Integrated Care Board Meeting

20 July 2022 09:00 - 20 July 2022 11:30

AGENDA

#	Description	Owner	Time
1	Welcome and Apologies	Chair	09.00
2	Declaration of Interest DOI Integrated Care Board Meeting @11.07.2022.p... 5	Chair	09.05
3	Overview of integrated care and how we will work together Presentation to be shared on the day	Chair / CEO	09.10
4	Service User Experience	Guest Speaker (TBC)	09.50
5	Outline of the NHS Devon approach to supporting change across Devon 5. Outline of the NHS Devon approach to supportin... 7	Chief Medical Officer	09.30
6	Minutes of Devon Clinical Commissioning Group Governing Body - 16 June 2022 6. draft minutes Devon CCG GB Public 16.06.2022... 15	Chair	09.20
7	Break	Chair	10.25
8	Programme of Works - items for decision, assurance or discussion		
8.1	System Integrated Quality and Performance Report - overview/ challenges and next steps Paper to follow NHS Devon - Devon IQPR Report cover sheet.docx 21 FINAL ISSUED - Devon IQPR report July 22.pdf 25	Chief Nursing Officer	10.35
8.2	System Finance Operating Plan 22-23 7.2 NHS Devon ICB and ICS Financial operating pl... 131 7.2 NHS Devon 2223 ICB and ICS financial operati... 133	Chief Finance Officer	10.50
9	Assurance Committees - including items of escalation		
9.1	Audit and Risk Committee Verbal update	Committee Chair	10.55

#	Description	Owner	Time
9.2	Primary Care Commissioning Transition Verbal update	Committee Chair	11.00
9.3	Remuneration and Internal workforce committee Paper [P] 8.3 NHS Devon - Remuneration and Workforce Co... 139	Committee Chair	11.05
9.4	People and Culture Committee Verbal update	Committee Chair	11.10
9.5	Quality and Performance Committee [P] Chair's report- Quality and Performance committee... 143	Committee Chair	11.15
9.6	Finance Committee Verbal update	Committee Chair	11.20
10	AOB	Chair	11.25
11	Close	Chair	11.30

Declaration of Interests Register - Integrated Care Board Meeting
Register updated and generated by the Governance Team - 11 July 2022

Register last updated 11 July 2022

Title	Surname	First name	Role or Position held with the ICB	Committees attended	Interests	Interests - Partner or Family	Date Interest from	Date Interest to	Date interest updated	Type of Interest	Is the interest direct or indirect?	Action taken to mitigate risks	Employer Organisation
Dr	Acheson	Nigel	Chief Medical Officer, Integrated Care Board	Senior leadership team ICB Board Audit & Risk (If Required)	director of H Smith Safety Associates Patron of the FORCE cancer charity in Exeter wife works as an associate with the South West Academic Health Science Network Relatitive consultant Dermatologist at the Royal Devon University Hospital in-law is a GP partner in the Woodbury Practice		05/10/2018		12/05/2022				NHS Devon ICB
	Allcorn	Darryn	Chief Nurse	Member of Quality Assurance Committee Senior Leadership Team (SLT) Joint Executive Team Meeting Commissioning Committee (CC DOI) Member Devon Joint Clinical Effectiveness Group (JCEG) Member of Finance and Performance Committee ICB Board Audit & Risk (If Required)	Honorary Associate Professor University of Exeter Seconded to NDHT (to 18 September 2020) Strategic Chief Nurse, Nightingale Hospital Exeter System Chief Nurse, Devon STP		11/05/2020		01/02/2022	Direct	Direct	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 ICB
Prof	Asthana	Sheena	Independent Non Executive Director of Citizen and Community Involvement	Population Management and Health Inequalities committee ICB Board Remuneration & Internal ICB Workforce Audit & Risk	Director, Plymouth Institute of Health & Care Research (PIHR). It is likely that members of my institute will undertake funded research for NHS Devon partners Trustee of Change Grow Live (a national charity that provides substance use, CYP, domestic violence, prison etc services. Devon does not currently contract services to CGL Partner runs a research consultancy specilising in the integration and analysis of large data (inc NHS) member of the Advisory Committee on Resource Allocation (ACRA) which independently advises on NHS funding formulae member of the project board of the proposed West End Health and Being Centre in Plymouth		10/03/2022		10/03/2022				NHS Devon ICB
	Brown	Steven	Director of Public Health (DCC)	Member of Governing Body Strategic Commissioning Partnership STP Directors ICS Partnership Board Primary Care Commissioning Committee (PCCC) ICB Board Remuneration & Internal ICB Workforce	No interests declared		19/11/2020		19/11/2020				Devon County Council
	Clarke	Graham	Independent Non Executive Director of Audit and Risk	ICB Board Audit & Risk	Non-Executive Director of Medicine Discovery Catapult Non Execuitve Member at the Deparment of Health & Social	Spouse is CEO of Cornwall Partnership Foundation Trust and will be appointed to the ICB Board for Cornwall	01/01/2020		16/03/2022				NHS Devon ICB
	Coombes	Nikki	Senior Executive Assistant, Corporate Office	ICB Board		Close relative is Head of Implementation, Devon Doctors Group Clsoe Relative is Project Support Officer, NHS Devon ICB	12/08/2015		14/04/2021	Indirect interest	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.	NHS Devon ICB
	Davenport	Liz	Chief Executive Torbay and South Devon Trust	A & E Delivery Board ICB Board Remuneration & Internal ICB Workforce	Director of Torbay Pharmaceuticals		24/11/2016		21/06/2022				Torbay and South Devon NHS Foundation Trust
	Dowell	John	Finance Director	Member of Governing Body Member of Finance and Performance Committee Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee Commissioning Committee (CC DOI) Primary Care Commissioning Committee (PCCC) ICB Board	Vice chair of the HfMA South West Branch Vice Chair of the HfMA Commissioning Faculty.		14/08/2015		20/10/2020	Non-Financial Interest Professional	Direct	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 ICB
	Hara	Thandiwe	Independent Non Executive Director of Inequalities and Population Health	ICB Board Remuneration & Internal ICB Workforce	Trustee of Plymouth and District Racial Equality council, a voluntary organisation that work to promote race equality. member on the NIHR SW clinical research network Board.		16/03/2022		16/03/2022			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 the meeting if necessary. This should not raise any conflict, that I can foresee except that it is research related. There is no commissioning involved, but thought to mention it anyway. I will declare my interest at any meeting that may result in them being considered for service provision and leave the meeting if necessary.	NHS Devon ICB
	Hargadon	Judy	Independent Non Executive Director of Primary Care	Member of Primary Care Commissioning Committee (PCCC) (Chair) Member of Remuneration and Workforce Committee Equality, Diversity and Inclusion Group IUCS Procurement Oversight Group (Chair) ICB Board Remuneration & Internal ICB Workforce	Member of Women's Equality Party New management board chair at PenARC, – the National Institute for Health Research (NIHR) Applied Research Collaborations (ARCs) South West Peninsula	Spouse is Chair of Dartington Hall Trust Brother is GP in Cornwall	01/05/2019		25/05/2021	Financial / Personal	Direct	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. Will not be involved in decisions about the ICB funding academic research	NHS Devon ICB

Prof	Khalil	Hisham	Independent Non Executive Director of Quality and Performance	ICB Board Audit & Risk	Practising Consultant in Derriford Hospital Limited private practice in Nuffield health Plymouth Director for private practice- dormant company		01/09/2004	24/02/2022				NHS Devon ICB
	Lee	Tracey	Chief Executive for Plymouth City Council	ICB Board	Chief Executive for Plymouth City Council		27/06/2022	27/06/2022				Plymouth City Council
	Lou Glover	Sarah	Ordinary member for the Devon Integrated Care Board for Mental Health	ICB Board	Trustee of Honiton Health Matters who hold community conversations Director of Parental Minds C.I.C, for parents/caregivers who are supporting their child/family/friend with their mental wellbeing A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations An advocate for a particular group of patients Ambassador Volunteer with DIAS Community group which may have potential to give rise to influence decisions made by the ICB. A volunteer for a provider		28/06/2022	28/06/2022				NHS Devon ICB
	Milligan	Jane	Designate CEO ICS for Devon	Joint Executive Team Meeting Senior Leadership Team (SLT) Audit & Risk (If required) ICB Board	Member of Cornwall and Isles of Scilly ICB	Partner Trustee for Action for Stammering	31/12/2020	21/06/2022	Personal	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.	NHS Devon ICB
	Millward	Andrew	Chief Communications and Corporate Affairs Officer	Joint Executive Team Meeting Staff Partnership Forum Senior Leadership Team (SLT) Audit & Risk (If Required) Member of Vacancy Control Panel Equality, Diversity and Inclusion Group ICB Board Remuneration & Internal ICB Workforce	Chair of Friends of Eggesford All Saints Trust, a registered charity. Fellow of the Centre for Communications Research, Buckinghamshire New University DELT Board Member, ICB Devon nominated director		19/06/2018	14/04/2021	Non-Financial Interest Professional	Direct	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 ICB
	O'Kelly	Frank	Primary Care Partner for NHS ICB	ICB Board	GP Partner at Amicus Health Blundell's School lead Doctor Clinical Lead for STEER Education Member of the National Armed Forces Reference Group CQC Manager for Amicus Health		01/01/1999	11/07/2022	Financial			NHS Devon ICB
	Orford	Kevin	Independent Non Executive Director of Finance and Remuneration	ICB Board Remuneration & Internal ICB Workforce Audit & Risk	Director and majority shareholder of Kevin Orford & Associates Ltd, which undertakes consultancy contracts with NHS organisations outside of the South West of England Non-Executive Director on the Board of the Intellectual Property office, a government agency in the Department of BEIS.		01/01/2012	21/03/2022				NHS Devon ICB
	Renshaw	Paul	Director of Workforce Stategy	ICB Board Audit & Risk (If Required)	Partner of management consultancy – Linea Consulting Provide advice and guidance to Devon Doctors, Head of HR on 2 specific issues. 1.The staffing challenges for their frontline 111 service and their modelling of the impact of increasing their clinical validation resources. 2.I meet with Sam Fraser fortnightly for up to an hour to assist with his development and attend on an ad hoc basis a clinical resourcing meeting on a Monday so I can help spot where opportunities.		2017	23/09/2021	Partner	Direct	Will declare at relevant meetings / any potential procurement In order to manage the declared conflict of interest, the conflicted individual providing support to Devon Doctors must do the following: •Declare the interest at the start of all meetings •State clearly in meetings their role and the limits of their involvement •Remove themselves from any meeting or conversation where content pertains in any way to any element of the IUCS procurement •Ensure that representatives of the provider understand the nature and importance of the conflict of interest and are encouraged and supported to request the conflicted individual's exclusion where required •Ensure that they are not in receipt of papers for meetings that contain (or could reasonably be expected to contain) information relating to the IUCS or any other procurement in which Devon Doctors is participating	NHS Devon ICB
	Tapley	Simon	Chief Transformation and Strategic Planning Officer	Strategic Commissioning Partnership Joint Executive Team Meeting Senior Leadership Team (SLT) Audit & Risk (If Required) Commissioning Committee (CC DOI) West LCP Executive Group Member Vacancy Control Panel Attendee of Finance and Performance Committee ICB Board		Spouse is employed by TSDFT (ICO) 31/03/2017 Brother in Law is employed as Strategic Engagement Manager, NHS Devon ICB Step-son has started working as a health-checker	01/11/2016	05/05/2021	Non-Financial Interest Professional	Direct	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 ICB
Dr	Wollaston	Sarah	Designate Chair for ICS Devon	ICB Board Audit & Risk (If Required)	Trustee of Landworks, a Dartington based charity that works with ex offenders and people at risk of going to prison to support them into employment and reduce the risk of reoffending	Spouse is president of the Royal College of Psychiatrists and a consultant forensic psychiatrist employed by Devon Partnership Trust Relative is a registrar in Obstetrics and Gynaecology on the South West training scheme (currently on maternity leave) but will be returning to RD&E in late 2022. Relative is a registrar in Anaesthetics on the south West training scheme and currently based at Derriford	26/11/2021	27/06/2022	Non-Financial Personal Interests	Indirect	Where a piece of ICB/ICSD work or an item on a 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 ICB

NHS Devon Board meeting - public

Outline of the NHS Devon approach to supporting change across Devon

Date of committee	Date report produced
	07/07/2022

Author(s)		Report approved by	
Name and title:	Dr Nigel Acheson, Chief Medical Officer	**Name and title:**	
Phone:	01392675430	**Date:**	
Email:	n.acheson@nhs.net		

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

Executive summary (250 words max)

Development work commenced in preparation for the establishment of the Integrated Care System in Devon on 01/07/2022 continues. With a focus on prioritising key workstreams, taking a system approach to improvement and clear leadership this paper summarises the approach to supporting and developing collaborative working across stakeholder partners in NHS Devon.

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

Key recommendations and actions requested
1. Recommendation 1 To continue with the development of the NHS Devon operating model

Impact on NHS Devon objectives	
Objective	**Impact**
Improve outcomes in health and healthcare Tackle inequalities in outcomes, experience and access Enhance productivity and value for money Help the NHS support broader social and economic development	**The work is in progress work and will be reported fully when completed but benefits are expected against these objectives**

Does this report have implications in any of the areas highlighted below?		
Area	**Yes**	**No**
Quality of services	YES, as above	
Health inequalities	YES, as above	
Workforce	YES, as above	
Resources and finance	YES, as above	

Legal	YES, as above	
Engagement and consultation	YES, as above	

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Outline of the NHS Devon approach to supporting change across Devon

Background

The establishment of NHS Devon sees the continuation of work to find new and innovative ways of tackling challenges, such as improving access to urgent and emergency care recovery of services, reducing our financial deficit and reducing excessive waiting list backlogs, makes delivering sustainable change a clear imperative.

To inform and support delivery of change in NHS Devon a system wide organisational development programme has commenced. A number of key components will support our ability to improve health and care services.

This work will include the development of the collaboratives of acute provider organisations and of mental health providers, publication of general practice, community care and digital strategies, and links to innovation/improvement and research.

Organisational development programme

The NHS England “ICS Design Framework” identified 5 key principles for clinical and professional leadership:

Drawing upon these principles NHS Devon is supporting the development of staff from across health and care organisations to collaborate effectively across organisational boundaries.

Workshops have been held for senior leaders in our system including chair, chief executive, chief medical, nursing and operating officers.

A leadership programme bringing colleagues together from across care and health organisations has been established with a series of events held already.

As part of the developing programme to support improvements in urgent and emergency care a series of peer review visits are in progress across our acute providers. Bringing together expert colleagues from each provider these visits are already proving valuable in showcasing good practice which can be shared and areas that will serve as a focus for improvement as part of the wider programme.

The membership of the clinical and professional cabinet, an important part of One Devon's governance structure, is being reviewed to better reflect the collaboration between care and health stakeholders and will be co-chaired by a local authority member and the NHS Devon CMO/CNO.

Provider collaboratives

Provider collaboratives have been established which help acute hospital providers and mental health service providers to work better together. The collaboratives are formal Committees of NHS Devon.

The purpose of the collaboratives is to work together to drive whole system transformational change across Devon (and Cornwall in the case of the acute provider collaborative) – improving outcomes and performance, sharing skills and experience, making best use of scarce workforce resources, and realising tangible financial savings and sustainability.

This will enable greater devolved accountability for allocating and using our resources most effectively for the people in Devon.

The acute provider collaborative covers the acute trusts in Devon and Cornwall and is called the Peninsula Acute Provider Collaborative. The trusts making up the collaborative are Royal Cornwall NHS Trust, Royal Devon University Healthcare NHS Foundation Trust, Torbay and South Devon NHS Foundation Trust and University Hospitals Plymouth NHS Trust.

The mental health provider collaborative covers Devon Partnership NHS Trust and Livewell Southwest.

General Practice Strategy

The strategy will set out our ambitions for general practice in Devon over the next 10 years.

General practice has a pivotal role in the new system and the success of our plans is reliant on general practice services that are fit for the future.

We are proud of the excellent primary care services we offer in Devon, with nearly all of our practices rated ‘Outstanding’ or Good’, and consistently high satisfaction rates in the annual GP Patient Survey.

The strategy will describe our strategic priorities and ambitions for the future of general practice across Devon, enabling transformation of general practice, ensuring we have a service that is stable, resilient, and sustainable for the future.

The document will focus on the future delivery of general practice, but primary care is more than general practice. Involvement of all providers, including pharmacists, dentists, optometrists, allied health professionals and the voluntary sector, will ensure we have sustainable primary care in the future.

Community care strategy

Bringing together voluntary sector, care and health services for the first time across our integrated care system – One Devon – the strategy will outline how effective community service delivery goes beyond helping people to avoid admission to or discharge from hospital.

It will describe our approach to empowering our citizens to live healthy lives, to maintain independence, to manage their long-term conditions, to support them during exacerbations and to provide the care they need as and when their health deteriorates.

The idea that the best bed is your own bed still holds true. Recent experience of just how pressured our in-hospital services are has underlined how important it is that people should only be in hospital where it is clinically essential, and all other alternatives have been explored.

A number of organisations and members of the public have contributed to the development of the strategy which reflects the holistic, multiorganisational collaborative approach that we wish to see in our community services.

Digital strategy

Embracing digital approaches is about more than technology – it is about changing the way people live, connect, communicate and work.

The strategy will complement a wider range of activities taking place across One Devon and will help us to achieve our ambition to work ‘Together for Devon”.

The pandemic has accelerated progress in the use and acceptance of technology that could never have been envisaged in the NHS pre pandemic. The digital strategy will help staff in care and health services to meet the challenges they will face over coming years by investing in their skills and the digital systems to support them in this demanding environment.

The strategy will build upon work already underway:

GP online and remote consultations, online outpatient appointments, online corporate meetings and the start of using virtual wards.

The digital strategy will describe a number of key components that will underpin and enable any future clinical service delivery model through a shared electronic patient record, and a single digital service across NHS Devon.

Innovation, improvement and research

NHS Devon plans to appoint a joint lead for research, innovation and improvement (RII) with the South West Academic Health Science Network to help accelerate improvements to our region’s population health.

Partnership working will ensure alignment of the South West innovation pipeline with NHS Devon system transformation programmes, and support evaluation and capacity building within the system.

It will embed a learning system approach to accelerate adoption of innovation and onward development of a pipeline of proven innovation for adoption in other rural and coastal areas.

The design and delivery of programmes around unified innovation priorities for the region which align with national drivers in the Devon Plan, UK life Sciences Vision and Core20PLUS5 will support the South West AHSN and NHS Devon to develop crucial regional and national partnerships to support research, innovation and improvement and leverage further investment into the region.

Core20PLUS5 describes a national NHS England approach to support the reduction of health inequalities. The approach defines a target population – the Core20PLUS – and identifies 5 clinical areas requiring improvement. The 5 areas for improvement are maternity services, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding.

Summary

The formal establishment and development of NHS Devon on 1st July 2022 will build upon a firm foundation of collaborative work across voluntary sector, care and health services in Devon.

This paper describes some of the new approaches that NHS Devon will put in place - our continuing development programme, provider collaboratives, new general practice, community care and digital strategies and our approach to innovation, improvement and research.

Taken together these changes will help us to address the challenges that we face from the ongoing Covid 19 pandemic, pressure on our urgent and emergency care services and long wating lists for elective care and treatment.

NHS
Devon
Clinical Commissioning Group

Governing Body
DRAFT minutes held in PUBLIC

Date: 16 June 2022 Time: 14:10 – 16:00 Ansell Room County Hall and MS Teams

Item	Discussion	*Action*
1	**Welcome and apologies and questions from members of the public** No questions from members of the public were received in advance of this meeting. The Chair welcomed everyone to the last NHS Devon CCG Governing body and was pleased that SW chair designate as of the 1 July for the Integrated Care Board was able to attend this meeting. PJ felt a degree of sadness this was his last meeting of the Governing Body and that it had been a privileged that he had served as Chair. Designate members of the Integrated Care Board (ICB) were also invited to shadow this Governing Body meeting. Apologies noted: <u>Governing Body members</u> • Dr Ruth Harrell • Dr David Greenwell • Jo Turl It was noted that Jane Milligan, Simon Tapley and John Dowell would be joining the meeting late, as they were meeting with NHS E/I to discuss the system operational plan for 22/23. The agenda would be adapted to reflect this. <u>ICB Board Members</u> • Kevin Orford	
2	**Register of Interests (ROI)** The ROI was reviewed and their amendments or other conflicts of interest declared	
3	**Minutes of the last meeting and action log** The minutes of the last meeting were approved as a true record of the meeting held on 28 April 2022. <u>Action log</u> 1. Conversion rate cancer targets. These targets were not included in the system quality and performance report as there had been challenges with the data. This is in progress and the aim was to complete this action by the close of NHS Devon CCG. 2. As both members were not present it was agreed for this action to be followed up outside of the meeting. *Post meeting update this action has now been completed and therefore closed.* 3. This action had been completed and it was agreed for formal closure.	

4	**Clinical Chair's Report** PJ presented this report which was a reflection of the real success seen over the last 9 years, as well as two CCGs merging to form NHS Devon CCG. The report included some encouraging and positive examples that have been achieved and things we were proud of. PJ added there was still more work to do in passing over the challenge to the Devon Integrated Care Board (ICB). PJ was proud of the Governing Body team, including the executives and clinicians who had met together on regular basis. The partnerships were genuine, and the leadership had been at the right level of support and challenge. PJ was pleased to have been part of this with his colleagues and hoped this would continue in the ICB as his tenure had come to an end. He also took the opportunity to thank everyone for the work they have done. **The Governing Body received and noted the contents of the clinical chairs report**.	
5	**Accountable Officer's Report** There was nothing to add to the report. SW gave thanks to all the Governing Body for their contribution over the many years and on behalf of JM, SW took a commitment to continue to build on the work already done and acknowledge the good examples of positive working in doing things differently and partnership across the system. **The Governing Body received and noted the contents of the accountable officer's report.**	
6	**Finance Report** PJ summarised the key issues and the priority issues for NHS Devon CCG and individual organisations in ensuring our financial budget position for 22/23 was in balance whilst working towards a premise of achieving this across the wider system and providing services with the finances available. **The Governing Body received and noted this financial update.**	
7	**System Integrated Quality and Performance Report** DA presented this report, he did not propose to go through the report in detail but highlighted the following themes: • Plans for the 104 week waits to be delivered and to bring the plan down to zero. • Ambulance handover have been seen in month improvements for category 2 response, as well as a reduction in ambulance response and improved access • Discharge targets are improving but these have impacted on handover delays in departments but not on a large scale • We are seeing a deterioration around 111 access and out of hours. We are currently working with the current incumbent provider to ensure a smooth transition to the new provider.	

- Children and young people's services are experiencing significant waits and delays in some areas, and it was acknowledged there was more work to be done in these areas as the trajectory had not improved as expected
- There has been a notable reduction in sickness absence, however there was a prevalence of COVID being seen since the start of the pandemic. There has also been an increase in turnover of the workforce with some relating to the intent to retire in community hospitals and primary care.
- We are working with our mental health partners regarding referrals, and we are building on this area around NHS data sources

JH wanted to explore why ambulance handovers happen to the extent they do and what safe solution including the possibility of using arrival lounges could be explored. JF responded and explained that delayed transfers of care (DTOC) and lengths of stays were some of the biggest impacts to ambulance handovers. He added this was a challenge for hospitals and social care who are working to address and improve the flows of discharge.

JH described some of the temporary models previously used including physical capacity as well as using every inch of space and the challenges that were faced, as at times these were not acceptable or safe for people.

JW drew attention to 111 percentages which did not indicate the sense of scale of the problem and asked for assurance when the new provider contract commences on the 1 October. DA was able to confirm that we are working with the current and new provider and are aware of the size of the challenge, modelling within the contract and mobilisation. He also mentioned there was pro-active work in place as part of a national contingency around the use of available workforce.

AD raised concerns with safeguarding performance which does need to be a priority. She suggested using a partnership approach (not "family") more across health and social care and early help plans to make sure we have a firm focus around delivery and wait times.

It was noted that the Nightingale Exeter would be used more with a move in August towards utilising this facility over 7 days per week.

SK referred to page 101 where the graphs were hard to interpret and requested for different tools to be used to present data.

The chair referred to the ambulance situation and re-emphasised that we need to look at all elements of the pathway that works for patients end to end to avoid risks emerging. SW added there must also be a focus on harm to patients as well as those patients that don't need to be in hospital. DA confirmed that we are working and recruiting to social care and there is also an emergency department (ED) recruitment campaign. We are continuing to work with continuing healthcare (CHC) as well as the use of personal health budgets.

It was noted that dementia diagnosis had been level for about ten years which was good news and shows that living in Devon gives lower rates of dementia

The Governing Body received and noted the integrated quality and performance report.

8	**Integrated Care System for Devon update – May** AM presented this update which is produced monthly and circulated to our system partners to be included in their board meetings. This month's edition included an update on the Nightingale Exeter and developments that will be a benefit for local people. AM was pleased to report that the Devon system recently hosted a Healthwatch England Board meeting along with a series of events such as visiting the Nightingale Exeter, and the mother and baby/ young mums mental health unit at Devon Partnership Trust. Positive feedback has been received about the inspiring work that is happening in the Devon system PJ thanked AM for this update which was a good synopsis of what is going on, **The Governing Body received and noted the contents of the Integrated Care System for Devon update for**	
9	**Local Care Partnership (LCP) Reports** *Louise Higgins joined the meeting.* The individual LCP reports were taken as read. <u>Eastern and Northern</u> LH drew attention to the work she has been most involved with: • Stocktake undertaken of what has been achieved over the last eighteen months using the delivery groups. Partners worked together in response to COVID, and partnerships are continuing to be built upon • Recruitment process completed for population health management into both teams working across the LCPs. Data is being analysed as a single project to deliver results quickly in a way to enhance the maturity of the LCPs • The Northern minor injuries unit (MIU) has remained closed since the onset of the pandemic. A short-term solution has been identified for the summer from the 1 July to the end of September • In the Eastern locality the prevention agenda is being explored, looking at isolation and loneliness as well as children and young people's mental health and unpaid carers • Acknowledgment of the 104w waits across the county and the issues in the Eastern area. There could be benefits for the community who are waiting for procedures with the use of wrap around services. MF asked about the driving force for the short-term solution for the Northern MIU. LH confirmed the short-term solution was NHS Devon clinical commissioning group driven but would be a partnership solution for the longer term and a collaborative collective to deliver a different MIU model. <u>Plymouth</u> SMC extended her thanks to her colleagues in Western and Plymouth who have achieved a lot of the past few years. She also gave thanks to the non-executive directors' colleagues who had taught her so much. SMC added that the Plymouth integrated agenda was in a good state to continue with the close working relationship which will reap the benefits.	

	SMC Extended thanks to west and Plymouth. Looking back over 5 years they have achieved a lot of thanks and non exec colleagues and taught her so much. Plymouth's particular integrated agenda stands in a good state and the continued close working reaps benefits. <u>Southern</u> MF also gave thanks and noted that the Southern LCP working relationships during the response to COVID was excellent. There was some concern around the Integrated Care work with LCPs and that more clarity was needed to support delivery. JH reminded the members of the clinical representatives and non-executive members links into the localities, and this had proved to be useful. PJ echoed this which would help with the understanding of LCPs and key delivery of the strategy and plans in place. SW gave reassurance that integration matters to people including links in with the non-executive members. **The Governing Body received and noted the contents of the LCP reports.**	
10	**Assurance Committee Chairs' Reports** <u>Finance</u> There was nothing to add to this report. <u>Audit</u> There was nothing to add to this report. <u>Primary Care Commissioning</u> There was nothing to add to this report. <u>Quality</u> There was nothing to add to this report. GAth gave a verbal update from the recent meeting where the main item of discussions was the review of end-of-life care, the review of children's services and pharmacy services concerns for some areas of the county.	
11	**Any other business** PJ formally closed this meeting held in public and thanked everyone for their presence, energies, and contribution to discussions.	
12	**The meeting closed at 16:00pm**	

Attendees (attended** / apologies A)	
Name and initials	*Title and organisation*
Alison Davis (AD) **	Associate Non-Executive Director, Devon CCG
Andrew Millward (AM) **	Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG
Darryn Allcorn (DA) **	Chief Nurse, NHS Devon CCG
David Greenwell – Dr (DG) A	Clinical Lead Representative, Southern Locality, Devon CCG
Ginny Snaith (GS) **	Board Secretary, Devon CCG

Gaynor Appleby (Gapp) **	Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG
Glynnis Atherton (GAth) **	Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
Graham Turner (GT) **	Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG
Jane Milligan (JM) **	Chief Executive of the Integrated Care System for Devon (ICSD) and NHS Devon Clinical Commissioning Group (CCG)
John Dowell (JD) **	Chief Finance Officer, Devon CCG
John Finn (JF) **	Interim Director of Commissioning – in hospital, Devon CCG
John Womersley – Dr (Jwo) **	Clinical Lead Representative, Northern Locality Devon CCG
Jo Turl (JT) A	Director of Commissioning – out of hospital, Devon CCG
Judith Hargadon (JH) **	Non-Executive Director/ Lay Member – Primary Care
Lincoln Sargeant (LS) **	Director of Public Health, Torbay Council
Matt Fox (MF) **	Clinical Representative, Southern Locality, Devon CCG
Nick Ball (NB) **Vice Chair** **	Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG
Nick Kennedy – Dr (NK) **	Secondary Care Doctor, Devon CCG
Paul Johnson – Dr (PJ) **Clinical Chair** **	Clinical Chair, Devon CCG
Ruth Harrell – Dr (RH) A	Director of Public Health, Plymouth City Council
Simon Kerr – Dr (SK) **	Clinical Lead Representative, Eastern Locality, Devon CCG
Shelagh McCormick – Dr (SMc) **	Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST) **	Interim Accountable Officer, Devon CCG
Steve Brown (SB) **	Director of Public Health, Devon County Council
In Attendance	
Nikki Coombes (NC) ** **Minute Taker**	Executive Assistant, Devon CCG
Louise Higgins (LD) **	Interim Locality Director, Northern and Eastern
Dr Sarah Wollaston (SW) **	Designate Chair, Integrated Care System for Devon
Nigel Acheson (NA) **	Chief Medical Officer, Integrated Care System for Devon
Kevin Orford (KO) A	Finance and Remuneration, Non-Executive Member, Integrated Care System for Devon
Hisham Khalil (HI) **	Quality, Non-Executive Member, Integrated Care System for Devon
Graham Clarke (GC) **	Audit and Risk, Non-Executive Member, Integrated Care System for Devon
Thandiwe Hara (TH) A	People and Culture, Non-Executive Member, Integrated Care System for Devon
Sheena Asthana (SA) **	Citizens and Public Involvement, Non-Executive Member, Integrated Care System for Devon
Liz Davenport (LD) **	CEO Torbay and South Devon NHS Foundation Trust health system representative, Integrated Care System for Devon
Tracey Lee (TL)**	CEO, Plymouth City Council, Local Authority system representative, Integrated Care System for Devon
Minutes approved | Date:	Signed by chair:

Committee name

Report title

Date of committee	Date report produced
20 July 2022	14th July 2022

Author(s)		Report approved by	
Name and title:	Lisa Heard Head of Performance	**Name and title:**	Darryn Allcorn Chief Nurse
Phone:	01392 675241	**Date:**	14/07/22
Email:	Lisa.heard@nhs.net		

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

Executive summary (250 words max)

This report provides a consolidated update on key measures of outcomes, performance, quality and activity to provide the necessary assurance to the ICB. The report includes escalation of key issues from LCPs and system groups, highlights any significant risks and includes further detail on any areas requested by the Board.

Work is commencing to align the report to the newly published NHS Outcomes Framework and system priorities.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
This report is presented at: Finance & Performance Committee System Quality & Performance Group System Quality & Performance Committee Integrated Care Board

Key recommendations and actions requested
1. Receive and note the contents of the report
2. Note issues highlighted and actions undertaken
3.
4.
5.

Impact on NHS Devon objectives	
Objective	**Impact**

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services	Includes details of areas where there are quality concerns	
Health inequalities	Outcomes framework includes comparators on data	
Workforce	Includes summary on workforce metrics	

Resources and finance	System finance summary included	
Legal		No
Engagement and consultation		No

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Integrated quality, performance and finance report (IQPR)

Table of contents

Executive Summary

This report provides a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, recovery and activity to provide the necessary assurance to the ICS, at both place and system level that issues are being addressed.

The One Devon system has submitted its 2022/23 Operating Plan which will include plans to work towards delivery of key elective care targets and address underlying issues that restrict ability to deliver elective activity. However, the financial forecast currently sits at an £18m deficit.

Operationally the ICS remains under extreme pressure with Covid inpatient numbers rising and services competing for resources. This has resulted in a sustained position of increased risk, including delays in urgent care, delayed discharges due to poor community capacity and COVID related staff absences. This has led to pressures in Emergency Departments (EDs) and ambulance conveyancing due to poor patient flow resulting in a further stepping down of some planned procedures.

Planned Care 104 week waits continue to reduce, but NHS Devon is forecasting 889 patients waiting above 104 weeks at the end of July 2022 (target of zero). System wide work is underway to understand the implications of harm in relation long waits in elective pathways. In addition, and in response to ensuring the system addresses the COVID 19 backlog - multiple actions are in place to maximise efficiencies, capacity and ensure safe and high-quality care is delivered. Our principle remains that we ensure elective care is safely, sustainably, and reliably provided as a system.

Within the emergency pathways, ambulance response delays have shown to have a positive correlation with hospital handover delays. SWASFT have completed a system patient safety incident investigation report and it is currently under review by NHS Devon prior to publication.

Key risks and priorities

Quality	Performance
• Planned Care: risk to patients, due to long waits. Mutual aid and other workstreams in place to mitigate risk. • Urgent & Emergency Care: risk of long waits across whole pathway; 111, 999, ambulances through to EDs. Including risk due to discharge delays and long waits for packages of care in community. • Primary Care: impact on primary care workforce and capacity, i.e. GPs undertaking additional care tasks. • IPC: Increasing numbers of COVID-19 positive cases, impacting on communities, but also NHS workforce.	• Planned Care: Although improving position, approx. 1000 patients above 104 weeks waiting at the end of July 2022 (target of zero) for elective procedures. Cancer 62 day target delivery unmet at 62%. • Urgent & Emergency Care: Emergency Department 4 hour under-performance and declining (66%). 60 minute handover delay breaches at all four acute hospitals with loss of 6,574 hours in May. • Discharge: delays continue to impact on flow through the entire system & No Criteria To Reside targets unmet. • IUCS: 111 and Out of Hours service seeing continued capacity problems and performance standards unmet. • Children's & Mental Health: improvements relating to urgent access to eating disorder services. Deteriorating position for children awaiting autism and speech and language assessments.
Workforce	**Finance**
• Challenged staffing position across the whole healthcare sector. • Provider sickness rates are between 5.6% (RDUHT) – 6.4% (LSW). • Provider turnover rates are between 12.0% (UHP) - 25.0% (LSW). • £7.6m agency spend (May end) compared to £7.9m in May 2021. • Vacancies: Increases across most clinical roles.	• As at month 2 (May 22) the Devon ICS had a deficit of £16.3m which is £1.6m favourable variance to plan. • As at month 2 the Devon ICS had made efficiency savings of £8.6m of which £2.6m are recurrent. This is £6.7m adverse to plan. • Devon's forecasted financial position has significantly improved from the April submission (£104m deficit) to an £18m deficit at the end of June 2022.

Performance & Quality Context

2022/23 Operating Plan final submission

- Devon's forecasted financial position for 22/23 has significantly improved from the April submission (£104m deficit) to an £18m deficit at the end of June 2022. This is currently sitting with RDUHT, but the system is committed to resolving collaboratively.

- Changes have led to an improvement in the long waiter position (104ww end of June position 871 and end of March 2023 336).

- Improvement in 78ww trajectory at RDUHT and UHP, but TSDFT deteriorated. Net improvement of 1,052.

- Reduction in in-year workforce growth from 4.38% to 3.12%.

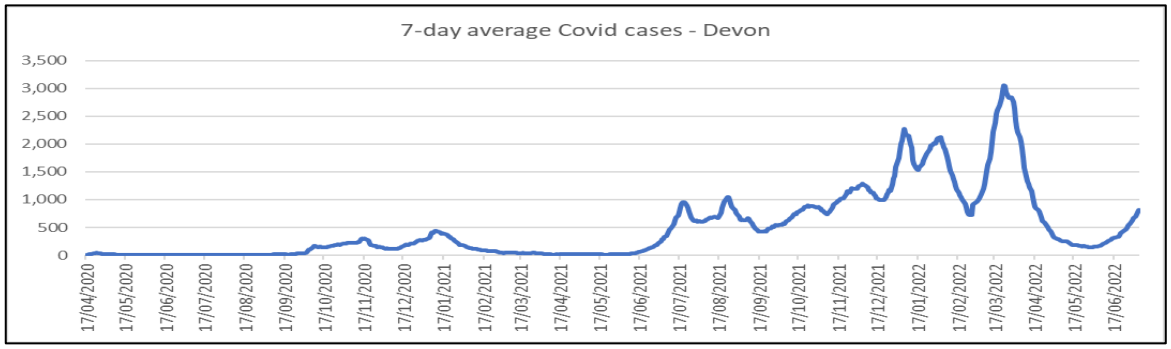
- Awaiting feedback from NHSE on changes

SOF (System Oversight Framework) 4

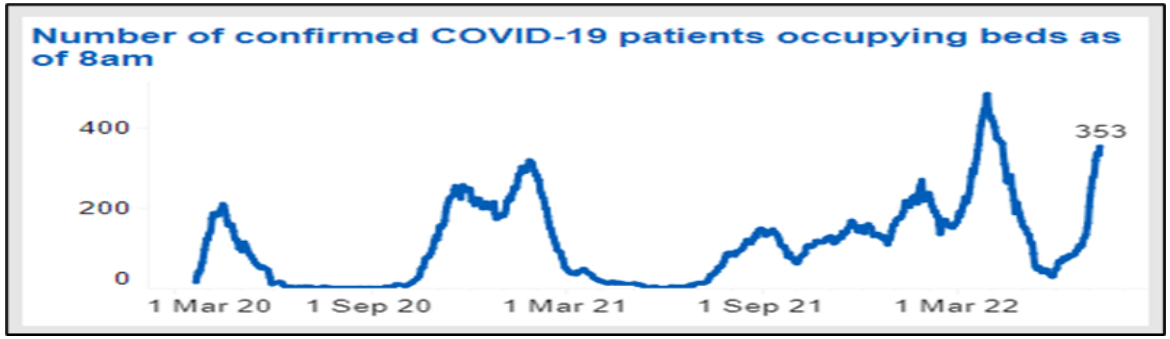
Programme Progress		
System SOF4 Exit Criteria	**Progress made to date**	**Next planned actions / Progress RAG***
Finance	• Initial review of expenditure commitments discussed at Finance Working Group and feed into CEO workplan • System CEO meeting on 8th June to review financial plan submission. • **RAG rating changed to amber to reflect progress that actions outlined have been completed.**	• System Finance Report planned in for ICB Finance Committee from July 2022 • 1:1 meetings with system partners to review efficiency plans expenditure commitments on track to be completed by end June 2022
Quality	• Devon ICS Case for Change submitted to Devon ICS Executive Meeting and signed off on 17th May • Acute Medicine Pathway review site visits confirmed. • 100 day challenge proposal formalised for intensive improvement focus in West Devon and UHP. • New UEC Strategic Oversight Group proposal developed – will support Ambulance, Flow and Discharge cells • New AD for System Control and Improvement appointed. • Discussions started with SWASFT to explore dynamic conveyancing lite and small test of change. • System CEOs finalising arrangements for ASSS to be discussed with Region in June	• Change Control Process to oversee and manage updates to Case for Change to be developed by ICS PMO • Meetings planned with Acute Trust COOs to explore test of change and set criteria.
Strategic Leadership & Transformation	• Review of 5 priority areas now completed. Paper setting out focus of 5 key priorities for 2023 and beyond drafted and will be discussed at LTP Implementation Management Group. • ICS for Devon Strategy Development Session held 8th June 2022 with system leaders.	• Paper to LTP Implementation Management Group 27th June 2022. • Inaugural meeting of Strategy & Transformation Group 21st June. Chaired by Liz Davenport. • Review process to be undertaken with all workstreams as per 5 priority areas • First Devon Conference proposed for 13th September 2022

Covid Update

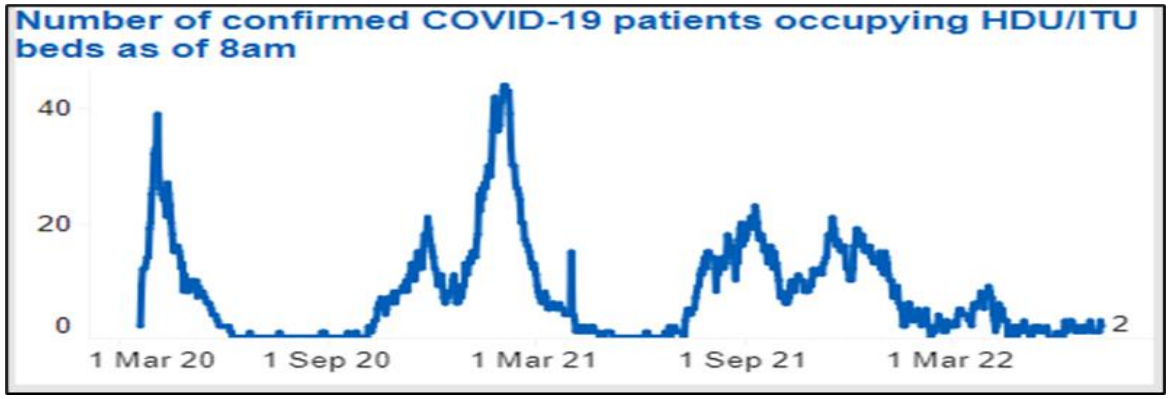
Covid infections have continued to increase across the peninsula, reflecting the rise seen nationally. However, testing numbers are significantly lower than in previous waves meaning reported figures are underestimates. Positivity rates are slightly above the national average.



The number of Covid patients in hospital beds has steadily increased since the start of June, following the rise in community prevalence.

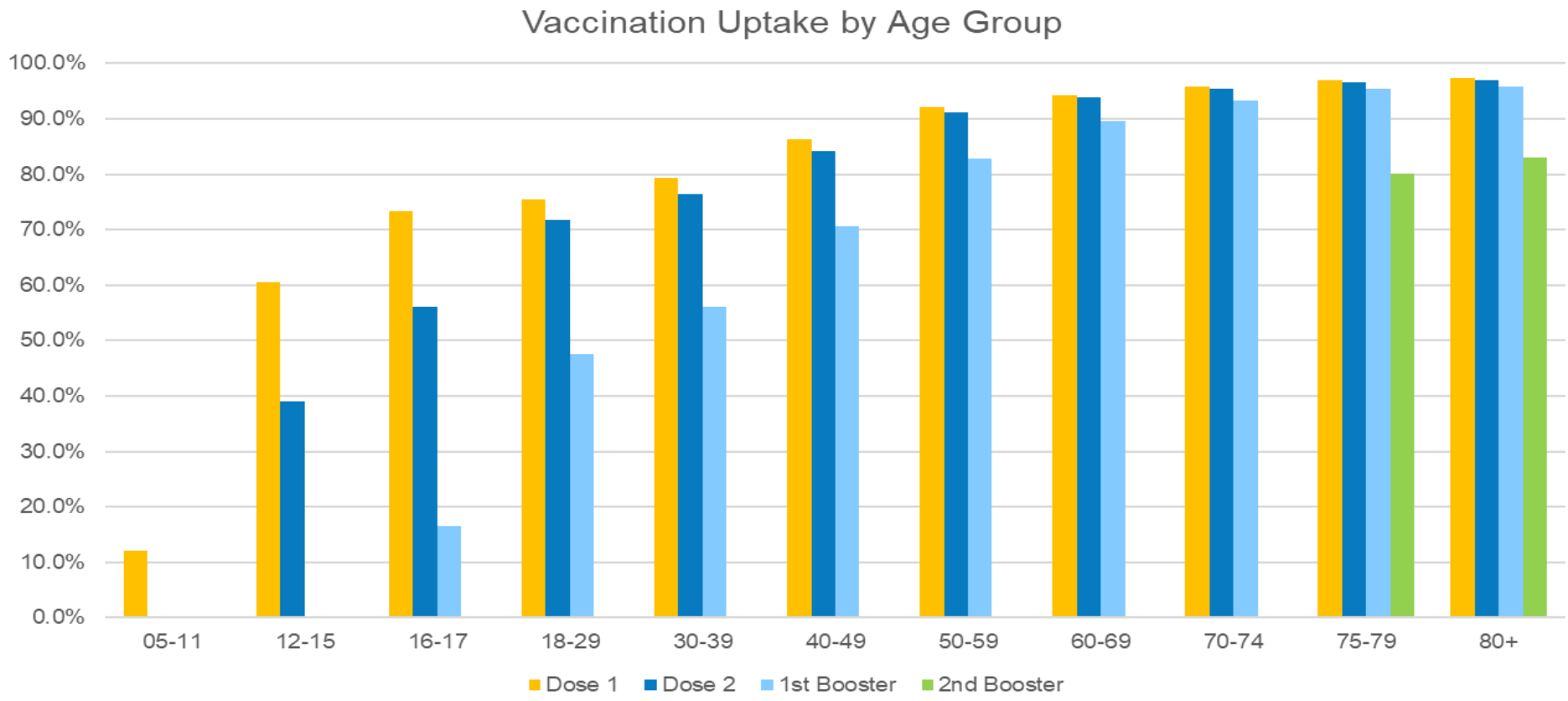


Covid patients in ICU continue to remain relatively low despite a rise in general hospitalisation levels. As of 11th July, there were 2 patients with Covid occupying an ICU bed.



Covid Update: Vaccinations

80.3% of the eligible Devon population have received one vaccination dose and 82.9% both doses. 60.5% of 12-15 year-olds have received at least one vaccination and 12.1% of 5-11 year-olds. 81.7% of eligible people have received a second booster (all figures as of 30th June)

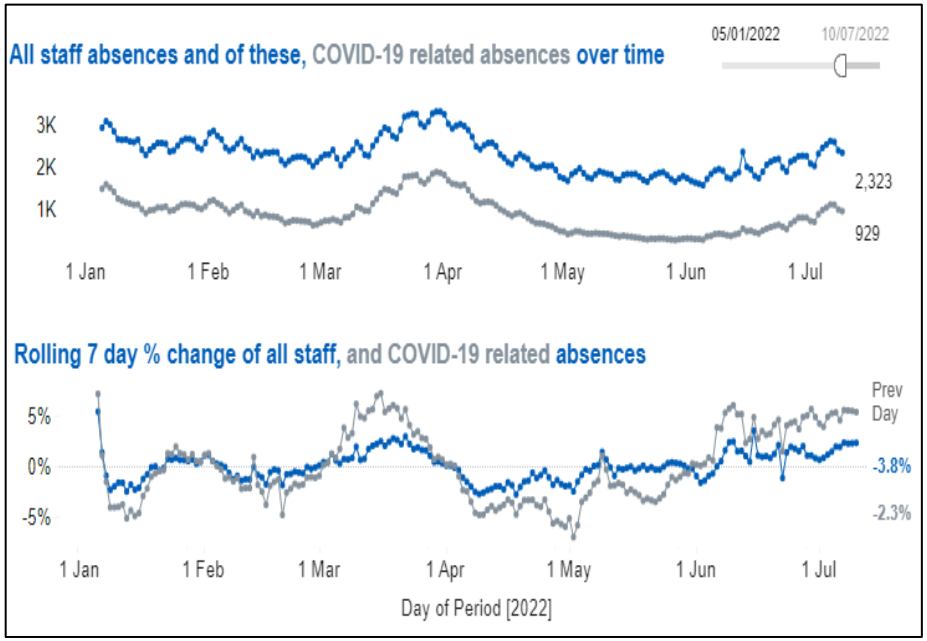


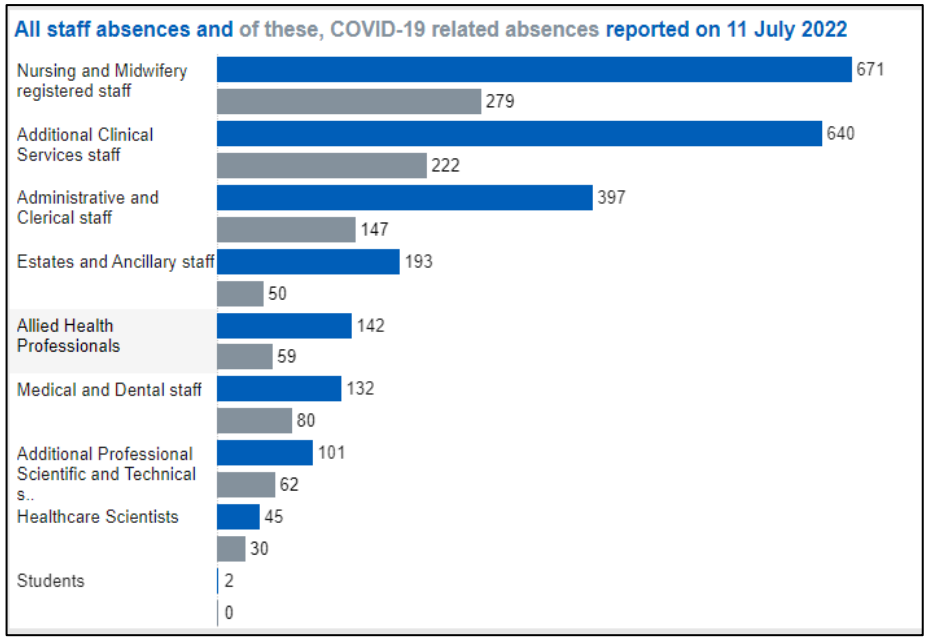
Covid Update: Workforce Absence

Covid-related absences across the workforce have increased at a steady rate since the start of June across all providers.

Latest figures show 7.2%% of staff were absent in total across Devon's providers, 3% of which were Covid-related (increased from 1.6%).

The level of both Covid and non-Covid absences are highest amongst the Nursing and Midwifery staff group.





Primary Care: Clinical Activity

Theme: General Practice Clinical Activity Backlog

Underlying cause: Since the start of the pandemic a significant amount of General Practice activity has been deferred owing to both national directives (focusing on vaccination programme and those most in urgent need) and patients electing to postpone appointments in order to minimise attendance at clinical premises. This will inevitably have led to a backlog in clinical activity across primary care although the extent of this back log is not readily quantifiable.

Data: Whilst some activity can be measured and compared, e.g., 21/22 activity against 18/19 activity, the true backlog of the complexity of delayed presentations may not be possible to measure in its entirety. Work is ongoing with BI to identify what data can be used.

Primary Care: Clinical Activity

Actions undertaken in last month:	Impact:
Primary Care completed action to access BI Team to review quantification of activity data that could be utilised to monitor accumulation of delayed work, for example QOF, Public Health screening metrics, immunisation rates and referral activity. Further work to develop and present this data is planned.	Potential data sources identified to help identify backlogs Once available, this data will be used to assess the extent of delayed services and plan improvement.
In May £641,000 was paid to GP Practices from the Devon Spring Action Fund, which contributed to additional staffing costs. Practices submitted bids for funding with a percentage of funding being awarded based on need.	Additional financial support will provide eligible sites resources to secure additional clinical sessions from existing staff and locum practitioners.

Actions for next month/s:	Intended impact:	Date impact will be realised:
Continued work with BI to quantify outstanding practice and provision of services.	Will support a system-wide understanding of the impact of COVID on clinical backlog in partner organisations; and identify the interdependencies and potential impact of system wide provision on other partners.	Ongoing, work will continue during June/July 2022
Ongoing review of the funding from the Devon Spring Access Fund (DSAF) via the circulation of an activity assurance template to enable reconciliation process to take place to be able to release remaining funding to be paid in September Potential for fund to be extended to support summer pressures	Additional capacity in general practice will support an increase in clinical activity	Additional sessions to be funded from May to July 2022

Integrated Urgent Care Service: NHS 111

Theme: Delivery of key NHS 111 service standards in relation to call handling and call abandonment

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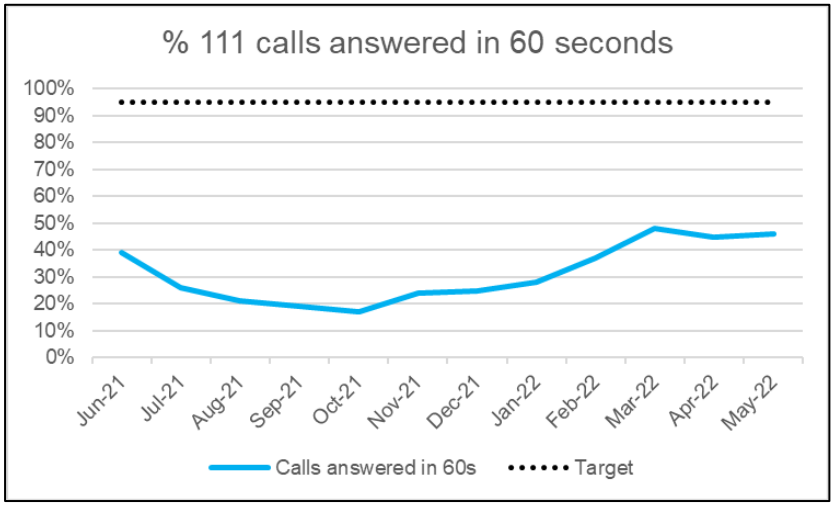
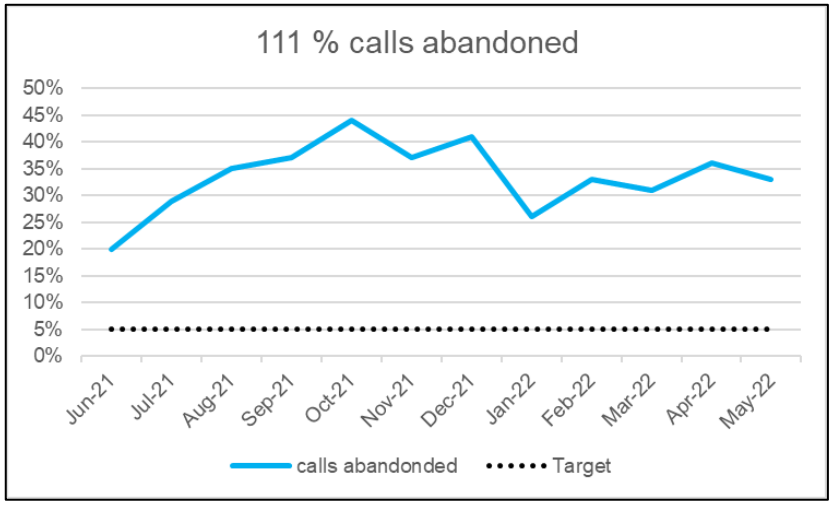
- Call answering remains distant from target of 95% at around 45%. Weekday performance has improved but weekend performance is still very challenging with poor rota fill and continued attrition.
- Call abandonment remains significantly adrift from target at 35% compared to a target of 5%. Compared to national average, Devon Doctors remain one of the lowest performing providers for call abandonment.

As a result of long waits to speak to a call handler, many patients abandon calls. It is difficult to know the pathway they then take, but could impact on patient safety and experience, as well as the wider system, including use of Emergency Departments.

Underlying cause: Overall, poor performance due to low call answering capacity because of unplanned absence and insufficient weekend establishment. In addition, there are high volumes of “Patient Safety Calling” during busy periods which non-clinical call handlers are required to support.

Data:





Actions undertaken in last month	Impact
Recruitment for non-clinical call handlers.	Establishment is not increasing; recruitment is matching attrition. However there has been improvement in call answering which has been above 45% for the last three months
Provider reviewing processes with telephony provider and configuration of call queues.	Between May and June the abandonment rate improved by 3% however performance is variable and does not yet indicate statistically significant improvement trend

Actions for next month/s	Intended impact	Date impact will be realised
Continued recruitment for non- clinical call handlers	Increase in call hander establishment from 68.8% to in June to 90% in line with agreed trajectory	July 2022
Continued provider review of processes with telephony provider and configuration of call queues.	There is an improvement trajectory in place which sees improvement to call abandonment rates reduce 18% by September	September 22

Integrated Urgent Care Service: GP Out of Hours

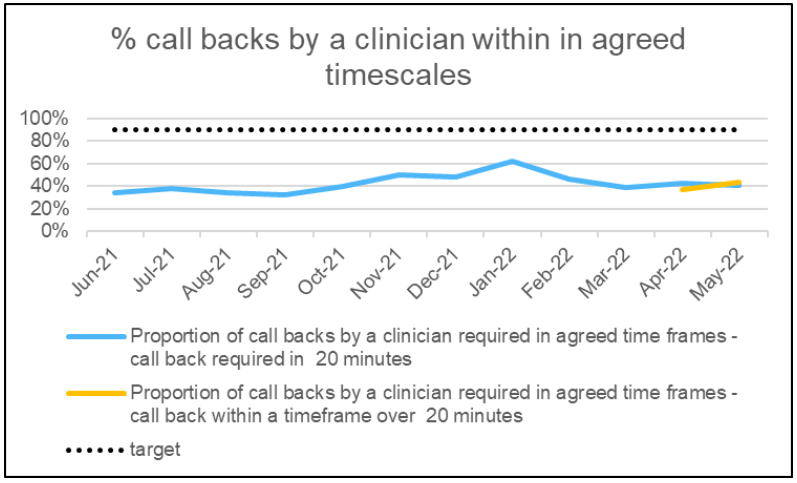
Theme: The GP Out of Hours is currently not meeting the following service standards:

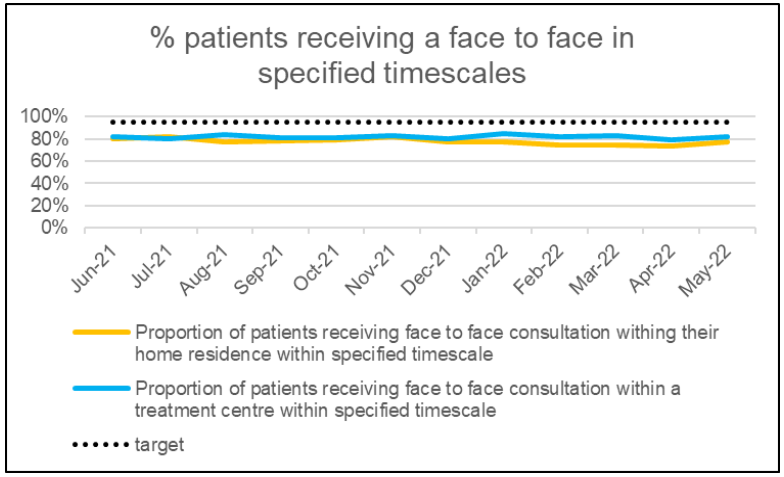
- 90% of patients who receive telephone advice or have their call triaged within a clinically defined timeframe (determined by the disposition from NHS Pathways). Performance is currently around 40%.

- 95% Patients receive a 'face to face' appointment, either within their home or at a treatment centre within clinically defined timeframes. The standard for ‘face to face’ service is measured from a combination of timeframes determined by the disposition from NHS Pathways. Overall, the service remains circa 80%.

There are patient safety impacts as a result of delays with telephone and / or face to face contacts. These include a delay in assessment and potential deterioration in a patient’s condition, in particular in time critical circumstances.

Underlying cause: Fluctuating poor performance is due to low rota fill. Reduced fill / low pick up rates are due to a number of reasons including competing demand on limited workforce.





Actions undertaken in last month	Impact
Clinical communications to ensure clinicians are kept up to date during the transition period between providers including engagement events led by Practice Plus Group.	To connect local clinicians with who may wish to pick up shifts in the integrated urgent care service, with the incoming provider.

Actions for next month/s	Intended impact	Date impact will be realised
Continued clinical communications to ensure clinicians are kept up to date during the transition period between providers including engagement events led by Practice Plus Group.	Reduce the number of unfilled shifts.	June 2022 and beyond as part of mobilisation process

Emergency Department: 4 hour waits and Ambulance Handover delays

Themes:

- Increasing ambulance handover delays. Total hours lost to ambulance handover delays (of over 15 minutes) in May across Devon was 6,574 hours.

- No trust in Devon is meeting the target for 95% of patients attending ED should be admitted, transferred or discharged within four hours. No provider in Devon is meeting this target. In June Devon wide performance was 66%.

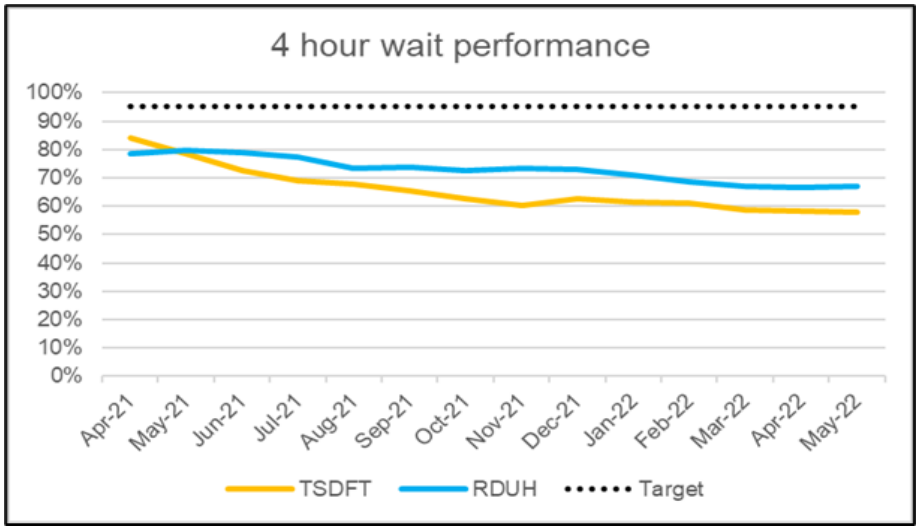
When patients wait for long periods in ED there have a poor experience of the service, patient safety may be compromised, due to of delayed assessment and intervention. This is a risk for all long waits, from 4 to 12 hours plus.

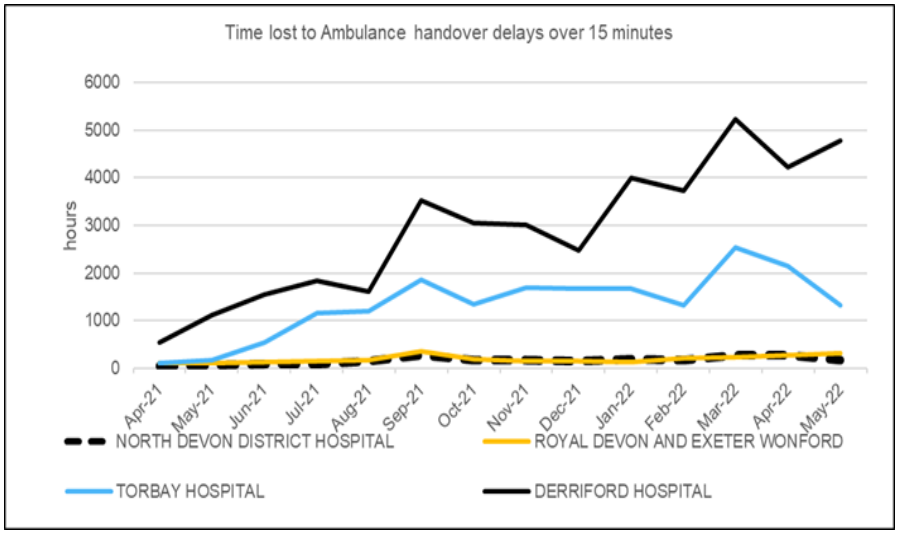
There is risk to patients waiting in ambulances for extended periods. While care is provided in the vehicle, and ED clinicians often also attend, there may be delays in onward assessment, diagnostics, treatment and appropriate ward admission. Experience, including comfort and pressure care can also be affected.

With ambulances held outside EDs, there is a risk to patients waiting for paramedics to attend at home and patients waiting for an ambulance response particularly for emergency conditions in category 2 such as stroke, sepsis and heart attack. Several Serious Incident (SI) investigations describe the urgent and emergency care environment 'Departmental overcrowding, extreme clinical workload for the senior decision makers in the Emergency Department'. The SWASFT system SI in draft format has been shared with NHS Devon for comment on the 30/06/2022.

Underlying cause:

Delays caused by flow through the hospital being compromised due to delays to discharge. Performance also been impacted by winter and covid pressures, staffing challenges and crowding in ED.





Note: UHP do not report against this standard as they are part of a pilot for new metrics. Also RD&E and Northern Devon data is now combined

Actions undertaken in last month	Impact
Commencement of work to increase Same Day Emergency Care (SDEC) activity by 10% and capacity to reduce SDEC conditions seen in ED and increase ambulance referrals	Reduction in SDEC appropriate cases being seen in ED and directed to SDEC, currently identified as 4 patients per day from within ED, further work on pathways for direct admission to SDEC underway.
Commencement of work to deliver and report on Falls Pilot (referrals of clinically appropriate cases from SWAST to Urgent Community Response (UCR).	Reduction in number of long layers and conveyance to ED. Target 10 per day.

Commencement of work to discharge 80% of total daily discharges by 5pm and 33% of same before 12pm	Create Bed Capacity, increased discharges earlier in the day, which enables patients to be admitted more quickly from ED.
Commencement of work to Achieve nurse staffing establishment & fill rate in ED to 90% of hours required v hours available	Increase in ability to triage and treat patients within timeframes and increase flow through ED
TSD: Increase in acute medical inpatient capacity at T&SD for the last 4 weeks	This has not had the impact that was hoped but has given a greater opportunity to flex.

Actions for next months	Intended impact	Date impact will be realised
Implementation of “full capacity” protocol at T&SD. This is currently not in place and has been escalated to the Trust Senior Ops Team	Reduced waiting in ED	July 2022
Continuation of work at UHP to increase SDEC activity by 10% and capacity to reduce SDEC conditions seen in ED and increase ambulance referrals	10% Reduction in SDEC appropriate cases being seen in ED and directed to SDEC, currently identified as 4 patients per day from within ED, further work on pathways for direct admission to SDEC underway.	December 2022
Continuation of work to deliver and report on Falls Pilot at UHP (referrals of clinically appropriate cases from SWAST to Urgent Care Response)	Reduction in number of long liers and conveyance to ED. Target 10 per day.	September 2022

Continuation of work to discharge 80% of UHPs total daily discharges by 5pm and 33% of same before 12pm	Create Bed Capacity, increased discharges earlier in the day, which enables patients to be admitted more quickly from ED.	September 2022
Continuation of work to achieve nurse staffing establishment & fill rate in ED to 90% of hours required v hours available	Increase in ability to triage and treat patients within timeframes and increase flow through ED	To be confirmed

Ambulance Service Response

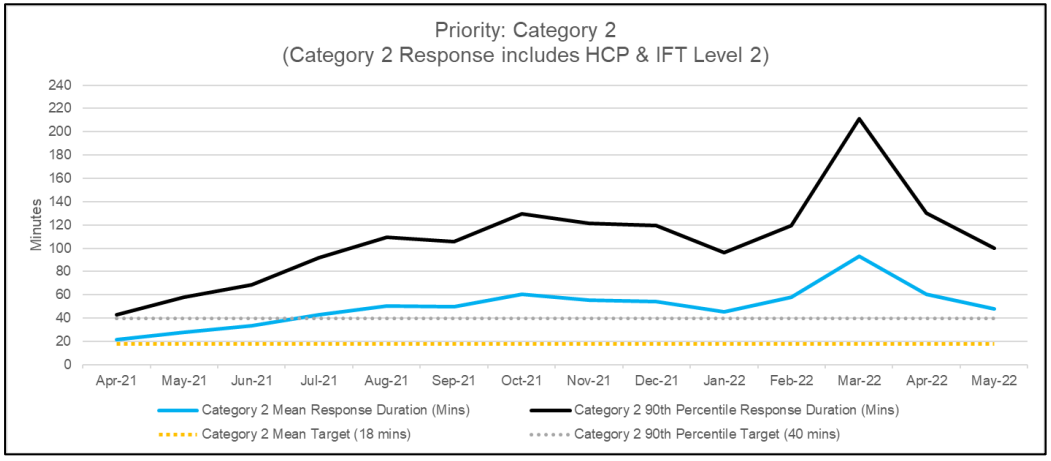
Theme: Delays to delivery of emergency care: 999 call answering, ambulance response (particularly category 2 which is an emergency response excluding immediately life threatening conditions) and hospital handover delays. SWASFT call response, ambulance response and resources lost to handover delays are the worst in England.

Ambulance response delays have a positive correlation with hospital handover delays, particularly in South and West Devon; category 2 performance aligns to other key metrics such as ambulance handover times and long waits in ED. SWASFT have completed a system patient safety incident investigation report shared with the ICB prior to publication.

c60% of SWASFT conveyances are category 2 and these will include some of the sickest patients hence the national priority to address this. Through May, 63% of calls were answered in 60 seconds (target 95%) a further improvement from April (44% answered within target).

Underlying cause: Delays in call answering times relate to challenges recruiting enough emergency medical dispatchers, attrition and abstractions of existing workforce.

Data:



100 minutes 90th centile response in May across Devon (target is 40 minutes).

48 minutes mean response in May across Devon (target is 18 minutes).

Actions undertaken in last month	Impact
On-going recruitment and training of Emergency Medical Dispatchers.	Increase in trained call takers and improvement in call answering times. Call answering times are improving. Through May, 63% of calls were answered in 60 seconds (target 95%) a further improvement from April (44% answered within target).
Clinical resourcing in hub to maintain hear & treat rates, including dedicated mental health practitioners, and additional crew and private ambulance resources to improve response times.	Hear and treat rates of 21%. Response improved to 63% of calls answered in 60 seconds in May compared to 44% in April.
Confirmation of handover improvement plans and trajectory as part of 2022/23 contracting arrangements.	Agreement to aim for a step change decrease in handover delays by October, towards 2019/20 levels based on impact of virtual wards and same day emergency care programmes at UHP and Torbay

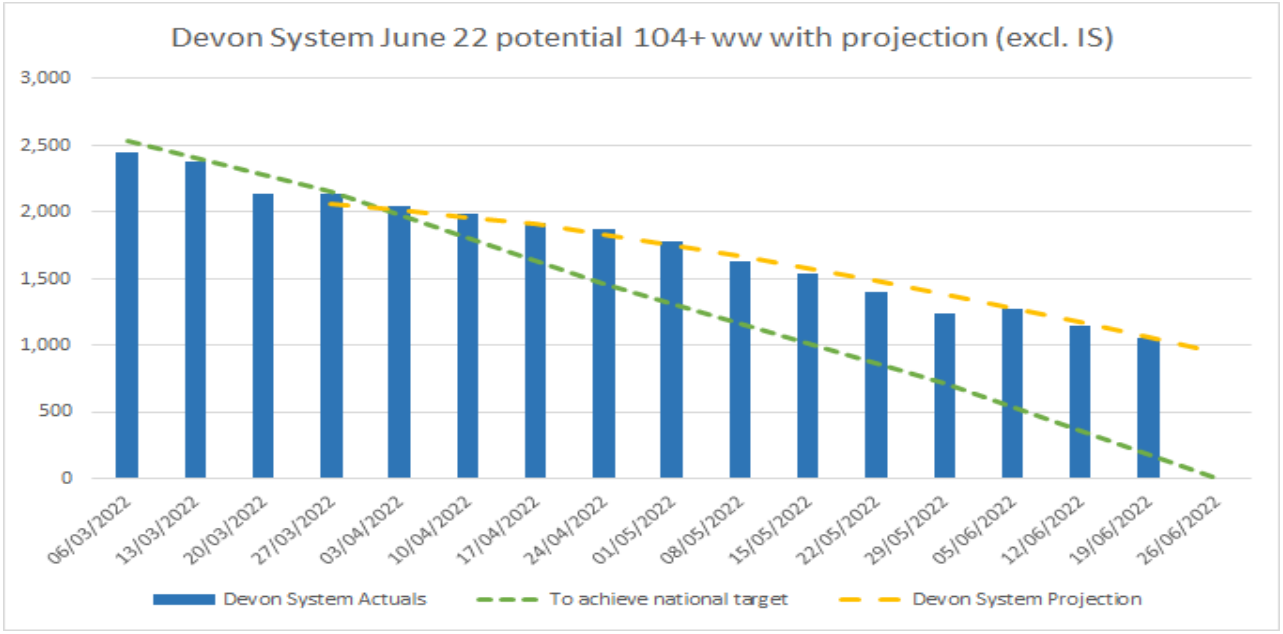
Actions for next month/s	Intended impact	Date impact will be realised
Continued recruitment and training of Emergency Medical Dispatchers (EMDs)	182 WTE trained call takers in place, 250 by September. Significant improvement in compliance with calls answered in 5 seconds.	September 2022.
Further development and refinement of handover plans and trajectory, including thematic review of all SW plans and trajectories.	Reduction in hours lost to handover at UHP and TSDFT.	October 2022
Conclusion of SWASFT contract negotiation.	Contract and financial framework agreed which recognises and resources hours lost to handover to improve response times.	July 2022

Planned Care: 104 week waits

Theme: The number of patients waiting over 104 weeks for elective procedures and number of patients on waiting lists for surgery.

Underlying cause: Backlog in treatment of patients due to impact of pandemic and urgent and emergency care pressures on elective care capacity.

Actions undertaken in last month	Impact
Patients waiting 104+ weeks is currently 1003 (167 patient reduction from last month). There is considerable system focus on managing this cohort. Mutual aid is in place with seven national providers. Acute providers continue to update plans for 104 ww position. As a system, there is a projected gap of 889 patients waiting above 104 weeks for the end of July 2022 (target of zero). NHSE continue to provide with mutual support.	**For all current, and planned actions:** An improved safety & quality position for patients. Thus, positively impacting other services such as emergency care, as fewer patients will switch to urgent care pathways due to a reduced wait time.



Actions for next month/s	Intended impact	Date impact will be realised
Trusts continue to focus on reducing 104 week waiters to delivery July targets and review/monitoring of plans at specialty levels	Reduction of patients waiting over 104 weeks for treatment	Impact each month
Work underway to form a One Devon Patient Tracking List	Focus on opportunities for increased productivity in 22/23	Impact by end of March 2023
Work with regional/national teams to identify mutual aid from outside of Devon and review any further opportunities within Devon.	Reduction of patients waiting over 104 weeks for treatment	Impact each month
Continued patient validation exercise across all providers	Reduction in unnecessary waiting on the waiting lists. Reduction in waiting times for the patients remaining on the waiting list	Impact each month
Healthy Waiting initiatives have been adopted to optimise the patients on the waiting lists	To minimise the risk of deterioration of the patient's condition on the waiting list	Impact each month
The Planned care Board is reviewing the 78ww as a standing agenda item as well as the 104ww	This will focus attention on the potential to avoid a further wave of backlogged patients and extended waits.	Impact each month

78 week waits: Patients within the 78ww cohort will continue to be a pressure on the system and this remains a challenge. The system is focusing attention in tackling those patients who have waited the longest, outside of those requiring priority treatment. An ongoing process of patient validation is underway across all providers and is being coordinated through the system.

52 week waits: Capacity has been diverted from across all providers to assist in managing the longest waiting patients, namely all those who have been waiting over 78 weeks for their procedure. Clinical oversight and validation remains in place.

Planned Care: Protected Elective Capacity (PEC)

Theme: Lack of PEC for complex orthopaedic surgery in acute trusts.

Underlying cause: Pressure on all bed types and risk of protected beds being utilised for other specialty in-liers and non-ortho patients because of:

- Urgent and emergency non elective care pressures on elective (EL) care capacity.
- Backlog in treatment of patients due to impact of pandemic has led to an impact on hospital flow.
- Delayed transfer of care (DTOC) and social care constraints (plus pandemic) have impacted hospital flow

Impact: An increase in waiting and subsequent poor patient experience will result if elective capacity is not protected. Also, seen, and unseen physical harm. PEC will mitigate this risk.

104 Waiting Lists & Highest Priority elective care
RDUHT and Nightingale Exeter (NHE) have successfully opened their protected capacity on time and to plan. c.48 beds in total, by repurposing a medical ward. NHE has seen their 200th patient, further plans to operationalise the Nightingale for Orthopaedics to more than the current 5 days a week is ongoing, with RDU leading the staff recruitment programme. In terms of Ophthalmology, the 4 imaging lanes are now live which is having a real and positive impact on clearing the backlog of patients. The innovative Surgicube is due to be operational in August.

The Plymouth Royal Eye Infirmary scheme is progressing. Phase 2 has had issues in terms of building planning, however, planning permission has now been approved and this phase can move forward.

Delayed openings.
Jubilee ward in RDUN opened at the beginning of June 2022 as a separate ring- fenced orthopaedic facility.

Actions undertaken in last month	Impact
Meeting of clinically led orthopaedic working group to confirm that plans are on track to deliver protected elective capacity at each site. Scheduled for the second week July 2022 to start the MSK and Orthopaedic workstream.	Improved governance. Agreement at Clinical Director/Specialty lead and NHS Devon Director level that the Ortho group should oversee all ortho restoration activity in Devon, not just complex ortho.
Each Trust has developed plans to protect beds for complex elective surgery and RD&E site went live with their 26 protected beds on 28th February. No further update though surge planning for Covid is now taking place.	Greater access to orthopaedic treatment for patients. • 104ww/highest priority elective care reduction. EL Protected beds are currently delivering ortho work, to the plan, in RD&E and Nightingale Hospital Exeter (NHE) • Exec backing. CEO/Exec level agreement on the importance of ringfencing • Clinical leadership. Agreement across all clinical leads in the 4 major Trusts that EL protected beds must only be used for orthopaedic patients
Quality Impact Assessment completed and submitted to Devon clinical leads for ortho	Clinical assurance on the rigor of the operational plan.

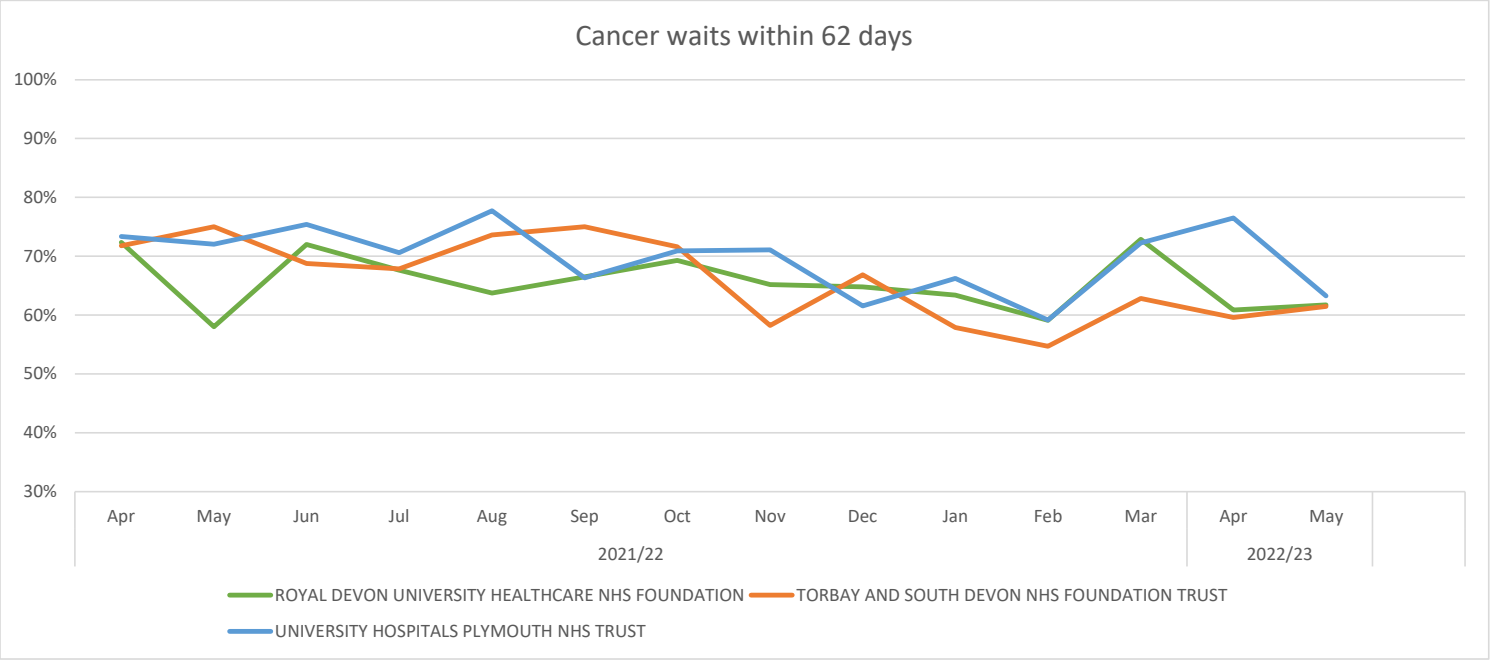
Cancer Performance 62 Day Standard

Theme: Failure to achieve statutory performance standard due to staff and physical space shortages, competing with urgent care pressures for general resources. Performance in May 2022 was 62% against an 85% standard.

Underlying cause: Existing problems alongside impacts of covid and impact of prevalence on both staff and patients. Increased 2ww demand continues (139% - compared to the same period in 2019/20) to increase due to public health awareness campaigns and restoration of screening services.

Impact: Numbers of patients are not receiving a confirmed diagnosis and starting treatment within 62 days.

62 Day (urgent) (85%)



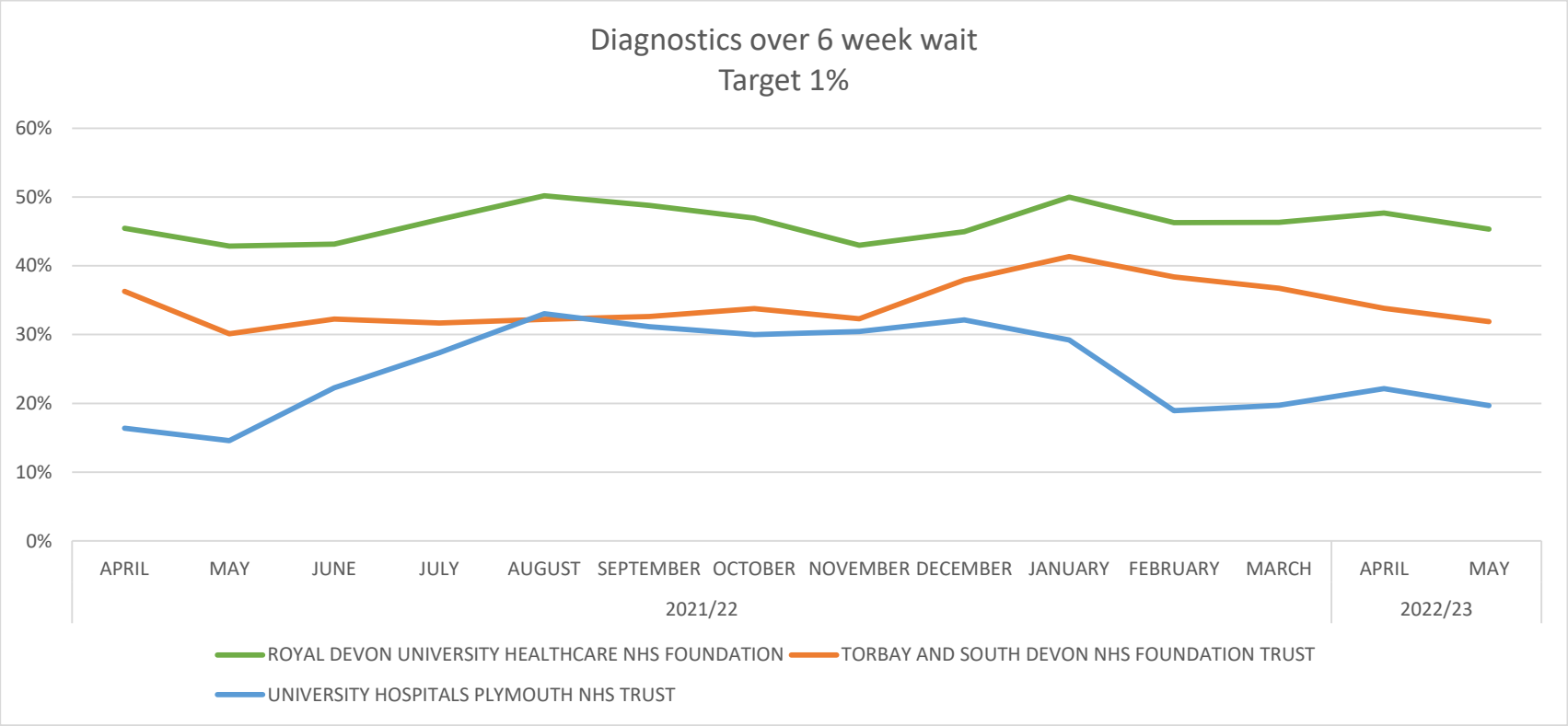
Actions undertaken in last month	Impact
MOU for Cancer Alliance funding issued to Trusts. Funding is to support achieving the cancer workplan 22-24.	Clearly described and funded plans for recovery during 22/23.
Development of monitoring metrics and reporting from NHSE to support the cancer workplan 22-24 (quarterly reporting).	Visibility of impacts of the cancer workplan on its objectives.
Development of monthly monitoring metrics to support the achievement of the cancer elements of the operational plan.	Visibility of actual v plan for the cancer element of the operational plan.

Actions for next month/s	Intended impact	Date impact will be realised
Trusts determining use of Cancer Alliance funding including support for additional urology biopsy capacity.	Reduction in 62 day breaches	Across 22-23
Ongoing support and monitoring of Trust cancer recovery plans. Identifying opportunities for further recovery.	Reduction in 62 day breaches	Across 22-23

Planned Care: Diagnostics

Theme: Statutory performance target for Diagnostics not met. May 22 performance was 36% against a 1% target.

Underlying cause: Impacts of covid increasing inpatient and urgent care activity. Previous infection prevention measures constraints reducing capacity which developed longer waiting lists.



Recovery plans determined as part of 2022/23 operational planning process.

- Delivery of 120% of 2019/20 activity.
- Diagnostic standard to be at 75% within 6 weeks by end March 2023.
- No 26ww by end March 2023.

Actions undertaken in last month	Impact
Final submission of 'bridging' activity for operating plan.	Increase in activity nearer to the national target of 120%. Now at 101% for ICS
Monitoring framework developed and reported to June planned care board.	Ability to monitor and mitigate performance against the operating plan.

Actions for next month/s	Intended impact	Date impact will be realised
Mobile endoscopy unit delivered to TSDFT for commissioning.	To be commissioned and in use by September to support recovery and mitigate impacts of works to develop additional endoscopy capacity from January 23.	October 22
Development of endoscopy capacity building planning following successful bids for capital from NHSE. Capital allocated to TSDFT for development to be completed in 22/23 and 'seed funding' to start development at UHP.	To address levelling up gap and regain JAG accreditation. Schemes must deliver in 22/23.	March 23

Complete and submit business cases for capital funding for endoscopy development at RDUHT and completion works at UHP.	To address levelling up gap and regain JAG accreditation.	March 23 for UHP March 24 for RDUHT
Reviewing utilisation of Exeter Community Diagnostic Centre.	Ensure all available capacity is being used across the ICS and appraise opportunities for seven day operations and assess the potential impact.	July 22

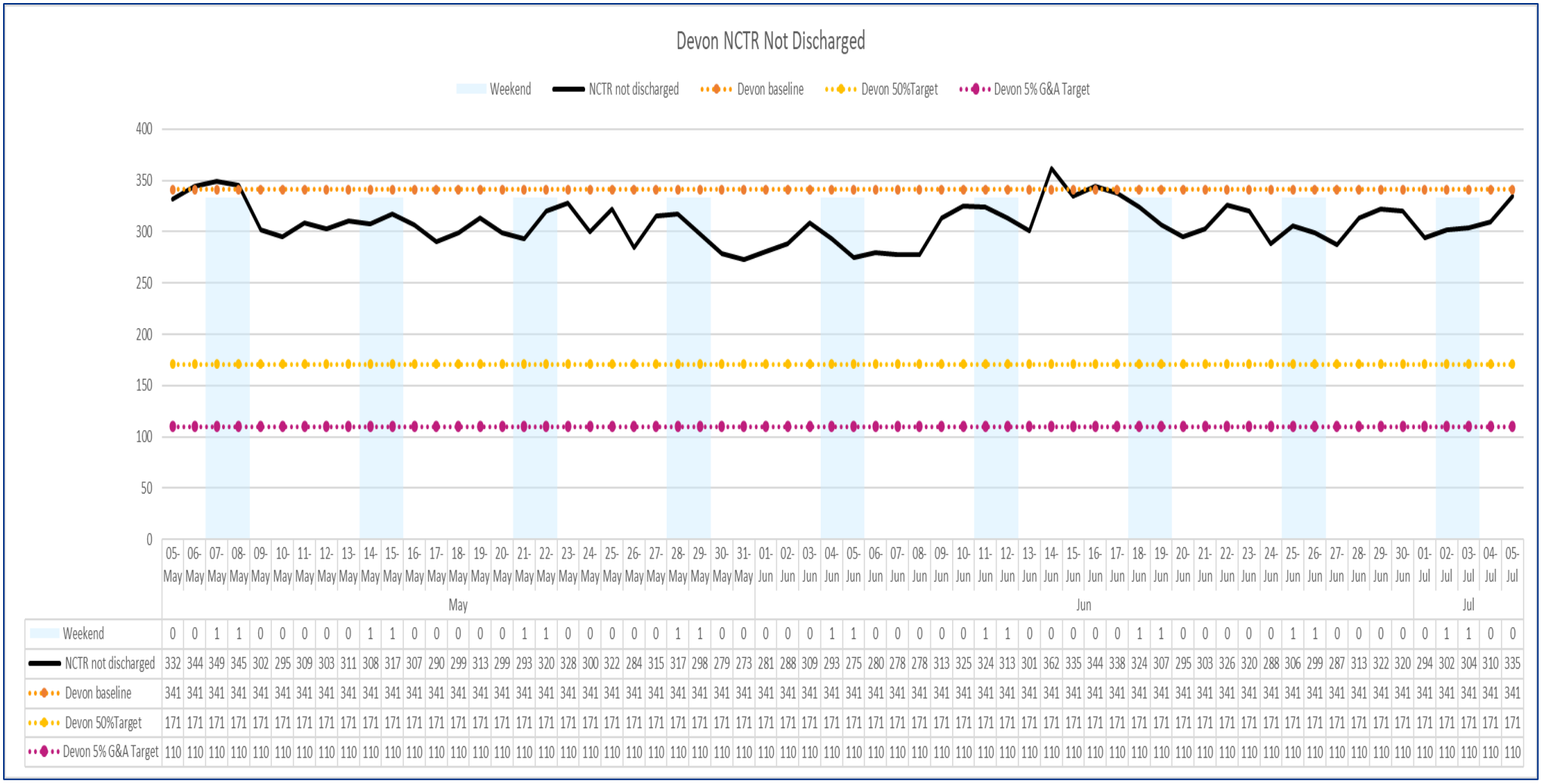
Hospital Discharge

Theme:
NHS England nationally set a requirement for all systems to reduce the number of individuals with No Clinical Criteria to Reside by 50% by 31/3/22, and additionally we have locally agreed a target of reducing NCTR by 5% of GA beds. The Devon System is yet to meet either target and continues to track the baseline.

In addition to the risk of deconditioning and infection for the patients remaining in hospital when able to leave, there is impact on other areas of the System and pathways; patients in ED wait in excess of 4 and 12 hours when waiting for a ward bed to become available, whilst ambulances are unable to hand over their patients to ED staff. Patients waiting for these ambulances, often very sick at home, are left waiting extended periods and at risk of harm.

Underlying cause:

- Challenges in capacity to support individuals as a result of continued pressures across the system
- Market resilience and sufficient staffing resource
- Time of discharge – high proportion of discharges (simple and complex) continue to take place after 5pm – impacting on flow



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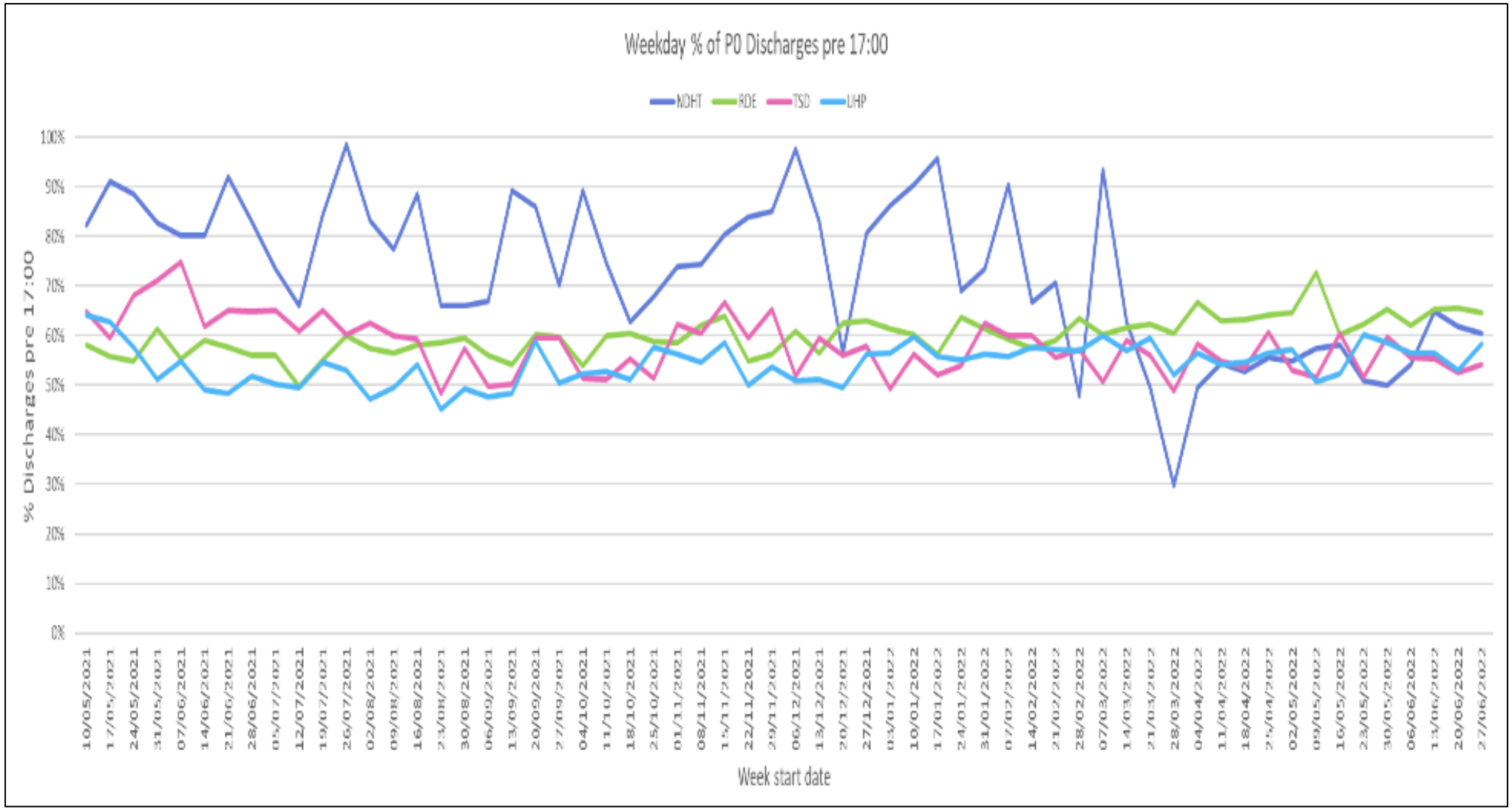
Weekend	0	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0	0	0	1	1	0	0
NCTR not discharged	332	344	349	345	302	295	309	303	311	308	317	307	290	299	313	299	293	320	328	300	322	284	315	317	298	279	273	281	288	309	293	275	280	278	278	313	325	324	313	301	362	335	344	338	324	307	295	303	326	320	288	306	299	287	313	322	320	294	302	304	310	335
Devon baseline	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341	341
Devon 50%Target	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171	171
Devon 5% G&A Target	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110


Weekday % of PO Discharges pre 17:00
NDHT
RDE
TSD
UHP
% Discharges pre 17:00
100%
90%
80%
70%
60%
50%
40%
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23/05/2022
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06/06/2022
13/06/2022
20/06/2022
27/06/2022
Week start date

Actions undertaken in last month	Impact
Pathway 0 (i.e. less complex discharges with no formal input from health or social care needed one home) – Audit of 2 wards discharges across 7 days in each trust, considering discharge on estimated date of discharge and time of discharge	Identified a number of challenges and key improvement actions developed and shared – each trust has developed an improvement plan, and process will be repeated in 2 months' time. Joint exercise involving locality commissioners – has developed positive engagement/joint working moving forwards
Development of 'Help Me Home For Lunch' scheme with ward based champions	Clear approach to discharging earlier in the day, freeing capacity by 12pm to support flow across the trust. Plans have been developed and continue to be monitored through System Flow calls.

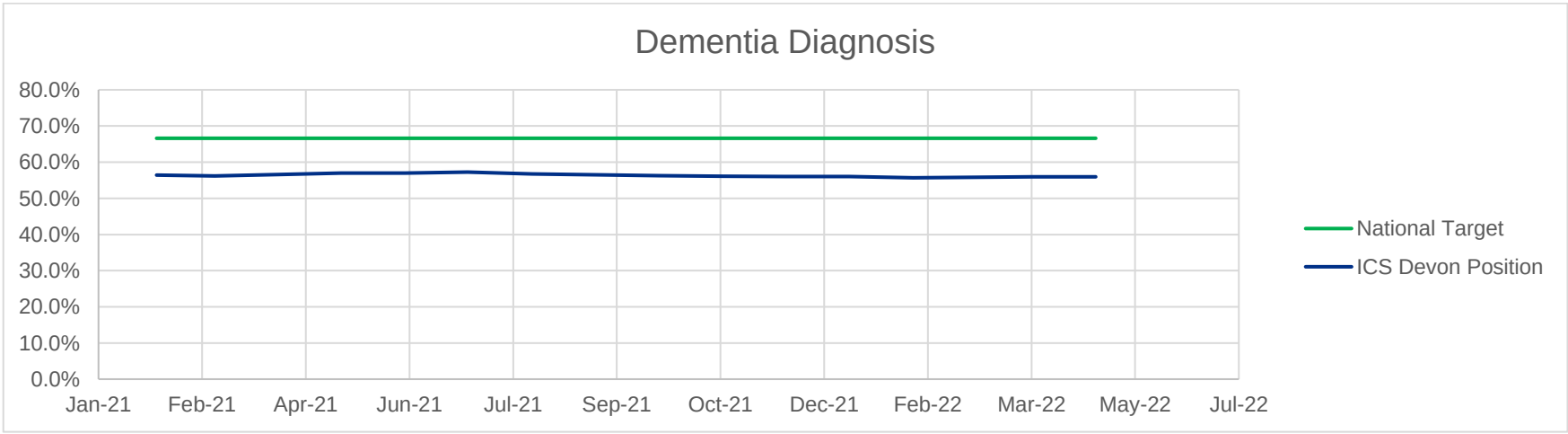
Actions for next month/s	Intended impact	Date impact will be realised
Delivery of Pathway 2 commissioning review underpinned by Demand & Capacity Modelling at a system and LCP level	Clear consistent model for delivery of Pathway 2 service across Devon, consistent outcomes and resource understanding. Sufficiency of capacity to meet current and predicted need.	Commissioning Review to be concluded with implementation plan by September 2022.
Continued oversight of outcomes of Pathway 0 audit, and identify further opportunities for system support to enhance Pathway 0 discharges, review of reluctant patient policy and consistent comms to support (across pathways)	Improved Pathway 0 discharges on estimated date of discharge and before 12pm (better flow). Consistent system messaging and support to frontline staff to ensure timely discharge takes place.	Improvement to be seen by end of July – trajectories to be revised and overseen by System Flow Group.

Mental Health: Dementia Diagnosis

Theme: Dementia Diagnosis Rate
The diagnosis rate for people aged 65 and over, as a percentage of the estimated prevalence based on GP registered populations is monitored nationally as a Long-Term Plan deliverable over the last 12 months.

Underlying cause: Diagnosis rate has been level for most of the last year. This is consistent with national experience where demand and capacity have been impacted by Covid. Devon's rate is at the lower end of what might be expected for our population, and so does not meet the national target. We are taking action to understand in a more detailed way how dementia is related to other areas of health, which will help us target our actions for a better dementia rate to the local populations who are most at risk of dementia. We also know that the funding for general practice associated with dementia diagnosis may not be fully evident to all GP practices, so we are more consistently illustrating that. Covid has had an impact, with relevant professionals in some parts of Devon diverted to support when people with dementia are in hospital, rather than focussing on new assessments.

Data: National Target: 66.6%. Current ICSD performance: 55.98%. Trend: Consistent performance maintained



Impact: For many people, obtaining a dementia diagnosis can help them and their families access relevant information, resources, support, care and treatment. It can empower people to make decisions about their future. If fewer people are accessing a dementia diagnosis then fewer people will get these benefits.

Actions undertaken in last month	Impact
Operating plan has been prepared and submitted which includes plans to improve quality of support, care and treatment for people who have dementia and a trajectory to improve dementia diagnosis rates in ICS Devon.	The implementation of the plan will lead to: • Increased understanding and enablement of referral from primary care for diagnosis • Increased diagnostic capacity

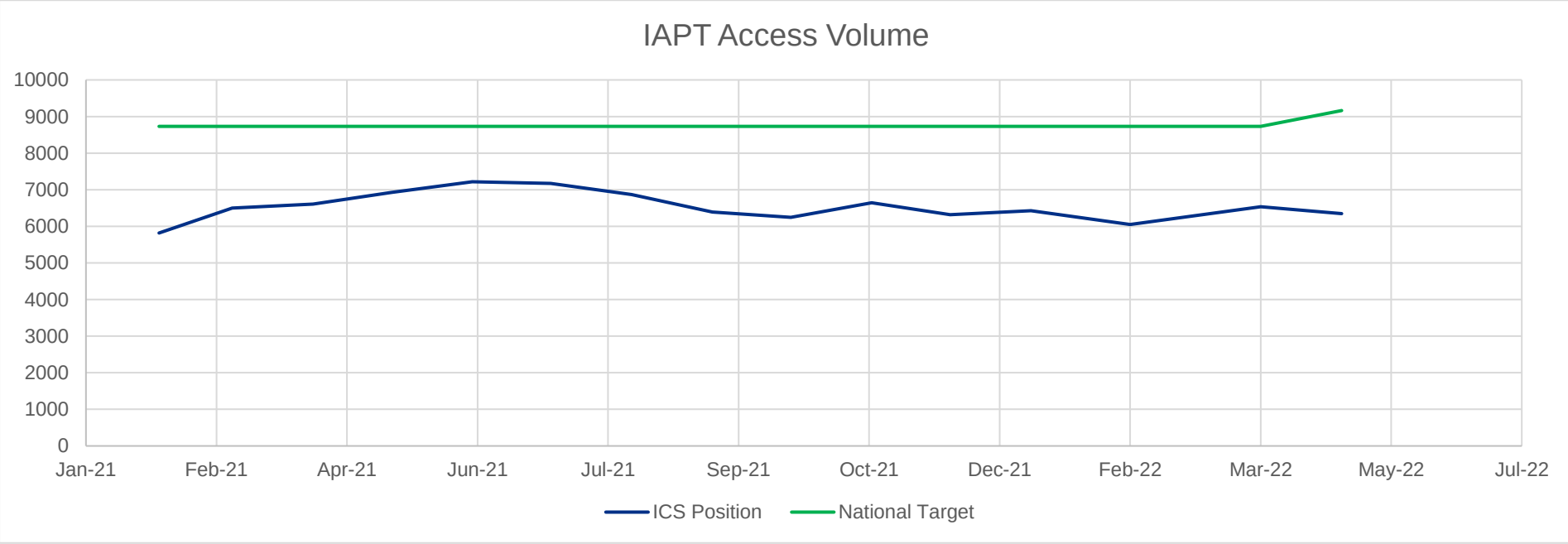
Actions for next month/s	Intended impact	Date impact will be realised
Understanding and enabling referral: undertaking targeted conversations with primary care. This will target settings where cardiovascular and dementia risk profiles indicate lower than anticipated referrals and share data and information to understand and address unwarranted variation.	**Understanding and enabling referral:** unwarranted variation in referral practice will be reduced through increased referral rates in target areas.	**Understanding and enabling referral:** 30/06/22
Diagnostic Capacity: recruitment to dementia pathway vacancies in Plymouth.	**Diagnostic Capacity:** reduction in vacancy level end of Q1. This will be followed by reduction in long waits and average wait times (Q2 onwards).	**Diagnostic Capacity:** Review 30/06/22

Mental Health: IAPT Access Volumes

Theme: IAPT Access Volumes
This indicator tracks the national ambition to expand Improving Access to Psychological Therapies (IAPT) services and counts the number of people who receive IAPT in the quarter. This is compared to the ICS Devon requirements set by NHS England and Improvement.

Underlying cause: Access is lower than expected, due to decreased referrals (also observed regionally and nationally).

Data:
National Target for ICS Devon: 9,163 people- updated national target in 2022/23
Performance in ICS Devon: 6,344 people



Impact: There is evidence to suggest that whilst demand for these services has decreased, need has increased. This means people are less likely to be accessing appropriate support, care and treatment early in the development of a need. Delayed access to treatment can increase intensity of the response needed and reduce the benefit.

Actions undertaken in last month	Impact
In ICS Devon we continue to: • Augment the national promotion of IAPT • Maintain prioritised access for key workers • Target promotion to meet need and address inequalities • Work with primary care/ LCPs to promote referrals	The impact of local and national promotion activities should be to increase access to the IAPT service.

Actions for next month/s	Intended impact	Date impact will be realised
Marketing and Promotion: Implement the IAPT equality deliverable through targeted marketing towards people from BAME communities and older people. **Promotion in Primary Care** - Use PCN level analysis of need and referral to target. - TALKWORKS will launch a professionals referral form on the webpage.	**Marketing and Promotion:** Equitable access, outcomes and experiences for people from BAME communities and older people. **Promotion in Primary Care** - Reduced unwarranted variation in referral across primary care. - Increased primary care referrals measured through utilisation of webpage functionality.	**Marketing and Promotion** BAME- improved equity of access rates and paired outcomes- end of Q1 Older People- Q3. **Promotion in Primary Care** -Review end of Q1

Mental Health: CYP Eating Disorders

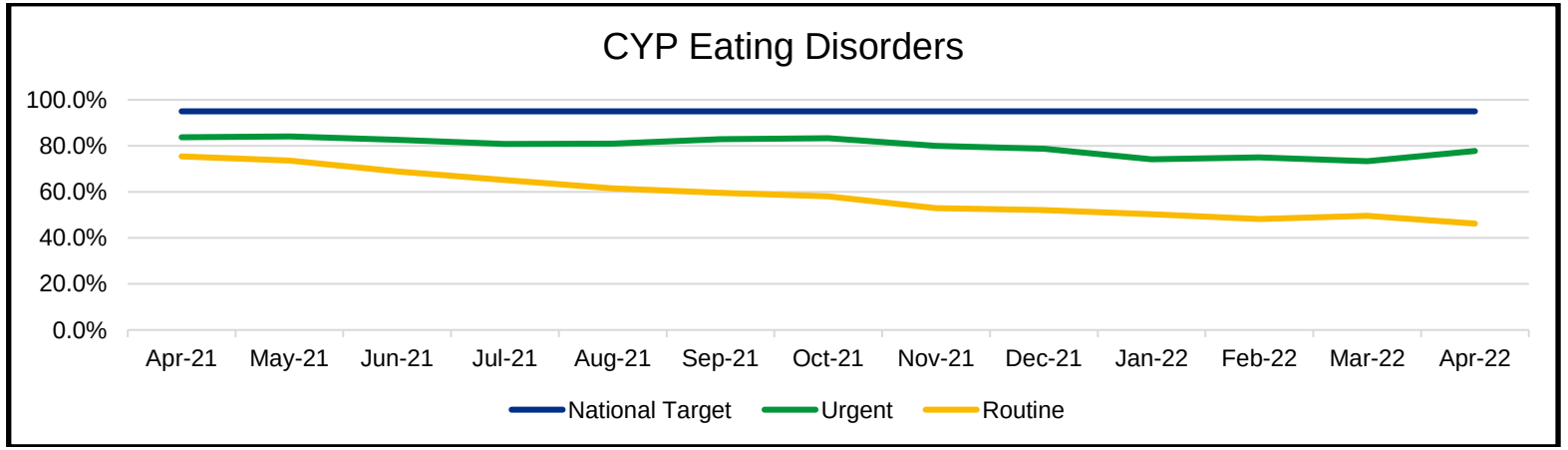
Theme: Urgent and Routine Referral to Treatment Waiting Times for CYP with an eating disorder

These indicators demonstrate performance against the national standards for these services which are part of the Long-Term Plan. The focus is on improved access and on effective treatment at the earliest opportunity in order to improve outcomes, reduce rates of relapse and need for admission.

Underlying cause: There has been increased longitudinal demand (prior to and due to COVID) and average acuity of need at the time of referral has increased. These are also nationally observed trends.

Data: Urgent Access RTT
National Target: 95%
Current Performance: 77.78% (April 2022)
Trend: Variable, over 12 months. Trajectory for achieving target percentage rate is Q3 2022/23.

Data: Routine Access RTT
National Target: 95.0%
Current Performance: 46.23% (April 2022)
Trend: Deteriorating, resource prioritised to respond to urgent referrals. Improvement against the rolling 12 month national target will be gradual, current trajectory for achievement is for Q4 2022/23.



Impact: Eating disorders are serious mental health problems which can have severe psychological, physical and social consequences; prompt access to evidence-based, high-quality care and support can improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions.

Actions undertaken in last month	Impact
Additional capacity is being recruited and trained. Additional investment has enabled recruitment of 10.5WTE in a variety of roles; a further 8.0WTE are in recruitment and recruitment to 2.5WTE posts is delayed as a result of the CFHD consultation.	To increase service capacity to enable continuous increase in performance against the CYP eating disorder wait time standards for urgent and routine access. Access is expected to improve from the end of Q1. Achievement of CYP eating disorders routine wait time standard (4 week RTT) is expected by the end of Q3 22-23; the urgent standard (1 week RTT) is expected by the end of Q4 22/23.
Mutual support to maximise capacity is being explored.	To increase resilience of service capacity.
Teams are working with families to ensuring that preparatory work is undertaken, and support is provided whilst people wait.	CYP and families are supported to be safe whilst waiting and are ready to engage.

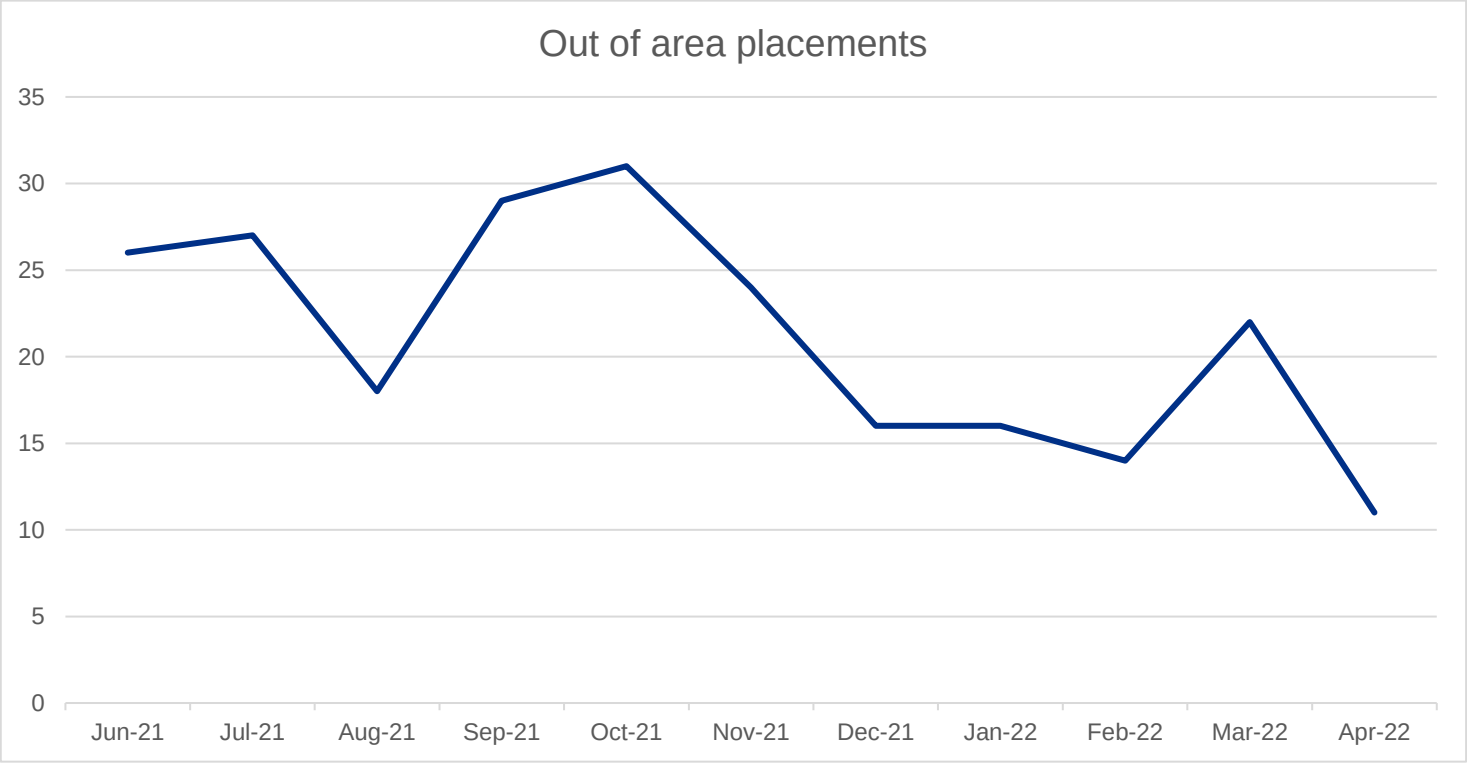
Actions for next month/s	Intended impact	Date impact will be realised
Continuation of the above actions.	As above.	As above.

Mental Health: Out of Area Placements

Theme: Number of inappropriate out of area placements
The number of people placed out of area inappropriately for acute mental health inpatient care at the end of each month.

Underlying cause: ICS Devon has a historical challenge in relation to performance against this metric. This is in part because the volume of bed-based provision for acute mental health in Devon is below the national average. Occupancy rates for inpatient mental health care remain high.

Data: National Target: 0. Current Performance: 11.



Impact: Inappropriate out of area placements are where patients are sent out of area because no bed is available for them locally. This type of placement dislocates them from their friends, families and community and the local health and social care support, care and treatment. Overall, this can delay their recovery, resulting in increased length of stay and reduced long-term outcomes.

Actions undertaken in last month	Impact
Maintaining utilisation of external provision (Elysium) to increase bed based capacity.	Continue planned reduction in inappropriate out of area placements.

Actions for next month/s	Intended impact	Date impact will be realised
• Complete building transfer for Salus Ward, new 16 bed acute ward • Continue to mobilise Ocean View, a rehabilitation ward in Barnstaple. • Continue to work with Elysium Healthcare to increase acute inpatient beds from 10 to 15/16 • Develop a pilot for 2 step down flats with Elysium Healthcare	Reduce inappropriate out of area placements to '0' in ICS Devon.	End of Q1 for delivery of all actions. Impact to be from Q2 onwards.

LMNS (Local Maternity and Neonatal System) update

Summary:
Submission of core planning documents to NHSE (detailed below), awaiting feedback.
Start of insight visits, ongoing until September 2022.
Continued development of Equity & Equality workstream.

Actions undertaken in last month	Impact
• UHP Insight Visit (6th June 2022) & post visit meeting (28th June 2022). Feedback to Trusts is currently pending finalisation • Submission of Midwifery Continuity of Carer plans to NHSE (15th June 2022) • Submission of LMNS Capacity & Capability assessment (15th June 2022) • Planning for Equity & Equality workshops (for July 2022) & service user engagement (July-Sept 2022) • Attendance at regional Perinatal Quality Surveillance Group (20th June), no concerns raised by assuring bodies. • Pelvic Health bid has been declined by regional team at this stage, however a further opportunity to discuss is being scheduled.	• Plans are in place for Continuity of Carer with a focus on addressing inequalities for vulnerable women and birthing people. • Improved functions of the LMNS. • Pending final decision on Devon Pelvic health proposal will be reported in due course.

LMNS (Local Maternity and Neonatal System) update (cont.)

Actions for next month/s	Intended impact	Date impact will be realised
• Ongoing submission of monthly Perinatal Quality Surveillance Report to regional Perinatal Quality Surveillance Group (PQSG). • Review of previous years incident themes, sharing learning throughout the system. • Ensure consistent information regarding possible ambulance delays so that informed choice and risk are discussed with women & birthing people. • Recruitment for Strategic Advisor posts for Neonatal/Obstetric Consultant positions within LMNS. • LMNS system-wide workshops to address areas highlighted in the Devon ICS Equality and Equity report, with an ambition that services reduce inequalities. • Progress the development of an Equity & Equality Plan (target September 2022). • On-going System Insight visits from region re Ockenden. Visits scheduled between June-Sept 22. • Full revision of LMNS transformational programme plan (by end September 2022). • Strengthening compliance against Perinatal Quality Surveillance framework by December 2022. • Complete LMNS Capacity & Capability action plan to strengthen LMNS function. • Develop the accessibility and quality of Maternity and Neonatal performance data through ongoing development of a system wide dashboard.	• Improved function of LMNS & quality of outputs • Robust governance between Trusts & LMNS • Improved review & shared learning processes following incidents • Strengthen relationships with system partners & communities. • Reducing inequalities and the safety of maternity and neonatal care.	• LMNS programme plan and 22/23 deliverables are under review, the updated plan is expected to be completed and signed off in Sept 22.

Maternity: Ockenden Report – System summary

Section 1 1-7 Immediate and Essential Actions (IEAs)	Ockenden 19th May 2022 status. – Devon LMNS **NHSE/I Public Board shared a report of nationwide compliance against Interim Ockenden report's 7 IEAs. All providers across England reported at least partial compliance to all IEAs. These self-assessed positions have been approved by Trust boards prior to submission to NHSE/I.**	Plymouth	North Devon	Exeter	Torbay
IEA1 Enhanced Safety	A plan to implement the Perinatal Clinical Quality Surveillance Model				
	All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB				
IEA 2 Listening to Women and Families	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.				
	Identification of an Executive Director with specific responsibility for maternity services and confirmation of a named non-executive director who will support the Board maternity safety champion.				
IEA 3 Staff Training and Working Together	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.				
	The report is clear that joint multi-disciplinary training is vital. We are seeking assurance that a MDT training schedule is in place.				
	Confirmation that funding allocated for maternity staff training is ringfenced				
IEA 4 Managing Complex Pregnancy	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place				
	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres				
IEA 5 Risk Assessment Throughout Pregnancy	A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance.				
IEA 6 Monitoring fetal Wellbeing	Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.				
IEA 7 Informed Consent	Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.				

Key: Compliant | Partial | Non-compliant

Children & Young People (CYP): Special Educational Needs and Disabilities (SEND) Written Statement of Action (WSoA)

- Following the **Torbay SEND Local Area** joint Ofsted and Care Quality Commission (CQC) inspection a Written Statement of Action (WSoA) was required. The strategic SEND Improvement Board in Torbay (Chaired by NHS Devon CNO) is overseeing implementation of the WSoA.
- Co-production has been strengthened and a new set of value led behaviours is being defined by children, young people and communities in the Local Area.
- All workstreams are making progress towards achieving the key milestones identified in the Written Statement. Workstreams that are off track are being monitored and actions agreed through the SEND Improvement Board.

- The re-inspection of **Devon SEND Local Area** provision by Ofsted and CQC was undertaken on the 23rd- 25th May 2022. The visit is to determine whether the Local Area has made sufficient progress in addressing the 4 areas of significant weakness identified during the previous *inspection in December 2018.*
- The Devon inspection report is pending and expected soon, this is likely to be reported in August update.
- In addition, the visit explored the Devon SEND system's understanding of the impact of the Covid pandemic on children and young people with SEND and their families. Actions will be developed in response to any feedback link to the inspection report.

Children & Young People (CYP): Autism Diagnosis waiting times

Summary: CYP in Devon and Torbay are having to wait longer than 3-months to receive an Autism diagnosis (NICE guidelines). Currently in May there are 2368 CYP, over 5 years old, in Devon and Torbay are waiting for an Autism assessment from Children and Families Health Devon (CFHD). (See Figure 1).

Underlying cause	Impact
1. There is insufficient capacity to process referrals and assess CYP in a sustainable manner. This is impacted by: •Vacancies and recruitment challenges for key clinical roles. •Sickness and long-term absences. 2. Historical backlog and increase in number of referrals during covid (See Figure 2). 3. A complex pathway delivered by multiple services; bottlenecks arise with children awaiting diagnoses.	• CYP are not able to access support and intervention they need to help them achieve their full potential. • Potential for increase cause to CYP of emotional distress and crisis. • Increased risk of family breakdown.

Figure 1 - Children over 5 yrs waiting for autism diagnosis Devon (Excl. Plymouth) May 2021 - May 2022

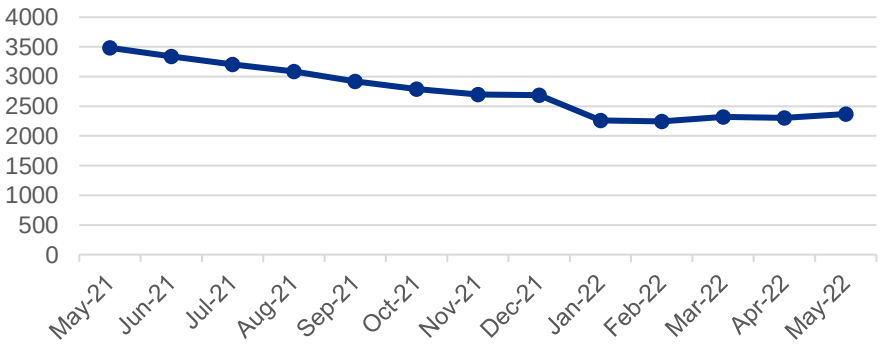
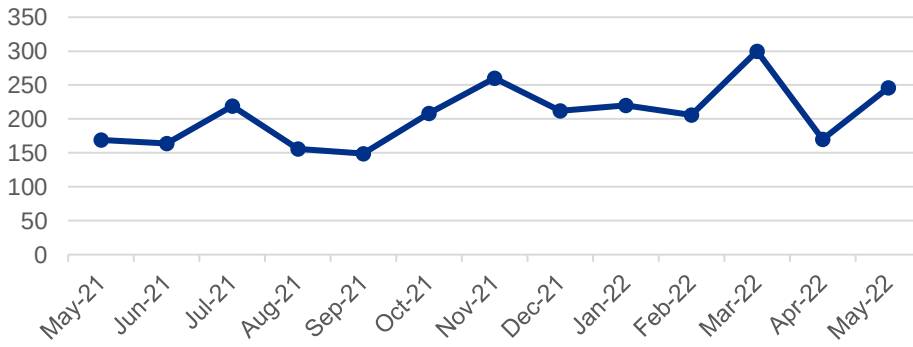


Figure 2- Autism referrals received in Devon (Excl. Plymouth) May 2021 - May 2022



Children & Young People (CYP): Autism Diagnosis & Neurodiversity LTP Programme

Summary:

- There is insufficient capacity to process referrals and assess children in a sustainable manner and achieve waiting list recovery. This is in addition to a historical backlog as well as an increase in referrals.
- The current pathway drives the need for a diagnosis to be able to access support causing; a high number referrals, bottle neck in health services and delays in accessing support from health, education and care services.
- Data quality and deficit issues, commissioners and the providers are working to improve the data quality and reporting, consistency and monitoring.
- There are known inequalities and problems of fragmentation within the current Autism and Neurodiversity pathways, improvements require large scale and transformational change.

Actions undertaken in last month:

Actions undertaken in last month	Impact
• Mapping the data quality and data deficit issues, across the ICS footprint, with an aim of providing a consistent and more comprehensive overview of Autism and wider Neurodiversity conditions to enable a clearer and full picture of the CFHD and Plymouth/UHP data) • Children and Families Health Devon (CFHD) staff consultation has closed and analysis commenced, they are moving to a new Neurodiversity pathway and timeframe for implementation to be confirmed. • CFHD and commissioners working to understand data quality and consistency issues and to agree realistic trajectory, including continuation of the virtual assessment team. • Work on the wider Neurodiversity pathway transformation has commenced, with the Neurodiversity transformation launch event took place on the 30th June with 105 key stakeholder attendees.	• Accurate monitoring of need, demand, delivery and performance across ICB. • Neurodiversity assessment pathway ensures timely assessment and diagnosis. • Reliable data and agreed trajectory/action plan ensuring pathway is in accordance with NICE guidance. • Support & commitment from key stakeholders for the Neurodiversity pathway transformation.

Children & Young People (CYP): Autism Diagnosis & Neurodiversity LTP Programme (Cont.)

Actions for next month/s	Intended impact	Date impact will be realised
CFHD continue with the recruitment to vacant posts, continue to progress recovery plans for Autism pathway. Alongside this, to address the reporting and data quality issues with the provider ensuring agreed action plan.	Assessment activity is restored to levels which meet the trajectory and target for RTT. Fortnightly meetings to review progress against target.	Trajectory and target 70% target RTT 18 weeks or less by March 2023.
Commence recruitment process for ICS CYP Clinical Community Paediatrician Post to lead on Neurodiversity Game Changer.	Clinical leadership that can gain support and sign up from the providers and delivery of the programmes objectives.	September 2022
• Devon Autism Strategy – amended document circulated for wider comment and agreement of governance. • Following the Neurodiversity Transformation Launch event (June 30th) develop and agree project milestones & timelines and high level outcomes. • Enhanced Community LD&A service and LD&A crisis support (Home Treatment Team) steering group are developing the progress and issues report.	• Improved understanding and awareness of Devon system Priorities – reducing duplication and improved focus of resources. • Improved experiences CYP & Families • Reduce crisis presentations & inc. family and carer resilience	Transformational programme - work progressing in 22/23 with benefits being realised across short, medium and longer term. Focus on addressing inequalities and achieving sustainable change and benefits to CYP and families.

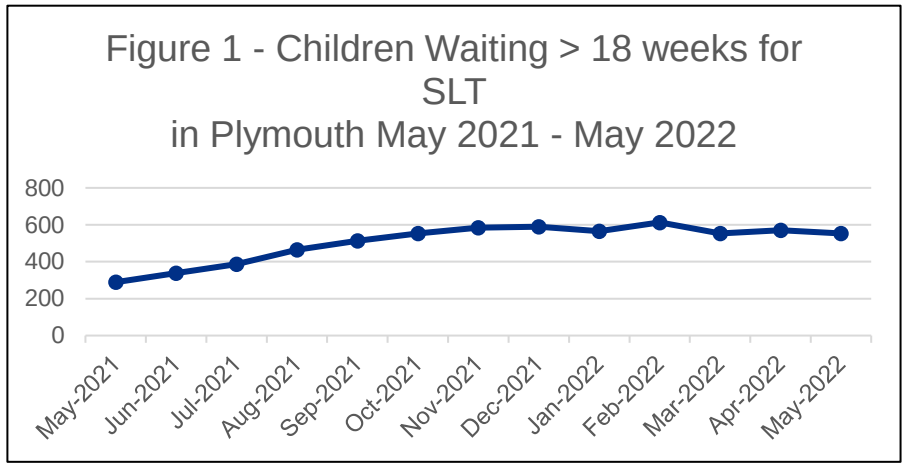
Children & Young People (CYP): Speech & Language waiting times

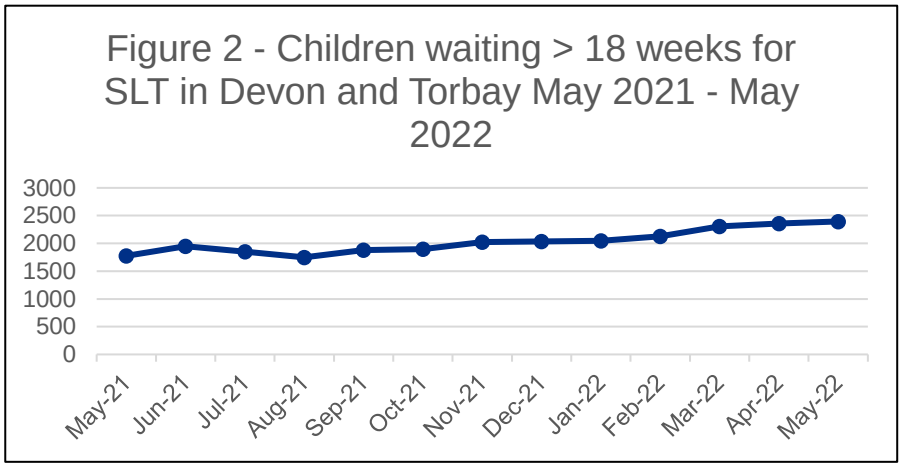
Summary:
CYP in the Devon system are having to wait longer than 18 weeks for a Speech and Language assessment (See Figures 1-4).

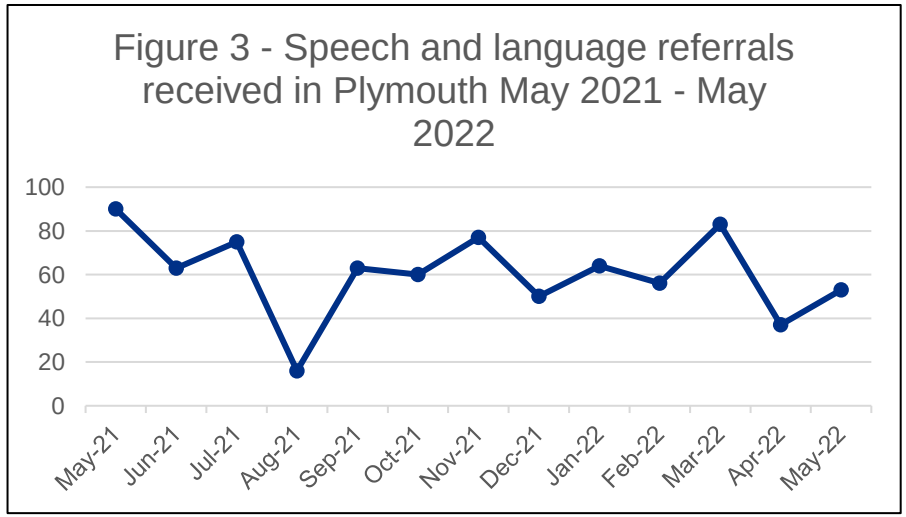
Area	No of CYP waiting over 18 weeks for an assessment
Plymouth (Livewell Southwest – LSW)	565
Devon & Torbay (Children and Families Health Devon – CFHD)	2395

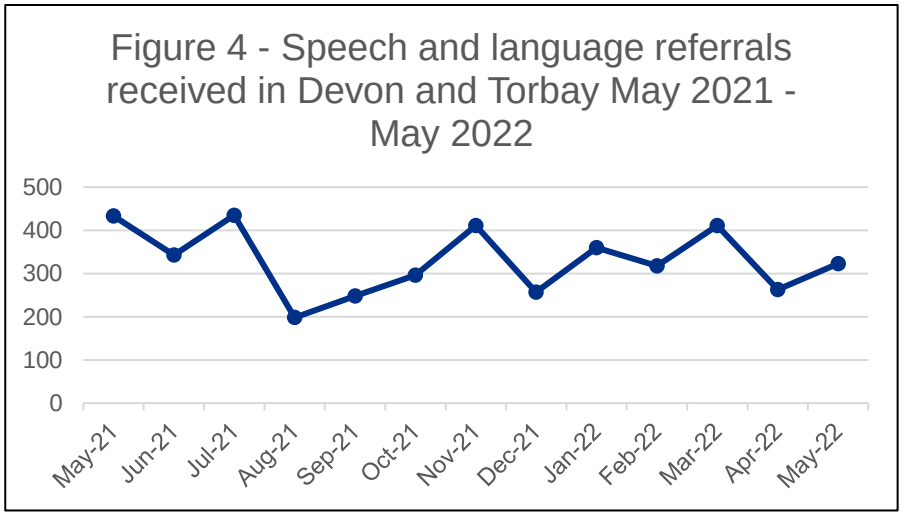
Underlying causes	Impact
1. There is insufficient capacity to process referrals and assess CYP with the pathway waiting time target and to achieve waiting list recovery. This is impacted by: ● Vacancies and recruitment challenges for clinical roles. ● Sickness and long-term absences within clinical and support staff roles. ● Disrupted service restoration. 2. Historical backlog and increased number of referrals during covid: ● Waiting lists have worsened due to the pandemic. ● Continued fluctuation in referrals, causing bottlenecks on pathway. ● Issues within the offer is impacting specialist service referrals. 3. Delays in specialist assessment affects support from health, education and care. ● Reduced co-ordination across multiple services/organisations.	• CYP are not able to access support and intervention they need to help them achieve their full potential. • Potential for poor development of language and communication skills, poor outcomes and inequalities. • Delayed care plans can further impact provision of support and outcomes for CYP with SEND.

Children & Young People: Speech & Language waiting times









Children & Young People: Speech & Language

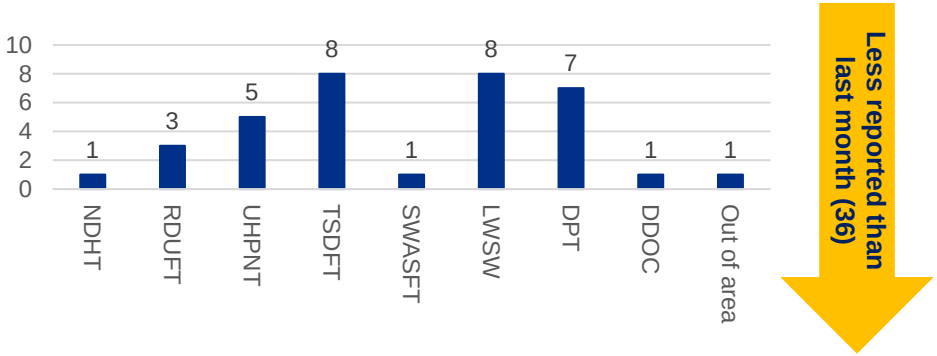
Actions undertaken in last month	Impact
• CFHD staff consultation has closed and analysis commenced, they are moving to a new pathway with the timeframes for implementation to be confirmed. • Recruitment to key vacancies is on-going and remains a challenge.	• Increased number of CYP waiting for their first definitive treatment has worsened.
• LSW continue to recruit to vacancies, there has been a challenge from the lack of suitably qualified applicants.	• Reduced capacity and timeliness of assessments and intervention across the pathway.
• Speech, Language and Communication Needs and Social Emotional Mental Health (SEMH) workforce training workshop held to identify areas of need as well as best practise.	• Improved workforce skills and competencies and extending training to wider workforce to improve earlier identification of SCLN and SEMH in CYP.

Children & Young People: Speech & Language (cont.)

Actions for next month/s	Intended impact	Date impact will be realised
• Staff efficiencies are expected to continue. • Implementation of assessment and 12 week offer of intervention in LSW.	More appointments will be completed by the same amount of staff (compared with previous performance). Therefore, reducing the number of children awaiting an assessment.	Reduction of children on the wait list by March 2023 in LSW.
• Recruitment to vacancies. Including use of non-recurrent funding. Staff efficiencies are expected to continue.	Increased number of appointments per month for staff assisting the clearance of the waiting list and waiting times.	March 2023 – waiting list to achieve a zero/acceptable level in CFHD.
• Write up options for Communities of Practice building on existing examples of good practice as well as presenting opportunities i.e. Family Hubs. • SEMH training programme drafted for agreement with wider stakeholders. Programmes commence. • Option for addressing the vacancies gap in the Assistive Augmentative Communication pathways was delayed in June and will be picked up – due July 8th. • Review game changer following Neurodiversity launch event – co dependencies and synergy between the two.	Multidisciplinary development and implementation training programmes Development of digital platform and Strengthening community champion networks Increase numbers who are school ready Reduce number CYP with fixed term exclusions Reduce number CYP known to YOS who do not have identified needs Reduce demand and waiting times SLT services, Improve accuracy in identification of needs and coding on the SEND register	Transformational programme - work progressing in 2022/23 with benefits being realised across short, medium and longer term with focus on addressing inequalities.

Serious Incidents

During June there have been **35 serious incidents** reports, these are broken down by Provider in the chart below:



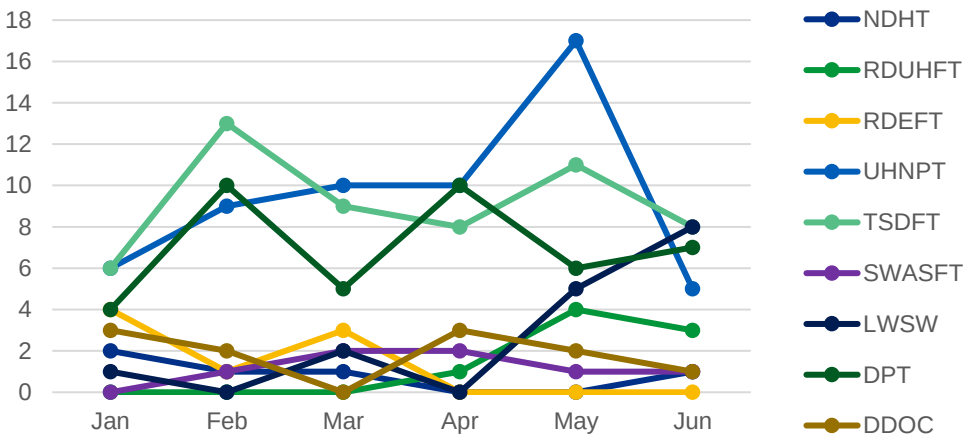
Two never events (wrong site surgery) were **reported** during **June;** 1 each by TSDFT and RDUFT. Initial reports have been completed and full investigations will follow to identify any learning. Since April 2022 there have been **7 never events reported**, which is a significant increase compared to the same period last year (2).

The **top three incident** types reported in June to date were:

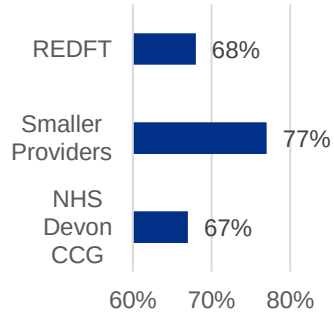
- Apparent/Actual/Suspected self-inflicted harm (7)
- Slips/Trips/Falls (5)
- Treatment delay meeting SI criteria (5)

There are currently 15 open serious incidents that have been identified as multi-agency. These are being investigated jointly to help improve identify what went wrong throughout the patients care leading up to the incident. This also enables joint learning across Providers.

The below chart shows the number of **reported serious incidents** since January **by Provider:**



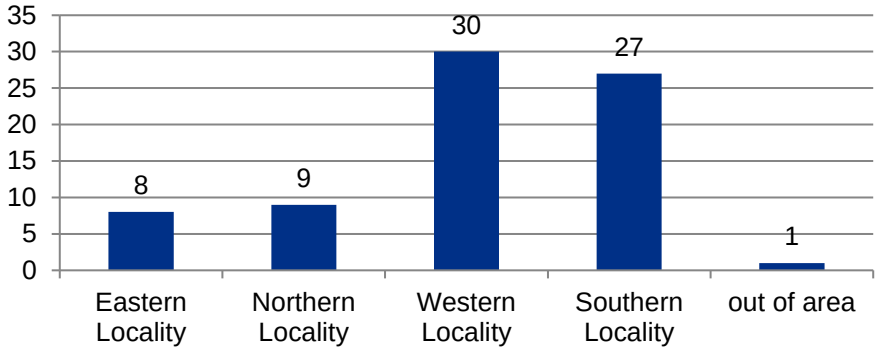
The total number of overdue investigation reports that have not yet been completed and submitted to NHS Devon has increased from last month. This remains a concern , with the safety systems team working hard to support all Providers in reducing their overdue incidents. The three Providers that need the most improvement this month are illustrated in the chart to the right.



SWASFT system investigation report has been finalised and submitted to Commissioners to review. Key points, learning and actions shared next month.

Peer Improvement Tips for Care and Health (PITCH)

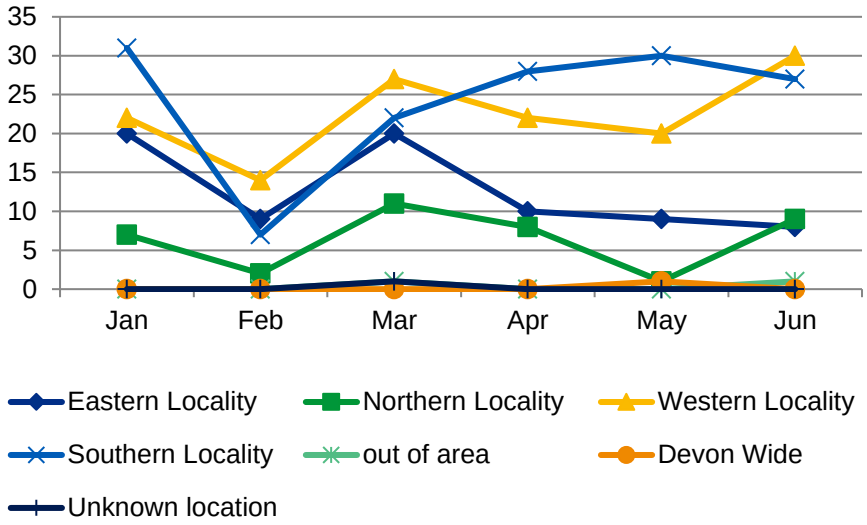
During June there have been **75 PITCHs** reported, these are broken down by locality in the chart below:



The **top three PITCH concerns received in** June were:

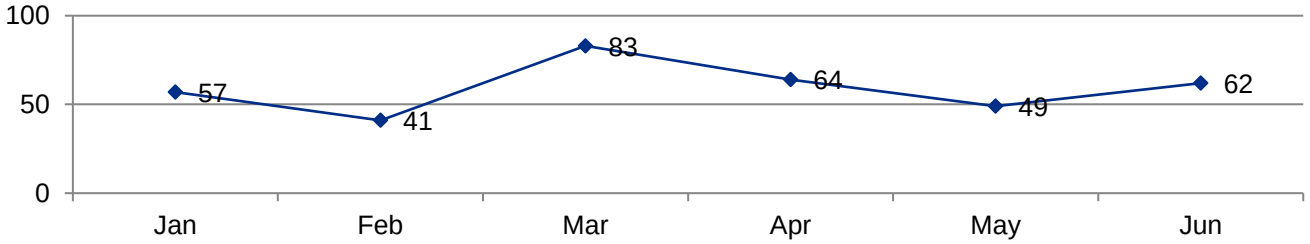
- Procedure or process (13)
- Prescribing (12)
- Access to services (11)

The below chart shows the number of **reported PITCHs** since January **by locality:**



The team review all PITCHs, escalating to the potential serious incident panel or safeguarding teams if required. During June 6 reported PITCHs were referred to the Safety Systems Team for review if they meet the criteria of a serious incident. Additionally, they are reviewed for themes and trends across specialities and localities.

During June 62 PITCHs were closed compared to 49 last month. The below chart, illustrates the number of closed PITCHs per month since January 2022:

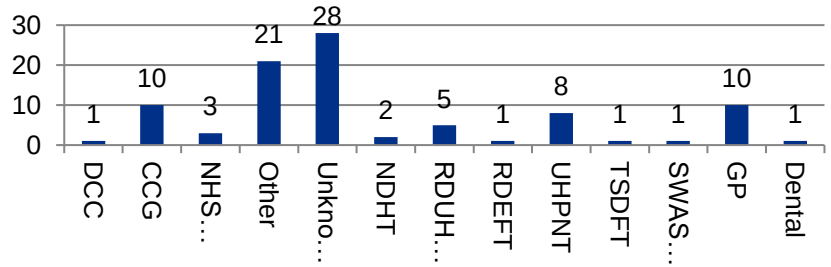


89 open PITCHs remain open

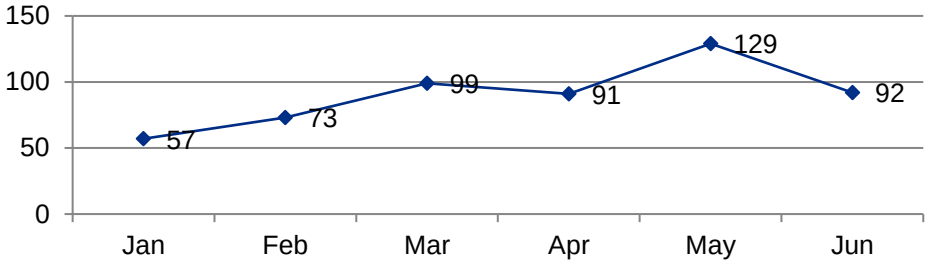
Priority next month - Close old PITCHs

Patient Experience (NHS Devon): Patient Contacts

During June there were **92 new patient experience** feedback and concerns to manage, these are broken down by Provider in the graph below:



The number of **patient experience concerns** we are receiving has nearly **double** since the **beginning of the year**, as illustrated in the graph below:

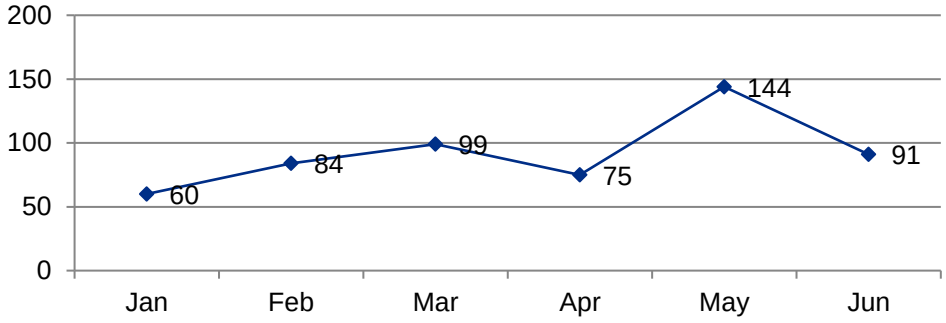


The **top three patient experience concerns received in** in June were:

- Procedure or process (6)
- Quality of care (6)
- Access to services (5)

There is a lack of provisions of services for supporting women through menopause in Devon. It is felt the GPs are not trained in treating menopause. Consideration of HTR drugs need to be affordable for all.

The team continue to **close** a significant number of patient experience concerns this month, **closing 91 in June**, as illustrated in the graph below:



- There have been **no new formal complaints** raised during June for the ICB.
- There has been 1 **contractual review received** and in progress, which are required and form part of Primary Care complaints which are managed by NHS England.
- There is **1 request for information** from the **Parliamentary Health Care Ombudsman (PHSO)**

54 open patient experience concerns

5 open formal complaints

1 PHSO request

3 contractual reviews from NHSE

Safeguarding: Adult Enquiries

Issue: The Safeguarding Adult Team has developed robust internal processes to ensure system oversight of themes and trends arising from Safeguarding Adult Enquiries (Section 42.2) and learning is shared to drive improvement across the health community.
Safeguarding Adult Enquiries (Section 42.2) are undertaken when concerns about abuse and neglect within health care settings are raised. Learning will be identified in the process.

Local Authority	Total number S42.2 enquiries	PiPoT	Poor quality of care	Poor Discharge	Medication
Torbay	1	0	1	0	0
Devon	5	3	0	1	1
Plymouth	2	0	2	0	0

Underlying cause: Concerns vary with each enquiry but themes for May 22 includes, poor quality of care (increase from 2 to 3), 3 new Person in a Position of Trust (PiPoT) processes, medication and poor discharge.

Actions undertaken since last report: Providers undertake immediate actions as required when the concern is raised. In relation to the PiPoT process, organisations follow their Managing Allegations Policies and ensure immediate risk from an individual is identified and mitigated. Immediate learning has emphasised the link between managing allegations and the importance of considering safeguarding as response.

Impact: Identification and sharing of learning from Enquiries to enable improvements in service delivery.
Actions for next month/s: Work with local authority and provider colleagues to consider identified themes and trends.
Intended Impact: Improved quality of care and experience for users of healthcare services.
Date impact will be realised: Ongoing

Safeguarding: Children in Care (CiC)

Issue: Children in care are not receiving a health assessment within 20 days of coming into care (statutory time scale). Data shows that only approximately 40% of children are seen in a timely way. There are inconsistencies in data reporting across the system.

Underlying causes: Underdeveloped paediatric resources within the east of the county to undertake initial health assessments (IHA's). No formal processes in place for managing IHA data within NHS Devon

Actions undertaken since last report: RDUHT have commenced the recruitment process for additional paediatric resource. The Designated Drs have agreed a template to collect data consistently across the system.

Impact: Standardised data collection will assist with performance management and clearer understanding of the pinch points, better monitoring and governance and able to assess clearer resource challenges. This will support partnership working with the LA's

Actions over next month/s:

- Appointment of additional paediatrician to support the Named Dr and Medical Advisor role with RDUHT
- Agreed data collection template to be shared with Children's commissioners and contracting.

Intended Impact:

- The appointment of Paediatrician will mean unaddressed health needs for children entering care will be assessed and actioned in a timelier way.
- The data collection form will provide essential information on the child's journey as they enter and progress through care in line with statutory timescales.

Date impact will be realised: Sept 2022

Safeguarding: Child Protection

Issue: A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare if a child who is suspected of or likely to be suffering significant harm. Following section 47 enquiries, an initial child protection conference brings together family members and practitioners most involved with the child and family to determine whether a child protection plan is required.

Children subject to child protection plans data from May 2022, % per 10,000 Children from those Local Authorities that have provided the data to date.

Local Authority	Total number of children on a plan	Neglect	Physical	Emotional	Sexual
Torbay	173 (67.7%)	107 (41.9%)	8 (3.1%)	48 (18.8%)	6 (2.3%)
Devon	601	290	62	25	224
Plymouth	267 (50.1%)	120 (44.9%)	25 (9.4%)	110 (41.2%)	12 (4.5%)

Underlying causes: Children are subject to child protection plans because of neglect; physical, sexual or emotional abuse.

Actions undertaken since last report: As part of local safeguarding children partnerships, NHS Devon is working with multiagency partners to identify harm, and work with families to improve the safety, health and wellbeing of children.

Impact: Improving the health, wellbeing and safety of children.

Actions over next month/s: Work with multiagency partners through the local child safeguarding partnerships.

Intended Impact: improved multiagency working, early identification of harm, learning from reviewing incidents of harm.

Workforce: Workforce Strategy

The Devon ICS People Programme Board meet monthly to address Devon wide challenges:

- Standardised and systemised approach to Strategic Workforce Planning: Work is ongoing to scope out a 'build our own' Strategic Workforce Planning tool as a comparison and cost-effective alternative to the KPMG offer;
    - Potential supplier identified & proposal to get us to Go/No Go point to inform full business case.
    - Full engagement with Health Education England (HEE) national planning team.
    - Plans to be communicated to key stakeholder following ICS/HEE/supplier meeting in July.

- Strategy: Development of the Workforce Strategy is on track. The principles have been approved by People Board. Work in partnership with HEE and Staff College is taking place to develop stakeholder workshops to run July- October to ensure all stakeholders mapped out have an opportunity to attend. Six workshops will be delivered virtually and face to face including one large workshop. The 'Future Facing Conversations' workshops will present scenarios in 2035 with local data embedded in them for participants to apply workforce principles and output will capture changes and innovations in the workforce design of the future.

The finalised Principles and contextual narrative approved at the June People Programme Board will be shared with the ICB Executive in July for final approval to be included in the Workforce Strategy Chapter of the Devon Plan.

Workforce: Learning, Education and Strategy

- **Learning and Education Strategy:** A working group has been set up to start looking at the development of the learning and Education strategy in line with the Workforce Strategy and Devon Plan outputs. First draft expected mid-July.

- **Placement expansion:** data is being collated with Health Education England (HEE) on Devon's baseline placement capacity for all learners and a demand and supply provision tool to be formulated with HEE. A sub-group is in place to examine the data and build plans to increase placements and improve the experience of Students.

- **CPD Strategy:** A new formulated group are reviewing the current provision and allocation, alongside the development of a Devon approach to Continuing Professional Development (CPD) with further outcome measures being progressed. Still awaiting decision of national funding from 2023/2024 onwards for CPD and is a risk which we are quantifying currently.

- **Apprenticeships:** A Devon system approach to levy sharing has been socialised with further refinements to be applied, alongside plans to develop a business case for joint health and care apprenticeships for the future especially in job roles with the highest demand across the system.

- **ICS Learning Academy:** Devon proposal for the ICS Learning Academy has been drafted following the HEE task and finish groups, and awaiting feedback to be able to progress and operationalise.

Workforce: Best Place to Work

- **HWB bid**: 'Wellbeing Support Buddies and Champions Programme' to support and equip 300 staff to create peer networks to enable sustainable longer term health improvement and increased resilience across the system is being implemented.
- **Retention**: Continued roll out of excellent retention practice across the ICS including career coaching pilot; stay conversations and guidance for managers; careers on a page guidance; leadership pilot using 360 and development on the people promised statements; use of people's retention stories using a variety of media; Continue to reduce turnover rates for identified groups, recognising the top retention drivers of: Feeling valued/recognised; Work/life balance; Supportive line management; Career/development opportunities
- **Cultural and wellbeing dashboard**: Wellbeing and Culture Dashboard designed and in place with licences for provider organisations obtained to enable organisation and system intelligence to be utilised by individuals, teams and Committees
- **Absence management:** The ICS partners across the Devon System completed a review and is implementing actions using the NHSE/I publication 'Deep dive into factors affecting non covid sickness absence North West NHS Trusts 2020' to focus within their organisation on addressing and improving Sickness Absence.
- **Staff Survey**: Analysis undertaken at organisation and system level with system actions identified (Workforce Capacity; Speaking Up; Appraisal Tools; Respect Campaign).

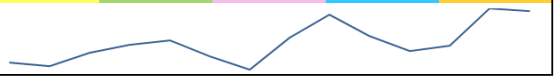
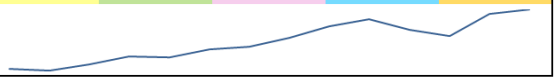
Workforce: Workforce Capacity

- **Livewell /Social care recruitment pilot:** The pilot has closed at the end of June and a full report will be available shortly with final project figures below:

Applications		
Awaiting pre-employment checks	4	2%
Positions offered	83 (out of 168 sent to Providers)	49% of applicants were offered employment
Positions started	58 (out of 83 positions offered)	70% of those offered a role commenced employment
Sent to out-of-scope providers as wanted different areas, walking rounds or were male	20	13%
Retained posts	49	84% of those who started are still in post
Awaiting pre-employment checks	4	2%

- **Collaboration of banks**: Plans are being formulated to commence a sharing collaborative of nursing banks across the system to add to the already established medical collaborative bank. This programme of work will span 22/23.
- **Reservists:** Regional conversations in place to work through reservists plans and link to the vaccination retention work. Closure report submitted. Conversations underway with Social Care and Primary Care to understand how these roles may be of support. Focus between now and Aug is recruiting Reservists. Later in the year will determine how programme will move into business as usual.
- **Bank and agency spend**: Plan to standardise agency rates in 22/23 and formalise the approach to the cascade process to agencies whilst adding the use of the NHSP National bank prior to shifts going out to agencies. We are also formulating plans to eradicate the use of non- framework agencies whilst preventing staff level deterioration.

Workforce: Vacancies

		ICS	RDUFT	TSDFT	UHP	DPT
Consultant	Substantive Workforce	1296.1	513.5	240.6	460.5	81.6
	Vacancies	103.6	35.3	9.4	42.1	16.9
	Vacancy rate	7.40%	6.43%	3.76%	8.37%	17.12%
	Trend (ICS rate over 12 months)					
Nursing	Substantive Workforce	7226.2	2945.1	1305.3	2203.9	771.9
	Vacancies	621.6	277.2	62.5	119.3	162.5
	Vacancy rate	7.92%	8.60%	4.57%	5.13%	17.39%
	Trend (ICS rate over 12 months)					
HCA	Substantive Workforce	3739.3	1418.92	563.138	1239.36	517.88
	Vacancies	469.589	210.69	140.817	138.162	-20.08
	Vacancy rate	11.16%	12.93%	20.00%	10.03%	-4.03%
	Trend (ICS rate over 12 months)					
AHP	Substantive Workforce	2198.81	910.91	517.62	564.559	205.725
	Vacancies	300.375	134.86	80.674	73.861	10.98
	Vacancy rate	12.02%	12.90%	13.48%	11.57%	5.07%
	Trend (ICS rate over 12 months)					

Overhaul of recruitment & promotion practices to reduce/eliminate diversity gaps: Updated, overarching system plan went to People Plan Steering Group 26 May 2022 and was approved with minor amendments. Will now be followed up within pillar meetings (June meeting cancelled)

International recruitment (IR): Pipeline remains healthy. Work is ongoing to secure definitive requirements from provider organisations as there have been changes in required numbers since the submission of the IR bid in Q4 21/22. Funding approved for the IR Hub to trial recruitment for Social Care.

Job Fairs:

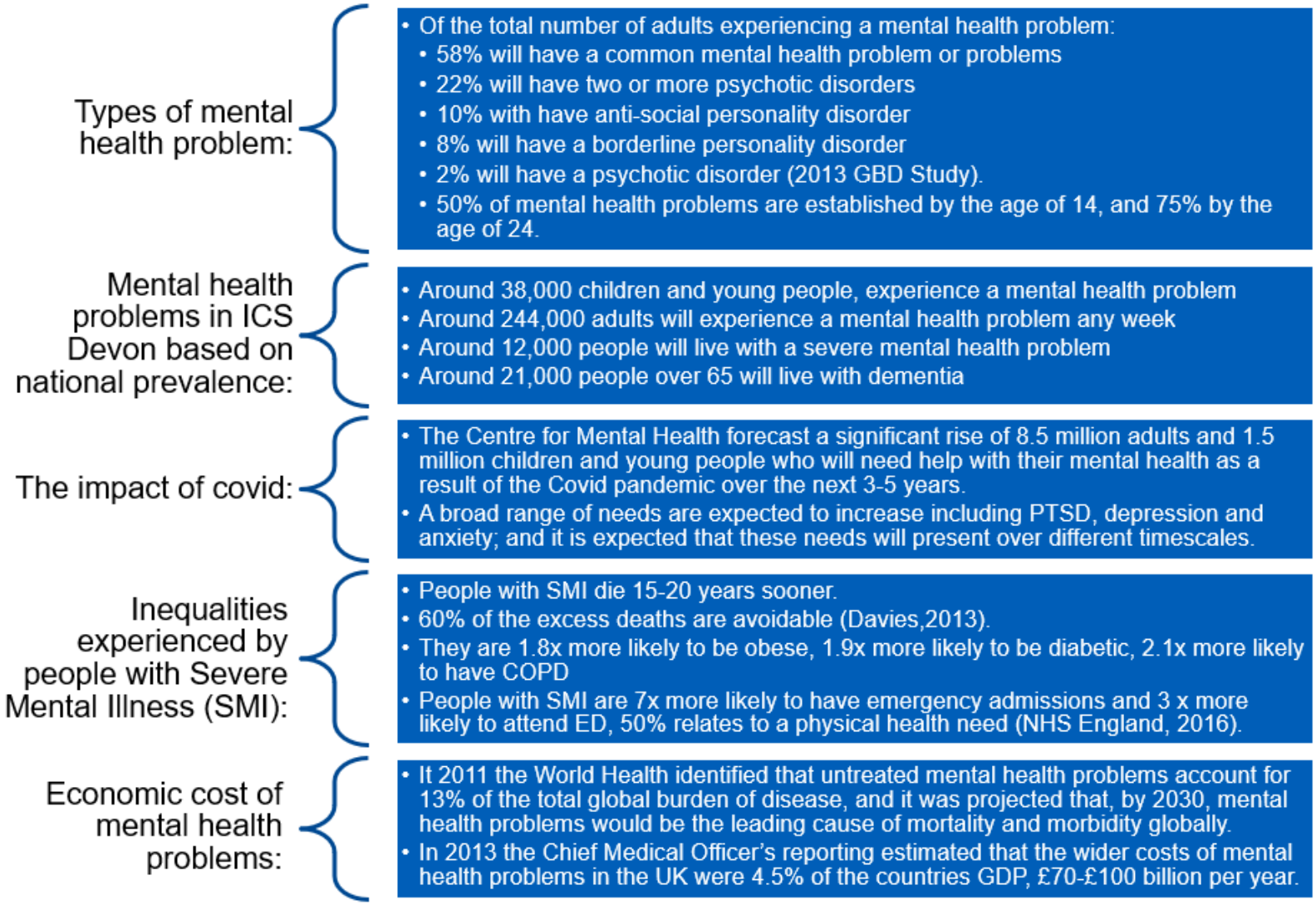
UHP Argyle job fair to be considered for development across the system. Work to scope broader development planned to be discussed at Aug steering group.
ICS Virtual Fair in planning for 20th and 21st September 2022

Medical Recruitment Campaign – website to Go Live on 1st July. To showcase 6 specialities, videos being booked in for filming by Whitespace + market research being undertaken. Marketing and communications plan drawn up.

Note: Percentages are calculated from the reported vacancies in the cells immediately above. Trendline data period runs from June 2021 – May 2022.

Performance Deep Dive: ICS Mental Health Landscape & Workforce

Mental Health in ICS Devon – Background/Context



Mental Health and the Pandemic in Devon

COVID-19 has had a major impact on people's mental health and wellbeing. Lockdowns have led to people feeling more isolated, many businesses and individuals have been affected by closures, while mental health services have seen big rises in demand. The impact of the pandemic on people's mental health and wellbeing will continue to be felt for many years to come.

Devon's mental health services

The vast majority of mental health services in the county are provided by Devon Partnership NHS Trust (across Devon and Torbay) and Livewell Southwest (in Plymouth).

£335 million

Devon's **budget** for mental health services in 2021/22

90,428

referrals into mental health services across the county in 2020/21

6,350

staff work in mental health services in Devon, Torbay and Plymouth

627,096

personal contacts with mental health services in 2021.22

1 in 6

mental health **nursing** roles are vacant

1 in 5

mental health **consultant** roles are vacant

People's mental health

The pandemic has led to an increase in referrals to mental health services across Devon, while the outcomes for people with learning disabilities and autism has worsened.

1 in 6 adults

have experienced a **common mental disorder** (like depression or anxiety) in the past week

1 in 6 children

aged 6 to 16 had at least one probable **mental health problem** in 2021, up from 1 in 9 in 2017

5th

Torbay has the fifth highest **suicide** rate in the country (18.8 per 100,000) while Teignbridge is 15th (16.3) and Mid Devon is 19th (16.1)

2 in 3 children

with a mental health problem **aren't receiving NHS support**

15-20 years

people with **severe mental illness** die 15-20 years sooner than others

Referrals for **attention deficit hyperactivity disorder (ADHD)** have trebled in the past year while autism referrals have doubled

x 3

The economy and mental health

The economic impact of the pandemic has had a negative effect on people's mental health. Rising bills and vacancy rates will continue to increase pressure on wellbeing.

29,500

vacancies in Devon, with particularly high levels in hospitality, health and care, and transport

Many **businesses** have been negatively affected – particularly retail and hospitality

Real time **wages** (despite pay rises) are declining due to the rising cost of living

12%

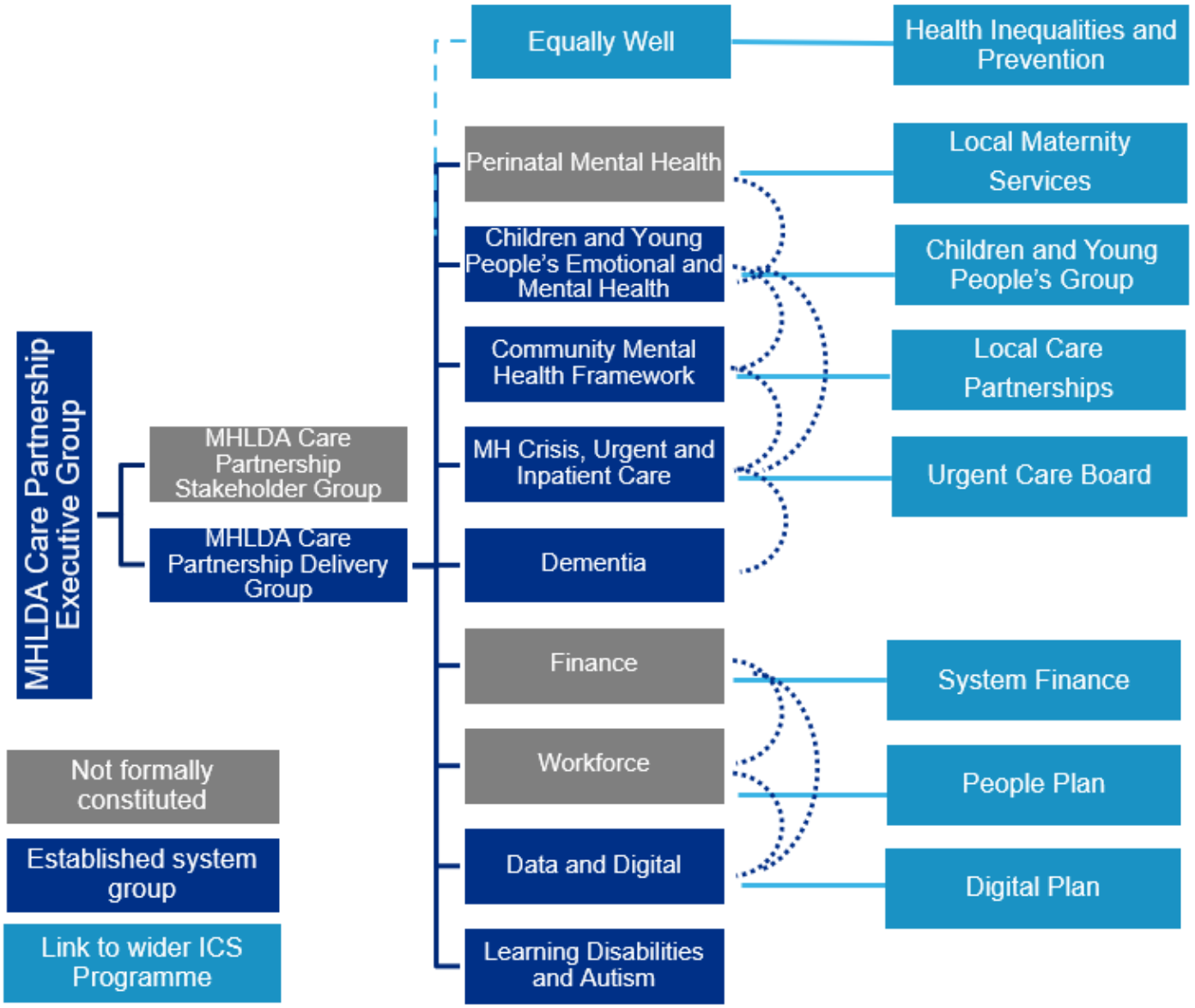
The percentage budget that the poorest households spend on **energy bills** will rise to 12% from 8.5% this year

£1,200

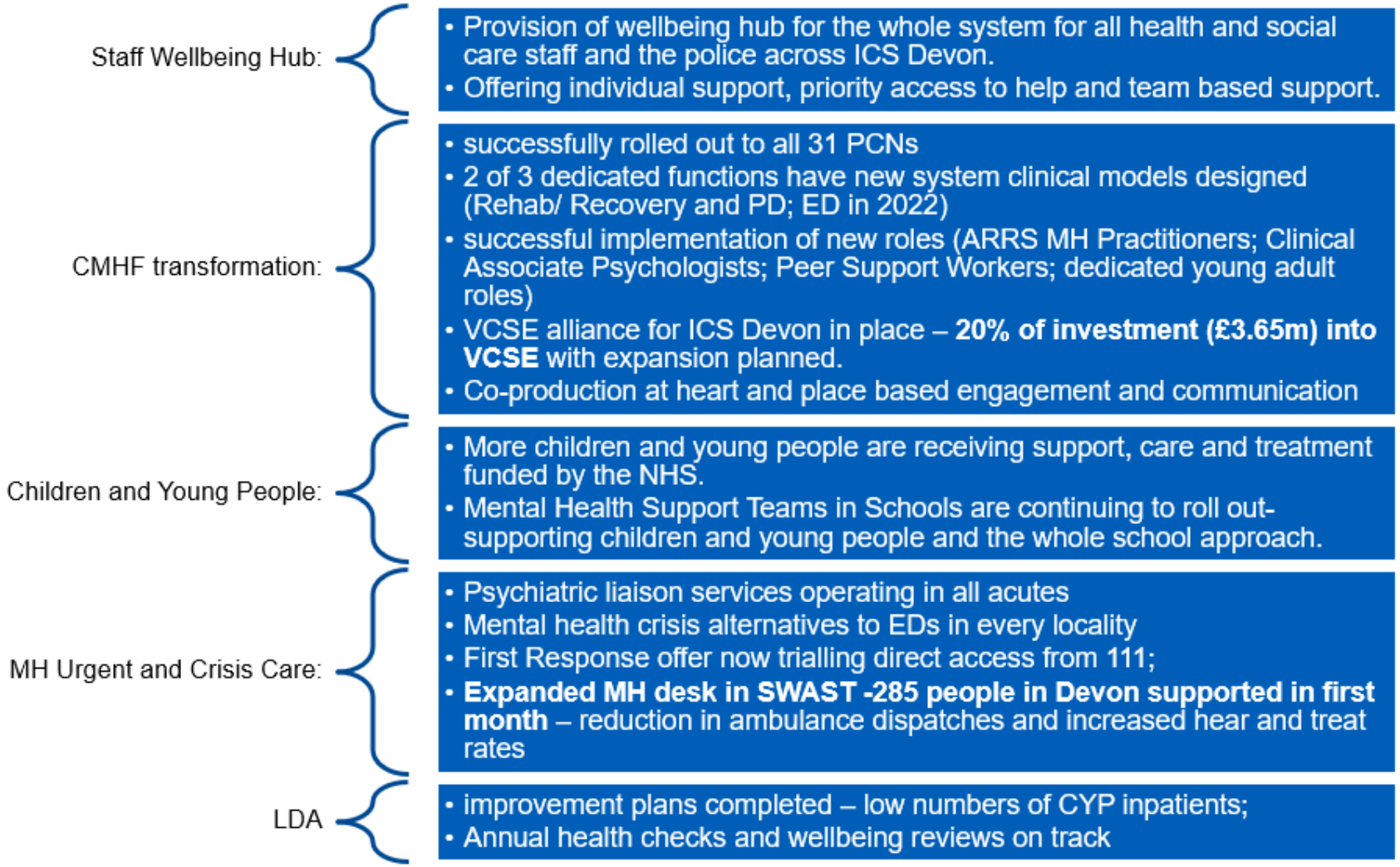
The amount the average household spends on **taxes and energy bills** will rise by in April 2022

MHLDA (Mental Health Learning Disabilities and Autism) Care Partnership Governance

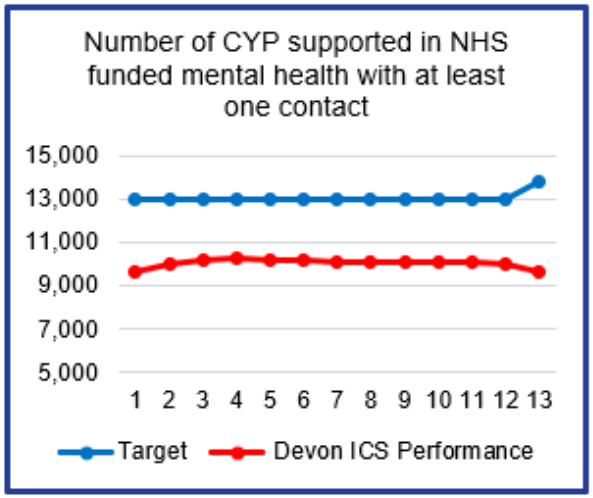
- Reports generated from the programme areas are combined with performance to produce Care Partnership reporting.
- Once 'signed off' Care Partnership Reports are used to populate regular region, system and locality updates.
- From July 2021, the MHLDA Care Partnership will evolve into the MHLDN (Mental Health Learning Disability and Neurodiversity) Provider Collaborative

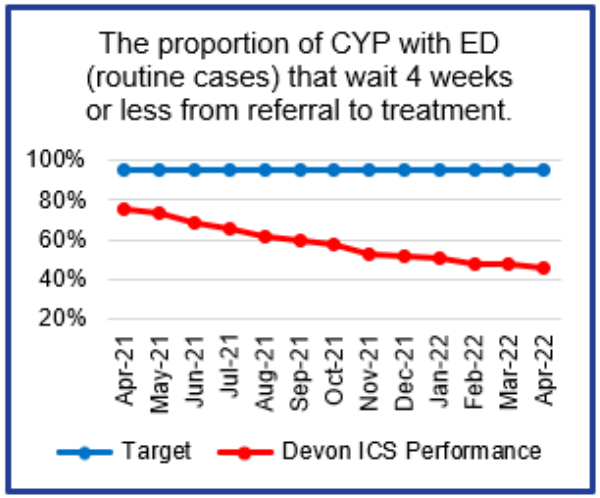


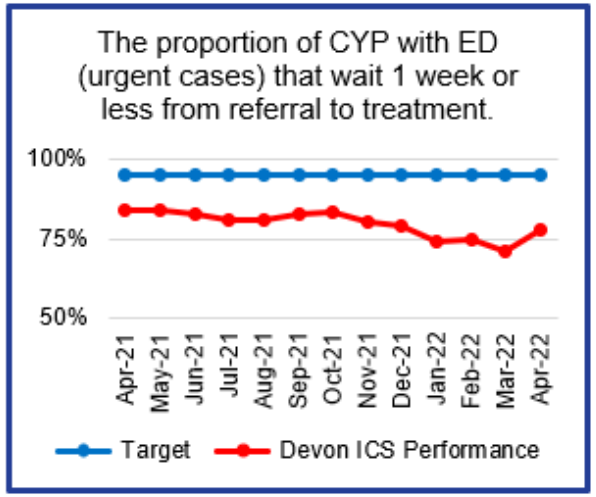
MHLDA Achievements: 2021/22

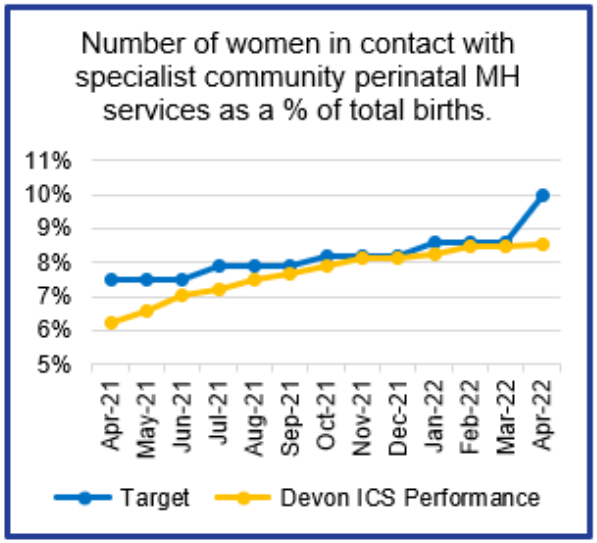


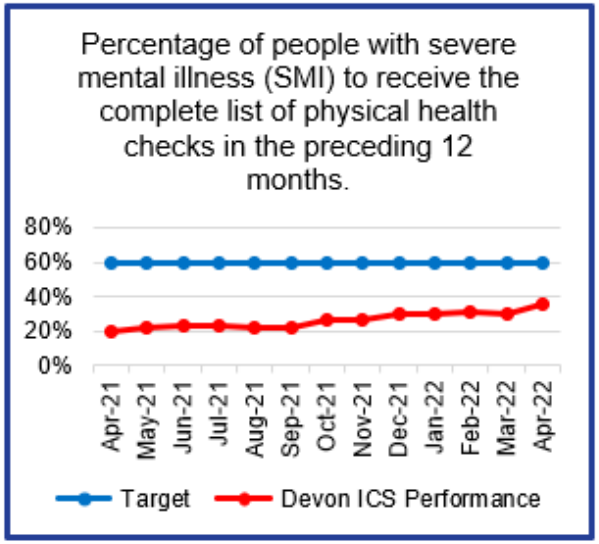
Mental Health Performance

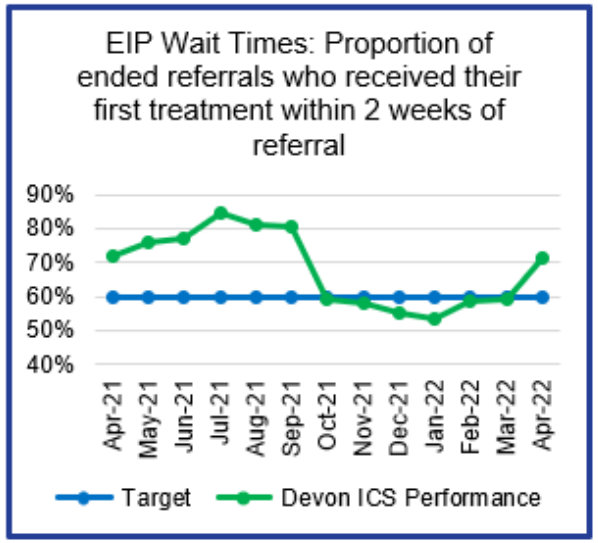












Mental Health Quality

- Care Quality Commission
    - Devon Partnership Trust is rated overall as “Good” in recent inspections. There are two areas that require improvement - forensic secure services and Community Mental Health team. Improvement work is reported for Board assurance and progress is in evidence against CQC action plans.
    - Livewell SouthWest are rated overall as Good, and this includes their provision of Mental Health Services.

- Safety Reporting
    - DPT is working to implement Patient Safety Incident Reporting Framework, taking learning from early adopter sites while engaging all directorates in this work.
    - DPT has worked effectively to reduce the number of overdue Serious Incident Review Investigations, and this remains ongoing. The Trust has well forums to enable learning from incidents to inform and improve clinical policy and practice – such as the Clinical Effective Committee and the Learning From Experience Committee.

- Patient Experience is measured through a range of local, regional and national methods and acted on as part of learning from experience, transformation and coproduction workstreams.

- Partnership Working There is a strong culture of Mental Health Providers working collaboratively across a number of current workstreams. Developing relationships, through the implementation of the Community Mental Health Framework is strengthening partnership working with Primary Care. The ICS builds on the opportunity for working collaboratively across services to improve service provision.

Mental Health Challenges

- **Workforce** - There is a national shortage of mental health and learning disability staff, particularly doctors and qualified nurses. This affects not just the day-to-day running of services but, vitally, our ability to make long-term improvements and developments:

    - 1 in 6 mental health nurses and 1 in 5 consultant roles are vacant.
    - Turnover across NHS organisations in Devon increased in 2021/22 from 9.5% to 11.5%.
    - The recruitment market is currently very challenging, with entry level jobs outnumbering job seekers by approximately three-to-one.
    - Several pieces of work are in-hand to address this situation, including plans to recruit overseas nurses and healthcare professionals into mental health and social care settings.

- **Inpatient bed capacity** – Devon has fewer acute inpatient mental health beds per head of population than other parts of the country and alongside increasing and transforming our community-based services, increasing inpatient capacity is one of our long-term priorities. We currently place too many people out of area inappropriately for care and treatment and we are striving to reduce inappropriate out of area placements to zero

- **Services for children and young people** – Our CAMHS teams are struggling to recruit to key posts. It has also seen increases in demand overall since the start of the pandemic and, in particular, rising demand from young people with eating disorders and higher numbers of referrals for vulnerable and at-risk children.

Mental Health Workforce: 2022-23

Change in planned staff in post from Q4 2021/22 to Q4 2022/23		Staff in Post (WTE)	
Total WF	Total Mental Health Workforce	249.2	6.2%
Workforce by Service Area	Children and Young People	41.0	12.0%
	Perinatal Mental Health	3.7	3.7%
	IAPT	17.3	5.5%
	A&E and Ward Liaison	10.7	10.1%
	Adult Community Crisis	8.8	3.3%
	Community Mental Health	86.9	10.5%
	Acute Inpatient	69.0	11.8%
Workforce by Job Group	Psychiatrist- consultant	3.3	4.1%
	Psychiatrist- non-consultant	-0.2	-0.7%
	Nursing	95.5	13.7%
	Pharmacist	3.4	44.2%
	Psychologist	15.1	11.8%
	Psychotherapists et al	7.6	3.1%
	Occupational Therapists	8.5	6.7%
	Other therapists/ other STT	3.8	8.9%
	Paramedics	0.0	0.0%
	Support to clinical staff	47.8	7.0%
	Physicians Associates	0.0	0.0%
	Admin	21.4	5.8%
	Peer support workers	22.4	100.3%
	Social worker	8.8	7.5%

Staff in post in the Mental Health Workforce is planned to grow by 6.2% from 3,999.4 WTE to 4,248.6WTE in 2022/23. Growth is expected across all service areas and job groups types.

The greatest WTE growth is expected in Community Mental Health and Acute Inpatient Mental Health which account for 34.9% and 27.7% of the total growth respectively.

For Community Mental Health this reflects progress with the planned transformation; for Acute Inpatient Mental Health this largely reflects the opening of a new acute ward in South Devon.

Growth in nursing (95.5 WTE's) and support to clinical staff (47.8WTE's) is the greatest by job group, these account for 38.3% and 19.2% of the total growth respectively.

Mental Health Workforce: 2022-23

In our final submission we identified a plan to grow our nursing workforce by 95.5WTE (13.7%) in terms of staff in post in 2022/23 and by 81.96 (9.3%) between 2022/23 and the Q4 2023/24.

ICS Devon is working collaboratively to enable this through:

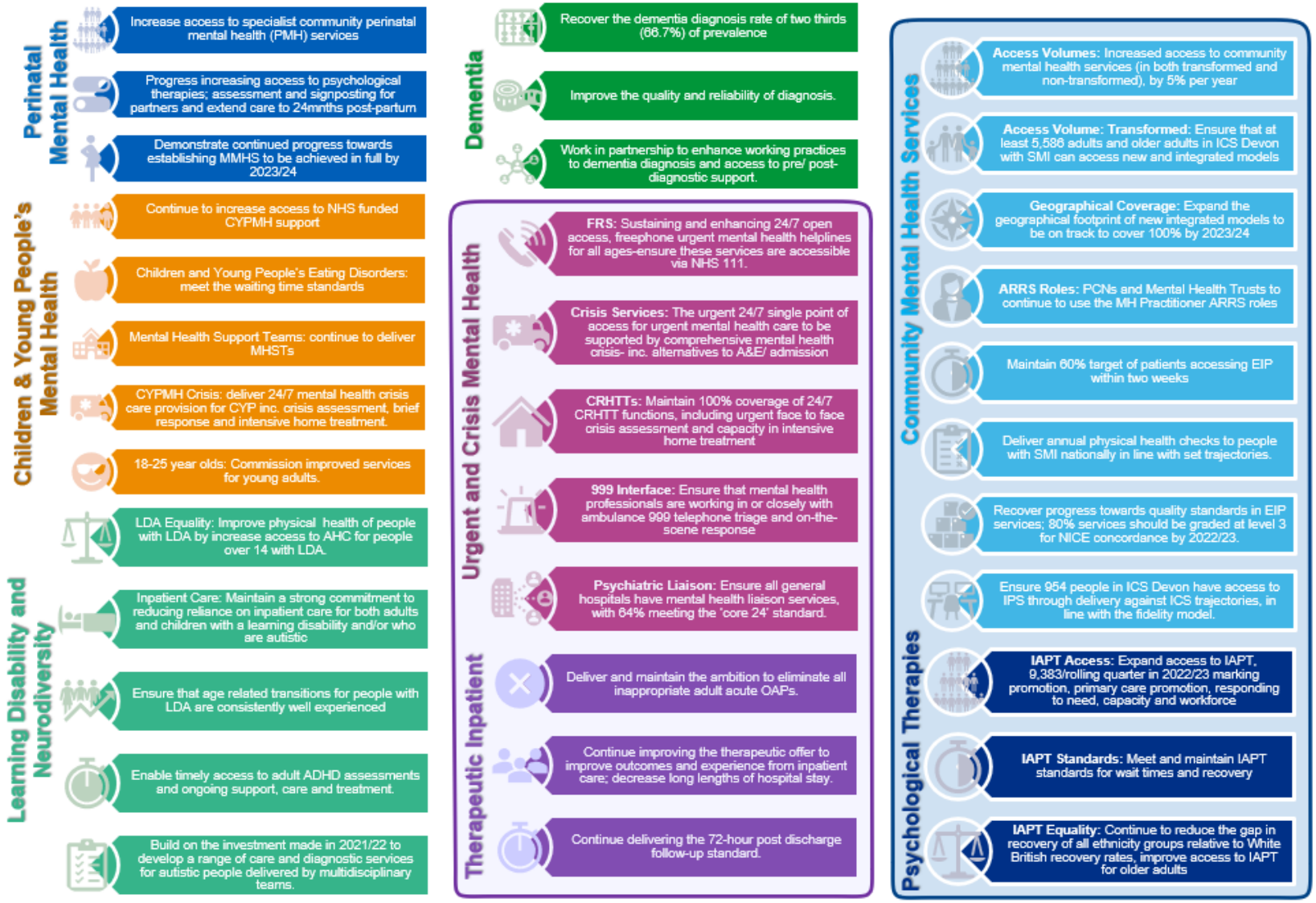
- Development of career pathway leading to nursing, enabling our providers to develop capacity in the nursing workforce
- International recruitment
- Supporting UK and overseas general nurses to transition into mental health nursing
- Delivering upon the plans to promote work in the health and social care in ICS Devon

We recognise that, despite these endeavours, nursing vacancies remain difficult to recruit and our providers have set out that recruitment of nurse is the first preference but that recruitment plans would be flexed in response recruitment feasibility with alternative staffing models being deployed as needed.

Community Mental Health growth is based upon system plans to recruit to new roles including Mental Health & Wellbeing Practitioners, CAPS and unregistered workforce including PSWs; together, this will continue our community mental health transformation.

At present our workforce planning return does not include roles in the primary care and VCSE workforce which are integral community mental health transformation. We are working with NHS England to understand how this workforce can be recognised in future.

MHLDN Deliverables: 2022-23



ICS Performance & Quality Outcomes

Strategic Outcomes

Devon ICS Strategic Outcomes Framework

	Domain		latest period	England Latest	England trend	ICS latest	ICS Trend	SW Region Latest	SW region trend	Devon County Council Latest	Devon County Council Trend	Plymouth County council Latest	Plymouth County Council Trend	Torbay County council Latest	Torbay County Council Trend
Health of the Population What is the health status of the population and are	Early Years	Breast feeding prevalence at 6-8 weeks after birth	2020/21 Q4	49.5%						56.0%		41.0%		40.0%	
	Young people	Admission episodes for alcohol-specific conditions - Under 18s (Crude rate per 100,000 population) Rolling 12 month position	May			58.1				61.8		58.1		75.8	
	Older Adults	Admission episodes for alcohol-specific conditions - Over 65s (Crude rate per 100,000 population) Rolling 12 month position	May			1267.8				1251.2		1324.0		1570.3	
Health of the ICS Are people being appropriately and equitably support by the Integrated Care System?	Early Years	Take-up of health visitor checks Proportion of new birth visits completed within 14 days	2021/22 Q3	82.7%				72.8%		15.5%		75.3%		82.2%	
	Younger people	Children and young people accessing mental health services. Rolling 12 Months	April	41%		36%									
		Service users with crisis plans % of people in contact with mental health services	2019/20 Q2	12%		3%									
		Hospital admissions as a result of self harm (10-24 years) Directly standardised rate per 100,000	2020/21	422		519.8		624.9		494.7		499.8		931.0	
	Working Age	Proportion of eligible adults with a learning disability having a health check (%) (target 75%)	April			67.7%									
		Admission episodes for 18 - 65 alcohol-specific conditions (Crude rate per 100,000)	May			1007.4				993.2		905.9		1540.0	
	Older Adults	Bed Occupancy Rates (Acute Hospitals excludes covid beds)	2122 Q4	87%		88%				87%		89%		87%	
		Dementia: Recorded prevalence (aged 65 years and over)	May			55%									
		Emergency admissions aged 65 and over (rate per 1000 population)	2122 Q3			5616.8				5073.2		3960.4		5896.1	

Quality Outcomes

Do not include DPT and Livewell in 1st Quality O

Quality indicators

Domain		Definition	Target/Direction	latest period	ICS		RDU/NorthEastern		RDEFT/Eastern		NDHT/Nothern		UHP/Western		TSDFT/Southern		DPT		Livewell	
Individuals in receipt of funding from the NHS/CCG due to a statutory responsibility	Continuing Healthcare assessment are completed within 28 days	Number of referrals concluded within 28 Days	80%	Q4 2021/22	74%															
	Continuing Healthcare assessments take place within an acute hospital	Less than 15% of Continuing Healthcare assessments take place within an acute hospital	15%	Q4 2021/22	0%															
	Assessment for Continuing Healthcare determination over 12 weeks	Number of assessment for Continuing Healthcare determination over 12 weeks	0	June	2															
Primary care	Asthma RCP assessment	Proportion of GP assesment including Asthma RCP assessment	Higher is Better	2018/19					0.778		0.785		0.729		0.768					
	Mental Health comprehensive care plan	Annual Proportion of GP assesment including Mental health care plan	Higher is Better	2021					0.437		0.513		0.406		0.490					
	Diabetes Blood pressure reading 140/80 mmHg or less	Annual Type 1 Proportion of GP assesment including Diabetes Blood pressure reading	Higher is Better	2020					0.758		0.758		0.720		0.713					
		Annual Type 2 Proportion of GP assesment including Diabetes Blood pressure reading							0.714		0.711		0.708		0.733					
	Needs met at last GP appointment	Annual Proportion of GP assesment including Needs met	Higher is Better	2020					0.964		0.972		0.947		0.955					
	Cancer review within 6 months of diagnosis	Annual Proportion of GP assesment including Cancer reviews	Higher is Better	2021					0.842		0.867		0.841		0.869					
	Females, 25-64, attending cervical screening within target period	Proportion of GP assesment including Cervical screening 25 - 49	Higher is Better	Q2 2021/22					0.734		0.757		0.719		0.746					
		Proportion of GP assesment including Cervical screening 50 - 64							0.775		0.767		0.762		0.762					
	Persons, 60-69, screened for bowel cancer in last 30 months	Annual Proportion of GP assesment including bowl cancer	Higher is Better	2021					0.730		0.715		0.722		0.717					
	Child Imms DTaP/IPV/Hib/HepB (age 1 year)	Proportion of GP assesment including immunisations	Higher is Better	2021					0.944		0.955		0.960		0.952					
	CQC rating	Latest Care Quality Commission rating	Higher is Better							Good (Apr 2019)		Requires improvement (Nov 21)		Requires improvement (Jan 22)		Good (Jul 2020)		Good (Sep 2021)		Good (Jan 2020)
ICS	C-Diff Counts of Infection Episodes	Healthcare onset – healthcare associated	Lower is Better	June	16				6		1		16		4					
		Community onset – healthcare associated	Lower is Better	June	8				4		1		3		0					
		Community onset- indeterminate association	Lower is Better	June	2				1		1		0		0					
		Community onset-community association	Lower is Better	June	14				2		1		5		5					
	MRSA Counts of Infection Episodes	Community onset – healthcare associated	Lower is Better	June	0				0		0		0		0					
		Community onset-community associated	Lower is Better	June	1				0		0		0		0					
	MSSA Counts of Infection Episodes	Healthcare Associated	Lower is Better	June	10				3		2		5		2					
		Community onset-community associated	Lower is Better	June	13				5		1		4		5					

Quality indicators

Domain		Definition	Target/Direction	latest period	ICS		RDU/NorthEastern		RDEFT/Eastern		NDHT/Nothern		UHP/Western		TSDFT/Southern		DPT		Livewell	
ICS	E.coli Counts of Infection Episodes	Healthcare associated	Lower is Better	June	32				13		9		14		2					
		Community onset-community associated	Lower is Better	June	35				8		7		22		10					
	Klebsiella Counts of Infection Episodes	Healthcare associated	Lower is Better	June	11				5		1		3		2					
		Community onset-community associated	Lower is Better	June	12				3		3		4		2					
	Pseudomonas Counts of Infection Episodes	Healthcare associated	Lower is Better	June	3				2		1		1		0					
		Community onset-community associated	Lower is Better	June	3				0		0		1		3					
	COVID 19 outbreaks	Snap shot of Definite Hospital acquired cases Transferred from another ward on the 1st on the month	Lower is Better	May			2						4		0					
		Staff cases snapshot as at 1st of the month	Lower is Better	July					35.0%		39.0%		43.0%		21.0%					
		Council Snap shot of Care Homes Reporting COVID Cases	Lower is Better	July									7		11		42			
Mental Health	Annual Physical Health Checks for those with Serious Mental Illness	% of completed comprehensive annual Physical Health Checks for those with a Serious Mental Illness	Higher is Better	May	37%															
	Dementia Diagnosis rate	Proportion of patients with dementia, ages 65+	66.70%	May	55.4%															
	% of people discharged from in-patient units who receive follow up at 48hrs	% of people discharged from in-patient units who receive follow up at 72hrs	Higher is Better	March	42.0%												0%		62%	
	% of people discharged from in-patient units who receive follow up within 7 days	% of people discharged from in-patient units who receive follow up within 7 days	Higher is Better	May															92%	
Childrens	Autism	Mean wait from referral to assessment Childerns number of Weeks data from Children and family Health Devon	Lower is Better	May	84.8															
	Eating Disorders:- routine	Children and Young people Eating disorders waiting times (routine 4 weeks)	Lower is Better	Q4 2021/22	44%												44%		46%	
	Eating Disorders:- urgent	Children and Young people Eating disorders waiting times (urgent 1 week)	Lower is Better	Q4 2021/22	54%												65%		40%	
	Children and Adolescent Mental Health Services: - Routine	DPT waiting over 18 weeks Livewell within 18 weeks	Lower is Better	May															351	
	Children and Adolescent Mental Health Services: - Urgent	Referrals seen within 1 week DPT (local target) Livwell 24hr	Lower is Better	May															100%	
	Mean wait for Speech and Language Therapy	Mean wait from referral to assessment	Lower is Better	May															29	
Community	End of Life measure Death in place of choice	Proportion of deaths in usual residence	Higher is Better	Rolling annual Q1 2021/22 - Q4 2021/22	58.31															

Quality indicators

Domain		Definition	Target/Direction	latest period	ICS/CCG		RDU/NorthEastern		RDEFT/Eastern		NDHT/Nothern		UHP/Western		TSDFT/Southern		DPT		Livewell	
ICS	E.coli Counts of Infection Episodes	Healthcare associated	Lower is Better	June	32				13		9		14		2					
		Community onset-community associated	Lower is Better	June	35				8		7		22		10					
	Klebsiella Counts of Infection Episodes	Healthcare associated	Lower is Better	June	11				5		1		3		2					
		Community onset-community associated	Lower is Better	June	12				3		3		4		2					
	Pseudomonas Counts of Infection Episodes	Healthcare associated	Lower is Better	June	3				2		1		1		0					
		Community onset-community associated	Lower is Better	June	3				0		0		1		3					
	COVID 19 outbreaks	Snap shot of Definite Hospital acquired cases Transferred from another ward on the 1st on the month	Lower is Better	May			2						4		0					
		Staff cases snapshot as at 1st of the month	Lower is Better	July					35.0%		39.0%		43.0%		21.0%					
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	Eating Disorders:- urgent	Children and Young people Eating disorders waiting times (urgent 1 week)	Lower is Better	Q4 2021/22	54%												65%		40%	
	Children and Adolescent Mental Health Services: - Routine	DPT waiting over 18 weeks Livewell within 18 weeks	Lower is Better	May															351	
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Quality indicators

Domain		Definition	Target/Direction	latest period	RDU/NorthEastern	RDEFT/Eastern	NDHT/Nothern	UHP/Western	TSDFT/Southern	DPT	Livewell
Safety systems	Number of open Serious Incidents	Total number of Open Incidents	Lower is Better	June		23	16	53	47	85	32
	Number of open Serious Incidents	Total number of Open Serious Incidents (Severe +Death)	Lower is Better	June		1	0	4	1	3	4
	Number of Serious Incidents that are overdue	Total number of Serious Incidents that are overdue	Lower is Better	June		13	8	4	10	41	10
	Number of Never events in last twelve months	Total number of Never events withina roling 12 month period	Lower is Better	June		1	0	0	1	0	0
	PALS: Number of open complaints	Total number of open complaints	Lower is Better	June		0	1	0	0	0	0
Safeguarding	Number of children receiving CP medicals	Torbay, Devon and Plymouth CC per 10,000		May				50	68	41	
	Domestic abuse and sexual violence victims and perpetrators referred to specialist services.			May		12	30	30		9	
	Percentage of CIC receiving RHA's within timescales (this is 6 monthly for U5s and annually for Over 5s)			May						22%	46%
	Percentage of CIC receiving IHA's within 20 working days of coming into care.			May		43%	20%	50%	33%		
	Number of safeguarding adult enquiries (S42) regarding the service			May		0	1	1	1	2	1
Maternity	Breast feeding rates	Proportion First feed breast milk	Higher is Better	March		3%	0%	26%	5%		
	Homebirth rate	Proportion of home births	Higher is Better	March			27%		24%		
	Midwife to Birth ratio		Higher is Better	April	64.36%			54%	61%		
	Still births/ Neonatal deaths	Number of still Births	Lower is Better	April	2			2	0		
	C/S rates	Proportion of Elective and emergency Caesarean section births	Lower is Better	March		31%	712.5%	141.1%	596.4%		
People	Sickness rate	Average sickness absence rate	Lower is Better	May	5.62%	0.0%	0.0%	6.5%	5.6%	6.3%	
	Turnover rate	Average staff turnover rate rate	Lower is Better	May	13.63%	0%	0%	12%	14%	13%	
	Bank as share of temporary workforce	Registered nursing, midwifery and health visiting staff	Lower is Better	May	58.60%	0%	0%	93%	33%	53%	
	Consultant vacancies	Total number of vacancies	Lower is Better	May	35.26	0.0	0.0	42.1	9.4	16.9	
	Nursing vacancies	Total number of vacancies	Lower is Better	May	277.24	0.0	0.0	119.3	62.5	162.5	
	HCA vacancies	Total number of vacancies	Lower is Better	May	210.69	0.0	0.0	138.2	140.8		
	AHP vacancies	Total number of vacancies	Lower is Better	May	134.86	0.0	0.0	73.9	80.7		

Recovery & Activity

Performance Key Targets

Performance Key Targets															
			ICS			RDUFT			UHP			TSDFT			
Indicator	Date range	Target/Plan	Previous Period	Latest Period	Change	Previous Period	Latest Period	Change	Previous Period	Latest Period	Change	Previous Period	Latest Period	Change
Accident & Emergency type 1&2	JUNE 2022-23	95%	52%	49%	▼	59%	56%	▼				38%	34%	▼
Accident & Emergency All	JUNE 2022-23	95%	68%	66%	▼	67%	64%	▼				58%	55%	▼
Accident & Emergency 12 hour	JUNE 2022-23	0	143	264	▲	72	86	▲				71	178	▲
Referral To Treatment - Incompletes	MAY 2022-23	92%	51%	54%	▲	50%	52%	▲	58%	60%	▲	51%	52%	▲
Referral To Treatment 52+ week waiters	MAY 2022-23	0	14346	14383	▲	7645	7664	▲	3195	3169	▼	3660	3880	▲
Diagnostics	MAY 2022-23	99%	62%	64%	▼	52.3%	54.7%	▲	77.9%	80.3%	▲	66.2%	68.1%	▲
Cancer 2 Weeks	MAY 2022-23	93%	72%	76%	▲	66%	75%	▲	92%	89%	▼	59%	61%	▲
Cancer breast symptomatic	MAY 2022-23	93%	58%	52%	▼	21%	38%	▲	74%	47%	▼	75%	76%	▲
Cancer 31 Day First	MAY 2022-23	96%	93%	93%	▼	89%	88%	▼	95%	94%	▼	94%	94%	▼
Cancer 31 Day Follow-up Drug	MAY 2022-23	98%	100%	100%	▲	100%	100%	▼▲	100%	99%	▼	100%	100%	▼▲
Cancer 31 Day Follow-up Surgery	MAY 2022-23	94%	82%	83%	▲	64%	70%	▲	85%	88%	▲	100%	95%	▼
Cancer 31 Day Follow-up Radiotherapy	MAY 2022-23	94%	99%	98%	▼	100%	99%	▼	98%	97%	▼	95%	95%	▼
Cancer 62 Day Urgent	MAY 2022-23	85%	66%	62%	▼	61%	62%	▲	76%	63%	▼	60%	61%	▲
Cancer 62 Day screening	MAY 2022-23	90%	66%	63%	▼	17%	20%	▲	68%	76%	▲	75%	67%	▼
Cancer 62 Day upgrade	MAY 2022-23	85%	75%	71%	▼	77%	75%	▼	55%	53%	▼		50%	

Provider System Oversight Framework: Providers

The approach to the System Oversight Framework in 2021/22 comprises a set of around 100 indicators
This framework describes NHS England and NHS Improvement's approach to oversight in 2021/22, which reinforces system-led delivery of integrated care. This reflects the vision set out in the NHS Long Term Plan, the White Paper: 'Integration and Innovation', and the 2021/22 Operational Planning Guidance.

		NDHT	RDEFT	TSDFT	UHP
Highest performing quartile		18	13	8	10
Interquartile range		6	16	22	19
Lowest performing quartile		6	4	2	4

NHS OF Metric Name	Period	NDHT	RDEFT	TSDFT	UHP
S005a: Daily discharges - as % of patients who no longer meet the criteria to reside in hospital	19/06/2022		41.70%	57.70%	43.50%
S008a: Overall size of the waiting list	2022 04	0	83,271	39,139	43,920
S009a: Patients waiting more than 52 weeks to start consultant-led treatment	2202 04	0	7,645	3,660	3,195
S010a: Cancer - first treatments	2022 04	-	242	172	319
S010b: Cancer - urgent referrals seen	2022 04	-	2,174	1,761	2,404
S011a: Cancer - people waiting longer than 62 days	w/e 05/06/2022	0	356	307	175
S012a: Cancer - % meeting faster diagnosis standard	2022 04	0%	82.40%	76.00%	80.20%
S013a: Diagnostic activity levels - Imaging	2022 04	-	10,773	5,679	10,211
S013b: Diagnostic activity levels - Physiological measurement	2022 04	-	959	792	1,529
S013c: Diagnostic activity levels - Endoscopy	2022 04	-	1,041	575	898
S017a: Outpatient - % of all activity delivered remotely via telephone or video consultation	2022 03	26.5%	23.20%	16.70%	27.10%
S019a: Ambulance handover delays greater than 30 minutes (as reported by NHS Acute Trusts)	2021 03	33	48	118	920

NHS OF Metric Name	Period	NDHT	RDEFT	TSDFT	UHP
S021a: Maternity - % women on continuity of care pathway	2021 12	88.2%			
S022a: Maternity - number of Stillbirths per 1,000 live births	2019	3.13 per 1,000	3.37 per 1,000	2.74 per 1,000	4.07 per 1,000
S023a: Maternity - number of neonatal deaths per 1,000 live births	2019		1.56 per 1,000		1.02 per 1,000
S026a: Proportion of ED patients who turn up unheralded	2022 05	0.00%	61.80%	88.30%	93.60%
S034a: Summary Hospital-Level Mortality Indicator	2022 01	0.00%	98.90%	105.30%	112.80%
S035a: Overall CQC rating (provision of high-quality care)	2022 05		3 - Good	3 - Good	2 -
S036a: NHS Staff Survey Safety culture theme score	2020	6.89/10	6.74/10	6.63/10	6.79/10
S039a: National Patient Safety Alerts not completed by deadline	2022 04	0	0	0	0
S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	2022 04	0	0	0	0
S041a: Clostridium difficile infections	2022 04	1	5	4	5
S042a: E. coli blood stream infections	2022 04	4	10	3	9
S059a: CQC well-led rating	2022 05		3 - Good	3 - Good	3 - Good
S062a: NHS Staff Survey Health and wellbeing theme score - Health and well-being index	2020	6.36/10	6.19/10	6.06/10	6.08/10
S063a: NHS Staff Survey Safe environment - Bullying and harassment theme score	2020	8.3/10	8.31/10	8.08/10	8.15/10
S064a: Proportion of staff who report that in the last three months they have come to work despite not feeling well enough to perform their duties	2020	39.80%	44%	46.50%	47.80%
S065a: Percentage of staff who say they are satisfied or very satisfied with the opportunities for flexible working patterns	2020	60.70%	52.60%	55.60%	52.20%
S067a: Leaver rate	2022 02	14.4%	15.90%	15.20%	14.00%
S068a: Sickness absence (working days lost to sickness)	2022 01	5.98%	6.45%	6.08%	7.29%
S069a: NHS Staff Survey Staff engagement theme score	2020	7.28/10	7.08/10	6.98/10	6.93/10
S070a: Number of people working in the NHS who have had a flu vaccination	2022 02	70.50%	78.40%	65.60%	62.80%
S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	2020	87.60%	87.60%	85.20%	84.80%
S073a: Nursing vacancy rate	2021 12	10.70%	3.34%	9.86%	6.41%

Devon System Oversight Framework: System

		CCG	ICS	MH provider	Provider
Highest performing quartile		3	10	0	2
Interquartile range		11	19	0	8
Lowest performing quartile		1	3	1	2

NHS OF Metric Name	Period	CCG	ICS	MH Provider	Provider
S001a: Appointments in general practice	w/e 03/04/2022	160,920			
S005a: Daily discharges - as % of patients who no longer meet the criteria to reside in hospital	19/06/2022		44.50%		
S008a: Overall size of the waiting list	2022 04		15,834		
S009a: Patients waiting more than 52 weeks to start consultant-led treatment	2022 04		14		
S010a: Cancer - first treatments	2022 04		638		
S010b: Cancer - urgent referrals seen	2022 04		5,725		
S011a: Cancer - people waiting longer than 62 days	w/e 05/06/2022				838
S012a: Cancer - % meeting faster diagnosis standard	2022 04		80.20%		
S013a: Diagnostic activity levels - Imaging	2022 04	25,319			26,663
S013b: Diagnostic activity levels - Physiological measurement	2022 04	3,095			3,280
S013c: Diagnostic activity levels - Endoscopy	2022 04	2,361			2,541
S014a: Cancer - proportion of people that survive cancer for at least 1 year after diagnosis	2018		75.40%		
S017a: Outpatient - % of all activity delivered remotely via telephone or video consultation	2022 03				23.70%
S019a: Ambulance handover delays greater than 30 minutes (as reported by NHS Acute Trusts)	2021 03				1,119

NHS OF Metric Name	Period	CCG	ICS	MH Provider	Provider
S021a: Maternity - % women on continuity of care pathway	2022 02		88.2%		
S022a: Maternity - number of Stillbirths per 1,000 live births	2019		3.43 per 1,000		
S023a: Maternity - number of neonatal deaths per 1,000 live births	2019		1.44 per 1,000		
S026a: Proportion of ED patients who turn up unheralded	2022 05		90.20%		
disability and/or autism	21-22 Q4		38 per 1,000,000		
register receiving an annual health check	21-22 Q4	65.60%			
S031a: Number of personalised care interventions	21-22 Q3		48,894		
S032a: Personal Health Budget	21-22 Q4		8,600		
S033a: Social Prescribing unique patient referrals	21-22 Q4		16,682		
S037a: Patient experience of GP services	2021		87.90%		
S039a: National Patient Safety Alerts not completed by deadline	2022 04				0
S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	2022 04	0			0
S041a: Clostridium difficile infections	2022 04	28			15
S042a: E. coli blood stream infections	2022 04	71			26
S044a: Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	Apr 2021 - Mar 2022	82.80%			
S044b: Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	Apr 2021 - Mar 2022	9.20%			
S045a: COVID-19 - % adults vaccinated	w/e 12/06/2022		92.50%		
S046a: Population vaccination coverage - MMR for two doses (5 years old) to reach the optimal standard nationally (95%)	21-22 Q2	92.60%			
S047a: Percentage of people aged 65 and over who received a flu vaccination	2022 02	84.40%			
S050a: Cancer - cervical screening coverage, females aged 25-64, attending screening within target period	21-22 Q3	74.40%			

NHS OF Metric Name	Period	CCG	ICS	MH Provider	Provider
S051a: Number of people supported through the NHS Diabetes Prevention programme	21-22 Q4		46.20%		
S052a: Diabetes patients that have achieved all the NICE recommended treatment targets (adults and children)	2020-21	32.90%			
S055a: General Practice Referrals to NHS Digital Weight Management Programme - Crude Rate/100,000 population	21-22 Q4	56.8 per 100,000			
S067a: Leaver rate	2022 02		13.60%		
S068a: Sickness absence (working days lost to sickness)	2022 01		6.51%		
S070a: Number of people working in the NHS who have had a flu vaccination	2022 02			35.4%	69.3%
S073a: Nursing vacancy rate	2021 12				6.7%
S081a: IAPT access (total numbers accessing services)	21-22 Q4		6,500		
S082a: IAPT recovery rate (%)	21-22 Q4		51%		
S083a: Estimated diagnosis rate for people with dementia	2022 05		55%		
S084a: Children and young people (ages 0-17) mental health services access (number with 1+ contact)	2022 03		12,140		
S085a: People with severe mental illness receiving a full annual physical health check and follow up interventions	21-22 Q4		3,643		
S086a: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external)	Dec 2021 - Feb 2021		1,830		
S086b: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (external only)	Jan 2022 - Mar 2022		1		
S087a: Rate per 100,000 population of people in adult acute mental health beds with a length of stay over 60 days	2022 03		7.4 per 100,000		
S087b: Rate per 100,000 population of people in older adult acute mental health care with a length of stay over 90 days	2022 03		6.8 per 100,000		
S088a: Number of women accessing specialist community perinatal mental health services	Apr 2021 - Mar 2022		6.4%		
S089a: Waiting times for Urgent Referrals to Children and Young People's Eating Disorder services	Apr 2021 - Mar 2022		54.3%		
S089b: Waiting times for Routine Referrals to Children and Young People Eating Disorder Services	Apr 2021 - Mar 2022		44.2%		

Devon ICS Finance Report Month 2

Financial Framework

- On 28th April 2022, Devon ICS submitted a deficit plan of £105m. A resubmission has since been made on 20th June with a deficit of £18m, but the information in this report relates to the April plan.
- For 22/23 the system has received a reduced COVID envelope from 21/22. Some COVID funding will be reimbursed on top of the system envelope, this includes spend on testing and vaccinations.
- Efficiency savings of £119m were required to meet the April plan.
- Elective Services Recovery Fund (ESRF) funding has been received by the system to deliver 104% of 19/20 elective activity. Delivering more / less than 104% will result in additional funding / clawback at 75% PBR value. (Outsourced activity is reimbursed at 100% subject to meeting 104% target).
- Forecast information is not currently available

System Surplus/ Deficit Position

Organisation	Measure £'m	Year to date		
		Plan	Actual	Variance fav / (adv)
Devon CCG	Surplus/(Deficit)	1.7	1.7	(0.0)
Royal Devon University NHS FT	Surplus/(Deficit)	(5.9)	(5.5)	0.4
University Hospitals Plymouth Trust	Surplus/(Deficit)	(5.3)	(5.3)	0.0
Torbay and South Devon NHS FT	Surplus/(Deficit)	(6.7)	(5.5)	1.3
Devon Partnership Trust	Surplus/(Deficit)	(1.7)	(1.7)	(0.0)
Livewell South West	Surplus/(Deficit)	0.1	0.0	(0.1)
Total	**Surplus/(Deficit)**	**(17.9)**	**(16.3)**	**1.6**

As at month 2 the Devon ICS had a deficit of £16.3m which is £1.6m favourable variance to plan.

Efficiencies

Organisation	Year to date £'000 Plan	Actual	Variance fav / (adv)	Recurrent	Efficiency % of operating expenses
Devon CCG	3,750	1,291	(2,459)		
Royal Devon University NHS FT	4,935	2,854	(2,081)	566	1.8%
University Hospitals Plymouth Trust	2,078	1,947	(131)	57	1.4%
Torbay and South Devon NHS FT	3,596	1,723	(1,873)	1,216	1.7%
Devon Partnership Trust	223	204	(19)	198	0.4%
Livewell South West	733	612	(121)	612	6.7%
Total	**15,315**	**8,631**	**(6,684)**	**2,649**	

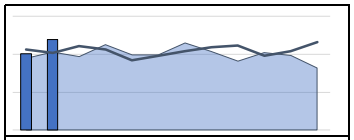
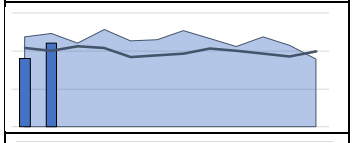
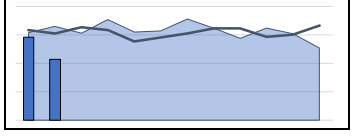
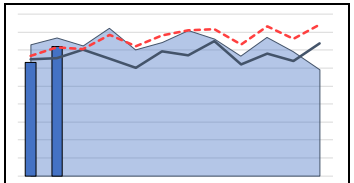
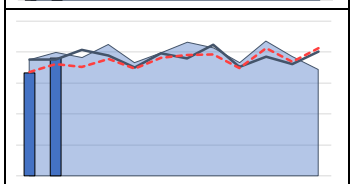
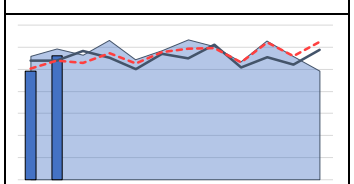
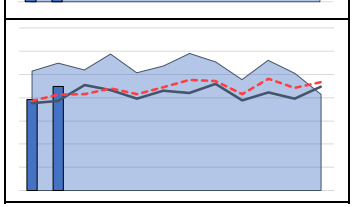
As at month 2 the Devon ICS had made efficiency savings of £8.6m of which £2.6m are recurrent. This is £6.7m adverse to plan.

In Envelope COVID Spend M1-2

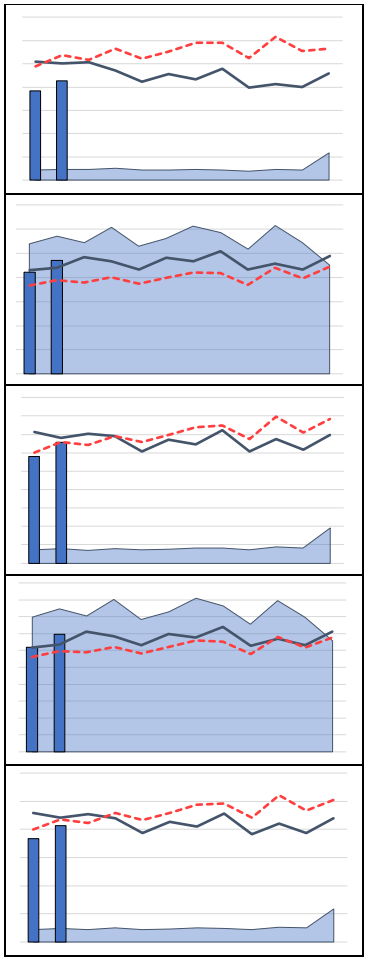
	£'000					
COVID spend category	Royal Devon University NHS FT	University Hospitals Plymouth Trust	Torbay and South Devon NHS FT	Devon Partnership Trust	CCG	Total
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	262	-	-	308		570
Additional Sick pay at full pay for all staff policy - full pay for COVID-related staff absence (for those not normally entitled to sick pay)	35	-	-	-		35
Existing workforce additional shifts to meet increased demand	364	125	-	4		493
Backfill for higher sickness absence	164	675	-	149		988
PPE associated costs	76	14	-	3		93
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	64	-	-	-		64
Remote management of patients	38	32	-	142	18	212
Segregation of patient pathways	145	739	-	81		965
Decontamination	438	67	330	4		839
Additional PTS costs	-	-	-	-	69	-
Long COVID	17	-	-	-		17
Total	**1,603**	**1,652**	**330**	**691**	**87**	**4,276**

As at month 2 the Devon ICS had spent £4.3m on in envelope COVID areas.

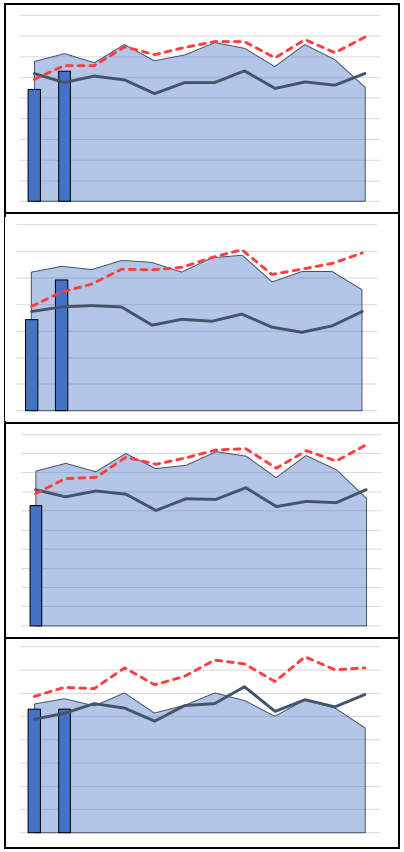
Activity Vs. Plan

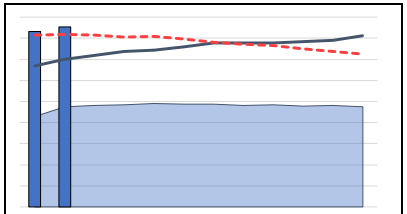
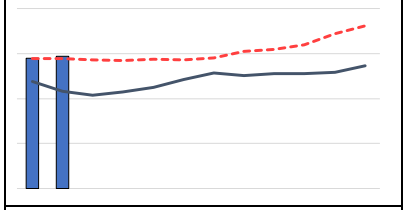
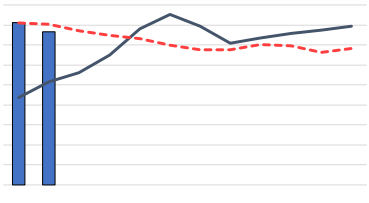
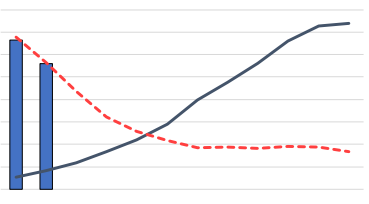
			April	May	June	July	August	September	October	November	December	January	February	March				
DEMAND	GP REFERRALS	2019/20	18,912	20,629	19,450	22,588	19,776	19,901	22,943	20,686	18,248	20,411	19,719	16,384	18,912	20,629	▲	
		2020/21	8,601	9,461	13,879	17,890	16,960	18,685	18,689	17,602	17,731	16,405	16,512	23,269	8,601	9,461	▲	
		2021/22	21,279	20,421	22,128	21,342	18,483	19,684	20,882	21,922	22,327	19,586	20,791	23,253	21,279	20,421	▼	
		2022/23	20,164	23,880											20,164	23,880	▲	
		Growth vs 19/20	7%	16%											7%	16%	▲	
	OTHER REFERRALS	2019/20	11,851	12,348	11,071	12,844	11,319	11,511	12,703	11,643	10,617	11,900	10,753	8,927	11,851	12,348	▲	
		2020/21	4,920	5,951	8,843	9,644	8,592	10,298	9,104	8,352	7,947	8,696	8,456	11,508	4,920	5,951	▲	
		2021/22	10,421	10,026	10,623	10,402	9,171	9,420	9,651	10,298	10,067	9,633	9,307	9,964	10,421	10,026	▼	
		2022/23	9,028	11,024											9,028	11,024	▲	
		Growth vs 19/20	-24%	-11%											-24%	-11%	▲	
	TOTAL REFERRALS	2019/20	30,763	32,977	30,521	35,432	31,095	31,412	35,646	32,329	28,865	32,311	30,472	25,311	30,763	32,977	▲	
		2020/21	13,521	15,412	22,722	27,534	25,552	28,983	27,793	25,954	25,678	25,101	24,968	34,777	13,521	15,412	▲	
		2021/22	31,700	30,447	32,751	31,744	27,654	29,104	30,533	32,220	32,394	29,219	30,098	33,217	31,700	30,447	▼	
		2022/23	29,192	21,336											29,192	21,336	▼	
		Growth vs 19/20	-5%	-35%											-5%	-35%	▼	
OUTPATIENTS	Consultant-led first outpatient attendances	2019/20	36,441	38,338	36,220	41,053	35,114	37,152	40,388	38,015	33,381	38,546	34,540	29,527	36,441	38,338	▲	
		2020/21	18,043	20,615	25,240	27,697	24,669	29,860	28,582	28,788	28,594	28,899	28,251	33,559	18,043	20,615	▲	
		2021/22	32,494	32,709	35,064	32,608	30,037	34,599	33,621	37,544	31,023	33,987	32,018	36,935	32,494	32,709	▲	
		Plan	33,439	35,700	35,241	39,234	36,016	39,084	40,585	40,763	36,494	41,563	38,204	42,026	33,439	35,700	▲	
		2022/23	31,592	35,957											31,592	35,957	▲	
		Plan vs 19/20	92%	93%	97%	96%	103%	105%	100%	107%	109%	108%	111%	142%	92%	93%	▲	
		Actual vs 19/20	87%	94%											87%	94%	▲	
	Consultant-led follow-up outpatient attendances	2019/20	75,101	79,912	76,409	84,799	73,215	79,443	86,264	82,621	73,308	87,171	77,107	68,822	75,101	79,912	▲	
		2020/21	50,139	56,322	70,452	72,988	63,558	75,018	71,318	74,071	70,146	71,860	70,324	82,120	50,139	56,322	▲	
		2021/22	75,227	75,258	81,320	77,752	70,018	79,141	76,079	84,856	70,522	77,139	72,406	80,497	75,227	75,258	▲	
		Plan	67,267	72,132	70,589	75,418	69,336	76,378	77,986	78,346	69,576	82,733	73,831	82,546	67,267	72,132	▲	
		2022/23	66,736	76,108											66,736	76,108	▲	
		Plan vs 19/20	90%	90%	92%	89%	95%	96%	90%	95%	95%	95%	96%	120%	90%	90%	▲	
		Actual vs 19/20	89%	95%											89%	95%	▲	
	Total Consultant-led Outpatient attendance	2019/20	111,542	118,250	112,629	125,852	108,329	116,595	126,652	120,636	106,689	125,717	111,647	98,349	111,542	118,250	▲	
		2020/21	68,182	76,937	95,692	100,685	88,227	104,878	99,900	102,859	98,740	100,759	98,575	115,679	68,182	76,937	▲	
		2021/22	107,721	107,967	116,384	110,360	100,055	113,740	109,700	122,400	101,545	111,126	104,424	117,432	107,721	107,967	▲	
		Plan	100,706	107,832	105,830	114,652	105,352	115,462	118,571	119,109	106,070	124,296	112,035	124,572	100,706	107,832	▲	
		2022/23	98,328	112,065											98,328	112,065	▲	
		Plan vs 19/20	90%	91%	94%	91%	97%	99%	94%	99%	99%	99%	100%	127%	90%	91%	▲	
		Actual vs 19/20	88%	95%											88%	95%	▲	
	Outpatient attendances (all TFC; consultant and non consultant led) - First attendance face to face	2019/20	51,475	54,896	51,896	58,785	50,590	53,547	59,012	55,351	47,696	56,151	50,485	41,422	51,475	54,896	▲	
		2020/21	16,867	20,837	27,666	33,524	31,916	39,323	35,522	32,841	31,511	31,286	30,983	38,088	16,867	20,837	▲	
		2021/22	37,557	38,553	45,507	43,124	39,488	42,993	42,092	45,918	38,749	42,335	39,573	44,746	37,557	38,553	▲	
		Plan	38,673	41,386	41,511	44,067	41,413	44,502	47,680	47,174	41,579	48,111	44,105	46,627	38,673	41,386	▲	
		2022/23	39,187	44,756											39,187	44,756	▲	
		Plan vs 19/20	75%	75%	80%	75%	82%	83%	81%	85%	87%	86%	87%	113%	75%	75%	▲	
		Actual vs 19/20	76%	82%											76%	82%	▲	

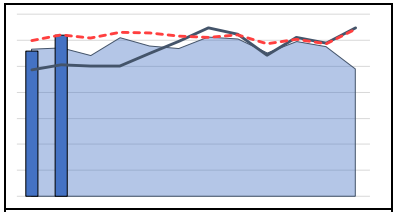
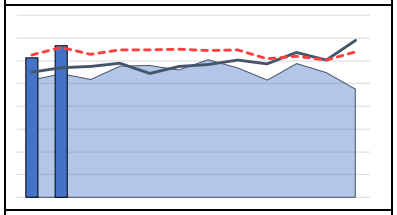
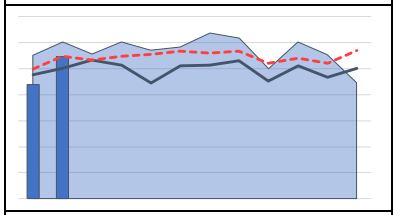
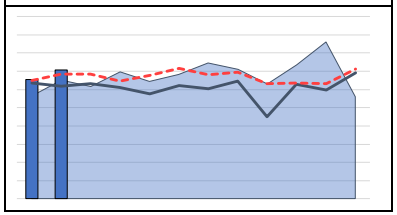
OUTPATIENTS	Outpatient attendances (all TFC; consultant and non consultant led) - First telephone or telemedicine consultation	2019/20	884	934	946	1,019	880	864	936	865	765	937	878	2,356	884	934	▲
		2020/21	9,320	9,497	10,536	9,422	7,101	7,466	8,616	11,106	9,405	10,333	9,402	10,285	9,320	9,497	▲
		2021/22	10,160	10,022	10,112	9,431	8,434	9,123	8,666	9,549	7,966	8,250	7,986	9,173	10,160	10,022	▼
		Plan	9,757	10,751	10,312	11,304	10,419	11,048	11,807	11,815	10,475	12,292	11,079	11,281	9,757	10,751	▲
		2022/23	7,650	8,529											7,650	8,529	▲
		Plan vs 19/20	**1104%**	**1151%**	**1090%**	**1109%**	**1184%**	**1279%**	**1261%**	**1366%**	**1369%**	**1312%**	**1262%**	**479%**	**1104%**	**1151%**	▲
		Actual vs 19/20	**865%**	**913%**											**865%**	**913%**	▲
	Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance face to face	2019/20	107,833	114,053	108,967	121,755	105,987	112,094	122,681	117,308	103,605	122,760	109,018	90,300	107,833	114,053	▲
		2020/21	40,354	44,467	60,868	71,409	66,904	80,517	77,558	76,850	73,994	73,452	72,963	88,327	40,354	44,467	▲
		2021/22	86,140	88,166	97,056	93,600	86,754	96,576	93,306	101,850	86,630	91,470	86,525	97,637	86,140	88,166	▲
		Plan	73,508	77,759	75,999	80,413	74,688	79,826	84,015	83,425	73,853	87,962	79,275	88,930	73,508	77,759	▲
		2022/23	84,415	94,228											84,415	94,228	▲
		Plan vs 19/20	**68%**	**68%**	**70%**	**66%**	**70%**	**71%**	**68%**	**71%**	**71%**	**72%**	**73%**	**98%**	**68%**	**68%**	▲
		Actual vs 19/20	**78%**	**83%**											**78%**	**83%**	▲
	Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up telephone or telemedicine consultation	2019/20	3,583	3,954	3,506	4,009	3,614	3,724	4,065	4,018	3,677	4,407	4,108	9,503	3,583	3,954	▲
		2020/21	31,546	34,906	36,729	32,833	24,117	26,392	27,995	34,618	31,837	34,724	32,467	36,819	31,546	34,906	▲
		2021/22	35,685	34,111	35,221	34,575	30,276	33,614	32,245	36,147	30,427	33,789	30,803	34,803	35,685	34,111	▼
		Plan	30,105	32,879	32,050	34,454	32,972	34,787	36,960	37,411	33,736	39,902	35,501	39,108	30,105	32,879	▲
		2022/23	29,017	32,863											29,017	32,863	▲
		Plan vs 19/20	**840%**	**832%**	**914%**	**859%**	**912%**	**934%**	**909%**	**931%**	**917%**	**905%**	**864%**	**412%**	**840%**	**832%**	▼
		Actual vs 19/20	**810%**	**831%**											**810%**	**831%**	▲
	Total Outpatient attendances (all TFC; consultant and non consultant led) - Face to face	2019/20	159,308	168,949	160,863	180,540	156,577	165,641	181,693	172,659	151,301	178,911	159,503	131,722	159,308	168,949	▲
		2020/21	57,221	65,304	88,534	104,933	98,820	119,840	113,080	109,691	105,505	104,738	103,946	126,415	57,221	65,304	▲
		2021/22	123,697	126,719	142,563	136,724	126,242	139,569	135,398	147,768	125,379	133,805	126,098	142,383	123,697	126,719	▲
		Plan	112,181	119,145	117,510	124,480	116,101	124,328	131,695	130,599	115,432	136,073	123,380	135,557	112,181	119,145	▲
		2022/23	123,602	138,984											123,602	138,984	▲
		Plan vs 19/20	**70%**	**71%**	**73%**	**69%**	**74%**	**75%**	**72%**	**76%**	**76%**	**76%**	**77%**	**103%**	**70%**	**71%**	▲
		Actual vs 19/20	**78%**	**82%**											**78%**	**82%**	▲
	Total outpatient attendances (all TFC; consultant and non consultant led) - Telephone/virtual	2019/20	4,467	4,888	4,452	5,028	4,494	4,588	5,001	4,883	4,442	5,344	4,986	11,859	4,467	4,888	▲
		2020/21	40,866	44,403	47,265	42,255	31,218	33,858	36,611	45,724	41,242	45,057	41,869	47,104	40,866	44,403	▲
		2021/22	45,845	44,133	45,333	44,006	38,710	42,737	40,911	45,696	38,393	42,039	38,789	43,976	45,845	44,133	▼
		Plan	39,862	43,630	42,362	45,758	43,391	45,835	48,767	49,226	44,211	52,194	46,580	50,389	39,862	43,630	▲
		2022/23	36,667	41,392											36,667	41,392	▲
		Plan vs 19/20	**892%**	**893%**	**952%**	**910%**	**966%**	**999%**	**975%**	**1008%**	**995%**	**977%**	**934%**	**425%**	**892%**	**893%**	▲
		Actual vs 19/20	**821%**	**847%**											**821%**	**847%**	▲

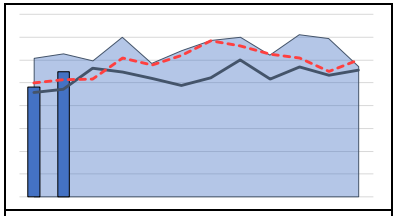
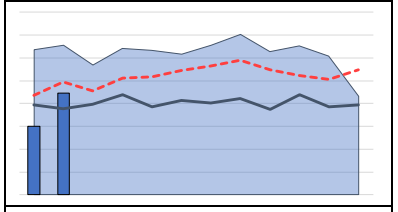
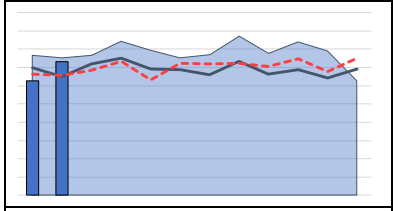
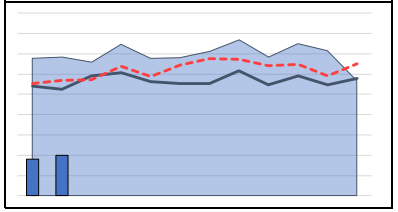


			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
ELECTIVES	DE - Day Case Elective	2019/20	13,574	14,274	13,446	15,181	13,640	14,177	15,353	14,796	13,024	15,202	13,710	11,028	13,574	14,274	▲
		2020/21	4,125	5,601	8,296	10,726	10,293	11,976	12,084	12,507	12,468	11,268	11,595	13,502	4,125	5,601	▲
		2021/22	12,379	11,494	12,125	11,782	10,415	11,528	11,536	12,608	10,908	11,554	11,284	12,379	12,379	11,494	▼
		Plan	11,822	13,172	13,137	14,986	14,218	14,890	15,480	15,471	13,867	15,670	14,409	15,935	11,822	13,172	▲
		2022/23	10,872	12,590											10,872	12,590	▲
		Plan vs 19/20	87%	92%	98%	99%	104%	105%	101%	105%	106%	103%	105%	144%	87%	92%	▲
		Actual vs 19/20	80%	88%											80%	88%	▲
	IE - Inpatient Elective	2019/20	2,611	2,723	2,665	2,827	2,791	2,608	2,881	2,926	2,431	2,623	2,622	2,285	2,611	2,723	▲
		2020/21	801	1,290	1,664	2,054	2,007	2,136	2,032	1,596	1,582	1,361	1,371	1,801	801	1,290	▲
		2021/22	1,873	1,958	1,979	1,955	1,614	1,729	1,691	1,825	1,578	1,477	1,602	1,868	1,873	1,958	▲
		Plan	1,971	2,235	2,388	2,666	2,657	2,704	2,883	3,032	2,573	2,671	2,779	2,976	1,971	2,235	▲
		2022/23	1,722	2,463											1,722	2,463	▲
		Plan vs 19/20	75%	82%	90%	94%	95%	104%	100%	104%	106%	102%	106%	130%	75%	82%	▲
		Actual vs 19/20	66%	90%											66%	90%	▲
	Total Elective Admissions	2019/20	16,185	16,997	16,111	18,008	16,431	16,785	18,234	17,722	15,455	17,825	16,332	13,313	16,185	16,997	▲
		2020/21	4,926	6,891	9,960	12,780	12,300	14,112	14,116	14,103	14,050	12,629	12,966	15,303	4,926	6,891	▲
		2021/22	14,252	13,452	14,104	13,737	12,029	13,257	13,227	14,433	12,486	13,031	12,886	14,247	14,252	13,452	▼
		Plan	13,793	15,407	15,525	17,652	16,875	17,594	18,363	18,503	16,440	18,341	17,188	18,911	13,793	15,407	▲
		2022/23	12,594	0	0	0	0	0	0	0	0	0	0	0	12,594	0	▼
		Plan vs 19/20	85%	91%	96%	98%	103%	105%	101%	104%	106%	103%	105%	142%	85%	91%	▲
		Actual vs 19/20	78%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	78%	0%	▼
	RTT - Clock stops	2019/20	27,642	28,829	27,282	30,093	25,765	27,442	30,035	28,347	25,004	28,514	26,809	22,469	27,642	28,829	▲
		2020/21	12,638	14,580	18,090	20,192	19,141	22,714	23,082	22,653	20,915	21,422	21,104	25,537	12,638	14,580	▲
		2021/22	24,456	25,673	27,780	26,725	24,024	27,288	27,769	31,437	26,071	28,606	27,091	29,693	24,456	25,673	▲
		Plan	29,357	31,242	30,939	35,494	31,850	33,653	37,093	36,293	32,557	37,814	35,069	35,389	29,357	31,242	▲
		2022/23	26,519	26,519											26,519	26,519	▼▲
		Plan vs 19/20	106%	108%	113%	118%	124%	123%	123%	128%	130%	133%	131%	158%	106%	108%	▲
		Actual vs 19/20	96%	92%											96%	92%	▼



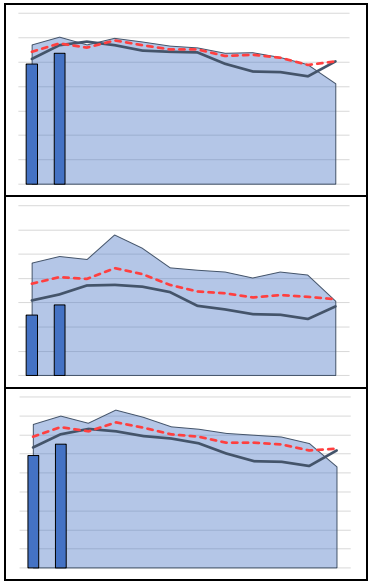
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
ELECTIVES	RTT Incomplete pathways	2019/20	85,565	95,238	96,319	96,979	98,176	97,636	97,368	96,283	96,899	95,777	96,157	94,760	85,565	95,238	▲	
		2020/21	90,579	88,030	90,090	94,617	99,428	103,521	108,999	114,168	120,683	121,377	122,332	128,734	90,579	88,030	▼	
		2021/22	133,890	139,801	143,499	147,480	149,026	151,724	155,745	155,489	155,766	156,866	158,188	162,678	133,890	139,801	▲	
		Plan	163,085	163,494	163,258	161,461	161,945	159,492	156,453	154,145	153,011	150,242	147,599	144,889	163,085	163,494	▲	
		2022/23	166,330	171,009											166,330	171,009	▲	
		Plan vs 19/20	**191%**	**172%**	**169%**	**166%**	**165%**	**163%**	**161%**	**160%**	**158%**	**157%**	**153%**	**153%**	**191%**	**172%**	▼	
		Actual vs 19/20	**194%**	**180%**											**194%**	**180%**	▼	
	RTT 52 Week wait	2019/20	203	195	227	268	368	349	345	328	281	301	237	288	203	195	▼	
		2020/21	618	1,228	2,166	3,124	3,942	4,796	5,972	7,413	8,626	9,856	11,665	12,916	618	1,228	▲	
		2021/22	11,918	10,809	10,378	10,705	11,256	12,140	12,829	12,524	12,807	12,808	12,939	13,650	11,918	10,809	▼	
		Plan	14,455	14,422	14,327	14,262	14,353	14,301	14,555	15,288	15,456	15,988	17,241	18,104	14,455	14,422	▼	
		2022/23	14,500	14,713											14,500	14,713	▲	
		Plan vs 19/20	**7121%**	**7396%**	**6311%**	**5322%**	**3900%**	**4098%**	**4219%**	**4661%**	**5500%**	**5312%**	**7275%**	**6286%**	**7121%**	**7396%**	▲	
		Actual vs 19/20	**7143%**	**7545%**											**7143%**	**7545%**	▲	
	RTT 78 Week wait	2019/20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	▼▲	
		2020/21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	▼▲	
		2021/22	2,191	2,570	2,811	3,246	3,912	4,274	3,971	3,540	3,680	3,794	3,876	3,976	2,191	2,570	▲	
		Plan	4,060	4,013	3,859	3,736	3,666	3,494	3,384	3,378	3,510	3,473	3,323	3,410	4,060	4,013	▼	
		2022/23	4,065	3,839											4,065	3,839	▼	
		Plan vs 19/20																
		Actual vs 19/20																
	RTT 104 Week wait	2019/20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	▼▲	
		2020/21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	▼▲	
		2021/22	106	164	237	334	440	582	794	955	1,123	1,318	1,454	1,478	106	164	▲	
		Plan	1,356	1,127	871	645	518	433	368	373	366	380	377	336	1,356	1,127	▼	
		2022/23	1,327	1,118											1,327	1,118	▼	
		Plan vs 19/20																
		Actual vs 19/20																

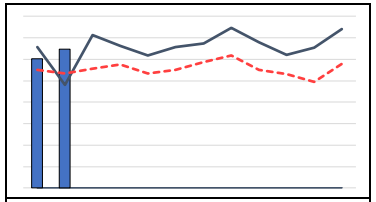
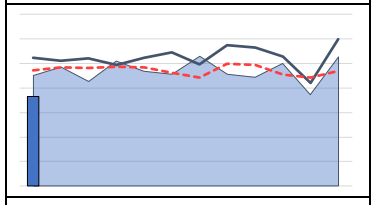
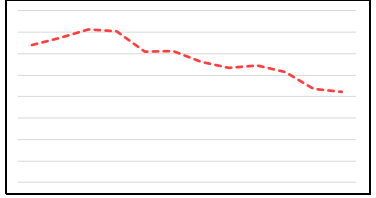
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
DIAGNOSTIC TESTS	MAGNETIC RESONANCE IMAGING	2019/20	5,655	5,705	5,423	6,099	5,773	5,682	6,128	6,040	5,517	5,939	5,755	4,902	5,655	5,705	▲	
		2020/21	2,281	3,112	4,389	5,491	4,864	4,848	4,982	4,784	4,947	4,701	4,794	5,607	2,281	3,112	▲	
		2021/22	4,856	5,069	5,006	5,010	5,498	5,959	6,475	6,232	5,424	6,103	5,889	6,478	4,856	5,069	▲	
		Plan	5,984	6,218	6,085	6,317	6,278	6,148	6,102	6,200	5,873	6,034	5,862	6,434	5,984	6,218	▲	
		2022/23	5,593	6,192											5,593	6,192	▲	
		Plan vs 19/20	**106%**	**109%**	**112%**	**104%**	**109%**	**108%**	**100%**	**103%**	**106%**	**102%**	**102%**	**131%**	**106%**	**109%**	▲	
		Actual vs 19/20	**99%**	**109%**											**99%**	**109%**	▲	
	COMPUTED TOMOGRAPHY	2019/20	10,297	10,870	10,368	11,555	11,583	11,179	12,081	11,368	10,281	11,782	10,974	9,500	10,297	10,870	▲	
		2020/21	6,511	9,060	10,047	11,175	10,729	11,008	11,533	10,498	10,238	10,930	10,398	11,643	6,511	9,060	▲	
		2021/22	10,996	11,366	11,526	11,794	10,868	11,528	11,667	12,074	11,721	12,754	12,041	13,770	10,996	11,366	▲	
		Plan	12,528	13,173	12,590	12,934	12,974	13,036	12,903	12,949	12,175	12,422	12,071	12,805	12,528	13,173	▲	
		2022/23	12,281	13,296											12,281	13,296	▲	
		Plan vs 19/20	**122%**	**121%**	**121%**	**112%**	**112%**	**117%**	**107%**	**114%**	**118%**	**105%**	**110%**	**135%**	**122%**	**121%**	▼	
		Actual vs 19/20	**119%**	**122%**											**119%**	**122%**	▲	
	NON-OBSTETRIC ULTRASOUND	2019/20	11,040	12,078	11,148	12,063	11,398	11,659	12,760	12,334	10,009	12,071	11,095	8,920	11,040	12,078	▲	
		2020/21	4,357	6,111	8,783	9,794	8,249	9,271	9,153	9,005	8,414	8,458	8,314	9,906	4,357	6,111	▲	
		2021/22	9,521	10,006	10,662	10,274	8,883	10,196	10,279	10,592	9,053	10,230	9,353	10,033	9,521	10,006	▲	
		Plan	9,982	10,954	10,684	10,944	11,092	11,347	11,186	11,368	10,407	10,808	10,432	11,398	9,982	10,954	▲	
		2022/23	8,789	10,920											8,789	10,920	▲	
		Plan vs 19/20	**90%**	**91%**	**96%**	**91%**	**97%**	**97%**	**88%**	**92%**	**104%**	**90%**	**94%**	**128%**	**90%**	**91%**	▲	
		Actual vs 19/20	**80%**	**90%**											**80%**	**90%**	▲	
	CARDIOLOGY - ECHOCARDIOGRAPHY	2019/20	2,818	3,264	3,079	3,480	3,220	3,421	3,727	3,562	3,150	3,675	4,314	2,803	2,818	3,264	▲	
		2020/21	1,075	1,949	2,565	2,987	2,716	2,890	2,482	2,454	3,159	2,810	2,889	3,180	1,075	1,949	▲	
		2021/22	3,181	3,090	3,156	3,057	2,884	3,116	3,025	3,226	2,259	3,148	2,989	3,464	3,181	3,090	▼	
		Plan	3,246	3,422	3,417	3,226	3,395	3,582	3,412	3,481	3,157	3,171	3,158	3,569	3,246	3,422	▲	
		2022/23	3,280	3,545											3,280	3,545	▲	
		Plan vs 19/20	**115%**	**105%**	**111%**	**93%**	**105%**	**105%**	**92%**	**98%**	**100%**	**86%**	**73%**	**127%**	**115%**	**105%**	▼	
		Actual vs 19/20	**116%**	**109%**											**116%**	**109%**	▼	

			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
DIAGNOSTIC TESTS	COLONOSCOPY	2019/20	1,215	1,253	1,191	1,400	1,172	1,281	1,372	1,402	1,243	1,423	1,387	1,144	1,215	1,253	▲	
		2020/21	100	138	524	838	757	826	892	903	854	888	1,036	1,158	100	138	▲	
		2021/22	917	945	1,128	1,093	1,037	975	1,047	1,200	1,035	1,137	1,067	1,113	917	945	▲	
		Plan	997	1,029	1,035	1,218	1,154	1,242	1,367	1,323	1,253	1,215	1,099	1,201	997	1,029	▲	
		2022/23	961	1,096											961	1,096	▲	
		Plan vs 19/20	82%	82%	87%	87%	98%	97%	100%	94%	101%	85%	79%	105%	82%	82%	▲	
		Actual vs 19/20	79%	87%											79%	87%	▲	
	FLEXI SIGMOIDOSCOPY	2019/20	635	656	570	642	634	615	656	703	626	653	609	433	635	656	▲	
		2020/21	42	116	281	391	379	361	356	404	381	308	386	483	42	116	▲	
		2021/22	395	377	396	439	386	413	402	423	374	439	385	395	395	377	▼	
		Plan	435	494	454	512	516	544	564	589	548	522	506	548	435	494	▲	
		2022/23	301	446											301	446	▲	
		Plan vs 19/20	69%	75%	80%	80%	81%	88%	86%	84%	88%	80%	83%	127%	69%	75%	▲	
		Actual vs 19/20	47%	68%											47%	68%	▲	
	GASTROSCOPY	2019/20	1,534	1,503	1,536	1,688	1,588	1,507	1,539	1,746	1,555	1,680	1,583	1,257	1,534	1,503	▼	
		2020/21	156	257	915	1,044	1,010	1,277	1,166	1,178	1,185	1,129	1,188	1,465	156	257	▲	
		2021/22	1,394	1,298	1,436	1,503	1,383	1,376	1,322	1,465	1,326	1,376	1,286	1,382	1,394	1,298	▼	
		Plan	1,327	1,314	1,369	1,468	1,265	1,444	1,442	1,448	1,410	1,496	1,353	1,503	1,327	1,314	▼	
		2022/23	1,252	1,463											1,252	1,463	▲	
		Plan vs 19/20	87%	87%	89%	87%	80%	96%	94%	83%	91%	89%	85%	120%	87%	87%	▲	
		Actual vs 19/20	82%	97%											82%	97%	▲	
	TOTAL SCOPES	2019/20	3,384	3,412	3,297	3,730	3,394	3,403	3,567	3,851	3,424	3,756	3,579	2,834	3,384	3,412	▲	
		2020/21	298	511	1,720	2,273	2,146	2,464	2,414	2,485	2,420	2,325	2,610	3,106	298	511	▲	
		2021/22	2,706	2,620	2,960	3,035	2,806	2,764	2,771	3,088	2,735	2,952	2,738	2,890	2,706	2,620	▼	
		Plan	2,759	2,837	2,858	3,198	2,935	3,230	3,373	3,360	3,211	3,233	2,958	3,252	2,759	2,837	▲	
		2022/23	898	990											898	990	▲	
		Plan vs 19/20	82%	83%	87%	86%	86%	95%	95%	87%	94%	86%	83%	115%	82%	83%	▲	
		Actual vs 19/20	27%	29%											27%	29%	▲	

			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A&E	TYPE 1 & 2	2019/20	28,522	30,086	28,559	29,922	29,139	28,329	27,862	26,878	26,935	26,021	24,551	20,546
		2020/21	14,502	20,922	22,659	26,096	27,714	25,599	23,510	21,040	21,257	18,958	18,367	23,647
		2021/22	25,613	28,472	29,187	28,481	27,375	27,163	27,059	24,630	23,143	22,929	22,158	25,176
		Plan	27,063	28,885	28,014	29,471	28,476	27,655	27,614	26,239	26,524	25,872	24,375	25,180
		2022/23	24,641	26,776										
		Plan vs 19/20	95%	96%	98%	98%	98%	98%	99%	98%	98%	99%	99%	123%
		Actual vs 19/20	86%	89%										
	TYPE 3 & 4	2019/20	9,256	9,832	9,552	11,599	10,485	8,873	8,681	8,554	8,041	8,524	8,265	6,118
		2020/21	2,865	3,958	2,469	6,265	7,230	6,638	6,410	3,504	3,057	2,494	2,431	3,434
		2021/22	6,183	6,687	7,451	7,461	7,329	6,864	5,765	5,449	5,044	5,036	4,658	5,714
		Plan	7,558	8,119	7,962	8,841	8,382	7,485	6,915	6,784	6,438	6,649	6,514	6,282
		2022/23	4,996	5,816										
		Plan vs 19/20	82%	83%	83%	76%	80%	84%	80%	79%	80%	78%	79%	103%
		Actual vs 19/20	54%	59%										
	TOTAL A&E ATTENDANCES	2019/20	37,778	39,918	38,111	41,521	39,624	37,202	36,543	35,432	34,976	34,545	32,816	26,664
		2020/21	17,367	24,880	25,128	32,361	34,944	32,237	29,920	24,544	24,314	21,452	20,798	27,081
		2021/22	31,796	35,159	36,638	35,942	34,704	34,027	32,824	30,079	28,187	27,965	26,816	30,890
		Plan	34,621	37,004	35,976	38,312	36,858	35,140	34,529	33,023	32,962	32,521	30,889	31,462
		2022/23	29,637	32,592										
		Plan vs 19/20	92%	93%	94%	92%	93%	94%	94%	93%	94%	94%	94%	118%
		Actual vs 19/20	78%	82%										
NON ELECTIVE	+1 LENGTH OF STAY	2019/20	9,562	9,786	9,029	9,693	9,112	9,129	9,602	9,321	9,680	9,820	8,752	8,377
		2020/21	5,932	7,400	7,910	8,511	8,620	8,761	9,058	8,153	8,471	8,252	7,853	9,008
		2021/22	8,911	9,160	9,168	9,384	8,766	8,956	8,953	8,563	8,691	8,042	7,655	8,491
		Plan	9,333	9,872	9,309	9,731	9,270	9,339	9,774	9,513	9,822	10,211	9,213	9,216
		2022/23	8,113	8,573										
		Plan vs 19/20	98%	101%	103%	100%	102%	102%	102%	102%	101%	104%	105%	110%
		Actual vs 19/20	85%	88%										
	ZERO DAY LENGTH OF STAY	2019/20	3,129	3,373	3,032	3,257	3,065	3,167	3,314	3,244	3,421	3,593	3,431	2,865
		2020/21	2,087	2,875	3,070	3,537	3,497	3,804	3,546	3,223	3,297	3,008	3,087	3,983
		2021/22	4,177	4,563	4,615	4,532	4,109	4,242	4,339	4,305	4,200	4,191	3,930	4,529
		Plan	4,610	4,866	4,592	4,588	4,622	4,596	4,806	4,750	4,883	4,923	4,491	4,381
		2022/23	4,007	4,263										
		Plan vs 19/20	147%	144%	151%	141%	151%	145%	145%	146%	143%	137%	131%	153%
		Actual vs 19/20	128%	126%										
	TOTAL NON ELECTIVES	2019/20	12,691	13,159	12,061	12,950	12,177	12,296	12,916	12,565	13,101	13,413	12,183	11,242
		2020/21	8,019	10,275	10,980	12,048	12,117	12,565	12,604	11,376	11,768	11,260	10,940	12,991
		2021/22	13,088	13,723	13,783	13,916	12,875	13,198	13,292	12,868	12,891	12,233	11,585	13,020
		Plan	13,943	14,738	13,901	14,319	13,892	13,935	14,580	14,263	14,705	15,134	13,704	13,597
		2022/23	12,120	12,836										
		Plan vs 19/20	110%	112%	115%	111%	114%	113%	113%	114%	112%	113%	112%	121%
		Actual vs 19/20	96%	98%										

28,522	30,086	▲		
14,502	20,922	▲		
25,613	28,472	▲		
27,063	28,885	▲		
24,641	26,776	▲		
95%	96%	▲		
86%	89%	▲		
9,256	9,832	▲		
2,865	3,958	▲		
6,183	6,687	▲		
7,558	8,119	▲		
4,996	5,816	▲		
82%	83%	▲		
54%	59%	▲		
37,778	39,918	▲		
17,367	24,880	▲		
31,796	35,159	▲		
34,621	37,004	▲		
29,637	32,592	▲		
92%	93%	▲		
78%	82%	▲		
9,562	9,786	▲		
5,932	7,400	▲		
8,911	9,160	▲		
9,333	9,872	▲		
8,113	8,573	▲		
98%	101%	▲		
85%	88%	▲		
3,129	3,373	▲		
2,087	2,875	▲		
4,177	4,563	▲		
4,610	4,866	▲		
4,007	4,263	▲		
147%	144%	▼		
128%	126%	▼		
12,691	13,159	▲		
8,019	10,275	▲		
13,088	13,723	▲		
13,943	14,738	▲		
12,120	12,836	▲		
110%	112%	▲		
96%	98%	▲		



			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
CANCER	CANCER 28 DAY FASTER DIAGNOSIS	2019/20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	▼▲	
		2020/21	0	0	0	5,286	5,054	5,739	5,344	5,524	4,993	4,965	5,109	6,647	0	0	▼▲	
		2021/22	6,566	4,822	7,125	6,614	6,188	6,562	6,751	7,477	6,803	6,207	6,539	7,403	6,566	4,822	▼	
		Plan	5,521	5,342	5,566	5,757	5,348	5,516	5,861	6,169	5,498	5,300	4,949	5,795	5,521	5,342	▼	
		2022/23	6,035	6,475											6,035	6,475	▲	
		Plan vs 19/20																
		Actual vs 19/20																
	CANCER TREATEMENT VOLUMES (31 DAY FIRST)	2019/20	903	973	855	1,018	937	914	1,059	912	886	1,000	746	1,052	903	973	▲	
		2020/21	710	614	731	737	807	921	714	752	792	720	719	859	710	614	▼	
		2021/22	1,047	1,020	1,044	987	1,047	1,092	993	1,149	1,128	1,056	843	1,197	1,047	1,020	▼	
		Plan	944	968	961	975	970	924	886	999	989	910	883	940	944	968	▲	
		2022/23	733												733			
		Plan vs 19/20	**105%**	**99%**	**112%**	**96%**	**104%**	**101%**	**84%**	**110%**	**112%**	**91%**	**118%**	**89%**	**105%**	**99%**	▼	
		Actual vs 19/20	**81%**												**81%**			
	PATIENTS WAITING 63+DAYS AFTER REFERRAL (62 DAY URGENT)	2019/20													0	0	▼▲	
		2020/21													0	0	▼▲	
		2021/22													0	0	▼▲	
		Plan	639	674	713	704	608	611	563	534	544	513	437	422	639	674	▲	
		2022/23																
		Plan vs 19/20																
		Actual vs 19/20																

NHS Devon Integrated Care Board

NHS Devon Integrated Care Board and Integrated Care System Financial Operating Plan for 2022/23 financial year

Date of committee	Date report produced
20th July 2022	12/07/2022

Author(s)		Report approved by	
Name and title:	Suzanne Pollard, Senior accountant	**Name and title:**	John Dowell, Director of Finance
Phone:		**Date:**	12/07/2022
Email:	suzannepollard@nhs.net		

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

Executive summary (250 words max)
NHS Devon ICB sits within the Devon system of NHS organisations that is required to deliver a breakeven position overall, therefore the financial positions of each organisation are also shown in this report. The proposed budget for 2022/23 is challenging in terms of its delivery requirements, but it is compliant with the statutory target for the ICB to operate within its nationally allocated resources, with a deficit position of £18million for the ICS as a whole. The system is committed to a collaborative approach to financial risk management and continues to work towards delivering overall financial balance for the year. Effective budgetary control is a key element of proper financial management. Establishing this requires a formal budgetary approval reserved to the Board. This

paper therefore seeks approval of an initial budget that will allow the ICB to implement these controls, with delivery against budget overseen by the Finance Committee.

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

Key recommendations and actions requested

1. **Approve** the opening budget for the ICB as set out in **table 3** of this report
2. **Note** the overall financial plan for the total ICS (table 1) which stands at £18m deficit, with a commitment to work collaboratively to close the residual gap to balance for the year.
3. **Note** the significant delivery risk inherent in the plan and the governance processes focussed on mitigating these risks

Impact on NHS Devon objectives

Objective	Impact
1. Achieve financial sustainability	

Does this report have implications in any of the areas highlighted below?

Area	Yes (summarise implications)	No
Quality of services		No
Health inequalities		No
Workforce		No
Resources and finance	NHS Devon ICB and ICS finances	Yes
Legal		No
Engagement and consultation		No

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon Integrated Care Board and Integrated Care System Financial Operating Plan for 2022/23 financial year

Executive summary

This paper sets out the operational financial plan for the NHS Devon Integrated Care Board (ICB) and wider NHS Devon Integrated Care System (ICS)

NHS Devon ICB sits within the Devon system of NHS organisations that is required to deliver a breakeven position overall, therefore the financial positions of each organisation are also shown in this report. The proposed budget for 2022/23 is challenging in terms of its delivery requirements, but it is compliant with the statutory target for the ICB to operate within its nationally allocated resources, with a deficit position of £18million for the ICS as a whole. The system is committed to a collaborative approach to financial risk management and continues to work towards delivering overall financial balance for the year.

Effective budgetary control is a key element of proper financial management. Establishing this requires a formal budgetary approval reserved to the Board. This paper therefore seeks approval of an initial budget that will allow the ICB to implement these controls, with delivery against budget overseen by the Finance Committee.

Governance considerations

As an accountable public body, the Integrated Care Board has a responsibility to deploy the resources allocated to it in an effective and proper manner. It is important to note that, unlike a commercial entity, the ICB is fundamentally a 'public spending' organisation – the 'funding' associated with the ICB is not generally 'income' that we are earning in any usual sense but rather it is a permission to spend public money up to the 'resource limit' that we are allocated by NHS England. The ultimate financial performance metric for the ICB is therefore a performance one: whether the net relevant expenditure we have incurred (as reported in the financial statements) is equal to, or less than, the resource limit allocated to the organisation. Our statutory duty is to operate within that limit.

The conduct of the business of the Board is governed by its Constitution and related documents, including the Standing Financial Instructions and Scheme of Delegation. Instrumental to the effective financial management of the Board's business is the

agreement of a formal budget for the organisation, within the context of wider Integrated Care System financial position, enabling budgetary control and appropriate delegation to be formally established.

It is reserved to the Board to agree a 'balanced budget' for the organisation for each year for example a plan to spend no more than the resources allocated. Normally, this would be conducted in advance of the start of the year (1 April), but for 2022/23, the ICB is being established part way through the financial year, necessitating an initial working budget to be brought to its first meeting for approval.
This budget will then be attributed to the appropriate budget holders, any sub-delegations established in line with approved procedures, and proper budgetary management of the organisation will be confirmed.

Oversight of the ICB financial position

Financial performance and delivery (at both ICB and system level) are regarded as key deliverables for the ICB, underpinned by our statutory framework. In view of this, the Board will receive regular updates on the evolving financial positions, together with key risks and actions, as part of its regular business.

The detailed oversight of the ICB's financial performance is delegated to the Finance Committee. That Committee will receive appropriate reports at each of its meetings, enabling it to properly discharge its responsibilities for oversight, and approve delegated matters as necessary (for example key budgetary adjustments, deployment of in-year allocations, consideration of business cases and scrutiny of key issues and risk). In addition, the Audit committee will exercise oversight of the broader financial governance arrangements, taking assurance from auditors, or other sources, as appropriate.

The balance of reporting between that conducted at Finance Committee level and that brought formally to Board in its overall assurance role will be developed over the coming months, as the ICB forms its own views on risk appetite, assurance and reporting formats.

ICBs now have a clear responsibility in relation to the wider local NHS system financial position, including the positions of Royal Devon University Healthcare NHS Foundation Trust (RUDH), Torbay and South Devon NHS Foundation Trust (TSD) University Hospitals Plymouth NHS Trust (UHP) and Devon Partnership NHS Trust (DPT). This was not formally in place for predecessor Clinical Commissioning Groups. As a consequence of this, additional national financial reporting arrangements are being implemented (beginning with reporting on the July data) to ensure a clear flow of relevant provider data to ICBs as part of month-end processes, to support ICB review of the whole Devon NHS system finances. The detail of how this will operate in practice requires further clarification, but this will then influence how ICB reporting on the system finances is framed.

2022/23 Financial Planning and the wider system context

The basis for the ICB budget proposal is the recent 2022/23 planning submission made to NHS England on 20 June, the development of which was overseen by the CCG Finance Committee and Governing Body. The submission is summarised in table 1 below, showing an overall system deficit of £18m, held at Royal Devon University Hospital, against the national expectation of a balanced plan.

Table 1 – Summary income and expenditure plan by Organisation

Position submitted 20th June 2022	CCG /ICB	DPT	RDUH	TSD	UHP	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Income / System allocation	893,454	166,225	594,895	395,422	407,502	2,457,498
Other income		188,485	320,660	194,110	393,789	1,097,044
Operating expenditure	(893,454)	(351,835)	(925,116)	(580,402)	(792,735)	(3,543,542)
Non Operating expenditure and other adjustments		(2,875)	(8,702)	(9,061)	(8,556)	(29,194)
Surplus / (Deficit)	**0**	**0**	**(18,263)**	**69**	**0**	**(18,194)**

As part of these allocations £39m elective services recovery funding (ESRF) was made available and allocated as set out in table 2 below. This funding is to increase elective activity to 104% (cost weighted) of 19/20 activity levels. If this level of activity is not reached, there is a risk of partial clawback of this funding.

Table 2 – ESRF allocations

	UHP	TSD	RDUH	CCG / ICB	Total
	£'000	£'000	£'000	£'000	£'000
Accelerator	2,864		11,664		14,528
Diagnostics	2,336	888	1,940		5,164
Outsourcing to IS			0	6,000	6,000
Priority 1	2,608	3,056	8,141		13,805
Total	**7,808**	**3,944**	**21,745**	**6,000**	**39,497**

Establishing an ICB budget for 2022/23

The proposed annualised budget for the ICB is consistent with the full deployment of the allocated resources, as in the table above. A breakdown of the Plan by budget heading is set out in table 3 on the next page of this report

Table 3 – NHS Devon ICB 2022/23 Opening Budget

System Summary	Recurrent Contract	Non Recurrent	Topup	Covid	22/23 Opening Plan
	£000's	£000's	£000's	£000's	£000's
ICS Contracts					
RDUH	514,715	35,057	33,239	11,885	594,896
UHP	238,163	19,472	48,216	7,075	312,926
ICP	93,785	792	-	-	94,577
LSW	15,906	1,090	-	-	16,996
TSD	314,520	12,499	32,073	7,001	366,093
TSD - CFDH	27,229	2,100	-	-	29,329
DPT	154,395	6,506	-	5,325	166,226
Subtotal	**1,358,713**	**77,516**	**113,528**	**31,286**	**1,581,043**
Operational CCG					
Primary Care Prescribing	213,775	-	-	-	213,775
Primary Care Other	34,386	-	-	-	34,386
Placements	103,519	-	-	-	103,519
SWASFT	64,804	-	-	-	64,804
Other Acute NHS	27,072	-	-	-	27,072
Other Acute Non	5,747	-	-	-	5,747
Independent Sector	33,370	6,000	-	-	39,370
Mental Health	35,376	4,260	-	-	39,636
Community	38,375	-	-	-	38,375
Better Care Fund	48,091	-	-	-	48,091
Discharge to Assess	10,495	-	-	-	10,495
Investment Reserves	8,730	29,406	2	4,605	42,743
CCG Funding Gap	- 3,313	1,276	-	-	- 2,037
CCG CIP Requirement	- 7,527	- 4,400	-	-	- 11,927
System Plan 2223	- 2,145	-	- 9,276	11,420	- 1
System Growth 2223	10,665	25	- 10,690	-	-
Subtotal	**621,419**	**36,567**	**- 19,964**	**16,025**	**654,047**
Ringfenced					
Delegated Primary Care	199,830	-	-	-	199,830
CCG Running Cost	22,579	-	-	-	22,579
Subtotal	**222,409**	**-**	**-**	**-**	**222,409**
Total CCG Spend	**2,202,540**	**114,083**	**93,564**	**47,311**	**2,457,498**
Resource Limit	- 2,212,507	- 104,116	- 93,564	- 47,311	- 2,457,498
Financial Balance	**- 9,967**	**9,967**	**-**	**-**	**-**

ICP – Integrated Care Partnership, LSW – Livewell Southwest, CFDH – Children's Family Health Devon, SWASFT - South Western Ambulance Service Foundation Trust.

A further factor that is unique to this year is the establishment of the ICB part way through the financial year. The NHS planning process has been conducted on the basis of allocations for the full twelve months of the financial year, and the budgeting process reflects this approach. The change of statutory commissioning organisations during year will mean ultimately that two separate sets of accounts are produced to cover the 12 month period: the first three months of CCG operation and then nine months of the ICB from July to March 2023. This will require the resources and the spend to be reported separately between the two periods. At this point, we understand that this will be achieved by 'matching' an amount of the funding allocation to the reported spend for the first three months, thereby leaving the CCG in a breakeven position, and the remainder of funding available to the ICB for the rest of the year. Whilst this will be broadly 9/12ths of the annual total, the detailed work on spend will not be done until the CCG draft 3-month accounts are submitted around 20-22 July 2022. This will then drive further detailed budget adjustments, and refine the split of funding allocations between the two separate periods. The detailed handling of this will be reported via the Finance Committee.

Financial risks & mitigation

Savings and Efficiencies

The current plan requires savings and efficiencies of £142.2m to be delivered across the system, as set out in table 4. At this stage £16.6m (11.6%) are yet to be identified.

Table 4 – Savings and efficiency included in plans

Efficiencies by status	DPT £m	ICB £m	RDUH £m	TSD £m	UHP £m	Livewell £m	Total £m
Fully developed	1.2	-	4.5	2.4	9.5	1.9	19.5
Plans in Progress	6.2	25.6	7.0	15.1	10.2	0.2	64.2
Opportunity	0.4	-	21.3	9.8	9.9	0.5	41.9
Unidentified	2.6	11.0	1.1	1.2	-	0.7	16.6
Total	**10.4**	**36.5**	**33.9**	**28.5**	**29.6**	**3.3**	**142.2**

Other Risks and mitigations

In addition to delivery of a challenging savings and efficiency programme, the ICB has undertaken a full review of other financial risks and potential mitigations at plan stage. Whilst it is unlikely that these would ever fully crystallise, the total risk identified stands at £95.8m, equivalent to 2.7% of total system turnover.

The primary areas of risk identified are shortfall against required level of savings and efficiencies, shortfall against required productivity gains from ESRF, reduction of ongoing costs directly related to covid-19 and dealing with the residual £18m system deficit.

Financial delivery assurance processes at both individual organisation and system level are fully focussed on identifying and driving opportunity to maximise financial improvement and minimise the delivery risks identified. Any remaining financial risk will be managed across the system on a collaborative basis, utilising any and all non-recurrent financial flexibility to manage the in-year 2022/23 position.

Recommendations

The integrated care board is asked to:

1) **Approve** the opening budget for the ICB as set out in **table 3** of this report
2) **Note** the overall financial plan for the total ICS (table 1) which stands at £18m deficit, with a commitment to work collaboratively to close the residual gap to balance for the year.
3) **Note** the significant delivery risk inherent in the plan and the governance processes focussed on mitigating these risks

NHS Devon board meeting

Committee chair report – Remuneration and Internal ICB Workforce committee

Date of board meeting	Dates of committees covered in this report *Minutes of these committee meetings to be available as an addendum*
20.07.22	01.07.22

Chair	
Name and title:	Kevin Orford, Non-Executive Director
Phone:	
Email:	k.orford@nhs.net

Reports discussed and assurances received

- **Chair and Executive Officer Salaries**
  Recommendation for the salary of the Independent Chair is within the range prescribed by NHS England.
  Recommendation for the salary of the Chief Executive is within the range prescribed by NHS England.

  There were nine recommendations relating to the salaries of Executive Directors which fall within the salary ranges prescribed by NHS England.

  There were two recommendations relating to the salaries of Executive Directors which fall outside of the range prescribed by NHS England and which are set out in detailed business cases submitted to DHSC, one of which has already been approved by NHS England, the other is anticipated shortly.

There will be a consideration every year from the national pay review body for a cost-of-living increase, this would apply to all VSM.

The committee were asked to approve any national cost of living pay award for 2022/23 will only be provided to those who have not already received a pay increase for this financial year or those where the cost-of-living increase exceeds the additional pay approved.

- **Integrated Care Board (ICB) Appointments**
  This report seeks to set out the board and executive appointments that have been made during the course of the last 12 months ahead of the ICB taking legal form on 1st July. The report therefore also seeks approval from the Chair and CEO of the ICB for the appointments to the board and executive of the ICB now that the ICB has taken legal form.

- **Non-Executive Director pay guidance**
  This report seeks approval for the nationally agreed rates of pay for Non-Executive Directors and proposed pay rates for partner members where it is appropriate to pay them.

  The Chair has the ability to provide an additional allowance of £6k if there is a requirement for a NEM to provide support for more than 3 days in order to take on additional responsibilities.

  Proposed pay for the Primary care and Mental Health Members is down the ICBs to determine as there is no guidance from NHS England. The Primary Care member role will be over four days per month therefore the salary will be pro rota. The Mental Health member role will be over 3 days per month.

Reports received and noted

- None

Risk register review updates

- None

Committee decisions

- Salary of the Independent Chair was approved
- Salary of the Chief Executive was approved
- Salaries of the Executive Directors were approved
- Salaries for the Non-Executive Directors were approved
- Salaries for the Primary Care and Mental Health Partner Members were approved
- A recommendation that the national cost of living pay award should be provided only to those members of the board who have not already received a pay increase in this financial year was agreed in principle

Items of concern to be escalated to the board

- None

Recommendations for the board

- None

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

- None

Management of conflict of interests:

Conflicts of interests are recorded on the register of interests. At each committee, a list of recorded declarations is provided. New declarations must be raised, recorded and included in the minutes of the meeting and notified to the Governance team via d-icb.governance@nhs.net to update the central register.

GOVERNING BODY

Report title: Committee Chair Report – Quality and Performance Committee

Date of Governing Body: 13th July 2022

Dates of Committees covered in this report: 13th July 2022

Chair's Name and Title: Professor Hisham Khalil, Non-executive Director NHS Devon ICB (Chair)

Contact Details: hisham.khalil1@nhs.net

Reports discussed and assurances received

The Committee received updated reports as detailed below

- **Review and Update of Action Log**

There are 3 current open actions that have been carried forward from the CCG Quality and Assurance Committee**:**

1. QPC0001 to be closed as of the 01/07/22 with a new action with consideration around the development of the IQPR over the next two months for the ICB.
2. QPC0002 has 48 incidents across the Southwest regarding delays, delays in the ED departments and within transfers. Within those 48 incidents there are four that are Devon related cases. There were several amendments requested from the Joy St Oversight Group, and this action will be brought forward to the August Quality and Performance committee meeting.
3. QPC0003 is in relation to particularly long elective waits, and patients are having to go 'out of area' to have their procedures carried out. This action will remain 'open' and will be reviewed in the August meeting.

- **Discussion of the Draft Terms of Reference:**
  Actions -
  1. Terms of Reference to be amended to reflect that there are 3 non-exec directors who are members of the committee.
  2. Terms of Reference to reflect that one of the 3 Non-executive Directors(including the chair) with one member having a finance portfolio.
  3. Committee to explore process for appointing a patient safety partner.
  4. Director of Performance, to become a permanent member of the committee.
  5. Name of Acute Providers representative to be confirmed.

- **Our Approach to Assurance:**
  1. Approach to Assurance to be aligned to the values of the NHS Devon ICB
  2. Committee members and attendees to provide informative executive summaries aligned to CQC domains

- **Relationship with other Statutory Devon NHS ICB committees:**
  1. Proposal for having a process in place to ensure that the Quality and Performance Committee links with other Assurance Committees e.g. through meeting of chairs on a quarterly basis.

- **Committee Workplan:**
  1. Set quarterly updates from pathways
  2. Committee to review if this is an effective approach.
  3. Review of local, regional and national priorities.

- **Integrated Quality and Performance Report:**
  Action -
  1. Proposal for sharing of quality and performance data across the system.
  2. A framework will be created for timeliness/waiting times, and this will be reviewed , quarterly.
  3. Service users stories to align to IQPR agenda

- **The Citizen Voice:**
  1. The committee received an update on the various activities in relation to Emergency Departments, Protective Elective Care and 111 services.

- **Incident Reporting Thematic Analysis and Assurance report:**
  1. Issues of delayed reporting and investigations by some providers.
  2. Committee to get assurance that providers are not just reporting incidents, but that investigations and the learning from the incidents is shared in a timely manner.

- **MHHR/SAR Patient A's Care and Treatment Review executive summary:**
  1. The committee accepted the report and recommended actions.

Reports received and noted

Nil

Risk Register Review Updates

System Quality Risk and Assurance Report including Risk:

1. Down scoring of the IPC risk.
2. The Urgent and Emergency Care system to remain with a score of 25 on the Risk Register
3. University Hospitals Plymouth NHS Trust to remain with a score of 20 on the Risk Register.

Committee Decisions

1. The committee will tolerate this risk as being below the R risk threshold.
2. This risk is to remain open.
3. This risk is to remain open.

Items of concern to be escalated to the Governing Body
None
Recommendations for Governing Body
To note the reports received and positions of assurance by the Quality and Performance committee
Recommendations for other Committees
1. A review the primary care risks in view of increasing challenges 2. A review of the RAG rating of the various risks and interventions to mitigate risks.
Terms of Reference or other committee effectiveness issues
• None

Management of Conflict of interests:

Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via d-ccg.governance@nhs.net to update the central register.

The NHS Devon ICB has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.