NHS Devon

NHS Devon Integrated Care Board (ICB) Meeting

Committee Suite, County Hall, Exeter, EX2 4QD

6 December 2023

10.00 – 13.45

One Devon

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

Agenda for meeting in public

The quorum for meetings of the Board is:

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

	Introductory Items	Lead	Action	
1	Welcome, introduction and apologies for absence	Sarah Wollaston, Chair	Discussion	10.00
2	Declarations of Interest	Sarah Wollaston, Chair	Noting	
3	Minutes of the Meeting held on 4 October 2023	Sarah Wollaston, Chair	Approval	
	Citizen Story	**Lead**	**Action**	
4	Care Co-ordination Hub	James Wenman, Associate Director for Urgent Care	Discussion	10.05
	Leadership Reports	**Lead**	**Action**	
5	Chief Executive's Report	Bill Shields, Interim Chief Executive	Noting	10.25
6	Chair's Report	Sarah Wollaston, Chair	Noting	10.35
	National Oversight Framework Segment 4	**Lead**	**Action**	
7	NOF4 – NHS Devon Segmentation, Governance and Assurance	Allison Williams, System Improvement Director	Approval	10.45
8	Progress Towards NOF4 Exit	Bill Shields, Interim Chief Executive Anthony Fitzgerald, Chief Delivery Officer	Assurance	11.00
9	Winter – Additional Assurance *To follow*	Anthony Fitzgerald, Chief Delivery Officer	Assurance	11.20
	Break			**11.30**

	For Approval and Endorsement	Lead	Action	
10	Governance Arrangements	Philippa Harding, Company Secretary	Approval	11.40
11	Provider Selection Regime	Kirsty Denwood, Interim Deputy Chief Finance Officer	Approval	11.55
	Governance, Performance and Assurance Reports	**Lead**	**Action**	
12	Board Assurance Framework	Philippa Harding, Company Secretary	Approval	12.10
13	Integrated Quality, Performance and Finance Report	Anthony Fitzgerald, Chief Delivery Officer	Assurance	12.25
	Committee Chairs' Reports	**Lead**	**Action**	
14	Finance & Performance Committee – 31 October and 28 November 2023	Kevin Orford, Non-Executive Member	Assurance	12.40
15	Quality & Patient Experience Committee – 18 October and 15 November 2023	Hisham Khalil, Non-Executive Member	Assurance	12.50
16	Primary Care Commissioning Transitional Committee – 5 and 12 October and 9 November 2023	Judy Hargadon, Non-Executive Member	Assurance	13.00
17	Remuneration and Internal ICB Workforce Committee – 14 September and 30 October	Kevin Orford, Non-Executive Member	Assurance	13.10
	For Information – to be discussed by exception only	**Lead**	**Action**	
18	Finance Reports i. NHS Devon Month 7 Report ii. ICS Month 7 Report	Kirsty Denwood, Interim Deputy Chief Finance Officer	Noting	
	Item	**Lead**	**Action**	
19	Action Register	Sarah Wollaston, Chair	Approval	13.20
20	Questions from Members of the Public	Sarah Wollaston, Chair	Discussion	13.30
21	Any Other Business	Sarah Wollaston, Chair	Discussion	13.40
	Close			**13.45**

NHS Devon Board - Declaration of Interest Report 06 December 2023

Date Declared	Interest Type	Employee	Date Ended	Interest Description (Abbreviated)	Provider	Mitigating Action
12/10/2023	Declaration of Interest	Sarah Wollaston		I am a trustee of Landworks, a Dartington based charity that works with ex-offenders and people at risk of going to pri	Landworks	
12/10/2023	Declaration of Interest	Sarah Wollaston		Relative is a registrar in Obstetrics and Gynaecology on the South West training scheme currently based at RDUH	Relative	
12/10/2023	Declaration of Interest	Sarah Wollaston		Relative is a registrar in Anaesthetics on the South West training scheme and currently based at Bristol	Relative	
12/10/2023	Declaration of Interest	Sarah Wollaston		Relative is a GP research registrar based in Devon	Relative	
12/10/2023	Declaration of Interest	Sarah Wollaston		Husband is a consultant forensic psychiatrist employed by Devon Partnership Trust	Relative	
13/09/2023	Declaration of Interest	William Shields	01/10/2023	Secondary employment with Welsh Health Board 10-14 days, no conflict of interest anticipated with NHS Devon ICB	Welsh Health Board	
21/04/2023	Declaration of Interest	William Shields		Director of Shields Health Advisory Limited (Dormant)	Shields Health Advisory Limited	
21/04/2023	Declaration of Interest	William Shields		Member HMFA Digital Council	HMFA Digital Council	
21/04/2023	Declaration of Interest	William Shields		Deputy Chair, HMFA ICB CFO Forum	HMFA ICB CFO Forum	
21/04/2023	Declaration of Interest	William Shields		Co Chair, NHSE Integrated Finance Board	NHSE	
21/04/2023	Declaration of Interest	William Shields		Writes a blog for HMFA	HMFA	
21/04/2023	Declaration of Interest	William Shields		Occasional presentations for HMFA, EY, KPMG, Channel 3 Consulting and Deloitte	Various Financial Services consultancies	
28/11/2023	Declaration of Interest	William Shields		Anthony Fitzgerald (Chief Delivery Officer) and I have a longstanding friendship which could result in a perceived conflict of interest if I am called upon to make performance management decisions as Anthony's line manager whilst I am acting as Interim Chief Executive Officer.	Friendship	Any decisions relating to appointments following organisational change process, appraisals through the performance management process or promotions to involve appropriate third party(s) for example similarity assessments associated with organisational change to include independent non-executive members, performance management decisions to include NHS England system improvement director.
04/04/2023	Declaration of Interest	Nigel Acheson		Director of H Smith Safety Associates	H Smith Safety Associates	
04/04/2023	Declaration of Interest	Nigel Acheson		Patron of the FORCE cancer charity in Exeter	FORCE cancer charity	
04/04/2023	Declaration of Interest	Nigel Acheson		Director on the board of the South West Academic Health Science Network	South West Academic Health Science Network	
04/04/2023	Declaration of Interest	Nigel Acheson		Wife works as an associate with the South West Academic Health Science Network	South West Academic Health Science Network	
04/04/2023	Declaration of Interest	Nigel Acheson		Wife works as a Director for H Smith Safety Associates	H Smith Safety Associates	
04/04/2023	Declaration of Interest	Nigel Acheson		Wife works as a Consultant forensic psychiatrist for DPT	DPT	
04/04/2023	Declaration of Interest	Nigel Acheson		Relative consultant Dermatologist at the Royal Devon University Hospital	Royal Devon University Hospital	
04/04/2023	Declaration of Interest	Nigel Acheson		In-law is a GP partner in the Woodbury Practice	Woodbury Practice	
07/11/2023	Declaration of Interest	Natasha Goswell		SW Regional RCN Board Member	Royal College of Nursing	
07/11/2023	Declaration of Interest	Natasha Goswell		Trustee and director of Age UK Somerset	Age UK Somerset	
30/08/2023	Nil Declaration	Kirsty Denwood				
10/10/2023	Nil Declaration	Kirsty Denwood				
01/02/2018	Declaration of Interest	Donna Manson		CEO Of Devon County Council	Devon County Council	
19/04/2023	Declaration of Interest	Francis O'Kelly		GP Partner at Amicus Health	Amicus Health	
19/04/2023	Declaration of Interest	Francis O'Kelly		Blundell's School Lead Doctor	Blundell's School	
19/04/2023	Declaration of Interest	Francis O'Kelly		Member of the National Armed Forces Reference Group	National Armed Forces Reference Group	
19/04/2023	Declaration of Interest	Francis O'Kelly		CQC Manager for Amicus Health	Amicus Health	
19/04/2023	Declaration of Interest	Francis O'Kelly		Attends Tiverton High School Welfare Meeting fortnightly	Tiverton High School	
19/04/2023	Declaration of Interest	Francis O'Kelly		Contributor to FASD Forum	FASD Forum	
19/04/2023	Declaration of Interest	Francis O'Kelly		5 adopted children, 2 with recognised learning difficulties both recieving PIP and with residential or supported living in	Adoption	
19/04/2023	Declaration of Interest	Francis O'Kelly		Wife is a book-keeper for STEER Eduction	STEER Eduction	
19/04/2023	Declaration of Interest	Francis O'Kelly		Wife registered Carer for Adopted Child with Learning Difficulties	Carer	
15/10/2023	Declaration of Interest	Francis O'Kelly		I attend a monthly online meeting of Primary Care Partner Members, which is organised and Chaired by the NHS Confe	Member of NHS Confederation Primary Care Partner Member Forum	
30/01/2022	Declaration of Interest	Graham Clarke		Non-Executive Director of Medicine Discovery Catapult	Medicine Discovery Catapult	
30/01/2022	Declaration of Interest	Graham Clarke		Non Execuitve Member at the Deparment of Health & Social Care	Deparment of Health & Social Care	
30/01/2022	Declaration of Interest	Graham Clarke		Board Chair of HUC (111 and Urgent Care Provider) but term ended 2022	HUC (East of England 111 and Urgent Care Provider)	
30/01/2022	Declaration of Interest	Graham Clarke		Trustee and Treasurer of the Cornwall Community Foundation	Cornwall Community Foundation	
30/01/2022	Declaration of Interest	Graham Clarke		Spouse is CEO of Cornwall Partnership Foundation Trust	Cornwall Partnership Foundation Trust	
30/01/2022	Declaration of Interest	Graham Clarke		Spouse is a Board Member of Cornwall & Isles of Scilly ICB	Cornwall & Isles of Scilly ICB	
19/04/2023	Declaration of Interest	Hisham Khalil		Wife is an ophthalmologist at UHP	UHP	
23/11/2023	Nil Declaration	Judith Hargadon				
25/02/2022	Declaration of Interest	Kevin Orford		Non Executive Director on the board of Royal Devon and Exeter NHS FT (Ceased 30.06.22)	Royal Devon and Exeter NHS FT	
25/02/2022	Declaration of Interest	Kevin Orford		Non Executive Director on the board of Northern Devon Healthcare NHS Trust (Ceased 30.06.22)	Northern Devon Healthcare NHS Trust	
25/02/2022	Declaration of Interest	Kevin Orford	31/07/2023	Director and Majority Shareholder of Kevin Orford & Associates Ltd, which undertakes consultancy contracts with NHS	Kevin Orford & Associates Ltd	
25/02/2022	Declaration of Interest	Kevin Orford		Non-Executive Director on the Board of the Intellectual Property office, a government agency in the Department of BE	Department of BEIS	
24/11/2016	Declaration of Interest	Liz Davenport		Director of Torbay Pharmaceuticals	Torbay Pharmaceuticals	
14/11/2023	Declaration of Interest	Liz Davenport		Chief Executive Officer, Torbay and South Devon NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	
18/11/2020	Nil Declaration	Ruth Harrell				

NHS Devon Board - Declaration of Interest Report 06 December 2023

Date Declared	Interest Type	Employee	Date Ended	Interest Description (Abbreviated)	Provider	Mitigating Action
30/10/2023	Nil Declaration	Ruth Harrell				
30/06/2022	Declaration of Interest	Sarah Louise Glover	20/06/2023	Trustee of Honiton Health Matters who hold community conversations	Honiton Health Matters	
30/06/2022	Declaration of Interest	Sarah Louise Glover		Director of Parental Minds C.I.C, for parents/caregivers who are supporting their child/family/friend with their mental	Parental Minds C.I.C	
30/06/2022	Declaration of Interest	Sarah Louise Glover		A Director, including a Non-Executive Director, or senior employee in a private company or public limited company or	Private Company	
30/06/2022	Declaration of Interest	Sarah Louise Glover		An advocate for a particular group of patients	Particular Patient Group	
30/06/2022	Declaration of Interest	Sarah Louise Glover		Ambassador Volunteer with DIAS	DIAS	
30/06/2022	Declaration of Interest	Sarah Louise Glover		Community group which may have potential to give rise to influence decisions made by the ICB.	Community Group	
30/06/2022	Declaration of Interest	Sarah Louise Glover		A volunteer for a provider	Healthcare Provider	
27/06/2023	Declaration of Interest	Sheena Asthana		Director, Plymouth Institute of Health & Care Research (PIHR). It is likely that members of my institute will undertake f	Plymouth Institute of Health & Care Research (PIHR)	
27/06/2023	Declaration of Interest	Sheena Asthana		Member of the Advisory Committee on Resource Allocation (ACRA) which independently advises on NHS funding form	Advisory Committee on Resource Allocation (ACRA)	
27/06/2023	Declaration of Interest	Sheena Asthana		Member of the project board of the proposed West End Health and Being Centre in Plymouth	West End Health and Being Centre in Plymouth	
27/06/2023	Declaration of Interest	Sheena Asthana		Director, Plymouth Centre for Health Technology. It is likely that members of my institute will undertake funded resea	Plymouth Centre for Health Technology	
27/06/2023	Declaration of Interest	Sheena Asthana		Co-Director, Plymouth Centre for Coastal Communities. It is likely that members of this centre will undertake funded r	Plymouth Centre for Coastal Communities	
04/05/2022	Declaration of Interest	Thandiwe Hara		Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality.	Plymouth and District Racial Equality Council	
04/05/2022	Declaration of Interest	Thandiwe Hara		Member on the NIHR SW Clinical Research Network Board.	NIHR SW Clinical Research Network Board	
06/04/2022	Declaration of Interest	Andrew Millward		Chair of Friends of Eggesford All Saints Trust, a registered charity.	Friends of Eggesford All Saints Trust	
06/04/2022	Declaration of Interest	Andrew Millward		Fellow of the Centre for Communications Research, Buckinghamshire New University	Centre for Communications Research, Buckinghamshire New University	
03/11/2022	Nil Declaration	Anthony Fitzgerald				
10/10/2023	Nil Declaration	Anthony Fitzgerald				
02/06/2023	Nil Declaration	Paul Renshaw				
01/10/2023	Nil Declaration	Allison Williams				
25/07/2023	Declaration of Interest	Philippa Harding		Founding Director of Harding Advisory Ltd, a professional services company providing corporate governance expertise.	Harding Advisory Ltd,	

NHS Devon

DRAFT Minutes of a meeting of NHS Devon Integrated Care Board held in public Pomona House, Torquay and via Microsoft Teams on Wednesday 4 October 2023 between 10.00am and 1.05pm	
Name	*Title and organisation*
Board Members:	
Dr Sarah Wollaston	Chair, NHS Devon
Professor Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Liz Davenport	Partner Member for NHS Trusts and Foundation Trusts, Chief Executive, Torbay & South Devon NHS Foundation Trust
Sarah-Lou Glover	Partner Member for Mental Health, Director and Founder Member, Parental Minds CIC
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon
Dr Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon
Dr Ruth Harrell	Partner Member for Local Authorities, Director of Public Health, Plymouth City Council
Professor Hisham Khalil	Vice-Chair, Non-Executive Member, Quality and Patient Experience, NHS Devon
Dr Frank O'Kelly	Partner Member for Primary Care, GP Partner, Amicus Health
Kevin Orford	Non-Executive Member, Finance and Remuneration, NHS Devon
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council
Jane Milligan	Chief Executive Officer and Accountable Officer, NHS Devon
Bill Shields	Deputy Chief Executive and Chief Finance Officer, NHS Devon
Guests in attendance:	
Helen Braid	Head of Governance, NHS Devon
Dr Karen Cook	Chair, Livewell Southwest
John Finn	Director of Commissioning Urgent and Elective Care, NHS Devon (deputising for Anthony Fitzgerald)
Natasha Goswell	Deputy Chief Nursing Officer, NHS Devon (deputising for Susan Masters)
Philippa Harding	Company Secretary, NHS Devon
Jodie Howland	Senior Governance Officer, NHS Devon
Cllr James McInnes	Chair, Devon Integrated Care Partnership
Paul Renshaw	Director of Strategic Workforce, NHS Devon
Piers Tetley	Associate Director of HR & OD (deputising for Andrew Millward)
Jo Turl	Director of Commissioning Primary, Community and Mental Health Care, NHS Devon (deputising for Nigel Acheson)
Sam Wadham-Sharpe (Agenda Item 11 only)	Director of Performance and Assurance, NHS Devon
Apologies for absence	
Dr Nigel Acheson	Chief Medical Officer, NHS Devon
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Susan Masters	Deputy Chief Nursing Officer, NHS Devon
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
Andrew Millward	Chief Communications and Corporate Affairs Officer, NHS Devon

Item	Discussion
1	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting, with special mention of Local Authority Partner Members Ruth Harrell and Donna Manson who were attending their first Board meeting in public. Thanks was extended to their predecessors Steve Brown and Tracey Lee for the contribution they had made to the Board during its first year. A welcome was also extended to James Brent, Chair of University Hospitals Plymouth NHS Trust, Karen Cook, Chair of Livewell Southwest and Jono Broad, Patient Choice Facilitator from NHS England, South West. It was noted that apologies for absence had been received from Nigel Acheson, Anthony Fitzgerald, Susan Masters, Andrew Millward and Kate Shields. Jo Turl was deputising for Nigel Acheson, John Finn deputising for Anthony Fitzgerald, Natasha Goswell deputising for Susan Masters and Piers Tetley was deputising for Andrew Millward. The meeting was deemed quorate.
2	**Declarations of Interest** Members **noted** the Register of Interests
3	**Minutes of Previous Meeting** The minutes of the meeting in public held on 5 July 2023 were **approved** as an accurate record.
4	**Citizen Involvement Story** The Chair introduced a recorded interview with Carol Rose from Plymouth in respect of her experience of emergency care following a potential heart attack. The following points were discussed following the interview: • Carol's story had highlighted that it was not just the clinical response that was of importance to service users, but their experience of receiving care. • Whilst the system was extremely effective in implementing cutting edge technology to treat patients, it was essential that the basics were in place to support patients at all points in their treatment pathway. • The importance of the basics such as checking in on patients who were experiencing a long wait and ensuring that they were hydrated, fed and comfortable. Not all of the care provided to those attending hospital was clinical in nature but it was just as essential to ensure a positive patient experience. • The Quality & Patient Experience Committee was reviewing patient experience key performance indicators, particularly within the urgent and emergency care pathway which included the impact of delays, waits and discharges upon service users. • Acute providers across the system were committed to the Brilliant Basics programme which aimed to provide the right care, first time, every time and is made up of a series of work streams to improve our standards of care. • The system's performance against the 4 hour wait target was improving, but there had been setbacks, particularly during episodes of industrial action.

	James Brent, Chair of University Hospitals Plymouth NHS Trust (UHP) extended his thanks to Carol for sharing her experience of her care at UHP and also to the staff at South Western Ambulance Service NHS Foundation Trust and UHP who had treated her. He confirmed that UHP had not been aware of Carol's experience and that the issues her story had highlighted were now within the Patient Advice and Liaison Service so that learning could be taken and improvements made where required. The Chair extended her thanks to Carol Rose for sharing her story with the Board.
5	**Integrated Quality, Performance and Finance Report (IQPR)** The Director of Commissioning Urgent and Elective Care, John Finn (JF), introduced the IQPR which provided a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance, at both place and system level that issues are being identified and addressed. The following was highlighted: • The position in respect of 104 week waits was improved with only 22 cases outstanding and 65 week waits remained on plan. • The time taken for ambulance to hospital handovers had worsened as had the time taken for Category 2 ambulance responses. • There was a steady improved trajectory in respect of hospital discharges, but the position did fluctuate for example during period of industrial action. • Whilst the structure and content of the report was improving overall, there was concern that the current mental health indicators did not provide a comprehensive overview of performance in that area. Likewise, the provision of complaints data did not in itself provide a comprehensive picture of patient experience. • Challenge was raised as to whether the most was being made of the potential offered by digital opportunities in supporting services and whether the focus of virtual wards should be on prevention rather than post admission use. • There was an overall improving performance trend in respect of "No Criteria to Reside"; however, day to day performance did fluctuate and local authority partners were making great efforts to support this area of work. A query was made as to the progress being made in respect of the actions resulting from the deep dive into children and young people's services undertaken by the Board at its September development session. It was noted that this had been considered by the System Management Executive the day previously, including the establishment of a Children's Taskforce and safeguarding duties across health and social care. The Board **noted** the Integrated Quality, Performance and Finance Report. **Actions:** • PH to discuss with SA the scope of a deep dive on the potential for and current barriers to digital solutions in health and social care delivery. • An update on the action being taken following the Board's deep dive into children and young people's services to be circulated to Board members.
6	**Committee Chair's Report: Quality & Patient Experience Committee** Non-Executive Member for Quality & Patient Experience, Hisham Khalil (HK), introduced the report which which provided the Board with an overview of the issues considered by the Committee at its meetings on 19 July, 16 August and 20 September 2023. Concern was raised around the suicide statistics included within the report and assurance was sought that suicide prevention was viewed as a whole system responsibility rather than it being solely

	within the remit of mental health providers only. It was noted that the Devon Mortality Group, chaired by Chief Medical Officer, Nigel Acheson, was working on these issues with Public Health and other providers in the health and social care system including the voluntary sector. The impact of inequalities and quality of life upon cohorts and the importance of being able to access data which illustrated the groups within the population were at greater risk to enable resources to be targeted appropriately. The Board **took assurance** from the Chair's Report from the Quality & Patient Experience Committee. **Action**: The whole system approach to suicide prevention to be considered as a topic for a future Board deep dive.
7	**Primary Care Access Improvement Plan** The Director of Commissioning Primary, Community and Mental Health Care, Jo Turl (JT), presented the Primary Care Access Improvement Plan (PCARP) for approval. The Plan aimed to tackle the demand peaks in primary care to reduce the number of people experiencing difficult in contacting their practice and to ensure that patients known on the day they contact their GP practice how their request will be managed. The following points were noted: • A national group had been established to understand the challenges being faced by primary care and for the sharing of good practice. • Primary Care was fundamental to the health and care system, with integration between primary and secondary care being key. An effective Primary Care Collaborative with vision and capacity was essential for the effective delivery of the PCARP and the future development of the primary care sector. • Primary Care was the only part of the health care system that was being measured against pre-pandemic targets which were often impacted by other failing parts of the system. • Whilst Devon as a whole performed well against the primary care access target, there were variations across the system. Reporting at locality level would be essential in highlighting where the system could "work smarter" to ensure a better experience and outcome for patients. • Access targets could lead to inconsistencies with patients not consistently being seen by the same health care professionals. A balance needed to be struck between continuity and access, together with an understanding of how the benefits of continuity could be measured. • Whilst there remained gaps in primary care data, the position had improved significantly from the time when GPs were totally independent. However, this data was still subject to manual collation which was resource intensive. • Whilst acknowledging the challenge of recruitment and retention, based on the available data, it was the plan to meet the whole target allocation of roles set out in the PCARP. There was a good level of GPs within the Devon system, which was above the national average. The exception to this was Plymouth, but even in this area the level of GPs was around the national average. • There were wide variations in health inequalities across the system and evidence to illustrate these inequalities and poverty levels needed to be developed so that funding could be accessed. Where local funding was available a decision has been made to use a formula which had been weighted to take into account the available health inequalities data. • The first steps in implementing the plan would be to establish a consistent set of principles across the Devon system. Clinician to clinician discussions would then be encouraged, with these discussions taking place at a locality level. The Board **approved** the Primary Care Access Recovery Plan.

8	**Committee Chair's Report: Primary Care Commissioning Transitional Committee – 13 July and 14 September 2023** The Non-Executive Member for Primary Care, Judy Hargadon (JH), introduced the report which provided the Board with an overview of the issues considered by the Committee at its meetings on 13 July and 14 September 2023. JH highlighted the updates made to the Committee's Terms of Reference which were being presented to the Board for approval. The Committee's review of the Primary and Secondary Care Interface Agreement was also highlighted, with the Board being asked to note how important it was that there was more clarity at these interfaces, as much time and resource was wasted as a result of confusion in this space and this resulted in a diminished service for patients. It was noted that the Committee was receiving a monthly report in respect of the commissioning of ophthalmic, pharmaceutical and dentistry services which had been delegated to NHS Devon on 1 April 2023. In-depth discussions were also held three times a year. The Committee was of the view that the ophthalmic service areas were operating well and that continued engagement and joint working would be required to deliver the pharmaceutical action plan. Dental services remained an area of concern, with the contract being complicated and inflexible. A national review from the Health Select Committee in respect of the dental contract was awaited. The Board: 1. Took **assurance** from the Chair's Report from the Primary Care Commissioning Transitional Committee. 2. **Approved** the updated Terms of Reference for the Primary Care Commissioning Transitional Committee.
9	**Finance Month 5 Reports** Deputy Chief Executive and Chief Finance Officer, Bill Shields (BS), introduced the following reports: 1. NHS Devon Month 5 Report which detailed the NHS Devon financial position as at 31 August 2023, setting out the year to date and forecast financial position. The Board **noted** and **approved** the NHS Devon month 5 year to date performance and the forecast position including the current risks as at 31 August 2023. 2. One Devon Integrated Care System (ICS) Month 5 Report, which detailed the ICS financial position as at 31 August 2023, setting out the year to date and forecast financial position as well as the risks to delivery of that forecast. The following was noted: • There were some emerging pressures for the ICS position in respect of prescribing, with the forecast worst case scenario potentially being a £22m overspend. This was not unique to Devon as it was being driven by inflationary pressures, as opposed to prescribing practice and process. This would be the subject of a regional workshop. • Whilst there was the ability mitigate against overspends with contingencies, this ability was limited. • Short term workforce contracts were being brought to a close to reduce spend and conversations with providers around this were ongoing. • In addition to introducing new models of care, work was also being undertaken in reviewing technical areas where savings may be achieved. An example of this was the recovery of costs from the insurers of overseas patients who were treated in Devon.

	• A recovery plan would be required in respect of the financial impact resulting from the ongoing industrial action across the system, which would be a direct cost for providers. This was being reported separately, with there being no expectation of funding to mitigate the position. • The knock on impact of the industrial action upon the elective recovery position, which had been exacerbated by the inability to obtain any derogation from the British Medical Association, was being monitored and reported to NHS England. The Board **noted** the One Devon financial position as at the period ended 31 August 2023.
10	**Equity Update** BS introduced the report which provided the latest analysis of the expenditure of system resources compared to need across the system. The following was noted: • A national formula was used to allocate resources to Integrated Care Boards. This formula took into account indicators of need such as age, sex, deprivation and other socio-economic indicators. NHS Devon then applied the same formula to determine what level of resource should be allocated to each locality within the Devon system. • The Devon system was currently funded above the level identified by the national formula, with every locality being over-funded. In addition, all localities were spending above that over-funded level. • The proposals contained within the paper would move each locality to within 1.8% its formulated allocation through convergence. • It would be important to have a robust engagement and communications strategy around the proposals within the report, as there were likely to be implications for staff working in areas which might receive less funding in the future. • It was recognised that more work would be required to understand the outcomes of any changes to the funding allocations across the localities, in particular any health inequality implications in areas where funding was reduced. It was highlighted that the funding formula had been contentious for some time, with some members of the Accounting and Corporate Regulatory Authority (ACRA) contending that it may be responsible for a systematic pattern of overspend across the country due to the unintended consequences. It would be helpful to understand the history of the funding formula and to benchmark the Devon system's position against other ICSs. The Board **agreed:** 1. For 2023/24 and 2024/25, whilst Devon continues to be funded significantly above its 'fair share' level, the ICB commits to ensuring that each LCP will also be funded above its 'fair share' level as set out in the Operational Plan for 2023/24 and the Medium Term Financial Plan for 2024/25. 2. In managing the impact of allocation convergence to Devon ICB 'fair share' level funding, the steps set out in the paper will be followed to ensure that each LCP is funded within 1.8% of its 'fair share' level. 3. In year consideration of the equity impact of investment decisions should be considered as part of the Operational Planning process.
11	**Winter Plan 2023-24** The Director of Performance and Assurance, Sam Wadham-Sharpe (SWS) introduced the report which outlined NHS Devon's 2023-24 Winter Plan in response to national requirements and local demand modelling and also presented the public facing document for approval.

	The following was noted: • The four key areas of the plan remained delivering the Urgent & Emergency Care Recovery Plan; completing surge planning to prepare for different winter scenarios; ensuring system working; and supporting the workforce to deliver. • A key challenge would be the anticipated gap of hospital beds in December and reducing the length of stay of patients would be key to meeting this challenge. • The effectiveness of the initiatives contained within the Plan would be reviewed on a weekly basis, with a full evaluation being undertaken to include cost effectiveness, as well as the impact on service delivery. • Care provision through virtual wards was an area where the NHS should "learn by doing" as whilst in some cases voluntary sector support could be utilised, for other cases clinical support was required due to their acuity. • Feedback had been received from NHS England and further feedback may be received on the most recent draft submitted. The Board **agreed:** 1. To **approve** the narrative 2023-24 Winter Plan. 2. To delegate authority to the Chief Executive Officer, in consultation with the Chair of NHS Devon and the Chair of the Finance and Performance Committee, to approve any substantive changes required in light of any feedback that might be received in respect of the Key Lines of Enquiry from NHS England. **Action:** An update on the progress against the Urgent & Emergency Recovery Plan and the 2023-24 Winter Plan be brought to the December meeting of the Board.
12	**Committee Chair's Report: Finance and Performance Committee – 25 July, 1 and 26 September 2023** Non-Executive Member for Finance, Kevin Orford (KO), introduced the report which which provided the meeting with an overview of the issues considered by the Committee at its meetings on 25 July, 1 and 26 September 2023. The Board took **assurance** from the Chair's Report of the Finance and Performance Committee.
13	**Committee Chair's Report: People and Culture Committee – 20 September 2023** Non-Executive Member for Citizen and Community Involvement, Thandiwe Hara (TH), introduced the report which which provided the meeting with an overview of the issues considered by the Committee at its meeting on 20 September 2023. TH highlighted that the Committee had considered the emerging "Grow Our Own Plan", the One Devon Staff Bank and the Strategic Workforce Intelligence and Forecasting Tool which, when launched would combine future population demand, finances, and workforce to provide scenarios for future workforce models. The Board took **assurance** from the Chair's Report of the People and Culture Committee.
14	**Chair's Report** The Chair introduced her report which included an update on the appointment process of the new NHS Devon Chief Executive, awards success, a new inpatient facility for mental health and visits and speaking engagements. The Chair formally thanked Jane Milligan (JM) who was attending her last meeting as Chief Executive and Accountable Officer of NHS Devon, prior to her retirement. The Chair thanked JM for her calm professionalism and approachability which had enabled her to lead the organisation through a period

	of extraordinary challenges including Covid 19 and organisational change together with financial and performance challenges. Her style of working with people had been appreciated across the One Devon system. The Board **noted** the Chair's Report.
15	**Chief Executive's Report** The Chief Executive, Jane Milligan (JM), introduced her report which provided an update on system pressures and industrial action, the NHS Devon Annual Assessment 2022/23, Care Quality Commission framework, Special Education Needs and Disability (SEND) inspection outcomes, Modern Slavery Statement and the Policy for the Development and Management of Procedural Documents. The following was highlighted: • NHS Devon had received its first annual assessment from NHS England. The assessment outcome confirmed that NHS Devon had discharged its duties and met its wider objectives. The Senior Executive Team (SET) had agreed an action plan to address the areas highlighted within the assessment for further development and improvement. • The Modern Slavery Statement appended to the report set out the commitment of NHS Devon to prevent slavery and human trafficking in the supply chain and its employment practices. This statement, which had been supported by the Quality & Patient Experience Committee and approved by SET, would be published on the NHS Devon website. • The preparations being undertaken in advance of NHS Devon's first CQC inspection and the engagement taking place with colleagues from other Integrated Care Systems to understand they work that they were undertaking in this space. • A review of the current processes and documentation in respect of NHS Devon policies had been undertaken. This review had resulted in the establishment of a new policy register, the approval of an action plan for the updating and approval of policies and updates to the Policy for the Development Management of Procedural Documents, appended to the report, which was now presented for approval. JM thanked colleagues for their support during her time as Chief Executive Officer and shared her view that the Devon system had the ingredients for success. Whilst successes were not often celebrated, achievements such as the Nightingale Exeter Hospital and the One Devon Elective Pilot were examples of what effective partnership working could achieve. JM also extended her thanks to Darryn Allcorn who would be leaving NHS Devon to take up the role of Chief Nursing Officer at UHP. The Board: 1. **Noted** the Chief Executive's Report. 2. **Approved** the Policy for the Development and Management of Procedural Documents. **Action:** Annual Assessment Action Plan to be brought to the December meeting of the Board.
16	**One Devon Partnership Chair's Report** Chair of the One Devon Partnership (ICP), Councillor James McInnes (JMc), introduced his report which provided an overview of the recently held development workshop. It was noted that: • The overarching priority for the ICP over the course of the next year would be Children and Young People which is connected to employment and education, housing, and health inequalities for children and young people.

	• JMc would be writing to Local Authority Chief Executives to seek dedicated officer support for the work of the ICP. On behalf of the ICP, JMc thanked JM for her support and collaborative approach. The Board **noted** the report of the One Devon Partnership Chair.
17	**Cornwall and Isles of Scilly ICB Update** The Board **noted** the report from Cornwall and Isles of Scilly ICB.
18	**Risk Management Policy Refresh and Board Assurance Framework Update** Company Secretary, Philippa Harding (PH), introduced the report which provided an update on the recent review of the NHS Devon Risk Management Policy and an update on the Board Assurance Framework (BAF) which included the high-level strategic risks that pose a threat to the achievement of NHS Devon's strategic objectives. The following was noted: • The updated Policy aimed to make the approach to risk management as simple as possible and to encourage engagement and a conversation around risk. • Work was underway with partners to develop a system approach to risk and its management. • Whilst assurance committees owned the assurance for oversight of allocated BAF risks, the ownership of the management of those risks was with the Executive. • A review of the allocation of BAF risks to assurance committee was to be undertaken as some risks impacted on the work of more than one committee. • Concern that the actions to mitigate the risk of not minimising One Devon's negative impact on the environment may not be wide reaching as required. **The Board:** **1. Approved** the new Risk Management Policy. 2. **Approved** the updated iteration of the BAF and the proposed approach to developing a system approach to the BAF and risk management. **Action:** PH to review the actions, controls and assurances in respect of Corporate Objective 12 with the Executive Lead.
19	**Freedom to Speak Up (FTSU)** JM introduced the annual report of the FTSU Guardians over the preceding twelve months and also presented an the updated FTSU Policy for approval. A query was raised as to whether NHS Devon was working in partnership to extend this work across the system, with it being confirmed that the ICB was looking how it worked with others and that there was also a range of support available from the National Guardians Office for small and voluntary sector organisations. The Chair extended her thanks to the FTSU Guardians Marina Junaram and Alastair Harlow and to Kevin Orford, Non-Executive FTSU Lead and the Audit & Risk Committee who had reviewed the FTSU Policy and recommended its approval. **The Board:** 1. **Noted** the work that had taken place during the past year. 2. **Noted** the themes coming through from the concerns raised, actions taken and learning.

	3. **Approved** the proposed amended FTSU policy. **Action:** Information available from the National Guardians Office to be shared with the Partner Member for Mental Health. Note: Paul Renshaw, Director of Strategic Workforce and Piers Tetley, Director of HR and OD left the meeting at this point.
20	**Committee Chair's Report: Audit & Risk Committee – 12 July, 1 September and 26 September 2023** Non Executive Member for Audit & Risk, Graham Clarke (GC), introduced the report which which provided the meeting with an overview of the issues considered by the Committee at its meetings on 12 July, 1 and 26 September 2023. It was highlighted that a limited assurance opinion had been received following an internal audit review of the use of Single Action Waivers. The procurement team had responded positively to the findings of the review with assurance being taken that all recommendations will be completed. The internal auditors would follow-up on the actions taken in 6 months' time. The Board **took assurance** from the Committee Chair's Reports of the Audit & Risk Committee.
21	**Action Register** The Board: • **Approved** the closure of Actions 26, 29, 36, 38, 41, 42, and 43. • **Noted** that Actions 31 and 35 will be incorporated into the Board and Committee Forward Plan which will be brought to the Board development session in November. • **Noted** that Action 37 will remain open.
22	**Questions from Members of the Public** No questions had been submitted.
23	**Any Other Business** None
	Meeting Closed: 13.05

NHS Devon Integrated Care Board

Chief Executive's Report

Date of meeting	Date report produced
6 December 2023	27 November 2023

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager	**Name and title:**	Bill Shields, Interim Chief Executive Officer
Phone:		**Date:**	29 November 2023
Email:	Sam.cush@nhs.net		

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

Executive summary
This report provides updates in relation to the NHS Oversight Framework, our ICB restructure, our accommodation move and briefings with Devon MP and the Health Minister.

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

Key recommendations and actions requested
1. The Board is asked to **note** the report.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	The Chief Executive Officer leads on the achievement of all of the areas.
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	None
Legal	None
Engagement and consultation	Engaging communities and stakeholders in our work

Chief Executive's report

Refocusing our efforts to achieve a positive future

1. I was pleased to take up the role of Interim Chief Executive Officer of NHS Devon and One Devon, the county's Integrated Care System (ICS), from 1 November 2023, following Jane Milligan's retirement.

2. I wanted to start by thanking everyone in our health and care system for continuing to work so hard throughout these challenging times. I am only too aware of the pressures being faced every day and the dedication and commitment of staff across our county is hugely appreciated.

3. Part of my focus as Interim Chief Executive Officer is make sure we make the short and medium-term changes that will tackle the performance and financial pressures we and our partners face in Devon.

4. As a system, we remain in the highest segment (segment 4) of the NHS Oversight Framework. This means we get 'intensive' support from NHS England – which includes additional reporting requirements and financial controls.

5. We are in this position due to a range of challenges including service performance (such as urgent and elective care), people, leadership, finance and strategy.

6. Our system is forecasting a deficit for 2023/24 of £42.3 million, and we are currently not on track to deliver this. We have an awful lot of work to do in the remainder of this year to get to an acceptable position.

7. It's important to remember that these are not just performance and financial issues: they are patient safety and quality issues too.

8. NHS England has made it clear to us that we need to increase our focus on achieving the criteria for moving out of NOF4.

9. In the short-term, we will be re-focusing and reprioritising our work, our efforts and some of our resources and staff. Doing so will give us more control over our future – helping us to provide safe, timely and affordable care, as well as focusing on the long-term priorities that we are all keen to work on.

10. We have already shown we can do it – for example, we have made excellent progress in reducing the numbers of people waiting more than two-years for care, and each month, the articles our One Devon Bulletin highlight great examples of collaboration and partnership working.

11. I am aware it is not easy to be in a position where our performance isn't where we'd like it to be. But I am absolutely confident that with the people that we have across Devon, we will rise to the challenge and make a significant improvement from where we are today.

Chief Executive Officer appointment

12. We were pleased to announce the appointment of Steve Moore as our new Chief Executive Officer on 13 November 2023, following a competitive national recruitment process. Steve will join us on 12 February 2024.

13. Having worked for the NHS for most of the last 30 years, Steve has extensive expertise and knowledge at a senior level, including most recently as the Chief Executive of Hywel Dda University Health Board in Wales, a role he has held since January 2015.

14. Steve knows our county and the wider South West well, as has led NHS organisations in Devon, Plymouth, Torbay and Cornwall and the Isles of Scilly.

15. I look forward to welcoming Steve when he joins us next February. Until Steve takes up the post, I am pleased to remain as interim CEO.

Interim Chief Nursing Officer appointment

16. I am pleased to welcome Penny Smith as our Interim Chief Nursing Officer (CNO) who joins on 1 December 2023.

17. Penny has held several senior nursing roles in the South West, including most recently as the Director of Nursing Leadership and Quality Improvement for NHS England South West.

Making our 30% efficiency savings

18. NHS Devon has reached an important milestone in our restructure following the significant and challenging savings target we were given by NHS England in March 2023 to reduce our running costs by 30% by 2025/26.

19. Our phase one structure for our Executive and Senior Leadership Team is now finalised and we are currently in the implementation process.

20. The more challenging phase two, which will begin in the new year, will require us to fundamentally rethink our purpose and consider all areas where savings can be made. It also enables us to organise ourselves in the best possible manner to deliver on our new and different priorities as an integrated care board.

21. I would like to thank my colleagues for the professionalism they have shown throughout the process.

Office accommodation move

22. In order to deliver our efficiency savings, we are consolidating our five offices into one. We are now looking forward to moving to the new office, Aperture House, Exeter, from 12 December 2023 and have planned a series of induction events to welcome staff to the new site.

23. We published our final accommodation proposal last month, following a consultation with all staff on our decision to create a single headquarters, which will lead to medium term savings of £0.5 million a year. I would like to thank all staff who took the time to share their views during the consultation process, all of which has been carefully considered.

Briefing with MPs

24. Nigel Acheson (Chief Medical Officer), Jo Turl (Director of Commissioning Primary, Community and Mental Health Care) and I were pleased to meet with our MPs last month as part of our regular quarterly briefing sessions with them.

25. Ten out of the 12 MP offices joined the session where they were given an update on our financial position, including the running costs reductions and our recovery plans, and an overview of NHS dental services in Devon.

26. I would like to thank our MPs for attending. The support and insight they provide us is hugely valuable.

Meeting with Health Minister, Helen Whately

27. Sarah Wollaston (Chair), Donna Manson (Chief Executive of Devon County Council), James McInnes (Chair of the One Devon Partnership) and I were pleased to meet with Helen Whately, Minister of State in the Department for Health and Social Care, last month.

28. At the meeting, we discussed the challenges Devon across health and social care and how the Department can support us. We also highlighted the improvements we have made in elective care waiting lists and the success of the One Devon Elective Pilot.

29. I would like to thank Helen for taking the time to meet with us.

Conclusion

30. The Board is asked to note the report.

NHS Devon Integrated Care Board

Chair's Report

Date of meeting	Date report produced
06 December 2023	27 November 2023

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager	**Name and title:**	Sarah Wollaston, Chair
Phone:		**Date:**	29 November 2023
Email:	Sam.cush@nhs.net		

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

Executive summary (250 words max)
This document includes updates on the appointment of the new NHS Devon Chief Executive and visits and speaking engagements.

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

Key recommendations and actions requested
1. The Board is asked to **note** the report.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	The Chair provides strategic leadership in relation to all of the areas.
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	None
Legal	None
Engagement and consultation	Engaging communities and stakeholders in our work

2

Chair's Report

Leadership update

1. I'd like to start by welcoming Bill Shields to his first public Board meeting as Interim Chief Executive and I look forward to continuing to work closely with him over the next few months.

2. I also am delighted that we have appointed Steve Moore as our Chief Executive. Following a competitive national recruitment process, Steve will join the organisation on 12 February 2024.

3. Having worked for the NHS for most of the last 30 years, Steve has extensive expertise and knowledge at a senior level, including most recently as the Chief Executive of Hywel Dda University Health Board in Wales, a role he has held since January 2015.

4. Steve knows our county and the wider South West well, as he has previously held leadership roles in NHS organisations across Devon, Plymouth, Torbay and Cornwall and the Isles of Scilly.

5. I am confident that Steve will use his knowledge, expertise and skills to help us meet our ambitions and challenges in the months and years ahead.

.

Hisham Khalil

6. NHS Devon takes its financial position and responsibilities seriously and, as you are aware, the whole organisation is currently subject to a change process with a view to achieving the 30% running cost allowance reduction as soon as possible. The Board should not be exempt from this process and so, in advance of this, I asked our Company Secretary to review our Constitution in detail to ensure an accurate understanding of the required composition of our Board, its membership, and the eligibility requirements related to each role.

7. In doing this work, it became clear that our Constitution, which was introduced after the appointment of our Independent Non-Executive Members, does not support those members being employed in another health and care organisation within the NHS Devon Integrated Care System (ICS) footprint. Hisham Khalil, as a practicing Consultant ear, nose and throat (ENT) surgeon at University Hospitals Plymouth NHS Trust (UHP), Professor of ENT Surgery and Clinical Education, and Director of the Quality Excellence Unit, University of Plymouth, has always taken care to declare and record any potential conflicts of interest arising from his role at UHP and has not taken part in decisions where the conflict of interest could be perceived to be significant. Nevertheless, following our review of our Constitution, NHS England (NHSE) confirmed he cannot continue to hold both positions, so, with great sadness Hisham has decided to prioritise his UHP role and to step down from the NHS Devon Board.

8. I want to emphasise that I consider that Hisham has performed his role on the NHS Devon Board with diligence and professionalism and I appreciate everything that he has contributed to the organisation. In light of his contribution to date and the undoubted expertise that he has as an academic clinician, the Chair of the Audit and Risk Committee and I have invited him to become a Co-opted Member of that Committee. This is a non-remunerated, advisory, position. In this role Professor Khalil will be invited to attend meetings of the Board but would no longer be doing so as an Independent Non-Executive Member. I am grateful to him for continuing to contribute his expertise to NHS Devon. The policy for Co-option of Board Committee members is attached to the Governance Arrangements report, which can be found elsewhere on the agenda for this meeting.

Response to re-baselined system allocation and reduced elective activity goal – submission approval

9. On Monday 20 November 2023, the NHS Devon Board held an extraordinary meeting in private to discuss the actions the NHS has been asked to take, to manage the financial and performance pressures created by industrial action. Consideration was given to the re-baselined system allocation, which had been issued along with reduced elective activity targets, to take account of the significant impact of industrial action. In particular the Board considered the steps required from NHS Devon and the NHS Trusts within the Devon Health and Care System to live within their re-baselined allocation and reflecting the impact of the reduced elective activity goal.

10. The Board took assurance from the information provide in respect of the process being followed to within the Devon Health and Care System to finalise the requested submission and supported the initial proposed financial re-forecast for 2023/24 that was tabled at the meeting. Authority to approve the final submission was delegated to myself as Chair of the Board and Bill Shields, as Interim Chief Executive Officer, having consulted with the Chair of the Audit & Risk Committee and the Chair of the Finance & Performance Committee. We approved the final submission on Wednesday 22 November 2023.

NHS Devon Annual General Meeting

11. I chaired our NHS Devon Annual General Meeting (AGM) on Wednesday 27 September 2023. This is a statutory requirement and covers the 2022/23 financial year. The meeting was broadcast online with the ability for viewers to watch the event and post questions in real time.

12. The event provided a summary of our service and financial performance during the past financial year, as well as some of our highlights. I'd like to thank our executive colleagues who presented at the event as well as the members of staff and public who watched the event.

Chair’s visits and speaking engagements

13. I was pleased to have visited two of our hospices in October. Firstly, I met with Sally Scott-Bryant (Chair) and Mark Hawkins (Chief Executive) from Rowcroft Hospice and later in the month I visited St Luke’s Hospice in Plymouth with our Chief Medical Officer, Nigel Acheson to meet George Lillie, staff and volunteers. These were opportunities to understand proposals from Rowcroft to improve the care of people living with dementia across South Devon and in Plymouth to hear more about the opportunities there to support more people at the end of life in home settings. These visits have also been part of wider discussions on the funding of hospices across NHS Devon.

14. I also met with Shan Morgan, Chair of Royal Devon University Healthcare NHS Foundation Trust, in October which included a visit to the emergency department (ED) to see the new facilities as part of their rebuild and the site for a much needed paediatric ED. I am also grateful to the chairs of all our acute provider organisations, Devon Partnership Trust and Livewell for meeting last week as part of ongoing regular discussions.

15. I was delighted to have attended the VCSE Assembly alongside Diana Crump to listen to members and discuss future plans for NHS Devon and the One Devon Partnership

16. Many thanks too to Jamila Hanan for inviting me to open the remarkable art exhibition at the Clay Factor in Ivybridge, showcasing their ongoing work with local communities to tackle loneliness and isolation. It was also an opportunity to meet up in person with Penny Calvert who is the Creative Health Associate funded by the National Centre for Creative Health helping to develop the evidence for and to explore further opportunities for the arts and health across Devon, with a particular focus on the areas of greatest need. Social prescribing can make a real difference to people’s lives and this includes the potential for our wonderful natural outdoor resources to improve health and wellbeing. I am grateful to Matt Evans and the team at Active Devon for meeting to discuss the broad scope of their work making it easier for people to get active.

Conclusion

17. The Board is asked to note the report.

NHS Devon Integrated Care Board

NOF4 – NHS Devon Segmentation, Governance and Assurance

Date of meeting	Date report produced
06 December 2023	17 November 2023

Author(s)		Report approved by	
Name and title:	Philippa Harding, Company Secretary Allison Williams System Improvement Director	**Name and title:**	Bill Shields, Interim Chief Executive and Chief Finance Officer
Phone:	01392 675 116	**Date:**	17 November 2023
Email:	philippa.harding4@nhs.net allison.williams5@nhs.net		

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

Executive summary
In accordance with the NHS Oversight Framework (NOF), NHS Devon Integrated Care Board (ICB) was assessed as being in Segment 4, the highest level of escalation (NOF4) in September 2021. This was due to challenges within the domains of Quality and Patient Safety (specifically Urgent and Emergency Care (UEC) performance and elective waiting times), Leadership, Strategy and Finance.

NOF4 status results in mandated support from the NHS England (NHSE) National Team, together with the requirement for a robust improvement plan, the delivery of which is directly overseen by the NHSE South West Regional Team (NHSE SW) and reported to the National Quality and Performance Committee.

This report provides a reminder of the NOF segmentation process and the rationale for NHS Devon's assessment as Segment 4 (NOF4), with a view to enabling the NHS Devon Board to:

- Review its accountabilities (with partners) in relation to delivering the improvements that will enable de-escalation and exit from NOF4;
- Consider the internal line of sight and scrutiny processes aligned to improvement plans; and
- Review the requirements for reporting to the relevant sub-committees and the Board.

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

Executive Team – 21 November 2023

Key recommendations and actions requested

1. **Note** the report.
2. **Agree** that the assurance and oversight mechanisms for exiting NOF4 set out in this report are appropriate and whether any further actions need to be taken by the Board to fulfil its accountabilities in terms of oversight and delivery of the improvement plans to support de-escalation.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Exit from NOF4 impacts on all of the areas
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

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

3

NOF4 – NHS Devon Segmentation, Governance and Assurance

Introduction and background

1. NHS Devon is currently in Segment 4 of the NHS Oversight Framework (NOF) and in receipt of mandated support from NHS England (NHSE) as set out in the national Recovery Support Programme (RSP). The criteria to move from Segment 4 to Segment 3 have been agreed and require robust recovery and improvement plans to be in place with clear oversight via NHS Devon's governance framework. Further information about progress being made against these criteria can be found in a separate report elsewhere on the agenda for this meeting.

2. This report sets out NHS Devon's oversight and assurance mechanisms for exiting Segment 4 of the NOF.

NHS Oversight Framework (NOF)

3. The current NHS Oversight Framework (NOF) was first published in 2021 (updated in 2023) with the expressed purpose of:

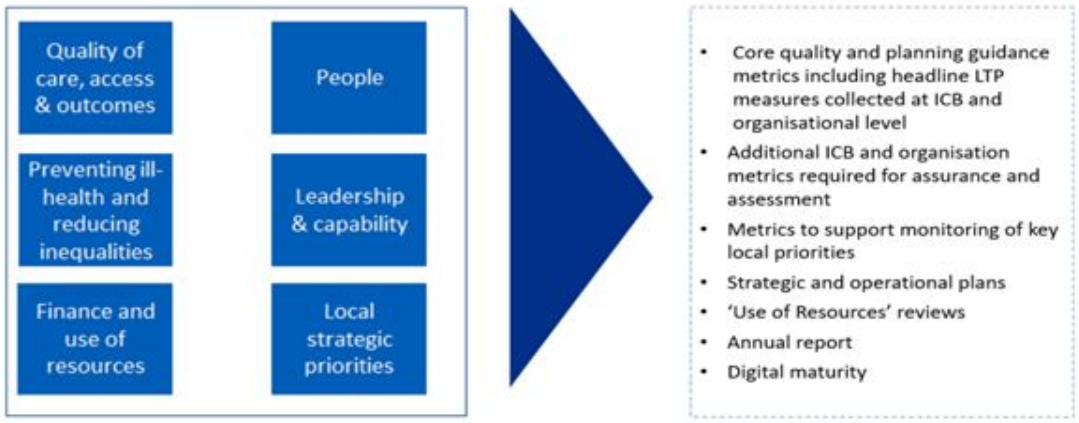
    - Ensuring alignment of priorities across the NHS and with wider system partners
    - Identifying where Integrated Care Boards (ICBs) and/or NHS providers may benefit from, or require, support
    - Providing an objective basis for decisions about when and how NHS England (NHSE) will intervene.

4. The approach to oversight is characterised by the following key principles:

    - working **with and through ICBs**, wherever possible, to tackle problems
    - a greater emphasis on **system performance and quality of care outcomes**, alongside the contributions of individual healthcare providers and commissioners to system goals
    - matching **accountability for results** with improvement support, as appropriate
    - **autonomy** for ICBs and NHS providers as a default position
    - **compassionate leadership behaviours** that underpin all oversight interactions

5. The NOF, and its approach to oversight, is focused on Operational Planning guidance, the NHS Plan and the NHS People Plan with an agreed set of metrics for assessment of the need for support and describing a process of continuous assessment against 6 key performance domains (updated in 2023/23) as illustrated in **Figure 1.**

Figure 1: Scope of the NHS Oversight Framework for 2022/23



Assessment of NHS Devon under the NOF

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

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

7. This triggered NHS Devon being placed into Segment 4 of the NOF (NOF4), which is the highest level of escalation within the framework with mandated intensive support being provided through the national Recovery Support Programme (RSP).

Table 1: NOF Segmentation – description and support requirements

	Segment description		Scale and nature of support needs
	ICB	Trust	
1	Consistently high performing across the six oversight themes Capability and capacity required to deliver on the statutory and wider responsibilities of an ICB are well developed	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place based and overall ICB priorities	No specific support needs identified. Trusts encouraged to offer peer support Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations
2	On a development journey, but demonstrate many of the characteristics of an effective ICB Plans that have the support of system partners are in place to address areas of challenge	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Flexible support delivered through peer support, clinical networks, the NHS England universal support offer (e.g. GIRFT, Right Care, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs
3	Significant support needs against one or more of the six oversight themes Significant gaps in the capability and capacity required to deliver on the statutory and wider responsibilities of an ICB	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts)	Bespoke mandated support, potentially through a regional improvement hub, drawing on system and national expertise as required (see Annex A)
4	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	In actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Mandated intensive support delivered through the Recovery Support Programme (see Annex A)

8. At the same time, University Hospitals Plymouth NHS Trust was also placed in Segment 4 with Royal Devon University Healthcare NHS Foundation Trust and Torbay and South Devon NHS Foundation Trust being assessed as Segment 3 and Devon Partnership Trust, Segment 2.

9. Following the 2022/23 Quarter 2 review of organisational performance, the Southwest Regional Support Group (RSG) approved a number of changes to the segmentations in Devon, which were endorsed by the National Quality and Performance Committee on 08 November 2022.

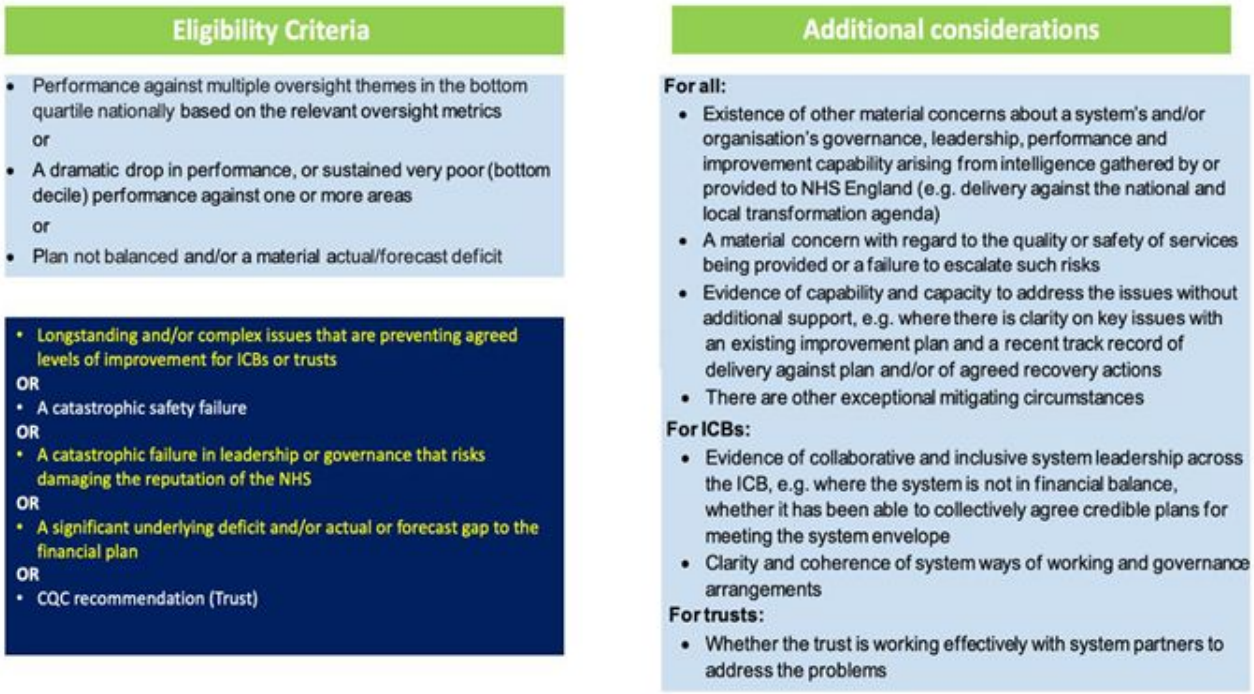
10. This resulted in a recommendation that the remaining two acute Trusts in Devon met the threshold for entry to segment 4 and, consequently the Recovery Support Programme. The rationale for the revised segmentation is summarised in **Table 2** below.

Table 2: Summary of reasons for entry into segment 4

Organisation	Segment 2022/23 – Q2	Rationale for 2022/23 Q2 Segmentation
Devon ICB	4 (No change) Continue in RSP	**1. Finance** **2. Quality; including clinical strategy**
University Hospitals Plymouth NHS Trust	4 (No change) Continue in RSP	**1. Finance** **2. Quality (UEC, Medicine)** **3. Culture** **4. Planning**
Royal Devon University Healthcare NHS Foundation Trust (Trust formed 1st April 2022)	4 (Deteriorated) **New Entrant**	**1. Finance** **2. Performance; Elective 78ww** **3. Performance reporting**
Torbay and South Devon NHS Foundation Trust	4 (Deteriorated) **New Entrant**	**1. Finance** **2. Performance; Elective 78ww & Cancer 62d**

11. Significant to the segmentation is the definition of the eligibility criteria and additional considerations outlined in **Figure 2** below.

Figure 2 – NOF 4 Eligibility criteria and considerations



12. To be placed in NOF4 for leadership, strategy, quality and patient safety and finance requires an ICB to seriously consider how its priorities, systems, processes, culture, and behaviours are aligned to delivering the necessary

improvements that facilitate de-escalation and earned autonomy to deliver on the wider responsibilities of the Integrated Care System (ICS).

13. The national guidance states very clearly that where ICBs and Trusts have been assessed as having significant support needs (NOF4), *"mandated support will consist of a set of clear interventions designed to remedy the identified problems within a reasonable timeframe".* The nature of the interventions will be related to:

    - The degree of risk and potential impact.
    - The degree to which the driver of the issue is understood.
    - The views of leadership, governance and maturity of improvement approach.
    - Inherent capability and credibility of plans to address the issue.
    - Previous steps taken to support the resolution of the issue.
    - The extent to which delivery against a recovery trajectory is being achieved.

14. The mandated support is intended to provide additional capacity and capability to support improvement together with the functions of critical friend to bridge the oversight and performance arrangements.

15. Recognising that the entry criteria are broadly the same and that there are significant organisational interdependencies in delivering sustainable improvement, it was agreed that the existing and new RSP support to Devon would be reset on a thematic basis aligned to the following:

    - System leadership.
    - Long standing issues around service configuration: Fragile services, and Acute Services Review underway through Peninsula Acute Provider Collaborative.
    - Elective care long waits: Without duplication of Tiering approach.
    - Non-elective long waits: Without duplication of existing UEC support.
    - Cancer long waits: Without duplication of Tiering approach.
    - Financial balance and efficiencies: Each organisation supported, but for the benefit of the overall system financial position.

16. The thematic approach to RSP is based on a single set of Exit Criteria for all Trusts and NHS Devon, as outlined elsewhere in a separate paper on the agenda for this meeting. These are underpinned by an agreed set of measures and 'must-do' actions which inform the oversight and assurance mechanisms.

17. The NOF4 exit criteria were approved by the Board and agreed with NHSE as the measures by which improvement would be assessed and ultimately de-escalation supported. There is a clear expectation that:

    - The Executive Team is responsible for the development and delivery of the NOF4 improvement plans;
    - Decisions underpinning the improvement actions will be made in accordance with the organisation's scheme of delegation;

- Scrutiny of performance against agreed actions and trajectories will be through the relevant Board sub-committee; and
- The Board itself will receive regular update reports and be responsible for the organisational assurance process.

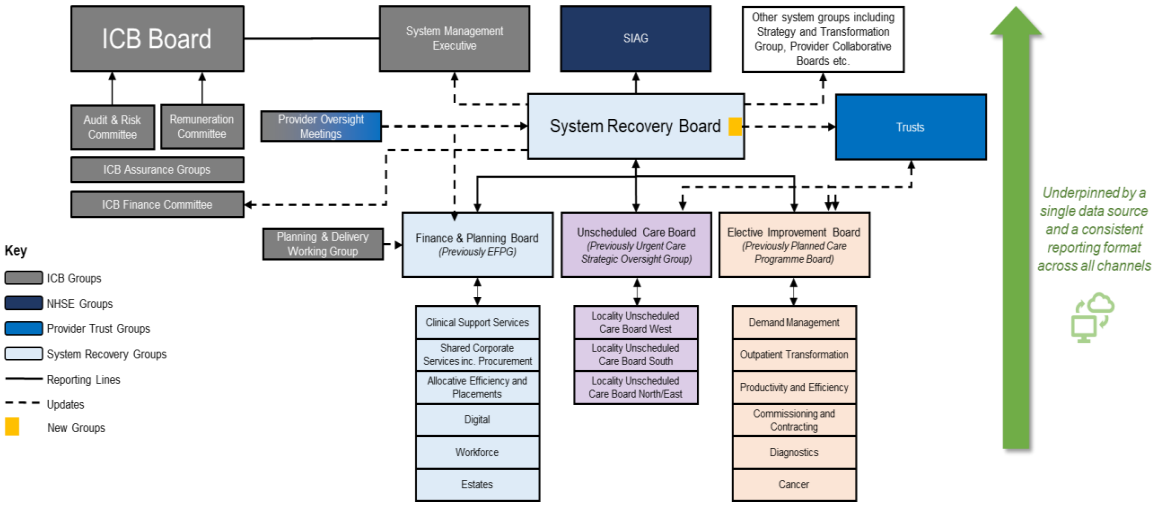
Governance and accountability

18. The first version of the NHS Oversight Framework (2021) was developed at the time of ICB transition and positioned ICSs to be *"strongly involved in the oversight process and support of organisations in their system, in partnership with NHS England and NHS Improvement."*

19. Devon is the only system where the ICB and all acute Trusts are assessed as being in Segment 4. The resultant mandated support means that the ICS has not been in a position to take any significant lead role in the oversight arrangements for Trusts but has, itself, been part of the integrated system oversight process determined by NHSE.

20. **Figure 3** summarises the agreed system governance arrangements that were in place at the outset of the NOF4 process.

Figure 3 – System Recovery Programme Governance



21. Each Trust Board has accountability for approving and delivering its own improvement plan.

22. The NHS Devon Board is accountable for approving and delivering the ICB's actions associated with the improvement plan, but also for having a role in the system-wide recovery process – providing strategic leadership for whole-system approaches to service and financial sustainability. There should be a clear line of sight within NHS Devon's internal governance arrangements to delivery of the exit criteria, with Board ownership and scrutiny of the improvement trajectories.

23. The monitoring process set out in the NOF includes a requirement to hold monthly reviews of progress against key performance indicators and exit criteria. The reviews take place at the System Improvement and Assurance Group (SIAG), which is chaired by the NHSE SW Regional Director. They are used to hold to account the Chief Executive Officers of NHS Devon and the three acute Trusts for delivering their improvement plan. Although these meetings had moved to quarterly in the past, in light of recent performance, a monthly meeting has now been re-instated.

24. The SIAG requires a report to each of its meetings in relation to each of the acute providers as well as NHS Devon, containing details on performance against agreed trajectories, progress within the last month, actions for the next month, risks and mitigations, and any areas of escalation for support.

25. NHS Devon currently produces monthly performance reporting, aligned to the NOF4 domains, which includes trajectory monitoring. This is used as the framework to feed all System Recovery Programme assurance groups, including the Elective Care Board, the Unscheduled Care Board, the System Recovery Board and the SIAG. This report is aligned to NHS Devon Board's Integrated Quality, Finance and Performance Report, where appropriate.

26. As of November 2023, this reporting will be supplemented with a narrative to provide any further clarification, detail, or escalation, by exception, where performance or improvements has not met or has exceeded agreed standards. The first of these reports is included separately elsewhere on the agenda for this meeting.

27. In order to ensure that the NHS Devon Board is assured about the progress of both the acute providers and of NHS Devon itself, it is proposed that this narrative report should be submitted to each public Board meeting. It is also proposed that the report should be presented to each Finance and Performance Committee meeting, in order to enable that Committee to provide further assurance to the Board, following a detailed review of the report's content.

28. As members of a unitary Board, Executive and Independent Non-Executive Members of the NHS Devon Board are jointly responsible for the planning and allocation of resources to meet the core aims of the organisation, working collaboratively to shape the long-term strategy, delivery of all the statutory and mandatory functions of the ICB and the stewardship of public money.

29. The NOF presents a clear expectation that Boards will be accountable for the continuous improvement of performance across the key assessment domains that enables the default segmentation (NOF2) to be preserved. For ICSs this enables the ICB to then play its full part in the strategic oversight of the local care system supported by the NHSE Regional Team.

Conclusion

30. This report provides a reminder of the NOF segmentation process and the rationale for NHS Devon's assessment as Segment 4 (NOF4), with a view to enabling the NHS Devon Board to:

- Review its accountabilities (with partners) in relation to delivering the improvements that will enable de-escalation and exit from NOF4;
- Consider the internal line of sight and scrutiny processes aligned to improvement plans; and
- Review the requirements for reporting to the relevant sub-committees and the Board.

NHS Devon Integrated Care Board

Progress towards NOF4 exit

Date of meeting	Date report produced
06 December 2023	14 November 2023

Author(s)		Report approved by	
Name and title:	Sam Wadham-Sharpe Director of Performance and Assurance	**Name and title:**	Bill Shields, Interim Chief Executive Officer and Chief Finance Officer
Phone:		**Date:**	21 November 2023
Email:	s.wadham-sharpe@nhs.net		

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

Executive summary
This report sets out NHS Devon's oversight and assurance mechanisms for exiting NHS Oversight Framework Segment 4 (NOF4) and proposes a new approach to reporting through these. It proposes that assurance reporting on progress against NOF4 should be presented in a consistent manner through NHS Devon's corporate governance structures as well as to the System Improvement and Assurance Group (SIAG) Chaired by NHS England (NHSE).

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Team - 21 November 2023

Key recommendations and actions requested
1. **Note** the current performance position against the NOF4 exit criteria
2. **Note** that the Devon Health and Care System can currently not provide assurance of meeting the target NOF4 exit date of Q1 2024/25

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Exit from NOF4 impacts on all of the areas.
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

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

Progress towards NOF4 exit

Introduction and background

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

Progress against NOF4 exit criteria – October 2023

3. NHS Devon has assessed itself as on target with 2 of the 9 NOF4 exit criteria. The remainder of this report details achievements against plans and performance trajectories, plus any emerging risks and mitigations as of the end of October 2023.

4. In October there were no changes to the risk rating of the 9 exit criteria. Progress has been made against some of the specific exit measures in the strategy criteria which has moved those particular measures from at risk to complete. This included the completion of many of the clinical workshops previously postponed due to industrial action.

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

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

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

5. The planned reset of the Executive governance arrangements within the Integrated care Board (ICB) alongside the organisational change arrangements has commenced with the establishment of an Executive Committee in shadow form, ahead of anticipated Board approval of this at its meeting on 06 December 2023. Further proposed revisions to strengthen Board Assurance committees are being worked through and will be tested with the incoming Chief Executive with a view to implementation before the end of the financial year.

6. Interviews are taking place week commencing 13 November 2023 for a System Programme Management Office (PMO) Director and individuals have now been identified from within NHS Devon for redeployment to be part of an enhanced PMO function. This is aimed at streamlining reporting and programme management of the recovery process. An NHS Devon Board Development session took place on 01 November 2023 and a follow-up session on 20 November 2023. A detailed narrative report will be provided to the December meeting of the Board with bimonthly NOF4 progress reports to be presented to the public Board meetings thereafter.

7. Ann James has taken up the Chair of the System Urgent and Emergency Care (UEC) Recovery Board and Chris Tidman (until Sam Higginson is in post as Chief Executive Officer (CEO) of Royal Devon University Healthcare NHS Foundation Trust (RDUH)) will be chairing the Elective Recovery Board. The workplans for both Recovery Boards are being reset to reflect the need to focus on a smaller number of key priorities that will have the greatest impact on performance improvement. This is being aligned with the Tier 1 process and work is underway to streamline reporting arrangements to minimise duplication.

8. A joint meeting of CEOs, Chief Medical Officers (CMOs) and Chief Nursing Officers (CNOs) is planned for 23 November 2023 to work through risk thresholds and internal escalation processes with a view to establishing a better joint understanding of whole-system risk management in UEC. It is intended that this will inform the basis for improved mutual accountability and support.

9. The Executive Team has approved the structure and process for the refresh of Devon's Joint Forward Plan. All programmes will align to one of the 3 key themes: healthy people; healthy, safe communities; and healthy, sustainable system. These themes reflect the Integrated Care System (ICS) vision of 'equal chances for everyone in Devon to lead long, happy, healthy lives'. The healthy, sustainable system theme will allow Devon to clearly describe the actions being taken to meet the criteria to exit NOF4. To date engagement with system partners in respect of this work has been via the programme leads. The System Management Executive (SME) will receive the refreshed JFP on 06 February 2024 for endorsement, prior to its submission to the NHS Devon Board for approval on 06 March 2024.

Key Actions in Strategy and Leadership in next 4 weeks

- UEC and Elective Recovery Boards and work programmes to be revised – Ann James / Chris Tidman supported by Anthony Fitzgerald
- Additional leadership support to be secured to deliver the Integrated out of hospital improvement plan – Bill Shields/Allison Williams

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

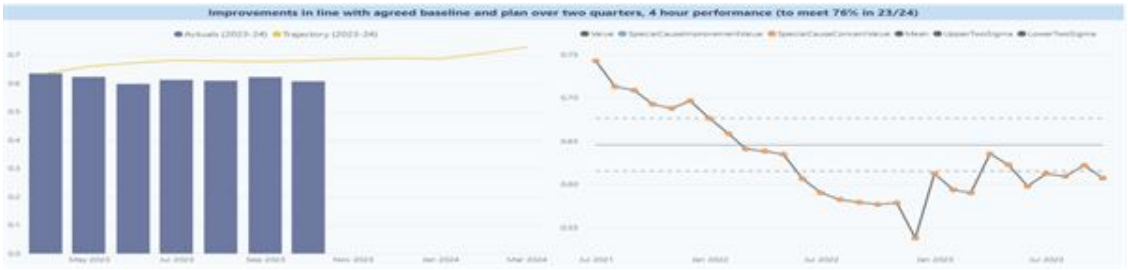
NOF4 Exit Criteria	Senior Responsible Officer	Rating (self-assessment)	Previous rating (self-assessment)
UEC • Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain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

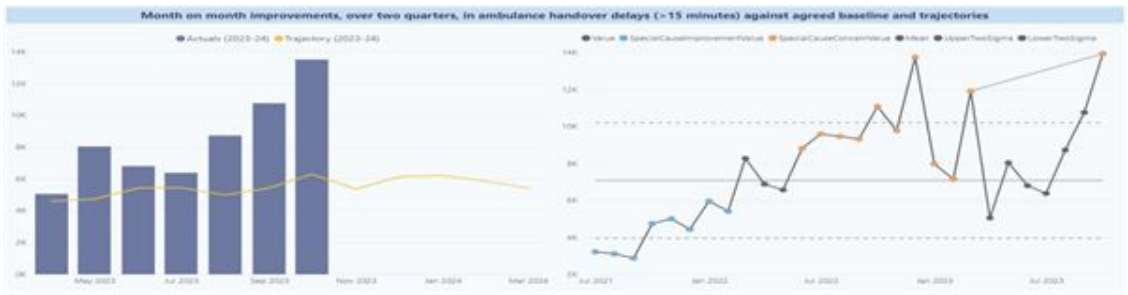
UEC

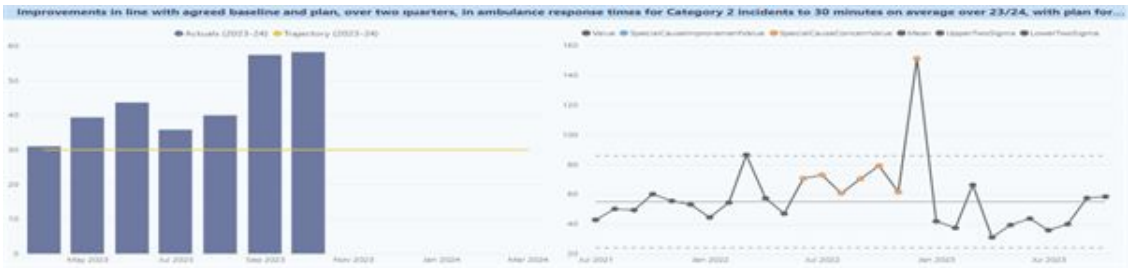
10. Metrics relating to urgent care have seen no improvement during October 2023.

Ambulance handover delays above the 15-minute worsened in October to 13,507 from 10761 hours which remains behind trajectory. Time lost due to ambulance handover delays has increased by 53% between July 23 and October 23. 4 hour performance worsened to 62.7% in October from 64.1% in September and remains below trajectory.

11. Category 2 response times worsened in October with an average response time of 58 minutes and there was a worsening against the 12 hours in department standard which increased to 3440. The worsening of both metrics correlates with the period of Opel 4 and the sustained pressure the system was under during this period.







12. NHS Devon is currently undertaking a bed modelling exercise to understand the potential bed gap requiring mitigation this winter. The ICB has been meeting with locality and provider representatives to understand what mitigations are being enacted within acute hospitals and the community to mitigate winter pressures. The model below demonstrates the system level assumption of bed mitigations that can be provided through delivery of these actions, and this work will now be undertaken at a locality level with a link to the plan delivery.

13. The bed mitigations in the plan are based on the planned activity levels currently being experienced within Devon and a bed occupancy level of 92%. The locality level version of the modelling has accounted for the increased levels of

Emergency Department (ED) attendances at each provider. It is recognised that the 92% occupancy level will be challenging to meet within Devon and one of the mitigations to consider will be running at an occupancy level of 95% while recognising the detrimental impact this can have on flow and other services. The next iteration of the bed mitigation waterfall charts will be shared with regional colleagues on 24 November 2023.

14. As part of the ongoing winter planning process, a full review of the existing schemes funded with the £13.8m winter monies is being undertaken. This review will ascertain any slippage in spend, activity or impact from the original business cases. In depth reviews are ongoing with locality teams and providers to understand the progress being made against each of these schemes. Providers and localities are also identifying any further opportunities that could be instigated rapidly with use of any slippage in spend against the current schemes. A review of any further schemes will take place on 21 November 2023 with a panel including Ann James in her new role as system UEC lead CEO.

15. Whilst demand is higher than planned levels across the whole of the Region, the scale of increase being seen in Devon is disproportionate and needs to be understood with a much greater focus on demand management. A piece of work is being led by the ICB Director of Performance in collaboration with NHSE SW and the Emergency Care Improvement Support Team (ECIST) to understand the drivers of demand. Some of the key areas being investigated are.

    - Growth in ED attendances at Primary Care Network (PCN) level from 22/23 to current.
    - Proportion of attendances that are low acuity.
    - Change in Conversion rates at PCN level.
    - Average time in department by PCN level including growth in 12 hour breaches.
    - Patients with a Discharge to Assess (DTA) and then discharged from ED at PCN level.
    - Rates of DTA made beyond 6 hours from arrival (and then % discharged from ED).

16. It is recognised that delivery against the system wide recovery plan and the winter capacity schemes has not been delivered at the pace or level required to realise improvements ahead of winter. A revamped approach to scrutiny on delivery has been launched.

17. During the Q2 review all provider CEOs signed up to improving performance on the following key areas. Initial modelling identifies a potential 4 hour performance improvement of circa 10% type 1 from delivering in these areas.
    - 75% minors' performance.
    - Improvements in overnight performance (20:00-08:00).
    - Patients that breach between 4 and 5 hours.
    - Reduction in 24-48 hour LoS.
    - 33% pre midday discharges.
    - 5% NCTR reduction.

18. To support winter delivery, additional focus will be undertaken through the System Control Centre (SCC) on the delivery of winter schemes, the maximising of capacity and an overview of system pressures utilising the SHREWD system. External funding is being utilised to fund a Winter Director and to bolster seniority within the SCC and delivery teams to deliver the changes required to improve performance.

19. The establishment of a Clinical Coordination Hub is central to improved management of demand through proactive direction of appropriate patients to alternative services. A proof of concept for the Care Coordination Hub commenced on 30 October 2023 aimed at the west of the system and ran for 2 weeks. In the period between 30 October 2023 and 12 November 2023 the Care Coordination Hub has received 220 referrals. Of those 220, 165 were supported to avoid an ED attendance while 55 were deemed suitable for a conveyance to ED.

20. The proof of concept has currently involved 36 different staff from 6 different organisations working together to identify the most appropriate treatment option or destination for each referral. Of the 165 patients supported to avoid an ED attendance, there were 25 different services used including, return to GP, Same Day Emergency Care (SDEC), mental health first response, Minor Injury Units (MIUs) and rapid response teams. 73 cases were closed within the hub following advice and no onward referral.

21. The proof of concept was extended for a further 2 weeks and commenced on 13 November 2023. During this 2 week period NHS Devon will work with system stakeholders to develop the ongoing model including the roll out to all areas of the system and the timeframes involved. Some of the initial challenges identified that will require resolving within this period include the clinical staffing requirements and the funding required to release the staff.

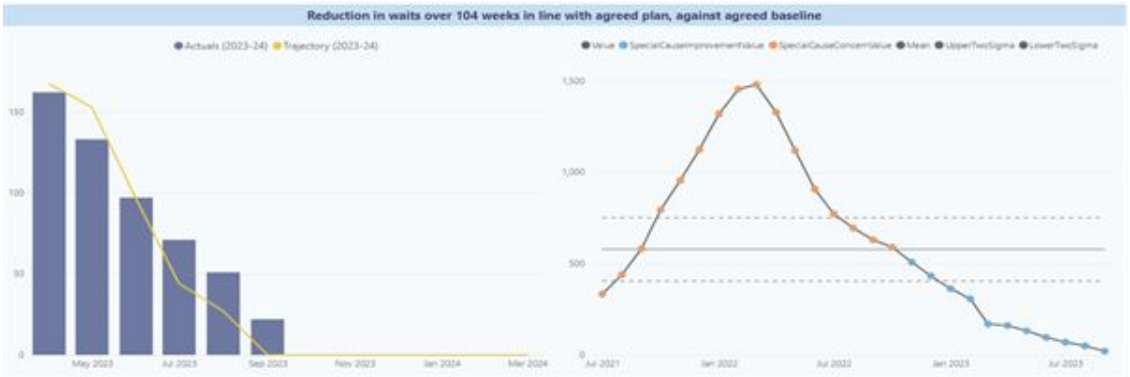
Key Actions in Urgent Care for completion by December

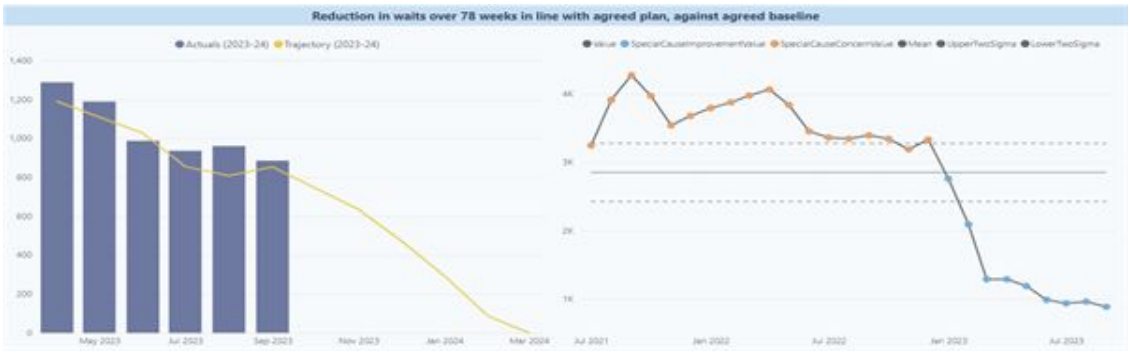
- ICB programme deep dives – Sam Wadham-Sharpe
- Care coordination hub model and timeframes – Anthony Fitzgerald
- Activity increase data review and action planning – Sam Wadham-Sharpe
- Winter plan review and bed mitigation finalised – Berenice Groves

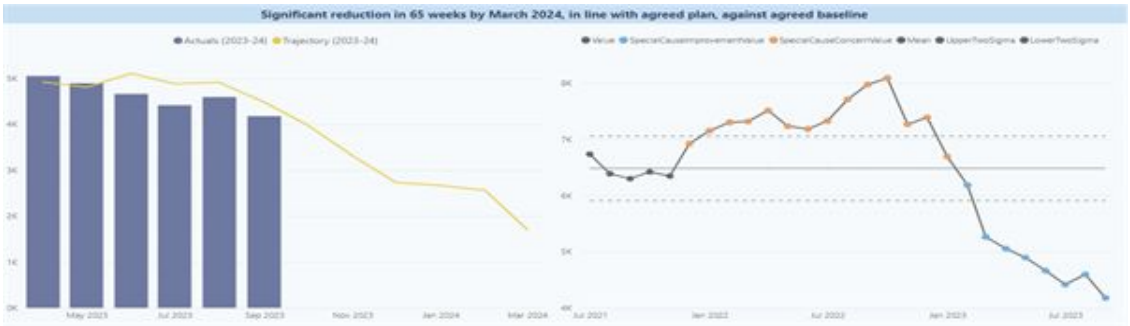
Elective Care

22. The finalised September position shows that the Devon Health and Care System has not met the submitted 104 week wait or 78 week wait trajectory but has met the trajectory on 65week waits, due to over performance at University Hospitals Plymouth NHS Trust (UHP). Ongoing issues with activity lost as a result of industrial action is a factor that continues to impact on recovery of activity and performance levels detailed within the operating plan. While there has been no recent industrial action, the impact of activity lost earlier in the year is resulting in ‘tip ins’ to the current position that would previously have been cleared. Without activity lost to industrial action, all providers and the system would have met the

trajectory on all three standards.







23. The system is currently forecast two 104 week waits in November and two in December, all at UHP. The 2 November breaches have plans to treat in December. UHP are pursuing all options to treat the 2 December breaches within month however one patient treatment is reliant on a custom made implant that is being developed abroad. The scheduled arrival date for this implant is 29 December 2023 which may cause issues in treating the patient by the end of that month.

24. Following the receipt of the H2 operational guidance letter on 8 November 2023, the system is undertaking a review of all insourcing and outsourcing required to continue performance improvements. The review will identify any insourcing or outsourcing activity that makes a financial loss, and this activity will be reviewed against the clinical or performance risks of ceasing this activity. The review will be

undertaken in the Elective Improvement Board on 16 November 2023. Following this NHS Devon will submit renewed trajectories based on ceasing any of this activity.

25. The Elective Improvement Board on 16 November 2023 will also consider any potential opportunities to increase productivity over and above what was identified within the operational plan for 2023/24. Some of the areas that will be reviewed and considered at this meeting will be new to follow up ratios, the number of follow up appointments undertaken without a procedure taking place, DNA rates, fallow capacity, activity undertaken over Christmas. The intention of this process is to fill the gap between the current levels of activity being undertaken and the activity detailed within the 2023/24 operating plan.

Key Actions in Elective Care to be completed in next 4 weeks

- Insourcing/Outsourcing review and impact on trajectories – Kirsty Denwood/Sam Wadham-Sharpe
- Further productivity opportunities identified – Sam Wadham-Sharpe/John Finn
- Speciality improvement programme dashboard in place, including gap analysis for Further Faster – Claire Rudler/Sean Beeken
- Torbay endoscopy unit expansion – Bev Parker
- Cohort 2 of PIDMAS go live – Rachel Burridge

NOF Domain(s): Finance and Use of Resources

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

26. As at month 7 the Devon ICS is reporting a year to date £74.8m deficit against a planned deficit of £38.8m – an adverse variance of £36.0m. (M6 £20.7m variance)

27. The main drivers for the deficit include additional unmitigated costs and lost Elective Recovery Fund (ERF) income at RDUH, UHP and Torbay and South

Devon NHS Foundation Trust (TSD) as a result of the industrial action of £15.7m (M6 13.2m), a shortfall in pay award funding (£3.5m) and a year to date over spend on drugs at RDUH and UHP (£7.7m). There is a further reduction on ERF earnings of £4.3m across the system.

28. The below table shows the current performance against the 23/24 financial planned deficit of £42.3m for Devon ICS as at the end of October 2023.

Organisation	Year to date				Forecast			
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable / (Adverse) £000		Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable / (Adverse) £000	
Devon ICB	28,331	28,331	0	→	48,567	48,567	0	→
Royal Devon University NHS FT	(21,566)	(38,521)	(16,955)	↓	(28,035)	(28,035)	0	→
University Hospitals Plymouth Trust	(24,475)	(35,175)	(10,700)	↓	(33,600)	(33,600)	0	→
Torbay and South Devon NHS FT	(21,217)	(29,578)	(8,361)	↓	(32,571)	(32,571)	0	→
Devon Partnership Trust	166	166	0	→	3,300	3,300	0	→
Total	**(38,761)**	**(74,777)**	**(36,016)**	↓	**(42,339)**	**(42,339)**	**0**	→

29. Other contributing factors are a shortfall in efficiencies, partly due to the timing of a Torbay Pharmaceuticals sale at TSD, overspends in continuing healthcare and adult social care at TSD, shortfalls in income at RDUH and an overspend on international nurses at UHP.

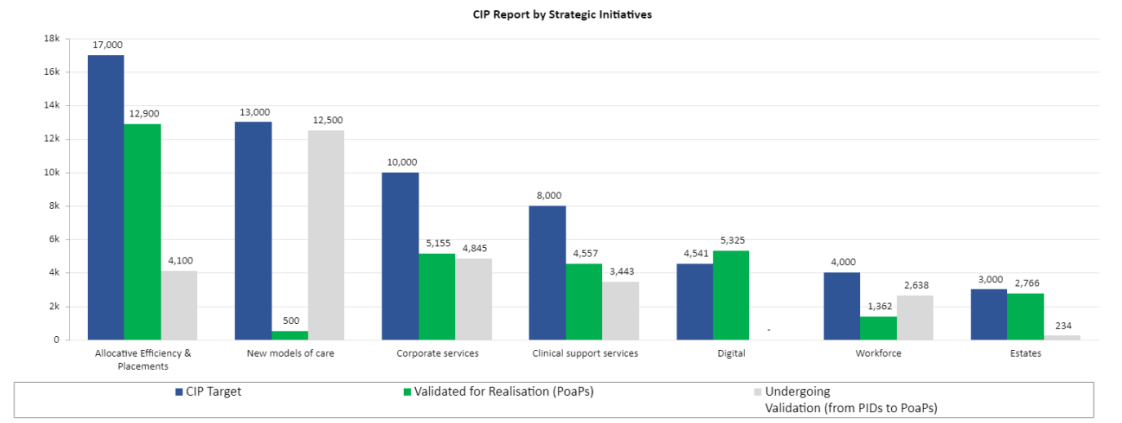
30. As at month 7 the Devon ICS had made efficiency savings of £89.6m which is £0.1m adverse to plan. (M6 £9.5m favourable) This is mainly due to trusts bringing forwards non recurrent schemes to compensate for year to date overspends.

31. The table below shows the status against the £212.2m efficiency savings plan for the Devon ICS.

Organisation	Year to date				Forecast			
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000		Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000	
Devon ICB	29,575	25,908	(3,667)	↓	50,693	50,693	0	→
Royal Devon University NHS FT	20,461	24,231	3,770	↓	60,296	60,296	0	→
University Hospitals Plymouth Trust	12,695	15,213	2,518	↓	39,477	39,477	0	→
Torbay and South Devon NHS FT	20,018	16,982	(3,036)	↓	46,578	46,578	0	→
Devon Partnership Trust	6,949	7,288	339	↓	15,191	14,804	(387)	↓
Total	**89,698**	**89,622**	**(76)**	↓	**212,235**	**211,848**	**(387)**	↓

Strategic CIP Scheme Delivery

CIP Schemes (*Figures are in £m*)	CIP Target (£56.5m Identified through PIDs)	Validated for Realisation (PoaPs)	In Scoping	Surplus/(Shortfall)
Allocative Efficiency & Placements	17.0	12.9	0	4.1
New models of care	13.0	0.5	26.1	12.5
Corporate services	10.0	5.2	2.4	2.4
Clinical support services	8.0	4.6	1.4	2.0
Digital	4.5	5.3	0	-0.8
Workforce	4.0	1.4	8.1	2.4
Estates	3.0	2.8	0	0.2
Total	**59.5**	**32.6**	**38.0**	**22.8**



32. The benefit realisation process to date has validated c.£32.6m. These schemes have moved into delivery and where appropriate have been submitted to the existing Equality Impact Assessment (EQIA) process in place for NHS Devon. A cyclical process of validate, implement, deliver continues with all identified schemes until full validation and delivery is achieved.

33. There has been a change to the Senior Responsible Officer (SRO) of both the New Models of Care and the income and technical schemes with Steve Webster commencing in post. Actions that were agreed in the Q2 review including further work on workforce controls have commenced.

34. All existing data on workforce whole time equivalents (WTEs) and costs against plans has been reviewed, and the issues around the alignment of workforce and financial plans identified. A report will be going to the next System Recovery Board (SRB) to agree associated actions. This agreement will include the context for the need for additional workforce controls.

35. The system is currently reviewing the system Cost Improvement Programmes (CIPs) and setting up route to cash meetings where necessary. Project Initiation Documents (PIDs) have been drafted for investment review and technical accounting (including balance sheet in particular) and commercial income. Given the timescales to undertake a proper investment review, we will use as much existing information as possible to meet the regional request by the end of November.

36. Further work includes providing support to TSD around reviewing their forecast and working with the Trusts to agree actions to develop productivity reports and reviewing benchmarking and associated indicators and modelling around changes in comparative hospital bed use, including the SARS and productivity drivers, alongside use of care home capacity.

Scheme	SRO	Original Target £000s	Route to Cash						Further mitigations
			Validated through PoaPs £000s	In-Year Route to Cash Confirmed £000s	In-Year Route to Cash Confirmation Pending £000s	Further in year route to cash mitigations £000s	Total RTC In-year £000s	Distance from Original Target £000s	
Allocative & placements	Angela Hibbard	17,000	12,900	13,400	-	1,500	14,900	(2,100)	High cost placement review
Corporate shared services including procurement	Phill Mantay	10,000	5,155	2,140	300	1,000	3,440	(6,560)	Procurement category savings; shared service solution; people digital
Clinical support services	Sarah Brampton	8,000	4,557	3,525	2,080	-	5,605	(2,395)	Drugs and pharmacy
Digital	Malcolm Senior	4,500	5,325	3,500	1,774	-	5,274	774	DRSS, Telephony, contract reviews, frontline digitalisation
Workforce	Steven Keith	4,000	1,362	8,289	347	-	8,636	4,636	Job planning, rostering
Estates	Mathew Chetwynd	3,000	2,766	1,025	-	-	1,025	(1,975)	SPV, asset valuation, voids, rents and rates
New Models of Care	Steve Webster	13,000	500	500	TBC	1,500	2,000	(11,000)	ICS-wide investment & contract review
Income and technical	Steve Webster	-	-	-	-	4,000	4,000	4,000	TP
Total		**59,500**	**32,565**	**32,379**	**4,501**	**8,000**	**44,879**	**(14,620)**	
					12,501				

Key Actions in Finance for completion by December

- Full system investment review undertaken – Steve Webster
- Review insourcing and outsourcing schemes and performance impacts - Kirsty Denwood/Sam Wadham-Sharpe
- Produce PIDs for £12.5m mitigating schemes – Steve Webster
- Full productivity report for all 3 acute providers – Steve Webster

Conclusion

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

NHS Devon

NHS Devon Integrated Care Board

Governance Arrangements

Date of meeting	Date report produced
06 December 2023	16 November 2023

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

Executive summary
This report sets out a number of proposed amendments to the governance arrangements of NHS Devon, including: • The establishment of a formal Executive Committee of the NHS Devon Board and associated amendments to the Scheme of Reservation and Delegation; • The adoption of refreshed Terms of Reference for the Remuneration and ICB Workforce Committee; and • The adoption of a Policy for Co-option to Board Committees.

It also sets out a number of amendments to ways of working associated with the NHS Devon corporate governance framework, as well as plans for a more detailed governance review.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Team – 21 November 2023 Remuneration and ICB Workforce Committee – 23 November 2023

Key recommendations and actions requested – please be explicit on what you are asking the Board to do
1. **Approve** the establishment of a formal Executive Committee and associated amendments to the Scheme of Reservation and Delegation; and
2. **Approve** the adoption of refreshed Terms of Reference for the Remuneration and ICB Workforce Committee.
3. **Approve** the proposed Policy for Co-option to Board Committees.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	NHS Devon's Board decision-making impacts on all of the areas.
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	NHS Devon's Board decision-making impacts on all of the areas.
Health inequalities	
Workforce	
Resources and finance	
Legal	
Digital and Data	
Involvement, engagement and consultation	

Governance Arrangements

Introduction and Background

1. In order to improve and formalise executive decision-making within NHS Devon, it is proposed that an Executive Committee of the NHS Devon Board should be established. This report sets out the proposed Terms of Reference for this Committee and identifies a number of associated amendments to the Scheme of Reservation and Delegation for approval.

2. The Remuneration and ICB Workforce Committee at its most recent meeting noted that its Terms of Reference required a refresh in order to ensure that they enabled the Committee to operate as effectively as possible. The attached proposed Terms of Reference were discussed and endorsed by the Committee at its meeting on 23 November 2023 and they are now being presented to the Board for approval.

3. The Board Development Session on 1 November 2023 focused on the challenges facing Devon and how the Board could enhance how it works to be effective. In light of this discussion a number of amendments have been made to ways of working associated with the NHS Devon corporate governance framework and plans have been put in place for a more detailed governance review, information about which is set out in this report.

Executive Committee establishment proposal

4. It is recommended that the Board establishes a formal Executive Committee with delegated authority and required to comply with the NHS Devon Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SoRD).

5. The Executive Committee's proposed responsibilities can be categorised as follows:

Objectives and strategy

- Recommend objectives and strategies for the NHS Devon Board in the development of its business, having regard to the interests of the population of Devon.

Performance and operations

- Recommend high level budgets and financial plans to be agreed by the NHS Devon Board and, following their adoption, ensure the achievement of these budgets and plans.

- Monitor performance against targets, objectives and key performance indicators agreed by the NHS Devon Board.

- Agree and keep under review the budgets for the different teams within NHS Devon to ensure that they fall within agreed targets.

- Optimise the allocation and adequacy of NHS Devon resources.

System leadership and oversight

- Provide effective leadership within the Devon Health and Care System to ensure delivery of the NHS Devon Board's objectives.
- Provide assurance to the NHS Devon Board around the arrangements for discharging, and implications of, NHS Devon responsibilities in respect of the NHS National Oversight Framework.

Human resources

- Ensure appropriate levels of authority are delegated to senior management throughout NHS Devon.
- Ensure the provision of adequate management development and succession planning.

Organisational structure and risk management

- Ensure the organisational structure of NHS Devon is fit for purpose.
- Ensure the control, co-ordination and monitoring within NHS Devon of risk and internal controls.
- Ensure compliance with relevant legislation and regulations.
- Safeguard the integrity of management information and financial reporting systems.

6. The Devon Investment Group would then be established as a formal sub-group of the Executive Committee. As there are categories of system expenditure which do not fall within the Terms of Reference of the Devon Investment Group, it is proposed that the Executive Committee should retain oversight of proposed significant system expenditure (i.e., expenditure that might have a significant impact on the reputation of NHS Devon or is above a level of £50,000).

7. It is proposed that the Executive Committee meets twice a month – once to focus on the performance of the Devon Health and Care System and the actions that need to be taken to improve this and once to focus on other Integrated Care Board business.

8. The proposed Terms of Reference for the Executive Committee are attached as Annex A to this paper.

9. The NHS Devon Scheme of Reservation and Delegation currently states that the following decisions and functions are delegated to the Integrated Care Board (ICB) Senior Executive Team and the Integrated Care System (ICS) Executive Committee:

5.8 Decisions and functions delegated by the Board to the ICB Senior Executive Team	Reference
5.8a Consider and prepare an appropriate response to external and internal reviews, making recommendations to the relevant committee or ICB Board	Committee Terms of Reference
5.8b Ensure that the organisation has appropriate systems in place to support partnership working across the ICB and obtain the appropriate advice and professional expertise in healthcare and public health.	Committee Terms of Reference
5.8c Provide oversight and delivery of risk management arrangements including a review of the CCG's risk register, ensuring any agreed actions are completed.	Committee Terms of Reference
5.8d Oversee NHSE assurance planning and responses	Committee Terms of Reference
5.8e Maintain oversight of the governance and architecture arrangements for the ICB	Committee Terms of Reference

5.9 Decisions and functions delegated by the Board to the ICS Executive Committee	Reference
5.9a To take overall executive responsibility for delivery of shared health and care priorities and plans including: • System strategy and planning for health and care • System delivery and performance for health and care • System transformation delivery for health and care • Ensure that there is co-ordinated and dedicated senior leadership focussed on the delivery of the ICS strategic priorities • Ensure participation and support from all partner organisations in the ICS • Provide Leadership accountability to all programmes of work across ICS	Committee Terms of Reference
5.9b To agree the overall system configuration, design and collaborative planning processes and agree changes as this develops. This is for recommendation to the ICB, ICP, individual organisations and regulators	Committee Terms of Reference
5.9c Oversee the development of a set of system-wide strategies which are fit to deliver the ICS objectives, for approval by the ICB	Committee Terms of Reference
5.9d Oversee delivery of the ICS vision and objectives, providing delegated system-wide decisions, guidance and support to the ICS workstreams and programmes and securing the resources to deliver the plan	Committee Terms of Reference

10. In light of the responsibilities set out within the draft Terms of Reference of the Executive Committee, it is proposed that the above sections should be removed from the Scheme of Reservation and Delegation to avoid duplication.

11. It is also proposed that the following, unrelated, highlighted addition should also be made to the section of the Scheme of Reservation and Delegation as set out below:

6. Decisions and functions delegated to individual board members and employees

Chief Medical Officer (as per constitution Medical Director)
Chief Finance Officer (as per constitution Finance Director)
Chief Nursing Officer (as per constitution Director of Nursing)

Individual	Decisions and functions delegated to the individual	Reference
Chief Executive Officer	Convening a panel to advise on the appointment of ICB Board ordinary members	Constitution 3.5 - 3.12 inc
Chief Executive Officer	Endorse and recommend the ICB internal audit charter and annual audit plan to the audit and risk committee and the ICB Board	SFIs
Chief Executive Officer	Exercise of those functions of the ICB which have not been retained or reserved by the Board or delegated to its Committees or to any other named individual set out in the document	N/A
Chief Executive Officer	Approve arrangements for complying with the NHS Provider Selection Regime	Constitution 7.4.3
Chief Executive Officer and Chief Finance Officer	Ensuring all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with	SFIs

12. Further information about the proposed arrangements for complying with the NHS Provider Selection Regime can be found on a separate paper elsewhere on the agenda for this meeting.

The Board is asked to approve the establishment of a formal Executive Committee and the associated amendments to the Scheme of Reservation and Delegation.

Remuneration and ICB Workforce Committee Terms of Reference Refresh

13. Recent experience of the operation of the Remuneration and ICB Workforce Committee demonstrated that its Terms of Reference required clarification to ensure that the Committee was as effective as possible. In light of this, these have been refreshed and were considered at the Committee's meeting on 23 November 2023. The proposed Terms of Reference for the Remuneration and ICB Workforce Committee, as recommended to the Board by the Committee, are attached as Annex B to this paper.

14. The NHS Devon Scheme of Reservation and Delegation does not require amendment to reflect these proposed refreshed Terms of Reference.

The Board is asked to approve the refreshed Terms of Reference for the Remuneration and ICB Workforce Committee.

Policy for Co-option to Board Committees

15. At its meeting on 23 November 2023, the Remuneration and ICB Workforce Committee also reviewed and agreed to recommend to the Board the adoption of a Policy for Co-option to Board Committees. This proposed policy is attached as Annex C to this paper.

The Board is asked to approve the proposed Policy for Co-option to Board Committees.

Outcomes of the Board development session on 1 November 2023

16. The Board Development Session on 1 November 2023 focused on the challenges facing Devon and how the Board could enhance how it works to be effective. Following this discussion, Board members agreed that a further development session should be arranged as soon as possible. This session took place on Monday 20 November 2023 and focussed on developing the effectiveness of the Board.

17. Issues identified by Board members during the Development Session as requiring further exploration included:

- Agreeing and focusing on a smaller number of priority areas associated with the organisation's exit from segment 4 of the National Oversight Framework (NOF4).
- Enhancing interactions with NHS England and earning autonomy to act.
- Ensuring that the Board is clear about the difference between assurance and reassurance.
- Further enhancing relationships with system partners.
- Addressing capacity and capability issues within NHS Devon.
- Agreeing risks and risk appetite.

- Ensuring sufficient time for Board development and Board member engagement outside Board meetings.
- Engaging Independent Non-Executive Members in the development of strategic decisions.

18. The Chair and Interim Chief Executive were asked to consider the changes required to governance and assurance processes to support the Board's discussions in relation to culture and behaviour. Work has begun on identifying possible amendments to the Assurance Committee framework that supports the work of the Board and a number of Independent Non-Executive Members have made contributions to the thinking required to successfully implement this. The outcomes of this work will be presented to the Board in due course; however, in the meantime, the following changes to ways of working associated with the NHS Devon corporate governance framework and plans have been put in place:

- A refocusing of the structure of Board agendas, not least to ensure greater prominence of assurance with regard to NHS Devon's progress against the criteria identified as necessary to exit NOF4.
- A redeployment of resource to enable the support of all Board Assurance Committees to be brought within the Corporate Governance team as of 01 December 2023.
- Clarification of NOF4 governance and assurance mechanisms.
- Implementation of formal Executive Team meetings in anticipation of the establishment of a formal Executive Committee.
- The review of the Remuneration and ICB Workforce Committee Terms of Reference to clarify its purpose and responsibilities.
- Clarification of the appropriate use of Board time (i.e., distinguishing between meetings (public and private), seminars and development sessions).
- Implementation of an appraisals process for Independent Non-Executive members.

Conclusion

19. This report sets out a number of proposed amendments to the governance arrangements of NHS Devon to improve executive decision-making and the operation of the Remuneration and ICB Workforce Committee. It also sets out a number of amendments to ways of working associated with the NHS Devon corporate governance framework, as well as plans for a more detailed governance review.

20. The Board is asked to:

i. **Approve** the establishment of a formal Executive Committee and the associated amendments to the Scheme of Reservation and Delegation.

ii. **Approve** the refreshed Terms of Reference for the Remuneration and ICB Workforce Committee.

iii. **Approve** the proposed Policy for Co-option to Board Committees.

NHS Devon

NHS Devon Executive Committee

Terms of Reference

1. Introduction and Authority

1.1 The Executive Committee is established by the Integrated Care Board for Devon (known and referred to as NHS Devon) as a Committee of the Board in accordance with its Constitution.

1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Executive Committee. They shall have effect as if incorporated into the NHS Devon Constitution and Standing Orders and may only be changed with the approval of the NHS Devon Board.

1.3 The Executive Committee is authorised by NHS Devon to:

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

1.4 In the event of any conflict, the NHS Devon Standing Orders (SOs), Standing Financial Instructions (SFIs) and the Scheme of Reservation and Delegation (SoRD) will prevail over these ToR.

2. Purpose

2.1 The purpose of the Committee is to support the Chief Executive Officer (CEO) of NHS Devon in the discharge of their executive functions.

3. Responsibilities

3.1 The Committee's responsibilities will be driven by the objectives set out in the Devon Plan and the associated risks to their delivery. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

3.2 The Committee's responsibilities can be categorised as follows:

Objectives and strategy

3.3 Recommend objectives and strategies for the NHS Devon Board in the development of its business, having regard to the interests of the population of Devon;

Performance and operations

3.4 Recommend high level budgets and financial plans to be agreed by the NHS Devon Board and, following their adoption, ensure the achievement of these budgets and plans;

3.5 Monitor performance against targets, objectives and key performance indicators agreed by the NHS Devon Board;

3.6 Agree and keep under review the budgets for the different teams within NHS Devon to ensure that they fall within agreed targets;

3.7 Optimise the allocation and adequacy of NHS Devon resources;

System leadership and oversight

3.8 Provide effective leadership within the Devon Health and Care System to ensure delivery of the NHS Devon Board's objectives;

3.9 Provide assurance to the NHS Devon Board around the arrangements for discharging, and implications of, NHS Devon responsibilities in respect of the NHS Oversight Framework;

Human resources

3.10 Ensure appropriate levels of authority are delegated to senior management throughout NHS Devon.

3.11 Ensure the provision of adequate management development and succession planning.

Organisational structure and risk management

3.12 Ensure the organisational structure of NHS Devon is fit for purpose.

3.13 Ensure the control, co-ordination and monitoring within NHS Devon of risk and internal controls.

3.14 Ensure compliance with relevant legislation and regulations.

3.15 Safeguard the integrity of management information and financial reporting systems.

4. Membership

4.1 Members of the Committee shall be appointed by the CEO.

Chair & Vice Chair

4.2 The Committee will be chaired by the NHS Devon CEO.

4.3 The CEO may appoint a Vice Chair, who must be someone who the CEO considers has the requisite skills and experience to act in that capacity.

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

Members and attendees

Membership

4.5 The CEO is required to appoint the three other Executive Members of the NHS Devon Board:

- Chief Finance Officer (N.B. whilst the CFO is acting as Interim CEO, the Interim Deputy CFO will be invited to act as CFO at meeting of the Committee);
- Chief Medical Officer; and
- Chief Nursing Officer.

4.6 The CEO may appoint other members of the Committee who need not be members of the Board. The additional members will be the Chief Officers of NHS Devon:

- Chief Corporate Affairs and Communications Officer
- Chief Operating Officer; and
- Chief People Officer.

Other Attendees

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

- Company Secretary;
- (Whilst NHS Devon continues to be in National Oversight Framework (NOF) segment 4) Improvement Director, NHS England; and
- Any other attendees that the Committee considers have expertise that would be relevant to the responsibilities of the Committee.

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

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

Attendance

4.10 When a Committee member is unable to attend a meeting, they may, with the agreement of the Chair of the Committee, appoint an appropriate alternate to attend in their place

5. Quorum, Decisions and Voting

Quorum

5.1 For a meeting to be quorate a minimum of 4 Committee members must be present, including two members who are Executive Members of the Board, and also including the Chair or Vice Chair of the Committee. If a Vice Chair has not been appointed and the Chair is unable to attend, they may appoint a deputy to Chair the meeting on their behalf who can be included in the quorum.

5.2 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

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

Decision Making and Voting

5.4 Decisions will be taken in according with the SOs. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

5.5 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

5.6 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

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

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

Equality Diversity and Inclusion

5.9 Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

6. Behaviours and Conduct

6.1 Members will be expected to conduct business in line with the NHS Devon values and objectives.

6.2 Members of, and those attending, the Committee shall behave in accordance with the Constitution, SOs and Standards of Business Conduct Policy.

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

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

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

7. Accountability and Reporting Arrangements

7.1 The Committee is accountable to the NHS Devon Board. The CEO shall report to the Board at each meeting on how it has discharged its responsibilities.

7.2 The Executive Committee report will provide assurance to the NHS Devon Board on the work of the Committee at each NHS Devon Board meeting and shall draw to the attention of the NHS Devon Board any issues that require disclosure to the NHS Sussex Board or require further action. Matters for significant risk will be escalated through the Board Assurance Framework.

8. Meetings and Administration

Frequency of Meetings

8.1 The Committee will meet twice a month. Additional meetings may take place as required.

8.2 One of the Committee's meetings each month will focus solely on oversight of NHS Devon's finance, quality, performance, workforce and health inequalities responsibilities, through the following activities:

8.2.1 Reviewing the monthly integrated quality and performance report and determining key actions to be taken in light of the data presented in that report.
8.2.2 Receiving assurance on progress towards developing and achieving key planning objectives and implementation of agreed strategies.
8.2.3 Receiving reporting on assurance oversight of NHS providers within the Devon Health and Care System, determining Provider Oversight Meeting agendas.

8.3 Arrangements and notice for calling meetings are set out in the SOs.

8.4 In accordance with the SOs, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Administration

8.5 The Committee shall be supported with a secretariat function which will include ensuring that:

8.5.1 The agenda and papers are prepared and distributed in accordance with the SOs, having been agreed by the Chair with the support of the relevant executive lead;
8.5.2 Attendance of those invited to each meeting is monitored and recorded on a central register. Those that do not meet the minimum requirements are highlighted to the Chair;
8.5.3 Records of members' appointments and renewal dates are kept and the Board is prompted to renew membership and identify new members where necessary;
8.5.4 Good quality formal minutes are taken in accordance with the SOs and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
8.5.5 The Chair is supported to prepare and deliver reports to the NHS Devon Board;
8.5.6 The Committee is updated on pertinent issues/ areas of interest/ policy developments;
8.5.7 There is a Forward Planner for the Committee;
8.5.8 Action points are taken forward between meetings and progress against those actions is monitored;
8.5.9 A decision log is maintained for the Committee; agreed by the Chair with the support of the relevant executive lead;
8.5.10 Committee papers will be stored and archived.

9. Review

9.1 The Committee will review its effectiveness at least annually and reports its findings to the NHS Devon Board.

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

Document Control

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Version	V.1
Senior Responsible Officer	Philippa Harding, Company Secretary
Approval by	NHS Devon Board
Date last reviewed/ approved	06/12/23
Next review date	Before 31/03/24

Change Record

Date	Change	Comments

Remuneration and ICB Workforce Committee

Terms of Reference

1. Introduction and Authority

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

1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Remuneration and ICB Workforce Committee. They shall have effect as if incorporated into the NHS Devon Constitution and Standing Orders, and may only be changed with the approval of the NHS Devon Board

1.3 The Remuneration and ICB Workforce Committee is authorised by NHS Devon to:

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

1.4 In the event of any conflict, the NHS Devon Standing Orders (SOs), Standing Financial Instructions (SFIs) and the Scheme of Reservation and Delegation (SoRD) will prevail over these ToR, other than the Remuneration and ICB

Workforce Committee being permitted to meet in private in order to consider remuneration issues.

2. Purpose

2.1 The purpose of the Remuneration and ICB Workforce Committee is to provide oversight and seek assurance on the recruitment, development, wellbeing, and retention of the people employed by NHS Devon.

2.2 The Remuneration and ICB Workforce Committee will also be responsible for approving the remuneration and pay frameworks for all NHS Devon employees and Executive Committee members and Executive Board Members (excluding the NHS Devon Chair whose remuneration is determined by NHS England) as well as any arrangement relation to the termination of their employment (including redundancy and non-disclosure agreements).

2.3 It will exercise the functions of NHS Devon relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006, by confirming NHS Devon Pay Policy, including adoption of any pay frameworks for all employees including senior managers/directors (including NHS Devon Executive Board members).

3. Responsibilities

3.1 The responsibilities of the Remuneration and ICB Workforce Committee are as follows:

NHS Oversight Framework:

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

1.1.1. People
1.1.2. Leadership and Capability

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

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

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

3.5 Approve business cases for the termination of employment and other contractual terms and non-contractual terms (including contractual payments such as redundancy or early retirement provisions as well as other payments) for Executive Board Members, Executive Committee members and other NHS Devon VSMs.

Remuneration of all NHS Devon staff:

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

3.7 Oversee staff contractual arrangements.

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

Board appointments and performance:

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

3.10 Review the outcomes of the NHS Devon Board performance evaluation process that relate to the performance and effectiveness of the NHS Devon Board.

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

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

Workforce and Culture

3.13 Provide assurance on the development and the delivery of the People Plan for NHS Devon staff and have oversight of its key strategic themes which include: health and wellbeing; resourcing; equality and inclusion; engagement and retention; and leading together.

3.14 Provide assurance on the support and development of the NHS Devon workforce to ensure that it has productive staff with the skills, competencies and knowledge to ensure that it is able to fulfil its statutory duties.

3.15 Provide assurance that NHS Devon is meeting its legal and regulatory duties in relation to its employees.

Equality and Diversity

3.16 Provide assurance that the equality objectives of NHS Devon are being effectively met in relation to its employees.

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

4. Membership

4.1 Members of the Remuneration and ICB Workforce Committee shall be appointed by the NHS Devon Board in accordance with the NHS Devon Constitution.

Chair & Vice Chair

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

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

4.4 In the absence of the Chair and Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.

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

Members and attendees

Membership

4.6 The NHS Devon Board will appoint no fewer than four members of the Remuneration and ICB Workforce Committee, all of whom should be Independent Non-Executive Members of the Board.

4.7 The Chair of the Audit and Risk Committee may not be a member of the Remuneration and ICB Workforce Committee.

4.8 The Chair of the NHS Devon Board may be a member of the Remuneration and ICB Workforce Committee but may not be appointed as the Chair or Vice Chair of the Committee.

4.9 When determining the membership of the Remuneration and ICB Workforce Committee, active consideration will be made to diversity and equality.

Other Attendees

4.10 Only members of the Remuneration and ICB Workforce Committee have the right to attend and vote at Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee.

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

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

4.12.1 Any aspect of their own pay; or
4.12.2 Any aspect of the pay of others when it has an impact on them.

5. Quorum, Decisions and Voting

Quorum

5.1 For a meeting to be quorate a minimum of two members of the Remuneration and ICB Workforce Committee is required, including the Chair or Vice Chair (unless they are disqualified from participating on that item in the agenda, by reason of a declaration of conflicts of interest).

5.2 Where the Remuneration and ICB Workforce Committee is considering the remuneration of any of its members, those members shall be disqualified from participating on that item in the agenda, by reason of a declaration of conflicts of interest. In that circumstance the quorum shall be at least half of the members who have not been disqualified from participating on that agenda item.

5.3 The Remuneration and ICB Workforce Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

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

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

Decision Making and Voting

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

5.7 Decisions will be taken in according with the NHS Devon Standing Orders. The Remuneration and ICB Workforce Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote. Where helpful, the committee may draw on third party support to assist them in resolving any disputes, such as peer review or support from NHS England.

5.8 Only members of the Remuneration and ICB Workforce Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

5.9 Where there is a split vote, with no clear majority, the Chair of the Remuneration and ICB Workforce Committee will hold the casting vote.

5.10 If there is an urgent matter for consideration which cannot wait for the next scheduled meeting, the Chair may conduct business on an 'electronic (virtual)' basis through the use of telephone, email or other electronic communication.

Equality Diversity and Inclusion

5.11 Members of the Remuneration and ICB Workforce Committee must demonstrably consider the equality, diversity and inclusion implications of decisions they make and these will be included in all papers presented to the Committee.

6. Behaviours and Conduct

6.1 Members of, and those attending, the Remuneration and ICB Workforce Committee will be expected to conduct business in line with NHS Devon values and objectives.

6.2 Members of, and those attending, the Remuneration and ICB Workforce Committee shall behave in accordance with the NHS Devon Constitution, Standing Orders and Standards of Business Conduct Policy.

6.3 All members of the Remuneration and ICB Workforce Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Remuneration and ICB Workforce Committee.

7. Accountability and Reporting Arrangements

7.1 The Remuneration and ICB Workforce Committee is accountable to the NHS Devon Board. The Chair will provide an assurance report on behalf of the Committee to the NHS Devon Board at each meeting on how it has discharged its responsibilities. The Chair shall draw attention to any issues that require disclosure or further action by the NHS Devon Board. Matters for significant risk will be escalated through the Board Assurance Framework.

7.2 Where disclosure of information in the public domain (at an NHS Board meeting, held in public) relating to an individual is not possible without contravening the Data Protection Act, the information will be presented at a confidential part of the NHS Devon Board (not held in public).

7.3 The Remuneration and ICB Workforce Committee will provide the NHS Devon Board with an Annual Report. The report will summarise its conclusions from the work it has undertaken during the year.

8. Meetings and Administration

Frequency of Meetings

8.1 The Remuneration and ICB Workforce Committee will meet between four and six times a year and arrangements and notice for calling meetings are set out in the NHS Devon Standing Orders. Additional meetings may take place as required.

8.2 The Board, Chair or Chief Executive may ask the Remuneration and ICB Workforce Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

8.3 In accordance with the NHS Devon Standing Orders, the Remuneration and ICB Workforce Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Administration

8.4 The Remuneration and ICB Workforce Committee shall be supported with a secretariat function. Which will include ensuring that:

8.4.1 The agenda and papers are prepared and distributed in accordance with the NHS Devon Standing Orders having been agreed by the Chair with the support of the relevant executive lead;

8.4.2 Records of members' appointments and renewal dates are kept and the NHS Devon Board is prompted to renew membership and identify new members where necessary;

8.4.3 Good quality minutes are taken in accordance with the NHS Devon Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;

8.4.4 The Chair is supported to prepare and deliver reports to the NHS Devon Board;
8.4.5 The Committee is updated on pertinent issues/ areas of interest/ policy developments;
8.4.6 Action points are taken forward between meetings; and
8.4.7 Committee papers will be stored and archived.

9. Review

9.1 The Remuneration and ICB Workforce Committee will review its effectiveness at least annually and report its findings to the NHS Devon Board.

9.2 These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the NHS Devon Board for approval.

Document Control

Document Reference	RemCo ToR
Version	v.1
Senior Responsible Officer	Philippa Harding, Company Secretary
Approval by	NHS Devon Board
Date last reviewed/ approved	06/12/23
Next review date	Before 31/03/24

Change Record

Date	Change	Comments

Policy for Co-option to Board Committees

NHS Devon

One Devon

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Version	1.0
Policy Sponsor	Chief Communications and Corporate Affairs Officer
Policy Lead	Company Secretary
Approver	NHS Remuneration and ICB Workforce Committee
Approval Date	04/10/2023
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Date	**Change**	**Version number of policy**	**Comments**
23/11/2023	New Policy	1.0	
Select a date	Select		

Equality, diversity and inclusion statement

NHS Devon is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Care Act 2022 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Care Act 2022 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net

Contents		
Section	**Title**	**Page**

1. Introduction

1.1. In order to ensure that they are able to fully able to support the NHS Devon Integrated Care Board (NHS Devon) and fulfil their agreed Terms of Reference, each Committee established by the NHS Devon Board may co-opt a member who will bring additional skills and experience that are not already in existence within the members of the Committee appointed by the Board. This policy sets out how NHS Devon will go about appointing Co-opted Committee Members and the terms of these appointments.

2. Purpose and objectives

2.1. The purpose of this policy is to ensure clarity with regard to the appointment and role of NHS Devon's Co-Opted Committee Members.

2.2. This policy will:

- Ensure an appropriate appointment process for NHS Devon Co-opted Committee Members.
- Clarify the duties and the accountabilities of NHS Devon Co-opted Committees Members.
- Set out the requirements for fulfilling the role of NHS Devon Co-Opted Committee Member.

3. Scope

3.1. This policy applies to all Committees established by the NHS Devon Board. Further information about these Committees can be found in the NHS Devon Governance Handbook.

4. Definitions

4.1. "Co-opted Committee Member" refers to an individual who is not a member of the NHS Devon Board, or a member of NHS Devon staff, who has been invited to join a Committee of the Board in a non-voting capacity, to bolster the skills and expertise of the membership of that Committee and better enable it to fulfil its Terms of Reference.

Table 1: Definitions

Terms	Definition
NHS Devon or NHS Devon Board	Name that will be used for the Devon Integrated Care Board (ICB). The NHS Devon Board is the "controlling mind" of NHS Devon – it acts as the agent for the organisation and exercises power on its behalf.

NHS Devon Board Committee	The Workforce & ICB Remuneration Committee and the Audit & Risk Management Committee are statutory Committees which NHS Devon is required to establish – these are referred to in the NHS Devon Constitution. NHS Devon has also chosen to establish a number of Board Assurance Committees to support the Board and the Executive in fulfilling their responsibilities by reviewing the comprehensiveness, reliability and integrity of assurances. These Committees are set out in the NHS Devon Governance Handbook Each Board Assurance Committee will scrutinise in-year system performance, contribute to the development of new strategies and seek assurance on the delivery of NHS Devon strategic priorities within their remit.
NHS Devon Board Member	The NHS Devon Board consists of: • Executive Members • Independent Non-Executive Members • Partner Members Executive and Non-Executive Directors of the NHS Devon Board have been appointed through an open and competitive recruitment process in line with national guidelines. The Partner Members were appointed by an Appointments Panel which set out a role specification, requested nominations from the membership of each professional group, considered the nominations received and made the appointment decision.
Terms of Reference	Terms of reference (ToR) define the purpose and structures of a committee and how its members should work together to accomplish a shared goal

5. Co-opted Committee Member Role

5.1. Co-opted Committee Members are not required to make a full-time commitment or take on the full range of responsibilities of Independent Non-Executive Members but are expected to contribute their professional, specialist and management skills to NHS Devon's Board Committees.

5.2. The main duties of Co-opted Committee Members are to:

5.2.1. play an active role in the high-level strategic decision-making and planning processes of NHS Devon by:

5.2.1.1. contributing to the monitoring of achievement against objectives;
5.2.1.2. contributing to the development of plans to address major weaknesses; and
5.2.1.3. providing advice and expertise to assist Board Assurance Committees in their work.

5.2.2. play an active role in relation to the NHS Devon Board Committee(s) to which they have been appointed, attending meetings, training induction and other events as required.

5.2.3. conduct themselves so as to:

5.2.3.1. comply with NHS Devon Constitution, Standing Orders, Standards of Business Conduct Policy and any other related governance policies and procedures;

5.2.3.2. contribute to the business of the Board Committee(s) to which they have been appointed in an effective, efficient, open and transparent manner; and

5.2.3.3. represent and act in the best interests of NHS Devon at all times.

5.3. Co-opted Committee Members have no authority to speak or act on NHS Devon's behalf unless specifically delegated to do so.

5.4. As Co-opted Committee Members have no voting rights in respect of any Committee decision-making.

5.5. Co-opted Committee Members will be free at all times to speak and act in what they believe to be the best interests of NHS Devon. They cannot be mandated by any group to express views that are not held by them personally. In other words, Co-opted Committee Members can make a valuable contribution to NHS Devon in terms of their skills and expertise but cannot lobby on behalf of any group or organisation.

5.6. Co-opted Committee Members:

5.6.1. Are accountable to the NHS Devon Chair and the Chair of the NHS Devon Board Committee to which they have been appointed; and

5.6.2. Have designated areas of responsibilities as agreed with the NHS Devon Chair and the Chair of the NHS Devon Board Committee to which they have been appointed.

6. Co-opted Committee Member role requirements

6.1. Co-opted Committee Members must meet the requirements of the Person Specification attached to this policy at Appendix A.

6.2. Co-opted Committee Members will be able to demonstrate that they meet the requirements of the Fit and Proper Person Requirement (FPPR) and that they have no substantial conflicts of interests that would interfere with their ability to be independent and offer an impartial perspective.

6.3. The role of Co-opted Committee Member is voluntary and as such is not remunerated. However, travel expenses will be payable for attendance at approved meetings and development events.

6.4. As a minimum, Co-opted Committee Members are expected to prepare for and attend all meetings of the Board Committee to which they have been appointed, as well as appropriate induction and ongoing training opportunities. The frequency and length of meetings varies between Board Committees.

6.5. Co-opted Committee Members may also be invited to attend meetings other than those to which they have been appointed, including NHS Devon Board meetings, and also to other NHS Devon events, but there is no expectation of attendance. They will not be invited to meetings of the NHS Devon Board in Private and only invited to Seminar Sessions of the Board when the Board determines that the specific skills and experience of the co-opted committee member would be beneficial to the specific issue to be addressed in that meeting.

6.6. The term of appointment for a Co-opted Committee Member will be no longer than one year in the first instance. Members may be re-appointed for a second term and serve a maximum of three years in total.

6.7. Either NHS Devon or a Co-opted Committee Member terminate that individual's appointment for any reason before the expiry of their term of appointment by giving one months' notice in writing. A Co-opted Committee Member's term of appointment may be terminated by NHS Devon immediately, by giving notice in writing, if they are guilty of any conduct that, in the opinion of NHS Devon, they are unsuitable to continue to hold this appointment.

6.8. The NHS Devon Board will review its effectiveness and the effectiveness of its Committees on an annual basis, which will include consideration of the ongoing appropriateness of the membership of the Board's Committees. The outcomes of this review will be approved by the NHS Devon Board at the end of each financial year in preparation for the next year. It is possible that, as a result of this review, a decision may be taken at this point that a Co-opted Committee Member is no longer required, at which point they will be provided notice in writing. Any such decision will be a reflection of the requirements of NHS Devon and will not necessarily be a reflection on the performance of the Co-opted Committee Member.

7. Appointing a Co-opted Committee Member

7.1. A Co-opted Committee Member will be invited to join an NHS Devon Committee following an assessment of the skills and expertise requirements of that Committee by the Committee Chair and the Chair of the NHS Devon Board.

7.2. There will be no more than one Co-opted Committee Member on any NHS Devon Board Committee at any one time.

8. Implementation

8.1. The Chair of the NHS Devon Board, supported by the Company Secretary, will be responsible for the implementation of this policy.

8.2. The Remuneration and ICB Workforce Committee will provide assurance with regard to the implementation of this policy and the process for the appointments of Co-opted Committee Members.

9. Approval and Review

9.1. The Remuneration and ICB Workforce Committee will be responsible for approving this policy.

9.2. This policy will be reviewed annually, or sooner if required, in order to ensure that it is current, relevant and reflects the strategic aims, objectives, organisational structures and responsibilities of NHS Devon.

10. Monitoring compliance and effectiveness

10.1. The Remuneration and ICB Workforce Committee will receive an annual report on the implementation of this policy.

11. Quality & Equality Impact Assessment (QEIA)

11.1. Pending.

APPENDIX A

NHS Devon Co-Opted Committee Member Person Specification

	Knowledge, Experience and Skills
Strategic perspective	• Knowledge of health, care, local government landscape and/or the voluntary sector. • Able to develop a broad based view of issues and events and perceive their long term impact.
Building trusted relationships with partners and communities	• An understanding of different sectors, groups, networks and the needs of diverse populations. • Exceptional communication skills and comfortable presenting in a variety of contexts. • Experience working collaboratively across agency and professional boundaries.
Health Inequalities	• Record of promoting equality, diversity and inclusion. • Life experience and personal motivation that will add valuable personal insights.
Intellectual and technical ability	• Able to absorb sometimes complex information and rationalise appropriately. • Able to think laterally and arrive at a pragmatic solutions. • Problem solving skills and the ability to identify issues and areas of risk.
Supporting robust governance and assurance	• An understanding of good corporate governance. • Ability to remain neutral to provide independent and unbiased leadership with a high degree of personal integrity. • Experience contributing effectively at complex professional meetings at a senior level.
Supporting a compassionate and inclusive culture	• Models respect and a compassionate and inclusive approach with a demonstrable commitment to equality, diversity and inclusion in respect of boards, patients and staff. • Lives the values of openness and transparency embodied by the principles-of-public-life, the Nolan Principles.

NHS Devon

NHS Devon Integrated Care Board

Provider Selection Regime - Update and Proposed Approach

Date of meeting	Date report produced
06 December 2023	03 November 2023

Author(s)		Report approved by	
Name and title:	Barbara Jones, Head of Contracting Philippa Harding, Company Secretary	**Name and title:**	Kirsty Denwood, Interim Deputy Chief Finance Officer
Phone:	01392 675261 07790030690	**Date:**	17 November 2023
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
This paper provides an overview of the proposed Provider Selection Regime (PSR) that is due to come into force on 01 January 2024 and its implications for NHS Devon. In addition to the need to amend the current NHS Devon Procurement Policy and the creation of a PSR Steering Group, this paper proposes the amendment of the NHS Devon Scheme of Reservation and Delegation (SoRD).

One Devon

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Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Team – 21 November 2023

Key recommendations and actions requested
1. **Note** the briefing provided in relation to the proposed PSR that is due to come into force on 01 January 2024;
2. **Note** the establishment of a PSR Steering Group and its Terms of Reference; and
3. **Agree** the proposed amendment of the NHS Devon SoRD.

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

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	The PSR has implications for each of these areas.
Health inequalities	
Workforce	
Resources and finance	
Legal	
Digital and Data	
Engagement and consultation	

Provider Selection Regime - Update and Proposed Approach

Introduction and background

1. The Provider Selection Regime (PSR) is intended to replace the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 (the PPCCR) as well as removing the procurement of health care services (when procured by relevant authorities under the PSR), from the scope of the Public Contracts Regulations 2015 (the PCR).

2. The PCR and the PPCCR had set the expectation that competitive tendering would be used to award contracts for health care services. The PSR has been designed to give the relevant authorities to which it applies more flexibility in selecting providers for health care services. Under the PSR, competitive tendering will be one tool for organisations to use when it is of benefit, alongside other routes that may be more proportionate, and which better enable the development of stable partnerships and the delivery of integrated care. The PSR still requires relevant authorities to consider value for money as an important criterion, and to be transparent, fair, and proportionate in their decision-making.

3. Organisations, referred to as 'relevant authorities' under the PSR, are required to follow the PSR when arranging health care services, irrespective of whether the providers they are considering are from the NHS, the independent, or the voluntary sector. Relevant authorities are:

    - NHS England
    - Integrated Care Boards (ICBs)
    - NHS trusts and foundation trusts
    - Local authorities or combined authorities.

4. The PSR has been designed to introduce:

    - a flexible and proportionate process for selecting providers of health care services (so that all decisions can be made with a view to securing the needs of the people who use the services, improving the quality of the services, and improving the efficiency in the provision of the services)
    - the capability for greater integration and collaboration across the system, while ensuring that all decisions about how health care is arranged are made transparently
    - opportunities to reduce bureaucracy and cost associated with the current rules.

5. It is important to note that the PSR proposals are currently being reviewed by parliament and the information contained within this report is based on draft recommendations and is subject to change. It is planned that the PSR will be adopted on 1 January 2024, but this timetable is also subject to change/ parliamentary approval.

PSR Scope

6. The PSR will apply to the arranging of health care services in England. Broadly, services within scope are:

    - services that provide treatment, diagnosis or prevention of physical or mental health conditions to individuals or groups of individuals (i.e., patients or service users) such as hospital, community, mental health, primary health care, palliative care, ambulance, and patient transport services for which the provider requires CQC registration
    - substance use treatment services, sexual and reproductive health, and health visitors arranged by local authorities

7. Examples of procurements not in scope of the PSR:

    - goods (i.e., medicines, medical equipment)
    - social care services
    - non-health care services or health-adjacent services (i.e., capital works, business consultancy, catering) that do not provide health care to an individual.

8. The PSR allows relevant authorities to arrange a contract comprising of a mixture of in-scope health care services and out of scope services or goods when both of the below statements are true:

    - The main subject matter of the procurement is relevant health care services in England; and
    - The relevant authority is of the view that the other goods or services could not reasonably be supplied under a separate contract.

PSR Procurement Options

9. Relevant authorities can follow three different provider selection processes to award contracts for health care services under the PSR:

    - **Direct award processes**
        - Direct award process A - where the existing provider is the only capable provider;
        - Direct award process B – where there is a choice of providers, and the number of providers is not restricted by the relevant authority; and
        - Direct award process C – where the existing provider is satisfying the existing contract and will likely satisfy the proposed new contract, and the contract is not changing considerably.

    - **Most suitable provider process** - allows the relevant authority to make a judgement on which provider is most suitable based on consideration of the key criteria. Award without competitive tender.

- **Competitive process** - where the relevant authority cannot use any of the other processes or wishes to run a competitive exercise.

10. There are five key criteria that must be considered when assessing providers under direct award process C, the most suitable provider process, or the competitive process. These are:

    - Quality and innovation
    - Value
    - Integration, collaboration and service sustainability
    - Improving access, reducing health inequalities, and facilitating choice
    - Social value

11. When assessing a provider against the key criteria, all five key criteria must be considered, and none should be discounted. However, the relative importance of the criteria is not pre-determined and there is no prescribed hierarchy or weighting for each criterion.

12. In addition to the key criteria there must also be an assessment of providers':

    - ability to provide the required activity (eg holding specific authorisation eg CQC registration)
    - economic and financial standing (eg minimum turnover, holding indemnity insurance)
    - technical and professional ability (experience, no relevant COI)

PSR requirements in relation to the treatment of providers' representations

13. When following direct award process C, the most suitable provider process, and the competitive process – following the publication of the Intention to Award a Contract – the relevant authority must observe the standstill period. It is a period of eight working days (which may be extended) during which representations can be made and must be responded to. This standstill period allows the relevant authority to consider any representations received and to respond as appropriate. The relevant authority must allow the provider five working days to consider their feedback before closing the standstill period.

14. Relevant authorities are only obliged to respond to representations if**:**
    - The representation comes from a provider who might otherwise have been a provider of the services to which the contract relates.
    - The provider is aggrieved by the decision of the relevant authority.
    - The provider believes that the relevant authority has failed to apply the PSR correctly and they are able to set out reasonable grounds to support their belief.
    - The representation is submitted in writing to the relevant authority.

15.1 If a representation is received, then the relevant authority:

- must ensure that the provider has been afforded the opportunity to explain or clarify their representation
- is expected to provide an indicative timeframe for when the representation might be considered by
- must provide any information requested by the provider that the relevant authority is required to keep
- must consider the representation(s) made, and review evidence and information used to make the original decision
- must consider whether the representation has merit i.e., in identifying that process has not been correctly followed
- must decide whether to return to an earlier step, abandon the process, or award the contract as originally intended
- must communicate the decision promptly to all interested parties, and wait at least five working days before closing the standstill period

16. Throughout the standstill period, there should be ongoing communication between the relevant authority and provider about the representations that were made. If the provider remains unsatisfied with the response of the relevant authority to its representation and remains of the view that the PSR has not been applied correctly, the provider may submit a representation to the PSR Review Panel. The panel will be an independent panel, made available by NHS England. It will review representations made by a provider and will share their advice with the relevant authority about whether they applied the PSR correctly. The standstill period should not be closed (unless in exceptional circumstances), and the contract awarded, until the panel has concluded their review.

Implications of the PSR for NHS Devon

Contract award procedures started before 1 January 2024

17. All contract award processes commenced on or after 1 January 2024, must use the PSR, including awards based on an existing framework agreement. Similarly, all contract modifications on or after 1 January 2024, including to existing contracts, must follow the PSR rules.

18. Contract award procedures commenced before 1 January 2024, including when awarding a contract based on a framework agreement, must conclude under the current rules. This applies even if the process is ongoing and completed after the PSR has taken effect. Contract award procedures commenced before 1 January 2024 may be abandoned under the regime they were commenced under. It is expected there will be few instances (2 are currently known, unlikely to be more than 5).

Anticipated use of PSR selection processes

19. There are 53 clinical service contracts due to end by November 2024 that, if it is decided to continue with the service, will fall under the auspices of PSR, as will

any new services that are identified. It is expected that we will need to use the full range of options as set out in the PSR proposals to award future contracts.

Implementing the PSR – Steering Group oversight

20. NHS Devon will establish a robust process to ensure adherence to the new legislation, though oversight by a dedicated PSR Steering Group. The Terms of Reference for this group are attached as Annex A to this report. The key responsibilities of this Group will be as follows:

- Review forthcoming proposed contract award procedures and provide assurance that the following provider selection processes are being adopted appropriately for the award of contracts for health care services.
    - **Direct award processes**
        - Direct award process A - where the existing provider is the only capable provider;
        - Direct award process B – where there is a choice of providers, and the number of providers is not restricted by the relevant authority; and
        - Direct award process C – where the existing provider is satisfying the existing contract and will likely satisfy the proposed new contract, and the contract is not changing considerably.
    - **Most suitable provider process** - allows the relevant authority to make a judgement on which provider is most suitable based on consideration of the key criteria. Award without competitive tender.
    - **Competitive process** - where the relevant authority cannot use any of the other processes or wishes to run a competitive exercise.
- Where a contract award procedure is identified as appropriate for Direct Award Process C, the Most Suitable Provider Process, or the Competitive Process, agree the weighting of the following key criteria for provider assessment:
    - Quality and innovation
    - Value
    - Integration, collaboration and service sustainability
    - Improving access, reducing health inequalities, and facilitating choice
    - Social value
- Once a contract award procedure has been identified as appropriate for Direct Award Process C, the Most Suitable Provider Process, or the Competitive Process, and the weighting of key criteria for provider assessment has been agreed, agree the award of contract following the completion of the appropriate process,
- Review the application of the Provider Selection Regime within NHS Devon and make proposals as to necessary amendments.

21. The PSR Steering Group will undertake a full review of the effectiveness of the application of the PSR by NHS Devon in April 2024.

Procurement Policy and Scheme of Reservation and Delegation

22. The following function and decision has been reserved to the NHS Devon Board in its Scheme of Reservation and Delegation:

    - *3.28 Ensuring the ICB compliance with the NHS Provider Selection Regime including approval of the ICB's Procurement Policy*

23. It is proposed that the Scheme of Reservation and Delegation should be amended and that the following delegation should be made to the NHS Devon Chief Executive Officer:

    - *Approve arrangements for complying with the NHS Provider Selection Regime*

24. A number of amendments are being proposed to the Scheme of Reservation and Delegation and more detail about these can be found in the separate paper on Governance Arrangements elsewhere on the agenda for this meeting.

25. The NHS Devon Procurement Policy will require review and amendment in order to respond to the PSR; however, guidance has not been made available until November with respect to the changes required, therefore this is not yet available for review. The amended Policy will be available by the end of December 2023 in order to be in place once the PSR has been ratified by Parliament.

26. The Board approved the Policy for the Development and Management of Procedural Documents at its meeting on 04 October 2023, which proposed that the Procurement Policy should be approved by the Chief Finance Officer and the Chief Communications and Corporate Affairs Officer. The proposed amendment to the Scheme of Delegation and Reservation reflects this.

Appeals Process

27. NHS Devon will also need to establish a forum to review and respond to any representations made by aggrieved providers during the mandatory standstill period (this applies to Direct Award Process C, as well as the most suitable provider and competitive processes). This should involve NHS Devon staff who were not involved in the original decision process. This part of the process may involve releasing further information as requested by the provider and reviewing in detail the process undertaken to date. If the provider who has raised a representation is not satisfied with NHS Devon's response, then they are further able to submit a representation to the NHSE PSR Review Panel. There will need to be sufficient time built into decision making processes to allow for a potentially lengthy two stage process (the NHSE panel alone may take 25 days to give a response and NHS Devon might decide to move back a stage in response and re-run part of all of the procurement process). Consideration is being given to the

possibility that a system-wide appeals forum might be established for all Relevant Authorities within the Devon Integrated Care System.

Awareness and training

28. NHS England has been providing a significant amount of training for relevant authorities in advance of the implementation of the PSR. Key members of staff have been in attendance at this training. Plans are also in place for the training of contract team. A session to raise the general awareness of NHS Devon staff about the PSR has been planned for the Staff Briefing at end November.

Risks

29. Some of the risks identified include:

- The short timescales and current staff pressures may hamper training for new procedures and the development and implementation of the new procedures.
- While some processes in relation to competitive procurements may be reduced, there are significant additional procurement steps that need to be taken (such as publishing notices in advance of contract award) which will have an impact on workload and timescales.
- The correct use of each of the processes may not necessarily result on a reduction of workload for commissioning staff (the requirements for transparency of decision making are onerous)

Recommendation

30. The Board is asked to:

- **Note** the briefing provided in relation to the proposed PSR that is due to come into force on 01 January 2024;
- **Note** the establishment of a PSR Steering Group and its Terms of Reference; and
- **Agree** proposed amendment of the NHS Devon SoRD.

NHS Devon
Provider Selection Regime Steering Group

Terms of Reference

1. Introduction and Authority

1.1 The Provider Selection Regime Steering Group (the PSR Steering Group) is established by the Executive Committee of the Integrated Care Board for Devon (known and referred to as NHS Devon) as a sub-group in accordance with its Terms of Reference.

1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the PSR Steering Group. They shall have effect as if incorporated into the NHS Devon Constitution and Standing Orders and may only be changed with the approval of the NHS Devon Board Executive Committee.

1.3 The PSR Steering Group is authorised by NHS Devon to:

1.3.1 Investigate and report on any activity within its ToR;
1.3.2 Seek any information it requires within its remit, from any employee or member of NHS Devon (who are directed to co-operate with any request made by the committee) within its remit as outlined in these terms of reference;
1.3.3 Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by NHS Devon for obtaining legal or professional advice;

1.4 In the event of any conflict, the NHS Devon Standing Orders (SOs), Standing Financial Instructions (SFIs) and the Scheme of Reservation and Delegation (SoRD) will prevail over these ToR.

2. Purpose

2.1 The purpose of the PSR Steering Group is to support the Executive Committee of NHS Devon in ensuring that there are appropriate arrangements in place to implement the Provider Selection Regime that is expected to come into force as of 01 January 2024.

3. Responsibilities

3.1 The PSR Steering Group's responsibilities will be driven by the requirements of the Provider Selection Regime.

3.2 The Committee's responsibilities can be categorised as follows:

Contract award procedures

3.3 Review forthcoming proposed contract award procedures and provide assurance that the following provider selection processes are being adopted appropriately for the award of contracts for health care services.

- **Direct award processes**
  - Direct award process A - where the existing provider is the only capable provider;
  - Direct award process B – where there is a choice of providers, and the number of providers is not restricted by the relevant authority; and
  - Direct award process C – where the existing provider is satisfying the existing contract and will likely satisfy the proposed new contract, and the contract is not changing considerably.

- **Most suitable provider process** - allows the relevant authority to make a judgement on which provider is most suitable based on consideration of the key criteria. Award without competitive tender.

- **Competitive process** - where the relevant authority cannot use any of the other processes or wishes to run a competitive exercise.

3.4 Where a contract award procedure is identified as appropriate for Direct Award Process C, the Most Suitable Provider Process, or the Competitive Process, agree the weighting of the following key criteria for provider assessment:

- Quality and innovation
- Value
- Integration, collaboration and service sustainability
- Improving access, reducing health inequalities, and facilitating choice
- Social value

3.5 Once a contract award procedure has been identified as appropriate for Direct Award Process C, the Most Suitable Provider Process, or the Competitive Process, and the weighting of key criteria for provider assessment has been agreed, agree the award of contract following the completion of the appropriate process,

3.6 Review the application of the Provider Selection Regime within NHS Devon and make proposals as to necessary amendments.

4. Membership

4.1 Members of the PSR Steering Group shall be appointed by the Executive Committee.

Chair & Vice Chair

4.2 The PSR Steering Group will be chaired by the NHS Devon Chief Financial Officer (CFO). Whilst the CFO is acting as Interim CEO, the Interim Deputy CFO will be invited to act as CFO and Chair at meetings of the PSR Steering Group).

4.3 The Chair may appoint a Vice Chair, who must be someone who the Chair considers has the requisite skills and experience to act in that capacity.

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

Members and attendees

Membership

4.5 In addition to the NHS Devon CFO, the following individuals will be members of the PSR Steering Group:

- Chief Nursing Officer, or designated deputy
- Head of Contracting
- Associate Director of Commissioning
- Director In Hospital Commissioning

Other Attendees

4.6 Only members of the PSR Steering Group have the right to attend and vote at Committee meetings, however all meetings of the PSR Steering Group will also be attended by the following individuals who are not members of the Group:

- Any other attendees that the PSR Steering Group considers have expertise that would be relevant to the responsibilities of the Group.

4.7 Other attendees may be invited to attend all or part of any meeting as and when the PSR Steering Group considers they have expertise that would be relevant to the responsibilities of the Group.

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

Attendance

4.9 When a PSR Steering Group member is unable to attend a meeting, they may, with the agreement of the Chair of the Group, appoint an appropriate alternate to attend in their place

5. Quorum, Decisions and Voting

Quorum

5.1 For a meeting to be quorate a minimum of 3 PSR Steering Group members must be present, including the Chair or Vice Chair of the Group. If a Vice Chair has not been appointed and the Chair is unable to attend, they may appoint a deputy to Chair the meeting on their behalf who can be included in the quorum.

5.2 If any member of the PSR Steering Group has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

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

Decision Making and Voting

5.4 Decisions will be taken in according with the SOs. The PSR Steering Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

5.5 Only members of the PSR Steering Group may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

5.6 Where there is a split vote, with no clear majority, the Chair of the PSR Steering Group will hold the casting vote.

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

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

Equality Diversity and Inclusion

5.9 Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

6. Behaviours and Conduct

6.1 Members will be expected to conduct business in line with the NHS Devon values and objectives.

6.2 Members of, and those attending, the PSR Steering Group shall behave in accordance with the Constitution, SOs and Standards of Business Conduct Policy.

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

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

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

7. Accountability and Reporting Arrangements

7.1 The PSR Steering Group is accountable to the NHS Devon Executive Committee. The Chair shall report to the Executive Committee on how it has discharged its responsibilities.

7.2 The PSR Steering Group report will provide assurance to the NHS Devon Executive Committee on the work of the PSR Steering Group each quarter and shall draw to the attention of the NHS Executive Committee any issues that require disclosure to the NHS Sussex Board or require further action. Matters for significant risk will be escalated through the Board Assurance Framework.

7.3 An annual report should be presented to the Audit and Risk Committee on the work of the PSR Steering Group and the implementation of the Provider Selection Regime.

8. Meetings and Administration

Frequency of Meetings

9.1 The PSR Steering Group will meet at least monthly. Additional meetings may take place as required.

9.2 Arrangements and notice for calling meetings are set out in the SOs.

9.3 In accordance with the SOs, the PSR Steering Group may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Administration

9.4 The PSR Steering Group shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the SOs, having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and recorded on a central register. Those that do not meet the minimum requirements are highlighted to the Chair;
- Records of members' appointments and renewal dates are kept and the Board is prompted to renew membership and identify new members where necessary;
- Good quality formal minutes are taken in accordance with the SOs and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the NHS Devon Executive Committee;
- The PSR Steering Group is updated on pertinent issues/ areas of interest/ policy developments;
- There is a Forward Planner for the PSR Steering Group;

- Action points are taken forward between meetings and progress against those actions is monitored;
- A decision log is maintained for the PSR Steering Group; agreed by the Chair with the support of the relevant executive lead;
- PSR Steering Group papers will be stored and archived.

9. Review

10.1 The PSR Steering Group will review its effectiveness at least annually and reports its findings to the NHS Devon Executive Committee.

10.2 These ToR will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of references will be submitted to the NHS Devon Executive Committee for approval.

Document Control

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Version	V.1
Senior Responsible Officer	Philippa Harding, Company Secretary
Approval by	NHS Devon Executive Committee
Date last reviewed/ approved	21/11/23 (to be ratified 19/12/23)
Next review date	Before 31/03/24

Change Record

Date	Change	Comments

NHS Devon Integrated Care Board

Board Assurance Framework

Date of meeting	Date report produced
06 December 2023	23 November 2023

Author(s)		Report Approved By	
Name and title:	Philippa Harding, Company Secretary	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:	01392 675 116	**Date:**	23 November 2023
Email:	philippa.harding4@nhs.net		

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

Executive summary

This paper provides NHS Devon Board members with an update on the previously identified high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year.

It also proposes a new approach to the Board Assurance Framework (BAF) for the remainder of the 2023/24 financial year, which is aligned to the risks associated with the organisation's exit from NHS Oversight Framework Segment 4 (NOF4). This should enable the revision and simplification of the BAF moving forward.

Committees that have previously discussed / agreed the report, and outcomes of that discussion
Executive Team – 21 November 2023

Key recommendations and actions requested
1. **Approve** the content of the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon; and
2. **Approve** the alignment of the BAF, for the remainder of the 2023/24 financial year, to the risks associated with the organisation's exit from NOF4.

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

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

	control processes. NHS organisations are required to sign an annual governance statement to provide reasonable assurance that they have been properly informed about the totality of their risks and can evidence that they have identified the organisational objectives and managed the principal risks to them. There is a mandatory annual internal audit review into aspects of risk management and the BAF each year.
Digital and Data	None
Engagement and Consultation	This is an internal control process, and no patient engagement has taken place with respect to it.

Board Assurance Framework

Introduction and Background

1. NHS Devon is required to prepare public statements to confirm that it has done its reasonable best to maintain a sound system of internal control to manage the risks to achieving its objectives. This is achieved by the Chief Executive providing a signed Annual Governance Statement, which covers the risk management and review processes within the organisation. The evidence to support this Statement is supported by the Board Assurance Framework, referred to hereafter as the BAF.

2. NHS Devon's BAF is based upon the identification of its strategic objectives (in essence, its strategic aims and goals), the principal risks to delivering them, the key controls to minimise these risks, with the key assurances of these controls identified. These are monitored by the Executive Team to resolve issues or concerns and to improve control mechanisms.

3. NHS Devon's strategic objectives for the forthcoming financial year (i.e. 2024/25) will be reviewed in line with the refresh of the Joint Forward Plan (JFP).

Current Risk Position

4. Individual BAF risks were reviewed with Executives / Director Leads at the end of October / beginning of November 2023. The details for each risk are attached at Annex A and the scoring methodology at Annex B of this report.

5. The table below provides a high-level summary of the current risk position for the 14 strategic risks for the current financial year:

Committee Abbreviations:	
QPEC	Quality and Patient Experience Committee
FPC	Finance and Performance Committee
PCCTC	Primary Care Commissioning Transition Committee
SE	Strategic Executive

Key - Change in Risk Scores		
↑ (Increased)	↔ (No Change)	↓ (Reduced)

Title	Strategic Objective	Monitoring Committee	Inherent Risk Score	Historical and Current Risk Scores: Q1 (2023/24) Residual Risk Score	Historical and Current Risk Scores: Q2 (2023/24) Residual Risk Score	Historical and Current Risk Scores: Q3 (2023/24) Residual Risk Score	Change Q2 to Q3 (Residual Risk Score)	Risk Appetite	Target Score	Last Reviewed
Improve Population Health										
Anchor	1	QPEC	25	16	20	20	↔	Seek	8	Nov-23
Inequalities & Prevention	2 & 3	QPEC	16	16	12	16	↑	Seek	8	Nov-23
			16	12				Open		
Improve Services and Reduce Unwarranted Variation										
Recovery (Unscheduled Care)	4	FPC	20	9	16	20	↑	Open	6	Nov-23
Recovery (Elective Care)	5	FPC	20	9	16	16	↔	Open	6	Nov-23
Primary Care	6	PCCTC	16	16	16	16	↔	Seek	8	Nov-23
MHLD (Mental Health and Learning Disabilities)	7	FPC	20	16	16	16	↔	Open	10	Nov-23
Community	8	PCCTC	20	16	16	16	↔	Seek	8	Nov-23
Make More Efficient Use of Resources										
Finance	9	FPC	20	16	16	16	↔	Open	8	Nov-23
Workforce	10	PCC	16	12	12	16	↑	Open	6	Nov-23
Digital	11	FPC	16	12	12	12	↔	Seek	8	Nov-23
Green Plan	12	FPC	16	12	16	16	↔	Seek	8	Nov-23
Develop Our Culture and How We Operate										
Culture	13	PCC	25	8	20	20	↔	Seek	6	Nov-23
Operating Model	14	SE	16	16	12	12	↔	Seek	6	Nov-23

6. Key changes from the last strategic risk reviews undertaken in September 2023, and which were reported to the NHS Devon Board at its meeting on 04 October 2023, are as follows:

Title	Strategic Objective	Key Changes – Quarter 3
Improve Population Health		
Anchor	**1**	No change at the current time.
Inequalities & Prevention	**2 & 3**	Residual risk score has increased from 12 to 16 during this reporting period as a result of the organisation not being able to proceed with this area of work as planned.
Improve Services and Reduce Unwarranted Variation		
Recovery (Unscheduled Care)	**4**	Residual risk score has increased from 16 to 20 during this reporting period and is as a result of challenges such as industrial action and winter pressures. Drafting of the risk revised for clarity.
Recovery (Elective Care)	**5**	Drafting of the risk revised for clarity.
Primary Care	**6**	No change at current time. As previously reported, it is proposed that this risk is rearticulated in the future to reflect the additional primary care activities in addition to those carried out by General Practitioners (GPs).
MHLD (Mental Health and Learning Disabilities)	**7**	No change at current time. As previously reported, it is proposed that this risk is rearticulated in the future to reflect the significant scope of the activities covered.
Community	**8**	No change at current time.
Make More Efficient Use of Resources		
Finance	**9**	No change at current time.
Workforce	**10**	Minor amendments to articulation of the risk. The residual risk score has increased from 12 to 16 during this reporting period and is a result of the work that is currently being undertaken.
Digital	**11**	No change at current time.
Green Plan	**12**	No change at current time.
Develop Our Culture and How We Operate		
Culture	**13**	No change at current time.
Operating Model	**14**	No change at current time.

Analysis of Historic and Current Risk Scores:

7. All 13 strategic risks are in excess of the 'target' risk scores agreed by the NHS Devon Board, 'target' risk scores being the level of risk exposure that NHS Devon is prepared to tolerate in pursuit of its strategic objectives. This could indicate that the 'target' risk scores were too ambitious when initially set prior to the commencement of the 2023/24 financial year.

8. Of the 13 strategic risks relating to the current financial year:
   - There are 8 risks that have seen no change in their residual risk score to date (i.e. between Q1 and Q3). This could be as a result of:

- The context of the risk has changed;
- The mitigating actions identified have not been completed by the planned implementation dates;
- The mitigating actions identified are not having the anticipated impact or are not the correct actions needed to positively impact the risk; and / or
- Further mitigating actions are needed.

▪ There are 4 risks that have seen no change in residual risk score between Q2 and Q3.

Developments Since the Last Consideration of the BAF

9. The Corporate Governance team continues to work with Executives / Director Leads to provide updates to the actions and to review the current risk score for each risk; the current risk score, referred to as the 'Residual Risk' score, is based on the controls and mitigations in place at the current time. Ultimately, the aim is to reduce the score to the agreed 'target' risk score for each risk i.e. the level of risk which NHS Devon is willing to tolerate.

10. Work continues to review and update the controls in place to mitigate these strategic risks and also around the assurances, any gaps in controls or assurances and to provide clear updates to the actions.

11. For this latest iteration of the BAF and to ensure consistency across all of the BAF updates, the Corporate Governance team has implemented methodologies to assist in the scoring of the status of 'Key Controls' and of 'Mitigating Actions', as follows:

Key Controls and Effectiveness of Key Controls:

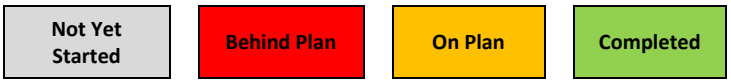
12. In the 'Key Controls' section of the template, if a control has 'Green' status, it is considered to be in place and working effectively. 'Amber' status indicates that, whilst the control is in place, there are concerns over its adequacy and effectiveness. In these circumstances, the ineffectiveness of the control needs to be addressed and will be highlighted as a 'Control Gap' with one or more mitigating actions identified and listed in the 'Mitigating Actions' table on the BAF template.

In Place	In Place BUT Concerns Over Effectiveness of the Control

13. It is entirely possible for a large proportion, if not all key controls to be 'In Place' and 'Green', so operating effectively, but for the 'Residual Risk' score to be highly rated / scored. Where key controls are shown to be 'In Place' (and 'Green'), the Corporate Governance team will be testing their effectiveness with Risk Owners in due course.

Mitigating Actions and Status of Mitigating Actions:

14. Mitigating actions should address the identified control and assurance gaps. For the status of mitigating actions, the following key is now in place and being used consistently across all BAF updates:



15. Every mitigating action now has an assigned Action Owner and states a planned date for implementation. Where Action Owners indicate that they are 'Behind Plan' and a revised implementation date is provided, the original date is shown with a status of 'Behind Plan' (and 'Red) and then the revised date is shown with a status of either 'On Plan' (and 'Amber') or 'Not Yet Started' (and 'Grey').

16. Again, it is entirely possible for a large proportion, if not all mitigating actions to be 'On Plan' (and Amber) to meet the planned implementation date and / or 'Completed' (and Green) but for the 'Residual Risk' score to be highly rated / scored.

17. In summary, the status (and colour coding) of 'Key Controls' and 'Mitigating Actions' do not indicate the overall score for the risk; it is the 'Residual Risk Score' that shows this.

Proposed alignment of the BAF to NHS Devon NOF4 exit criteria

18. NHS Devon's BAF is currently aligned to the strategic objectives identified within the Joint Forward Plan; however, in light of the importance of exiting Segment 4 of the NHS Oversight Framework (NOF4), it is proposed that the BAF should be aligned to the following NOF4 exit criteria, rather than the Joint Forward Plan, until the end of the 2023/24 financial year.

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

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

19. Alignment of the BAF to the NOF4 exit criteria will enable a better focus on the risks to the achievement of these. It will also enable the revision and simplification of the BAF moving forward.

20. Subject to the agreement of the Board of this proposed re-alignment of the BAF, work will be undertaken to bring a revised BAF to the Audit and Risk Assurance Committee meeting in January 2024 for assurance, ahead of its submission to the Board meeting on 06 February 2024.

21. This work will include a full articulation of the risks to achieving the NOF4 exit criteria set out above, as well as the controls already in place and further actions required. Risks which are currently included on the BAF but do not translate to the re-focussed BAF will continue to be monitored via the Corporate Risk Register.

22. Alongside this work, it is proposed to hold a Board Strategy discussion about risk and risk appetite in January 2024.

Recommendation

23. The Board is asked to:

- **Approve** the content of the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon and
- **Approve** the alignment of the BAF, for the remainder of the 2023/24 financial year, to the risks associated with the organisation's exit from NOF4.

Annex A

<table>
<tr><td colspan="6">Improve Population Health
Corporate Objective 1: Work in partnership with community and ‘anchor’ organisations to address the social detriments of health.</td><td colspan="2">Director Lead: Nigel Acheson, Chief Medical Officer (CMO)</td></tr>
<tr><td colspan="6" rowspan="3">Risk:
If the ‘Anchor Organisation’ programme of work is not part of a more strategic plan, then there will be a lack of focus to address the social detriments of health. As a consequence the partner and community organisations will become disengaged, and NHS Devon will fail to achieve this objective.</td><td colspan="2">Principal Assurance Committee: Quality & Patient Experience Committee (QPEC)</td></tr>
<tr><td colspan="2">Devon Challenge: (3) Complex patterns of urban, rural, and coastal deprivation; (4) Housing quality and affordability; (6) Access to services, including socio-economic and cultural barriers; and (11) Poor mental health and wellbeing, social isolation, and loneliness.</td></tr>
<tr><td colspan="2">ICS Strategic Goal: Helping the NHS Support broader social and economic development.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td colspan="2" rowspan="2">Joint Forward Plan Delivery Programme: Community Development and Learning</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>5</td><td>5</td><td>↔</td><td>25</td><td rowspan="2">8</td></tr>
<tr><td><u>Residual</u> Risk Score: Oct 23</td><td>5</td><td>4</td><td>↔</td><td>20</td><td colspan="2">Risk Appetite: Seek</td></tr>
<tr><td colspan="8">Key Update on Actions – Oct 2023:
Developing evidence base to make the health economics case for the NHS Training Hubs to develop a targeted approach to working with unemployed people with a focus on Stonehouse.
Exploring development of a shared post (with Torbay and South Devon NHS Foundation Trust) for a ‘Community Wealth Lead’ for NHS Devon.
Devon County Council has established a ‘Civic Agreement’ with Exeter University to partner on aspects of ‘Anchor’ work – for example, subsided university places for care leavers. The NHS Devon Anchor Lead is exploring where NHS Devon can contribute and benefit from this work.
Mapping contracted spend from Torbay and South Devon NHS Foundation Trust, making visible the buying power of the NHS and how this can be re-invested in the local community. Promoting the NHS Devon Community Connect guidance which allows NHS staff to volunteer with community organisations within Devon, with a link to health and wellbeing activities.</td></tr>
<tr><td colspan="5">Key Controls:</td><td>In Place</td><td colspan="2">Assurances:</td></tr>
<tr><td colspan="5">‘Anchor Organisation’ work programme</td><td></td><td colspan="2">Health Inequalities and Prevention Steering Group workplan includes Anchor Organisation workplan</td></tr>
<tr><td colspan="6">Control Gaps</td><td colspan="2">Assurance Gaps</td></tr>
</table>

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Annex A

Work on 'Anchor Organisations' not embedded across NHS Devon and the and One Devon Health and Care System	Yet to establish clarity with regard to which assurance committee of the NHS Devon Board oversees the 'Anchor Organisation' work programme
Workforce: insufficient resources allocated to the delivery of this work at the current time.	Oversight of the delivery of the "Anchor Organisation" work programme is via thee Executive Strategy and Transformation Group, however this has been stood down over the winter period.

Mitigating Actions:	**Action Owner**	**Action Status**	**Planned Completion Date**
None currently identified			

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<table>
<tr><td colspan="6"><u>Improve Population Health</u>
Corporate Objective 2: Reduce Health Inequalities (HI) through public health and mental health support.
Corporate Objective 3: Enable a greater shift from treatment to prevention.</td><td>Director Lead: Nigel Acheson, Chief Medical Officer (CMO)</td></tr>
<tr><td colspan="6" rowspan="3">Risk:
If there is insufficient capacity and capability in NHS Devon to ensure that the system focuses on the necessary, work to improve population health management and prevention then it will not successfully reduce health inequalities and shift to prevention. The consequence will be that health inequalities will continue across Devon and worsen in some areas.</td><td>Principal Assurance Committee: Quality & Patient Experience Committee (QPEC)</td></tr>
<tr><td>Devon Challenge: (7) Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas; (8) Earlier onset of health problems in more deprived areas; and (11) Poor mental health and wellbeing, social isolation, and loneliness.</td></tr>
<tr><td>ICS Strategic Goal: Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death and disability.

People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td rowspan="2">Joint Forward Plan Delivery Programme: Health Protection
Joint Forward Plan Enabling Programme: Equality, Diversity, and Inclusion; Population Health</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>4</td><td>4</td><td>No change</td><td>16</td><td rowspan="2">8</td></tr>
<tr><td><u>Residual</u> Risk Score:
Oct 23</td><td>4</td><td>4</td><td>↑
(Previously Scored 12)</td><td>16</td><td>Risk Appetite: Open / Seek</td></tr>
<tr><td colspan="7">Key Update on Actions – October 2023:
<u>Health Inequalities:</u>
Capacity within Population Health Management (PHM) Team has further reduced and several areas of work have now been stopped. A workshop was held on 25 October 2023 to review the workplan and develop a plan for 2024/25 but recognised that capacity constraints and organisational priorities are making progress extremely difficult. The Population Health Improvement Committee has met twice and discussed these issues. Proposed funding allocation for 2024/25 of £3.7m has been welcomed but confirmation of this allocation and clarification regarding the £2m prevention fund is required. PHM Co-ordinators now reduced from 4 to 2 and Business Intelligence (BI) capacity being pulled so PHM programme significantly at risk.

<u>Treatment to Prevention:</u></td></tr>
</table>

Annex A

Excellent system working on prevention - Business case for Cardiovascular Disease (CVD) has been developed but not approved. Short-term capacity to map 'Prevention' work lost due to illness. Full-time TTP post lost so minimal support for this programme. Limited capacity and further reductions in terms of diabetes / weight management.			
Key Controls:	**In Place**	**Assurances:**	
Population Health Team provides support, advice, and capacity		Oversight of the delivery of Health Inequalities work is via the Health Inequalities and Prevention Steering Group	
Health Inequalities and Prevention Programme Plan in place			
Policy in place to ensure that health inequalities are addressed in NHS Devon decision making			
CVD Prevention Programme in place			
Diabetes Prevention Plan in place			
Falls & Frailty work programme now complete and being implemented as part of Out of Hospitals Work Programme • earlier identification of risk cohorts through admission avoidance proposal (DCB) • Care Co-ordination hub(s) development • Standardise care homes training & education • Signposting for home management • Community falls services – prevention and post fall services			
Control Gaps		**Assurance Gaps**	
Workforce: Awaiting clarity, as part of Phase 2 of the Organisational Change Programme, on resource allocation for this work		Population Health Improvement Committee not yet established as formal Board Assurance Committee – currently meeting in shadow form whilst clarifying role and responsibilities.	
Workforce: Insufficient resource to deliver Diabetes Prevention Plan			
Workforce: Insufficient resource to deliver CVD Prevention Programme			
Health Inequalities and Prevention Programme Plan requires refresh required to ensure that it aligns to Operational Plan.			
Lack of clarity about the uptake of Quality and Equality Impact Assessment (QEIA) tool.			
Mitigating Actions:	**Action Owner**	**Action Status**	**Planned Completion Date**
Health Inequalities:			
Confirmation of PHM team due to be completed as part of Phase 2 of the Organisational Change Programme.	Ginny Snaith	On plan	March 2023
	Kristian Tomblin	~~Behind Plan~~	~~October 2023~~

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Refresh of Health Inequalities and Prevention Programme Plan: re-evaluating the programme with System partners.		On Plan	December 2023
Formal governance being established to oversee Health Inequalities and Prevention Programme Plan – Population Health Improvement Committee established	Nigel Acheson	~~Behind Plan~~	~~March 2023~~
		On Plan	March 2024
Prevention to Treatment:			
Identify resources for Diabetes Prevention Plan – identified money, exploring how to use this to increase capacity.	Ginny Snaith	Behind Plan	August 2023
Identify resources for CVD Prevention Programme – identified money, exploring how to use this to increase capacity.	Ginny Snaith	Behind Plan	August 2023
Review use of QEIA tool and assess further development requirements	Kristian Tomblin	Behind Plan	Ongoing
Falls and Frailty Prevention Plan (part of the Out of Hospitals Programme) developed; now moving to implementation.	Jo Turl	Complete	August 2023

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<table>
<tr><td colspan="6"><u>Improve Services and Reduce Unwarranted Variation</u>
Corporate Objective 4: Deliver safe and effective urgent and emergency care services that better meet people's needs.</td><td>Director Lead:
Anthony Fitzgerald, Chief Delivery Officer</td></tr>
<tr><td colspan="6" rowspan="4">Risk:
If the system fails to ensure that the delivery of urgent and emergency care services meets national standards then waiting times will be longer than they should be, resulting in poor patient experience and potential patient safety issues.</td><td>Principal Assurance Committee: Finance & Performance Committee (FPC)</td></tr>
<tr><td>Devon Challenge: (12) Pressure on health and care services (especially unplanned care)</td></tr>
<tr><td>ICS Strategic Goal: People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.</td></tr>
<tr><td rowspan="3">Joint Forward Plan Delivery Programme: Acute Services Sustainability</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>5</td><td>4</td><td>↔</td><td>20</td><td rowspan="2">6</td><td>Risk Appetite: Open</td></tr>
<tr><td><u>Residual</u> Risk score</td><td>5</td><td>4</td><td>↑
(Prev 16)</td><td>20</td><td></td></tr>
<tr><td colspan="7">Key Update on Actions – October 2023:
UEC Improvement Plan:
• Reducing Length of Stay (LoS)
• Reducing discharges delays
• Implementing care co-ordination hubs
• Enhancing Urgent Community Response (UCR) Fallers Service
• Developing a standardised system-wide falls and frailty service
• Enhancing of Virtual Ward capability and capacity
• Delivery of High Intensity Users (HIU) service
• Roll-out of Immedicare services to care homes
• Proactive management of high-risk patients in primary care
• Standardised system-wide End of Life (EoL) pathway
• Devon-wide model for Acute Respiratory Infection (ARI) hubs

In Hospital Improvement Focus
• Focus on Minors performance
• Greater focus on 33% discharged by 12pm.
• 24-48 hour Los
• Overnight performance
• Patients breaching between 4 and 5 hours
• No Criteria to Reside (NCTR)</td></tr>
<tr><td colspan="5">Key Controls:</td><td>In Place</td><td>Assurances:</td></tr>
<tr><td colspan="5">Devon Unscheduled Care Board and Locality Unscheduled Care Board (South, West, and North / East)</td><td></td><td>Driving delivery of the recovery plan at local level, ensuring all stakeholders are meeting obligations</td></tr>
</table>

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New weekly recovery plan oversight		Clear understanding of progress from previous week, actions for coming week, escalations of any barriers needing mitigation
Regional and national weekly Tier 1 meetings in place		External scrutiny and regulation, including SWASFT
System Improvement Assurance Group (SIAG)		NOF4 UEC exit criteria monitoring and challenge from region
Control Gaps		**Assurance Gaps**
System-wide Urgent and Emergency Care Strategy not signed off		NHS Devon missing key performance targets
Recovery Programme not achieving the anticipated traction		No high-level summary on risks and issues on the IQPR

Mitigating Actions:	**Action Owner**	**Action Status**	**Planned Completion Date**
New Action Q3: Reduce Length of Stay (LoS) through standardisation and redesign of challenged pathways.	John Finn	Behind Plan	December 2023
New Action Q3: Reduce discharge delays prioritising standardisation of system-wide discharge pathways, developing and optimising transfer of care hubs and improving transfers of care for complex discharges.	Lucy Pare	Behind Plan	December 2023
Focus on Falls, Frailty and EOL. System workshops facilitated to process map existing pathways across these three high impact areas. Identification of short to medium term actions, which include, communications with Care / Residential homes to support identification of suitable alternative options to 999 / 111. Educational material to better equip care homes to make the right decision. Identification of patient at EOL and ensure they have Treatment Escalation Plans (TEP) forms and advanced care plans in place. Furthermore, those patients have 'Just In Case' medicines to support symptom control and prevent admission.	James Wenman	Behind Plan	December 2023
Instigate Care Coordination Hub to support the appropriate navigation of patients via suitable pathways and expert advice. This will be evidenced by a reduction in admissions and increased referrals to services such as Urgent Crisis Response teams and Virtual Wards. ***Care Coordination for West Devon is going live, based at Mount Gould Hospital in Plymouth on 30 October for 2 weeks to provide learning and evaluation that will shape the Care Coordination Hub for Devon moving forward.***	James Wenman	On Plan (Phase 2 Required)	December 2023
Establish a discharge taskforce to deliver standardised system-wide discharge pathways. Ambition to reduce discharge delays by 20%.	Lucy Pare	Behind Plan	December 2023
New Action Q3: Standardised system-wide falls and frailty service: prioritising: training and education for care homes, out of hours falls service, falls prevention, review of community rehabilitation services and implementation of national intermediate care framework.	Lauren Benham	Behind Plan	December 2023

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Increase capacity and utilisation of Virtual Ward (VW) beds. Ambition to achieve and sustain 227 beds and 80% utilisation. Map pathways and explore the interface between VWs and other community-based services in order to support increased usage.	Mark Dewick / Vanessa Vale	~~Behind Plan~~ Behind Plan	~~October 2023~~ December 2023
New Action Q3: Delivery of frequent users service prioritising implementation of One Devon approach.	Kristian Tomblin	On Plan	February 2024
New Action Q3: Roll out of Immedicare to Care Homes prioritising completion of roll out across South and East localities.	Carol Massey	On Plan	December 2023
New Action Q3: Proactive management of high-risk patients in primary care prioritising implementation of admission avoidance service.	Paul Green	On Plan	December 2023
New Action Q3: Standardised system wide EoL pathway prioritising adoption of digital TEP forms across Devon (RDUH and TSD).	Sue Benjamin	Behind Plan	January 2023
New Action Q3: Respiratory prioritising response to peak in respiratory illnesses expected in January 2024 and commencing ARI hub services for 3 months over winter.	Jo Turl	Behind Plan	January 2023
New Action Q3: Failure to achieve anticipated traction on the Recovery Programme discussed with providers. Agree to focus on minors, out of hours (OOH) performance and short-term LoS.	Sam Wadham-Sharpe	On Plan	December 2023

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<table>
<tr><td colspan="6"><u>Improve Services and Reduce Unwarranted Variation</u>
Corporate Objective 5: Reduce the number of people waiting for elective care.</td><td>Director Lead: Anthony Fitzgerald, Chief Delivery Officer</td></tr>
<tr><td colspan="6" rowspan="2">Risk:
If the system fails to ensure that the delivery of elective care services meets national standards then waiting times will be longer than they should be, resulting in poor patient experience and potential patient safety issues.</td><td>Principal Assurance Committee: Finance & Performance Committee (FPC)</td></tr>
<tr><td>Devon Challenge: (12) Pressure on health and care services (especially unplanned care)</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td rowspan="2">ICS Strategic Goal:
People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>5</td><td>4</td><td>↔</td><td>20</td><td rowspan="2">6</td><td rowspan="2">Joint Forward Plan Delivery Programme: Acute Services Sustainability</td></tr>
<tr><td><u>Residual</u> Risk score</td><td>4</td><td>4</td><td>↔</td><td>16</td><td>Risk Appetite: Open</td></tr>
<tr><td colspan="7">Key Update on Actions – Oct 2023:
In - Hospital Improvement:
Elective Care Recovery - Focusing on:
Plan in place to deliver 104 week wait (ww) for all specialties at trust level and maintaining this position in 2023/24. Plan has experienced slippage in light of significant industrial action, with the planned completion of all 104ww patients being early November 2023. Plans are in place for all patients where ‘To Come In’ (TCI’s) are not already booked.
Ensure all patients waiting >12 weeks receive validation within 12 weeks of last review. System validation leads meeting is now in place. This workstream will be supported by the implementation of NetCall and is due to be implemented by mid-November 2023.
Implement the interim operational guidance on managing patient choice and active monitoring to best effect.
Review and improve Length of Stay (LoS) for all specialties to improve flow and enable protection of agreed elective bed.
Maximise capacity through system working and inter-provider transfers (IPT) via the system IPT meeting, with system IPT process for equalisation of waiting lists to be agreed and submitted to all Trust boards for sign off at System Recovery Board (SRB) on 25th October 2023.
Design Getting It Right First Time (GIRFT) Further Faster Specialty Improvement Group best practice opportunities alongside existing commissioning intentions in key challenged specialities and manage this at a system level.
Agreement for cardiology activity at Cleveland Clinic London (CCL) to be at tariff + Market Forces Factor (MFF) with logistics for transfer of medical devices finalised.
Optimising Referrals Local Enhanced Service (LES) submitted as a paper for 27th October 2023 LMC Negs meeting
Theatre Standard Operating Procedure (SOP) version control completed and formally circulated to Trusts</td></tr>
</table>

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- Spinal High Volume Low Complexity (HVLC) service go live early October 2023 at Nightingale Hospital.
- Advice and Refer implementation - Agreement to pilot advice and refer across 2-3 specialties.
- The Royal Eye Infirmary (REI) opened on 18th October 2023
- Patient Initiated Digital Mutual Aid System (PIDMAS) go live date for Cohort 1 is 31st October 2023 - Trusts communicating via letter to patients by 30th October 2023.
- Business cases for Torbay and Plymouth Community Diagnostic Centres Approved. Torbay to be operational April 2024 and Plymouth April 2025. Additional CT capacity ahead of the Community Diagnostic Centre (CDC) completion in place in Plymouth and due to be operational from Newton Abbot Community Hospital in December 2023.

Key Controls:	**In Place**	**Assurances:**
Monthly Integrated Quality and Performance Reports (IQPRs) to the Board		Elective Care Improvement Board (ECIB) provides strategic oversight of the elective recovery programme with focus on NOF4 exit deliverables and unblocking significant obstacles at a system level.
Elective Recovery Fund (ERF) and Targeted Innovation Funding (TIF) received		National Weekly Tier 1 Meetings **(**Regional and National oversight group) perform check and challenge against long waiter recovery.
Realignment of plans		System Quality Group provides strategic oversight of clinical quality and patient safety
Realignment of diagnostics		Tactical Delivery Group includes all system acute providers to delivery elective recovery and transformation with NOF4 exit focus. Group feeds up into the ECIB
Western Recovery Plan		Clinical Risk & Long Waiters Group manages the risk of harm to long waiting patients. Feeds into both System Quality Group and ECIB.
Elective Recovery plan		One Devon Assurance meeting (Regional and National oversight groups) supports the One Devon Pilot to drive delivery and provide best practice.
Control Gaps		**Assurance Gaps**
No high-level summary on risks and issues on the IQPR		
Ability to continue to develop and embed CRGs, commissioned pathways and policies due to DRSS capacity.		
DRSS workforce shortages impacting on elective recovery (e.g. demand management and new pathways and PIDMAS NHS Devon responsibilities)		
Industrial action impacting adversely on activity for which NHS Devon has no control over. General lack of resource.		

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Mitigating Actions:	Action Owner	Action Status	Planned Completion Date
Rollout of nine additional GIRFT Further Faster task and finish groups in key specialities (4 already in place via the One Devon Pilot / Trauma & Orthopaedics (T&O), Spinal, Ophthalmology & Cardiology), namely Urology, Colorectal, Gynaecology, Ear, Nose & Throat (ENT) and Dermatology.	Sean Beeken	~~Behind Plan~~	~~November 2023~~
		On Plan	December 2023
Delivery of the System Theatre Transformation Programme. This is to include key deliverables such as a system standard 85% day-case rate, at least 1 list per week is to be High Volume Low Complexity (HVLC), implementation of system theatre Standard Operating Procedures (SOPs) and 85% theatre utilisation.	Sean Beeken	On Plan	January 2024
Implementation of South-West Ambulatory Orthopaedic Centre (SWAOC) pathways at base sites and in new assets going live to fully maximise productivity.	Emma Herd	Complete	January 2024
Implementation of HVLC cataract lists at existing and new assets.	Emma Herd	Complete	April 2024
Mobilise additional HVLC capacity at Nightingale Hospital for spinal services.	Emma Herd	Complete	November 2023
Implement high flow diagnostic linear acquisition pathways for non-cataract ophthalmology services to reduce outpatients (OP) backlog and waiting times.	Rachael Burridge	On Plan	April 2024
Develop a 2023/24 Optimising Referral Primary Care Local Enhanced Service (LES) to improve quality of Advice and Guidance (A&G) referrals and sharing of learning from A&G returns within primary care teams.	Kim Maby	Complete	November 2023
New Action Q3: Urgent procurement of additional imaging and endoscopy vis ERF funding route now that ERF funding 'at risk' approved at Finance & Performance (F&P) meeting 22.08.2023.	Bev Parker	Complete	November 2023
New Action Q3: System IPT process for equalisation of waiting lists to be agreed signed off by system board for implementation or queries from board to be mitigated.	Sean Beeken	Behind Plan	November 2023
New Action Q3: Go live for NetCall.	Steve Matson	On Plan	December 2023
New Action Q3: Support the opening of the Torbay endoscopy unit expansion.	Bev Parker	On Plan	December 2023
New Action Q3: Establishment of a choice accreditation steering group.	Rachael Burridge	Complete	November 2023

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Improve Services and Reduce Unwarranted Variation **Corporate Objective 6:** Maintain and enhance the capacity and resilience of Primary Care providers to improve patient outcomes through prevention, long term condition management and appropriate on the day demand, with particular attention to challenged areas.						**Director Lead:** Jo Turl, Director of Commissioning Primary, Community and Mental Health Care
Risk: If NHS Devon does not support the post-Covid recovery and transformation of general medical, dental, pharmaceutical, and optical practice then Devon will not have adequate Primary Care Services, resulting in increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.						**Principal Assurance Committee:** Primary Care Commissioning Transition Committee (PCCTC) **Devon Challenge: (1)** An ageing and growing population; **(3)** Complex patterns of urban, rural, and coastal deprivation; **(7)** Poor health outcomes caused by modifiable behaviours; and **(8)** Earlier onset of health problems in more deprived areas. **ICS Strategic Goal:** We will have a safe and sustainable health and care system.
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	**Joint Forward Plan Delivery Programme:** *Primary and Community Care*
Inherent Risk Score	4	4	↔	**16**	**8**	
Residual Risk Score:	4	4	↔	**16**		**Risk Appetite:** Seek

Key Update on Actions – Oct 2023:

Primary Care Access Recovery Plan (PCARP) for Devon agreed and moving to implementation as capacity allows. Most recent capacity report (GPAD) shows Devon position well ahead of targets for supply growth and contacts within 1 day of request. Focus going forward as capacity allows to be on improving numbers of patients seen within 2 weeks and understanding contractor level variation.

Agreed expansion of funding available to support contractor resilience given continuing growth in 1) those facing resilience challenges; 2) proactively addressing future resilience challenges; and 3) anticipated contract hand backs where exhaustive work to mitigate has not delivered actionable outcome.

Long term contract offer made for 'Mayflower' medical services, focus to shift to mobilisation.

Key Controls:	**In Place**	**Assurances:**
Primary Care Access Recovery Plan (PCARP) for Devon agreed and moving to implementation		Primary Care Commissioning Transition Committee (PCCTC) receives monitoring showing General Practice dental, pharmaceutical, and optical metrics – access, workforce etc.
General Practice Strategic Framework		
Delivery of Leadership Programme (in place and ongoing in 2024)		

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Control Gaps	Assurance Gaps
Resources: Funding gap in general practice in capital allocation. Dental workforce challenges and inability to be flexible with national contract. Capacity of the team	
Workforce: Workforce shortages (across all allied professionals, nurses, GPs, dentists, and community pharmacists)	
System Constraints: Operating within the national dental contract; still part of a hub system of commissioning	

Mitigating Actions:	Action Owner	Action Status	Planned Completion Date
Establish task and finish group to oversee development and delivery of Primary Care Access Recovery Plan. First report to Primary Care Commissioning Transition Committee in September 2023.	Paul Green	Complete	October 2023
Work with Devon Collaborative Board to define and develop local alternative at scale models of care provision. Also exploring provider support by learning from Welsh model.	Jo Turl / Paul Green	Behind Plan	March 2024
Develop and implement programme to provide intensive early support for practices who are vulnerable or on the edge of crisis, including funding independent managerial and clinical expertise to enable turnaround in conjunction with Local Medical Committee (LMC).	Paul Green	Complete	September 2023
Deliver action plan to recruit and spend all Additional Roles Reimbursement Scheme (ARRS) funding in Devon.	Paul Green / Jo Stewart	~~Behind Plan~~ On Plan	~~October 2023~~ March 2024
Completion of Primary Care Estates toolkit.	Paul Green / Mat Chetwynd	Complete	November 2023
New Action Q3: Submissions for mission critical roles (in particular Dental Lead Officer) will be made as part of Phase 2 of the organisational restructure.	Paul Green	On Plan	March 2024

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<table>
<tr><td colspan="6"><u>Improve Services and Reduce Unwarranted Variation</u>
Corporate Objective 7:
Improve access to and outcomes for mental health (MH), learning disability (LD) and neurodiversity services.</td><td colspan="2">Director Lead: Jo Turl, Director of Commissioning Primary, Community and Mental Health Care</td></tr>
<tr><td colspan="6" rowspan="2">Risk:
If NHS Devon does not improve access to mental health, learning disability and neurodiversity services then patients will continue to experience significant waits for specialist care which means more people are likely to access healthcare when in crisis, resulting in a worsening in mental health conditions leading to poor health outcomes. This may lead to an increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.</td><td colspan="2">Principal Assurance Committee: Finance & Performance Committee (FPC)</td></tr>
<tr><td colspan="2">Devon Challenge: (7) Poor health outcomes caused by modifiable behaviours; and (12) Pressure on health and care services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity, and frailty.</td></tr>
<tr><td colspan="6"></td><td colspan="2">ICS Strategic Goal: People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.
People in Devon will have access to the information and services they need, in a way that works for them, so everyone has an equal opportunity to be healthy and well.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td colspan="2" rowspan="2">Joint Forward Plan Delivery Programme: Mental Health, Learning Disability and Neurodiversity</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>4</td><td>5</td><td>↔</td><td>20</td><td rowspan="2">10</td></tr>
<tr><td><u>Residual</u> Risk Score:</td><td>4</td><td>4</td><td>↔</td><td>16</td><td colspan="2">Risk Appetite: Open</td></tr>
<tr><td colspan="8">Key Update on Actions – Oct 2023:
See mitigating actions.</td></tr>
<tr><td colspan="3">Key Controls:</td><td>In Place</td><td colspan="4">Assurances:</td></tr>
<tr><td colspan="3">Mental Health and Learning Disabilities Provider Collaborative continues to develop oversight of performance and challenges.</td><td></td><td colspan="4">Performance data dashboard in development and available to workstreams, oversight group and provider collaborative.
Transparency on the current challenges and position of the waiting lists and the mitigations managed by providers.</td></tr>
<tr><td colspan="3">Attention Deficit Hyperactivity Disorder (ADHD) and Adult Social Care (ASC) Right to Choose (RtC) accreditation process agreed.</td><td></td><td colspan="4">Assured through developing RtC Steering Group
Providers being reviewed.</td></tr>
</table>

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Operating planning process has been run through Mental Health, Learning Disabilities and Neurodiversity (MHLDN) Primary Care (PC) to agree system priorities.		
Prioritisation process to identify system priorities and alignment to available resources completed.		

Control Gaps	Assurance Gaps
Workforce: Difficulties in recruiting to specialist Mental Health (MH) posts in providers.	
Workforce: Commissioning resource at a minimum due to organisational change.	
IQPR does not map all waiting times such as Child and Adolescent Mental Health Services (CAMHS) This is being addressed for the adults neurodiversity pathways. No assurance data on providers outputs is being addressed and on the agenda for the Business Intelligence (BI) forum.	
MH Care Records: Eight-month gap in records as a consequence of a cyber-attack in 2022. Data only available post March 2023. Impact on receiving activity and waiting times data for CAMHS. Devon provider moving to the new Electronic Patient Record (EPR) system in November 2023 which may cause more disruption and impact on resource and capacity.	
ADHD: • Financial risk to NHS Devon in the form of Non-Contract Activity (NCA) with the RtC legislation. • Growth in demand – with no national framework or operational guidance for this pathway – no identified financial resource to support commissioning developments. Escalated to NHSE central and action is being taken to collect position data across the region. • Regional Learning Disability & Autism Board have been requested for a Regional Symposium for ASC and ADHD to capture the regional challenges and approaches.	
Mental Health and Learning Disabilities Provider Collaborative: ▪ Oversight of performance and challenges by the Mental Health and Learning Disabilities Provider Collaborative isn't currently happening due to staff sickness.	

Mitigating Actions:	Action Owner	Action Status	Planned Completion Date
Confirmation and assurance that action plans to deliver agreed operating plan trajectories to be monitored through MHLDN Provider Collaborative.	Adam Carrick	~~Behind Plan~~	~~October 2023~~
		On Plan	November 2023
Agreed action plans to support delivery of dementia diagnosis and Serious Mental Illness (SMI) Annual Health	Adam Carrick	~~Behind Plan~~	~~November 2023~~

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Checks (AHCs) to be signed off.		On Plan	December 2023
NEW ACTION Q3: Devon Service specification and Tariff for all RtC providers completed and agreed for future RtC applications	Vicks Johnson	On Plan	November 2023
NEW ACTION Q3: Commissioning conversations with Devon Providers to create Complex ASC Care Coordination (Adults) in progress to keep safe complex group of community requiring health input.	Vicks Johnson	On Plan	December 2023
NEW ACTION Q3: Work with the MHLDN Provider Collaborative to understand what would enable them to develop oversight of performance and challenges.	Adam Carrick	On Plan	January 2024

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<table>
<tr><td colspan="6"><u>Improve Services and Reduce Unwarranted Variation</u>
Corporate Objective 8:
Support and treat more people in their homes and communities to help them live healthily and independently.</td><td colspan="2">Director Lead: Jo Turl, Director of Commissioning Primary, Community and Mental Health Care</td></tr>
<tr><td colspan="6" rowspan="2">Risk:
If NHS Devon does not drive change required in working practices across the system then people and communities will not be supported to stay healthy and live independently, resulting in poorer outcomes for the population of Devon.</td><td colspan="2">Principal Assurance Committee: Finance & Performance Committee (FPC); and Primary Care Commissioning Transition (PCCTC)</td></tr>
<tr><td colspan="2">Devon Challenge (1) An ageing and growing population.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td colspan="2" rowspan="2">ICS Strategic Goal:
People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>5</td><td>4</td><td>↔</td><td>20</td><td rowspan="2">8</td></tr>
<tr><td><u>Residual</u> Risk Score:</td><td>4</td><td>4</td><td>↔</td><td>16</td><td colspan="2">Joint Forward Plan Delivery Programmes:
▪ Community Development and Learning; and
▪ Primary and Community Care

Risk Appetite: Seek</td></tr>
<tr><td colspan="8">Key Update on Actions – Oct 2023:
This is a long-term risk, and we don’t anticipate there being a change to the residual risk score in the short-term despite the mitigating actions that are being taken. The mitigating actions are in line with NHSE recommendations and evidence based.</td></tr>
<tr><td colspan="3">Key Controls:</td><td>In Place</td><td colspan="4">Assurances:</td></tr>
<tr><td colspan="3">Publication of Community First Framework</td><td></td><td colspan="4">Primary and Community Programme Board has been established – first meeting Oct’23</td></tr>
<tr><td colspan="3" rowspan="4"></td><td colspan="4">Community Provider Senior Leaders Group now established and meeting monthly to oversee the progress of the Programme Board</td></tr>
<tr><td colspan="4">Community Provider forum now established to share best practice, learning and agree how to take community workplan forward.</td></tr>
<tr><td colspan="4">Reporting Virtual Ward uptake through to Devon Urgent and Emergency Care (DUEC) Programme Board</td></tr>
<tr><td colspan="4">Community services waiting list now included in Integrated Quality and Performance Report (IQPR) to Board</td></tr>
</table>

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	Out of hospital actions now incorporated into Urgent and Emergency Care (UEC) Improvement Plan and reporting into Unscheduled Care Board.

Control Gaps	**Assurance Gaps**
Regular data demonstrating progress on Key Performance Indicators (KPIs) is still being developed	Limited community metrics through to Board via the IQPR

Mitigating Actions:	**Action Owner**	**Action Status**	**Planned Completion Date**
Acute Respiratory Infection (ARI) hub business case to be developed and funding decision made by Devon Investment Group (DIG).	Jo Turl / Lorraine Webber	Complete	September 2023
Admissions avoidance business case to be developed with Devon Collaborative Board and funding decision made by DIG.	Jo Turl	Complete	September 2023
Action plans and trajectories to increase referrals into Urgent Community Response (UCR) teams received by providers and being monitored weekly. The plans have not yet been received from the Trust.	Mark Dewick	Behind Plan	October 2023
Action plans and trajectories to increase beds and occupancy of Virtual Wards received by providers and being monitored weekly. The plans have not yet been received from the Trust.	Mark Dewick	Behind Plan	October 2023
Identify and agree key actions from New Models of Care programme relating to End of Life (EoL), Falls and Frailty.	Jo Turl	Complete	September 2023
New Action Q3: Review gaps in current falls prevention and if needed develop business case to commission prevention services to prevent falls and keep people at home.	Lauren Benham	On Plan	April 2024
New Action Q3: Review gaps in current out of hours falls services and if needed develop business case to commission prevention services to prevent falls and keep people at home.	Lauren Benham	On Plan	April 2024

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<table>
<tr><td colspan="6"><u>Make More Efficient Use of Our Resources</u>
Corporate Objective 9:
Move out of System Oversight framework (SOF4) – including delivery of a balanced system financial plan.</td><td>Director Lead: Bill Shields, Chief Finance Officer (CFO)</td></tr>
<tr><td colspan="6" rowspan="2">Risk
If the NHS Devon fails to obtain commitment from all partners in the ICS to achieve financial balance, then our ability to move greater resource to prevention and our ability to exit the NHS England National Oversight Framework Level 4 status (NOF4) will be undermined.</td><td>Principal Assurance Committee: Finance & Performance Committee (FPC)</td></tr>
<tr><td>Devon Challenge: (5) Economic Resilience</td></tr>
<tr><td colspan="6"></td><td>ICS Strategic Goal: Enhancing productivity and value for money - We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td rowspan="3">Joint Forward Plan Enabling Programme: Finance</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>4</td><td>5</td><td>↔</td><td>20</td><td rowspan="2">8</td></tr>
<tr><td><u>Residual</u> Risk score:</td><td>4</td><td>4</td><td>↔</td><td>16</td><td>Risk Appetite: Open</td></tr>
<tr><td colspan="7">Key Update on Actions – October 2023:
The final plan for 2023/24 was agreed at the start of May 2024. This describes an in-year delivery of £42.3m deficit for the system as a whole. The plan is reliant on a Cost Improvement Programme (CIP) plan of £212.2m against NHS Devon resources of £2.599m, representing 8.3%.
The overall CIP is based on organisationally owned targets of £152.7m and for which organisations are corporately responsible. In addition, there is a further £59.5m of system wide collaborative schemes for which the system is jointly responsible for delivery and against which a risk share agreement that ties in all organisations.
The plan is part of wider recovery trajectory and Long-Term Financial Plan (LTFP), that indicates a recovery to system balance over three years.
The key financial requirements to enable exit from SOF4 include:
A shared unambiguous view of the drivers of the deficit – a process was commenced in February 2023 with the outputs forming an integral part of the 2023/24 financial recovery plan and informed the collaborative elements of the shared CIP plan.
Productivity – has been a focus of the 23/24 operating plan with a requirement to fully include and model all opportunities from Getting It Right First Time (GIRFT) / High Value Low Complexity (HVLCS) / One Devon Elective Pilot.
The key measures for exit will be against:
• Performance against system savings plans and trajectories;
• Significant improvement in underlying recurrent position (linked to CIP delivery);
• Productivity back to 2019/20 levels as a minimum;</td></tr>
</table>

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- Meet the financial plan for the quarter; and
- Reconfirm the exit run rate.

These measures will form part of the system performance and SOF4 reporting and will inform the risk to exit as described in this risk.

The system will not exit SOF4 in 2023/24, the risk score remains at 4 x 4 = 16.

Key Controls:	In Place	Assurances:
Financial Recovery Plan		Financial Recovery Plan reported to Finance & Performance Committee in April and May 2023
Executive Director of Finance in place		Finance Committee report re. risks and mitigations by way of base case, upside, and downside
NHSE dedicated support (team)		System Exec oversight
'Triple Lock' now in place		System Director of Finance (DoF) meeting
Case for Change endorsed by region and signed off by ICS Execs	TBC	System Improvement Assurance Group
Peninsula Acute Sustainability Programme Plan to April 2023	TBC	SoF Metrics included within the Integrated Quality and Performance Report (IQPR)

Control Gaps	Assurance Gaps
NHSE Recovery Plan sign off	
Urgent & Emergency Care (UEC) Strategy	

Mitigating Actions:	Action Owner	Action Status	Planned Completion Date
Development of Medium Term Finance Plan (MTFP), this sets out the scope and scale of the challenge to deliver financial balance during the strategic medium term. The model has been developed locally, in collaboration with Deloitte, and is understood and owned by all the NHS partners in the system. This is the strategic plan setting out the challenge rather than a delivery plan. The model allows for stress testing should current year delivery fall short of plan.	Bill Shields	Complete	October 2023
Independent review of forecasts and likely outturn and delivery against agreed CIP targets, both Business As Usual (BAU) and collaborative strategic. Agreement reached with NHSE to engage Paul Mapson to carry out this independent review, which will give assurance on the level of risk in the current year delivery plans.	Bill Shields and System DoFs	Complete	October 2023
System Recovery Task and Finish Group established. This is an action focussed meeting to maintain pace and focus, grip and control, rapid escalation and resolution of issues and blockages.	Bill Shields	Complete	September 2023

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Scoping of a procurement for consultant support to Phase 4 which will provide additional support in areas of high benefit such as procurement, workforce, out of hospital services. and digital enablement, in addition to the continuation of support to CIP delivery, and support to the delivery of the system recovery programme.	Kirsty Denwood	Complete	October 2023
Development of the risk sharing reporting to ensure there is a common understanding of how the risk sharing will impact on individual organisational positions, minimising any opportunities for omission or double counts in the forecast. Consistency of reporting, better articulation of risk review.	Kirsty Denwood	Complete	September 2023
Testing with each CIP scheme Senior Responsible Officer (SRO), the validation of current year forecast delivery, the route to cash, the timing of delivery to ensure the forecast and risk at system level is robust and well understood. Testing the opportunities for in year recovery and stretch delivery. Meetings are in the process of being arranged during September and early October 2023.	Sarah Brampton & Kirsty Denwood	Complete	September / October 2023
Delivery of the system-wide CIP programme for 2023/24.	Bill Shields	On Plan	On-going
Delivery of finance and activity trajectories.	Bill Shields	On Plan	On-going
Develop a capital programme that aligns and supports delivery of the operational plan/to include technology advancements/digital agenda etc.	Bill Shields	On Plan	2024/25
ICS Infrastructure Strategy.	Bill Shields	On Plan	December 2023
Update 25 Oct 23 - The system has agreed to implement a full reset to the recovery programme. This includes identifying an internal team to focus purely on skills transfer and system recovery.	Bill Shields and Executive Team	On Plan	November 2023
Update 25 Oct 23 - Appointment of National Intensive Support Team (NIST) of three senior posts in support of the system recovery programme. These include senior leads for Programme Management Office (PMO), Workforce and Discharge.	Bill Shields	Complete	October 2023
Update 25 Oct 23 - The system has agreed to run a detailed review of all the risks to delivery of the planned position in year.	Kirsty Denwood	On Plan	November 2023
Update 25 Oct 23 - The system will be running a full day Quarter 2 review with CEOs, CFOs, and COOs from all organisations to include how to process a hard reset on recovery, what the risk position looks like, shared understanding of the challenges and solutions and mitigations, update on CIP delivery and forecast. A key outcome being a shared understanding of whether the system needs to change its forecast and by how much.	Bill Shields and Executive Team	On Plan	November 2023

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<table>
<tr><td colspan="6"><u>Make More Efficient Use of Our Resources</u>
Corporate Objective 10:
Develop a workforce strategy to ensure resilience of key services.</td><td>Director Lead: Paul Renshaw, Director of Workforce Strategy</td></tr>
<tr><td colspan="6" rowspan="3">Risk:
If the One Devon Health & Care System does not produce an agreed system wide workforce strategy and deliver a coherent strategic workforce numerical plan that meets the health and care needs of the population, is affordable and can be delivered by system partners, then it will continue to have high costs and be unable to ensure resilient, safe, and effective services, resulting in a failure to meet statutory constitutional targets.</td><td>Principal Assurance Committee: People & Culture Committee (PCC)</td></tr>
<tr><td>Devon Challenge: (8) Varied education, training, employment opportunities, workforce availability and wellbeing.</td></tr>
<tr><td>ICS Strategic Goal: Enhancing productivity and value for money.
We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td rowspan="2">Joint Forward Plan Enabling Programme: Workforce</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>4</td><td>4</td><td>↔</td><td>16</td><td rowspan="2">6</td></tr>
<tr><td><u>Residual</u> Risk Score:</td><td>4</td><td>4</td><td>↑
(Prev 12)</td><td>16</td><td>Risk Appetite: Open</td></tr>
<tr><td colspan="7">Key Update on Actions – October 2023:
The One Devon Workforce Strategy narrative was approved by the NHS Devon Board in May 2023 and work is ongoing to socialise the strategy themes and principles across System partners.

The strategic workforce numerical plan associated with this is being developed in collaboration with the NHS Devon Finance Team, Deloitte, NHS England Workforce, Training and Education (NHSWT&E) and Devon health providers. We have a detailed five year plan for health providers if we maintain the status quo and are due to receive a further plan modelling in transformational workforce changes bespoke to Devon by the end of Quarter 3 of 2023/24. Ongoing engagement with primary and social care is in place to support the collation of primary care and social care workforce planning data to enable this to be added to the strategic workforce numerical plan by end of Quarter 4 of 2023/24.

The strategic workforce planning tool (named SWIFT) continues to be developed and will be launched in Quarter 3 of 2023/24 within Devon health providers. Subject to further funding being secured for further development of the planning tool, further rollouts will be planned for primary care and social care in the 2024/25 financial year. There has been engagement with the NHSE national team with a view to them taking this product over in Q1 2024/25 to further improve and potentially roll out in other systems. The risk of no funding re social and primary needs to be raised at P+C</td></tr>
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Key Controls:	In Place	Assurances:
Workforce Strategy designed and approved		Workforce Strategy Steering Group oversees the development and implementation of the workforce strategy and associated workforce plans. Progress reported through to Executive Workforce Group and People & Culture Committee.
5 Year Workforce Plan agreed by System Partners		
Workforce dashboard		
Strategic Workforce Planning Tool (SWIFT): Supporting health providers in developing robust workforce plans as well as enabling ongoing monitoring of delivery progress. The SWIFT tool will also standardise planning processes and the outputs of the tool will help inform talent pipelines and new ways of working models.		

Control Gaps	Assurance Gaps
Learning and Education Strategy - In October 2023 the People & Culture Committee report endorsed the Learning and Education Strategy for public board in December 2023.	Workforce report and dashboard created and in use in Quarter 3 2023/24 for NHS providers. This needs to go to Finance and Performance Committee.
Strategic workforce planning tool not yet in place.	

Mitigating Actions:	Action Owner	Action Status	Planned Completion Date
A revised approach to collating the required data to inform the strategic workforce numerical plan for health providers has been designed, approved, and implemented. Workstreams are on track to deliver the plan by agreed deadline.	Mark Sowden	On Plan	January 2024
Ongoing engagement with primary care and social care to source workforce planning data so that the data can be included in the strategic workforce numerical plan to enable full System workforce planning.	Mark Sowden	On Plan	April 2024
		~~Behind Plan~~	~~January 2024~~

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Clinical engagement with health provider Chief Medical Officers (CMOs) and Chief Nursing Officers (CNOs) planned throughout Quarter 3 and Quarter 4 to support socialisation and approval of strategic workforce numerical plans as well as to ensure those plans are aligned to the required clinical service / pathway redesign and new ways of working required. This engagement work is being supported by NHS Devon CMO & CNO.	Paul Renshaw / Mark Sowden	On Plan	**Revised date** April 2024
New Action Q3: 5 Year Workforce Plan to be agreed by System Partners.	Paul Renshaw / Mark Sowden	On Plan	April 2024
Oversight and progress reporting in place to monitor progress and delivery of plans. Oversight includes provider Executive / senior management attendance at meetings as well as ongoing engagement with provider leads and monthly reports to Executive Workforce. Need to start to update Finance and Performance Committee.	Mark Sowden	On Plan	April 2024
The development of our own strategic workforce planning tool (SWIFT) will be a key enabler in supporting health providers in developing robust workforce plans as well as enabling ongoing monitoring of delivery progress. The SWIFT tool will also standardise planning processes and the outputs of the tool will help inform talent pipelines and new ways of working models.	Mark Sowden	On Plan	January 2024

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<table>
<tr><td colspan="6"><u>Make More Efficient Use of Our Resources</u>
Corporate Objective 11:
Maximise the use of digital technology and data so it [care] is evidence based and outcome focused.</td><td>Executive Director: Bill Shields, Chief Finance Officer (CFO)</td></tr>
<tr><td colspan="6" rowspan="2">Risk:
If we fail to resource and work collaboratively towards the common priorities presented in the Digital Strategy, we will not be able to maximise the benefits afforded by the advances in digital and data. Specifically the NHS Devon Digital Team are driving system improvement and collaboration in the following areas:
▪ The digital contribution to exiting Segment 4 of the National Oversight Framework (NOF4)
▪ The delivery of unified and standardised digital infrastructure and applications to support the clinical model
▪ The delivery and development of shared care record capability
▪ The development of the digital citizen and improving digital inclusion
▪ The delivery of a shared digital target operating model for the delivery of digital services.</td><td>Principal Assurance Committee: Finance & Performance Committee (FPC)</td></tr>
<tr><td>ICS Digital Vision: Invest in a digital Devon: People will only tell their story once; first contact will be digital where appropriate and more advice and help will be available online. We want to make the most of advances in digital technology to help people stay well, prevent ill-health, and provide care.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td rowspan="2">Joint Forward Plan Enabling Programme: Digital and Data</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>4</td><td>4</td><td>↔</td><td>16</td><td rowspan="2">8</td></tr>
<tr><td><u>Residual</u> Risk score:</td><td>3</td><td>4</td><td>↔</td><td>12</td><td>Risk Appetite: Seek</td></tr>
<tr><td colspan="7">Key Update on Actions – October 2023:
The Digital Strategy was approved by the NHS Devon Board in March 2023.
The NHS Devon Digital Team and the Integrated Care System (ICS) Devon Technical Design Authority are supporting the system recovery activity.
£85m has been allocated to Devon Partnership NHS Trust (DPT), University Hospitals Plymouth NHS Trust (UHP) and Torbay and South Devon NHS Foundation Trust (TSDFT) to complete their digitisation journey. The OBCs for TSDFT and UHP have been approved.
Channel 3 Consultancy have completed their activity in delivering abbreviated Outline Business Cases for the Target Operating Model, Shared Service Desk and Review of referral services. These documents have been considered in the ICS Devon Digital and Data Board and Technical Design Authority. The executive level governance is through the System Recovery Board prior to organisational Boards.</td></tr>
</table>

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Following an open procurement process, a preferred supplier has been selected for a professional digital services partner to support Phase 4. A business case has been prepared and submitted to the NHSE SW region for the Phase 4 activity. To help control cyber risk an ICS cyber security phishing exercise was conducted under the supervision of NHS England. An ICS Cyber Security Strategy is being developed by an ICS wide group of cyber experts.		
Key Controls:	**In Place**	**Assurances:**
Digital Strategy - includes plans and high-level investment requirements.		Digital Transformation Board provides governance by reviewing all strategies, plans and investments for system wide transformation. It also provides a point of escalation for reviewing risks. Membership of this board includes executive leads, CIOs and CCIOs.
Maintained business case for the future development of the shared care record to support the enablement of wider access to the shared care record so that patient information is accessible to all those involved in direct care.		Assurance reports to Finance & Performance Committee.
ICS Cyber Security Strategy being developed which provides direction for national funding opportunities.		Single Technical Design Authority provides technical leadership for policies, procedures architecture design and standardisation of approaches to ensure best practice across the ICS. Specific areas of focus includes Cyber Security and Data Centres.
Control Gaps		**Assurance Gaps**
Over reliance on provider digital resources who have other competing local priorities		The NHSE model hospital data focus on the lowest immediate cost rather than safest and longer-term cost effective value
A culture of whole system thinking across the ICS has yet to be achieved		The cyber security phishing results were lower than the national average and identifies a need for promoting further training and awareness
Lack of financial resources: the system control CIP is reducing the resources available to Digital which in turn creates a risk in supporting digitally enabled transformation		

Mitigating Actions:	**Action Owner**	**Action Status**	**Planned Completion Date**
Channel 3 Consultancy providing support by producing business case for a Target Operating Model supporting a more efficient and resilient shared IT service and contributing to our exit of NOF4.	Malcolm Senior	Complete	October 2023

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Channel 3 Consultancy providing support by producing a business case for Shared Service Desk supporting a more efficient and resilient shared IT service and contributing to our exit of NOF4.	Malcolm Senior	Complete	October 2023
Channel 3 Consultancy providing support by producing an initial Review of Referral Services supporting a more efficient referral service for Devon and contributing to our exit of NOF4.	Malcolm Senior	Complete	September 2023
Professional provider support requirement being specified for Phase 4 implementation activity. Linked to the implementation of the business change associated with the Channel 3 business cases above.	Malcolm Senior	Complete	September 2023
New Action Q3: NHSE to sign-off business case for Phase 4 activity.	Malcolm Senior	On Plan	November 2023
New Action Q3: Follow up awareness on cyber security phishing risks across the ICB with a follow up exercise being planned to assess effectiveness.	Jim Goodwin	On Plan	November 2023

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<table>
<tr><td colspan="6"><u>Improve Services and Reduce Unwarranted Variation</u>
Corporate Objective 12:
Minimise our negative impact on the environment and ensure services are green / sustainable.</td><td colspan="2">Director Lead: Andrew Millward, Chief Communications & Corporate Affairs Officer</td></tr>
<tr><td colspan="6" rowspan="3">Risk:
If NHS Devon does not embed the principles for Healthier Planet, Healthier People then it will not ensure that it is as green and sustainable an organisation as possible in order to contribute to the NHS target of reaching net zero by 2040 (for emissions it controls directly and by 2045 for those it can influence (such as the supply chain)). The consequence will be that we fail in our responsibilities to tackle the impact of the climate emergency on the health of the population and for future generations.</td><td colspan="2">Principal Assurance Committee: Finance & Performance Committee (FPC)</td></tr>
<tr><td colspan="2">Devon Challenge: (2) Climate Change</td></tr>
<tr><td colspan="2">ICS Strategic Goal: We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td rowspan="2">Joint Forward Plan Enabling Programme: Green Plan</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>4</td><td>4</td><td>↔</td><td>16</td><td rowspan="2">8</td></tr>
<tr><td><u>Residual</u> Risk Score:</td><td>4</td><td>4</td><td>↔</td><td>16</td><td>Risk Appetite: Seek</td></tr>
<tr><td colspan="8">Key Update on Actions – Oct 2023:
NHS Devon’s Green Plan was written with contributions from acute trust partners and general practice. This provides a framework to support the individual partner Green Plans. The plan is now being revised to reflect the Joint Forward Local Plan consultation. Key actions that cut across both documents are:
▪ More NHS Devon staff will make greener journeys to work (this work will commence after the move to Pynes Hill);
▪ NHS Devon will be a paper free organisation by 2028 (this work will commence after the move to Pynes Hill); and
▪ More products and services are bought locally promoting the concept of the Devon Pound across the One Devon Health and Care System partners.

Joint Local Forward Plan – Milestones for Year 1:
▪ 10% increase in the number of NHS Devon staff making greener journeys to work;
▪ 20% reduction in the use of paper across NHS Devon; and
▪ 20% more products and services will be bought locally, promoting the concept of the Devon Pound across the Integrated Care System (ICS) and its partners.</td></tr>
<tr><td colspan="5">Key Controls:</td><td>In Place</td><td>Assurances:</td></tr>
<tr><td colspan="5">Joint Forward Local Plan has been consulted upon and adopted.</td><td></td><td>Estates / Sustainability Lead Meetings:</td></tr>
</table>

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		Regional Meeting: Attended by ICS Leads. System partners support each other and share best practice to deliver individual plans. Local Meeting: Attended by Estates Leads. Discussions take place about individual plans for each site / part of the system.
Green Plan being amended to reflect the outcome of the Joint Forward Local Plan consultation.		

Control Gaps	**Assurance Gaps**
Resources and Capacity: No resources have been identified to support the implementation of the Green Plan. There is currently no dedicated strategic resource at a One Devon Health and Care System level for the Green agenda	Formal governance arrangements not in place and no formal route to the NHS Devon Board
NHS Devon's Green Plan does not currently have an associated delivery plan	
The Green Plan is currently being reviewed to reflect the sustainability ambitions within the Joint Forward Local Plan	

Mitigating Actions:	**Action Owner**	**Action Status**	**Planned Completion Date**
Phase 2 of the Organisational Change Programme will determine the level of resources required for delivery of the Devon Green Plan / Joint Forward Local Plan.	Piers Tetley	On Plan	April 2024
Consideration being given to the governance arrangements required to provide assurance on the delivery of the Green Plan.	Darin Halifax	On Plan	April 2024
The Green Plan is currently being reviewed to reflect the sustainability ambitions within the Joint Forward Local Plan.	Darin Halifax	Behind Plan	December 2023
Joint Local Forward Plan Actions – Year 1:			
Objective: More NHS Devon Staff Will Make Greener Journeys to Work			
Complete a review of electric car charging points at NHS Devon venues	Darin Halifax	On Plan	March 2024
Explore the potential for subsidised public transport usage for staff by working with NHS Devon HR teams to establish the current offer to staff	Darin Halifax	On Plan	March 2024
Further promote NHS Devon's EV Car Buying Scheme	Darin Halifax	On Plan	March 2024
Further promote NHS Devon's Cycle to Work Scheme	Darin Halifax	On Plan	March 2024
Objective: Paper Free Organisation (by 2028)			

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Provide communications to staff on the cost of using paper	Darin Halifax	On Plan	March 2024
Reduce the number of printers being made available across NHS Devon sites	Darin Halifax	On Plan	March 2024
Promote Ecosia as the preferred internet browser	Darin Halifax	On Plan	March 2024
Objective: More Products and Services Bought Locally Promoting the Concept of the Devon Pound Across the ICS and its Partners			
Work with procurement colleagues to further develop the Social Value weightings on contract awards to include 'buy local'	Darin Halifax	On Plan	March 2024
Work with procurement colleagues to review and revise the current Social Value weightings applied to the Green Agenda	Darin Halifax	On Plan	March 2024

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<table>
<tr><td colspan="6"><u>Develop Our Culture and How We Operate</u>
Corporate Objective 13:
Develop and embed a new culture for the ‘One Devon’ system and create stronger relationships built on integration and trust.</td><td colspan="2">Director Lead: Andrew Millward, Chief Communications & Corporate Affairs Officer</td></tr>
<tr><td colspan="6" rowspan="2">Risk:
There is a risk that the organisational change work being undertaken by the NHS Devon to enable it to meet the required 30% running cost reduction distracts staff from focusing on the transformational change required to improve the provision of care and services for the people of Devon. There is also a risk that the restructure has a knock-on impact of the work underway to strengthen system working as part of the ‘One Devon’ partnership.</td><td colspan="2">Principal Assurance Committees: Executive Strategy & Transformation Group; and People & Culture Committee (PCC)</td></tr>
<tr><td colspan="2">ICS Overarching Goal: One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money. (extract from the Devon Plan).</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td colspan="2" rowspan="2">Joint Forward Plan Enabling Programme: System Development</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>5</td><td>5</td><td>↔</td><td>25</td><td rowspan="2">6</td></tr>
<tr><td><u>Residual</u> Risk Score:</td><td>4</td><td>5</td><td>↔</td><td>20</td><td colspan="2">Risk Appetite: Seek</td></tr>
<tr><td colspan="8"><u>Key Update on Actions – October 2023:</u>
▪ Consultation on Phase 1 of the Organisational Change Programme has been completed. The aim is to publish the final structure week commencing 06 November 2023.
▪ Phase 2 of the Organisational Change Programme is due to start week commencing 06 November 2023 with a range of directorate meetings taking place to consider work for the future.
▪ As part of a reset, the Executive Team are reviewing priority areas, particularly linked to NHS Oversight Framework (NOF4) and allocating resource appropriately on an interim basis whilst organisational change work is being completed.
▪ NHS Devon continues to keep all staff up to date with progress on the Organisational Change Programme and are working closely with trade unions, and the Staff Partnership Forum.
▪ Consultation on accommodation is now complete and revisions to our approach are being considered. The move to the new offices is scheduled for mid-December 2023.</td></tr>
<tr><td colspan="3">Key Controls:</td><td>In Place</td><td colspan="4">Assurances:</td></tr>
<tr><td colspan="3">Organisational change programme split into two phases with Phase 1 focused on the Executive Team and Senior Leadership Team.</td><td></td><td colspan="4">Organisational Change Oversight Group provides assurance on the organisational change process from a technical / procedural perspective but also touches on the wider determinants such as staff support, staff pressure etc.</td></tr>
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Communications Plan in place to ensure that staff are kept up to date in relation to proposed changes and that they are appropriately engaged.		Remuneration Committee provides assurance on the organisational change process from a technical / procedural perspective but also touches on the wider determinants such as staff support, staff pressure etc.
		Staff Partnership Forum, as a formal consultative body of the organisational change process from a technical / procedural perspective, the SPF provides staff feedback in relation to the organisational change process itself, current mood of the organisation, areas where further support / intervention is required etc.
		Trade Unions receive formal organisation change documents and provide feedback provided.
Control Gaps		**Assurance Gaps**
		-

Mitigating Actions:	**Action Owner**	**Action Status**	**Planned Completion Date**
Organisational change programme split into two phases with Phase 1 focused on the Executive Team and Senior Leadership Team (SLT).	Piers Tetley	Complete	November 2023
Organisational Change Phase 2 due to follow Phase 1, with a focus on the rest of the organisation, in order to ensure that organisational leaders own proposed new organisational structures.	Andrew Millward	Not Yet Commenced	April 2024

Annex A

<table>
<tr><td colspan="6"><u>Develop Our Culture and How We Operate</u>
Corporate Objective 14:
Develop a system operating model, so we are clear on system decision making, local care partnership accountability and development of a more locally based, citizen led approach to planning and delivering services.</td><td colspan="3">Director Lead: Nigel Acheson, Chief Medical Officer (CMO)</td></tr>
<tr><td colspan="6" rowspan="2">Risk:
If NHS Devon does not set clear timescales and expectations for the development of the system operating model as a result of the inertia (inactivity) caused by operational pressures, then some partners will become disengaged and unable to focus on wider system objectives. The consequence will be a break down in trust between partners, which will undermine the relationships needed to fully develop an integrated care system.</td><td colspan="3">Principal Assurance Committee: ICS Executive Strategy and Transformation</td></tr>
<tr><td colspan="3">ICS Aim: Creating an environment for success - Integrated System Development Programme.</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Move</td><td>Risk Score</td><td>Target</td><td colspan="3" rowspan="2">Joint Forward Plan Enabling Programme: System Development</td></tr>
<tr><td><u>Inherent</u> Risk Score</td><td>4</td><td>4</td><td>↔</td><td>16</td><td rowspan="2">6</td></tr>
<tr><td><u>Residual</u> Risk Score:</td><td>3</td><td>4</td><td>↔</td><td>12</td><td colspan="3">Risk Appetite: Seek</td></tr>
<tr><td colspan="9">Key Update on Actions – Oct 2023:
Operating Model delegations meetings took place in August and September 2023, including NHS Devon, Local Care Partnership (LCP) and Provider Collaborative (PC) members. Actions include development of delegation process and Memorandum of Understanding (MoU). Follow-up meetings being arranged. Presentation scheduled for the Executive Team (ET), System Management Executive (SME) and NHS Devon Staff Briefing at end October / early November 2023.</td></tr>
<tr><td colspan="5">Key Controls:</td><td>In Place</td><td colspan="3">Assurances:</td></tr>
<tr><td colspan="5">Partner Board approval of Devon Operating Model</td><td></td><td colspan="3">One Devon Health and Care System maturity assessment</td></tr>
<tr><td colspan="6">Control Gaps</td><td colspan="3">Assurance Gaps</td></tr>
<tr><td colspan="6">Delay in NHS Devon Exec agreement of vision and timescales for implementation</td><td colspan="3"></td></tr>
<tr><td colspan="6">Development and Delegation Framework – dependent on the above</td><td colspan="3"></td></tr>
<tr><td colspan="6">Plan and timeline for adoption of additional responsibilities – dependent on the above</td><td colspan="3"></td></tr>
<tr><td colspan="6">Mitigating Actions:</td><td>Action Owner</td><td>Action Status</td><td>Planned Completion Date</td></tr>
</table>

Annex A

NHS Devon to share updated Operating Model presentation with SME, LCPs, and PCs.	Warwick Heale	~~Behind Plan~~	~~November 2023~~
		On Plan	January 2024
NHS Devon to co-produce with LCPs and PCs a delegation framework to include: governance (formally approved Terms of Reference (ToRs), membership, reporting etc.); assessment of capacity and capability (including that provided by transfer of staff to new body). May use elements of the One Devon Health and Care System Maturity Assessment.	Warwick Heale	~~Behind Plan~~	~~December 2023~~
		On Plan	January 2024

Annex B

Scoring Methodology

The inherent risk score is the rating assigned to a risk before any mitigations/controls are applied; the current risk score is the rating assigned to a risk that takes account of the mitigations / controls applied to it.

Risk Scoring approach = Impact x Likelihood (I x L)

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

Good Governance Institutes Framework definitions:

Avoid	Avoidance of risk and uncertainty is a key organisational objective
Minimal	(ALARP) (as little as reasonably possible). Preference for ultra-safe delivery options that have a low degree of inherent risk and only limited reward potential
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward and Value for Money (VfM)
Seek	Eager to be innovative and choose options offering potentially higher business rewards despite greater inherent risk
Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust

NHS Devon Integrated Care Board

Integrated Quality, Performance and Finance Report (IQPR)

Date of meeting	Date report produced
06 December 2023	17 November 2023

Author(s)		Report approved by	
Name and title:	Dilek Hill Head of Strategic Planning & Performance	**Name and title:**	Anthony Fitzgerald, NHS Devon Chief Delivery Officer
Phone:		**Date:**	24 November 2023
Email:	Dilek.hill3@nhs.net		

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

Executive summary
The Integrated Quality and Performance Report (IQPR) is a key document in ensuring that the Board is sighted on key areas of concern in relation to a range of internally and externally set Key Performance Indicators (KPIs). This report provides a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the Integrated Care System (ICS), at both place and system level that issues are being identified and addressed.

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

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Finance and Performance Committee – 28 November 2023

Key recommendations and actions requested
1. **Take assurance** from the current performance position against the Key Performance Indicators measured through the IQPR.

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

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	Outlines current operational and quality performance and actions
Health inequalities	None
Workforce	Outlines current workforce performance and actions
Resources and finance	Outlines current financial performance and actions
Legal	None
Digital and Data	None
Involvement, engagement and consultation	None

Integrated Quality, Performance and Finance Report (IQPR)

Introduction and background

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

Assurance

Elective Care

2. The finalised October position shows that the Devon Integrated Care System (ICS) has not met the submitted 104 and 78 week wait trajectories but has met its trajectory for and 65 week wait trajectories.

3. Ongoing issues with activity lost as a result of industrial action has been a factor that has impacted on recovery of activity and performance levels detailed within the operating plan. Whilst there has been no recent industrial action, the impact of activity lost earlier in the year is resulting in 'tip ins' to the current position that would previously have been cleared.

4. Without activity lost to industrial action, all providers and the system would have met the trajectory on all three standards. The system is currently forecast to eliminate 104 week waits by the end of November.

Urgent and Emergency Care (UEC)

5. Urgent and Emergency Care (UEC) metrics reported through the IQPR have seen no improvement during November 2023. Ambulance handover delays above the 15-minute worsened in October to 13,942 from 13,507 hours which remains behind trajectory. Time lost due to ambulance handover delays has increased by 53% between July 2023 and October 2023. 4 hour performance is at 60.7% in October and remains below the trajectory of 68%.

6. Category 2 response times worsened in October with an average response time of 58 minutes and there was a worsening position against the 12 hours in

department standard which increased to 3340 from 2992. The worsening of both metrics correlates with the period of Opel 4 and the sustained pressure the system was under during this period.

7. During the Q2 review all provider Chief Executive Officers (CEOs) signed up to improving performance on the following key areas. Initial modelling identifies a potential 4 hour performance improvement of circa 10% type 1 from delivering in these areas.
    - 75% minors' performance.
    - Improvements in overnight performance (20:00-08:00).
    - Patients that breach between 4 and 5 hours.
    - Reduction in 24-48 hour LoS.
    - 33% pre midday discharges.
    - 5% NCTR reduction.

8. Devon ICS led development of the Care Coordination Hub is central to improved management of demand through proactive direction of appropriate patients to alternative services.

9. A 4 week proof of concept for the Care Coordination Hub commenced on the 30 October 2023 aimed at the west of the system. During its first 2 week period, the Care Coordination Hub received 220 referrals. Of those 220, 165 were supported to avoid an Emergency Department (ED) while 55 were deemed suitable for a conveyance to ED. Work to develop a sustainable model is now ongoing.

Hospital Discharge

10. Hospital discharge performance is measured by the number and percentage of beds occupied by inpatients with No Criteria to Reside (NCTR) and Length of Stay (LOS).

11. The number of NCTR patients occupying a hospital bed in Devon shows continued improvement since March 2023. As of 23rd October, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 11% (249), which remains the same since the previous months report, although falling short of the 5% (110) system target.

12. Providers are implementing actions to reduce the number of NCTR patients, including fully operational discharges lounges, supporting low performing wards with discharges.

Primary and Community Care

13. As three out of four metrics are currently met, focus remains on GP appointments occurring within two weeks. Devon's Plan for Recovering Access to Primary Care (PCARP), was supported by the Primary Care Committee in September and Board in October. This plan will be monitored to establish the effectiveness of specified actions to improve the system's position.

14. Across Devon at the end of August 2023, 32,508 children and adults are waiting for community services, this figure has increased by almost 8,000 over the last six months. NHS Devon has made significant progress bringing commissioners and providers together in developing a dashboard to support a greater depth of understanding within the system. NHS England (NHSE) has requested this work to be shared across the region to enable the benefits of learning to be distributed more widely.

Mental Health

15. The system has seven long term plan indicators and four additional KPIs. Currently, only two KPIs are achieving their targets (Early Intervention in Psychosis and Talking Therapies recovery). The Mental Health Learning Disability and Neurodiversity (MHLDN) Provider Collaborative is responsible for the direction and oversight of these targets with a description of key indicators as follows:

- Talking Therapies - nationally Talking Therapies (IAPT) have a target for growth in access, achieving recovery for 50% of people and seeing 75% of people within 6 weeks and 95% of people within 18 weeks. Plans are in place and being delivered at provider level to promote access. There is a risk that as access increases the wait times will become more difficult to maintain, this is being monitored via the Data & Business Intelligence Group of the MHLDN Provider Collaborative.

- Early Intervention in Psychosis - nationally these services have a target to see 60% of people within 2 weeks of referral. The NHS Devon Mental Health Commissioning Team has, via an enhanced surveillance approach worked closely with a challenged provider to improve performance and eliminate unwarranted variation in access. This work is showing sustained improvement and across Devon we are now achieving this standard.

- Children & Young People's Access - following the Care Notes outage and the identification of inconsistencies between local and national reporting, significant work is being undertaken to ensure a clear picture of local performance with a number of children and young people's mental health providers. Interim assurances identify that performance is stronger than originally indicated, plans are in place and progressing to improve data quality and accuracy both locally and nationally and improvements are expected imminently. In addition, plans are being developed to ensure that growth planned for delivery in Q3 and Q3 is delivered. CFHD and the ICB are meeting in early December to progress this work. Data improvements have been agreed via the MHLDN Provider Collaborative Data & Business Intelligence Group.

- Inappropriate Out of Area Placements - Devon is achieving significant and sustained progress in relation to the elimination of inappropriate out of area placements, this represents the culmination of significant provider led work over a period of years to develop inpatient care and community offers. The continued progress has been achieved in the context of increased national

demand and an average occupancy rate of 96%. Progress remains fragile owing to these pressures. Nationally and regionally inappropriate out of area placements have been increasing over the last six months whilst in the same period Devon has continued to improve its position. Whilst the ambition to eliminate inappropriate out of area placements remains, the national target for 23/24 was to progress towards elimination, which Devon is achieving.

- Perinatal Mental Health - nationally, there is an ambition to increase access to perinatal mental health services. In Devon we are working to ensure that in 23/24 1,115 people can access these services. Overall, Devon is progressing in line with previous years towards achieving this, a plan to increase access by extending the access criteria (in line with national LTP ambition) in Plymouth is being delivered. Plans to deliver the same in Devon were paused for 23/24 owing to competing priorities for investment.

- Dementia Diagnosis Rate - nationally it is expected that 66.7% of people, who are 'expected' to have dementia, receive a diagnosis. Devon has, for a considerable time been underachieving against this standard. However, in the last 5 months there have been improvements in performance. Interim data indicates that this is related to delivery of flow improvement plans in the Plymouth area for dementia diagnosis. A System Workshop to support wider ambitions is scheduled for December.

Children and Young People Services

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

17. Referrals for ASD and the numbers waiting for diagnosis have increased since the pandemic. although referral volumes halved during the school summer holidays. The number of Children awaiting ASD assessments have continued to increase with the current waiting list exceeding 4,500. Staffing vacancies are the primary factor affecting this service, resulting in limited assessments being completed. Recruitment to existing vacancies as well as new additional staffing is in progress. Once recruitment is at full establishment, improved impact is predicted in those services in 2024/25

18. SLT referrals have also halved over the summer holidays. Waiting times (over 18 weeks performance) are no longer improving but showing common cause variation. Pending recruitment to vacancies, induction and training (as many will be newly qualified) improvement is predicted in 24 months.

19. Following a recent deep dive of CYP, a number of actions are being developed to improve performance, including plans to:
    - Complete pathway reviews with CFHD and make recommendations to systems executives about next step.

- Re-establish performance monitoring meeting to address significant data quality issues across all service providers and have robust overview of community waiting lists.

Workforce

20. Across the system, staffing levels are in excess of plan with 31,114 WTE staff compared to a planned workforce of 30,087 WTE staff, contributing to a year to date overspend of £9.99m.

21. Whilst there is increase in the number of WTE staff, agency usage has also been above plan each month during this financial year with a year to date overspend of £9.54m. This is 49% higher than plan. System agency spend as a percentage of the overall pay bill is reported at 3.32%. In terms of total agency shifts by system and on framework users, Devon ranks third in the region and second for lowest for percentage Price Cap Compliance amongst the South West systems.

22. To reduce agency, overspend, the 'One Devon Bank' is progressing to enable existing staff to work across the system and therefore reduce the reliance and cost of using agencies. Additionally, Deloitte is supporting the system by developing enhanced agency controls.

Finance

23. At the end of October 2023, Devon ICS reported a year to date deficit of £71.3m against a planned deficit of £38.8m (£32.5m adverse to plan). The forecast remains on plan at £42.3m deficit. As at month 7 the Devon ICS made efficiency savings of £89.6m which is £0.1m behind plan. (M6 £9.5m ahead of plan).

24. At the planning stage net risks of £159.5m were identified in addition to the deficit plan. At the end of month 7 this has improved by £33.9m and stands at £125.6m against the current forecast.

25. The main drivers for the deficit include additional unmitigated costs and lost elective recovery fund (ERF) income at Royal Devon University, University Hospitals Plymouth and Torbay and South Devon as a result of the industrial action of £15.7m (M6 13.2m), a shortfall in pay award funding (£3.5m) and a year to date over spend on drugs at Royal Devon University and University Hospitals Plymouth (£7.7m). There is a further reduction on ERF earnings of £4.3m across the system.

26. There is significant focus on actions to reduce the financial variance, which include:
    - A full system investment review that is currently underway
    - A review of insourcing and outsourcing schemes and performance impacts as part of the Operational Plan 2023/24 reset.
        - The production of PIDs for £12.5m mitigating schemes.
        - The development of full productivity report for all 3 acute providers.

Integrated Quality, Performance and Finance Report (IQPR)

Owner: Performance Team

November 2023

DRAFT Version

Table of contents

Executive Summary

Unscheduled Care

Ambulance handover delays above the 15-minute worsened in October to 13,507 hours which is twice the in-month trajectory of 6,259 hours. 4 hour remains below trajectory at 60.7% and has failed to achieve its trajectory for the last 6 months. Category 2 response times worsened in October with an average response time of 58 minutes, compared to 57 minutes in September.
In addition to the 7 Key areas detailed within our UEC Recovery Plan, continued focus is being placed on minors' performance, overnight performance, patients that breach between 4-5 hours, virtual ward utilisation, pre-midday discharge and no criteria to reside.

Elective Care and Diagnostics

The system position is close to the trajectory for the clearance of all 104ww patients with an expected completion date of the 104ww cohort revised to the end of January. There are two patients remaining at UHP who may require treatment in December due to unavoidable complexities and a further two in January.
The system is close to meeting its 78 weeks wait trajectory with 885 patients waiting for treatment against a trajectory of 853.

Hospital Discharge

The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. Since March 2023 the metric continues to demonstrate a special cause variation of an improving nature. As of 23rd October, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 11% (249), which remains the same since the previous month's report.

Primary and Community Care

NHS Devon continues to exceed three out of four access targets. GP appointments occurring within 2 weeks was 74.1% against an 85% target. The target of 35% of appointments occurring within 1 working day of request continues to achieve with 44% seen within 1 working day during September 2023. Meetings have commenced with PCNs to review progress against Capacity Access and Improvement Plans, findings will be reported next month.

Quality

The impact for patients experiencing long delays within planned and urgent and emergency care, both safety and experience, continues to be reported through ICB quality data; 'Treatment Delays' consistently feature in the top 3 themes within Serious Incidents across Devon, with an increase of 5 in October 2023. This is reflected in the top three Patient Experience Concerns; 'Access to Services' (94 received in October 2023). Infection prevention and control teams continue attempts to mitigate seasonal risks, including flu. In addition to seasonal risks, Tuberculosis has required ICB leadership, due to two historical tuberculosis incidents which require further screening of contacts.

Mental Health

The system has seven long term plan indicators and four additional KPIs. Currently, only two KPIs are achieving their targets (EIP and Talking Therapies recovery). Whilst Inappropriate Out of Area Placements has not achieved its target, the system has achieved ongoing reductions. This improvement is noted when compared to a regional and national position of increasing placements. The MHLDN is developing its reporting infrastructure to support identification of further improvement opportunities.

Children and Young People Services

In September, the waiting list for children over five awaiting ASD assessment continues to rise and is now at 4,614, this is almost 1000 more children waiting since March 2023. Referrals are expected to rise again as children return from summer holidays. Staffing vacancies are the primary factor affecting this service, resulting in limited assessments being completed.
SLT referrals are below the average, whilst children waiting longer than 18 weeks for an assessment remains at 2,665. These waiting times are no longer improving but showing common cause variation.

Workforce

At month 6, YTD agency spending exceeded plan by £9.54m and as a percentage remains at 3.32%. As a system, workforce spend has been £9.99M higher than anticipated total YTD (Forecasted £14.3M overspend against plan to the end of the year).

Finance

At the end of October 2023, Devon ICS reported a year to date deficit of £71.3m against a planned deficit of £38.8m (£32.5m adverse to plan). The forecast remains on plan at £42.3m deficit. As at month 7 the Devon ICS made efficiency savings of £89.6m which is £0.1m behind plan. (M6 £9.5m ahead of plan).

At the planning stage net risks of £159.5m were identified in addition to the deficit plan. At the end of month 7 this has improved by £33.9m and stands at £125.6m against the current forecast.

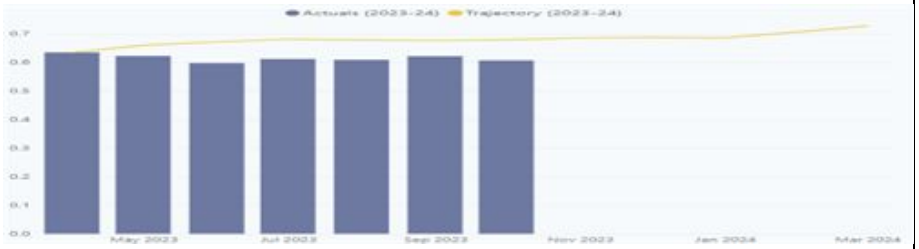
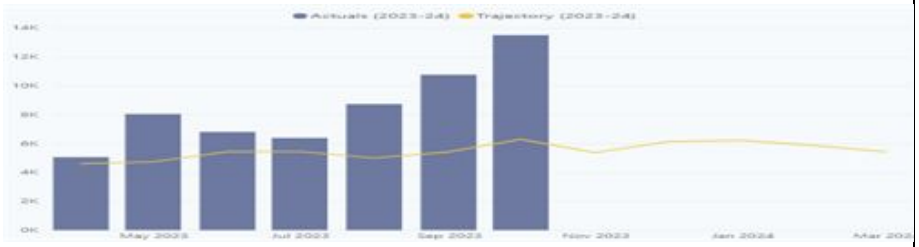
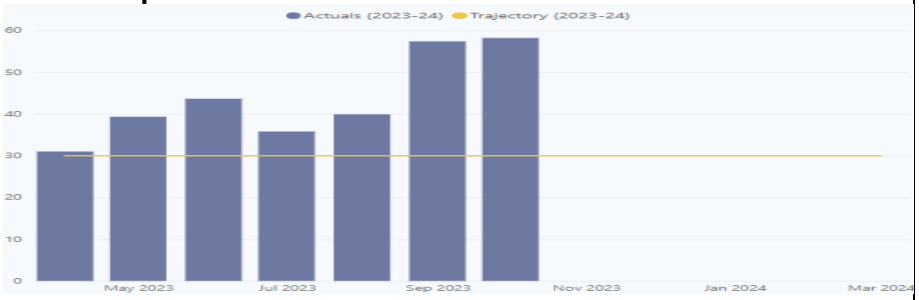
Operational Performance

Urgent and Emergency Care – System Overview

				System			Royal Devon University NHS Foundation Trust			Torbay and South Devon NHS Foundation Trust			University Hospitals Plymouth NHS Trust		
	Metric	Target	Latest Date	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance
UEC	National A&E Type 1 Attendance		Oct 2023	28,330			12,847			6,549			8,934		
	National A&E Type 1 seen within 4 hours	95%	Oct 2023	47.9%			52.7%			51.2%			38.5%		
	National A&E all types seen within 4 hours	95%	Oct 2023	60.7%			62.7%			66.4%			54.1%		
	National A&E 12 hr waits from Decision t...		Oct 2023	945			86			141			718		
	Attendances Type 1		Oct 2023	28,072			12,791			6,568			8,713		
	Type 1 Admissions (conversion rate)		Oct 2023	28.5%			29.4%			23.2%			31.3%		
	Emergency Admissions via A&E		Oct 2023	8,009			3,757			1,523			2,729		
	4hr Performance Type 1		Oct 2023	46.4%			51.2%			48.8%			37.5%		
	Total patients waiting over 12 hours in d...	0.95	Oct 2023	3,487			863			834			1,790		
	Ambulance arrivals delayed over 15 min...	0%	Oct 2023	88.7%			87.9%			89.6%			89.3%		
	Time lost to Ambulance Handover Delays		Oct 2023	13,942			3,224			3,336			6,946		
	Mean ambulance response times cat 1	7	Oct 2023	10											
	Mean ambulance response times cat 2	18	Oct 2023	58											
	Patients who do not meet the criteria to ...		Nov 2023	4,957			1,450			730			2,130		
	Average Emergency LOS		Oct 2023	7			6			7			9		

Data for October saw limited improvement, with the majority of system metrics exhibiting either a deteriorating position or common cause variation. All types four-hour reports exhibits concerning performance at 60.7% and is statistically unable to meet the 95% target without process change. Category 1 response times show improvement but is not capable of meeting the target without process change. Category 2 response times are showing common cause variation, however current performance (58 minutes) is over three times the target time (18 minutes).

System UEC NOF

UEC Overview	Metrics
Current Position Metrics relating to urgent care have seen no improvement during October 2023. Ambulance handover delays above the 15-minute worsened in October to 13,507 from 10761 hours which remains behind trajectory. Time lost due to ambulance handover delays has increased by 53% between July 23 and October 23. 4 hour performance worsened to 60.7% in October from 64.1% in September and remains below trajectory. Category 2 response times worsened in October with an average response time of 58 minutes and there was a worsening against the 12 hours in department standard which increased to 3340. The worsening of both metrics correlates with the period of Opel 4 and the sustained pressure the system was under during this period. NHS Devon is currently undertaking a bed modelling exercise to understand the potential bed demand and any mitigation that may be required during winter" requiring mitigation this winter. The ICB has been meeting with locality and provider representatives to understand what mitigations are being enacted within acute hospitals and the community to mitigate winter pressures. The model below demonstrates the system level assumption of bed mitigations that can be provided through delivery of these actions, and this work will now be undertaken at a locality level with a link to the plan delivery. Whilst demand is higher than planned levels across the whole of the region, the scale of increase being seen in Devon is disproportionate and needs to be understood with a much greater focus on demand management. A piece of work is being led by the ICB Director of Performance in collaboration with NHSE SW and ECIST to understand the drivers of demand. Some of the key areas being investigated are. • Growth in ED attendances at PCN level from 22/23 to current. • Proportion of attendances that are low acuity. • Change in Conversion rates at PCN level. • Average time in department by PCN level including growth in 12 hour breaches. • Patients with a DTA and then discharged from ED at PCN level. • Rates of DTA made beyond 6 hours from arrival (and then % discharged from ED).	**4 Hour Performance**  **Ambulance Handover**  **CAT2 Response** 

North & East Locality Board Update

Progress

Unscheduled Care Board:

- Both sites – Safety huddles in ED with good progress and good engagement and key themes being reviewed. Survey being developed (23.10.23) to gain feedback and support further standardisation of approach. Speciality delays reduced.
- Both sites implementing internal professional standards and feedback will be sought from both sites. Preparation for formal launch by CEO & CMO at end October.
- There has been an increase of 12% in pre noon discharges (against last week's performance).
- Work with the RDUH to develop the discharge target model to be more dynamic (to account for when demand increased on specific pathways).
- Complete retrospective audit to understand recent spike in NCTR position across both sites, taking the learning to mitigate future spikes.
- Review impact of four-week funded agency provision to inform future surge response (Progress – monitoring weekly discharges for additional agency, impact to be seen in coming weeks).
- RDUH continue to develop GP Streaming proposal for North & East, aiming to support a soft launch in November 2023. ICB engaging with PCN about possibility of local GPs supporting this. Weekly meetings.
- Ambulance Handovers: X-CAD rollout in North & East. ND to attend monthly SWAST meetings for greater oversight across N&E.
- Minors: Minors best practice & staffing discussed in Unscheduled Care Board, noting move to nurse-led model in East. North requesting deep dive into data about breaches in Minors.
- Immedicare: Now live in 4 Eastern Care Homes, DPIA has been updated, will be signed by ICB lead, then be circulated with DSA to those practices who have so far been reluctant to sign to enable further implementation.

Planned Activity	Expected Impact
Improving the No Criteria to Reside (NCTR) Position.	Off trajectory in North, although P1 – P3 position has improved.
Reduce Ambulance Handover Delays.	Significant increased challenges across both sites (challenges remain with DQ).
Improved 4 hour performance (Type 1)	Improvement in Type 1 performance at both sites compared to previous week. Eastern Services continues to remain more challenged of the two sites. ED plan in place which includes improving minors flow.
Improved Minors Performance	Northern Services continues to exceed trajectory. Significant uplift in Eastern position although work remaining to enable delivery of performance trajectory

Issue Description	Mitigation
Increase in COVID rates	IPC support at all flow meetings, E cohort ward created, increased staff comms, increased cleaning support.
Industrial action	Early planning.
Workforce (ED clinicians) – north	Early recruitment of vacancies.
Current ambulance conveyancing arrangements extended temporarily	Catchment change continuing, STOP requested as necessary. Dynamic conveyancing proposal awaited.
Inaccurate ambulance handover times due to reporting issues	Validation carried out by RDUH, but SWASFT unable to update reports.
Future risk remains due to caseation of recruitment into UCR support workers due to availability of system funding.	Agency stepped up by the ICB in the short term.

South Locality Board Update

Progress
• Increase in cubicles in ED to increase capacity to support flow and offload capacity. • Internal professional standards review in progress – supported by MD a phased approach to improving response to referral time in ED and internally across the inpatient pathways. • Winter Planning - Local plans submitted to the Trust Board on 27th to support the mitigation of winter pressures. • VW increase in beds– now at 56 beds. 4 x Frailty beds now operational.

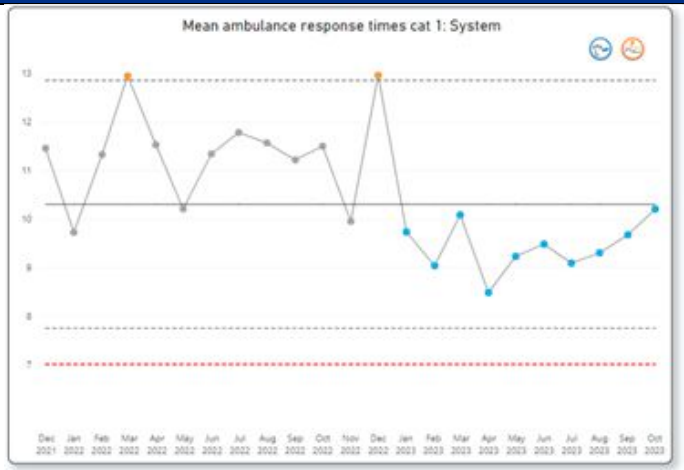
Planned Activity	Expected Impact
Adoption of a Task & Finish Group drawn from across VCSE/DPT/locality/ED to focus on creating appropriate services and response to those with vulnerabilities and/or after attempting self-harm or injuring themselves who attend the ED/CUC settings.	Improvement in outcomes and reduction of risk for those within this cohort, and through the Trauma Informed and Shame Aware lens support people in their lives to reduce the risk of harm to themselves.
Integrated UEC Plan and summary shared with the UCB for update and understanding of workstreams, assurance and timeframes. Now agreed to be the central working document for the SUCB to use to support feedback, updates and assurance work.	A consistent and agreed framework within the wider Unscheduled Care governance structure across the ICB**.**
Action Plan to be created and adopted across the locality to support those that self-harm within the UEC pathways.	Reduce the risk to those vulnerable people that may lead them to further harm or suicide, and to create a trauma informed approach to their complex needs. Reduction of health inequalities and improve inclusion.
Finalisation of community demand and capacity schemes (complex discharge schemes, falls, VCSE, PC) and forecasting to be presented to SUCB in November to ensure robust uptake and impact of schemes of work within these workstreams.	Reduction in ED attendance and associated admission avoidance. Frail population to be supported in their main place of residence.

Area of Escalation	Support Required	Expected Outcome
Ambulance Demand and Management	Agreed Ambulance Demand and Divert Plan	Shared understanding and engagement of cross system pressures
Industrial Action	Awareness - Ability to maintain BAU and patient safety – Consultants, Juniors and Radiographers	reduced performance against recovery plan.
Infection Control	Awareness at this point	Increase in NCTR and drop in performance.
No commissioned HIU service for TSD after resignation of the one co-ordinator.	TSDFT support for interim support from a UEC member of staff to work within the Frequent Attenders forum and VCSE colleagues to hold the outstanding caseload until the newly commissioned HIU team are in place.	Full 3 year tendering process has been commenced and should be completed with a new team by March 24.

Western Locality Board Update

Progress	
• Care Home AA – Twice weekly review of care home admissions commenced 21st August. Currently seeing 4-5 patients per day admitted through ED. • MADE event held 12th September. Action to review Bronze meeting process to ensure morning actions followed up in a timely way. • Priority TOC workstream as part of the DTA improvement program. Discovery and design phase complete with agreed model. Delivery phase commencing Sept 23. Implementation 1st Nov 23. • ED minors improvements - GP streaming, diagnostic access, night staffing. • UTC improvements – tests of change to have someone triaging with a nurse practitioner on quick wins and ordering x-rays.	
Planned Activity	**Expected Impact**
Admission Avoidance: ○ Launch of e-TEP supported by engagement with care homes. ○ Contract extension with Immedicare to ensure continued support over winter, align to Devon contract and ensure coverage through winter. Engagement with top 10 care homes that have reducing Immedicare usage ○ Progress new business case for HIU focussed on top 60% with additional roles in ED to divert. • Alt-ED workshops completed, support from ECIST to be scoped with timelines. • Care co-ordination hub – progress pilot (2-week period) decision of Plymouth only or wider Devon model TBC • Falls Response Offer to be reconfigured due to low utilisation of additional capacity deployed. • Long term conditions, improvements enabled by using integrated information systems in Plymouth. • End of Life - End of life pathway review ongoing, to include scoping potential of virtual wards.	• 10-15% reduction in emergency admissions (medicine) circa 8 – 12 per day. • 100 day challenges metrics: ○ Increase aged 65+ who remain in the community after a fall without injury by 30% ○ Improve long term conditions care for 50+ patients ○ Reduce the number of patients at End of Life by 10% coming to ED from a care home.
Hospital process (handovers and 4-hr ED target, flow) • GP streaming trial acute respiratory pathway, aim 0 – 15 on this pathway per week. • Trials of new pathways to pull patients from ED awaiting MaxFax/ENT and SAU. Additional space in SAU for examination and ultrasound. • Roll out NerveCentre to UTC/MIU. • Recruitment commencing for 9 x B7 ENPs for Cumberland UTC as part of preparation for on-site UTC. • Implement radiology led discharge process	• Achieve 76% Type 1 ED 4 hr performance • Achieve 95% 4 hr at Cumberland UTC • Stream 20+ patients per day to the GP 7-days per week • Reduce hours lost to 15+ ambulance handover delays
Discharge and Length of Stay: • Review of pathway 2 settings – DAU, STCC, community wards – underway to inform decisions about STCC works and criteria, funding of DAU and placement of therapists. • Priority TOC workstream as part of the DTA improvement program. IHDT zoning commenced. • MADE week review and action plan to be developed to meet 7% NCTR. • Mobilisation of P1 peripatetic service. • Increase dementia capacity (additional 58 care home beds across 2 care homes November onwards)	• Increase P2 flow into the unit and greater P1 home first discharges direct from Acute. • Improved LOS, re-admission avoidance and discharge pathway optimised. • Sustained improvements in P1 capacity and ability to meet surge requirements/Winter resilience. • Sustained delivery of NCTR improvements in Plymouth.
Revision of escalation protocols underway by UHP to conform with new national guidance and LSW adopting similar scoring mechanism for community. PCC involved in development of a critical incident toolkit for system partner on-call managers.	
Issue Description	**Mitigation**
Worsening impact of Cornish patients on NCTR and further activity required to ensure sustainability.	Escalation to Cornwall commissioners regarding engagement with WUCB and actions for information sharing underway.

Ambulance response times (Cat 1 and Cat 2)

Data	Analytical Summary
	Ambulance response times are influenced by overall levels of demand, call answering times and capacity to respond - which is correlated to hours lost to handover. **Demand**: The number of incidents in October was 19,869, close to September's figure of 19,924. The percentage of patients conveyed to ED decreased again to 37%, the lowest rates this year. **Call answering**: Call answering performance improved in October with 92% of calls answered in 5 seconds, up from 89% in September (target 95%). Mean call answering times also improved to 5 seconds, down from 8 seconds in September. Through September*, SWASFT's call answering times were better than the national average, 9 seconds compared with 12 seconds (range 2 seconds to 15 seconds). **Response capacity**: Over 219,000 conveying resource hours were available through September, above the plan of 218,000*. However, across the Trust hours lost to handover in October increased significantly up to 40,634, from 29,100 in September. This is by far the highest number of hours lost to handover this year. In Devon, there has also been an increase in capacity lost to handover: 15,892 hours in October, compared with 11,609 in September. **Response times**: Response times increased across all categories in October and none of the response standards were met. Of note, the category 2 response mean in October was 59.8 minutes, a small increase on 58.9 in September (national recovery target of 30 minutes). **Comparative information for all England ambulance Trusts is only available for September. Staffing information against plan is only available up to September.*

Operational Summary

Causes:

- Devon incident numbers in October were 4.26% above contract activity.
- Call answering EMD establishment remains below plan but is stable at 227 WTE.
- Ambulance response times have a positive correlation with hospital handover delays. Through October, there has been a steep increase in hours lost to handover which has led to further increases in response times across all call categories.
- SWASFT's average handover time remains the worst in England. In September*, SWASFT's average handover time was 1 hour and 2 minutes (national average 34 minutes; range 16 minutes to 1 hour). Category 1 response times remain the highest in England – 9 minutes and 38 seconds (target 7 minutes) – range 6 minutes 57 seconds, to 9 minutes 38 seconds. Category 2 response times are also the highest in England – 47 minutes and 34 seconds (target 18 minutes) – range 29 minutes 7 seconds, to 47 minutes 34 seconds.
- Actions described below are focused on increased clinical capacity in the Emergency Operations Centre (EOC) ("clinical hub") and additional frontline resources to contribute to improvements in response times.

Actions:

- SWASFT continue to recruit to EMD roles to ensure sufficient capacity to maintain good performance on call answering. The monthly establishment position is monitored through the South-West Finance Information and Contracting Sub-Committee.
- Increased clinical capacity in the EOC ("clinical hub") and category 2 segmentation and are key elements of the recovery plan. Clinical establishment in the EOC continues to increase, up to 138 WTEs in September an increase on 127 WTE in August (plan 130 WTEs). Category 2 segmentation allows for certain types of incidents to be sent to clinicians for on-going review and some cases will be suitable for clinical validation – which can avoid the need for ambulance dispatch. Category 2 segmentation has been live since mid-May; the number of incidents receiving clinical navigation is stable at c12%, with a small increase in those going for validation up to c5%.
- Additional frontline resources hours are being funded through the UEC recovery fund. This includes maintaining and increasing private provider capacity. Recruitment continues in line with "People Plan 3 / 4" to deliver a longer-term increase in resource with a focus on increasing capacity in the evenings and overnight with new rotas to be launched from January. Sickness reduction schemes are also in place to increase frontline resource; sickness rates in September were better than plan, 5.6% against 7% plan. Ambulance Vehicle Preparation (AVP) schemes across 14 sites in the south-west are also being implemented to increase capacity for response.
- Handovers continue to be a key interdependency to improving response times. The Devon handover improvement trajectory for October was for 6295 hours lost to handover; 15,892 were lost. Handover improvement plans are in place and monitored through the locality urgent care boards. From October, changes to how ambulance handover delays are reported in line with new national guidance were introduced. The 5 minutes "grace" SWASFT applied to the geofence clock start no longer applies, and handovers to cohorts - including those staffed by the ambulance service - will now stop the clock.
- SWASFT have been designated as a UEC Tier 1 Ambulance Trust and continue to receive the highest level of support to achieve the ambitions of the UEC recovery plan. This includes collaborative working across ambulance services through the Model Health System, improvement projects on high impact areas and, oversight and support from the National Strategic Ambulance Advisor. Improvement priorities include System Care Coordination Centres, low-acuity incidents pushed to Urgent Community Response/Clinical Assessment Services (CAS) and access to alternative pathways. These initiatives have been captured as actions under the "Ambulance" heading in the Devon UEC Integrated Recovery Plan. Of note, an ITK link between SWASFT and the Devon CAS is now live with extended operating hours and the two-week test of change for Care Coordination is nearly complete with a "business as usual" plan in development. Alternative pathways to ED are acknowledged by SWASFT to be comprehensive

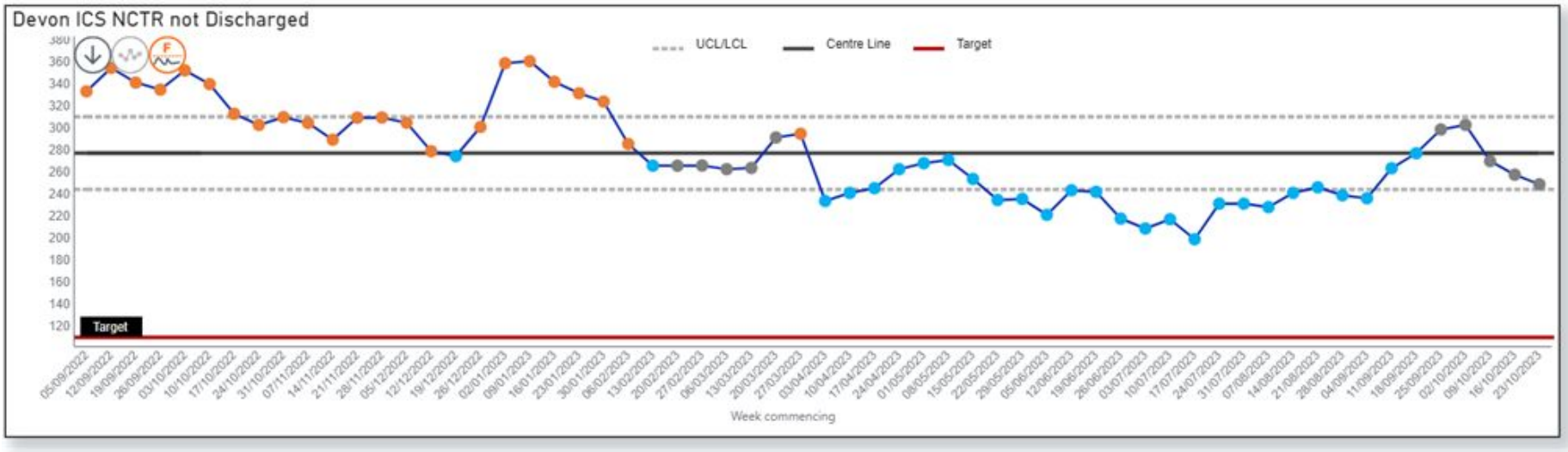
in Devon; we have the highest rate of see and treat outcomes in the south-west (39.9% - range 34.4% - 39.9%) and one of the lowest rates of ED conveyance (45.4% - range 44.8% - 52%). A comprehensive review of all ED alternative pathways is currently underway through the Alternatives to ED (AtED) programme, facilitated in Devon by colleagues from the Emergency Care Improvement Support Team (ECIST), the reviews expect to report from December with recommendations for each locality.

- The south-west commissioners agreed to a lead commissioner model for ambulance services, through NHS Dorset. The new arrangements have started, with the launch of the Ambulance Strategic Board and Oversight Group. This puts the south-west arrangements in line with those in place for other ambulance services. Planning has for the 2024/25 contract commenced; initial modelling indicates handover delays and rising 999 demand could pose a significant financial risk for the Devon system. Discussions between Chief Finance Officers across the south-west are underway to ensure arrangements are in line with the commissioning agreement, and that any resource implications are targeted to initiatives which will improve response times and reduce handover delays.

Hospital Discharge

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
No Criteria to Reside (NCTR)	5% (110)	23/10/2023	11% (249)		

Devon – daily average of patients with No Criteria To Reside



Analytical Commentary:
The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. Since March 2023 the metric continues to demonstrate a special cause variation of an improving nature. As of 23rd October, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 11% (249), which remains the same since the previous months report.

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

- To achieve the locally set discharge target at weekends, as a system on average we 50% of the weekday discharge target during this reporting period. Although slightly higher on Saturdays at 56% but only 45% on Sundays. The reduction in performance this reporting period is largely due to the level of Industrial action and time taken for trusts to recover from this which affect both weekend discharge and P0 performance.
- Early discharge planning in place leading into the weekend from Thursdays followed by mop up meeting on Mondays to review failed planned discharges.
- Continue to roll out CLD to further medical wards within the acutes.
- Discharge Lounges in place and fully operational seven days a week to increase weekend discharges, targeting wards with lower performance of discharges before midday.

- Regular manual processes to ensure patients are on the correct pathway and still have NCTR.
- Think Home First and Home for Lunch initiatives across all sites continues to be promoted and heavy focus on identifying patients for pre noon discharges.
- Reset weeks and MADE events are planned or have been undertaken by some trusts ahead of December.
- Length of Stay programme has supported reduction of 21+ LOS at UHP.

RDUH North NCTR not Discharged.

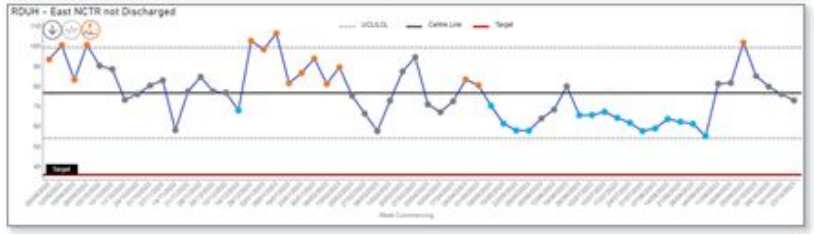
Average Non-elective Length of Stay (by week)– RDUH North

Analytical Commentary: As of 23rd October, RDUHN reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 15% (43), which remains the same from the previous months report. CLD has been established on our respiratory wards, Cardiology, Alex and MAU. In reset week we are going to have another push to roll out to other areas, and clinical site review the CLD list over the weekend to support these discharges. On average RDUHN did not achieve the 60% target and achieved 38% of the weekday discharge target at weekends during this reporting period the performance was considerably affected by the volume of industrial action during this time.

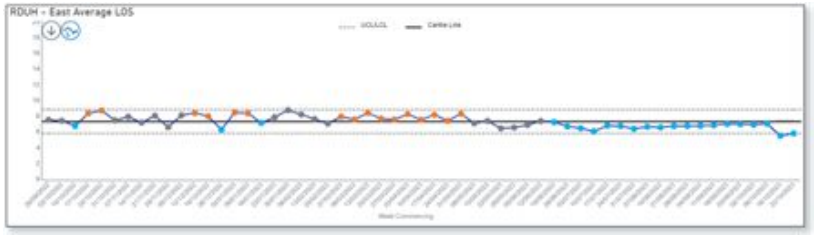
Operational Summary:
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

- P0 – Discharge Hub continues to support early patient flow for October. 491 patients were transferred to Discharge Hub. 23.4% before 10am, 50.5% before midday and 64.6 bed days saved in October.
- The trusts performance against expected number of P0 discharges needed to maintain flow has dropped below target between 18th September and 23rd October, the target set is 30 P0 discharges per weekday the trust has achieved on average 23 P0 discharges per weekday (77%).
- Planning a reset week for week commencing 11th December as part of readiness for winter and continuous improvement. Currently identifying schemes and KPIs
- Due to a data recording issue, the trust is unable to provide the average Length of Delay data on each of the complex pathways for RDUH North. This is being investigated and actions are in place to understand how the data can be pulled from the EPIC system.

RDUH East NCTR not Discharged



Average Non-elective Length of Stay (by week) – RDUH East



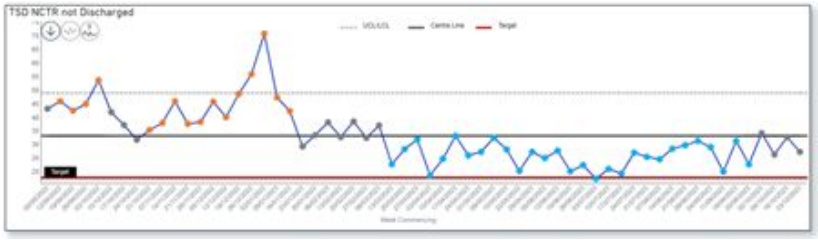
Analytical Commentary: As of 23rd October, RDUHE reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 10% (73), a 1% increase from the previous months report. CLD successfully launched within a Cardiology ward and further roll out to an Eastern Services Community Hospital - Sidmouth on 6th November. Further roll out is planned for an additional 4 wards in the next 2 months and a team are currently working through initiation issues. 2 further potential wards identified in East to participate in test of change. Continue to monitor usage over the weekend to identify areas of improvement modelling wards who have high use. Complete System Weekend Planning, asking Divisions to generate plans on Tuesday and Wednesday ahead of the weekend. Undertake Thursday planning for focus on weekend discharge. On average RDUHE did not quite achieve the 60% target and achieved 57% of the weekday discharge target at weekends during this reporting period the performance was considerably affected by the volume of industrial action during this time.

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

- P0 - Continued focus on morning discharge. Discharge Hooks adopted by all staff to expedite transfer to the Lounge. Golden Patient remains in place to identify pre-10am and evidence of daily improvement. The Discharge Lounge has taken a record number of users since opening in 2021, with a total of 934 patients. As of 06/11 the Hospital Discharge Team have launched a face to face morning huddle and an additional 1pm huddle. Time in Motion study on 13th & 14th November on two Medical and two Surgical wards. This is to capture a timeline of patient journeys on discharge day, and identify delays on discharge pathways that can be targeted. Between 18th September and 23rd October, the target set is 92 P0 discharges per weekday the trust has achieved on average 77 P0 discharges per weekday (84%).

- Since mid-Aug the average LOD on:
    - P1 remained at 3 days.
    - P2 remained at 5 days.
    - P3 increased from 6 to 7 days.

TSDFT NCTR not Discharged



Average Non-elective Length of Stay (by week)-TSDFT

Analytical Commentary: As of 23rd October, TSDFT reported the average weekly percentage of G&A beds that were occupied by patients who had NCTR was 7% (27), a 1% reduction from the previous months report. Manual processes in place to review patients and ensuring they are on correct pathways once they have NCTR continue. Full review of weekend workforce/team being undertaken with Chief Operating Officer (COO). DCL opening at weekends and will continue over winter although this is un-funded. Escalated to COO to support Portal2 working list and aim to be in place by end of November. Review of Friday Dr Weekend handover sheet competed for all patients. Transfer of Care within HOP/Stroke with a focus on improving CLD. On average TSDFT did not achieve the 60% target and achieved 42% of the weekday discharge target at weekends during this reporting period the performance was considerably affected by the volume of industrial action during this time.

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

- P0 – Home for lunch promotion continues to improve pre-noon and pre 5PM discharges. Between 18th September and 23rd October, the target set is 53 P0 discharges per weekday the trust has achieved on average 46 P0 discharges per weekday (87%).

- Since mid-August the average LOD on:
  - P1 reduced from 4 to 3 days.
  - P2 remained at 5 days.
  - P3 increased from 17 to 21 days.

UHP NCTR not Discharged

Average Non-elective Length of Stay (by week) – UHP

Analytical Commentary: As of 23rd October, UHP reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 12% (105), a reduction of 2% from the previous months report. Weekly 21+ day LOS review in place and has seen reduction in the % of occupied beds of 0.6% (15.5% 1o 14.9%). There has also been improved response from Cornwall onward care teams and UHP have seen a reduction in Cornwall patient with NCTR from a peak of 48 to 28 on 1st November and maximum length of delay reduction to 38 days. There is a NCTR task and finish group in place and a further MADE event held w/c 16th October, action plan to be developed from learnings with timeframes and accountability included. Audit and review of P2 community bedded capacity (community hospitals, DAU, STCC) commenced w/c 13th November to provide clear criteria for each of the P2 units. Progress with roll out of CLD had paused however this has relaunched w/c 13th November and will be able to provide update on impact and progress next month. On average UHP did not achieve the 60% target and achieved 52% of the weekday discharge target at weekends during this reporting period the performance was considerably affected by the volume of industrial action during this time.

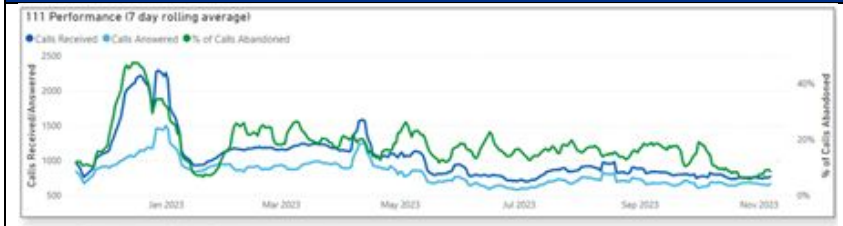
Operational Summary:
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

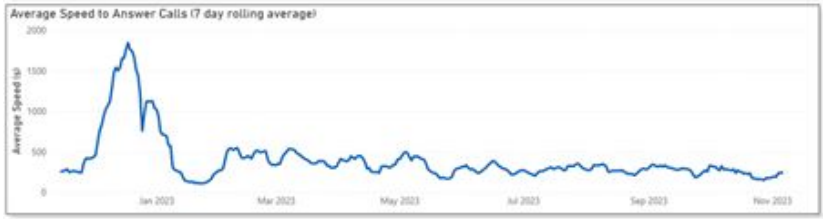
- P0 – Expected Discharge Date being introduced on medical wards with impact to be assessed and next steps agreed. TTAs focus with IT fixes being deployed for new e-discharge programme and changes to community hospital process to become a transfer rather than a discharge to support pre midday discharges. Between 18th September and 23rd October, the target set is 126 P0 discharges per weekday the trust has achieved on average 114 P0 discharges per weekday (90%).

- Since mid-August the average LOD on:
  - P1 remained at 4 days.
  - P2 reduced from 18 to 15 days.
  - P3 remained at 3 days.

Integrated Urgent Care Service: NHS 111/Out Of Hours

Data





C3 & C4 Validation	Jul-23	Aug-23	Sep-23
Validation measure	75%	75%	75%
Local KPI	90%	90%	90%
Total C3 & C4 dispositions	3456	3343	3216
Total C3 & C4 cases validated	2848	2847	2920
% C3 & C4 validated	82.41%	85.16%	90.80%

ED Validation	Jun-23	Jul-23	Aug-23
Validation measure	50%	50%	50%
Local KPI	90%	90%	90%
Total ED dispositions	3716	3166	3662
Total ED cases validated	3148	2737	3332
% ED cases validated	84.71%	86.45%	90.99%

Operational summary

Over 30,000 calls from Devon were answered in September by NHS 111. It is important to remember that whilst the chart appears to show a reduction of calls since June, demand has not reduced as some calls are being taken by other providers due to an agreement with NHS England to provide planned support across the PPG call taking network.

In September, for calls handled by PPG the average speed to answer was just over 4 ½ minutes, which is above the national average by circa 2minutes. Call abandonment was 16.6%, which again was worse than the national average. However, the detailed improvement plans PPG have been working on for many months are starting to deliver improved performance which will be reported next month.

If a 111 assessment leads to an outcome that suggests a patient should be sent to an Emergency Department (ED) or sent an ambulance (category 3 – not immediately life threatening or category 4 – not urgent), the call should be reviewed by a clinician. This process is called validation and is a system priority for the ICB. In September the ambulance validation rate was over 90.8% with ED validation rate over 91%.

OOH Consultations shows the number of patient consultations undertaken by PPG per month, by cases closed by advice (telephone), appointment at Treatment Centre or Home Visit.

The Care Quality Commission (CQC) inspected the OOH and CAS services in July 2023. The report was published on 23 October and retained the current rating of 'Requires Improvement'. The NHS111 service has yet to be inspected.

The key action from the CQC report is for PPG to improve on is the governance around assessing, monitoring, and mitigating risks relating to health and welfare of service users, and to improve their complaints process. As the inspection was undertaken 9 months into the contract, PPG have continued to embed processes and are already well underway with their action plans for improvement. Plans will be overseen by the NHS Devon Patient Safety and Quality Team at the Contract Quality Review Meetings (CQRM) each month.

Elective Care: System Overview

Data

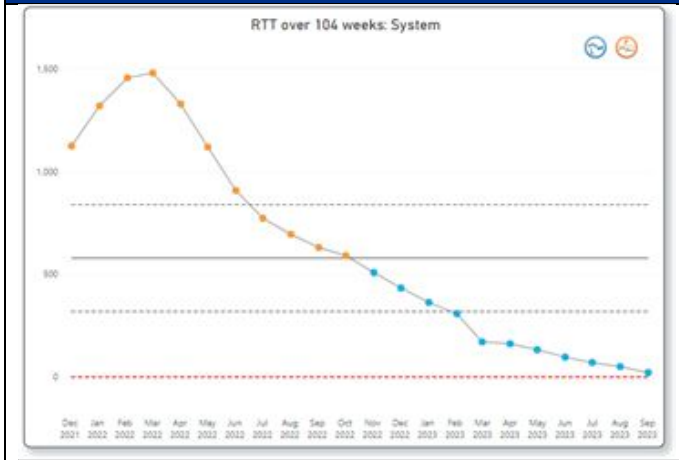
		System			
	Metric	Target	Latest Date	Value	Variation	Assurance
RTT	RTT Incomplete Waiting list		Sep 2023	167,569		
	RTT 18 weeks	92%	Sep 2023	55.4%		
	RTT over 104 weeks	0	Sep 2023	22		
	RTT over 78 weeks		Sep 2023	885		
	RTT over 65 weeks		Sep 2023	4,181		
	RTT over 52 weeks		Sep 2023	11,633		
Diagnostics	Diagnostics within 6 weeks	99%	Sep 2023	64.9%		
	Diagnostic Total activity		Sep 2023	43,366		
Cancer	Cancer 2 week wait	93%	Sep 2023			
	Breast Symptomatic 2 week wait	93%	Sep 2023	43.4%		
	Cancer 31 day First	96%	Sep 2023	82.5%		
	Cancer 31 day follow-up drug	98%	Sep 2023	99.7%		
	Cancer 31 day follow-up sugery	94%	Sep 2023	79.9%		
	Cancer 31 day follow-up radiot...	94%	Sep 2023	98.0%		
	Cancer 62 day urgent	85%	Sep 2023	65.5%		
	Cancer 62 day screening	90%	Sep 2023	29.8%		
	Cancer 62 day Upgrade	85%	Sep 2023	68%		
	Cancer 28 day Faster diagnosis	75%	Sep 2023	73.5%		

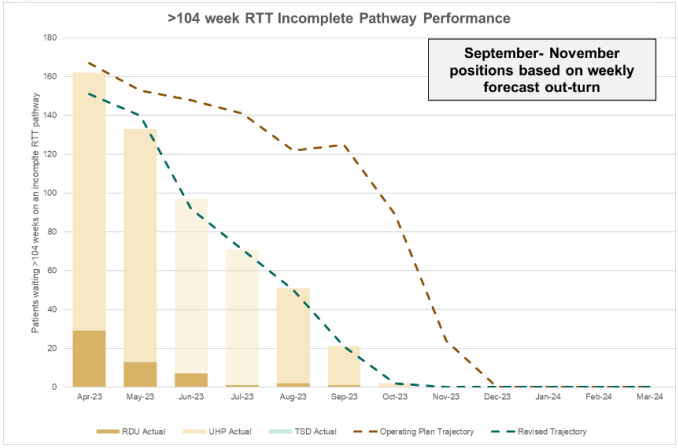
Summary

- The system remains behind the National targets for the clearance of 104ww patients and is adhering to the FY23/24 operational plan revised targets (in October, 2 waiters against a target of 11). The system is still fully committed to attempt to eliminate all patients waiting over 104 weeks by the end of November, however there is a risk that these two patients may tip into December due to the complexity of their conditions.
- Activity continues to be impacted by industrial action; however, mitigation plans are in placed to bring forward as much lost activity as possible.
- Winter planning is taking place to support maintaining as much elective activity as possible over periods of challenged urgent care pressure.
- The bi-weekly system tactical delivery group remains in place to support maximising elective activity and continue to drive for clearance of long waiting patients ahead of trajectory.

Elective Care: System 104/78/65 Week Wait

Data





Analytical Summary

The target of zero patients waiting over 104 weeks remains unmet. However, performance is continuing to statistically improve and is at the lowest point since the initial reporting date (July 2021).

78-week waits are also exhibiting statistical improvement with 801 patients waiting over 78 weeks at the end of October.

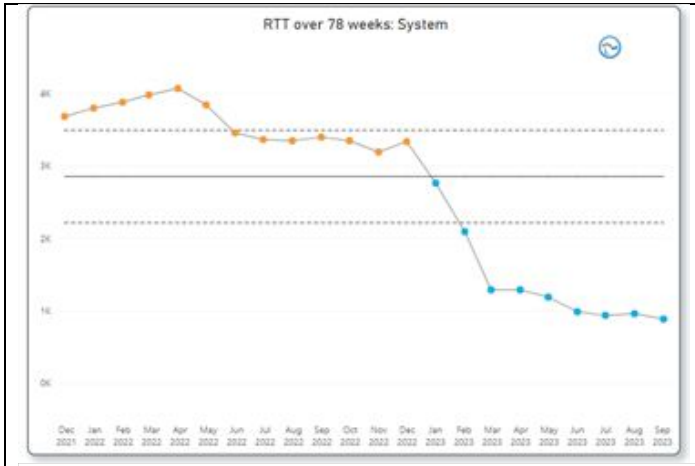
Operational Summary

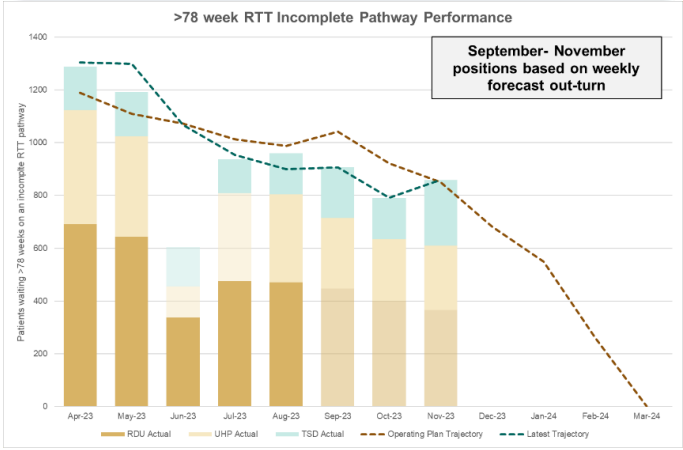
The system position is close to the trajectory for the clearance of all 104ww patients with an expected completion date of the 104ww cohort revised to the end of November. The two patients remaining at UHP may require treatment in December due to unavoidable complexities. The independent sector capacity is being used to support with long waiting patients transferring to support Trust positions.

October's month end 78ww forecast indicates that all acute providers continue to have long waiters in their most challenged specialties with this being impacted by continued industrial action. The independent sector long waiters are a combination of patient choice to delay and adopting long waiters through patients transferring their care from an acute Trust waiting list to access treatment earlier.

A local speciality improvement programme, aligning to the Further Faster deliverables is being developed to support assurance against Trust plans. The ICB is in the process of collating all speciality improvement checklists from providers with a deadline of 7th November for completion. This will form the basis of the check and challenge, along with the dashboard. A first iteration of the dashboard is set to be completed by 13th November focusing on gynaecology, however once this has been reviewed by the specialist teams it will be rolled out at pace for the remaining specialities.

The system theatre performance dashboard is now in place. Work is ongoing between system and Trust BI to secure a regular reporting download to address a gap in the reporting of fallow theatre time. As of the end of October BADS day case rates across the system sit at 84.43% against a southwest position of 82.48%. Capped theatre utilisation at a system level is at 74.6% against a southwest position of 75%. Work is underway through the One Devon pilot and specialty improvement





groups to increase this to the target of 85%. This utilisation position has been impacted by ongoing industrial action.

The mobile endoscopy unit at Tiverton Community Hospital has begun to see patients. It will be operational 7 days per week to support backlog clearance. The new endoscopy development at TSDFT will provide a fourth room and training suite and be accredited to JAG standards will open on 20th November 2023.

The One Devon Elective Pilot continues to make progress across its focused specialities of orthopaedics, ophthalmology, cardiology and spinal.

In ophthalmology all Devon acute providers are running high volume low complexity (HVLC) cataract lists on site. The new Royal Eye Infirmary (REI) theatres are scheduled to be fully open in mid-November.

RDUH North and East are using combined cataract capacity across both sites to support reduction in waiting time at North site. This will be at 16 weeks by December 2023. Additional weekend lists will be running to support this.

To rapidly support TSDFT with their glaucoma backlog, the Centre for Eyecare Excellence (CEE) have provided capacity to see Torbay patients. So far 125 patients have been contacted and accepted an offer of an appointment at CEE.

RDUH and TSD are collaborating in cardiology to prioritise P2 patients waiting over 1 year for their procedure. This has led to regularly scheduled Saturday additional cath lab session with 9 patients per list at Torbay. Additional pacing lists are performed by RDUH clinicians in TSDFT facilities every Tuesday have also commenced.

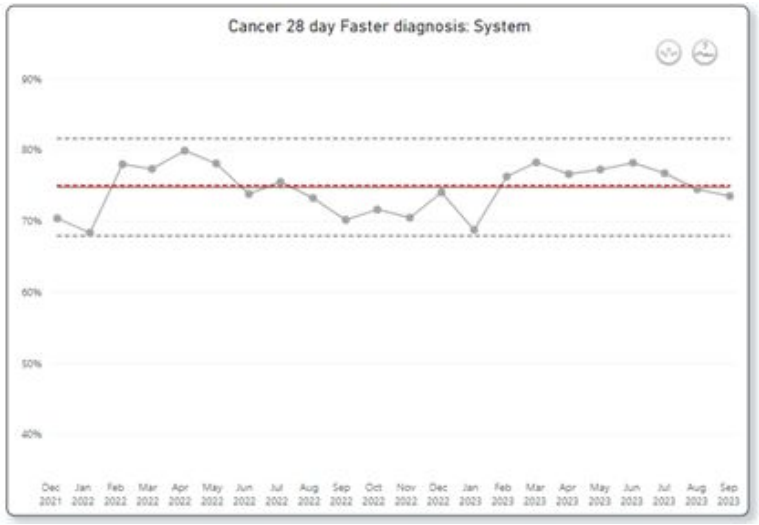
For spinal, significant progress has been made against the 104-week standard which was eliminated by the end of October. Both UHP and RDUH are now working towards 0 78 weeks by the end of November.

The Prime Minister announced a reinvigoration of patient choice on 25th May making a number of delivery commitments, including Patient Initiated Digital Mutual Aid System (PIDMAS). Cohort 1 includes patients who have been waiting over 40 weeks for treatment and do not have an appointment or treatment date within the next eight weeks. Patients are notified that they could be eligible to request to move to a different hospital to be treated sooner under the launch of PIDMAS. In response a total of 10,326 patients have been contacted.

	To improve patient validation, NetCall digital software is set to go live by the end of November. This new technology is expected to increase the number of patients contacted per week from 2,000 to up to 10,000 which will impact positively on Devon's ability to achieve the NHSE validating target. The Devon system validation meeting is exploring the opportunity of using NetCall for validation of follow ups also.

Cancer 28-day faster diagnosis: System

Data



Analytical Summary

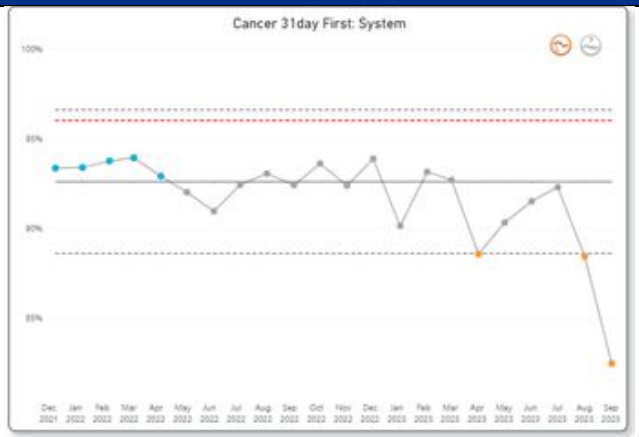
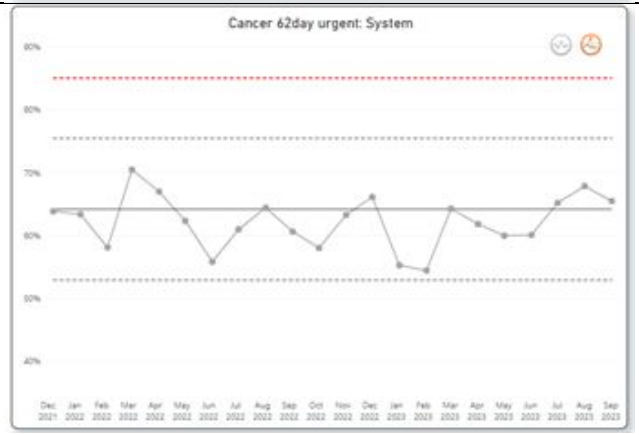
The Cancer 28-day Faster Diagnosis Standard for the system, has been achieved for 6 consecutive months but failed in September with performance at 73.8% against a 75% standard. TSDFT and UHP achieved at 75% but RDUH failed due to an anticipated drop in skin cancer performance due to a combination of increased referrals and reduced staffing and ongoing mutual aid to Taunton that had been agreed by NHSE. The mutual aid stopped at the end of October and some recovery activity is taking place so it is anticipated the standard for RDUH will recover in November.

Operational Summary

Actions:

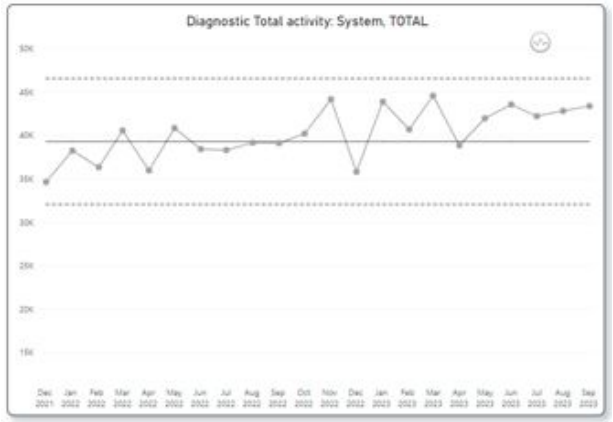
- All Trusts continue to be monitored against delivery of imaging within the standard.
- All Trusts have a cancer recovery action plan in place. Trusts, ICS, and the Cancer Alliance meet biweekly to monitor and mitigate issues as they arise.
- RDUH have developed targeted improvement plans for colorectal & urology cancer and elective pathways (most exposed specialties in recovery plan). Internal demand and capacity supported by IST.
- Endoscopy capacity continues to be an issue for all providers, with TSDFT on target to operationalise a new unit in November and UHP in January 2024. A staffed mobile unit has brought additional capacity operating seven days per week from early November at RDUH.

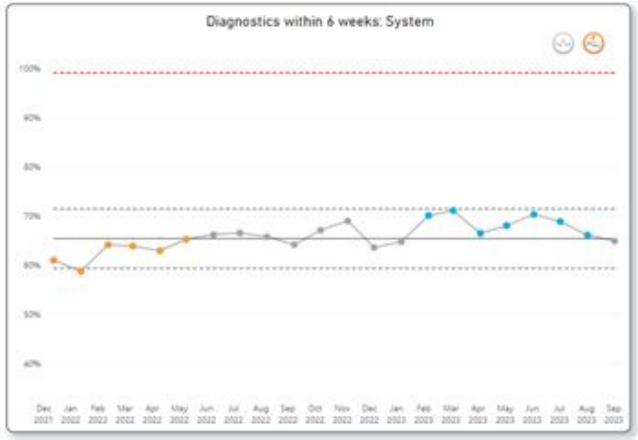
Cancer 31-day first treatment and 62-day urgent treatment: System

Data	Analytical Summary
	The Cancer 31-day metric is currently failing to achieve the standard, there is no significant change or indication of improvement in this across the system. Cancellations of outpatient activity due to industrial action has impacted on this performance. The impact of ongoing industrial action is managed across the system through the Elective Tactical Delivery Group as well as the System Recovery Board. For September 2023, performance was 85.9% against a 96% standard. The drop is attributed to the impact of the 28 day performance issues for skin cancer at RDUH resulting in a drop in the number of treatments being provided.
	The Cancer 62-day metric is consistently failing the target, it displays common cause variation. For September, the Devon system performance was 66.3% against an 85% standard which was a deterioration from August attributed to the impacts of skin performance at RDUH. As the target is above the higher control limit, the system will currently not achieve this objective. This is a nationally acknowledged position, leading to the monitoring of improvements in FDS, reduction in the 62-day breach numbers, and improvements in the NSS pathway. Devon remains on target to meet the trajectories for both the 62-day breaches with both TSDFT and UHP ahead of trajectory and RDUH 1 away from its target.

Diagnostics

Data





Analytical Summary

Activity

The total diagnostic activity volumes delivered in Q4 of 2022/23 was the highest quarterly total for two years but still within the range of common cause variation.

Performance

Diagnostic performance achieved 65.5% against a recovery target of 85% for September 2023 which is a slight drop from August.

Operational Summary

Performance against the 6 week standard

Key challenges remain around workforce numbers which have been compounded by industrial action leading to a small decrease in performance. In addition, physical capacity challenges are being addressed through specific initiatives to improve throughput as described in the Cancer narrative above.

Planned work:

The system continues to deliver its plan for increasing endoscopy capacity as described in the cancer section of this report.

The system continues its plan for delivery of the CDC program, with long term actions including:

- The development of the Trust specific project delivery groups and detailed project plans to be completed and program boards implemented.
- The development of cancer one stop diagnostic services to be agreed for implementation at Devon Diagnostic Centre and subsequently at Plymouth and Torbay.
- The development of a supporting workforce strategy in partnership with the Peninsula imaging network is in progress with a panning day scheduled for 10th November 2023.
- Undertake a system demand and capacity review as the phased capacity is delivered in each locality to develop trajectories for future system strategy development.
- Shorter term actions have included the implementation of an additional CT scanner at the CDC site in Plymouth in September and the plan for an additional CT scanner at the Newton Abbot site in late November. RDUH DEXA recovery has not been completed as planned.
- Endoscopy capacity continues to be an issue for all providers, with TSDFT on target to operationalise a new unit in November and UHP in January 2024. A staffed mobile unit will bring additional capacity operating seven days per week from early November at RDUH.
- IS support for delivery of colposcopies at RDUH and TSDFT is being planned to commence in January 2024.

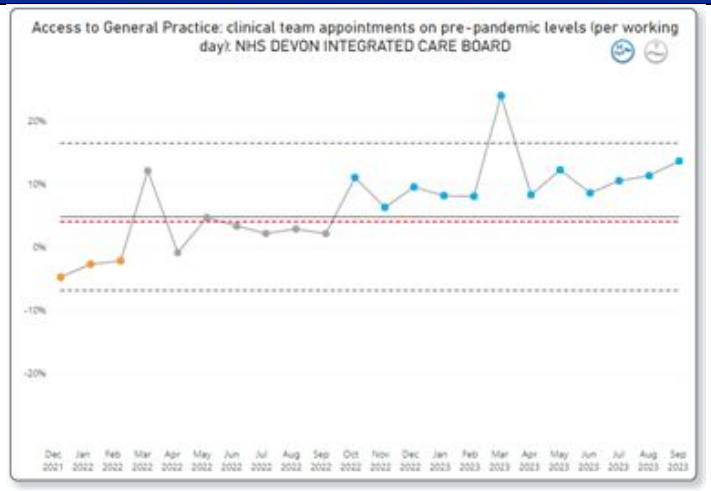
As the work progresses further updates will be provided to the group with escalation reporting if required between updates.

Primary and Community Care Performance

Metrics

	Metric	Target	Latest Date	NHS DEVON INTEGRATED CARE BOARD	East	North	Plymouth	South	West
Primary care	Access to General Practice: general practice appointments occur within 1 day of request	35%	Sep 2023	44%	41.5%	40.5%	47.4%	46.3%	46.0%
	Access to General Practice: appointments occur within 2 weeks of being booked	85%	Sep 2023	74.1%	70.2%	72.0%	79.9%	75.7%	73.4%
	Access to General Practice: GPAS OPEL rating		Nov 2023	4	3	4	4	3	4
	Technology enabling access: Number of online/video consultations against target	54167	Oct 2023	71,243					
	Access to General Practice: clinical team appointments on pre-pandemic levels (per working day)	4%	Sep 2023	13.6%					

Data



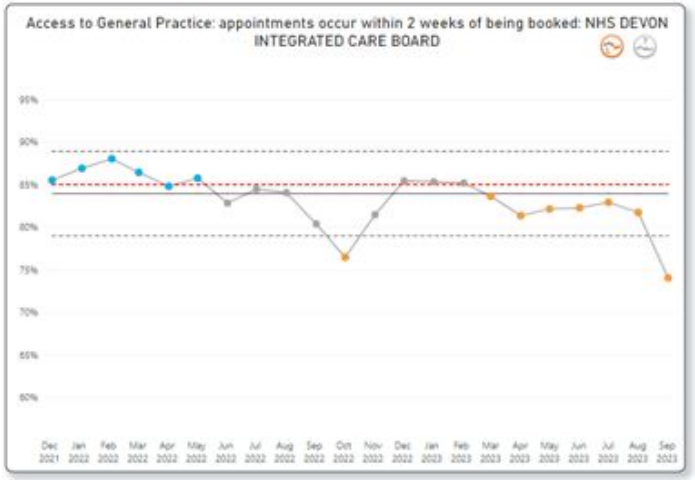
Analytical summary

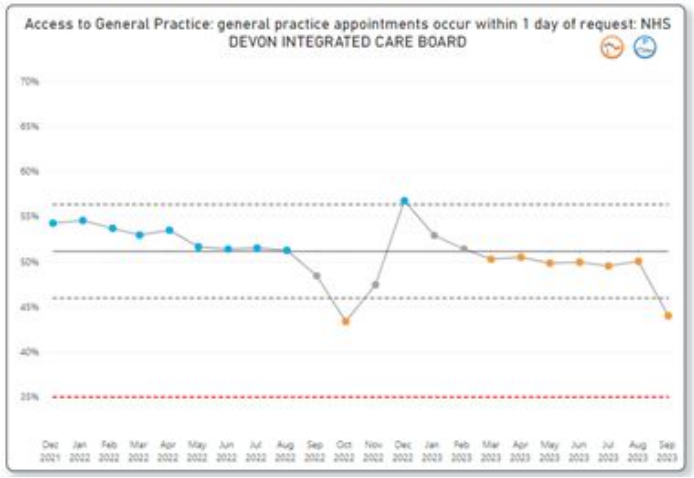
Analytical Commentary:
The target to increase appointments on pre-pandemic levels of 4% shows improvement and continues to achieve.

The target of 85% of appointments in 2 weeks is showing a deteriorating position and has not achieved target during September (however, it is slightly higher than previous year of 75.2%).

The target of achieving 35% of appointments within 1 working day of request is above target and continues to consistently achieve.

Operational Summary:
Appointments are above pre-pandemic levels and the target of 4% continues to achieve, being 13.6% above pre-pandemic levels in September 2023.



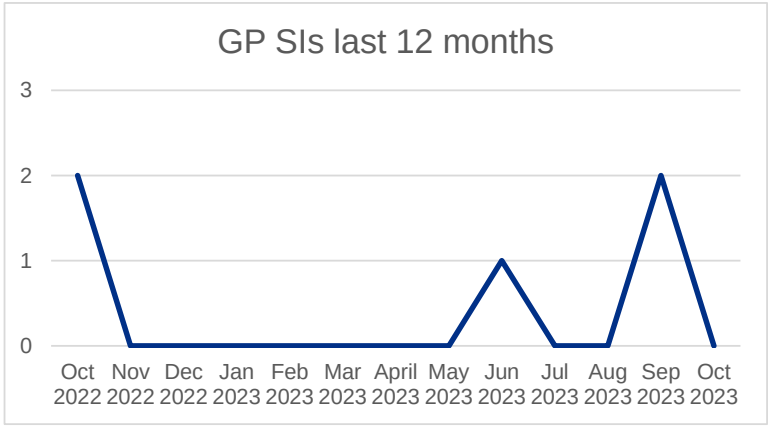


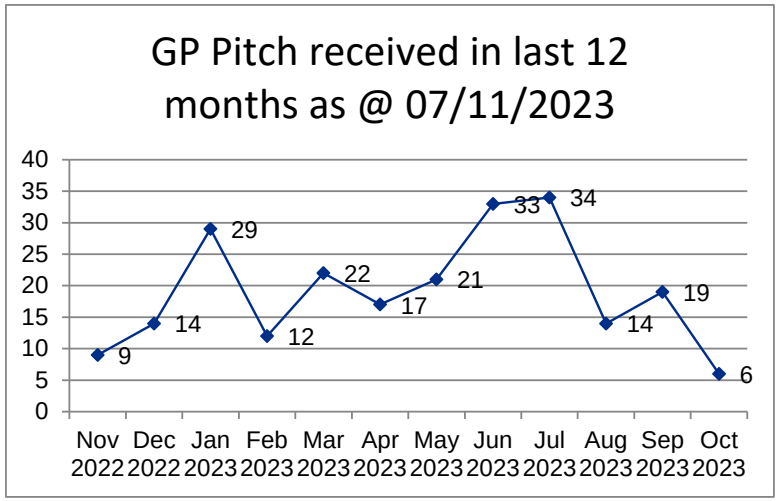
The target of 85% appointments within 2 weeks was not achieved in any LCP area during September, with 74% being seen within this timeframe overall. Devon's Plan for Recovering Access to Primary Care (PCARP), was supported by Primary Care Committee in September and Board in October. Implementation has commenced and check-in meetings are taking place with each PCN throughout October and November to review progress against PCNs' Capacity Access and Improvement Plans (CAIP).

The target of 35% of appointments occurring within 1 working day of request continues to achieve comfortably, with 44% being seen within 1 working day.

Since the last month, an increasing number of practices have declared a 'red' GPAS/OPEL 3 alert state.

Workforce metrics	October 2023
Devon PCNs to recruit 710 WTE ARRS roles by end March 2024. All Devon PCNs at 16 WTE ARRS roles by March 2024. Utilise ARRS scheme with target of 90% take-up of new ARRS roles by March 2024.	ICB total WTE ARRS roles at end October 2023 is 643 WTE (noting that data from 3 PCNs is awaited). (Improved position). At October 2023, 26/31 PCNs are at 16 WTE or above ARRS roles (Improved position). PCNs are submitting a forecast for workforce (not just ARRS) roles for the next 10 years and have until 31st October 2023 to finalise this. We are using the estates toolkit information gathering on workforce to formulate workforce planning in conjunction with Devon Training Hub and the ICS workforce team. Progress has been adversely impacted by ICB capacity gaps (recorded on Risk Register).
Achieve upper quartile performance in terms of WTE GP per 1,000 population	From most recent data Devon remains the second highest nationally in terms of appointment offer per 1,000 patients.





Number of online/video consultations against annual target of 650,000 for the year 2023/24. In October 2023, 71,243 online/video consultations were carried out, which is comfortably above the in-month target of 54,167 (+32% above).

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

General Practice related Serious Incidents (SIs) – the 3 reported SIs so far this financial year (2023/24) relate to GP screening issues (May 2023), treatment delays owing to missed test results (September 2023) and infection control (September 2023) as part of screening (there were no SIs reported during October 2023). NHS England Southwest team is reviewing the ongoing SIs and sharing for learning. Each of these is currently following the serious incidents framework (SIF) investigation process. The Safety Systems team liaises with the PSQ primary care lead to ensure any PC learning from SIs is shared across the system.

GP related PITCHs – there has been an increase in PITCHs submitted post-Covid likely owing to greater awareness by practices. There was another decrease in PITCHs reported during October (6) and following September which saw 19 reported. The top two PITCH themes in October were 'discharge summary' and 'referrals'. There is a continuing downwards trend in GP PITCH reports owing to the implementation of the LfPSE system nationally. The communication to Devon Primary Care re LfPSE continues to develop momentum with support from PSQ and SST.

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

Community Performance

Community Services Waiting by Provider

Provider	01/03/2023	01/04/2023	01/05/2023	01/06/2023	01/07/2023	01/08/2023
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	3,049	2,620	2,165	2,585	2,791	3,308
LIVEWELL SOUTHWEST	5,728	5,653	5,754	5,698	5,409	5,671
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	11,372	11,881	12,277	12,244	11,360	11,127
ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	8,719	8,750	8,681	8,845	12,517	12,402
Grand Total	**28,868**	**28,904**	**28,877**	**29,372**	**32,077**	**32,508**

Total Waiting by Service for July 2023

Sum of Number Waiting	Column Labels		
Service	01/07/2023	01/08/2023	Monthly Change
Adult	**25,467**	**26,095**	**628**
(A) Adult safeguarding	-		-
(A) Audiology	1,783	1,756	- 27
(A) Clinical support to social care, care homes and domiciliary care	7	149	142
(A) Community nursing services	563	566	3
(A) Home oxygen assessment services	7	7	-
(A) Intermediate care and reablement	-	-	-
(A) Musculoskeletal service	8,141	8,496	355
(A) Neurorehabilitation (multi-disciplinary)	85	82	- 3
(A) Nursing and Therapy support for LTCs: Continence/ colostomy	921	397	- 524
(A) Nursing and Therapy support for LTCs: Diabetes	13	14	1
(A) Nursing and Therapy support for LTCs: Falls	183	178	- 5
(A) Nursing and Therapy support for LTCs: Heart failure	66	140	74
(A) Nursing and Therapy support for LTCs: Lymphoedema	46	41	- 5
(A) Nursing and Therapy support for LTCs: MND	-	-	-
(A) Nursing and Therapy support for LTCs: Respiratory/COPD	95	108	13
(A) Nursing and Therapy support for LTCs: Stroke	139	159	20
(A) Nursing and Therapy support for LTCs: Tissue viability	7	8	1
(A) Podiatry and podiatric surgery	5,117	4,988	- 129
(A) Rehabilitation services (integrated)	3,957	3,940	- 17
(A) Therapy interventions: Dietetics	424	528	104
(A) Therapy interventions: Occupational therapy	181	292	111
(A) Therapy interventions: Orthotics	731	726	- 5
(A) Therapy interventions: Physiotherapy	103	130	27
(A) Therapy interventions: Speech and language	629	616	- 13
(A) Urgent Community Response/Rapid Response team	64	68	4
(A) Weight management and obesity services	1,550	2,073	523
(A) Wheelchair, orthotics, prosthetics and equipment	655	633	- 22
CYP	**6,610**	**6,413**	- 197
(CYP) Antenatal, new-born and children screening and immunisation serv	-	-	-
(CYP) Audiology	382	106	- 276
(CYP) Community nursing services (planned care and rapid response tean	4	15	11
(CYP) Community paediatric service	1,048	1,141	93
(CYP) Looked after children teams	94	72	- 22
(CYP) New-born hearing screening	80	87	7
(CYP) Safeguarding	-	-	-
(CYP) Therapy interventions: dietetics	95	99	4
(CYP) Therapy interventions: occupational therapy	683	580	- 103
(CYP) Therapy interventions: physiotherapy	175	197	22
(CYP) Therapy interventions: speech and language	3,922	3,813	- 109
(CYP) Vision screening		191	191
(CYP) Wheelchair, orthotics, prosthetics and equipment	127	112	- 15
Grand Total	**32,077**	**32,508**	431

Operational Summary

There are currently 32,508 children and adults waiting for community services across Devon. An increase of 431 from previous month (32,077). The table opposite details the numbers of people waiting by provider and the table provides those services with the highest number of people waiting. The largest increase was in the number of adults waiting for Musculoskeletal services (+355).

Overall CYP waiting have decreased by 197.

Devon community services waiting lists have a reduction target of 5% in Q1 and Q2 followed by further reduction of 10% in Q3 and Q4.

Clinical validation and prioritisation work is being shared across providers.

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

Wait Time	01/03/2023	01/04/2023	01/05/2023	01/06/2023	01/07/2023	01/08/2023
Waiting 0-1 weeks	1,941	2,241	2,302	2,690	2,806	**2,832**
Waiting 1-2 weeks	2,252	2,083	2,121	2,413	2,452	**2,422**
Waiting 2-4 weeks	4,599	4,715	4,627	4,744	5,046	**4,514**
Waiting 4-12 weeks	7,892	7,740	7,769	7,491	7,948	**8,823**
Waiting 12-18 weeks	2,095	2,390	2,421	2,483	2,504	**2,930**
Waiting 18-52 weeks	7,027	6,573	6,183	6,169	7,002	**6,927**
Waiting 52-104 weeks	2,623	2,728	2,916	2,886	3,628	**3,325**
Waiting Over 104 weeks	439	434	466	496	691	**735**
	28,868	**28,904**	**28,805**	**29,372**	**32,077**	**32,508**

Currently the largest increase is in 4 -12 weeks and 12 – 18 weeks. The biggest reduction can be seen in the 2-4 week and 18-52 week categories.

Action

- Devon community waiting list improvement group – meets monthly.
- Each provider is expected to share local reduction trajectories & recovery action plans at the monthly review meeting.
- As a result of the ICB's reprioritisation to focus on identified winter schemes (aligned to the NOF4 status) we will be supported by colleagues at regional NHSE to keep this programme focus over the next 3 months.

Mental Health: System Overview

Metrics

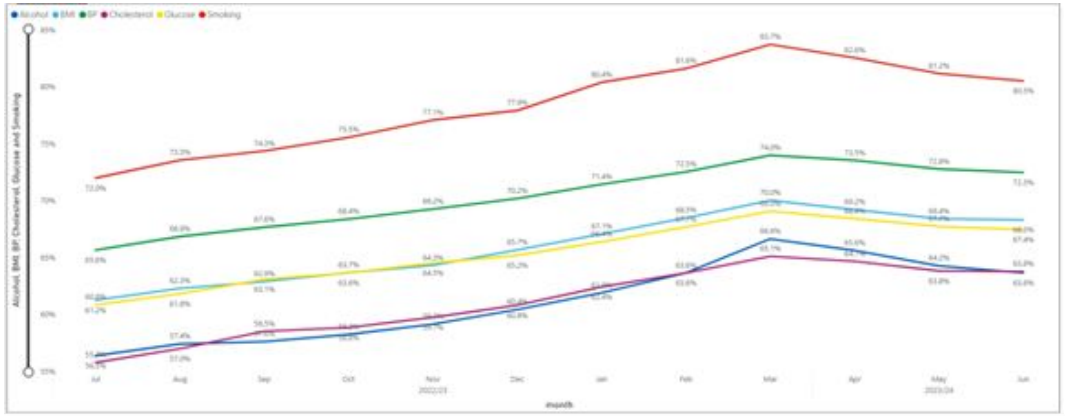
Metric	Group	LTP	Data Source	Latest Date	Value	Target	Variation	Assurance	LPL	Mean	UPL
Talking Therapies Access - Monthly	ICS Devon	LTP Indicator	Provider	Sep 2023	2182	2613			1,368	2,055	2,741
Talking Therapies Access - Rolling Quarter	ICS Devon	LTP Indicator	Provider	Sep 2023	7139	7905			5,015	5,989	6,962
Talking Therapies Recovery	ICS Devon	Additional KPI	Provider	Sep 2023	52.7%	50%			48.6%	52.8%	57.1%
Talking Therapies - first appointment within 6 weeks	ICS Devon	Additional KPI	Provider	Sep 2023	79.9%	75%			84.3%	90.2%	96.1%
Talking Therapies - first appointment within 18 weeks	ICS Devon	Additional KPI	Provider	Sep 2023	99.9%	95%			99.8%	99.9%	100%
Children & Young People Access	ICS Devon	LTP Indicator	Provider	Sep 2023	11595	15754			8,874	11,232	13,591
Inappropriate Out of Area Bed Days	ICS Devon	LTP Indicator	Provider	Sep 2023	95	0			192	469	746
Perinatal Access	ICS Devon	LTP Indicator	Provider	Sep 2023	673	1115			230	473	716
Dementia Diagnosis Rate	ICS Devon	LTP Indicator	Primary Care...	Sep 2023	56.2%	67%			54.1%	55.5%	56.9%
Learning Disabilities Annual Health Checks	ICS Devon	LTP Indicator	LD Health C...	Aug 2023	20%	75%			-0.105%	11.2%	22.5%
Early Intervention in Psychosis (EIP)	ICS Devon	Additional KPI	Provider	Sep 2023	94.7%	60%			10.3%	64.3%	118%

System Summaries

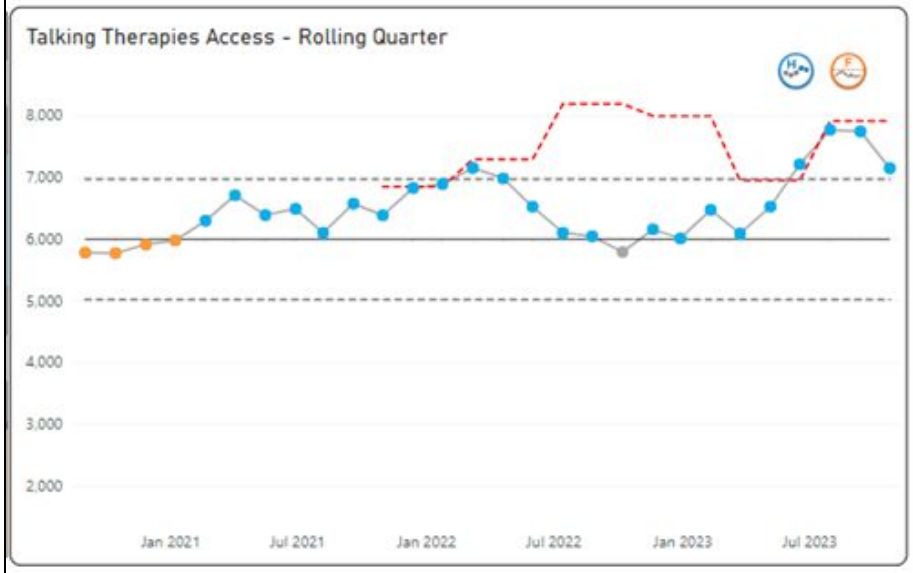
Children and Family Health Devon (CFHD) are still supplying data via their monthly PDF databook and so data extraction by Devon ICB is currently a manual process. Repeated requests have been made to CFHD to resume sending the full KPI spreadsheet to the ICB Business Intelligence team so that data can flow through to PowerBI dashboards, as of August 2023 this is still unresolved.

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

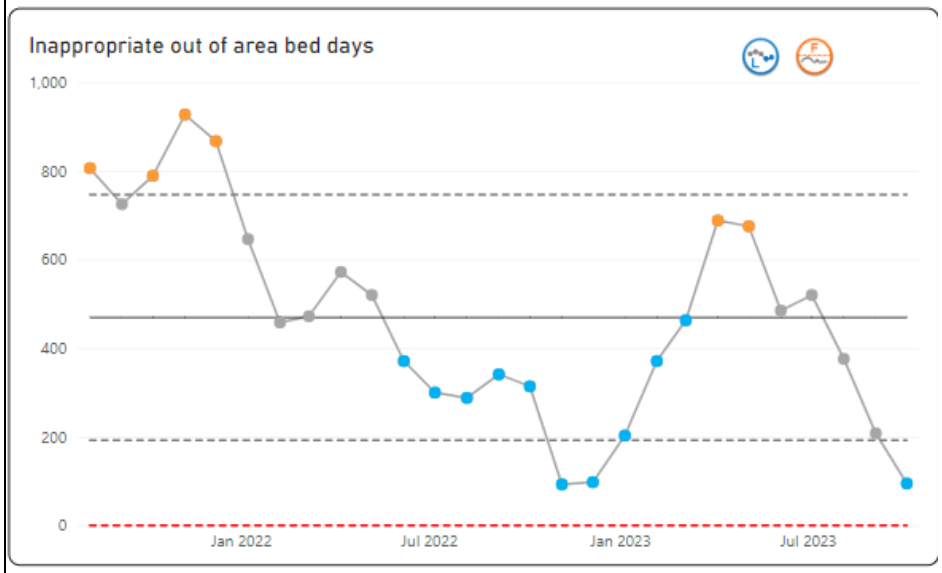
Mental Health: Severe Mental Illness – Physical Health Checks

Data	Summary
KPI Description Number of people with severe mental illness (SMI) to receive the complete list of physical health checks in the preceding 12 months. Trend of the 6 checks   Data Source: GPES, NHS Digital	**Operational Summary** The recently approved pilot to improve take up amongst hardest to reach populations in Devon, is now being mobilised, initially in the North Devon area. This is in line with the operational approach to recovery reported previously. Overall, NHS Devon is continuing to increase performance against this KPI year on year; this reflects the local and national trend. **Actions and Assurance** Pilot improvement work has attracted funding to evaluate the approach and support propagation of the learning as a sustainable model. Work has commenced to understand how the shift of a provider to the SystemOne information system will enable improved data capture in primary care.

Mental Health: NHS Talking Therapies Access

Data	Summary
KPI Description The number of people who enter NHS funded treatment with NHS Talking Therapies services in the reporting period. Total is by rolling quarter. **Statistical Process Chart**  Data Source: Provider data	**Analytical Commentary** The KPI is showing special cause improvement with a significant improvement over the last quarter. In September 2023, the KPI is falling short of the Q2 system target (7,139/7,905 rolling quarter/ 2,182/2,613 monthly). **Operational Summary** For 2023/24 targets and planning, NHSE now defines a range of achievement for this performance indicator. The original Ops Plan submission targeted 94% achievement of the national lower-end target. Following operational and leadership review, planned achievement for Devon has increased to 97.9% of that national lower end target. Waiting times and recovery rates continue to exceed national standards. 2023/24 investment in capacity and in reaching and meeting needs are considered ambitious but achievable. Talking Therapies services are exploring further links with other long-term conditions pathways to potentially play a more significant role as those pathways are redeveloped. Additionally, a range of smaller psychotherapy contracts risking duplication of Talking Therapies have ended to support redirection of resource to partially resource the gaps between Talking Therapies and Adult Mental Health provision, which may affect flows in the existing services. **Actions and Assurance** As last month, the above links to Talking Therapies pathways fall within the scope of the system-wide Integrated Psychological Medicine Workstream, due to report its recommendations around Quarter 3. This workstream is currently developing a defined programme of needs assessment and service redesign and improvement. This includes establishing outcome data and outcomes informed by Experts By Experience. Oversight of Talking Therapies performance is overseen within the MHLDN Finance, Performance & Activity Group reporting to MHLDN Strategic Oversight Group.

Mental Health: Inappropriate out of area bed days

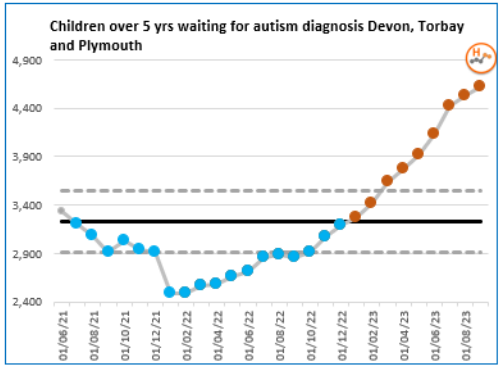
Data	Summary
KPI Description The total number of days (per month) in which patients have been placed out of area due to unavailable beds in their usual network.  Data Source: Provider data	**Analytical Commentary** The KPI is within common cause variation but has seen significant reduction over the last quarter. The total number of bed days in September 2023 is 95. **Operational Summary** Progress continues in relation to the elimination of inappropriate out of area placements. At the end of September only 2 people from Devon remained 'inappropriately out of area', indicating continued positive progress in the context of a nationally challenging position. The need for such provision is fragile, and vulnerable to unusual spikes in demand. **Actions and Assurance** The renewed trajectory was established through providers' re-assessment of their bed plans and CIP in respect of this target. System pressures day to day, in respect of MH bed availability (and the risks for patients awaiting a MH bed while in hospital and home settings) are managed via daily system calls supported by the System Control Centre.

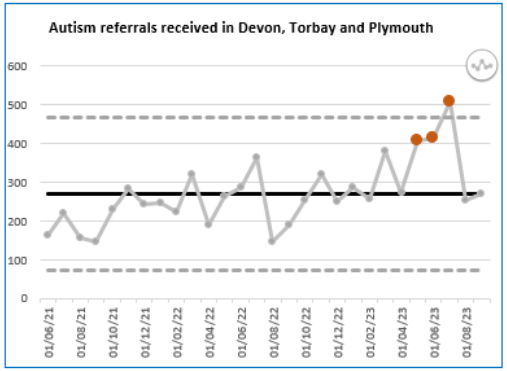
Children & Young People (CYP): Autism Diagnosis waiting times

Key Performance Indicator	Target/ Plan	Latest Period	Actual (provider averages)	Variation	Assurance
Autism Diagnosis (Waiting)	<18 weeks.	September 2023	Devon & Torbay 67.4 / Plymouth 89.7 weeks	H	F

KPI Description
NICE guidance for CYP to be seen within 18 weeks from referral to start of assessment.

Devon, Torbay and Plymouth





Operational Summary – Devon (CFHD), Torbay (CFHD) & Plymouth (UHP/LSW)

Demand:
The numbers of children waiting remains over target and is significantly deteriorating. The target cannot be met within current service provision capacity and the continuing levels of demand.
High levels of children waiting across community ASD and Community Paediatrics within the Devon system (pre-covid). Waits have been impacted by an increase in number of referrals when schools returned after lockdown with referrals continuing at high levels. A deficit in early help-based support and understanding that diagnosis unlocks additional support drives families to seek a formal diagnosis, further increasing referral numbers. High levels of children being referred with greater complexity making the assessment process longer.

Capacity:
- Providers report current commissioned capacity is challenging to meet demand as well as managing vacancies
- Potential inefficiencies within multi-organisational pathways.

Actions
- Autism assessment trajectories to be agreed as part of the service pathway reviews with CFHD.
- Wait list data validation – Commissioners meetings in December and January between CFHD and RDUH to discuss the current position of CFHD reporting on children who are requiring a paediatric assessment.
- Planning a workshop for end of January with education settings to review Autism in Schools programme and get support to work with them and develop supporting resources for a Graduated Response.
- Community paediatric services working on options to address waits for autism requiring resources.
- UHP increased capacity and seeing numbers waiting is increasing however average waits and long wait times are slowly decreasing.

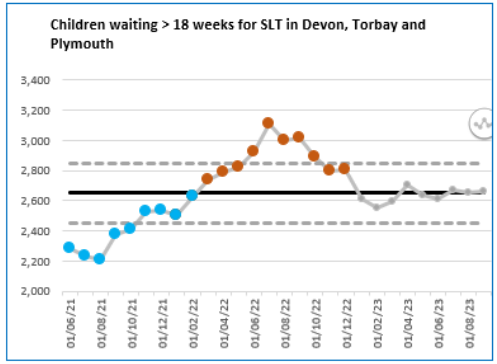
When is improvement expected?
Recruitment to existing vacancies as well as new additional staffing when recruited will take time to be trained and inducted. Once recruitment is at full establishment, improved impact is predicted in those services in 2024/25.

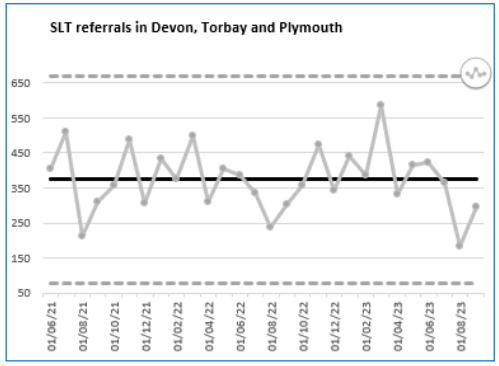
Children & Young People (CYP): Speech & Language waiting times

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
Speech and Language waiting times	< 18 weeks	September 2023	Average wait - CFHD 38 weeks / LSW 27 weeks. Longest wait – CFHD 134.3 weeks / LSW 76 weeks.		

KPI Description: NICE guidance for CYP to be seen within 18 weeks from referral.

Devon, Torbay and Plymouth





Operational Summary
What are the causes?

Demand: Highest percentage of children referred to CFHD speech and language are in the 2-4 year age group which is an indirect impact from COVID.
Both CFHD and LSW position continues to have high numbers waiting. Data flucutates and is not yet posible to see any consistent positive improvements albeit in month Septemebr >52wks have reduced.
Large number of referrals received are dealt with at an iThrive level 1 & 2 Getting Advice and Getting Help.

Capacity: Continued workforce vacancies and recruitment challenges reduces clinical capacity. A workforce ratio of between 1.9 and 2.2 WTE SLT per 1000 head of child and young person (0-18) with predicted SLCN is indicated as good practice. Based on the info shared from the intital local mapping suggests that CFHD 1.5 and Plymouth 2.14
Livewell have funded and recruited to 4 additonal new SLT posts and have agreement to recruit one more.

Actions

Monthly meetings with LSW & CFHD to review databook and service pressures and developments.

Phone support, information and advice offered to referrers and parents whilst children are waiting.

- CFHD and LSW to identify processes to ensure trained SLTs who are undertaking supervision/mentoring are able to support and inform organisation/service transformation

- Meeting with DCC commissioning to discuss SLCN and Children in Care

- Needs assessment - Plymouth workshop with Better Communication CIC Nov 22nd to review workforce and needs mapping completed with NHS, LA and parents. Devon and Torbay report just finalised and workshop planned January.

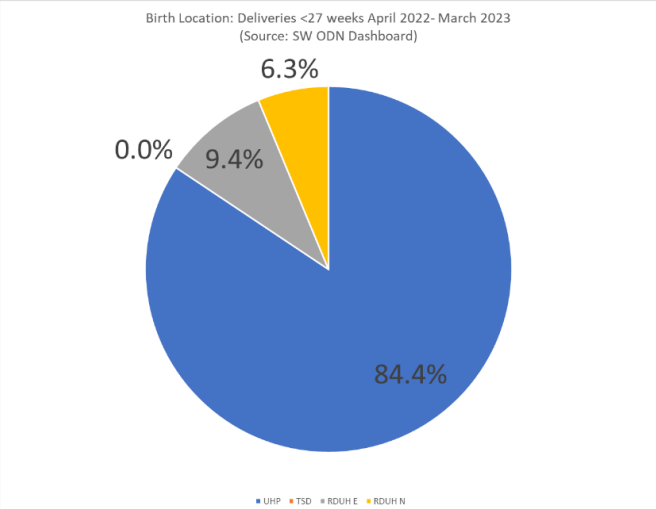
- Better Communication CIC to meet with CFHD to understand new proposed pathways and impact will have on accessibility, proposed universal and targeted offer and feed this in to the work with NHS Devon ICB on addressing the wait list/times.

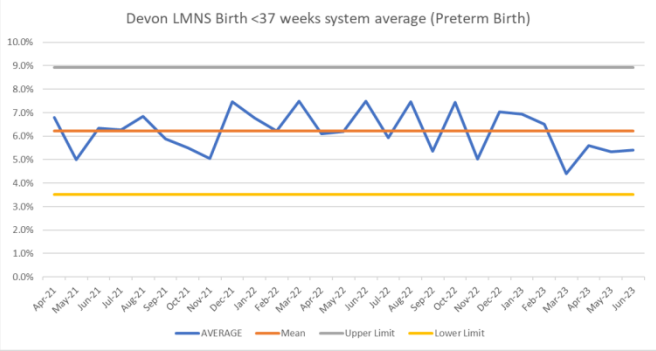
When is improvement expected?
Pending recruitment to vacancies, induction and training (as many will be newly qualified) improvement is predicted in 24 months.

Local Maternity & Neonatal System: Safety

Targets:
85% of births at <27 weeks take place in a maternity unit with an onsite NICU (Born in the right place)

Reduce preterm birth rates from 8% to 6%





Born in the right place
In 2022/23 84.4% of births at <27 weeks occurred in UHP.
Reasons for lack of transfer include:
Born before arrival (twin birth delivered spontaneously at home).
Incident reports are submitted to the South West Neonatal Operational Delivery Network.

Preterm birth
Devon average preterm birth rates have remained within common cause variation since April 21 (no data previously available). The system average for 2021/22 & 2022/23 was 6.3%. Trust rates shown below.

	2021/22	2022/23
UHP	6.5%	5.6%
TSD	7.0%	7.3%
RD&E	5.9%	(Post-merger)
NDDH	5.7%	
RDUH	(Pre-merger)	6.1%

The majority of TSD preterm births are 32-36+6 weeks (moderate to late preterm).
Trusts are continuing to implement the PERIprem care bundle (improving outcomes for preterm infants). In August, 50% of mothers & babies received *all* the interventions for which they were eligible, with an optimisation score of 90%.

Previous action update

- All Trusts were compliant with Saving Babies Lives V2 Element 5 (preterm Birth).
- Funding has been provided in 2022/23 & 2023/24 for implementation of preterm birth clinics & interventions at all Trusts.
- Reporting to the LMNS of babies <27 weeks born in the wrong place .

Actions

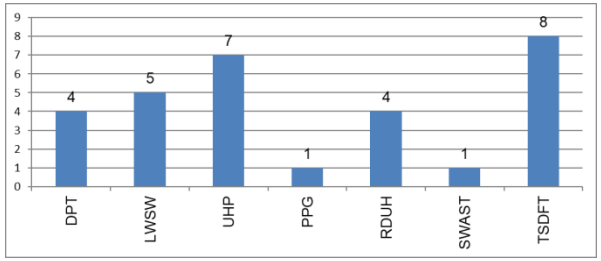
- Continue implementing Saving Babies Lives V3 Element 5 (Preterm birth).
- Continue implementing PERIPrem.
- Continue implementing NEWTT (newborn early warning trigger & track)
- All <27 week incident reports to be shared with the LMNS for discussion at Safety & Governance.

Quality

Serious Incidents (all providers)

Serious Incidents received by Provider

During October 2023 there have been **30 serious incidents** reported, these are broken down by Provider in the chart below:



The **top three Serious incident** types reported in October 2023 were:

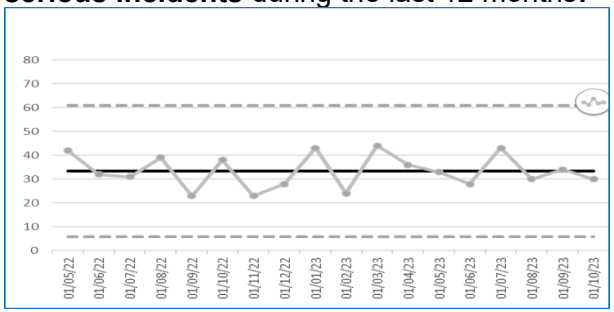
Slips trips falls (5) ↑

Treatment delay (5) ↑

Apparent self-harm (4) ↓

N.B. the arrow indicates change from previous month)

The below chart shows the number of **reported serious incidents** during the last 12 months**:**



Total number of **open incidents** for the system in October 2023 is **353**, an increase from last month (344).

Never events

There was 1 Never Event reported in October 2023. This was PPG relating to retained object post-surgery / medical device failure.
During the financial year 22/23 there were **18 never events reported**. To date, during 23/24 financial year, there have been 7 reported Never Events.

Never event provider collaborative work now in place to share learning across the Devon System.

Multi-agency investigations

There are currently **12 open serious incidents** that have been identified as **multi-agency**. These are being investigated jointly to help improve identifying what went wrong throughout the patient's care leading up to the incident. This also enables joint learning across Providers.

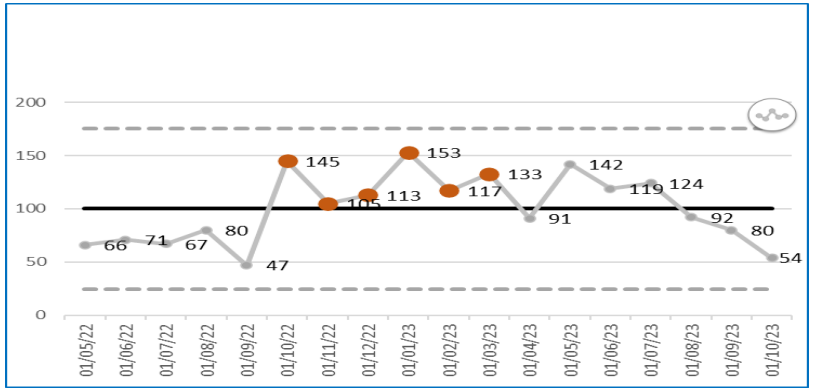
Review and closure

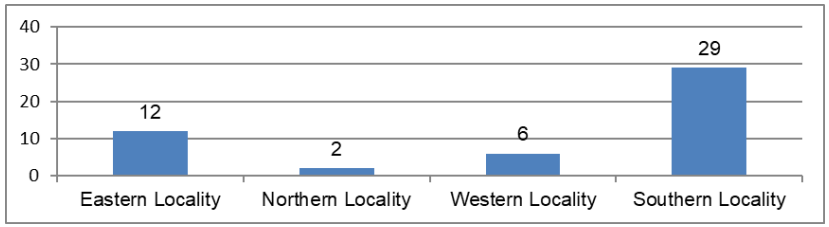
There are currently **24 incident investigations being reviewed** which are currently being monitored by the SST to meet the review deadline. This includes those under the new SI review process.
During October **20 incident investigations** were reviewed and assurance received for **closure**. This shows a decrease from 42 in September.
The SST continue to chase weekly these SIs to maintain assurance from providers and record expected completion dates.

Peer Improvement Tips for Care and Health (PITCH)

Received PITCHs

During October **54 PITCHs** were reported, these are broken down by locality in the chart below together with the number of PITCHs reported since May 2022:





Key themes identified in October include ongoing issues with primary care receiving poor discharge summaries. This appears to be an issue across all localities.

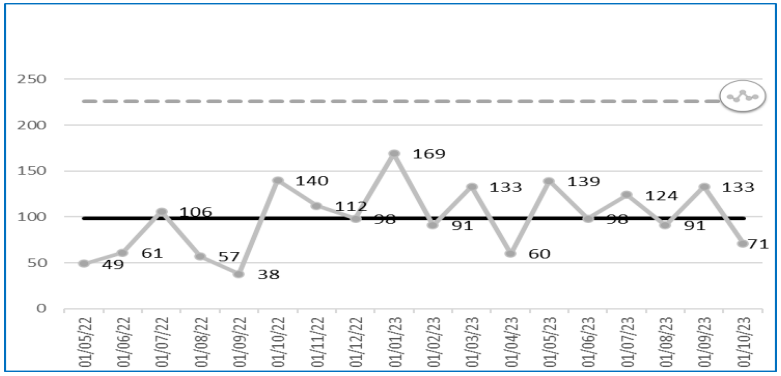
The top three themes for PITCH concerns received in October were:

- Process or procedure (11)
- Referrals (15)
- Discharge Summary (10)

PITCH Closed

During October 71 PITCHs were closed, compared to 97 in September. The chart below illustrates the number of closed PITCHs per month since May 2022.

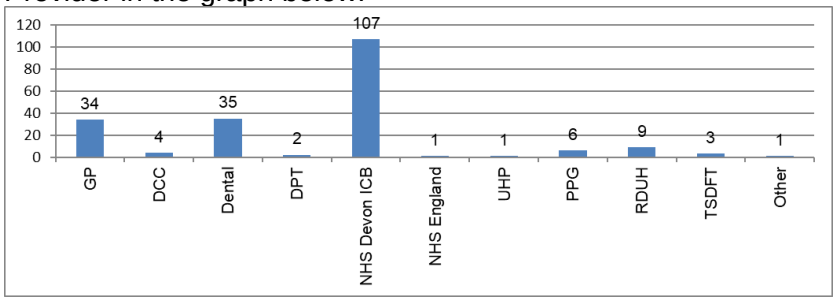
164 PITCHs remain open awaiting further information from provider and ICB teams.



Patient Experience (NHS Devon): Patient Contacts

Patient Experience: Received cases

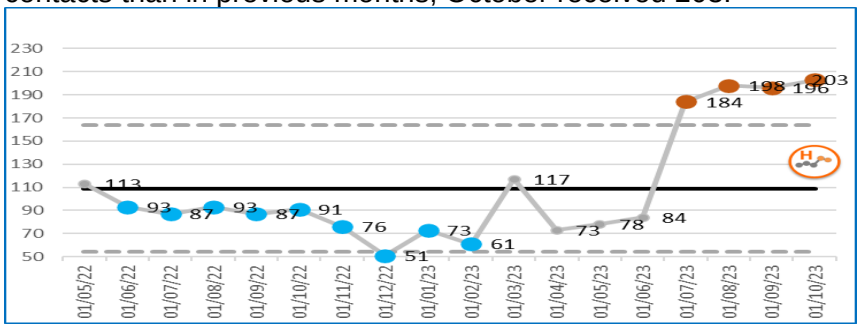
During October there were **203 new patient experience** feedback (including MP and PHSO (Parliamentary and Health Service Ombudsman) enquiries) received by the ICB these are shown by Provider in the graph below:



Following delegation of POD on 1/07/2023, Most contacts now relate to Primary Care.

Patient Experience: Informal Concerns

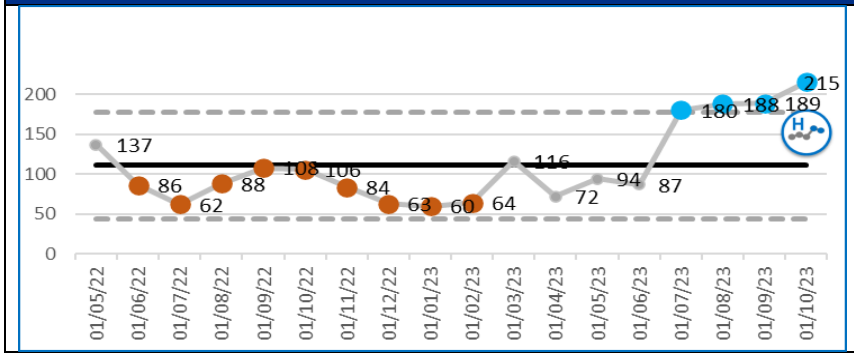
Due to delegated commissioning of Primary Care complaints there continues to be an increase in the number of patient experience contacts than in previous months, October received 203.



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

- Procedure and Process **(82)**
- Access to Services **(94)**
- Quality of care **(65)**

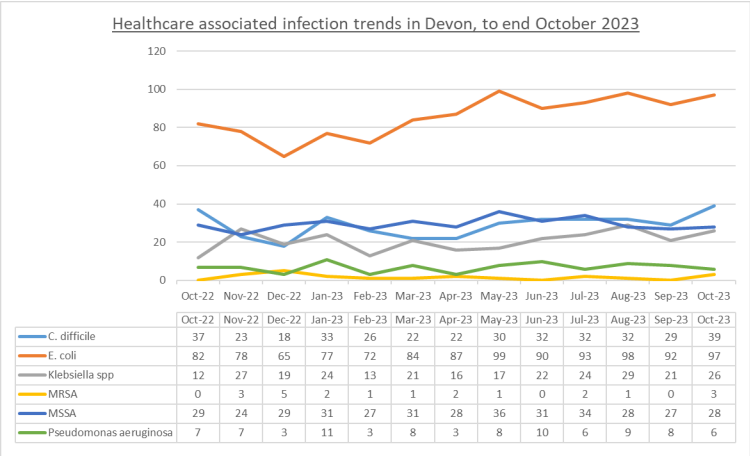
Patient Experience: Closed cases



Patient Experience: Summary

- There were no formal **complaints** raised during October for NHS Devon, with a total of **5 that remain open**.
- There are 2 **contractual reviews open**, which are required and form part of Primary Care complaints which are managed by NHS England.
- There is 9 Complaints being managed by the Primary Care Hub.
- There are 6 **open requests for information** from the **Parliamentary Health Care Ombudsman (PHSO).**

Infection Prevention and Control

Data	Infection Highlights
	**Seasonal and avian flu system gap** Due to contractual changes, a gap has been identified in Devon's services. Avian flu swabbing, prophylaxis and treatment are not being provided by the out of hours service, leading to a service gap and increasing the risks when incidents occur. Seasonal flu prophylaxis is likely to be undertaken by Devon's out of hours service; however, the contract has not yet been signed and no start date has been agreed. This leaves a gap in service until this start date. UKHSA are aware of both system gaps and escalations are ongoing. **COVID & flu vaccination** 57% of eligible cohorts have received their COVID vaccination, and 65% the flu vaccination, with 35% of these being co-administered. Numbers remain low for staff in care homes for both COVID and Flu vaccine uptake. This is partially due to data unreliability for this cohort but remains a concern. **Tuberculosis** There have been two historical tuberculosis incidents which may now require further screening of contacts. **National visit** There is to be a national IPC visit to Devon and Cornwall (combined) on 29/11/23.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
C. difficile	37	23	18	33	26	22	22	30	32	32	32	29	39
E. coli	82	78	65	77	72	84	87	99	90	93	98	92	97
Klebsiella spp	12	27	19	24	13	21	16	17	22	24	29	21	26
MRSA	0	3	5	2	1	1	2	1	0	2	1	0	3
MSSA	29	24	29	31	27	31	28	36	31	34	28	27	28
Pseudomonas aeruginosa	7	7	3	11	3	8	3	8	10	6	9	8	6

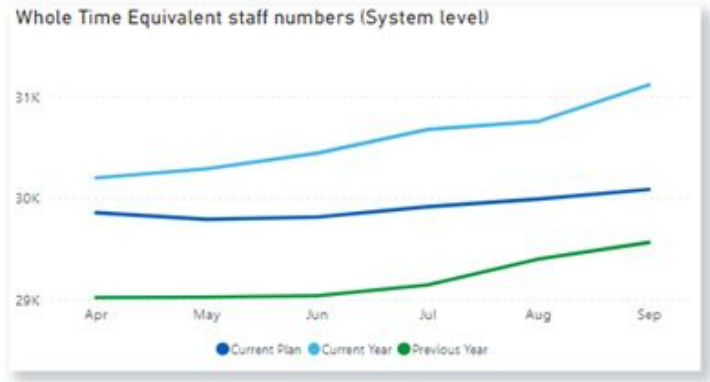
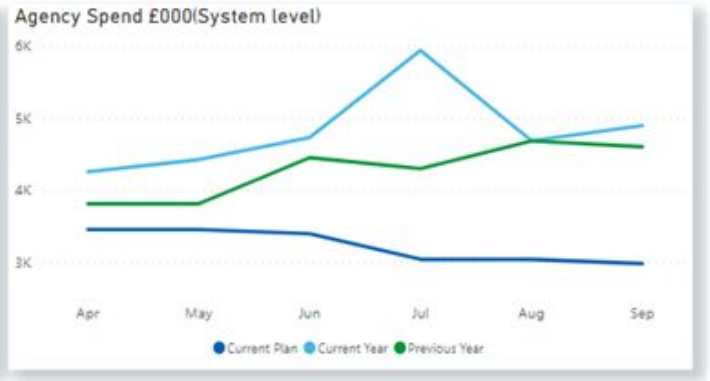
Actions undertaken in last month	Impact
Highlighted and increased winter risks regarding seasonal flu	System and region aware of risks and working towards a solution

Actions for next month/s	Intended impact	Date impact will be realised
Seasonal flu commissioning.	Seasonal flu prophylaxis arrangements in place.	November 2023
Avian flu commissioning.	Avian flu arrangements in place.	January 2024
Tuberculosis commissioning pathway.	Consistent provisioned service for tuberculosis, including video observed therapy and directly observed therapy, as well as screening capacity.	December 2023
Educational resources for domiciliary care and primary care.	Purchase and distribution of infection control educational resources, including links to local community infection control teams, to these areas.	December 2023
Individual system learning/sharing sessions on *E. coli,* MSSA and *C. difficile.* To include Cornwall stakeholders.	Closer system working, including sharing of good practice and challenges.	January 2024

Workforce

Workforce: Metrics

	Metric	Latest Date	System	Devon Partnership NHS Trust	Royal Devon University NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Workforce	Whole time equivalent staff numbers (Current Year)	Sep 2023	31,114	3,419	11,756	6,253	9,686
	Whole time equivalent staff numbers (Current Plan)	Sep 2023	30,087	3,374	11,286	6,190	9,237
	Whole time equivalent staff numbers (Previous Year)	Sep 2022	29,564	3,406	11,241	6,092	8,825
	Vacancies (Medical/Dental Consultant)	Sep 2023	80	18	17		45
	Vacancies (Registered nursing)	Sep 2023	113	144	48		-79
	Vacancies (AHP)	Sep 2023	214	4	140		70
	Vacancies (HCAs)	Sep 2023	280	-23	177		125
	System Agency spend (£000s) (Current Year)	Sep 2023	4,895	845	1,852	1,748	450
	System Agency spend (£000s) (Current Plan)	Sep 2023	2,984	506	1,326	743	409
	System Agency spend (£000s) (Previous Year)	Sep 2022	4,602	960	2,046	1,172	424
	System Agency spend (£000s) as percentage of total spend	Sep 2023	3.39%	5.61%	3.16%	5.98%	1.09%

WTE and Agency Data and Summaries	Analytical Summary
 	• At M6 (September) 2023 agency spending YTD exceeded plan by £9.54M (49% higher than plan) and providers forecasted overspend to the end of a year is £9.25M. Trust leads are creating improved agency controls with support from Deloitte. • At M6 the Month on Month percentage of agency spending increase by 4.46% from the preceding month. At M6, MoM WTE reveals a 34 WTE increase in agency personnel usage with a 62 WTE decrease in bank usage. • At M6 System Agency spend as a percentage of overall pay bill YTD is reported at 3.32% (0.01%) DPT (at 6.49% YTD) continues with the highest deviation from the target, which is 2.2% of average total workforce spend. UHP is under the target reporting 1.05% of overall pay bill YTD and in comparison, to the prior month, UHP's agency use have increased by 0.01%. • Off-framework usage is one month behind, so the latest figures available are for M5. Devon is the second-highest agency user at M5 (August) in terms of both total agency cost and off-framework usage. • In terms of total agency shifts by system and on framework users, Devon ranks third in the South West area. Nonetheless, Devon System ranks second lowest for percentage Price Cap Compliance amongst the South West Region's system. • At M6, as a system, workforce spend has been £9.99M higher than anticipated total YTD (Forecasted £14.3M overspend against plan to the end of the year). All providers report overspend against plan to the end of the year. • With the exception of RDUH, all providers report savings in the substantive staff category. DPT also reports savings on bank staff.

Workforce: Attraction, Retention and Workforce Solutions

- **Careers Hub:** Engagement continues with interested parties, NHS, Social Care colleagues, Career Matters, Colleges etc. TSDFT bidding for UK Prosperity funding. In conversations with DCC around collaboration for the Exeter and North Devon Hub. Successful in £40k funding to support Care Leavers which can be integrated as part of this work. Plan on a Page shared with CPOs in November with an aim for the full system business case planned to go to CPOs in December once funding for remaining hubs fully explored.
- **SW Careers portal**: The SW Careers Website officially launched on 6th November 2023. Training has begun for Trusts to upload content. The system is awaiting the NHSE Communications plan before advertising locally.
- **MOU – Mobility of staff:** Response from the Solicitors received, some work outstanding in terms of amendments and decisions. Meeting to discuss this to be arranged. A statement on how to move staff between NHS organisations in the interim is to be written and sent around to Resourcing and other relevant teams.
- **Retention Hub (RH):** Plans to extend hub into social care evolving. Recruitment for two final posts concluding this month. Monthly reporting to start through pillar and Devon Nursing Workforce Board. DPIA assessment to ensure IR compliance almost complete. RH team trained in Scope for Growth coaching model to support career coaching skills and capacity. Working with Leadership Academy to run career coaching training for key staff groups in use of model in line with NHS long term workforce plan. New activities include drop in cafes, development of system legacy mentor community of practice and growing career coaching skills across organisations.
- **Simplifying recruitment and removing barriers to recruitment**: 3 meetings so far and analysis completed. Different levels of complexity in each organisation. Agreed that medical recruitment and IR sits outside of this project. Work needs to include the Career Hub project, to support individuals to access jobs across our organisations.
- **One Devon Bank:** RDU bank went live in October, the process proceeded relatively smoothly. Some additional communications required for those inactive Nursing individuals. NHSP have supported throughout the process, good communications and visited staff/managers. TSDFT and DPT agreed go live dates in 2024.
- **Agency spend and Framework**: Continues with an agency overspend circa 49% higher than plan. Work continues outside of this pillar to reduce overspend. Good uptake on reducing nursing framework rates in November with rate reductions in every tier. Meetings in November to fully set the Medics and AHP's. Dorset have agreed to join in collaborative rates, conversations ongoing with our areas. Aim to have the Medic and AHP rates up and running by the end of the calendar year.
- **Recruitment sprint**: Initial steps taken on advancing a system-level 'recruitment sprint'. This process will bring together recruitment/temporary staff leads from Providers to have a one-off meeting to understand any short-term and long-term system level recruitment solutions for long-term/high-cost agency use e.g. engaging with head-hunters on hard-to-fill vacancies and collaborating on targeted recruitment campaigns. First meeting to be arranged.
- **International Recruitment (IR):**
  - 1.2k Nurses deployed to date.
  - Working with Rowcroft on palliative care nurses.
  - Supporting NHS organisations outside of Devon to ensure sustainability.
  - Looking to support with Medical IR in near future.
  - Saved system £40k against agency costs (to date).

Workforce: Learning, Education and Strategy

- **Learning and Education Strategy:** Endorsed by People and Culture Committee, recommended by the Executive Board to be taken for discussion and approval at public Executive Board in December 2023.
- **Placement Expansion:** Initial T Level placement mapping complete. Phase one data highlights shared with regional nursing supply board and One Devon nursing workforce board. AHP returns received. Band 7 T Level Coordinator post approved at vacancy control panel. Recruitment underway. Work undertaken with Devon Pharmacy Services Lead to support risks around pharmacy placements. Engagement with other ICBs around pharmacy placements.
- **Advanced Practice** – AP role presented and discussed at system preceptorship event. Workshops delivered by ICB Lead developing new roles in frailty, intermediate care pathway. Primary care – 4 new e-portfolio applications. 2 new roles in MSK and frailty pathways.
- **Apprenticeships** – RNDA LD financial offer reviewed, and system plan established and discussed at One Devon nursing workforce board. Additional apprenticeship funded through Levy Share MOU to primary care for level 3 HR qualification. Primary care workshop to expand levy share planned for Nov 23. Social care apprenticeship task and finish group established,
- **Upskilling –** Strengths Based Approaches (SBA) training - New dates for January – April 2024 released and available for booking. Agreement to proceed with revised advanced communication skills courses.
- **Learner Experience –** Learner council proposal shared with Learning and Education Group members. Programmes of work to support safe learning environment charter and clinical educator workforce under development. Meeting arranged with University of Exeter for evaluation of the learner council model.
- **Continuing Professional Development-** Draft strategy circulated for comments and feedback received from stakeholders for inclusion.
- **Social Care –** Initial scoping of VR technological solutions/platforms complete and shared with steering group. Establishment of the Devon College Group. Lead for technology sub-group identified and confirmed.

Acronyms

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
ARRS	Additional Roles Reimbursement Scheme	**ITK**	Interoperability ToolKit	**RDUH/N/E**	Royal Devon University Hospitals/North/East
ASD	Autism Spectrum Disorder	**KPI**	Key Performance Indicator	**REAP**	Resourcing Escalatory Action Plan
AVP	Ambulance Vehicle Preparation	**LCP**	Local Care Partnership	**RTT**	Referral To Treatment
CAS	Clinical Assessment Service	**LMNS**	Local Maternity & Neonatal System	**SAR**	Safeguarding Adult Review
CFHD	Children and Family Health Devon	**LOD**	Length Of Delay	**SI**	Serious Incident
CLD	Criteria Led Discharge	**LOS**	Length Of Stay	**SIF**	Serious Incident Framework
CNST	Clinical Negligence Scheme for Trusts	**LSW**	Livewell South West	**SLT**	Speech and Language Therapist/Therapy
CT	Computed Tomography	**MADE**	Multi Agency Discharge Event	**SMI**	Severe Mental Illness
CUC	Community Urgent Care	**MH**	Mental Health	**SOP**	Standard Operating Procedure
D&C	Demand & Capacity	**MHAA**	Mental Health Act Assessment	**SQPG**	System Quality and Performance Group
DAU	Discharge Assessment Units	**MHLDN**	Mental Health Learning Disability and Neurodiversity	**SST**	Safety Systems Team
DEXA	Dual Energy X-ray Absorptiometry	**MP**	Member of Parliament	**STOP**	Situation Task Organisation Person
DIG	Devon Investment Group	**MSK**	Muscolar-SKeletal	**SUCB**	South Unscheduled Care Board
DOS	Directory of Services	**NCTR**	No Criteria To Reside	**SW**	South West
DPT	Devon Partnership Trust	**NSS**	No Specific Symptom	**SWASFT**	South West Ambulance Service Foundation Trust
DTA	Decision To Admit	**OOH**	Out Of Hours	**T&F**	Task & Finish
ED	Emergency Department	**OPRT**	Outpatient Recovery and Transformation Programme	**TSDFT**	Torbay and South Devon Foundation Trust
EMD	Emergency Medical Dispatcher	**OPEL**	Operational Pressures Escalation Levels	**ToC**	Transfer of Care
ENT	Ears Nose and Throat	**PC**	Primary Care	**UCB**	Unscheduled Care Board
EPR	Electronic Patient Records	**PCARP**	Primary Care Access Recovery Plan	**UEC**	Urgent and Emergency Care
FDS	Faster Diagnosis Standard	**PCN**	Primary Care Network	**UHP**	University Hospitals Plymouth
FY	Financial Year	**PHSO**	Parliamentary and Health Service Ombudsman	**UTC**	Urgent Treatment Centre
G&A	General & Acute	**PITCH**	Peer Improvement Tips for Care and Health	**VCSE**	Voluntary Community Social Enterprise
GIRFT	Getting It Right First Time	**PIVO**	Private Independent and Voluntary Organisations	**WTE**	Whole Time Equivalent
GP	General Practice	**PMO**	Project Management Office	**WUCB**	Western Unscheduled Care Board
ICB	Integrated Care Board	**POD**	Pharmacy Ophthalmics Dentistry	**WW**	Week Wait
IPACS	Improving Patient flow between Acute, Community and Social care	**PPG**	Practice Plus Group	**YP**	Young Person/People
IPC	Infection Prevention Control	**PSIRF**	Patient Safety Incident Response Framework	**YTD**	Year To Date
IPS	Improved Patient Safety	**PSIRPS**	Patient Safety Incident Response Plans		
IS	Independent Sector	**PSQ**	Patient Safety and Quality		

Key to Variance & Assurance Icons

	Variation/Performance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

	Assurance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Finance and Performance Committee

Date of meeting	Dates of committee covered in this report
06 December 2023	31 October 2023

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation

- The Committee reviewed the BAF and asked that the Executive Team revisit its assessments of the effectiveness of mitigating actions based on risks identified during the course of the meeting.

Reports received, discussed and noted

- Performance Report to Sept 2023
- Integrated Care System (ICS) Financial Report to Sept 2023
- Integrated Care Board (ICB) Financial report to Sept 2023
- Recovery Support Programme
- Digital Support Programme
- National Recovery Funding
- Board Assurance Framework (BAF)

Committee decisions

Performance Report

The Committee:

- Noted the continuing pressures on Urgent and Emergency Care, noting the escalation of interventions to bring metrics on track to meet National Oversight Framework Segment 4 (NOF4) exit requirements, particularly a change of cadence around the delivery of the Recovery Plan and ICB oversight, but recognising that assurance was still required in relation to some key mitigations. The Committee requested a detailed report on risk and mitigation with year-end forecast for its next meeting.
- Agreed to undertake an in-depth review of the application of winter funding and an assessment of outcomes resulting from that investment.
- Noted the continuing pressures on elective targets, whilst noting progress. The Committee received limited assurance on year end NOF4 exit trajectories and requested a detail report on risks to these and mitigations, together with a year-end forecast for its next meeting.
- Received assurance on achievement of clearance of the cancer waiting backlog and meeting of the 28 day faster diagnosis target, but noted challenges on achieving the 62 day target and on diagnostic elements of the pathway. A deeper analysis of system response to this was requested for a future meeting of the Committee.
- Noted risks to the delivery of all performance trajectories related to ongoing national industrial action.

ICS and ICB Finance Reports

The Committee:

- Noted that pressures on the financial plan and that the year to date deficit had worsened to £57.7m across the Devon health and care system, which was an adverse variance of £20.7m to date. The Committee also noted the increased system scrutiny of the financial position and requested a detailed report for its next meeting, providing information about risk and mitigations in place relating to financial position and estimate of year-end financial position.
- Noted that the forecast outturn had been reported to NHS England (NHSE) as £42.3m deficit, in accordance with plan.
- Reviewed the detailed strategic Cost Improvement Programme (CIP) report, noting the risks to delivery and mitigations under development.
- Noted and discussed the continuing financial risk relating to industrial action, national cost pressures and inflation.

Recovery Support Programme

The Committee:

- Noted the conclusion of Phase 3 of the Recovery Support Programme.
- Noted the completion of a competitive procurement process based on a call-off contract.
- Received the Contract Award Recommendation Report for Phase 4 consultancy support.
- Noted the business case submitted and approved by NHSE
- Approved the award of a call off contract to the preferred provider for the remainder of financial year 2023/24.

- Requested monthly reports on the application of the contract and projection expenditure to year-end.

Digital Support Programme
The Committee:
- Noted the completion of a competitive procurement process based on a call-off contract.
- Noted the Contract Award Recommendation Report for digital consultancy support.
- Noted the business case has been submitted for approval by NHSE.
- Approved the award of the contract up to £1.5m over the next 12 months (subject to approval being received from NHSE).
- Requested monthly reports on application of the contract and projection to year end.

National Recovery Funding
- The Committee noted and agreed the distribution of recovery funding.

Escalation to the Board – for information

- None

Escalation to the Board – for action

- None

Recommendations for the Board

- None

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

- None

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.

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Finance and Performance Committee

Date of meeting	Dates of committee covered in this report
06 December 2023	28 November 2023

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation

- The Committee did not review the Board Assurance Framework (BAF) at this meeting; therefore, there are no escalations for the Board.

Reports received, discussed and noted

- NOF4 Exit Progress
- Performance Report
- Integrated Care Board (ICB) Financial report to Sept 2023
- Integrated Care System (ICS) Financial Report to Sept 2023
- 2023/24 Reforecast
- Okehampton Community Hospital former ward space disposal

Committee decisions

NOF4 Exit Progress
The Committee:

- Welcomed the report which set out NHS Devon's oversight and assurance mechanisms for exiting NHS Oversight Framework Segment 4 (NOF) and

provided a narrative report in respect of the organisation's progress against the agreed criteria for this exit.
- Noted the current performance position against the NOF4 exit criteria.
- Noted that the current performance position was not such that it could provide assurance of meeting the target NOF4 exit date of Q1 2024/25.
- Tested the rating of "green" in respect of the NOF Leadership and Capability domain, noting that further work was planned in relation to the organisation's focus in relation to NOF4 exit.
- Noted that further work was ongoing in respect of the links between system recovery activities in respect of finance and performance and that this would be presented to the December meeting of the Committee.

Performance Report
The Committee:
- Noted the current performance position against the Key Performance Indicators measured through the Integrated Quality and Finance Report.

ICS and ICB Finance Reports
The Committee:
- Noted the reports which provided the financial position of the NHS Devon Integrated Care Board (ICB) and Devon Integrated Care System (ICS) as at 31 October 2023, setting out the year to date and forecast financial position.
- Reflected on the fact that the Devon ICS had submitted a deficit plan of £42.3m, with an expectation that £212.2m of efficiency savings were needed to meet that plan. Within the plan the ICB's planned financial position was an underspend of £48.6m, with a requirement to deliver £82.5m of efficiency savings.
- Noted that, as at month 7 the Devon ICS was reporting an adverse variance to Plan of £32.5m. (M6 £20.7m variance) The main drivers for the deficit had been identified as additional unmitigated costs and lost elective recovery fund (ERF) income at Royal Devon University Healthcare NHS Foundation Trust (RDUH), University Hospitals Plymouth NHS Trust (UHP) and Torbay and South Devon NHS Trust (TSD) as a result of the industrial action of £15.7m (M6 13.2m), a shortfall in pay award funding (£3.5m) and a year to date over spend on drugs at RDUH and UHP (£7.7m). There was a further reduction on ERF earnings of £4.3m across the system. Other contributing factors were overspends in continuing healthcare and adult social care at TSD, shortfalls in income at RDUH and an overspend on international nurses at UHP.
- Took limited assurance from information provided with respect to workforce and pay controls, noting that the forecast expenditure for the year end on agency was £14.6m over plan and agreed that extra scrutiny would be required in respect of system partners' adherence to these controls.

2023/24 Reforecast
- Noted an update in respect of the Devon ICS plan in response to the request from NHS England (NHSE) to submit a revised plan for the remainder of 2023/24, with the expectation that systems should seek to deliver their original financial plan (for NHS Devon a £42.3m deficit).

- Took assurance from the process that had been followed to determine the submission on behalf of all NHS partners within the Devon health and care system and the level of engagement and commitment demonstrated by organisations to deliver the further pay and non-pay controls.
- Noted the risks to the achievement of the plan related to a system Cost Improvement Plan (CIP) shortfall that was partly related to work starting in year (the start date for most schemes is October) and expenditure on pay. Other key risks related to inflation on energy and other non-pay costs.
- Took limited assurance from the high-level information provided about mitigations that had been put in place to address these risks:
  - Increased temporary staffing and new recruitment controls
  - Increased non-pay controls and drugs recovery plan
  - Recovering coding losses due to EPIC implementation in RDUH and other ERF improvement
  - Balance sheet review and revenue to capital
- Agreed to undertake a deep dive at its December meeting into the actions that were being taken to address the following key areas of risk:
  - Workforce
  - CIPs
  - Drugs
- Agreed that the December meeting should also give detailed consideration to the impact of the forecast on the 2024/25 financial year.

Okehampton Community Hospital former ward space disposal

The Committee:

- Noted an oral update provided with respect to the production of an Estates Strategy ready for draft submission to NHSE by the end of 2023/24. NHS Devon has commissioned this extensive work, which shall broadly consist of 4 areas:
  - System capital plan, prioritisation and pipeline from present until 2030.
  - Full baseline data of the estate
  - PCN Estates Strategy
  - Overarching strategy document which shall contain high level ambition, deadlines and priorities
- Noted that the detailed delivery plans to each section of the strategy would address future acquisitions and disposals of the community estate.
- Noted that the proposal with respect to the disposal of former ward space at Okehampton Community Hospital was being made in the context of the NHS Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) 2016/17 consultation relating to the reconfiguration of community services across Devon. As part of the move to the new models of care, focussed on care at home and in the community, the Oakhampton wards proposed for surrender in the report were vacated and have stood empty and unused since then. In March 2017, the CCG Governing Body had agreed to retain community inpatient beds at Sidmouth, Exmouth and Tiverton community hospitals but to close the inpatient beds at Seaton, Whipton, Okehampton and Honiton. Since then, community hospitals, including Okehampton transferred from the ownership of the then Northern Devon Healthcare Trust to NHS Property Services. NHS Property Services charges a market rent to tenants of the hospitals and where there is no tenant, it charges void costs to the ICB. Void

charges at Okehampton cost the Devon NHS £215k per year. Since 2016/17, the NHS has spent over £1 million on this unused asset. It would cost a significant amount to bring the ward space back to a standard where it could be used.
- Took assurance from a review of options for the use of unused ward space in the context of significant financial deficit in the Devon health and care system and the conclusion that there was currently no financially viable option for use of the ward space.
- Took assurance from the stakeholder engagement process followed, noting that the proposal did not trigger the need for a statutory consultation, as no current health and care services were affected by the proposal to surrender the asset to NHS Property Services.
- Considered the risks and potential benefits associated with the proposed course of action.
- Agreed that an application should be submitted to NHS Property Services to undertake a surrender of the former ward, associated link corridors and ancillary space accommodation at Okehampton Hospital, to enable NHS Property Services to consider how to manage the asset.

Escalation to the Board – for information

- None

Escalation to the Board – for action

- None

Recommendations for the Board

- None

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

- None

Management of conflict of interests:

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NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of meeting	Dates of committee covered in this report
06 December 2023	18 October 2023

Chair	
Name and title:	Professor Hisham Khalil, Independent Non-Executive Member for Quality and Patient Experience

BAF updates or escalation

- There are no escalations for the Board.

Reports received, discussed and noted

Chief Medical Officer/Chief Nursing Officer Quality and Safety Update

- The Chief Medical Officer (CMO) highlighted the positive developments in managing the pressures on the elective care backlog. There are concerns about the significant pressures in urgent and emergency care, exacerbated by a higher-than-predicted activity increase.

- The CMO discussed the allocation of funds for winter pressures and the effective investment process for urgent care. The CMO highlighted the importance of monitoring children's services and the submission of plans for inspections in local authority areas The Committee sought information on additional funding for innovative solutions to urgent care pressures.

- There was a discussion regarding the metrics used for winter support measures and the difficulties in proving the impact of investments, particularly in primary

care. The Nursing and Quality Directorate reviews this information and presents key findings to the Committee. The Committee was assured that there is a robust process in place to ensure thorough review and measurement of improvements.

Integrated Quality, Performance and Finance Report (IQPR)

- The Head of Nursing and Quality presented the IQPR report and highlighted the following: There continue to be concerns regarding the performance metrics for urgent and emergency care with resultant impact on the quality of patient care, experience and safety. The impact of the delays in diagnosis of Children and Young people with Autistic Spectrum Disorders (ASD) were also discussed.

- Discussions of the Infection Prevention and Control (IPC) report, highlighted the challenges in commissioning avian flu-related initiatives, including swabbing and treatment measures. There are ongoing efforts within the commissioning team and the involvement of IPC leads, mentioning the delay in the implementation of the planned strategies. The Head of Nursing and Quality informed the Committee that a comprehensive report on these challenges would be presented in the November IPC quality report, which has been incorporated into the new work plan. Concerns were raised about the Community's capacity to handle infectious diseases such as Tuberculosis, particularly the potential risks associated with an outbreak.

- The Committee discussed the importance of robust data regarding the various Quality metrics and to have robust metrics to identify ‘Harm’. Long waits in Emergency departments were identified as a persistent issue, contributing to increased incidents of harm.

- The Head of Patient Safety reported a slight drop of Serious Incidents (SI) in the month of August 2023, compared to previous months. There is a high number of open investigations for SIs Which the Committee were concerned about. This was due to capacity issues. The Head of Patient Safety outlined efforts to understand the common factors contributing to incidents, emphasising the importance of staff buy-in and leadership involvement in implementing safety measures. There are collaborative efforts within the ICS, showcasing the commitment to knowledge sharing and improvement in patient safety practices.

- Patients’ Experience. There has been a significant increase in patient complaints, this has highlighted the strain due to capacity issues. The Head of Patient Safety highlighted the impact of taking on additional responsibilities in Podiatry, Optometry, and Dentistry. This should be reflected in the Risk Register.

Corporate Risk Update

- The Risk Manager provided an update on the Board Assurance Framework (BAF) risks and the corporate risks. As of 03 October 2023, there were 35 open risks on the Corporate Risk Register with 18 of these being allocated to the QPEC as the Board Assurance Committee responsible for seeking assurance with regard to their management. Only risks rated 15 or higher will be presented to the Committee moving forward. This approach aims to enhance the Committee's focus and allow for thorough review and discussion, ensuring that necessary measures are taken to mitigate these risks and prevent escalation.

- Only 3 risks have been reviewed recently, with low compliance attributed to capacity of staff.

- The Committee agreed with the approach outlined in the document for managing and reducing risks.

The Citizens' Voice

- An oral update from Healthwatch highlighted feedback received through contact and feedback centres. The majority of the feedback relates to issues with the primary care services, including difficulties access, long waiting times for appointments and medications, as well as limited access to NHS dentistry. There are efforts to address these concerns by signposting individuals to advocacy services and working with NHS Devon to develop a strategic plan. There are also issues related to Pharmacy services, such as long waiting times for prescriptions, medication supply problems, and difficulties contacting or accessing pharmacies. The impact of these issues on patients' well- being is concerning.

- The experiences of unpaid carers was also discussed and who face challenges in taking breaks from their caring roles due to limited access to replacement care and financial constraints.

Other reports noted

- Devon Antimicrobial Resistance & Stewardship Group ToR– System meeting
- Devon IPC Strategic Group ToR – System meeting

Committee decisions

- The Committee endorsed the All Age Continuing Healthcare Policy.

Items of concern to be escalated to the Board

- None

Recommendations for the Board

- To consider the reports received and positions of assurance by the Quality and Patient Experience Committee.

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

- The Governance team are reviewing all terms of reference for committees

NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of meeting	Dates of committee covered in this report
06 December 2023	15 November 2023

Chair	
Name and title:	Professor Hisham Khalil, Independent Non-Executive Member for Quality and Patient Experience

BAF updates or escalation

- There are no escalations for the Board.

Reports received, discussed and noted

Integrated Quality, Performance and Finance report (IQPR)
The Head of Nursing and Quality discussed the following:

- Improvements in Elective Care and Diagnostics, noting enhanced patient experience and increased safety levels. However, a risk level of 25 persists, indicating challenges despite performance improvements.
- There is a delay in access of care, in areas like Ophthalmology with resultant harm impacting vision and evidence of delayed diagnoses in General surgery. The risk remains high due to prolonged patient waiting times in recent years, indicating a continuation of this risk for some time.
- The Committee has seen a significant development in the reporting of the Quality metrics over the last few months covering details of harm, patient experience and safety issues and also to include outcomes in the future.

The Head of Patient Safety reported to the Committee the following:

- In September 2023, there were 34 Serious Incidents, aligning with the typical average of 33.
- There is a continuing trend of increase in self-harm in patients and pressure ulcers.
- Notably large number of open incidents under investigation, indicating a backlog within providers (344 open SI investigations).
- A shortage of trained investigators within providers, consistent for the last 12-18 months.
- Transition to new reporting system (PSIRF) showing a reduction in received PITCH reports. expected to replace the existing pitch system.
- Top PITCH themes: Delayed discharges and access to services..
- Patient experience reports show a significant increase in contacts by patients, causing response delays, notably in primary care-related issues.
- Closure rates are increasing for less complex complaints, but there is a growing backlog of complex complaints due to reduced team capacity.

Corporate Risk Update

- The Committee discussed the absence of a specific risk for Serious Incidents on the Risk Register. Also there have been some risks that were not reviewed recently. This was attributed to capacity issues. It was emphasised that the regular review of risks is an integral part of the QPEC.
- The Committee discussed risk 187 and risk 189 as very high risks related to patient complaints and the local maternity and neonatal system's ability to meet national requirements. There were suggestions to update risk scores and close or downgrade certain risks, emphasising the need for continuous monitoring and mitigation. Risk 157 is to be closed as this is superseded by the new risk 198.

General Practitioners with Extended Roles (GPeWR) Process

- A comprehensive review took place with the Cornwall and Isles of Scilly ICB regarding the national guidance around GPs with extended roles (GPeWR). Initially, there was a strong inclination for CCGs in past years to support GPs in additional roles, but this emphasis has now changed.
- The proposal suggests disbanding the ICB accreditation process and focusing on individual responsibilities outlined in the paper presented. Emphasis is placed on clarifying the roles of commissioners and service providers for ensuring qualified and supported staff. The aim is to create clarity in responsibilities without implying any existing quality concerns with providers, treating GP services similarly to other medical services.
- The Committee wishes to recommend to the Board, the approval of the review recommendations.

Infection Prevention and Control Update

- A historical tuberculosis patient required extended screening, which revealed issues in tuberculosis care in Devon. This specifically relates to the lack of clarity on funding for necessary resources, potentially causing delays in the screening process. Secondly, there was a gap in seasonal flu prophylaxis services due to the end of a previous contract, posing risks for care homes during flu season. Contract negotiations were ongoing to resolve this gap in service, with the service specification agreed.

- Committee members expressed their concerns regarding the uncertainty of funding and the impact this may have on patient and a potential outbreak

Quarterly Safeguarding Report

- The report from the Safeguarding and Vulnerable People Steering Group was considered. It included updates on statutory reviews related to safeguarding adults, domestic abuse, and safeguarding children. The terms of reference for this group have also been updated and refreshed, these amendments are mostly minor.
- There is progress in violence and trauma-related initiatives. The annual report from the project lead highlighted progress achieved while emphasising the necessity for additional investment once the project concludes.

System Quality Performance Group Chair Report

- The Deputy CNO updated the Committee regarding items discussed at the last System Quality and Performance Group (SQPG) meeting held on the 24 October 2023.
- Discussions centred on funding disparities across the system, especially regarding end-of-life care funding. Patient safety concerns and statutory requirements for complaints and patient experience were addressed, along with the upcoming CQC system assessments which go live on the 6 December 2023. The team are preparing for these assessments and are seeking information from the Dorset system, a pilot area for ICB assessment, for guidance

Quality Reporting to QPEC

- The Committee discussed the proposed improvements in the current quality reporting processes, aiming to align more with the ICB's quality metrics.
- The recommendations include incorporating changes to the quality report, amending equality metrics, and enhancing patient experience information within the report. There is a need for alignment with the governance changes and there is a proposal of a pilot of a formal quality report for six months to improve reporting structures.

Patient Safety Incident Reporting Brief (PSIR)

- The Committee discussed the transition stage of systems of reporting, highlighting successful planning and implementation. There are challenges in appointing patient safety partners due to the financial constraints and the ongoing discussions with NHS Dorset.

Never Event Update

- There is an increase in the reported never events, noting a total of 26 events since April 2022, a trend continuing for about 18 months. The Head of Patient Safety confirmed this is to be a system-wide issue rather than an individual provider or specialty. There are ongoing actions taken, including productive system-wide meetings addressing cultural issues and safety checks. There has been positive discussions around tackling culture, sharing learning, and the involvement of primary care in these discussions. Additionally, upcoming meetings focusing on examining new procedures developed by specific organisations and their policies to prevent similar incidents. Events have been

held by some organisations to address never events and initiatives to improve safety practices.
- The System Never Event Group continues to meet with engagement of providers and plans for providers to share future meetings.

Other reports noted
- MH-Suicide SI's – Update from previous report -
- High Consequence Infectious Disease Plan (incorporating Pandemic Plan)

Committee decisions

- None

Items of concern to be escalated to the Board

- The Committee would like to escalate to the Board the concerns regarding the uncertainty of funding streams and capacity issues in infectious disease control, particularly in relation to Tuberculosis.
- The Committee would like to escalate to the Board the risks resulting from lack of capacity to address patient complaints and the impact this could have on patient experience and safety.

Recommendations for the Board

- To consider the reports received and positions of assurance by the Quality and Patient Experience committee.

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

- The Governance team are reviewing all terms of reference for committees

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Primary Care Commissioning Transitional Committee

Date of meeting	Dates of committees covered in this report
06 December 2023	05 October and 12 October 2023

Chair	
Name and title:	Judy Hargadon Independent Non-Executive Member for Primary Care

BAF updates or escalation

- None

Reports received, discussed, and noted

- The committee noted a paper on the **Dental Services Strategic position** and discussed possible schemes to use underspent monies this financial year to improve oral health via preventative measures. There was concern that at short notice no-one from the Commissioning Hub joined the meeting.
- The **Deputy Director's Report** highlighted the admissions avoidance proposals with has been approved for funding due to excellent joint working by the ICB and Local Medical Council, and the efforts being made to mitigate the impact of a possible contract hand back from a small, geographically remote practice.
- The **NHSE Optometry, Dental & Pharmacy Monthly Report** was noted.

- The **Quality and performance** report mentioned the difficult transition (nationally) of moving to the new patient safety framework and highlighted escalations in 2 practices with regard to serious incidents which are being investigated, actions being completed and learning taken from the situations.

- The meeting was updated on the **Finance Report** as at the end of August 2023 including information on the services for which NHS Devon has delegated commissioning responsibility. The meeting heard that there is an expected underspend on dentistry contracts (due to capacity and recruitment issues).

Committee decisions

- **The PCCTC was happy to endorse the LMC Joint Operational Resilience Team (JORT) proposal paper** which was brought to the committee for feedback. The meeting heard this has been a joint approach to resilience issues as the ICB has worked with DCB (Devon Collaborative Board) and LCM (Local Medical Council) in order to devise a joint approach which is less ICB reliant.

- After hearing the outcome of **the re-procurement process for the Mayflower Medical Group, the PCCTC in a separate single item meeting, unanimously agreed with the recommendation** regarding the contract. The outcome will be announced at the end of the procurement process.

- The meeting was updated on the **corporate risk review,** considered the adequacy and effectiveness of the controls and assurances identified in the management of risk, noted that a new risk (186 capacity in Primary Care team) has been added to the register – it will appear in next month's report with a score of 16, and that risk 172 regarding public health management is transferred to the PHM risk register. It was pointed out again to the committee that Risk 176 (community waiting lists) is a matter on which this committee has no say. The request has already been made for this to be moved to a more appropriate committee, perhaps under the aegis of elective recovery. PCCTC **Approved** the closure of Risk 168 - Special Allocations Service, as a new provider is in place)

Escalation to the Board – for information

- None

Escalation to the Board – for action

- None

Recommendations for the Board

- None

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

- None

Management of conflict of interests:

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NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Primary Care Commissioning Transitional Committee

Date of meeting	Date of committee covered in this report
06 December 2023	09 November 2023

Chair	
Name and title:	Judy Hargadon Independent Non-Executive Member for Primary Care

BAF updates or escalation

- None

Reports received, discussed, and noted

- The committee noted a paper on the **Optical Services Strategic position updates** and discussed how primary care ophthalmologists might possibly help with the pressures on secondary care services. This is not commissioned as part of primary care. At present this is not consistently commissioned across Devon.
- The **Deputy Director's Report** highlighted that check-in calls are taking place with all 31 Primary Care Networks to discuss their Capacity and Access Plans (CAIP)
- The **NHSE Optometry, Dental & Pharmacy Monthly Report** from the regional Hub team was noted.

- **The contracting and resilience report** highlighted some good news of reopening of patient lists and the successful completion of a contract procurement in Plymouth, with the less good news of notice being given in a small practice contract in north Devon.

- **Future Incorporation Requests paper** alerted the committee to the possible future trend of incorporating practices as limited companies. The possible advantages and drawbacks were discussed.

- **Teignmouth Health and Wellbeing Hub update –** although planning permission has been granted and the escalation in costs has been provided for, there remains concern that the contractual and financial agreements have not yet been finalised. The committee is aware of the importance of this project to the population and practices in Teignmouth. See note in escalation to Board.

- The meeting received an update from the **Devon Collaborative Board** regarding admissions avoidance and acute respiratory schemes, primary and secondary care interface, local and regional clinical forums, and the Leadership Programme to improve whole system working and give colleagues in general practice opportunities to move into leadership roles.

- **NOF4 (NHS Operational Framework)** was very much in the forefront of the committee's business with the triple priorities of access, resilience and statutory workstreams highlighted at every point of the meeting.

- **Primary Care Strategic Metrics updates** were reviewed and an additional emphasis on locality metrics was appreciated by members and found to be very useful.

- The **IQPR** mentioned that the team continues to encourage practices to sign up for the learning from patient safety events online system. One incident has been successfully dealt with and is now being closed, and a complaint regarding delayed treatment in a practice is in the first stages of investigation.

- The meeting was updated on the **Finance Report** as at the end of September 2023

Committee decisions

- After discussion to ensure previous committee feedback had been included**, the PCCTC was happy to approve the Primary Care Homelessness Service tender documents** for procurement spanning Exeter and Barnstaple.

- The underutilised and void space at **Okehampton former Wards** was discussed in a paper from the Estates lead and **the committee supported the proposal to surrender the unused space to NHS properties.**

- The meeting was updated on the **corporate risk register** and considered the adequacy and effectiveness of the controls and assurances identified in the management of risk. It was also noted that a new risk (186 - capacity in Primary Care team) had been added to the report. An amendment to risk 172 was approved.

Escalation to the Board – for information

- The Committee expressed concern over yet further delay in building the Health and Wellbeing Hub in Teignmouth. It has suffered from repeated delays and any remaining issues need to be addressed as soon as possible. The practices need to move soon and have been working on this for years.

Escalation to the Board – for action

- None

Recommendations for the Board

- None

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

- None

Management of conflict of interests:

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NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Remuneration and Internal ICB Workforce Committee

Date of meeting	Date of committee covered in this report
06 December 2023	14 September 2023

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation

- The Committee did not review the Board Assurance Framework (BAF) at this meeting; therefore, there are no escalations for the Board.

Reports received, discussed and noted

- ICB Organisational Structure Phase 1
- Arrangements for Interim CEO

Committee decisions

- The Committee noted the update to the proposed structure relating to Phase 1 of the NHS Devon reorganisation, following feedback received during the consultation process. Committee members shared their perspectives on the proposals. It was noted that it would be necessary to extend the Phase 1 consultation to seek the views of employees on the changes.

- The Committee supported the proposed arrangements for the appointment of an Interim Chief Executive Officer (CEO).

Escalation to the Board – for information

- None.

Escalation to the Board – for action

- None.

Recommendations for the Board

- None.

Recommendations for other committees

- None.

Terms of reference or other committee effectiveness issues

- None.

Management of conflict of interests:

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NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Remuneration and Internal ICB Workforce Committee

Date of Board meeting	Date(s) of committees covered in this report
06 December 2023	30 October 2023

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation

- The Committee did not review the Board Assurance Framework (BAF) at this meeting; therefore, there are no escalations for the Board.

Reports received, discussed and noted

- Organisational change programme update
- Interim Chief Executive Officer – accountabilities and remuneration
- Salary for Chief Executive Appointment
- Chief Officers Report
- Chief Nursing Officer Appointment
- HR Dashboard

Committee decisions

Organisational change programme update
The Committee:

- Noted the update that was provided in relation to the progress of the organisational change programme, in particular the finalisation of the organisational structures covered by phase 1 of the programme and the process for appointing to these roles.
- Noted that there were lessons to be learned in respect of phase 1 of the organisational change programme that should be implemented in respect of phase 2 of the programme.
- Noted the update provided in terms of the timeframe for the closure of NHS Devon's current offices in order to move to a single shared office in Exeter.

Interim Chief Executive Officer – accountabilities and remuneration
The Committee:

- Took assurance from the information provided about the role and responsibilities of the Interim Chief Executive, including the arrangements being put in place to provide him with additional support during this period.
- Agreed the proposed approach to remunerating the Interim Chief Executive whilst he was undertaking this role.
- Noted that the substantive Chief Executive was likely to be able to join NHS Devon early in 2024.

Salary for Chief Executive Appointment
The Committee:

- Endorsed the business case for the Chief Executive Officer's salary.
- Agreed a ceiling for this remuneration, should further negation be required.

Chief Officers Report
The Committee:

- Agreed the cost of living increases for Very Senior Manager (VSM) posts in line with the approach set out by the government. These increases were in line with those already provided for members of staff on Agenda for Change (AfC).
- Agreed the use of 0.5 of the total VSM pay bill to resolve a number of existing pay anomalies.
- Agreed to support the proposed salary arrangements for the Interim Chief Nursing Officer (CNO). As an employee NHS England (NHSE) who would be seconded to NHS Devon, the NHSE Remuneration Committee will have final approval of the proposed arrangements.
- Agreed the remuneration arrangements for the Interim Deputy Chief Finance Officer.

Chief Nursing Officer Appointment
The Committee:

- Noted the approach being taken to the appointment of a substantive Chief Nursing Officer.

HR Dashboard
The Committee:

- Noted the information contained within the HR dashboard, including key themes and trends and discussed the relationship between these and prolonged uncertainty associated with organisational change.
- Considered the action that could be taken to improve low staff morale associated with organisational change and the importance of communications at such a time.
- Noted that NHS staff survey results were due before the end of 2024.
- Discussed diversity and inclusion data and staff members' interaction with requests to provide this.

Escalation to the Board – for information

- Whilst the Committee has previously received Freedom to Speak Up Reports, it has been clarified that oversight of this is the responsibility of the Audit and Risk Committee. Therefore, the Committee will no longer receive formal reports on this subject and these will be presented to the Audit and Risk Committee.

Escalation to the Board – for action

- None.

Recommendations for the Board

- None.

Recommendations for other committees

- None.

Terms of reference or other committee effectiveness issues

- The Committee's Terns of Reference require review.

Management of conflict of interests:

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NHS Devon Integrated Care Board

NHS Devon (ICB) Finance Report Month 7

Date of meeting	Date report produced
06 December 2023	21 November 2023

Author(s)		Report approved by	
Name and title:	Kevin Wheller Associate Director of Finance	**Name and title:**	Bill Shields Interim Chief Executive and Chief Finance Officer
Phone:	07825 027569	**Date:**	21 November 2023
Email:	kevin.wheller@nhs.net		

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

Executive summary
The presentation of the NHS Devon Integrated Care Board's (ICBs) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICB for the year ended 31 March 2024. This report details the ICB financial position as at 31 October 2023, setting out the year to date and forecast financial position.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Finance and Performance Committee – 28 November 2023

Key recommendations and actions requested
1. **Note** the Month 7 year to date performance and the forecast position including the current risks as at 31 October 2023.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	None
Improve services and reduced unwarranted variation	None
Make more efficient use of our resources	Outlines current financial performance and actions
Develop our culture and how we operate	None

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

NHS Devon (ICB) Finance Report Month 7

Introduction and Background

1. The presentation of the NHS Devon Integrated Care Board's (ICBs) Finance Report seeks to provide the necessary assurance to the Board on the financial position of the ICB for the year to date (YTD) 31 October 2023 and the year ended 31 March 2024.

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

3. Devon Integrated Care System (ICS) submitted a deficit plan of £42.3m and an expectation that £212.2m of efficiency savings are needed to meet that plan. Within the plan the ICB's planned financial position is an underspend of £48.6m with a requirement to deliver £82.5m of efficiency savings.

Financial Position

4. The following detailed report reflects the budget set compared with the actual commitments against that budget for the period to 31st October 2023 and the year ending 31st March 2024.

As at 31 October 2023	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Total Net Expenditure	1,615,416	1,615,416	0	2,742,149	2,742,149	0
Resource Allocation	1,643,747	1,643,747	0	2,790,716	2,790,716	0
Total Commissioned Services	**28,331**	**28,331**	**0**	**48,567**	**48,567**	**0**

5. Overall, the ICB is reporting a YTD and FOT planned surplus of £28.3m and £48.6m respectively.

6. The ICB position sits within an overall system position of a £42.3m FOT deficit.

7. As at month 7 many of the service lines exceeded budget including some acute services, continuing healthcare individual placements, primary care and mental health. These variances have been covered by contingencies set aside at plan to manage variation and held in reserves.

8. Service line variances are detailed in the sections 2 and appendix 3.

Savings Plan

9. The ICB's 2023/24 plan includes a saving requirement of £82.5m.

10. At month 7 the ICB is currently showing a YTD achievement of £38.3m against a plan of £38.9m, with a FOT of achieving the full £82.5m.

11. Details are disclosed in section 3: Savings and Efficiencies.

Risk

12. At plan the ICB identified risks of £38.6m, including risks relating to delivery of the savings target and increases in prescription drug prices.

13. Risks and pressures arising will be addressed by appropriate mitigating actions to meet the ICB's objectives and year-end financial position.

14. At month 7 the risks total £30.7m with mitigations totalling £4.0m resulting in a net risk to the ICB of £26.7m

15. A reminder of these risks is set out in section 4 of the report.

Forecast for the Remaining 5 Months

16. At the beginning of November NHSE wrote to all Integrated Care Systems acknowledging the financial and operational pressures systems face as a result of industrial action. NHSE have provided £800m nationally to address the financial pressures and have introduced revised expectations in relation to elective care targets for the remainder of 23/24.

17. As a result of this significant change in planning assumptions NHSE have asked systems to submit revised plans for the remainder of 23/24 by 22nd November with the expectations that systems should seek to deliver their original financial plan which for NHS Devon is a £42.3m deficit.

18. The plan for the remainder of the year is being worked through with system partners and will inform conversations later in the month with NHSE and given the risks within the system may subsequently inform any revised financial projection for providers and the ICB.

Conclusion

19. As at 31 October 2023 the ICB is reporting a YTD and FOT planned surplus of £28.3m and £48.6m respectively.

Detailed Financial Performance

20. The YTD and FOT by main service heading as at 31st October 2023 is as follows:

Service	Year to date				Forecast			
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000		Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	
Acute	755,447	766,221	(10,774)	↓	1,277,620	1,295,343	(17,723)	↑
Mental Health	179,963	180,482	(519)	↑	307,967	308,770	(803)	↑
Community Health	193,373	192,704	669	↓	331,531	330,532	999	↓
Continuing Care	90,729	91,308	(579)	↑	155,536	156,906	(1,370)	↑
Primary Care	344,057	360,374	(16,318)	↓	590,246	605,113	(14,867)	↓
Other Programme	18,184	20,612	(2,427)	↓	30,457	33,396	(2,939)	↓
Total Commissioned Services	**1,581,753**	**1,611,701**	**(29,948)**	↓	**2,693,356**	**2,730,059**	**(36,703)**	↓
Running Costs	13,507	15,207	(1,699)	↓	23,158	26,129	(2,971)	↓
Net Expenditure	**1,595,260**	**1,626,908**	**(31,648)**	↓	**2,716,514**	**2,756,188**	**(39,674)**	↓
Reserves/Contingencies	20,156	(11,492)	31,648	↑	25,635	(14,039)	39,673	↑
Total Net Expenditure	**1,615,416**	**1,615,416**	**0**	→	**2,742,149**	**2,742,149**	**0**	→
Resource Allocation	1,643,747	1,643,747	0	→	2,790,716	2,790,716	0	→
Total Commissioned Services	**28,331**	**28,331**	**0**	→	**48,567**	**48,567**	**0**	→

21. Further detail of the budgets, actual spend and variances making up the main service areas above is provided in appendix 3.

Acute Services

22. Acute services include contracts with our main system acute providers as well as contracts with acute providers in Cornwall, Somerset, Bristol and London. It also includes our contract with South Western Ambulance Service, contracts for patient transport and contracts for acute procedures undertaken in the independent sector and by other non-NHS providers.

23. The ICB and system providers have agreed a set of block contract payments that also include top-up payments and growth funding allocations. The ICB's budget under these financial arrangements has been set to match the payments.

24. At month 7 there is a YTD and FOT overspend of £10.8m and £17.7m respectively which is mainly due to payments for Elective Recovery Funding in the independent sector. ICB is expecting the increased costs in independent sector activity to be covered by additional Elective Recovery Funding, of which £16.4m is forecast in the reserves. The remaining drivers of the overspend in acute activity are as a result of non-contract activity and referrals and management pay costs offset by underspends in patient transport costs.

Mental Health Services

25. The Mental Health budget commissions Mental Health, Learning Disability, Autism and Neurodiversity services for adult, children and young people. The main contracts for the services are with Devon Partnership NHS Trust (DPT) and Livewell Southwest with the CAMHS service for Northern, Eastern and Southern localities being provided by Children and Families Health Devon through a contract with Torbay and South Devon NHS Foundation Trust. This section also includes spend relating to individual adult placements for mental health and learning disability services.

26. In 2023/24 the ICB has planned to invest £19.5m (7.22% increase) in Mental Health Services based on the Mental Health Investment Standard target. In addition to this the ICB has received £19.7m of Service Development Fund (SDF) Transformation funding for Mental Health and Learning Disability Services.

27. At month 7 there is a YTD overspend of £0.5m and FOT overspend of £0.8m, due to growth and inflationary uplift pressures in Individual Patient Placements and s117 learning disability and mental health placements as well as increased ADHD activity through right to choose linked to waiting times.

Community Health Services

28. Community Healthcare services include contracts with ICS partners for the provision of community healthcare (including community hospitals and children's services) as well as Minor Injury Units.

29. It also includes provision for community based acute procedures delivered through GP practice specialisms and other non-NHS providers as well as joint arrangements with Local Authorities under the provisions of the Better Care Fund.

30. As at month 7 the Devon ICS had made efficiency savings of £89.6m which is £0.1m adverse to plan. (M6 £9.5m favourable). This is mainly to do with the under delivery of the strategic savings programmes which were planned to commence in month 7.

Continuing Care

31. Placements includes Continuing Care budgets comprising Continuing Care Administration, Continuing Healthcare (CHC), Interim Funding, Joint Funding, Children's Continuing Care and Funded Nursing Care (FNC).

32. The placements budget represents a particular risk to the ICB financial position that requires robust financial management. The key risks relate to local authority disputes to the external provider review programme & breaches from the continuation of 4-week Hospital Discharge Programme.

33. Some examples of other risks include:

- Fluctuations in the number of clients eligible for financial support
- Assessments exceeding 28 days
- Unexpected exceptional levels of support required for some clients
- Responsible commissioner cases

34. The Month 7 outturn position is £1.4m over budget, this represents a forecast improvement of £2.6m compared to last month. The current overspend is a result of greater than budgeted End of Life clients, inflationary uplift and pay pressures but off-set, in part, by the release of a long-term risk in month 7.

35. Further mitigating actions including reviewing joint funded clients are being explored.

Other Programme

36. All Other Programme area picks up the remaining community-based provision of healthcare services including hospice care and other voluntary sector grant based commissioned services. This area also includes the element of our integrated urgent care contract that relates to NHS 111.

37. As at month 7 there is a YTD and FOT overspend of £2.4m and £2.9m respectively and although there are a number of under and overspends within the Other Programme area, the majority of the overspend represents the costs of the system recovery plan.

Primary Care Services

38. Primary Care includes expenditure on primary care prescribing, GP medical services, enhanced services, out of hours and other primary care related expenditure including GP IT. From 1st April 2023 NHS Devon received delegated responsibility from NHS England for the commissioning of primary care pharmacy, ophthalmic and dental (POD) contracts.

Prescribing

39. The prescribing forecast has increased in month 7 based upon the latest month 5 prescribing data, however the overall reported risk position has remained stable. Excluding the Central Drugs Bill costs, we are reporting a year to date overspend of £13.9m and a forecast year end overspend of £17.3m. These values are calculated using the national forecasting methodology that is produced by the NHS Business Services Authority (also known as the Prescribing Monitoring Document or PMD forecast).

40. However local analysis of our year-to-date expenditure using a range of forecasting methodologies indicate that the BSA forecast is understated and we expect that our year end risk adjusted position could be in the region of £22m.

41. This increase in prescribing cost is a national issue and cost pressures of this scale are being seen across all ICBs. The cost pressure is in part driven by Price Concessions (previously known as No Cheaper Stock Obtainable or NCSO) and by price increases that are greater than those provided for in our planning or in the national planning guidance.

42. NHS England have confirmed that we should not expect any additional funding to mitigate this cost pressure and we have therefore shown the prescribing pressure relating to this within our risks to delivery of our planned surplus in full.

Delegated Commissioning

43. As at month 7 there is an YTD overspend of £5.2m which is attributed to the costs of the Additional Roles Reimbursement Scheme (ARRS). We are expecting additional funding to cover these costs and are therefore forecasting a breakeven position across delegated primary medical care.

Other Primary Care

44. Other primary care services include contracts for enhanced GP services, out of hours GP services, home oxygen services and provision for GP IT costs. At month 7 the forecast position is underspend by £3.0m which is due to prior year benefits being reflected in the position. This is mostly in respect of Local Enhanced Services claims and Quality Outcomes Framework (QOF) achievement being less than planned for.

Delegated Pharmacy, Ophthalmic & Dental

45. At month 7 we are reporting a near FOT breakeven position against the delegated POD services.

Running Costs

46. The pay and associated costs for the ICB are categorised into administrative (running costs) and programme costs according to whether they relate to healthcare services and are solely concerned with management of the organisation. Variances relating to programme pay costs are reported within other earlier sections including acute services and placements.

47. Each year the ICB receives a specific allocation for its running costs and has an obligation to report against it separately and must not overspend against the limit set.

48. The ICB's allocation for the year is £23.2m and at month 7 the ICB is reporting a YTD and FOT overspend of £1.7 and £3.0m respectively.

49. The restructure of the organisation is in progress which will support reducing the extent of the overspend in pay costs going forward, but with the

assumption at this stage of in year organisational change, savings being offset by non-recurrent cost of change.

Resource Allocation

50. Revenue resources contained within our financial plans and financial systems are set out below.

Allocation Description	Year to date
	ICB
2023/24 Recurrent core allocation	2,198,203
2023/24 COVID	9,321
2023/24 Capacity funding (£k)	26,768
2023/24 Additional discharge allocation (£k)	6,015
ICB running cost allowance	22,578
Allocations (primary medical care)	220,682
Primary Care DOP transfer from regional Teams	117,342
Inflation (Fair Shares)	7,164
Pay Award	30,299
M4 Allocation RC	580
M5 Allocations	12,997
M6 Allocations	1,949
M7 Allocations	3,241
Recurrent Allocation	**2,657,139**
Cancer Alliance Core Funding	7,986
Cancer Alliance Targeted Funding	6,057
Mental Health Allocations M2	17,800
Funding for Covid-19 high-throughput & rapid PCR testir	3,280
Community / Keyworkers	2,526
Community Services Transformation	1,641
Primary Care Transformation	3,579
Supporting GP Mentors Q1	44
Long Covid	1,300
Pay Award	4,646
Prevention	1,300
Other M2 Allocations	2,194
M3 Allocations	20,063
M4 Allocations	47,649
M5 Allocations	7,223
M6 Allocations	2,747
M7 Allocations	3,542
Non-Recurrent Allocation	**133,577**
Total Allocation	**2,790,716**

51. The month 7 allocations include expected additional funds for primary care and diagnostics.

Savings and Efficiencies

52. The table below provides a summary of the delivery of savings and efficiencies at month 7 and the expected position for the year ended 31st March 2024.

Scheme	RAG Status	Year to date			Forecast		
		Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable/ (Adverse) £000	Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable/ (Adverse) £000
Acute		18,341	18,341	0	33,584	33,584	0
Community Healthcare		8,030	9,233	1,203	18,051	18,051	0
Mental Health		1,163	1,163	0	1,993	1,993	0
Ambulance		440	440	0	755	755	0
Primary Care		3,501	3,501	0	6,000	6,000	0
Prescribing		2,917	2,917	0	5,000	5,000	0
Continuing Care		3,109	2,674	(435)	8,186	8,186	0
Running costs		374	0	(374)	641	641	0
Other Programme Services		1,010	0	(1,010)	6,055	6,055	0
Unidentified		0	0	0	2,192	2,192	0
Total		**38,885**	**38,269**	**(616)**	**82,457**	**82,457**	**0**
Recurrent		28,589	28,147	(442)	64,562	64,562	0
Non-Recurrent		10,296	10,122	(174)	17,895	17,895	0
Total		**38,885**	**38,269**	**(616)**	**82,457**	**82,457**	**0**

53. The above figures do not tie up to those disclosed in the monthly Integrated Finance Report (IFR), that is submitted to NHS England, due to the inability to correct the profiling of the savings plans on the form.

54. The £82.5m savings plan includes £21.5m of system savings attributable to workstreams driven through the system recovery programme. These savings are profiled for delivery from October.

55. It should also be noted that £31.7m of the ICB's target of £82.5m is the internal (intra system) provider tariff efficiencies charged to our providers. These efficiencies as reported within the ICB plan are a technicality and will be delivered by provider cost improvement programmes. These are only counted once (i.e., not double counted) within the system total requirement of £212.2m efficiencies. So, the ICB CIP target which is part of the £212.2 is £50.7m.

56. Year to date we are behind plan by approximately £0.6m, although forecasting full delivery of the savings by the end of the financial year. The risk to delivery of the savings plan is covered in section 4.

Risks

57. The assessment of financial risk (and mitigations) at month 7, for the year ended 31st March 2024, is as follows.

Headline	Description	M6 £000	M7 £000	Movement £000	Risk at Plan £000
Prescribing	Risk of additional cost where no cheaper stock is obtainable (NCSO) - Price concessions	7,397	19,777	12,380	3,090
Placements	Inflation risk on Continuing Healthcare costs	0	0	0	1,500
Contract risk	Potential additional contract costs	2,500	4,000	1,500	3,750
Elective Recovery Fund	Independent Sector Risk re ERF earnings	0	0	0	0
Efficiency risk	Estimated shortfall in required efficiency savings	4,237	0	(4,237)	13,122
System strategic efficiencies risk	Non-delivery of workstream efficiency savings	14,641	6,891	(7,750)	17,120
Total Risk		**28,775**	**30,668**	**1,893**	**38,582**
Additional cost control	Off-set risk by stretch efficiencies	1,900	4,000	2,100	6,090
Transformational / Pathway changes	Review of pathways leading to financial benefits	0	0	0	3,000
Elective Recovery Fund	ERF income assumption	0	0	0	0
Prescribing	Prescribing price concessions and inflation income assumption	0	0	0	0
Efficiency mitigation	Identification of opportunistic in-year savings	0	0	0	7,192
Allocation Review	Hold back non recurrent allocations	0	0	0	750
Total Mitigation		**1,900**	**4,000**	**2,100**	**17,032**
Net Risk		**26,875**	**26,668**	**(207)**	**21,550**

58. At plan the ICB identified risks of £38.6m, with mitigations totalling £17.0m resulting in net risks of £21.6m.

59. At month 7 the risks total £30.7m, with mitigations totalling £4.0m resulting in net risks of £26.7m.

60. Changes to the risk profile in month 7 represent:

- As mentioned above (section 2.6), local analysis of our year-to-date prescribing expenditure would indicate that prescribing costs could potentially be greater than forecast. Although prescribing price concessions and inflation is a national issue, it has been confirmed that it is unlikely that we will receive any additional income and it is this that has driven the overall increase to the ICB risks.

- There is risk that there will be additional contract costs, although this is mitigated by expected additional cost controls and efficiencies.

- The system strategic efficiencies risk has been reduced from £14.6m to £6.9m with the removal of the system risk share assumptions and costs in relation to recovery which are shown as contract costs.

Other Financial Information

Statement of Financial Position

61. The statement of financial position (SoFP) provides a snapshot of the ICB's financial position at that date. The SoFP is made of two parts which must always equal each other: the top part (total assets employed) which shows the ICB's assets and liabilities (what the ICB owns and is owed), and the bottom part (total taxpayers' equity) which shows how the ICB has been financed.

62. The ICB's position at 31st October 2023 is shown in appendix 1.

Capital

63. The ICB has received £138k IT capital which we requested for 2023/24.

Better Payment Practice Code

64. The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

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

Better Payment Practice Code	M7	
	Number	£000
Non NHS Creditors - % of bills paid within target	99.66	99.06
NHS Creditors - % of bills paid within target	99.25	99.88

Cash

66. There are several key cash performance targets that ICBs are measured against; these are set out in appendix 2.

Recommendations

67. The Board is requested to **note** the month 7 year to date performance and the forecast position including the current risks.

Appendix 1: Statement of Financial Position

Statement of Financial Position	M7
Property Plant & Equipment	2,488
Intangible Assets	122
Non Current Assest	**2,611**
Inventories	1,212
Trade & Other Receivables - NHS	735
Trade & Other Receivables - Non NHS	14,563
Cash & Cash Equivalents	858
Current Assets	**17,369**
Total Assests	**19,979**
Trade & Other Payables - NHS	(10,689)
Trade & Other Payables - Non NHS	(100,092)
Other Liabilities	(3,338)
Borrowings / Cash in Transit	(4,966)
Current Liabilities	**(119,085)**
Total Assets Employed	**(99,105)**
General Fund	(99,105)
Total Taxpayers Equity	**(99,105)**

Appendix 2: Cash

There are several key cash performance targets that the ICB is measured against:

Measure	Month 7
ICBs must operate within their Cash Drawdown Requirement *The cash drawdown requirement is based on the revenue and capital resource limits, amended for various non-cash items like depreciation. At present NHS England has calculated this to equate to £2,732m for Devon ICB for the period ended 31st March 2024.*	60.7% of the Cash Drawdown Requirement has been utilised as at month 7 where 58.3% would be expected based on a straight-line trajectory.
ICBs daily and monthly forecasting accuracy and notional charges NHS England is working on implementing a regime of bank charges against ICBs based on the accuracy of daily and monthly cash forecasting*. The start date for any charges to flow through the scheme to the ICB has not yet been confirmed.	The calculations used for the notional charges for October are currently being reviewed.
The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown.	The ICB has met the requirement to manage their cash balance at the bank on the last day of the month to be no greater than 1.25% of the drawdown for that month. There were a number of expected invoices and payments that did not materialise during the month.

**Although forecasting is carried out as accurately as possible it sometimes difficult to predict 2 months in advance (the requirement by NHS England) the exact timings and amounts of all income received and all payments made.*

Appendix 3: Operating Expenditure

The detailed financial position as at 31st October 2023 and 31st March 2024.

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Royal Devon University Healthcare NHS FT	223,131	223,130	0	376,439	376,439	(0)
University Hospitals Plymouth NHS Trust	187,058	187,058	(0)	318,262	318,262	0
Northern Devon Healthcare NHS Trust	90,467	90,467	0	155,463	155,463	(0)
Torbay and South Devon Healthcare NHS FT	158,979	158,977	2	269,607	269,607	0
Taunton and Somerset NHS FT	6,241	6,241	(0)	10,699	10,699	0
South Western Ambulance Services NHS FT	41,993	41,993	0	71,988	71,988	0
Independent Sector	21,852	30,653	(8,802)	37,460	52,284	(14,824)
Patient Transport	7,171	6,161	1,010	12,293	10,890	1,403
Other Acute	18,555	21,540	(2,985)	25,409	29,712	(4,303)
Acute	**755,447**	**766,221**	**(10,774)**	**1,277,620**	**1,295,343**	**(17,723)**
Devon Partnership NHS Trust	104,934	104,934	0	179,887	179,887	0
Livewell MH Services	4,716	4,717	(1)	8,085	8,085	0
University Hospitals Plymouth NHS Trust MH	26,556	26,556	0	45,525	45,525	0
Children and Families Health Devon	10,724	10,729	(5)	18,384	18,392	(9)
Individual Patient Placements	9,404	8,952	452	16,122	15,346	775
Section 117	14,149	15,752	(1,603)	24,256	27,004	(2,748)
Other Mental Health	9,479	8,841	637	15,708	14,531	1,178
Mental Health	**179,963**	**180,482**	**(519)**	**307,967**	**308,770**	**(803)**
Livewell Southwest	184	184	(0)	316	316	0
Royal Devon University Community	38,877	38,877	(0)	66,689	66,689	0
Northern Devon Healthcare Community	20,029	20,029	0	34,336	34,336	0
Torbay and South Devon Healthcare NHS FT	41,592	41,592	(0)	71,301	71,300	1
University Hospitals Plymouth Community	35,498	35,498	0	60,854	60,854	0
Children and Families Health Devon	7,952	7,978	(27)	13,631	13,677	(46)
Individual Patient Placements	1,096	863	233	1,879	1,480	399
Integrated Urgent Care Service	(0)	0	(0)	0	0	0
Hospices	5,009	5,198	(189)	8,599	8,910	(311)
MIU Contracts	450	457	(7)	771	809	(38)
Better Care Fund_Plymouth CC	3,756	3,644	112	6,438	6,326	113
Better Care Fund_Devon CC	21,841	21,841	0	37,442	37,442	0
Better Care Fund Torbay	2,259	2,259	(0)	3,872	3,872	(0)
Demand and capacity	1,082	887	195	1,855	1,561	294
VCSE S256	0	63	(63)	0	108	(108)
Other Community Services	13,749	13,334	415	23,548	22,851	697
Community Health	**193,373**	**192,704**	**669**	**331,531**	**330,532**	**999**
Continuing Healthcare	80,125	80,804	(679)	137,357	138,900	(1,543)
Funded Nursing Care	10,604	10,503	101	18,178	18,006	172
Continuing Care	**90,729**	**91,308**	**(579)**	**155,536**	**156,906**	**(1,370)**

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Prescribing	124,097	138,321	(14,224)	212,738	230,647	(17,909)
Enhanced Services	7,356	7,356	0	12,611	12,611	0
Delegated Commissioning - Co Commissioning	128,287	133,446	(5,159)	219,928	219,928	0
Delegated Commissioning - Optometry	6,967	6,967	0	11,943	11,943	0
Delegated Commissioning - Pharmacy	20,513	20,514	(0)	35,197	35,197	0
Delegated Commissioning - Dental	42,519	42,519	0	72,468	72,516	(48)
GP Out Of Hours	5,566	5,580	(14)	9,499	9,503	(4)
GP IT	2,493	2,493	0	4,274	4,274	0
Other Primary Care	6,258	3,178	3,080	11,588	8,495	3,094
Primary Care	**344,057**	**360,374**	**(16,318)**	**590,246**	**605,113**	**(14,867)**
NHS 111	6,865	6,770	95	11,685	11,583	102
Chime Audiology	2,349	2,333	15	4,026	4,000	26
All Other Commisionned Services	8,971	11,509	(2,537)	14,746	17,813	(3,067)
Other Programme	**18,184**	**20,612**	**(2,427)**	**30,457**	**33,396**	**(2,939)**
Total Commissioned Services	**1,581,753**	**1,611,701**	**(29,948)**	**2,693,356**	**2,730,059**	**(36,703)**
Pay	10,001	11,890	(1,890)	17,146	19,627	(2,481)
Non Pay	3,594	3,357	236	6,161	6,562	(401)
Income	(87)	(41)	(46)	(149)	(61)	(88)
Running Costs	**13,507**	**15,207**	**(1,699)**	**23,158**	**26,129**	**(2,971)**
Net Expenditure	**1,595,260**	**1,626,908**	**(31,648)**	**2,716,514**	**2,756,188**	**(39,674)**
System Reserves	3,659	0	3,659	6,273	2,573	3,700
Investment Reserves	3,559	(11,492)	15,051	6,869	(9,806)	16,675
Non Recurrent ICB Reserves	12,937	0	12,937	12,492	(6,806)	19,298
Total Net Expenditure	**1,615,416**	**1,615,416**	**0**	**2,742,149**	**2,742,149**	**(0)**
Resource Allocation	1,643,747	1,643,747	0	2,790,716	2,790,716	0
Total Commissioned Services	**28,331**	**28,331**	**0**	**48,567**	**48,567**	**(0)**

NHS Devon

NHS Devon Integrated Care Board

One Devon (ICS) Finance Report Month 7

Date of meeting	Date report produced
06 December 2023	17 November 2023

Author(s)		Report approved by	
Name and title:	Ben Chilcott Deputy Director of Finance	**Name and title:**	Kirsty Denwood Interim Operational Director of Finance
Phone:	01752 398765	**Date:**	17 November 2023
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary

The presentation of the Integrated Care System's (ICSs) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICS for the year ended 31 March 2024.

The report details the ICS financial position for the period ended 31 October 2023 against the finance plan submitted for the financial year 2023-24, setting out the year to date and forecast financial position as well as the risks to delivery of that forecast.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Finance and Performance Committee – 28 November 2023

Key recommendations and actions requested
1. **Note** the ICS financial position as at the period ended 31 October 2023.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	None
Improve services and reduced unwarranted variation	None
Make more efficient use of our resources	Outlines current financial performance and actions
Develop our culture and how we operate	None

Does this report have implications in any of the areas highlighted below?	
Area	**Implications**
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	Delivery of financial sustainability
Legal	None
Engagement and consultation	None

One Devon (ICS) Finance Report Month 7

Introduction and Background

1. The presentation of the One Devon Integrated Care System's (ICS) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICS for the year ended 31 March 2024.

2. This report details the ICS financial position as at 31 October 2023.

3. As part of the 23/24 planning round, Devon ICS submitted a deficit plan of £42.3m with a commitment to reach a breakeven position by 25/26.

4. Devon ICS have received a letter from NHSE detailing additional funding and reduction in elective care targets with an expectation that a re-forecast will be provided by 22nd November. A paper detailing the outcomes from this process will come to finance committee separately. The details in this report are based on the information returned to NHSE relating to the period up to 31 October prior to these changes.

5. As at month 7 the Devon ICS is reporting a year to date deficit of £71.3m against a planned deficit of £38.8m – an adverse variance of £32.5m (M6 £20.7m variance)

6. The reported forecast is a deficit of £42.3m which is in line with the plan. (M6 £0 variance)

7. As at month 7 the Devon ICS had made efficiency savings of £89.6m which is £0.1m behind plan. (M6 £9.5m favourable). Forecast savings are adverse to the plan of £212.2m by £0.4m. (M6 £0m variance)

8. At the planning stage net risks of £159.5m were identified to delivery of the planned deficit. At the end of month 6, this has improved by £33.9m and stands at £125.6m (M6 £129.0m).

9. Work is ongoing to mitigate against these risks.

10. The above position represents the reported position to NHSE as at Month 7.

Changes to the financial regime

11. On 8 November, NHSE wrote to all Integrated Care Systems acknowledging the financial and operational pressures systems face as a result of industrial action.

12. The letter set out the provision of an additional £800m of national funding and a reduction in the target relating to the elective recovery fund (ERF) lowering the threshold for earning additional monies. For Devon, this is £18.8m funding and a reduced ERF target from 103% of 19/20 to 100%.

13. By 22nd November all systems must return a revised plan for the remainder of 23/24 that incorporates these benefits but with the expectation that systems deliver their original plan.

14. This reforecasting process is currently being undertaken across Devon ICS taking into account the changes in funding, the current risk position and the outcomes of the Q2 stocktake and independent review of forecasts.

15. A paper detailing the outcomes from this process will come to finance committee separately. The remainder of this report is based on the information returned to NHSE related to the period up to 31 October prior to these changes.

Financial Performance

16. The year to date and outturn by organisation as at 31 October 2023 is as follows.

Organisation	Year to date				Forecast			
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable / (Adverse) £000		Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable / (Adverse) £000	
Devon ICB	28,331	28,331	0	→	48,567	48,567	0	→
Royal Devon University NHS FT	(21,566)	(38,521)	(16,955)	↓	(28,035)	(28,035)	0	→
University Hospitals Plymouth Trust	(24,475)	(35,175)	(10,700)	↓	(33,600)	(33,600)	0	→
Torbay and South Devon NHS FT	(21,217)	(26,078)	(4,861)	↓	(32,571)	(32,571)	0	→
Devon Partnership Trust	166	166	0	→	3,300	3,300	0	→
Total	**(38,761)**	**(71,277)**	**(32,516)**	↓	**(42,339)**	**(42,339)**	**0**	→

17. As at month 7 the Devon ICS is reporting a year to date £71.3m deficit against a planned deficit of £38.8m – an adverse variance of £32.5m. (M6 £20.7m variance)

18. The main drivers for the deficit include additional unmitigated costs and lost elective recovery fund (ERF) income at Royal Devon University, University Hospitals Plymouth and Torbay and South Devon as a result of the industrial action of £15.7m (M6 13.2m), a shortfall in pay award funding (£3.5m) and a year to date over spend on drugs at Royal Devon University and University Hospitals Plymouth (£7.7m). There is a further reduction on ERF earnings of £4.3m across the system.

19. Other contributing factors are overspends in continuing healthcare and adult social care at Torbay and South Devon, shortfalls in income at Royal Devon University Healthcare and an overspend on international nurses at University Hospitals Plymouth.

20. The reported forecast is a deficit of £42.3m which is in line with the plan. (M6 £0 variance)

Savings and efficiencies

21. The delivery of savings and efficiencies as at 31 October 2023 is as follows:

Organisation	Year to date				Forecast			
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000		Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000	
Devon ICB	29,575	25,908	(3,667)	↓	50,693	50,693	0	→
Royal Devon University NHS FT	20,461	24,231	3,770	↓	60,296	60,296	0	→
University Hospitals Plymouth Trust	12,695	15,213	2,518	↓	39,477	39,477	0	→
Torbay and South Devon NHS FT	20,018	16,982	(3,036)	↓	46,578	46,578	0	→
Devon Partnership Trust	6,949	7,288	339	↓	15,191	14,804	(387)	↓
Total	**89,698**	**89,622**	**(76)**	↓	**212,235**	**211,848**	**(387)**	↓

22. As at month 7 the Devon ICS had made efficiency savings of £89.6m which is £0.1m adverse to plan. (M6 £9.5m favourable). This is mainly to do with the profile of the strategic savings programme which was due to start in October.

23. In addition to the above, Devon ICB has a target of £31.7m (CIP plan is £82.5m in total) which is delivered intra system with providers and therefore to avoid a double count this has been netted off in the table above.

24. Forecast savings are adverse to the plan of £212.2m by £0.4m. (M6 £0m variance)

25. After the process of reforecasting has been completed, an update will be included on the forecast outturn of efficiency savings.

26. See Appendix 1 for detailed CIP update report.

Risks

27. The assessment of financial risk (and mitigations) for the year ended 31 March 2023 as at 31 October 2023, is as follows.

Risk description	DPT	RDUH	TSD	UHP	ICB	Total	Plan risks £'000
	£'000						
Additional cost risk (capacity, pressures, winter)	(3,500)		(3,000)		(19,777)	(26,277)	(10,090)
Additional cost risk (inflation)	(1,000)		(2,400)	(2,100)		(5,500)	(9,500)
High cost drugs growth		(10,000)	(1,000)	(1,200)		(12,200)	(7,300)
High cost devices NICE guidance change				(1,300)		(1,300)	
Cost of growth containment			(3,500)	(9,487)		(12,987)	(10,000)
Pay vacancy - risk of unwinding						0	(2,000)
Efficiency risk	(5,162)	(8,429)	(4,204)	(1,700)		(19,495)	(55,885)
System strategic efficiencies risk	(1,300)	(10,489)	(5,800)	(9,650)	(6,891)	(34,130)	(50,097)
Income risk (excl. ERF)		(7,332)	(5,000)	(1,000)		(13,332)	(7,100)
Liberty Protection Safeguard						0	(1,800)
Diagnostic Cost Pressure			(1,200)			(1,200)	(1,000)
ERF income risk		(7,078)	(1,400)	(6,050)		(14,528)	(10,700)
Spec comm contract income						0	(2,000)
CDC income						0	(5,300)
Contract risk (excl. ERF)					(4,000)	(4,000)	(3,750)
Industrial action costs	(32)	(4,996)	(1,638)	(3,495)		(10,161)	
B2 to B3 re-banding			(2,060)	(1,000)		(3,060)	
ASC Volume Risk			(6,900)			(6,900)	
Pay cost pressure inc pay award		(5,750)	(1,500)			(7,250)	
Matching out of hours rate			(500)			(500)	
Unfunded capital depreciation			(400)			(400)	
Total risks	(10,994)	(54,074)	(40,502)	(36,982)	(30,668)	(173,220)	(176,522)
Mitigations/benefits:							
Additional cost control or income (excl. ERF)		18,983			4,000	22,983	6,090
ERF income				4,700		4,700	
Efficiency mitigation	3,800					3,800	7,192
Transformational / Pathway changes						0	3,000
Pay award funding			1,500			1,500	
Other mitigations	5,894	2,068	3,000			10,962	750
Assumed funding on IA			1,638			1,638	
Band 2 to 3 won't happen this year			2,060			2,060	
Total mitigations	9,694	21,051	8,198	4,700	4,000	47,643	17,032
Total Net Risk	(1,300)	(33,023)	(32,304)	(32,282)	(26,668)	(125,577)	(159,490)

28. At the planning stage risks of £176.5m were identified along with £7.3m of mitigations, leaving a net risk of £159.5m to the delivery of the deficit plan.

29. As at month 7 the net risk has reduced by £33.9m to £125.6m (M6 £129.0m) against the planned deficit.

30. There are £173.2m risks (of which £53.6m relate to efficiencies) and £47.6m mitigations.

31. A detailed piece of work has been undertaken on the best case risk scenario and potential mitigations. This is feeding into the reforecasting process being completed during November with a view to crystalising some risks into the position going forwards.

Capital

System capital (Before impact of IFRS 16)

Organisation	Year to date				Forecast			
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000		Plan £000	Actual £000	Variance Favourable / (Adverse) £000	
Royal Devon University NHS FT	12,485	8,794	3,691	↑	31,074	31,191	(117)	→
University Hospitals Plymouth Trust	6,281	6,951	(670)	↑	27,689	27,572	117	→
Torbay and South Devon NHS FT	11,597	9,480	2,117	↑	21,237	21,409	(172)	→
Devon Partnership Trust	4,197	1,954	2,243	↑	7,124	6,952	172	→
Total	**34,560**	**27,179**	**7,381**	↑	**87,124**	**87,124**	**(0)**	→

32. System capital spend is under plan at month 7 by £7.4m (M6 £0.8m)

33. Forecast system capital spend is on plan as at month 7. (M6 £0m variance).

34. Torbay Pharmaceuticals sale has been reflected as CDEL credit but offset by an assumption that it will be used in year or deferred to next year. This is dependent on further agreement with NHSE regarding the treatment of historic PDC linked to Torbay Pharmaceuticals.

35. There has been an offset arrangement between Torbay and South Devon FT and Devon Partnership Trust around the Children's estate capital spend. Another offset arrangement between Royal Devon University Hospital and University Hospitals Plymouth relates to spinal equipment at Nightingale Hospital.

Total capital

Organisation	Year to date				Forecast			
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000		Plan £000	Actual £000	Variance Favourable / (Adverse) £000	
Royal Devon University NHS FT	40,330	14,856	25,474	↑	72,305	72,339	(34)	→
University Hospitals Plymouth Trust	41,877	39,610	2,267	↓	123,879	133,158	(9,279)	→
Torbay and South Devon NHS FT	28,060	21,820	6,240	↑	56,755	47,851	8,904	↑
Devon Partnership Trust	9,160	4,553	4,607	↑	15,636	13,685	1,951	↓
Total	**119,427**	**80,839**	**38,588**	↑	**268,575**	**267,033**	**1,542**	↓

36. The total capital plan includes impact of IFRS16 on leases.

37. Total capital spend is under plan by £38.6m as at month 7 (M6 £38.2m) and the forecast spend on capital by end March 2023 is under plan by £1.5m. (M6 £1.6m over plan)

38. The plan is fixed at submission and not updated as subsequent schemes are approved and PDC awarded so these schemes then show as an overspend as is the case with Royal Devon University and University Hospitals Plymouth.

Agency

Organisation	Year to date			Forecast			Acency Cap	
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Agreed share of agency cap £000	Variance Favourable/ (Adverse) £000
Royal Devon University NHS FT	(8,833)	(13,514)	(4,681)	(15,138)	(19,317)	(4,179)	(21,362)	2,045
University Hospitals Plymouth Trust	(2,914)	(3,357)	(443)	(4,722)	(5,722)	(1,000)	(7,200)	1,478
Torbay and South Devon NHS FT	(6,006)	(9,771)	(3,765)	(9,721)	(13,959)	(4,238)	(10,789)	(3,170)
Devon Partnership Trust	(4,045)	(6,990)	(2,945)	(6,232)	(11,398)	(5,166)	(6,232)	(5,166)
Total	**(21,798)**	**(33,632)**	**(11,834)**	**(35,813)**	**(50,396)**	**(14,583)**	**(45,583)**	**(4,813)**

39. As at M7 the year to spend on agency is over plan by £11.8m. (M6 £9.9m)

40. The forecast expenditure for the year end on agency is £14.6m over plan. (M6 £10.1m)

41. Devon ICS has been set an agency cap of £45.6m by NHSE which has been agreed to be shared by providers as per the table above. The system is forecast to be above the agency cap by £12.1m (M6 £0.3m). If expenditure on agency continued at the current run rate, then the agency cap would be breached by £12.4m. (M6 £12.3m)

42. Increased agency has been required as a result of industrial action. Devon Partnership Trust also continues to experience challenges with the recruitment to nursing and medical posts and has a number of extra complex packages of care fully funded by commissioners where agency has been required to cover these.

Recommendations

43. The Board is requested to consider, review and discuss the One Devon ICS financial position as at the period ended 31 October 2023.

NHS Devon

Integrated Care Board Meetings in Public - Action Log						
Action Reference	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**In progress / Completed**
37	03.05.2023	Chief Delivery Officer to review the orthopaedic pathway and barriers to an efficient, cost effective and user-friendly pathway. Review of specialist physiotherapist pathway to be brought back to a future Board Meeting.	Jul-23	Anthony Fitzgerald	15.11.2023 - A review of the hip and knee assessment pathway was undertaken by James Rodger, Consultant Physiotherapist and behalf of the ICB. The report has been considered by the Elective Care Board and the recommendations of this	**In progress**
31	15.02.2023	Accountability Framework Standard Operating Procedure to be included on the forward planner	Mar-23	Susan Masters / Philippa Harding	04.10.23 - To be addressed in the Governance Arrangements Paper to be presented to the December Board meeting. **PROPOSE TO CLOSE**	**Complete**
35	15.03.2023	Development session in April to cover the Advisory Committee on Resource Allocation (ACRA) formula and the way it works	Apr-23	Philippa Harding	13.11.23 - Identified as a potential training and development subject and incorporated into Board Development Forward Plan. **PROPOSE TO CLOSE**	**Complete**
39	03.05.2023	Update to be provided on the progression of the IQPR to include further metrics such as health inequalities	Jun-23	Anthony Fitzgerald/ Nigel Acheson	14.11.2023 - The IQPR responds to a defined set of performance / quality indicators. Health Inequalities metrics will be considered by the Population Health Committee. 27.09.2023 - Performance indicators in respect of Health Inequalities will be considered by the Population Health Improvement Committee and an update will be provided to the Board. **PROPOSE TO CLOSE**	**Complete**
40	03.05.2023	A report be made to a future meeting of the Board in respect of the health inequalities being experienced by patients on waiting lists	Jun-23	Anthony Fitzgerald	14.11.2023 - A paper entitled: Harm- Planned Care: A System Update - June 2023, Went to the NHS Devon System Quality Group on 27.06.23 (a copy is available on request). Regular updates on Planned Care are now scheduled for the System Qualityh Group with the next review being planned for January 2024. **PROPOSE TO CLOSE**	**Complete**
44	05.07.2023	Summary report of the National Advisor for Care Leavers to be circulated to the Board for information.	Aug-23	Steve Brown	09.11.2023 - Circulated to Board Members. **PROPOSE TO CLOSE**	**Complete**
45	04.10.2023	The whole system approach to suicide prevention to be considered as a topic for a future Board deep dive.	Jan-24	Nigel Acheson	13.11.23 - Identified as a potential training and development subject and incorporated into Board Development Forward Plan. **PROPOSE TO CLOSE**	**Complete**
46	04.10.2023	PH to discuss with SA the scope of a deep dive on the potential for and current barriers to digital solutions in health and social care delivery.	Jan-24	Philippa Harding	13.11.23 - Identified as a potential training and development subject and incorporated into Board Development Forward Plan. **PROPOSE TO CLOSE**	**Complete**
47	04.10.2023	An update on the progress against the Urgent & Emergency Recovery Plan and the 2023-24 Winter Plan be brought to the December meeting of the Board.	06.12.2023	Sam Wadham-Sharpe	01.11.2023 - Included in NOF4 Agenda Item **PROPOSE TO CLOSE**	**Complete**
48	04.10.2023	Annual Assessment Action Plan to be brought to the December meeting of the Board.	06.12.2023	Philippa Harding	01.11.2023 - Included in NOF4 Agenda Item. **PROPOSE TO CLOSE**	**Complete**
49	04.10.2023	PH to review the actions, controls and assurances in respect of Corporate Objective 12 with the Executive Lead.		Philippa Harding / Andrew Millward	01.11.2023 - Review undertaken on 31.10.2023. **PROPOSE TO CLOSE**	**Complete**
50	04.10.2023	Information available from the National Guardians Office to be shared with the Partner Member for Mental Health.	06.12.2023	Philippa Harding	01.11.2023 - Information provided on 01.11.2 **PROPOSE TO CLOSE**	**Complete**
51	04.10.2023	An update on the action being taken following the Board's deep dive into children and young people's services to be circulated to Board members.	06.12.2023	Hannah Pugliese	01.11.2023 - Update circulated on 30.10.2023 **PROPOSE TO CLOSE**	**Complete**