board

Committee Chair's Report – Finance and Performance Committee

Date of Meeting	Date of Committee Covered in this Report
31 July 2025	10 July 2025

Chair	
Name and Title:	Kaye Bentley, Independent Non-Executive Member for Finance and Performance Committee.

BAF Updates or Escalation

The meeting received an oral update on the Board Assurance Framework (BAF) and noted the work that was currently being undertaken to develop the BAF for the 2025/26 financial year.

Risk Register Review Updates / Escalation

None

Assurance Updates

The meeting was deemed inquorate; however, it was considered appropriate to continue with an informal meeting of the Committee.

NHS Devon 2025/26 Annual Plan Update

The meeting received the NHS Devon 2025/26 Annual Plan update which outlined the proposed consolidated Annual Plan objectives agreed by the NHS Devon Executive on 01 July 2025 and the executive leadership arrangements. The

meeting recommended that limited assurance should be taken in relation to the de-prioritisation process that had been agreed by the NHS Devon Executive for pausing, delaying or stopping activities that the no longer aligned to the organisation's latest priorities. This was partly due to the fact that it did not explicitly state how NHS Devon would engage with providers and the handover process where activities were to be transferred to them.

NHS Devon Delivery Management Outcome Report

The meeting received the NHS Devon Delivery Management Outcome Report which set out the escalations arising from the NHS Devon Delivery Management Process. The meeting noted that it was an emerging process and that this was the first time that it had been run. There were known issues and these would need to be managed going forward and done so in an environment where accountability for performance management was a little unclear. How NHS Devon moved into the contract management approach versus the single performance management approach was something that it would need to navigate over the coming months.

Monthly Reporting

One Devon (ICB) Finance Report – Month 02

In consideration of the report, the meeting recommended that limited assurance should be taken in respect of NHS Devon's financial position as at the period ended 31 May 2025, reflecting the scale of the financial risk and the fact that it had not decreased between Month 01 and Month 02 of the 2025/26 financial year.

One Devon (ICS) Finance Report – Month 02

In consideration of the report, the meeting recommended that limited assurance should be taken in relation to the financial position of the One Devon Integrated Care System (ICS) as at Month 02 of the 2025/26 financial year. The meeting noted that the underlying position of the One Devon ICS needed to improve compared to plan and that as at Month 02, it looked to be a deteriorating position. The meeting agreed that a deep dive was needed on the underlying position of the One Devon ICS as a matter of urgency and therefore added to the Committee's Workplan for August 2025.

Other Business

Devon System Cash Risk Policy / Framework Update

The meeting received a report outlining the changes that had been made to the Devon System Cash Risk Policy / Framework. Discussions took place in relation to the high cash risk that existed within the One Devon ICS, with the meeting noting that there was very little scope in terms of the local cash management mitigations that could be taken to prevent the risk from materialising in the future. The delivery of the planned financial position in accordance with the planned phasing would mitigate the cash risk. Guidance had not yet been issued to clarify the responsibilities of Integrated Care Boards (ICBs) in the management of system cash. The tools and mechanisms of ICBs appeared to be very much restricted. The meeting recommended that satisfactory assurance be taken that the One

Devon ICS had done all that it could in relation to the management of system cash within the current context which was highly constrained and subject to change.

Regional CIP Reviews of Providers (TSD and RDUH)
The meeting received a report which detailed the findings and next steps of the Cost Improvement Programme (CIP) Reviews that had already been carried out by the regional and Recovery Support Programme NHSE teams in respect of Torbay and South Devon NHS Foundation Trust (TSD) and the Royal Devon University Healthcare NHS Foundation Trust (RDUH). Although the meeting was able to recommend that satisfactory assurance be taken in terms of RDUH's CIP processes, the meeting raised concerns over the weaknesses that had been identified in relation to TSD. Discussions took place around what additional support may be available to TSD in order to address them.

The meeting noted that a CIP review of University Hospitals Plymouth NHS Trust (UHP) had recently taken place and in addition, noted the next steps in terms of the CIP Reviews for Devon Partnership NHS Trust (DPT) and NHS Devon.

Medium Term Financial Plan (MTFP) Development
The meeting received an oral update on the development of the Medium Term Financial Plan (MTFP) and noted the work that would be undertaken over the next few months in respect of this.

Closing Business

Forward Plan
The meeting noted its current workplan for the remainder of the 2025/26 financial year and recognised that it was another key important document in terms of the ICB's transition which would need to be included within the handover report that would be prepared for whatever the new Committee would be in the clustered organisation.

Committee Decisions

None

Escalation to the Board – For Information

- The meeting commended the work of the NHS Devon and the NHS Devon ICS provider finance teams on developing both a clear understanding of the cash position and agreeing how the position might be managed across the system. Despite this work cash was high risk across the One Devon Integrated Care System. Delivery of the planned financial position to the planned profile will mitigate this risk. However, there remains a lack of clarity in terms of roles, clarity of guidance and a lack of levers to manage the cash position across the system.
- Limited assurance in respect of NHS Devon's financial position as at the period ended 31 May 2025, reflecting the scale of the risk and the fact that there had been no decease in the risk between Months 01 and 02 of the 2025/26 financial year.

- The underlying position across the One Devon Integrated Care System needed to improve compared to plan. As at Month 2, it looked to be a deteriorating position.

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 – Remuneration Committee

Date of meeting	Date of committee covered in this report
31 July 2025	16 June 2025

Chair	
Name and title:	Kaye Bentley, Independent Non-Executive Member

Board Assurance Framework (BAF) updates or escalation
None

Risk register review updates/escalation
None

Reports received, discussed, and noted
Remuneration and Staff Report for 2024/25 Annual Report and Accounts The report presented the draft Remuneration and Staff Report, which is to be included in the 2024/25 NHS Devon Annual Report and Accounts. The report aimed to demonstrate the benefits and compensations that executive and non-executive members receive from the organisation, for public awareness. The Remuneration Committee agreed that it was useful to discuss the draft 2024/25 Annual Report and Accounts together, to provide an opportunity for comment. In light of the proposed future clustering of NHS Devon and NHS Cornwall and Isles of Scilly, a query was raised as to whether the Remuneration Committee should compare the Annual Report and Accounts of both

organisations, with it being noted that that Annual Reports and Accounts are the statutory responsibility of the sovereign organisation and so could not be delegated to a joint committee for review and recommendation.

Committee decisions

The Remuneration Committee **recommended** the approval of the 2024/25 Remuneration Report to the NHS Devon Board.

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
31 July 2025	19 June 2025

Chair	
Name and Title:	Graham Clarke, Chair and 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

2024/25 Annual Report and Accounts
The Audit and Risk Committee received NHS Devon's draft Annual Report and Accounts, noting that some minor amendments had been made since circulation of the Committee papers.

Internal Audit (ASW Assurance) - Head of Internal Audit Opinion (HoIAO)
ASW Assurance were pleased to inform the Committee that the final Head of Internal Audit Opinion (HoIAO) for the 2024/25 financial year was one of 'Satisfactory Assurance' and that this had been an improvement on the 'Limited Assurance' that NHS Devon had received for 2023/24. ASW Assurance had observed some significant improvements in the areas of Risk Management, internal control and broader governance in 2024/25.

The Committee discussed the third party assurances that were obtained by ASW Assurance in respect of the national systems that were utilised; these were systems outside of NHS Devon's direct control. Some of the assurances that had been received were less than positive but the Committee was informed that there little that NHS Devon could do in terms of influencing improvements in those areas. It had been the same position as in previous years' and had not impacted the HoIAO.

External Audit (KMPG)
The Committee considered KPMG's draft Annual Report, which once finalised, would be published on NHS Devon's website. The report provided a summary of the findings and key issues arising from KPMG's 2024/25 audit of NHS Devon and covered the accounts, including the Annual Report, Value for Money (VfM), regularity, and other reporting.

KPMG informed the Committee that it had provided some challenge to NHS Devon in terms of the Task Force on Climate Change-related Financial Disclosure (TCFD). As a result, a significant change had been proposed to the Environmental Matters section of the Annual Report. Both NHS Devon and KPMG confirmed that the Environmental Matters section now, reflected NHS Devon's ways of working and how it operated.

In terms of Value for Money (VfM), the Audit and Risk Committee were already aware of the challenges around financial sustainability both across the NHS and more acutely across Devon. The significant weakness that KPMG had raised, and that previous Auditors had raised in prior years, remained. KPMG recognised all of the work that had been undertaken in terms of grip and control in relation to Cost Improvement Plans (CIPs) and costings across the One Devon ICS during the 2024/25 financial year.

In recognising the amount of work involved in producing the Annual Report and Annual Accounts for 2024/25 and being aware of the tight timeline within which this had to be completed, KPMG expressed their thanks to NHS Devon, and specifically the Finance team and the Annual Reporting team. It was commendable, particularly given the circumstances that the organisation found

itself in. KPMG informed the Committee that the behaviours and responses of NHS Devon's staff to their challenges had been exemplary.

Annual Report
The Audit and Risk Committee considered each section of the Annual Report in turn, noting that some minor points of detail had been proposed to be amended in the Performance section, none of which were material changes. The information was not significantly different from the Audit and Risk Committee's previous consideration.

NB: Having been subject to careful review by the Remuneration Committee at its meeting on 16 June 2025, the Audit and Risk Committee did not review the Remuneration section of NHS Devon's Annual Report and Accounts.

The Audit and Risk Committee discussed the Health Inequalities Statement within Appendix 2 of NHS Devon's Annual Report and Accounts for 2024/25, agreeing that it was a data rich section. The Committee was not aware that the document had historically gone to any of NHS Devon's Committees for scrutiny or that the NHS Devon Board had had sufficient visibility of it and what the organisation was doing in that regard. In recognising that the Health Inequalities Statement was an insightful document, the Audit and Risk Committee agreed to recommend it to the Population Health Improvement Committee to be reviewed.

The Audit and Risk Committee agreed, that subject to minor amendments, it was content with the Annual Report.

Annual Accounts
In consideration of the Annual Accounts, the Audit and Risk Committee had no concerns or matters that they wished to raise.

Committee Decisions

None

Escalation to the Board – For Information

None

Escalation to the Board – For Action

None

Recommendations for the Board

The Audit and Risk Committee **agreed to recommend** to the Board that the draft NHS Devon Annual Report and Accounts should be approved for submission to NHS England ahead of the national deadline of 23 June 2025.

Recommendations for Other Committees

The Audit and Risk Committee **agreed to recommend** that the Population Health Improvement Committee review the Health Inequalities Statement contained within Appendix 2 of NHS Devon's Annual Report for the 2024/25 financial year.

Terms of Reference or Other Committee Effectiveness Issues

None

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – People and Organisational Development Committee

Date of Meeting	Date of Committee Covered in this Report
31 July 2025	23 June 2025

Chair	
Name and Title:	Salma Ali, Chair and Non-Executive Member

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

Risk Register Review Updates / Escalation
N/A

Integrated Quality, Performance and Finance Report
N/A

Reports Received, Discussed, and Noted
The Committee considered the progress to develop a revised **2025/26 Annual Plan** following publication of the Model Integrated Care Board (ICB) Blueprint. The proposed objectives were acknowledged and assurance was taken that any objectives not taken forward had been subject to a full Equality Quality Impact Assessment.

The Committee considered the development of the **Delivery Management Process** noting that system delivery would be monitored through Tactical and Strategic Cells and that the output from these Cells would feed both system and regional teams.

The Committee received a final **System Workforce Dashboard** noting that the Workforce Delivery Group had been stood down and would be replaced with the Tactical and Strategic Cells. The Committee noted that an assurance report would be provided moving forward which would focus on corrective actions and provide narrative summary of workforce data.

The **One Devon Workforce Strategy Update** provided the Committee with oversight of the progress made in relation to the Strategy. The Committee noted the five key themes and the five enabling workstreams to support delivery. It was acknowledged that strategic resource would be required for the enabling workstreams.

The **Workforce – Learning and Education Update** informed the Committee of the Government decision to de-fund Level 7 Apprenticeships which would negatively impact the development of existing staff and the attraction of new staff into the system. The Committee also noted the decline in the numbers of 16-19 year olds taking up health courses which poses an additional risk to the long-time workforce supply position within Devon.

The Committee took assurance of the work undertaken to encourage the sharing of resources and approach to create parity between organisations in delivering the **Sexual Safety Charter** and noted the innovative work within this space.

The Committee noted the **Trade Recognition Agreement** which is anticipated to be in place for 01 July 2025.

The Committee noted its **work programme for 2025-26** which will be aligned with NHS Devon and system wide plans.

Committee Decisions

None

Escalation to the Board – For Information

The government decision on defunding Level 7 Apprenticeships, will impact on advanced practice expansion in clinical and leadership educational programmes.

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 – Population Health Improvement Committee

Date of meeting	Date of committee covered in this report
31 July 2025	09 July 2025

Chair	
Name and title:	Lopa Patel, Independent Non-Executive Member

Board Assurance Framework (BAF) updates or escalation

The Committee was advised that work is in progress on the articulation of the proposed strategic risks aligned to the proposed new objectives in the 2025/26 Annual Plan. Updates are being sought for the current BAF risks alongside this work.

Reports received, discussed, and noted

Cardiovascular Disease (CVD) – Case Study Deep Dive
The report set out the CVD Prevention Group Action Plan for 2025/26, investment detail and measurement framework. Since submitting the report, an additional ask has been requested to support a Case for Change for cardiology as part of the Health and Care strategy work.

The Committee discussed the implementation of the NHS 10-Year Plan, with a focus on CVD prevention and the potential role of wearable devices while emphasising the importance of digital inclusivity. The CLEAR programme, which will run until February 2026, is central to the initiative, with efforts underway to secure additional funding and expand training across all 31 Primary Care Networks (PCNs). Clinical leadership, notably from Ollie Hassall, and peer engagement were recognised as key drivers. Strategies such as comparative data

sharing and the involvement of local authorities aim to increase PCN participation and support more systematic, data-informed approaches. It was therefore agreed that the comparative data for CVD should be brought to the Devon Collaborative Board for discussion.

The Committee also discussed opportunities to strengthen long-term monitoring through tools like Kardia and the value of the Commissioning Hub in evaluating investments. It was recommended that a value measurement and continuous monitoring method should be built into the business case.

Population Health Functional Mapping
This item was withdrawn from the agenda.

2025/26 Annual Plan Update
The Committee discussed the challenges and strategic considerations surrounding the delivery of NHS Devon's 2025/26 Annual Plan. It was recognised that many population health outcome measures are not suited to monthly monitoring, and further proxy metrics - aligned with the Joint Strategic Needs Assessment (JSNA) - should be developed to better guide programme delivery and gap analysis. Short-term actions, such as improving vaccination rates and reducing avoidable admissions, were seen as impactful for long-term outcomes. However, it was acknowledged that the Annual Plan remained highly ambitious, and a robust deprioritisation process would be essential, supported by thorough Equality and Quality Impact Assessments (EQIAs), which should also account for sustainability in line with the Green Plan.

Concerns were raised about the feasibility of current provider expectations, particularly regarding PASP, and the need for NHS Devon to more clearly define its strategic commissioning role. The importance of a cultural shift towards community-based, prevention-focused care was emphasised, along with the need to address gaps in mental health and children's services - such as tracking electively home-educated children. The Committee also acknowledged that much of the current prevention work was delivered by the Population Health team, and that staffing reductions tied to organisational clustering posed a significant risk to plan delivery.

Whilst the Committee took satisfactory assurance on the deprioritisation process, a specific de-prioritisation plan was not approved.

10 Year Plan Engagement Findings and Next Steps
The Committee discussed NHS Devon's engagement with the recently published NHS 10 Year Plan, highlighting strong collaboration with Healthwatch. Acknowledgement was given to NHS England's Richard Schofield for providing quantitative data which complemented the local focus of NHS Devon's Communications and Engagement Team. Public engagement was significant, with 220 individuals expressing interest in continued involvement, prompting plans to develop a Public and Patient Reference Panel in partnership with Healthwatch. It was recommended that the Engagement findings should be shared with The National Archives.

Staff feedback indicated widespread concern about workforce shortages and low morale. The Committee proposed to align workforce objectives with this feedback and to hold wider discussions.

Following the announcement of Healthwatch's closure, it was agreed that NHS Devon must safeguard established public relationships.

The Committee also reviewed the 10 Year Plan's overarching goals and timeline and acknowledged the need to tailor implementation locally. Emphasis was placed on empowering communities and ensuring flexibility in how the strategy is applied across urban and rural contexts.

NHS Devon Personas
The development and application of AI personas was considered, highlighting and the Committee were advised that the Personas were informed by qualitative data from sources like Healthwatch and patient experience reports. Concerns around representation were raised during the Board Development Session as healthy, 'fit for the future' individuals were missing from the personas, potentially introducing bias. In response, the Communications and Engagement Team assured the Committee that steps were being taken to ensure responsible AI use, including joining the AI Ambassadors Network and seeking broader feedback through a presentation to the Southwest Comms Group.

There are plans to further test and refine the Personas through engagement with staff, the Development and Engagement Partnership, and other stakeholders, with ongoing clinical validation. The Committee acknowledged the broad potential of AI personas to support work on population health and inequalities and encouraged a clearer definition of their purpose to enhance their practical value and address current challenges.

Committee decisions

None

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

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

NHS Devon Integrated Care Board

One Devon Integrated Care Partnership - Chair's Report

Date of meeting	Date of committee covered in this report
31 July 2025	Workshops on 13 June 2025 and 24 July 2025

Chair	
Name:	Councillor Mary Aspinall, Chair of Plymouth Health and Wellbeing Board

Overview of the meeting

The Integrated Care Partnership (ICP) held two workshops in June and July, primarily to discuss the proposed cluster arrangements between NHS Devon and NHS Cornwall and the Isles of Scilly Integrated Care Boards, the Model ICB Blueprint, the NHS Ten Year Plan and the future role of the ICP. At the workshop on 24 July 2025, the ICP also considered the development of NHS Devon's Health and Care Strategy.

Items considered

ICB transition south west proposal – Devon, Cornwall, and Isles of Scilly
The proposed cluster arrangement between NHS Devon and NHS Cornwall and the Isles of Scilly Integrated Care Boards (ICBs)

NHS Devon and NHS Cornwall and the Isles of Scilly – cluster arrangements and the future of the ICP
An update on the work towards the establishment of the proposed cluster arrangement between NHS Devon and NHS Cornwall and the Isles of Scilly ICBs.

Also, the contents of the NHS Ten Year Plan (Fit for the Future) with regard to local government partnerships and the role of ICPs in the future.

NHS Devon Health and Care Strategy – development
A high level summary of the "Discover" phase of strategy development, the process for the development of detail of the strategy and its anticipated structure. It is intended that the final strategy will describe a narrative through services from prevention to neighbourhood to secondary and tertiary care.

Decisions made

Future of the ICP
ICP members noted the importance of having a partnership forum and the value that this could add in terms of enabling NHS Devon to transform itself into the strategic commissioner role envisaged in the Model ICB Blueprint. In order to do this, ICP members agreed to work on the wider determinants of healthcare and to ensure that appropriate structures continued into the new world once ICPs no longer had a statutory function.

Recommendations made

None

Future work programme

The ICP will hold a formal meeting in the autumn to consider a detailed articulation of its role for the remainder of its existence.