NHS Devon Integrated Care Board (ICB) meeting

Daw Suite, County Hall, Exeter

15 March 2023

10.00 to 12.45 hours

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.

	Board pre-meet	**Lead**	**Action**	**09.45**
	Members Pre-meet	All members	Discussion	
	Introductory items	**Lead**	**Action**	**10.00**
1	Welcome, introduction and apologies	Sarah Wollaston, Chair	Discussion	
2	Declarations of Interest	Sarah Wollaston	Noting	
3	Minutes of the meeting held on 15 February 2023	Sarah Wollaston	Approval	
	Citizen's Voice			
4	Citizen Story	Member of the public	Discussion	10.05
	Leadership	**Lead**	**Action**	
5	Chair's Report	Sarah Wollaston	Noting	10.30
6	Chief Executive's Report	Jane Milligan, Chief Executive Officer	Noting	10.35
7	Update on challenges facing our staff, including annual Staff Survey results	Andrew Millward, Chief Communications and Corporate Affairs Officer	Noting	10.40
	Strategy			
8	Delegation of Primary Pharmaceutical, Ophthalmic and Dental (POD) Services	Jo Turl, Director of Primary, Community and MHLDN Commissioning	Approval	10.45
9	Plymouth Cavell Centre – Options Report	Jo Turl Melissa Redmayne, Senior Primary Care Commissioning Manager	Decision	11.00

	Assurance, system oversight and risk	Lead	Action	
10	Board Assurance Framework	Ann Cooper, Strategic Governance Advisor	Approval	11.15
11	Emergency Planning, Resilience and Response (EPRR) Assurance 2022 outcome	Darryn Allcorn	Approval	11.20
12	Update on Urgent and Emergency Care	Anthony Fitzgerald, Chief Delivery Officer	Assurance on delivery	11.25
	BREAK			
13	Finance reports I. NHS Devon Month 10 report II. ICS Month 10 report	Bill Shields, Chief Finance Officer	Assurance and escalation	11.45
14	Committee Chair Report – Quality & Performance Committee, 1 March 2023	Hisham Khalil, Non-Executive Member	Assurance and escalation	11.55
15	Integrated quality, performance, and finance report	Darryn Allcorn, Chief Nursing Officer	Noting	12.00
	Governance	**Lead**	**Action**	
16	Committee Chair Report Audit & Risk Committee 8 March 2023	Graham Clarke, Non-Executive Member	Assurance and escalation	12.10
17	Committee Chair Report - Primary Care Commissioning Transitional Committee, 23 February 2023	Judy Hargadon, Non-Executive Member	Assurance and escalation	12.15
18	Committee Chair Report - People & Culture Committee 22 February 2023	Thandiwe Hara, Non-Executive Member	Assurance and escalation	12.20
19	Cornwall and Isles of Scilly ICB Update	Kate Shields, Chief Executive Officer C&IoS	Noting	12.25
20	Action Log	Sarah Wollaston	Approval	12.30

Public Questions - on publication of the agenda, members of the public are invited to submit any questions related to agenda items no less than 2 days prior to the meeting to d-icb.governance@nhs.net. Appropriate questions and responses will be shared during the meeting and published on the website following the meeting				
21	Questions from members of the public	Sarah Wollaston	Discussion	12.35
22	Any other business	Sarah Wollaston,	Discussion	12.40
	Close			**12.45**

Declaration of Interests Register - NHS Devon ICB Board Register updated and generated by the Governance Team -06 March 2023							*Register last updated 22 February 2023*							
Title	**Surname**	**First name**	**Role or Position held with the ICB**	**Decision-Maker?**	**Committees attended**	**Interests**	**Interests - Partner or Family**	**Date Interest from**		**Date Interest to**	**Date interest updated**	**Type of Interest**	**Is the interest direct or**	**Action taken to mitigate risks**	**Employer Organisation**
	Acheson	Nigel	Chief Medical Officer, Integrated Care Board	Yes	ICS Senior leadership team ICB Board Audit and Risk Committee (If Required) NHS Devon Finance Committee Executive Strategy and Transformation Group Primary Care Commissioning Transitional Committee Quality and Performance Committee ICS Executive Committee ICB Senior Executive Team Devon Urgent Care Strategy Oversight Group Peninsula Acute Sustainability Programme	Director of H Smith Safety Associates Patron of the FORCE cancer charity in Exeter Director on the board of the South West Academic Health Science Network	Wife works as an associate with the South West Academic Health Science Network Relative consultant Dermatologist at the Royal Devon University Hospital In-law is a GP partner in the Woodbury Practice	05/10/2018			12/05/2022			Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Allcorn	Darryn	Chief Nurse		Quality and Performance Committee System Quality and Performance Group	Honorary Associate Professor University of Exeter Seconded to NDHT (to 18 September 2020)		11/05/2020			27/04/2021			Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared	NHS Devon ICB
	Asthana	Sheena	Independent Non Executive Director of Citizen and Community Involvement	Yes	Population Management and Health Inequalities committee ICB Board Remuneration & Internal ICB Workforce Audit and Risk Committee NHS Devon Finance Committee	Director, Plymouth Institute of Health & Care Research (PIHR). It is likely that members of my institute will undertake funded research for NHS Devon partners Trustee of Change Grow Live (a national charity that provides substance use, CYP, domestic violence, prison etc services. Devon does not currently contract services to CGL Member of the Advisory Committee on Resource Allocation (ACRA) which independently advises on NHS funding formulae Member of the project board of the proposed West End Health and Being Centre in Plymouth	Partner runs a research consultancy specilising in the integration and analysis of large data (inc NHS)	10/03/2022			20/10/2022	Financial/Personal Interest	Direct		NHS Devon ICB
	Braid	Helen	Head of Governance		ICB Board Audit & Risk Committee Organisational Re-Structure Programme Board Working with Industry & Sponsorship Group	No interests declared	N/A	13/11/2019			06/02/2023	N/A	N/A	N/A	NHS Devon ICB
	Clarke	Graham	Independent Non Executive Director of Audit and Risk	Yes	ICB Board Audit and Risk Committee NHS Devon Finance Committee Primary Care Commissioning Transitional Committee	Non-Executive Director of Medicine Discovery Catapult Non Executive Member at the Deparment of Health & Social Board Chair of HUC (East of England 111 and Urgent Care Provider) Trustee and Treasurer of the Cornwall Community Foundation	Spouse is CEO of Cornwall Partnership Foundation Trust and a Board Member of Cornwall & Isles of Scilly ICB	01/01/2020			30/01/2022				NHS Devon ICB
	Fitzgerald	Anthony	Chief Delivery Officer	Yes	SET Meeting NHS Devon Finance Committee ICB Senior Executive Meeting System Delivery and Improvement Meeting ICB Board ICS Executive Committee	No interests declared		03/11/2022			23/08/2021				NHS Devon ICB
	Glover	Sarah Lou	Ordinary Member for the Devon Integrated Care Board for Mental Health	Yes	ICB Board Remuneration & Internal ICB Workforce	Trustee of Honiton Health Matters who hold community conversations Director of Parental Minds C.I.C, for parents/caregivers who are supporting their child/family/friend with their mental wellbeing A Director, including a Non-Executive Director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations An advocate for a particular group of patients Ambassador Volunteer with DIAS Community group which may have potential to give rise to influence decisions made by the ICB. A volunteer for a provider		28/06/2022			10/09/2020				NHS Devon ICB
	Hara	Thandiwe	Independent Non Executive Director of Inequalities and Population Health	Yes	ICB Board Remuneration & Internal ICB Workforce Executive Strategy and Transformation Group Primary Care Commissioning Transitional Committee People & Culture Committee	Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality. member on the NIHR SW Clinical Research Network Board.		16/03/2022			04/05/2022	Financial / Personal	Direct & indirect	There should be no conflict of interest in current circumstances, but this may arise if, they became a provider during the course of time. I will declare my interest at any meeting that may result in them being considered for service provision and leave the meeting if necessary. This should not raise any conflict, that I can foresee except that it is research related. There is no commissioning involved, but thought to mention it anyway. I will declare my interest at any meeting that may result in them being considered for service provision and leave the meeting if necessary.	NHS Devon ICB
	Hargadon	Judy	Independent Non Executive Member Primary Care (Interim)	Yes	Member of Primary Care Commissioning Transition (PCCT) (Chair) ICB Board Remuneration & Internal ICB Workforce Quality and Performance Committee People & Culture Committee	Member of Women's Equality Party	Spouse is Chair of Dartington Hall Trust Brother is a GP in Cornwall	01/05/2019			25/11/2021			Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Howland	Jodie	Governance and Facilities Business Manager		ICB Board One Devon ICP Partnership Board Audit and Risk Committee Building Coordinators Green Team Integrated Care Partnership Committee			11/02/2020			25/08/2021			Any shift allocation that I am supporting with will be agreed and approved by a third party	NHS Devon ICB
	Khalil	Hisham	Independent Non Executive Director of Quality and Performance	Yes	ICB Board Audit and Risk Committee Quality and Performance Committee	Practising Consultant in Derriford Hospital Limited Private Practice in Nuffield health Plymouth Director for Private Practice- Dormant Company Trustee of the Peninsula Medical Foundation		01/09/2004			13/07/2021				NHS Devon ICB
	Milligan	Jane	CEO ICS for Devon	Yes	ICB Senior Executive Team Senior Leadership Team (SLT) Audit and Risk Committee (If required) ICB Board NHS Devon Finance Committee ICS Executive Committee Executive Workforce Committee People & Culture Committee Remuneration & Internal ICB Workforce (If Required)	Member of Cornwall and Isles of Scilly ICB	Partner Trustee for Action for Stammering	31/12/2020			20/05/2022			Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Millward	Andrew	Chief Communications and Corporate Affairs Officer	Yes	ICB Senior Executive Team Staff Partnership Forum Audit and Risk Committee (If Required) Vacancy Control Panel Equality, Diversity and Inclusion Group ICB Board Remuneration & Internal ICB Workforce Executive Strategy and Transformation Group ICS Executive Committee Executive Workforce Committee People & Culture Committe Peninsula Acute Sustainability Programme	Chair of Friends of Eggesford All Saints Trust, a registered charity. Fellow of the Centre for Communications Research, Buckinghamshire New University Non-Executive Board member of Delt Shared Services		19/06/2018			06/04/2022			Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	O'Kelly	Frank	Primary Care Partner for NHS ICB	Yes	ICB Board Primary Care Commissioning Transitional Committee Remuneration & Internal ICB Workforce	GP Partner at Amicus Health Blundell's School Lead Doctor Clinical Lead for STEER Education Member of the National Armed Forces Reference Group CQC Manager for Amicus Health Attends Tiverton High School Welfare Meeting fortnightly		01/01/1999			13/07/2021				NHS Devon ICB

	Orford	Kevin	Independent Non Executive Director of Finance and Remuneration	Yes	ICB Board Remuneration & Internal ICB Workforce Audit and Risk Committee NHS Devon Finance Committee Quality and Performance Committee	Non Executive Director on the board of Royal Devon and Exeter NHS FT (Ceased 30.06.22) Non Executive Director on the board of Northern Devon Healthcare NHS Trust (Ceased 30.06.22) Director and Majority Shareholder of Kevin Orford & Associates Ltd, which undertakes consultancy contracts with NHS organisations outside of the South West of England Non-Executive Director on the Board of the Intellectual Property office, a government agency in the Department of BEIS.		01/01/2012			25/02/2022				NHS Devon ICB
	Renshaw	Paul	Director of Workforce Stategy	Yes	ICB Board Audit and Risk Committee (If Required) ICS Executive Committee Executive Workforce Committee People & Culture Committee ICB Senior Executive Team Devon Urgent Care Strategy Oversight Group	Non-active Consultancy partner for Linea Consulting . No remuneration for this position. No work carried out for Linea to date. Quarterly online meetings take place out of normal business hours.i attend these occasionally		2018			09/02/2022	Indirect interest	indirect	Any Conflicts of interest at meetings will be highlighted and would seek line manager approval for any work to be carried out prior to any taking place	NHS Devon ICB
	Tapley	Simon	Chief Transformation and Strategic Planning Officer	Yes	ICB Senior Executive Team ICB Senior Leadership Team Audit and Risk Committee (If Required) Vacancy Control Panel ICB Board NHS Devon Finance Committee Executive Strategy and Transformation Group Primary Care Commissioning Transitional Committee Eastern LCP Executive Group South LCP Executive Group ICS Executive Committee Peninsula Acute Sustainability Programme		Spouse is employed by TSDFT (ICO) 31/03/2017 Brother in Law is employed as Strategic Engagement Manager, NHS Devon ICB Step-son is a Receptionist at Albany Surgery	01/11/2016			29/10/2021			Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Wollaston	Sarah	Chair for ICS Devon	Yes	ICB Board Audit and Risk Committee (If Required) NHS Devon Finance Committee (If Required) Remuneration & Internal ICB Workforce Quality and Performance Committee People and Culture Committee Primary Care Commissioning Transition Committee	Trustee of Landworks, a Dartington based charity that works with ex offenders and people at risk of going to prison to support them into employment and reduce the risk of reoffending	Spouse is president of the Royal College of Psychiatrists and a consultant forensic psychiatrist employed by Devon Partnership Trust Relative is a registrar in Obstetrics and Gynaecology on the South West training scheme (currently on maternity leave) but will be returning to RD&E in late 2022. Relative is a registrar in Anaesthetics on the south West training scheme and currently based at Derriford	26/11/2021			08.06.2022	Indirect		Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Heale	Warwick	ICS Development Director	Yes		University of Exeter, Healthcare Leadership and Management – occasional teacher. Development and delivery of part of Healthcare Finance and Ethics Module.		01/10/2021			08/04/2022				NHS Devon ICB
	Senior	Malcolm	System Director of Digital Transformation	Yes	Joint Executive Team ICB Senior Leadership Team Audit and Risk Committee (If Required) ICS Executive Committee ICB Senior Executive Team	No interests declared		01/06/2021			01/09/2022				NHS Devon ICB
	Shields	Bill	Chief Finance Officer	Yes		Director of Shields Health Advisory Limited (Dormant)					28/08/2020	Personal	Indirect		NHS Devon ICB
	Turl	Jo	Executive Director of Commissioning - Out-Of-Hospital	Yes	A & E Delivery Board ICB Senior Leadership Team Mental Health Team Meeting Audit and Risk Committee (If Required) Member of Finance and Performance Committee (occassional attendee) Member of Primary Care Commissioning Transitional Committee (PCCTC) ICB Senior Executive Team Meeting Strategic Commissioning Programme Board Crediton Hub Project Group Executive Strategy and Transformation Group ICS Executive Committee Devon Urgent Care Strategy Oversight Group	No interests declared		13/08/2015			10/10/2022				NHS Devon ICB
	Wadham-Sharpe	Sam	Director of Performance and Assurance	Yes	Northern Integrated Delivery Group NHS Devon Finance Committee Quality and Performance Committee ICS Executive Committee Devon Urgent Care Strategy Oversight Group	No interests declared		27/07/2021			20/07/2021	Indirect			NHS Devon ICB
	Cooper	Ann	Interim Strategic Governance Adviser		ICB Board Audit and Risk Committee	Contractor with TIAA ltd – internal audit services Bank contract as governance adviser with NHS Frimley		01/06/2022			24/11/2022			Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB

NHS Devon

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Minutes of a meeting of NHS Devon Integrated Care Board held in public at Pomona House and via Microsoft Teams and livestream on Wednesday 15 February 2023 between 10.00am and 12.15pm	
*Name and initials (*voting member)*	*Title and organisation*
Board Members:	
*Dr Sarah Wollaston (SW) Chair	Independent Chair, NHS Devon
*Graham Clarke (GC)	Non-Executive Member, Audit and Risk, NHS Devon
*Thandiwe Hara (TH)	Non-Executive Member, People and Culture, NHS Devon
*Judy Hargadon (JH)	Non-Executive Member, Primary Care, NHS Devon
*Hisham Khalil (HK)	Non-Executive Member, Quality and Performance, NHS Devon
*Kevin Orford (KO)	Non-Executive Member, Finance and Remuneration, NHS Devon
*Sheena Asthana (SA)	Non-Executive Member, Health Inequalities
*Jane Milligan (JM)	Chief Executive Officer and Accountable Officer, NHS Devon
Anthony Fitzgerald (AF)	Director of Delivery, NHS Devon
Andrew Millward (AM)	Chief Communications and Corporate Affairs Officer, NHS Devon
Paul Renshaw (PR)	Director of Strategic Workforce, NHS Devon
Partner Members:	
*Sarah-Lou Glover (SLG)	Mental Health Representative
*Tracey Lee (TL)	Chief Executive, Plymouth City Council representing local authorities
*Frank O'Kelly (FOK)	Primary Care Representative
Guests in attendance:	
Helen Braid (HB)	Head of Governance
Mark Brice (MB)	Interim Operational Finance (deputising for Bill Shields)
Jodie Howland (JHo)	Governance Business Manager
Cllr James McInnes (JMc)	Chair Devon Integrated Care Partnership, Devon County Council
Hannah Pugliese (HP)	Head of Children's Commissioning
Susan Masters (SM)	Deputy Chief Nurse (deputising for Darryn Allcorn)
Kate Shields (KS)	Chief Executive Officer, Cornwall & Isles of Scilly ICB
Apologies for absence	
*Darryn Allcorn (DA)	Chief Nursing Officer, NHS Devon
*Steve Brown (SB)	Director of Public Health, Devon County Council
*Liz Davenport (LD)	Chief Executive Officer, Torbay & South Devon NHS Trust representing Acute Trusts
*Bill Shields (BS)	Chief Finance Officer, NHS Devon
Simon Tapley (ST)	Chief Transformation & Strategic Planning Officer, NHS Devon
*Nigel Acheson (NA)	Chief Medical Officer, NHS Devon

Minute number	
1	**Welcome and Apologies for Absence** The Chair welcomed those present to the meeting which was being held in public. A further welcome was extended to Robert Rawlinson (RR) who was observing the meeting; Sara Midgely (SM) and Hannah Pugliese (HP) who would be presenting Item 4 on the agenda; and Mark Brice (MB) and Susan Masters (SMa) who were deputising for the Chief Finance Officer and Chief Nursing Officer respectively. It was noted that apologies for absence had been received from the Chief Finance Officer, Bill Shields; Chief Transformation and Strategic Planning Officer, Simon Tapley; Chief Nursing Officer, Darryn Allcorn; Chief Executive Officer for Torbay & South Devon Liz Davenport; Chief Medical Officer, Nigel Acheson; and Director of Public Health, Steve Brown. It was further noted that as deputies were in attendance for the Chief Finance Officer and Chief Nursing Officer, the meeting was quorate. The Chair informed the meeting that the Board would be meeting in private later in the day to discuss Estates issues, services to be delegated to the ICB from NHS England and the Board Assurance Framework. It was confirmed that all of these issues would be presented at a meeting in public in the near future.
2	**Conflicts and Declarations of Interest** The Declarations of Interest Register was noted. The Mental Health Partner Member, Sarah-Lou Glover (SLG) declared an interest in agenda items 4 and 8 as the Chief Executive Office of Parental Minds, the organisation that had supported Sara Midgely to attend today's meeting to share her experience. Parental Minds are also in negotiation with the NHS to provide support to a First Steps Programme which formed part of the Torbay Special Educational Needs Strategy. **Decision:** It was agreed that SLG would remain in the meeting and take part in the discussion of Items 4 and 8.
3	**Minutes Meeting held on 18 January 2022** The minutes of the meeting held on 18 January 2022 were approved as a correct record, subject to the minor corrections that had been received.
4	**Citizen's Voice** The Chair welcomed Sara Midgely (SM) to the meeting to share the experiences she and her family had faced whilst trying to obtain support, diagnosis, and access to health and social care services for their son within Devon. SM highlighted the following: • Throughout the years that it had taken to obtain a diagnosis and accessing support and services for their son, the family felt that they had not been listened to and their concerns had been dismissed. • Her experience was that services were not joined up which prevented a holistic approach to their son's health and wellbeing being taken. • The rejection of a paediatric referral to several services, including Child & Adolescent Mental Health Services (CAHMS), resulted in SM's son being unable to access the required support which impacted negatively on his mental health.

	• Due to the criteria applicable for accessing CAMHS, SM's family considered they had no option other than to secure private services to obtain a diagnosis and ongoing support for their son and he continues to be supported by private services. • Obtaining an Education Health Care Plan (EHCP) and access to appropriate support in a school setting had been extremely challenging, with poor communication during the process at secondary school level resulting in key evidence being left out of the EHCP and the family being required to take the matter to a tribunal to access the support required. This complex process had taken eight months during which time education was not being accessed. • The experience of SM, her son and the wider family had resulted in a negative psychological impact on them all. The Chair thanked SM for sharing her experiences and apologised on behalf of the Board for the struggles the family had experienced and the Chief Executive of Plymouth City Council, Tracey Lee, extended a further apology on behalf of Local Authorities. Board members who had experienced similar challenges when accessing services for children and young people, shared their understanding of the difficulties faced at every step in the process for families who were in a similar situation as SM. There was consensus that improvement and ongoing focus by the Board was required. The Chair welcomed the Head of Women & Children's Commissioning, Hannah Pugliese (HP) to the meeting to address some of the areas highlighted through the experience of SM and her family. HP provided an overview of Special Educational Needs and Disability (SEND) within Devon, highlighting the outcomes of recent inspections and key areas of work identified as part of the inspection process. The SEND improvement work that had already begun was shared together with the focus of the workstreams within the "Neurodiversity Game Changer". It was noted that the "Keyworker Pilot" workstream would see Key Worker roles being focused at an early point in the pathway to support children at the point of need rather than the point of diagnosis. The workstream which was developing a holistic Neurodevelopment Assessment Pathway to reduce fragmentation across services was also highlighted. It was confirmed that an evaluation of these developments as well as demand and capacity mapping with Acute Providers would be undertaken. The Chief Executive Officer of Cornwall & Isles of Scilly Integrated Care Board, Kate Shields (KS), proposed that a Peninsula wide approach to supporting SEND services would be beneficial and requested that HP and her team progress work with their counterparts in Cornwall. **Decision:** (1) That the Citizen's Voice item be noted; and (2) The Board will commit to taking a holistic view to the support provided to children and families by the Integrated Care System moving forwards.
5	**Chair's Report** The report was taken as read and no questions were raised. **Decision:** That the Chair's Report be noted.
6	**Chief Executive's Report** The Chief Executive Officer highlighted the following issues that were contained within her report:

	2023-24 Operating Plan The Chief Executive Officer thanked colleagues from across the system for the work to develop the 2023-24 Operating Plan, the draft of which would be submitted to NHS England on 23 February 2023 and confirmed that NHS Devon will work closely with Local Authority colleagues to ensure oversight of all plans. It was noted that as NHS Devon and the system's Acute Trusts were in System Oversight Framework 4 (SOF4) there would be additional scrutiny on this plan and that a Board to Board meeting with NHS England is to take place on 9 March 2023 to report progress to date and future plans. It is anticipated that the SOF4 exit criteria, which is currently in draft form, will be signed off at that meeting. **Action:** Draft SOF4 criteria to be circulated to the Board. **Workforce** Members were informed that the outcome of the NHS Staff Survey for NHS Devon had been received and that overall the results were positive. Assurance was provided on the work underway to share with staff the results and develop areas for future improvement. The Chief Executive Officer acknowledged that NHS Devon had not yet received confirmation of the anticipated running cost allocation reduction and further work was needed to support staff going forward considering the organisational change programme was already in progress. It was confirmed that the outcome of the staff survey will be made public later in the year. **Decision:** That the Chief Executive's report be noted.
7	**Devon Workforce Challenges** The Director of Strategic Workforce introduced the report which provided an overview of the challenges being experienced across the system together with the improvement actions being taken. The following points were highlighted: • All areas of work contained within the report form part of the One Devon Workforce Plan which is overseen by the Executive Workforce Group who provide assurance to the People and Culture Committee. • Areas of focus included an overview of recruitment strategies for the health and social care sectors; work underway to agree agency frameworks; and the agreement in principle to develop a Staff Bank for all health and social care requirements. • A workforce planning tool locally designed and developed alongside Health Education England, will be shared with regional NHS England colleagues and partners in Cornwall & Isles of Scilly. • The role of the Devon Wellbeing Hub in providing support to staff in challenging times was also noted. Some of the Board Members raised questions regarding staff turnover and the need to understand why staff leave their jobs. The Director of Strategic Workforce responded by saying a deep dive will be undertaken to review the reasons for turnover and also the reasons for staff sickness. This will be reported back to the People and Culture Committee. The Director of Strategic Workforce confirmed that the draft Workforce Strategy will be presented to the Board at the March meeting in private and it was noted that following confirmation of NHS Devon's running cost allocation, a delivery plan for the Workforce Strategy will be produced and monitored through the Executive Workforce Group. **Decision:** NHS Devon Workforce Challenges report was noted. .

8	**Torbay Special Educational Needs and Disability Strategy** The Deputy Chief Nurse introduced the Torbay Special Educational Needs and Disability (SEND) Strategy which was presented to all statutory partners for endorsement and support. The following points were noted: • Torbay Council had been awarded an "Inadequate" rating following the SEND inspection in November 2021. • The Board has been asked to endorse the SEND strategy as one of Torbay Council's partners. The Deputy Chief Nurse confirmed that the Strategy had been co-produced with families who used the service and set out the ambition and give priorities to continue the improvement of the service. The Chair invited feedback in respect of the Strategy from Board Members and overall the Board welcomed the collaborative approach to the production of the Strategy. Following a discussion on Priority 2 the Board thought it could be further strengthened by including reference to the needs of the families who had children accessing the service. The Deputy Chief Nurse said that they would ensure this was feed back to the SEND team. The Board were also interested in the evaluation of the Strategy and how it this would be measured. The Deputy Chief Nurse stated that there are plans to develop an integrated dashboard linked to workforce and financial plans to show the impact of the changes resulting from the implementation of the Strategy. Non-Executive Member, Judy Hargadon (JH) contended that the Board should understand the contractual requirements and financial implications of delivering the Strategy. It was noted that financial plans were still under development and that these would form part of the Strategy Implementation Plan which will be presented to the Children & Family Board for approval. **Decision:** (1) That the Torbay Special Educational Needs and Disability Strategy be endorsed; and (2) An update on the SEND strategy be presented to a future meeting of the Board. *Administrator's Note: Hannah Pugliese and Sara Midgely left the meeting after this item.* .
9	**Urgent and Emergency Care Recovery Plans** The Director of Delivery, Anthony Fitzgerald (AF), introduced the report which set out the three key priorities for Urgent and Emergency Care contained with the 2023-24 Operating Plan guidance and an overview of the recovery plan that had been developed to deliver against these priorities and associated performance metrics. The following points were noted: • The three key priorities for all ICBs were: recovery of core services and productivity levels; delivery of key long term plan ambitions; and transforming the NHS for the future through local empowerment and accountability. • Performance metrics covered a number of delivery areas including Community Health Services; Primary Care; Cancer; Diagnostics and Maternity. • Figure 1 had been omitted from the report and would be circulated to the Board for completeness. • Work was underway to develop a Stratified Improvement Plan for Urgent and Emergency Care which included finance, activity and performance. • An Urgent Care Board had been established the membership of which included representatives from Local Authorities; Primary Care; Community Care; Mental Health services; and Children & Young People services. The inaugural meeting of the Board had taken place on 1 March 2023.

	• The draft Improvement Plan would be circulated across the Peninsula for comment and collaborative development. • The Improvement Plan for Urgent and Emergency Care formed part of the 2023-24 Operational Plan, with the draft Plan to be submitted to NHS England on 23 February 2023 with the final Plan to be submitted by 30 March 2023. The Board acknowledged that streamlining plans and collaborative working would support these improvements in the access to services. The Board discussed on how the delivery of this plan would be integrated with the Mental Health and Acute Provider Collaborative, with it being noted that the governance around the delivery of the plan would be strengthened. **Decision:** The Board noted the assurance provided in the report and asked that an update on the implementation of the improvement plan be brought back to the Board no later than July 2023.
10	**Integrated Quality, Performance and Finance Report (IQPR)** The Chair introduced the report which provided a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance that issues are being identified and addressed. It was noted that the IQPR was presented to the Finance Committee and to the Quality & Performance Committee each month for consideration, with any issues of concern being highlighted to the Board via the Chair's Reports from those Committees. The Board discussed the issue of productivity, together with its impact upon financial and performance plans, which had been raised during the Board meeting. It was agreed that productivity data could be incorporated within the IQPR together with impact prevention and early intervention initiatives such as "Time to Care" had upon this. **Decision:** The Board noted the Integrated Quality, Performance and Finance Report.
11	**Committee Chair Report - Quality & Performance Committee** The Chair of the Quality & Performance Committee, Non-Executive Member, Hisham Khalil (KH) introduced the report which provided an overview of the issues that had been considered by the Committee at its meeting on 1 February 2023: • The Committee considered that the IQPR report had not demonstrated any significant change in position compared to the previous month. The system was facing significant challenges across multiple domains with Providers now providing harm reports in relation to elective care patients experiencing long waits. • A development session had formed part of the meeting in February, with the aim of reflecting on the work of the Committee, reviewing its Terms of Reference and enhancing the effectiveness of members working together and how best they could provide assurance to the Board. The outcome of this development session will be shared with the other Assurance Committees. The following items were escalated to the Board: • The view of the Committee was that it should have sight of all of the risks contained within the BAF rather than just those that had been allocated to it, as this would enable a better understanding of where other risks had an impact on the quality of services. • A standard operating procedure will be submitted for the Board for endorsement of an accountability framework. • A request to have a Board level discussion around 78 week waits was made. **Decision:** (1) That the report of the Chair of the Quality & Performance Committee, including the statements of assurance, be noted.

	(2) A review of waiting times and, in particular 78 week waits, to be presented to the board via the chairs report
12	**NHS Devon ICB and ICS Month 9 Finance Reports** The Interim Deputy Chief Finance Officer introduced month 9 reports which set out the current and projected financial position of the ICB and the ICS for the year ended 31 March 2023. The reports detailed the financial position as at 31 December 2022, setting out the year to date and forecast financial position. The following points were noted: **ICB Month 9 Report** • To the end of December 2022 NHS Devon reported £3.1m surplus and a forecast year end position of £4.6m surplus; • The updated forecast sits within an overall amended forecast for the ICS of £49.5m deficit; • Further discussions will take place as to how this is distributed about the system which will require a net neutral change to the system but not require further permission from, NHS England; and • The risks and actions to mitigate the position were detailed within the report. **ICS Month 9 Report** • To the end of December 2022 Devon ICS reported a year to date deficit of £29.3 against a planned deficit of £17.4; • The forecast deficit is forecast at £49.5m a £31.3m adverse to plan; • The movement to forecast had been approved at the NHS Devon Board in December 2022 and discussed and agreed at the Finance Committee on 1 February and • Agreement had been gained from NHS England and the provider Boards had reviewed and signed off their respective plans. It was noted that the revised forecast was not without risk and careful management would be required to ensure delivery and executive oversight of the financial position would continue on a weekly basis to address any off-track activity. The management of risks would continue through the Finance Committee. Whilst welcoming the updates, the Board raised their concern that the financial management should not be the only consideration when considering the most appropriate healthcare provision for the population of Devon. **Decision:** That the NHS Devon ICB and ICS Month 9 Reports be noted.
13	**Committee Chair Report – Finance Committee** The Chair of the Finance Committee, Non-Executive Member, Kevin Orford (KO) introduced the report which provided the Board with an overview of the issues considered by the Committee at its meeting on 1 February 2023. The following points were noted: • The financial reports considered at the previous agenda item had been subject to detailed scrutiny by the Finance Committee, who taken assurance from the actions being taken to manage delivery of the revised plan. • A detailed review of the processes in place to develop the 2023-24 Operating Plan had also been undertaken, from which the Committee had taken assurance. • There were no issues or risks to be escalated to the Board by the Committee. **Decision:** That the report of the Chair of the Finance Committee, including the statements of assurance, be noted.

14	**Committee Chair Verbal Update – Audit & Risk Committee** The Non-Executive Member, Kevin Orford (KO) provided a verbal update of the issues considered by the Committee at its meeting on 8 February 2023. It was noted that KO had acted as Chair for the meeting in the absence of the substantive Chair, Non-Executive Member, Graham Clarke. The following points were noted: • A report was received and noted on the assurance process related to the delegation of Podiatry, Opthalmology and Dentistry was received and a report on this issue will be presented to the Board at is March meeting. • An update on the development of the Board Assurance Framework (BAF) had been considered with it being noted that there remains further work for the Assurance Committees to undertake in reviewing the risks assigned to them to enable approval of the BAF by the Board at its March meeting. • An update on Information Governance has been received. It had been noted that the Data Protection Toolkit was to be submitted in June 2023 and that a key area of concern was the completion of Information Governance mandatory training, with the current compliance level being 34% against the required 95%. As the failure to meet the 95% compliance level would result in the entire Toolkit being failed, Executive Directors were encouraged to support colleagues in completing their mandatory training. • A number of Information Governance policies had been received and approved. • The Committee had taken assurance that the timeline to produce the Annual Report and Accounts for the last three months of operation of NHS Devon Clinical Commissioning Group and the first nine months of operation of NHS Devon ICB would be met. • The Committee had been informed that the appointment of external auditors was nearing completion and that timings would be reviewed and discussed with the Department of Health as necessary. • Two internal audit reports had been received by the Committee, one relating to High Level Financial Systems, which had been rated as providing significant assurance and the second in respect of Conflicts of Interest Management which had been rated as providing satisfactory assurance. The Committee was satisfied that the recommendations contained within the reports had been agreed and were being actioned. • The Committee had agreed small changes and a revised timescale for the internal audit review of the BAF. • There were no issues or risks to be escalated to the Board by the Committee. **Decision:** That the report of the Chair of the Audit & Risk Committee, including the statements of assurance, be noted.
15	**Committee Chair Report - Primary Care Commissioning Transitional Committee** Non-Executive Member, Thandiwe Hara (TH), introduced the report which provided the meeting with an overview of the issues considered by the Committee at its meeting on 26 January 2023. It was noted that TH had acted as Chair for the meeting in the absence of the substantive Chair, Non-Executive Member Judy Hargadon (JH). It was highlighted that the Mayflower Medical Group had received a CQC rating of “Good” following its recent inspection. The Board expressed its congratulations to the Group on the significant improvements that had been achieved. **Decision:** That the report of the Chair of the Primary Care Commissioning Transitional Committee, including the statements of assurance, be noted.

16	**Committee Chair Report - People and Culture Committee** Non-Executive Member, Thandiwe Hara (TH), introduced the report which provided the meeting with an overview of the issues considered by the Committee at its meeting on 25 January 2023. It was noted that when considering overseas recruitment, the Committee had sought assurance around the ethical processes in place which ensure that health professional are not moving from areas that have similar workforce challenges. TH provided assurance to the Board that a complete pastoral package is provided for each individual joining the Devon system from overseas and that whilst recruitment from overseas remained a requirement for the system, there continued to be a commitment to recruiting those local to the area and from this country. **Decision:** That the report of the Chair of the People and Culture Committee, including the statements of assurance, be noted.
17	**NHS Cornwall & Isles of Scilly Board Update** The Chief Executive of NHS Cornwall & Isles of Scilly Kate Shields (KS) introduced her report which had been presented to the Cornwall & Isles of Scilly ICB at its meeting on 9 February 2023. The following points were highlighted: • Challenges remain around performance recovery across the system. • Workforce challenges continue across the system. • Initiatives to attract staff into the NHS were continuing with a pilot having been implemented in the mid Cornwall. • A review of any harm to patients and staff resulting from the recent industrial action was to be undertaken. • A review of the way in which the Board is operating will be undertaken to ensure that both strategic issues as well as work at place are receiving the required level of consideration. **Decision:** That the report of the Chief Executive of NHS Cornwall & Isles of Scilly be noted.
18	**Action Log** The Chair referred the meeting to the progress being made in respect of actions arising from previous meetings of the Board. It was noted that a request to close Action 27 was being made as an update on the Asylum Seeker Programme had been included in the Board Forward Plan for consideration in May 2023. **Decision:** That Action 27 be closed.
19	**Questions from Members of the Public** The Chair confirmed that no questions from the public had been submitted prior to the meeting. However, Robert Rawlinson, who was in attendance wished to ask two questions. Mr Rawlinson thanked the Board for the welcome that he had received and posed the following questions: *What is being put into place around workforce and retention of nursing staff?* The Director of Workforce Strategy provided an overview of the actions in place including tracking of funding to ensure that this is being utilised effectively and also ensuring that regular contact is made with all colleagues throughout the year. Future actions will include the

	formalisation of regular colleague contact, with a focus on nursing, and that this will be captured within the Workforce Strategy. It was also acknowledged that further work around effective delegation to social care colleagues could free up valuable time for nurses that could be used elsewhere. *What support is in place for Primary Care Networks (PCNs) for the Additional Role Reimbursement Scheme roles (ARRS)?* Non-Executive Member Judy Hargadon confirmed that the ARRS had been developed by the PCNs with support from the Primary Care team. The approach taken was that support is tailored to each PCN rather than a blanket approach being adopted. PCNs to take the lead in developing this support. The Chair thanked Mr Rawlinson for his time in attending the meeting and raising these issues.
20	**Any Other Business** The next meeting of the NHS Devon Board will be held on 15 March 2023 at County Hall, Exeter.

Minutes approved	Date:	Signed by Chair:

NHS Devon Integrated Care Board

Report of the NHS Devon Chair

Date of committee	Date report produced
15 March, 2023	6 March, 2023

Author(s)		Report approved by	
Name and title:	Nick Pearson, chair and chief executive's office	**Name and title:**	Dr Sarah Wollaston, ICB chair
Phone:	-	**Date:**	6 March, 2023
Email:	Nick.pearson@nhs.net		

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

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Executive summary

This document represents the chair's report and includes updates on the Integrated Care Partnership Board, primary care access, electives, Keyham and details of recent visits.

The report is for information only.

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

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Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
1. For information only

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

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	None - reporting only
Health inequalities	None
Workforce	None
Resources and finance	None
Legal	None
Digital and Data	None
Engagement and consultation	Engaging communities and stakeholders in our work

Report of the NHS Devon chair

One Devon Integrated Care Partnership

The development of LCPs and the Devon Joint Forward Plan provided for useful discussion at the One Devon Partnership this month.

Deputy Programme Director, Jenny Turner attended the meeting and provided an update on the development of our Joint Forward Plan now that an Interim Integrated Care Strategy has been published.

This included a summary of the pillars and enablers that would make up the plan as well as progress on involving Local Care Partnerships and Health and Wellbeing Boards.

Section leads events have taken place to outline programmes of work to take forward with partners. A change leaders' event this month will involve people from across the wider Devon system and, together with the health and wellbeing boards, will help provide check and challenge for the plan.

The next draft iteration of the plan will be presented to the Board in June and the final Joint Forward plan and Integrated Care Strategy will then be published together and will form the basis of our joint working and priorities.

Local Care Partnerships (LCP) have permanent representation on the board and were able to provide an update on the development of the LCPs and an overview of the challenges they are facing. There was acknowledgement that they are at different stages in their development and therefore in what they are able to deliver. They will all play a crucial role in the future implementation of the joint forward plan and will be the engine room of joined up working. They will also have an important role in tackling the wider determinants of health and health inequalities.

Much of this work will need the support of wider system partners including the Partnership Board, especially around housing, community development, employment, health protection and suicide prevention.

Chair James McInnes also informed the Board that One Devon ICP meetings would move to sitting bi-monthly from next month, April. This would allow time for more preparation to take place between meetings.

Primary care news

Thank you to colleagues across primary care for their commitment to improving patient access to GP services in Devon.

December was a particularly challenging month for our health services, with our hospitals, GP practices and other services seeing increasing numbers of patients

and coping with the extraordinary spike in demand triggered around Strep A infections.

But despite these pressures, our GP practices recorded some of the highest access to appointments in the country.

Latest figures show that GP appointments rose by 9.5 per cent compared to the same period in 2021 to 689,000.

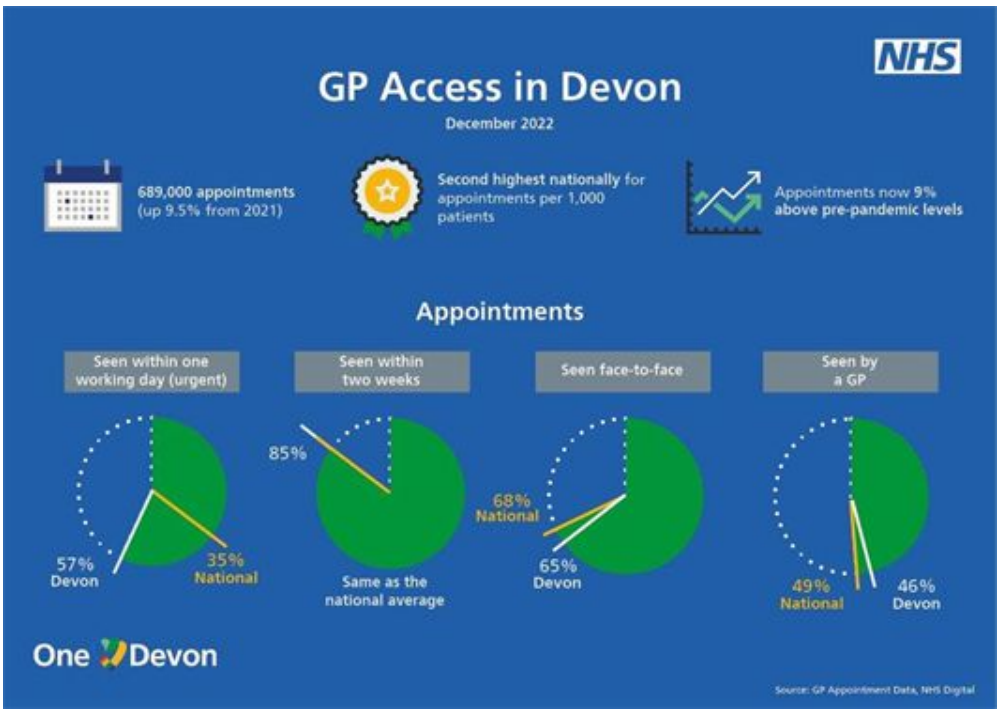
Of those, 57 per cent were seen within one working day which is well above the national average of 35 per cent.

This is a great achievement. We now need to look at ways in which we help primary care to have more time to focus on non-urgent treatment.

Pressures in secondary care can really impact primary care and the subsequent ability of healthcare professionals to find time to focus on prevention and holistic care. This is particularly true in the case of continuity of care for people who are living with multiple long-term conditions.

Unless we as a system can crack this problem, primary care will always have less time to spend on the things that improve outcomes and quality of life for patients. Thank you to the Local Medical Committee for their work in improving the data on pressures across primary care and for regular meetings to understand pressures and work jointly on solutions.

I don't normally share graphics in my report but I saw the one below in a recent NHS Devon GP bulletin and thought it was a helpful illustration of GP access in Devon.



Elective inpatient care boost

Devon has topped a national table for the amount of inpatient elective activity achieved.

The Health Service Journal reported earlier this month that Devon performed 108 per cent of elective activity in the three months to December compared to the same period before the pandemic.

It comes from statistics published by NHS Digital which compare systems in England – and Devon was the top performer in the country.

The HSJ says that the statistics show raw totals of ordinary admissions and day cases, as opposed to completed pathways. The latter is the measure used by NHS England to track performance, but historic data on both measures suggests they tend not to diverge significantly, when viewed as a proportion of pre-covid levels.

It adds that there is a “struggle to even keep parity with pre-covid levels of inpatient activity, let alone deliver higher levels as envisaged by NHSE’s elective recovery plan.”

We are under no illusion in Devon of the challenge facing us in terms of elective backlogs. It will take huge effort over a sustained period of time to address this. But the fact that we achieved more activity than we did prior to the pandemic in the three months leading up to December is thanks to a great deal of hard work.

Keyham inquests

I wanted to acknowledge the feelings and emotions of the relatives and friends of the victims of the Keyham shooting as the terrible circumstances of 18-months ago emerge again during the recent inquests. Our thoughts are with all those affected.

Victim Support Devon and Cornwall are providing assistance and support for those in need as are the Wolseley Trust, Keyham Green Places and young people’s charities such as Young Devon. Our thanks to these organisations for this important work.

Boost for trust and college

Students are returning to work placements in the NHS thanks to a partnership between a hospital trust and a nearby college.

Successfully run by Torbay and South Devon NHS Foundation Trust in partnership with South Devon College for over ten years, the Aspire Programme requires students to work on three different placements and complete a City & Guilds qualification in employability skills over an academic year. They are now returning to placements following the pandemic.

This course is a supported internship and is open to students aged 18 to 24 who have an education, health and care plan (EHCP) and are keen to learn new and transferable skills to

enable them to gain paid employment. A number of students have gone on to secure permanent contracts and are great role models sharing their experience with new cohorts

Cost of living support from mental health alliance

The Devon Mental Health Alliance is offering free advice and guidance to anyone facing challenges around cost of living pressures such as debt, housing or benefit issues, with a focus on connecting people to organisations in their community best placed to provide ongoing help.

People can access the service directly, although referrals from other organisations are also accepted. A 24-hour helpline is available or you can also email one of the teams, who will collect basic information. An expert member of the team then gets back in touch within 2 working days.

The Devon Mental Health Alliance is a partnership between six community organisations working alongside statutory partners to provide support, information and advice for people in Devon experiencing mental health problems.

Our thanks to everyone involved in the ongoing efforts to address the backlogs – and please, keep up the good work.

My visits this month

Special thanks this month to John Powell and the Devon Integrated Social Care Alliance for hosting a visit to meet health care assistants to hear their perspectives on expanding the scope of their roles and the importance of continuing professional development.

We discussed the need to improve the quality of discharge information as people move from hospital to home or residential care settings as well as the importance of timely access to equipment.

Many thanks too to Living Options for hosting a visit to hear about the range of services provided to empower disabled people to live the life they choose. This was an opportunity to meet with many of those delivering services ranging from victim care and support, deaf led services and counselling and supporting people home from hospital.

I would especially like to pay tribute to CEO Diana Crump for her many years at the helm and for her wider work on behalf of the voluntary sector across Devon.

NHS Devon

NHS Devon Integrated Care Board

Report of the chief executive

Date of committee	Date report produced
15 March 2023	6 March, 2023

Author(s)		Report approved by	
Name and title:	Nick Pearson, chair and chief executive's office	**Name and title:**	Nigel Acheson for Jane Milligan, Chief Executive
Phone:	-	**Date:**	6 March 2023
Email:	Nick.pearson@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
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Executive summary
This document includes summary updates on Covid-19, Flu and vaccinations, system pressures, the NHS Devon operating plan, industrial action, ICB organisational change, new council chief executive starting, national patient discharge advice, a guide aimed at the highest attenders, visits, and ICS executive updates

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

Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
1. The board is requested to note the report

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

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	None - reporting only
Health inequalities	None
Workforce	None
Resources and finance	None
Legal	None
Digital and Data	None
Engagement and consultation	Engaging communities and stakeholders in our work

Report of the chief executive

Covid-19 and Flu Update

You would almost certainly be forgiven for thinking that life has largely returned to normal - but here in the NHS and caring sector, it doesn't quite feel like that.

While the number of patients in hospital reached a low point in mid-January, we have been seeing an increase in cases since then.

We believe that we are close to the peak of the current wave with the distribution of cases in our hospitals being very different.

For example, University Hospitals Plymouth NHS Trust reported an earlier increase and may have now reached its peak, but Torbay and South Devon NHS Foundation Trust had seen very low levels initially with cases a sharp increase in recent days indicating a later peak.

National surveillance data shows that demand in a number of seasonal conditions increased in the period up to Christmas across GP and emergency department services.

Upper respiratory tract infections / flu levels have broadly followed pre-pandemic trends, peaking earlier and at slightly higher levels than average. However, levels have now dropped significantly.

All in all this has kept our hospitals very busy.

Of course, as I always repeat, the best way to avoid a hospital admission is to ensure that you are fully vaccinated, and Sunday 12 February marked the end of the Autumn campaign for 2022/23.

I am pleased to report that the South West achieved uptake of 73 per cent of eligible individuals being vaccinated, significantly higher than the England average, making the SW the top performing region

System pressures

There has been a slight easing of pressures across the system in Devon recently, which of course is very welcome.

The number of people attending Emergency Departments is decreasing and this is helping to ease pressures at our hospitals and boosting ambulance handovers.

Primary care remains very busy, but I am pleased to say that some of the extreme pressures seen in December are reported to be easing.

However, mental health providers are seeing pressures relating to delays in bed availability post assessment and we know colleagues across health and care continue to face challenges.

I would like to express my thanks to clinicians and non-clinical staff for their continued efforts to support people.

Operating plan for the year ahead

We usually finalise our operating plan at this time of the year – and this year is no exception with submissions to NHS England due towards the end of March.

The pressure on our finances remains extreme and, collectively as a system, we will over-spend to the tine of about £50 million by the end of this financial year.

This is clearly unsustainable, and we must return to a position where spending is within our means.

System leaders are doing all we can to hone plans for 2023/24 and as we do it is clear that ever closer collaboration between the many parts of our health and care system is the only way of achieving our performance and financial goals.

Chief Finance Officer, Bill Shields, and his team have been leading this work.

The 2023/24 national priorities and operational planning guidance reconfirm the ongoing need to recover core services and improve productivity, making progress in delivering the key NHS Long Term Plan ambitions and continuing to transform the NHS for the future.

The final Operational Plan to be signed off by NHS Devon and partner trust and foundation trust boards by 30 March 2023.

Industrial Action

I wanted to provide a brief update on February's industrial action taking place across Devon – and at what's planned for March.

Scope of action during February

Organisations involved for Royal College of Nursing action on 6 and 7 February included:

- Royal Devon University Healthcare Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- South West Ambulance Service NHS Foundation Trust (SWASFT)

None of Devon's organisations were included in the Chartered Society of Physiotherapists' (CSP) industrial action on the 9 February.

There was action taken by SWAST union members on the 10 and 20 February.

The Teachers (NEU) took industrial action on the 2 March. The impact on staffing levels in health and care were minimal.

What's ahead

The Royal College of Nursing had previously indicated industrial action would take place on 1-3 March. However, these dates were stood down when Government commenced pay talks with them. We are now awaiting outcomes from these discussions.

The British Medical Association (BMA) and Hospital Consultant and Specialists Association (HCSA) are going forward with industrial action at the time of writing this report. This panned action (also known as junior doctors' strike) is expected to have very significant impact on patient activity.

The action will commence at 06:59 on 13 March until 06:59 16 March, the HCSA will commence on the 15 March for one day.

South Western Ambulance Service NHS Foundation Trust (SWASFT) had previously confirmed that industrial action would take place on the 6 and 8 March. But the three unions which represent ambulance staff (Unison, the GMB and Unite) have now called off their action as government has now agreed to enter into pay talks.

Derogations

The BMA has been clear that there will be no derogations for the junior doctor strike and therefore this is expected to have significant patient impact for both elective and emergency care.

Meetings have been arranged between the Chief Medical Officers and the Joint Local Negotiating Committee (JLNC) within each provider to review mitigations and look at impact.

ICB organisational change

A week ago (Thursday 2 March), we were sent a letter from NHS England setting out the savings we are being expected to make to NHS Devon running costs.

The letter states that all ICBs must make 30% of savings in their running costs budgets by 2025/26, with at least 20% to be delivered in 2024/25.

As this news has only recently been announced, we do not know all the details at this stage so we will be reviewing the information carefully over the coming days and weeks.

This announcement is ahead of, and separate to, the national Hewitt Review, which is due to publish its findings and recommendations on 15 March.

Since NHS Devon launched, we have known that further organisational change was necessary.

Broadly, NHS Devon's role and function is very different from a CCG, but its form and structure have so far stayed largely much the same.

Under the new integrated care arrangements, we now have a whole system responsibility for service performance and finances, and it is important that we improve care for our population.

We also need to deliver the four core aims of:

- improving outcomes in population health and health care
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development

New responsibilities will also be coming our way from NHS England in April 2023 including pharmacy, optometry, and dentistry (POD) services.

During February, more than 220 staff from around the organisation joined specially convened meetings to hear the latest updates.

Senior managers led the sessions, which provided an overview of why we need to change, as well as the various factors that are affecting our ability to finalise and publish our structures, namely the outcome of the Hewitt review and confirmation of national ICB efficiency savings.

Change is never easy, but we hope that by giving clear information and offering opportunities for people to provide open feedback, will help all those involved to go through the process.

Feedback from the events suggested that around three quarters of those attending found the sessions mostly or extremely helpful and answered most or all of their questions. Nine in ten people reported also that they understood most of everything that was said and that they would welcome more events.

As an organisation, we are committed to supporting people through this process and will continue to offer staff opportunities to keep up to date – and involved.

I will provide more information on this important area in due course.

New council chief starts

Donna Manson has now joined Devon County Council as their new chief executive.

Donna replaces Jan Spicer who has held the role on a temporary basis following the retirement of Phil Norrey.

I have had the pleasure of meeting Donna before she started, and I know she is going to be a fantastic addition to the Devon system.

National patient discharge advice

System partners come together recently to look at how we can tackle delayed hospital discharges.

The session, which took place in Plymouth, was led by NHS England's senior responsible officers for hospital discharge and social care discharge and aimed to, develop solutions to address local discharge challenges.

It was delivered through a series of presentations led by each of the NHS Devon's locality directors and trusts.

They set out (at a locality level) the current position, demand and capacity activity overview of the initiatives we have implemented to increase short-term capacity, admission avoidance activity and ongoing improvement work and alignment to UEC recovery response.

The feedback to our work in this are overall was positive with the clear message that we needed to share the learning internally and externally.

My thanks to all who attended. We do relatively well in Devon in this area but there is always more than we can be doing to improve.

I am especially grateful to Lesley Watts, senior responsible officer for hospital discharge at NHS England and to James Bullion and Jane Cummings (SRO for Social Care Discharge) for leading the session.

Guide aimed at highest attenders

A simple health services guide has started to be delivered to more than 100,000 homes in Devon, Plymouth and Torbay this month,

Developed by NHS Devon, the guide is targeted at people who live within two miles of one of our four Emergency Departments (ED), as data suggests these people are the highest attenders at ED.

The guide provides simple advice on when to contact NHS 111, what services community pharmacy can provide, how to access vaccinations, and raise awareness of the range of digital tools available to people to help with their health including the HANDi paediatric app, NHS app, the ORCHA health and wellbeing app library and GP online services

Visits

I have been extremely busy during the last month and unfortunately, I have not been able to complete any visits. However, I look forward to visiting various projects and initiatives throughout 2023 and already have some interesting speaking engagements lined up, one of which is at the Pathways for Homelessness and Inclusion Symposium on 16th March.

I look forward to updating the Board on these engagements in due course.

Integrated Care System (ICS) executive committee updates

The following are key updates from the ICS executive committee on February 7.

Joint Forward Plan update

A slide pack was recently presented to the ICS executive committee updating it on progress.

The committee heard that the plan is being worked on as a system with a working draft expected to be ready shortly.

Leads have been identified for target areas across the system.

They will shortly identify stakeholders who they will then work with to produce their section of the plan.

A governance plan and timeline were discussed with a draft expected by the end of March.

System Critical Incident Plan

The updated System Critical Incident Plan and came to the ICS executive committee for formal sign off.

The plan was signed off with a review in 3 months' time.

Governance Review Update

The committee heard that the governance review is now under way.

Work has been focussed on looking at ICB board/committees and simplifying system architecture.

It was proposed that the Devon Board meet every other month in public and for the private Board to continue monthly. In addition, it has also been suggested to that the ICP moves to every other month.

The draft governance framework for NHS Devon 23/24 was presented. This is expected to be ready April.

NHS Devon

NHS Devon Integrated Care Board

Update on challenges facing our staff, including annual Staff Survey results

Date of committee	Date report produced
15 March 2023	2 March 2023

Author(s)		Report approved by	
Name and title:	Piers Tetley	**Name and title:**	Andrew Millward
Phone:	07584612005	**Date:**	Chief Communications and Corporate Affairs Officer
Email:	piers.tetley@nhs.net		6 March 2023

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

Executive summary (250 words max) – high level overview of the content of the report and the reasons why it is being presented

The board will receive a presentation on the 15th March, from the Chief Communications and Corporate Affairs Officer, which is intended to provide the board with an update on a number of important workforce matters.

The presentation will provide the board with the results of our staff survey from the end of 2022, set in the context of the letter which ICBs have recently received on the running cost allocation and the need for future organisational change.

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

Staff survey results were shared with the Senior Executive Team on 17th January 2023 and a Board development session on 18th January 2023.

Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
1. Note the staff survey results for awareness
2. Support the recommended actions

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Improving the experience of our staff at work will have an indirect impact on NHS Devon's objectives
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	Survey results provide a direct insight into our culture and how we operate

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Improving the experience of our staff at work can have an indirect impact on quality of services and health inequalities
Health inequalities	
Workforce	Survey results provide a direct insight into staff morale and engagement and can lead to tangible improvements in the experience of our workforce.
Resources and finance	Improving the experience of our staff at work can have an indirect impact on these areas
Legal	
Digital and Data	
Involvement, Engagement and consultation	

Update on challenges facing our staff, including annual Staff Survey results

The presentation highlights a number of important indicators of our staff morale as we head into a period of continued uncertainty.

Integrated Care Boards have received a letter from NHS England on 2nd March, which sets out the efficiency requirements for ICB running cost allowances.

It is important for the board to be aware of the morale of our workforce as we develop plans aimed at bringing our costs within the affordable envelope set by NHS England and which will no doubt require a period of organisational change.

The letter from NHS England requires ICBs to reduce running costs by 30% by 2025/2026. This represents a significant reduction in funding available for NHS Devon and will require wholesale rethinking about the organisation's purpose, focus, and staff structures.

The presentation reflects on the outcome of several recent special face to face staff briefings, which focussed on forthcoming organisation change, alongside staff survey results from the end of 2022 and other workforce data such as turnover and absenteeism. The intention will be to provide the board with assurance that the ICB is responding appropriately to the context within which we are working and providing appropriate support to our staff.

Update on challenges facing our staff, including annual Staff Survey results

Andrew Millward, Chief Officer, Communications and Corporate Affairs

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

Welcome and introduction

Andrew Millward

- Huge challenges facing our staff in the next two years
- These include:
  - Tackling historical service and financial performance
  - Working through huge uncertainty given the recent 30% efficiency savings target given to all ICBs
- Annual Staff Survey results highlight that staff like working in NHS Devon, and we have the fifth most positive results in England, which is a good basis in which to face these big challenges

Our challenges

- Waiting lists and finances are huge challenges for our staff, which is why Devon is placed in the Strategic Oversight Framework (SOF) 4
- All ICBs must make a 30% real terms reduction in their running costs budgets by 2025/26, with at least 20% to be delivered in 2024/25
- Running cost allowances for ICBs have already been held flat in cash terms in 2023/24 (i.e. no inflationary uplift)
- Our current allowance is £22.6 million in 2023/24 reducing to £17.0 million in 2025/26
- We must fund the cost of change from within our existing budgets
- Our current structure is already overspent by £3-4 million

Results of our latest annual Staff Survey

- Our latest survey highlights some real positive points – staff enjoy working for NHS Devon and feel we have a supportive culture:
  - 75% said they are kept up to date with all developments
  - Positive scores for team working and line management
  - 82% said they have health and wellbeing support
  - Positive scores for personal development
- This is a good basis in which to plan for the challenges ahead
- However, the big areas for development are “unrealistic time pressures and perception that there are not enough staff to do the job”
- Decrease in scores for questions about reporting concerns

Most positive areas (compared to ICB average)	Most positive areas (compared to last year, 2021)
Received an appraisal in the past 12 months: **94%** *(ICB average: 75%)*	I feel valued by my team: **85%** *(2021: 80%)*
The organisation takes positive action on my health and wellbeing: **78%** *(ICB average: 67%)*	Team members meet to discuss the team's effectiveness: **73%** *(2021: 69%)*
I am satisfied with recognition for good work: **74%** *(ICB average: 63%)*	Opportunities to show initiative frequently in my role: **83%** *(2021: 80%)*

Areas for improvement (compared to ICB average)	Areas for improvement (compared to last year, 2021)
There are enough staff in the organisation to do my job: **29%** *(ICB average: 35%)* *(NHS Devon score was 49% in 2020)*	I feel confident that the organisation would address concerns about unsafe clinical practice: **65%** *(2021: 76%)*
My team has enough freedom in how to do its work: **61%** *(ICB average: 66%)*	Satisfied with level of pay: **55%** *(2021: 65%)*
I am able to meet conflicting demands on my time: **40%** *(ICB average: 44%)*	I feel the organisation would address any concerns I raised: **54%** *(2021: 64%)*
	I am involved in changes that affect work: **60%** *(2021: 67%)*

NHS Devon ICB	BI	Elective & Urgent Care	Communications	Community Services	Contracting	DRSS	Finance	Human Resources	LD, Autism and Mental Health	Meds Ops	North and East Locality	Other	Planning, PMO and Other	Primary Care	Quality Assurance	Quality, Patient Safety and Patient Experience	Safeguarding	Seasonal Vaccination Programme	Strategic Intelligence	Women and Children's and Health Inequalities
n = 428	n = 18	n = 18	n = 13	n = 12	n = 12	n = 64	n = 26	n = 13	n = 16	n = 31	n = 15	n = 16	n = 16	n = 17	n = 26	n = 22	n = 17	n = 12	n = 15	n = 12
6.7	6.9	6.2	6.1	5.2	6.2	7.4	6.8	7.7	6.9	7.3	6.5	6.8	5.7	6.5	6.9	6.9	7.3	7.5	6.7	6.2
8.2	8.5	7.9	8.0	8.2	8.4	8.2	7.4	9.5	7.9	8.5	8.1	8.2	8.3	8.8	7.8	7.8	8.1	8.5	9.0	9.2
8.6	9.4	8.1	8.5	7.2	8.4	8.7	8.5	9.7	8.6	9.1	8.9	8.6	8.5	7.9	8.1	8.0	8.0	9.1	9.2	8.5
7.8	8.2	7.5	7.9	6.9	7.7	7.9	7.1	8.9	7.7	8.9	7.7	7.8	7.5	7.4	7.8	7.6	7.9	8.4	8.4	8.1
7.1	7.8	7.4	7.6	5.9	6.9	6.7	6.2	8.7	7.2	7.7	7.9	6.9	7.8	6.6	5.9	6.8	7.2	7.9	7.8	7.7
7.9	7.9	6.9	8.0	6.5	7.2	6.9	7.1	9.0	7.9	7.8	7.1	7.6	6.8	6.9	6.9	7.1	7.9	6.9	8.1	7.4
6.7	7.9	6.5	6.6	4.4	6.6	7.8	6.2	8.9	6.5	7.7	6.6	6.5	5.7	6.4	6.5	6.4	7.2	7.5	7.1	6.8
5.7	6.8	4.5	5.1	4.9	5.6	5.8	5.9	6.8	4.6	6.8	6.2	5.6	6.1	4.9	4.6	5.8	6.2	6.7	6.8	5.6
5.4	6.8	4.8	4.5	4.9	5.6	4.9	5.9	6.7	5.8	6.4	5.9	4.4	5.8	5.4	4.8	4.9	6.4	6.4	7.2	5.9
8.6	9.2	8.7	8.2	7.7	9.0	8.4	8.5	9.1	8.9	9.4	8.8	8.8	8.8	7.9	7.7	8.1	8.8	8.8	9.5	9.1
6.7	7.6	6.4	8.0	6.6	6.8	6.9	5.8	8.7	6.5	6.7	6.5	6.7	6.8	6.2	5.7	6.8	7.6	7.2	7.4	6.2
5.5	5.8	4.6	6.9	4.7	4.4	5.4	4.9	7.9	5.8	5.9	4.8	5.8	6.8	5.6	5.9	5.7	6.8	5.4	6.9	5.1
7.9	8.8	6.9	7.1	7.1	7.9	6.7	6.9	8.7	7.1	8.8	7.6	6.8	7.9	7.2	6.8	7.6	7.7	8.9	8.4	7.6
7.9	8.8	7.5	7.5	8.5	8.5	8.1	8.1	9.8	7.7	8.2	8.2	7.8	8.4	7.9	7.6	8.8	8.4	9.8	9.2	8.5
7.6	8.4	6.9	7.9	7.8	7.9	8.4	7.5	8.9	7.4	8.1	7.9	7.9	8.2	7.6	7.2	7.8	8.1	8.6	8.8	8.1
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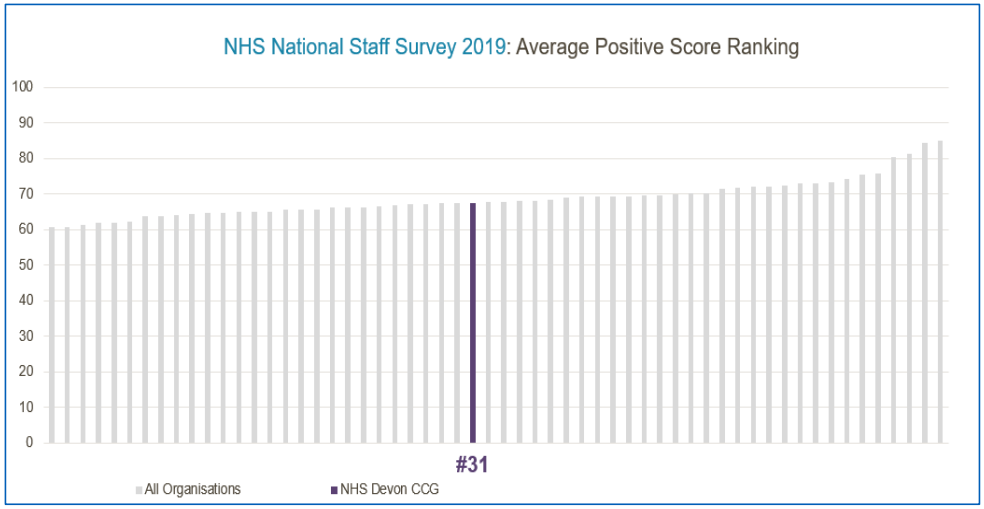
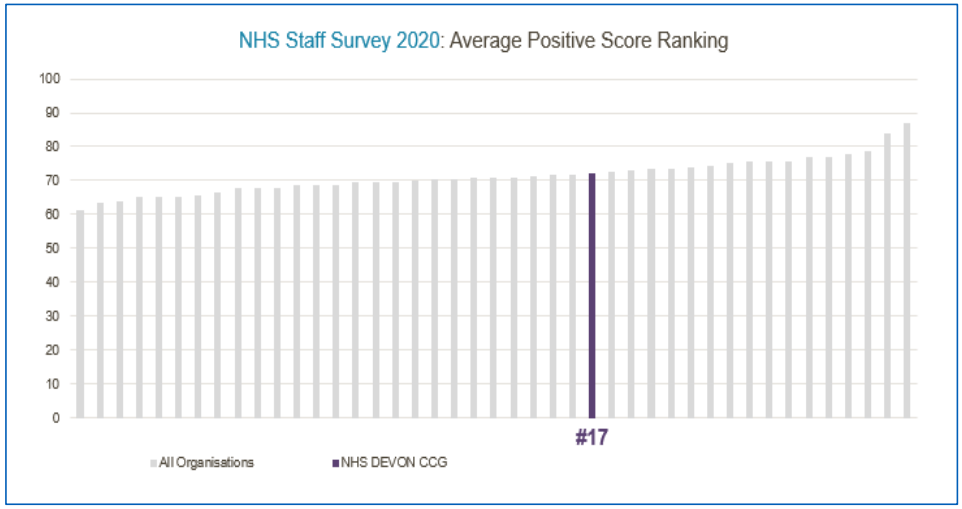
8.8	8.5	7.4	8.7	7.8	7.9	8.8	8.8	9.5	7.7	8.4	7.9	8.8	8.8	8.8	8.7	7.9	8.2	9.1	8.6	9.1
6.7	7.2	6.7	6.7	6.1	6.9	6.9	5.9	8.5	7.2	6.7	6.5	7.2	6.9	6.2	6.9	6.9	7.6	7.9	6.8	7.1
7.5	7.9	7.1	8.5	6.8	7.2	7.2	7.2	9.8	7.9	8.8	7.2	8.9	7.8	7.1	6.9	7.9	8.2	7.2	8.9	8.8
6.6	7.2	5.6	6.1	4.4	6.8	7.2	6.1	7.9	6.5	7.9	6.5	6.6	5.8	6.9	6.8	6.6	7.1	7.9	6.7	5.9
6.1	7.5	6.9	6.1	4.2	6.1	5.7	5.1	8.9	6.1	7.8	6.1	4.5	5.7	5.9	5.6	5.6	6.2	7.9	7.6	6.7
5.5	5.5	4.8	5.9	4.2	5.9	5.5	6.8	6.8	4.4	6.6	6.2	5.6	6.1	4.4	4.8	5.8	6.8	6.9	6.6	5.6
6.8	7.6	6.2	6.9	6.2	6.6	6.7	6.5	8.2	6.5	7.5	7.8	6.6	6.7	6.5	6.9	6.6	7.9	7.1	7.9	6.9


NHS National Staff Survey 2019: Average Positive Score Ranking
100
90
80
70
60
50
40
30
20
10
0
#31
All Organisations
NHS Devon CCG


NHS Staff Survey 2020: Average Positive Score Ranking
100
90
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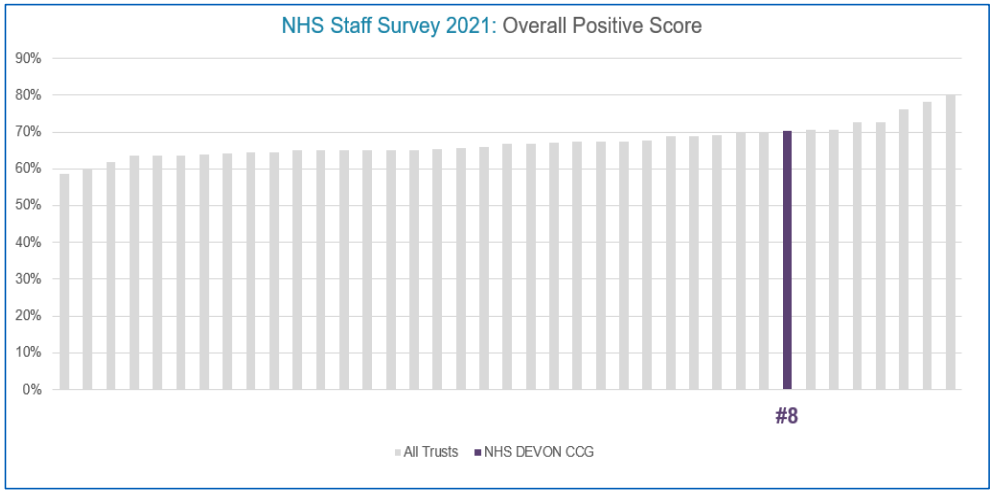
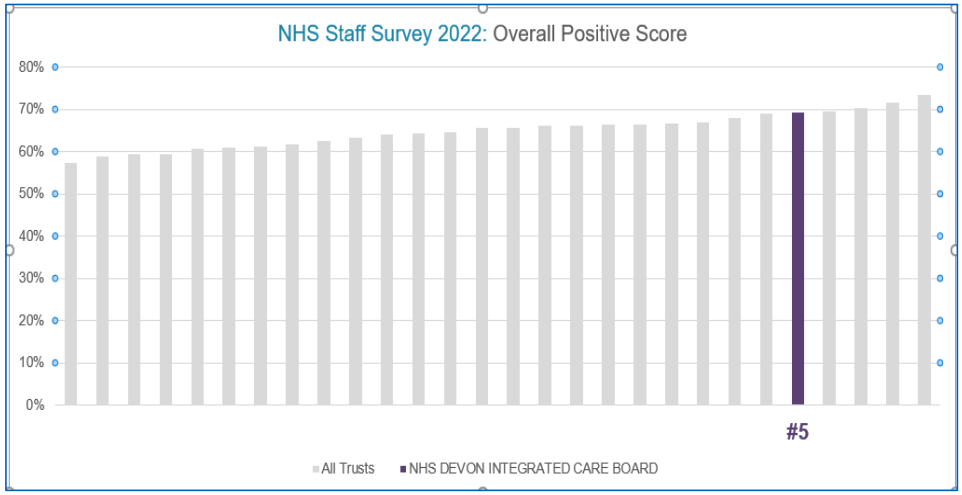
20
10
0
#17
All Organisations
NHS DEVON CCG


NHS Staff Survey 2021: Overall Positive Score
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
#8
All Trusts
NHS DEVON CCG


NHS Staff Survey 2022: Overall Positive Score
80%
70%
60%
50%
40%
30%
20%
10%
0%
#5
All Trusts
NHS DEVON INTEGRATED CARE BOARD

Thank you for listening

Any questions?

One Devon

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NHS Devon

NHS Devon Integrated Care Board

Delegation of Primary Pharmaceutical, Ophthalmic and Dental (POD) Services

Date of committee	Date report produced
15 March 2023	03 March 2023

Author(s)		Report approved by	
Name and title:	Melissa Redmayne, Senior Primary Care Commissioning Manager	**Name and title:**	Jo Turl, Director of Commissioning Primary, Community and Mental Health Care
Phone:	01803 396401	**Date:**	03 March 2023
Email:	Melissaredmayne@nhs.net		

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

Executive summary (250 words max) – high level overview of the content of the report and the reasons why it is being presented

In May 2022, NHS England set out its intention to delegate responsibility to all ICBs for all pharmaceutical services, general ophthalmic services and dental services (primary, secondary and community) (known collectively as 'POD services'). Responsibility for the commissioning of POD services will pass from NHS England to ICBs on 01 April 2023.

The following briefing details progress to date including establishment of NHSE 'hubs' and the associated governance arrangements and due diligence process for delegation.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Finance and Performance Group on 26 January to note Finance Committee on 01 February to note NHS Devon ICB Board on 15 February for discussion Strategic Commissioning & Transformation SLT on 03 March to note

Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
1. Noting that the receipt of the delegated responsibilities referred to in this paper are a statutory requirement of ICBs, that the Board approves the delegation of POD commissioning to the Devon ICB from 01 April. 2. That Board acknowledges the significant risks outlined in this report and supports ICB Officers in continuing to seek to mitigate these by means of a) safe delegation process, b) subsequent ongoing dynamic review.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Ability to be more responsive to local needs
Improve services and reduced unwarranted variation	Local decision-making enabling ability improve services and ensure consistency across Devon
Make more efficient use of our resources	Local decision-making enabling ability to utilise resources more efficiently
Develop our culture and how we operate	Supports integrated working with system partners to address fragmented pathways of care

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Having a local influence on decision making whilst retaining the knowledge and expertise within the commissioning hub. All parts of the NHS have a statutory duty to ensure that the quality of NHS services is maintained and improved.
Health inequalities	Ability to be responsive to local needs, recognising the benefits of at-scale working
Workforce	Hub requires sufficient capacity to support the ICB to undertake POD functions

Resources and finance	The overall due diligence performed suggests that the financial allocation is sufficient to cover current and anticipated expenditure levels. Note concerns regarding fair-share dental allocations.
Legal	Due diligence sets out how NHSE and NHS Devon will work together, including governance and managing risks
Involvement, Engagement and consultation	This will now potentially apply to a wider range of commissioned services

3

Delegation of Primary Pharmaceutical, Ophthalmic and Dental (POD) Services

Background

The responsibility for the commissioning of primary Pharmaceutical, Ophthalmic and Dental (POD) services is in the process of passing to Integrated Care Boards (ICBs) from NHS England (NHSE). Formal delegation of commissioner responsibilities will occur on 1st April 2023.

One of NHS England's long-term policy ambitions is to give local system's responsibility for managing local population health needs, tackling inequalities and addressing fragmented pathways of care. A key enabler to realising this ambition is the delegation of direct commissioning functions to ICBs. The aims of giving ICBs responsibility for a broader range of functions is so that systems will be able to design services and pathways of care that better meet local priorities. It will also enable ICBs to have greater flexibility to integrate services across care pathways, ensuring continuity for patients and improved health outcomes for the local population.

Locally NHSE has established a 'hub' comprising most officers previously engaged in the commissioning of these services and this arrangement has been supported by ICB Chief Executives initially until March 2024.

The stated intention of this hub is to support ICBs in effectively and efficiently discharging their commissioner responsibilities. Originally this hub model was offered as a short-term enabler of change but is now established as a longer-term arrangement. Further to this, regional discussions with ICB colleagues show support for bringing the hub under some form of ICB oversight in a manner which would then enhance its fitness for purpose in the longer term.

Working with the hub

NHSE has allocated a 'relationship manager' to each ICB and this has for Devon seen a degree of improvement in timeliness of communication, response to queries, and ability to engage effectively with the hub.

ICBs receive monthly reports relating to the provision of POD, presented in turn by a pharmacy, ophthalmic or dentistry lead, to the Primary Care Commissioning Committee in its current capacity as assurance body for primary care commissioning.

Appendices 1 and 2 illustrate the working relationship between NHSE and the ICB, as defined by NHSE.

Opportunities

There are some important opportunities available to ICBs with the delegation of the POD commissioning functions. Key opportunities have been identified as follows:

- The ability to be locally responsive to population health needs and commission services,
- To include pharmacy, optometry and dental services in locality planning and new models of integrated neighbourhood team working,
- A tailored approach, working with partners, to respond to health inequalities and ensure a focus on preventative care,
- The ability to develop closer relationships which can then support increased partnership working at all levels, further integrating care delivery in Primary Care Networks (PCNs),
- The opportunity to build a more integrated clinical leadership models which reflects the wider primary care system,
- The ability to involve the wider primary care services in developing approaches to quality improvement and supporting wider primary care resilience,
- Having a local influence on decision making whilst retaining the knowledge and expertise within the commissioning hub,
- The hub provides continuity and equity of approach across the South region so that resources are deployed equally to ICBs.

Dental specific opportunities

The opportunities here include developing a joint workplan to build on the current NHS Dental Road Map to include local priorities of the ICS.

This could be progressed by a Devon Dental Group/Steering Group to include ICB, Local Authority Public Health, NHSE (via ICB Hub) and clinical fellows.

There has already been work undertaken by Dental Public Health colleagues in NHSE on a menu of evidence based oral health improvement interventions. There are many interventions that could be implemented to improve oral health and reduce inequalities as well as some to improve dental access with the use of the current UDA underspend.

The realisation of these and all other identified opportunities will of course require identification of additional commissioning capacity.

Pharmacy specific opportunities

Delegation of pharmaceutical services will increase the understanding of what community pharmacy offers and the issues it faces in Devon, enabling the ICB to

respond in the best way possible. For example, pharmacy workforce is a more significant issue in Devon & Cornwall and so may require higher prioritisation utilising system wide pharmacy workforce strategies.

It will enable the ICB to better embed clinical pharmacy services in local pathways and adapt/respond to local need as far as able to (nationally commissioned service). In addition, it will enable improved utilisation of those services to achieve our operational plan ensuring there is better joined up working with pathways and services locally. For example:

Essential services:

- Discharge medicines service - better incorporating this in discharge planning to reduce readmissions
- Signposting - ensuring community pharmacies are well informed regarding local services e.g., social prescribing

Advanced services:

- Community Pharmacist Consultation Service (CPCS) - ensuring this is firmly embedded in community urgent care plans to reduce pressures on GP practices and MIUs/UTCs, increasing uptake (funded nationally)
- Hypertension case finding service - ensuring this is firmly embedded in CVD prevention plans working closely with public health colleagues. Opportunity to increase uptake (funded nationally)

Progress towards delegation

During September 2022, Devon ICB completed a Pre-Delegation Assessment Framework (PDAF) document, which was submitted to NHSE.

The PDAF was developed by NHSE to support ICBs to prepare to take on POD services from 01 April 2023.

The Framework is structured around four domains with underpinning criteria that set out the minimum standards which should be met by ICBs prior to delegation in April 2023. The criteria are based on the assessment from NHSE of the due diligence process rather than the risks to the ICB once they become the commissioner. The four domains are: transformation and quality, governance and leadership, workforce capability and capacity, and finance. All regions flagged similar risks within their PDAF, regarding finance and workforce.

Devon ICB's PDAF submission was reviewed by a National Moderation Panel in October 2022, following which a recommendation for approval was made to the NHS England Board. The NHSE National Board approved the PDAF for Devon ICB on 01 December 2022, alongside all other South region systems, confirming their intention for the ICB to take forward delegated responsibility for POD functions from 01 April 2023.

Following this, NHSE produced a 'Safe Delegation Checklist' document, developed to be viewed alongside the PDAF to provide further details on the specific tasks and

activities required to support delegation against the four domains, describing in greater detail the POD commissioning functions. In addition to the four domains a further two workstreams are also included: contracts, and IT assets and records. An ICB lead has been identified for each workstream, with overall coordination managed by the Primary Care Team.

There are a number of lines of assurance set out within each workstream (in excess of 170 in total across the six workstreams).

The final version of Devon ICB's safe delegation checklist was submitted by Devon ICB to NHSE local team on 24 February 2023 for formal evaluation and assurance. Formal feedback is currently awaited.

At the last Board meeting members highlighted the need to emphasise that the below RAG ratings which were provided within the report are associated with NHS England's due diligence process rather than NHS Devon's view of the risks associated with undertaking the commissioning of the POD services. The Primary Care Team can confirm that the below RAG ratings relate purely to the due diligence process of each workstream, rather than the risks associated with them or the underlying services.

The following table summarises the ICB's current position against each domain workstream as at 24 February 2023:

Domain/workstream	RAG	Overall comments
IT Assets, IT and Records		Green overall rating. Some lines of assurance are completed, some are on track for completion by end of March 2023. No areas of concern at present.
Contracts		Overall rating has moved to Red. Sample of contracts yet to be received. Until there is sight of contract samples it is not possible to give assurance. 21 Feb 2023 NHS Devon ICB have been made aware (by HUC) of a significant contractual dispute between Dental Access (HUC) and NHS E, that has a significant financial and service risk therefore ICB has increased concern that contract registers are not complete.
Finance	**Amber/ Green**	ICB finance lead continuing to meet regularly with NHSE colleagues and jointly reviewing lines of assurance. Amber rating overall owing to some outstanding lines of assurance, however, there are clear actions in place to ensure these are completed by end March 2023 ahead of start of new financial year. There are ongoing discussions around the fair distribution of NHSE Dental budgets to ICBs that are still to be finalised.

		Devon ICB are concerned that the current fair share methodology that NHSE are using does not fairly reflect the needs to fairly fund dental care for our population.
Workforce, capability and capacity		Overall amber rating. One area is currently rated red. NHSE confirmed in a letter to CEO on 23 January 23, that Running Cost Allowances for ICBs will be adjusted in 2023/24 to include the full pay and non-pay budgets for all delegated POD functions and staff (including vacancies) at the point of transfer. There is a risk relating voluntary redundancy offered. NHS E to confirm if offered and what mitigations are in place to ensure hub functionality.
Quality		Overall Green rating. Progress made, some areas of clarification needed, no ongoing concerns raised by Quality lead. Please note service level risks are covered on the risk register not as part of the safe delegation checklist.
Governance and leadership		Overall Amber rating. MOU and delegation agreement not yet received therefore difficult to be fully assured.

Appendix 3 contains the Pre-Delegation Assessment Framework (PDAF) supporting prompts from within the Safe Delegation Checklist, to give an idea of some of the key areas within each workstream.

The following table describes the onward timeline for formal submission of the Safe Delegation Checklist to NHSE:

Action	**Date**
Risk assessment with workstream leads	w/c 30th January 2023
Internal Audit review of preparedness	w/c 30th January 2023
Risk element of plans reported to Finance Committee	1st February 2023
Proposals to be discussed with Non-Executive Members	Tbc
Risk element of plans reported to Audit and Risk Committee	8th February 2023
ICB Board (Private)	15th February 2023
Final Safe Delegation Checklist Submission	24th February 2023
ICB Board Sign Off	15th March 2023

Assurance

South, Central and West Commissioning Support Unit (CSU) Review - *as of 20 January 2023*

CSU have reviewed the POD safe delegation checklist at the point of submission on 13 January 2023 for assurance purposes and to advise any

recommendations. Their findings are attached as a report at Appendix 4, however, their overarching position at the publication of their report on 20 January 2023 noted that there were no areas of material concern. Many of the outstanding actions yet to be completed from the checklist (including areas with Governance, Workforce and Contracts) are due to NHSE's position on the suggested actions not yet being confirmed and any such outstanding concerns will be resolved.

Internal Audit Review - *as of 02 March 2023*

ASW Assurance have also evaluated the ICB's readiness/preparedness for taking on the commissioning of Pharmaceutical, Ophthalmic and Dental (POD) services from the 01 April 2023. The full report is still outstanding, but they have issued an interim statement (02 March 2023). Their limited assurance findings are attached as a report at Appendix 5.

It was noted that for a considerable number of actions the ICB is reliant on NHSE with no formal assurance or evidence available. There are significant risks such as the ICB having not yet received the Memorandum of Understanding or Delegation Agreement from NHSE, nor information/assurances as to the level of support which will be provided, post 01 April 2023, by the Collaborative Commissioning Hub. This uncertainty potentially exposes the ICB to further operational and financial pressures, increasing the risk profile associated with taking on these services.

In summary, the submission and the associated significant risks suggests there is a risk that the ICB will not be able to effectively take on responsibilities on the 01 April.

Governance

Transitional governance has been developed together with systems to reflect the Commissioning Hub including a South West MOU, with an updated version expected week commencing 13 March. In addition, a Hub Charter that reflects joint ways of working agreed with systems is in place. A review of the governance of the hub and its alignment with system governance is underway in preparation for delegation from April 2023.

A Task and Finish group has been arranged to include 2-3 systems to work through governance/decision making framework and outputs to be brought back to a regional workshop. The outputs from this have been shared and will be embedded as required.

Current governance structure includes the Primary Care Commissioning and Transformation Committee (PCCTC) which reports to the ICB Board. An ICB Governance review has commenced which includes governance structure and Committee Terms of Reference. It is anticipated this arrangement will continue, but this will be kept under review.

Finance

Safe delegation checklist progression

The safe delegation checklist provides a framework to ensure that the ICB and NHSE consider all the detailed, largely technical aspects of the delegation. Members of the NHS Devon finance team have engaged with NHSE and other regional ICBs to progress the items within the checklist and good progress has been made.

This process has included the design and agreement of the finance section of the MOU that will define how the commissioning hub will operate on behalf of the South West ICBs.

There are some outstanding actions that need to be concluded, but it is not believed that any of these items present a material issue or risk to the delegation.

Allocation values and methodology

The following tables provide a summary of allocations that the Devon ICB will receive as part of this delegation.

Table 1.

Delegated service area	Delegated budget (£000s)	Delegated methodology
Dental	**67,545**	
NHS Contracts	17,659	21/22 actual uplifted to 22/23 and GP reg of patient
Dental Contracts	46,418	See further break down
Community Dental	3,317	21/22 actual uplifted to 22/23
Secondary Care Dental	151	21/22 actual uplifted to 22/24
Ophthalmic	**11,451**	19/20 baseline values inflated to 22/23
Pharmacy	**28,345**	
Expenditure	43,022	20/21 activity baselines inflated to 22/23
Income	- 14,677	
Other	**6,999**	Dispensing Practices & 0.5% Contingency
Total Delegated budget at 22/23 values	**114,340**	
23/24 growth at 3.1%	3,500	
23/24 convergence at -0.4%	- 498	
Total Draft 23/24 Delegated budget	**117,342**	

A further summary is provided in table 2 below that breaks down the £46,418k within the Dental Contracts line in the table above.

Table 2.

Dental Contracts Summary			
Routine Dental Contracts		62,932	21/22 value of UDA & UOA contracts
Pension		2,452	
Dental Helpline		993	
Administered Funds		494	
Dental School		1,099	
Network Chairs		162	
SW Referal Programme		116	
Minor Oral Surgery		146	
Rates		326	
SW Dental Reform		57	
Toothbrushing Scheme		319	
Training		321	
Specialist Surgery		157	
Other		111	
Sub Total		69,687	
Planned PCR	-	22,353	21/22 value for Patient Charge Revenue
Planned under performance clawback	-	4,489	50% of 18/19 level of 85.89% delivery
Investments		613	Dentistry for You contract
Remove regional costs	-	222	
Plan value at 21/22 values		43,236	
Spend inflation		2,873	
PCR inflation	-	469	
Plan at 22/23 values		45,640	
Allocation of reserves		368	
Further 22/23 uplift		410	
Total Draft Allocation		**46,418**	

The methodology used to construct the allocations for NHS Contracts and Community Dental, Secondary Care Dental, Ophthalmic, Pharmacy and Other are relatively straightforward, with all allocations being based on the value of relevant expenditure in a prior period that has then been adjusted for growth.

The methodology for Dental Contracts is more complicated. NHSE prepared an options paper for this area that was discussed by South West region ICB Chief Finance Officers. The paper recommended that:

- ICBs are funded at forecast expenditure levels as at month 5 of 2022/23.
- This creates a “reserve” within the region owing to contractual under performance.
- The reserve is distributed to ICBs on the basis of the overall ICB funding formula.

Allocation methodology concerns

The ICB finance team is concerned that whilst the Devon ICB is receiving an allocation that is sufficient to cover current and likely future financial commitments, there are reasons to expect a greater share of the regional resources.

The use of the month 5 forecast position as a basis of creating recurrent allocations causes concern within the ICB finance team. Performance levels are volatile within dental providers as they recover from the impacts of COVID and the COVID funding regime, so it does not seem appropriate to use this as a baseline to set recurrent allocations. If the opening 2022/23 plan, that was based on historical performance was used, then the Devon ICB allocation would be £2.5m higher.

The use of the ICB funding formula to distribute reserves causes concern within the ICB as the ICB funding formula does not reflect dental need. There are plans to create and move towards a fair share funding formula in the future however this is a number of years away. The comparative deprivation scores between South West ICB populations may indicate that Devon's population has a greater need than the ICB funding formula suggests, however this is unproven.

It should also be noted that the ICB funding formula gives Devon ICB's fair share as 21.9% of the regional total, whilst the total draft allocation Devon is being offered is greater than that level at 23.2%.

Allocation value risk

The allocations for NHS Contracts and Community Dental, Secondary Care Dental, Ophthalmic, Pharmacy and Other are based on current levels of expenditure so a risk exists that growth in these areas has or will exceed the level of growth uplifts provided, although there is no evidence of this.

The in-year financial performance monitoring that has been provided by NHSE for the South West region does not highlight any areas that may present financial risk to Devon ICB in 2023/24.

The Dental Contracts risk is again, more complicated as expenditure is driven by contract performance and patient charge income, both of which have reduced significantly since the COVID period. The highest level of contract performance in recent years was in 2018/19 where contracts delivered 86% of contracted UDAs; our allocation will allow for a return to this level of performance with a further contingency available to cover further increases in performance.

The overall diligence performed suggests that the allocation is sufficient to cover current and anticipated expenditure levels; more so the ICB will have opening flexibility that can be used to increase capacity.

Risk Register

A risk register has been prepared in liaison with each workstream lead and reviewed at previous assurance committees to capture the risks relating to the ICB receiving delegated responsibility for POD. Separate service level risk registers are being developed by NHSE but are yet to be shared with the ICB in their entirety.

At last month's Private ICB Board members felt that the ICB risk register should be split into three separate registers for each of the services due to the anticipated risk levels differing between services. However, as most of the risks are associated with all three services, they have remained as overarching Primary Care risks, however, separate tabs have been set up for risks which require different risk scores depending on the service area (Appendix 6).

It was also raised that there is a significant risk that the ICB will not be able to commission adequate dental capacity and that this should be added to the register. Therefore, this has been added as a separate risk for each service. Additionally, the risk scores were perceived to be a lot higher than currently being reported through the register. The scores have recently been reviewed and updated to reflect the current risk levels.

Where the Devon ICB do not have adequate information to score a RAG rating, Board members felt that this should be identified within the risk register. The register has since been updated with a key indicating that purple will denote where we are not in a position to assess the risk.

To summarise, the significant risks are:

- Capacity within the ICB to undertake full commissioning duties,
- Reputational risk to the ICB where services are not currently meeting demand or quality outcomes (dental and pharmacy),
- Not fully understanding the contractual detail we become responsible,
- Being unable to commission adequate capacity (dental),
- Not achieving the full benefits of delegation and/or hub not being able to support ICB specific change programmes.

Quantification of Impact

Board members requested further quantification of the impact within the paper, specifically around how much additional work is anticipated for some of our teams.

<u>Impact on Communications and engagement requirements for POD delegation</u>

It is currently anticipated that the NHS England regional Collaborative Commissioning Hub (CCH) will initially manage some of the communications and engagement handling for the region for an undefined period of time, and that they will provide responses for MP, OSC and media enquiries, for ICBs to sign-off. However, the Hub will be managing this for the 7 ICBs in the region and it is currently

unknown what volume the Hub will be managing for each individual ICB and what this will mean for the volume of work that will come to the ICB. Recruitment to the Hub for this dedicated communications resource is also currently unconfirmed.

Impact on Patient Experience team

Although the impact has not been quantified the team understand they will need to take on patient concerns (which are expected to be significant for Dental services), contractual reviews following formal investigations, recording of Serious Incidents and Incidents, local risk management system (Datix), co-ordination of information for patients, and reviews of incident policies.

Impact on Primary Care Team

As the commissioning leads for the POD services the team are expecting a significant draw on existing resources associated with setting local strategy, liaison with the hub, fostering relationships with multiple providers and professional groups and responsibility for commissioning decisions.

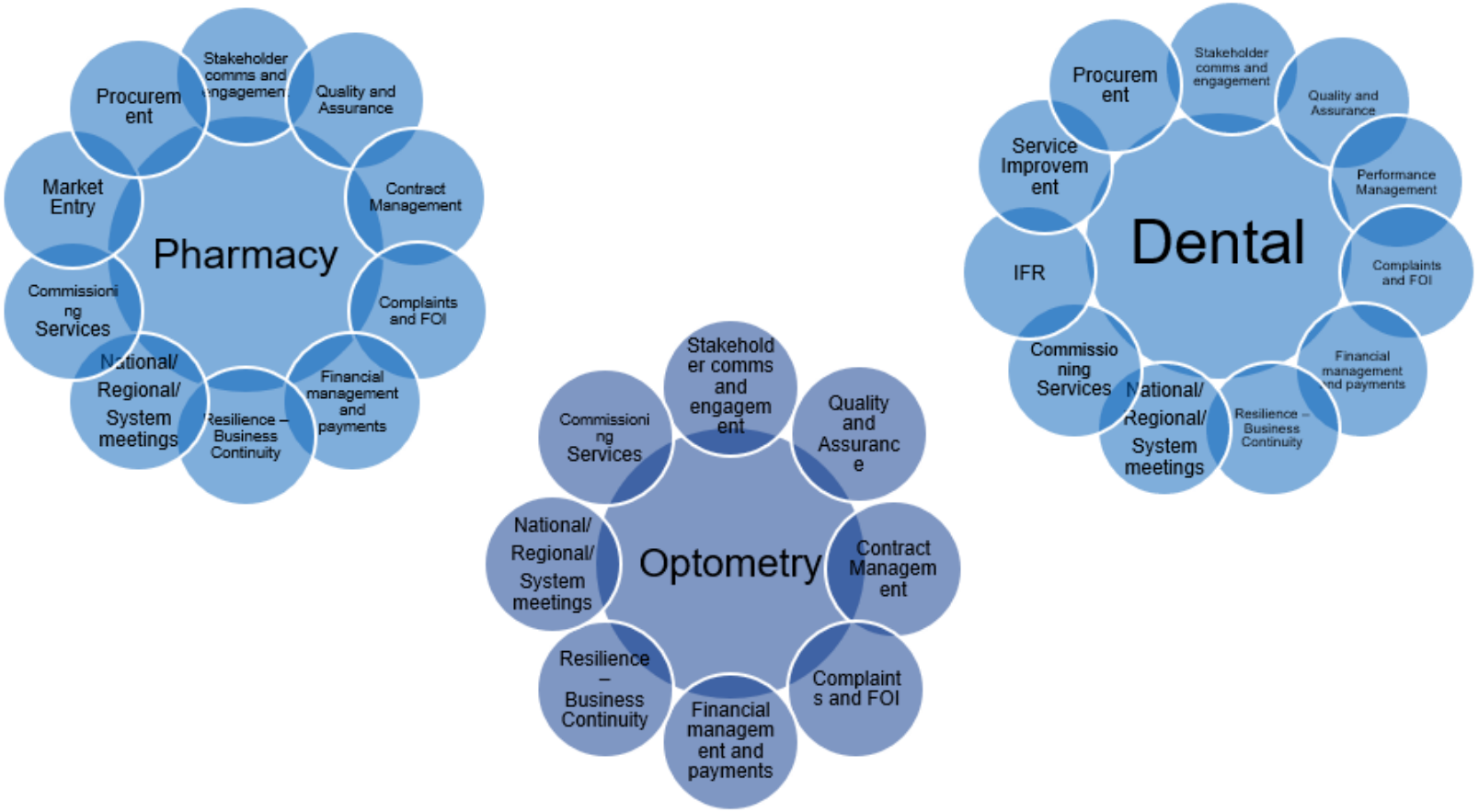
There are no additional resources available to undertake the additional duties outlined above.

Recommendations

(1) Noting that the receipt of the delegated responsibilities referred to in this paper are a statutory requirement of ICBs, that the Board approves the delegation of POD commissioning to the Devon ICB from 01 April.

(2) That Board acknowledges the significant risks outlined in this report and supports ICB Officers in continuing to seek to mitigate these by means of a) safe delegation process, b) subsequent ongoing dynamic review.

Appendix 1: NHSE – Overview of Delegated Functions



Appendix 2: NHSE – Outline of Working Relationships

A critical factor in the success of the Collaborative Commissioning Hub is the quality and responsiveness of the relationships between the NHSE regional team and ICS. We are committed to working together in the best way we can.

Our systems are all different, with different circumstances and needs, but our aim is the same: to deliver consistently good services to everyone.

To ensure clear, open lines of communication and information flow, we will review the effectiveness of our joint ways of working via our regular workshops and system survey.

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How we work with each system:

- Each system has a named point of contact who is a Senior Manager who will act in a liaison role and having system oversight and a point of escalation for any urgent or outstanding queries;
- Heads of Primary Care will support PCCC in relation to delegated functions, attending as required, particularly in transition;
- Senior Finance and Quality colleagues will attend PCCC by exception and will continue close working relations with their opposite numbers to pre-brief;
- Separate email inboxes for all Pharmacy, Optometry, Dental (POD) and Dental and Quality queries;
- A monthly Information Pack providing an update on POD, Quality and Finance activity. The level of detail shared is subject to GDPR and a local Data Sharing Agreement.

When you contact us we will:

- Aim to respond to your telephone query that day;
- For email contacts, we will direct your query to the most appropriate person in the team
- Aim to share a response to urgent queries within 1 working days for non-urgent queries within 2 working days and, if we can't, we will agree with you when you will receive a response.

We will work with you to develop a joint working culture that;

- Reflects the values set out in the NHS Constitution, which will underpin everything we do
- Uses behaviours that bring the NHS Constitution to life
- Ensure that we treat the information we hold in confidence and comply with the principles of GDPR
- Keeps up-to-date with changes in regulations and ensures policies and work practices reflect these changes

1.0 Pre Delegation Assessment Framework (PDAF) Supporting Prompts
To prepare for Delegation of Pharmacy, Optometry and Dental services on 1st April 2023

Name of ICB:	NHS Devon
Delegation of:	*Pharmacy, Optometry and Dental*

Date:	24/02/2023
Completed by:	*Melissa Redmayne, Senior Primary Care Commissioning Manager*
Contact details:	melissaredmayne@nhs.net
Signed off by:	*Jo Turl*
Contact details:	jo.turl@nhs.net
Supporting statement completed	Yes

Ref:	PDAF Domain & Description: Domain from the Pre Delegation Assessment Framework (PDAF)	Current RAG Rating (Final SDC submission 24/2/23)	Projected RAG Rating at March 2023	Comments
1.1	SAFE DELEGATION PREPARATORY STEPS			
1.1.1	Preparedness for POD delegation actions reviewed and completed (where applicable to chosen delivery model i.e. tabs 2.0 to 8.0 inclusive)	A	A	Progress made across all SDC tabs in preparation for delegation. Some areas have moved to RED due to outstanding actions and reducing timelines (Contract audit files/finance/MOU/Delegation Agreement). No contracts have been shared with the ICB and there is uncertainty regarding the impact of Quality and Comms workload therefore ICB leads cannot fully evaluate impact to ICB and any extra resource required to support delegation of POD. However, the ICB is committed to continue to work together with NHS E to resolve these actions prior to delegation. From 1 April 23, the CCH will continue to support and deliver POD services on behalf and together with ICBs to ensure business continuity, retainment of SME and provide assurance through ICB governance.
1.2	QUALITY & TRANSFORMATION			
1.2.1	POD functions are reflected in overall ICB quality and EPRR arrangements	A	A	How POD data will be incorporated into IQPR to be determined. Business Continuity Plans will be updated once delegation has occurred. On call staff and System Tactical Team will then be briefed.
1.2.2	Ensure that oversight of POD quality is integrated with wider quality governance in the ICS. Assurance functions via the ICB quality committee and linked to the wider system governance including System Quality Groups, collaboratives and other integrated systems (e.g. Local Maternity and Neonatal system - LMNS) These governance and escalation processes must be based on good practice (see NQB guidance) and ensure that any risks are identified, mitigated and escalated in a timely and effective manner.	A	G	Conversations and meetings have been held with NHS E. The relevant reports and information will be updated with POD information ready for 1st April 2023. Governance and Terms of reference will be amended WEF 1 April 2023. ICB quality team is overseeing interaction with NHS E and CCH colleagues to ensure alignment with evolving ICB quality frameworks and reporting.
1.2.3	ICB Communications plan in place re POD delegations	G	G	Communications tool kit provided by NHS E. ICB comms team working closely with NHS E team regarding communication with providers regarding delegation.
1.2.4	Nominated executive lead(s) for POD quality and associated improvement priorities within the ICS identified (please confirm name)	G	G	Darryn Allcorn is the lead. NHS E confirmed that details of any open high level improvement/actions plans (eg CQC/SI) will be shared with system leads prior to delegation
1.2.5	ICB has a plan to ensure that quality in POD is measured consistently, using nationally and locally agreed metrics triangulated with professional insight and soft intelligence.	A	A	Clarity needed regarding who is undertaking this work (ICB or NHSE). If ICB resource to be identified.
1.2.6	Confirm how ICB will have clear oversight of data / intelligence and any relevant improvement plans including addressing health inequalities	A	G	Reported by the hub into PCC. Awaiting MOU which confirms hub commitment to information sharing and reporting.
1.3	GOVERNANCE & LEADERSHIP			
1.3.1	Delegation Agreement for POD signed	A	G	As at 24.02.2023 no delegation agreement. Green rating based on assumption that agreement is provided in accordance with the timeline set out in the FAQs.
1.3.2	National Memorandum of Understanding (MOU) in relation to POD delegation agreed and signed by NHSEI and Receiver ICS setting out agreed delivery model including relevant safeguards e.g. IG arrangements.	A	G	As at 24.02.2023 MOU not received. Green rating for end of March 2023 based on the assumption that agreement is provided in accordance with the timeline set out in the FAQs.
1.3.3	Confirm that ICB constitution reflects delegated functions	A	A	Dependent on the delegation agreement Due to delay in receiving delegation agreement and length of time to approve the amendments in the constitution this will be in progress, but not be completed by March
1.3.4	Confirm that ICB Standing Financial Instructions (SFIs) include delegated functions	A	G	
1.3.5	ICB Scheme of Reservation and Delegation (SoRD) includes delegated functions	A	A	
1.3.6	ICB Governance Handbook includes delegated functions (setting out the governance arrangements)	A	G	In progress will be completed by 31 March 2023
1.3.7	Confirm that the ICB's governance arrangements reflect POD	G	G	
1.3.8	Confirm that ICBH Conflicts of interest policy reflects delegated functions	G	G	ICB conflicts of interest requirements are incorporated into the Standards of Business Conduct. This document applies to all who work for and work with the ICB including third parties who provide services on behalf of the ICB under a contract.
1.3.9	Essential policies identified through risk assessment (e.g. contracting, safeguarding, working with people and communities) dependent on the operating model and any Hub arrangement, reflect delegated functions	A	G	In progress will be completed by 31 March 2023
1.3.10	DPIA conducted and corresponding data sharing arrangements agreed and signed by SRO for NHS England and the ICB	A	A	Unsure whether DPIA is required due to lack of sight of existing DPIA and confirmation of data flows.
1.3.11	Transfer and retention of all records (as relevant) in relation to POD functions agreed (not applicable for model)			Records continue to be held by the hub
1.4	WORKFORCE & CAPABILITY			
1.4.1	Complete a people impact assessment to identify new workforce model and individual staff impacted including those on fixed term contracts and secondments and in Board level positions (not applicable for ICB)			
1.5	FINANCE			
1.5.1	List of contracts (contract database) for pharmaceutical services, general ophthalmic and dental (primary, secondary and community) services including the supply chain. All contracts agreed for 2022/23.	R	A	Currently ICB has had no visibility of the POD contracts. ICB has asked for range of contracts for assurance.
1.5.2	Financial plan for 2022/23 includes POD delegated functions	A	G	Finance are working with NHS E. Processes to be confirmed by 31 March 2023. ICB currently have little visibility of in year position, however NHSE have assured that detailed will be shared imminently.
1.5.3	Ledger reconfiguration undertaken i.e. chart of accounts and all suppliers in place	A	G	Finance are working with NHS E. Processes to be confirmed by 31 March 2023
1.5.4	POD commissioning functions included in consolidated cash forecast	G	G	Cash forecast for POD services has been recieved.
1.5.5	Full working papers with back up documentation prepared	A	G	Due from NHSE by end of February alongside 2023/24 plan detail.

Safe Delegation for Pharmacy, Optometry and Dental (POD) Commissioning Functions

Assurance Review Report
Devon ICB

Contents

Author:	Gavin Edwards – Programme & Project Consultant

1. Introduction

South, Central and West Commissioning Support Unit have been requested to review and advise any recommendations following a review of the Devon ICB POD checklist (version – updated 18/01/2023) to enable the ICB to manage the POD functions with effect from 1st April 2023.

2. Executive Summary

We have engaged with a range of stakeholders, both in Devon and the wider system to provide assurance on the progress towards the POD delegation process. SCW is currently providing support to the POD delegation process in several ways, and we have engaged with our colleagues to gain a full understanding of the requirements for the ICB.

The latest checklist has been reviewed and in consultation the NHSE POD PMO lead, we have found no areas of material concern. Many of the outstanding actions including areas with Governance, Workforce and Contracts are due to the National teams' position on the suggested actions not yet being confirmed. We are confident that the concerns raised in the board paper in relation to Workforce and IT will be resolved through mutual collaboration between Devon ICB workstream leads and NHSE through planned meetings commencing next week. These outstanding issues will need to be closely monitored by workstream leads to ensure that when the information is received, it can be reviewed and implemented.

We are also assured, following dialogue with the NHSE POD delegation lead that meetings will take place in the coming weeks, to provide further clarity on areas requiring further development.

3. Transformation and Quality

There are currently no 'amber' RAG status actions and 4 of the 19 suggested points have been completed. Where the actions are ongoing, the narrative indicates that plans are in place and ongoing dialogue with NHSE will resolve any outstanding queries allowing the ICB to meet the deadline for managing the POD functions.

We can be assured that the Transformation and Quality workstream remains on target with no recommendations for further development in addition to the actions being taken.

4. Governance and Leadership

Whilst considerable work has been undertaken, there are currently 13 'amber' actions. However, most of the suggested actions have viable plans in place and a targeted strategy to attain 'Green' status and satisfy the NHSE commissioning board.

Our recommendations in relation to the Governance and Leadership workstream would be as follows.

- The risk register will be shared by NHSE in relation to POD. Clarity is required by Devon ICB in terms of how risk is managed internally, this will contribute to a common standardised approach across the POD delegation process.

- *3.6 – Data Sharing*

  Several 'amber' suggested actions relate to sight of the transition period DPIA (Data Protection Impact Assessment) signed by systems on 1 July 2022. NHSE have shared a draft DPIA on the Futures platform. This is currently under review with the national team.

- *3.7.9 - Open Memoranda of Understanding (MOUs) in place that would transfer.*

We would recommend that the Governance lead follow-up with NHSE with regards to timescales for the sharing of the MOU and review at the earliest opportunity.

5. Finance

Having reviewed the Finance tabs 4.1 – 4.6 and receiving the assurance of the Finance workstream lead within Devon ICB, we are assured that there are no causes for concern and the workstream remains on target to deliver the actions within the required timeframe.

The plans in place are robust. We have been given further assurance around the process that finance colleagues have engaged in by the Director of Commissioning Finance at NHSE.

6. Workforce

The Workforce workstream has been flagged within the board report as a risk are for Devon ICB. In addition, there is a lack of capacity within Devon ICB to drive this workstream forward together and engage with NHSE.
There is a risk regarding the expected re-organisation of NHSE and the expected decrease in head count, that NHSE's capacity to provide on-going support to the various workstreams will be impacted. This is being assessed at a national level and there is an expectation that there will be a further update and guidance shared in early February.

7. Contracts

Devon ICB have raised a concern in the board paper in relation to the sharing of contracts by NHSE.

We have been advised by the NHSE POD delegation lead that data sharing testing is being undertaken by the National team using their preferred approach of a data repository in SharePoint and they expect this to be completed in the coming weeks. In anticipation of the data sharing platform being made available, it is NHSE's intention to share contracts by standard means i.e., e-mail. More information regarding NHSE's position will be made available in the meeting and communications to follow from next week onwards. It is also expected that the National Teams communications will address any resource concerns as stated in the Workforce workstream report above.

8. IT

The IT strategy is currently being assessed and developed by the National Team and will be communicated once this work has been completed.

Reviewed by

This document (or its component) parts have been reviewed by the following:

Name	Title & Company	Issue Date	Version
Michael Rees	Head of Financial Consultancy - SCW CSU	20/01/2023	v0.1
Adonis Sithole	Deputy Head, Financial Consultancy – SCW CSU	20/01/2023	v0.1
Alex Webb	Finance Manager - SCW CSU	20/01/2023	v0.1

Distribution

This document has been distributed to:

Name	Title & Company	Date of Issue
Melissa Redmayne	Senior Commissioning Manager – Devon ICB	20/01/2023
Jo Turl	Director of Commissioning, Primary, Community and Mental Health Care – Devon ICB	20/01/2023

Appendix 5 - Internal Audit Assurance Statement

ASW Assurance have evaluated the ICB's readiness/preparedness for taking on the commissioning of Pharmaceutical, Ophthalmic and Dental (POD) services from the 1st April 2023. We specially considered/evaluated:

- The arrangements and controls for completing the Safe Delegation Checklist and preparing for delegation, including the involvement of partner ICBs.

- The ICB's governance and reporting arrangements for the completion of the Safe Delegation Checklist and progress towards delegation.

- The adequacy and accuracy of reporting of progress in completing the Safe Delegation Checklist accordance with the ICB and NHSE's timelines.

- The status of Safe Delegation Checklist actions and accuracy of RAG ratings.

- Risk management arrangements relating to the delegation of POD services and the level of associated risks.

Overall we are providing a limited assurance opinion in respect of the ICB's preparedness for taking on the delegated commissioning responsibilities for POD services. The ICB has appropriate governance arrangements in place to complete the Safe Delegation Checklist (as required by NHSE), with reporting through relevant ICB committees and collaborative working with the other ICBs in the South West to oversee progress in preparing for taking on the statutory responsibilities from the 1st April 2023. It is recognised that completion of the Safe Delegation Checklist was helpful in preparing the ICB for the technical and transactional aspects of delegation. However, it does not fully support the ICB in taking on its statutory commissioning duties for POD services, for example strategic commissioner responsibilities, or the management of the recovery of these services.

The final submitted Safe Delegation Checklist shows that seven of the 22 critical areas for safe delegation are rated as "Amber" (defined by NHSE as 'delivery by the 31st March is at risk but mitigation plan in place') and 4 Workstream actions were rated as "Red" (defined as not on target, significant concerns). The ICB has commented in the submission that some areas have moved to Red due to "outstanding actions and reducing timescales". It should be noted that for a considerable number of actions the ICB is reliant on NHSE, as the NHSE's Collaborative Commissioning Hub will in effect continue to commission services on behalf of the ICB; however, the relevant actions on the Checklist, completed by NHSE, are categorised as complete or rated green, often detailing what

NHSE/the Hub ‘will do’ following the transfer of statutory duties with no formal assurance or evidence available.

There are significant risks involved with taking on these services, a number of which have been reported to the Board in February/March 2023. However, these risks are not currently recorded on the Corporate Risk Register. At the date of writing this statement the ICB has not received the Memorandum of Understanding or Delegation Agreement from NHSE; nor information/assurances as to the level of support which will be provided, post 1st April 2023, by the Collaborative Commissioning Hub. This uncertainty potentially exposes the ICB to further operational and financial pressures, increasing the risk profile associated with taking on these services.

The submission and the associated significant risks suggests there is a risk that the ICB will not be able to effectively take on responsibilities on the 1st April. This reflects, to an extent, discussions held at the February Audit and Risk Committee and the Board.

Risk No.	Risk description	Risk Score	Likelihood	Impact	Owner/lead	Workstream	Date risk opened	Date risk reviewed	Assurances	Update/action plan
1	ICB workforce capacity to manage due diligence process is limited and may impact organisational readiness	9	3	3	Melissa Redmayne	Overall	Nov'22		Workstream leads identified, workforce workstream gap	20/01/23 Siobhan secondment adjusted, some time now available to put to workforce workstream
2	POD contracts; risk of unknown position regarding nature of contracts and procurement workplan	12	4	3	Barbara Jones	Contracting	1/31/2023		NHSE has provided verbal assurance, however, until ICB Contracting Lead has seen sample contracts, there remains a risk.	Continuing to follow-up with NHSE to secure sample. Live issues re handover process 17/02/23 Contract sample still outstanding
3	ICB does not currently know how many NHSE staff are transferring to the hub, the roles, their bands, WTE, hub structure, risk therefore that the ICB is not able to plan how to support the work and may not be able to provide the right level of support to the hub operations or fully understand how to collaborate with the hub	16	4	4	Paul Green	Overall	1/27/2023		NHSE to provide assurance that the right level of capacity will be provided 10/02/23 NHSE appointing a new Director post within hub. Urgent meeting on behalf of ICB POD collaborative sought with NHSE	27/01/23 ICB is confident that NHSE will provide appropriate capacity, however, assurance needed on this. Hub structure now circa 200 wte as additional non POD functions added (from circa 85wte for POD) 10/02/23 POD collaborative meeting confirmed Quality is now **not** going to be part of the hub as NHSE has lost staff, complaints are going to be delegated from July to ICBs. Although national letter gave assurance that the hub staff will not be subject to reduction in headcount, these staff have been offered voluntary redundancy, which causes a risk to delivery of functions.
4	Risk that owing to no additional capacity coming to the ICB, meaning that the ICB is not able to localise its approach in the same way as with GP commissioning, for example the hub is set up to operate in a standardised way across all ICBs	16	4	4	Paul Green	Overall	1/27/2023		Continuing to work with NHSE and identified workstream leads, escalate to Senior Responsible Officer	01/02/23 Comms focussed session illustrates the challenge of there being hub capacity to deliver regionally standardised rather than ICS specific product
5	Risk that the ICB reorganisation may adversley impact on ability to realise the benefits of delegation into the local system	16	4	4	Paul Green	Overall	1/27/2023		Working on assumption of current structure until such time as changes are known Ongoing conversations in the long-term regarding future functioning of hub/capacity and integration into ICB structure	27/01/23 ICB to continue to plan based on team in place at current time. ICB to review risks and need should the team structure begin to change 17/02/23 Outcome of Hewitt Report and anticipated national team requirement regarding ICB budget likely to further impact ICB workforce.
6	Risk that the ICB won't be able to meet its statutory duties owing to capacity OR to do so we'll have to disinvest from development and transformation agendas	16	4	4	Paul Green	Overall	12/1/2022		Expectation that hub will undertake majority of work, however, it is likely that there will be a minor amount for the ICB, for example invoices requiring payment 10/02/23 Urgent meeting on behalf of ICB POD collaborative sought with NHSE	01/02/23 Call with NHSE increase confidence of statutory duties being discharged primarily via hub 10/02/23 POD Collaboration meeting highlighted new concerns regarding staff reduction within hub, transfer of complaints work to ICBs from July, and Quality no longer part of the hub owing to hub staff losses, and ICBs will be responsible for information governance requirements for POD, therefore risk score increased (from 4 to 16) to reflect increased uncertainty around assurance 28/02/23 The level of decisions and meetings requiring ICB input already exceed original expectations
7	Risk that in order to be consistent Devon ICB finance team may have to take on more work, e.g., approving invoices	4	2	2	Miles Earl	Finance	1/27/2023		Not likely to cause significant issues in terms of capacity as numbers small	
8	Risk that financial allocations may not be considered equitable across all ICBs, this may impact on opportunities for future investment, for example dental capacity	9	3	3	Miles Earl	Finance	1/27/2023		Conversations ongoing with NHSE	02/02/23 Most recent conversations have resolved some matters in a manner satisfactory to ICB
9	Reputational risk to Devon ICB where there are known issues - Increased noise within local system which could put pressure on ICB	16	4	4	Keri Ross	Overall	12/1/2022		Comms and engagement plan, actions identified through the dental reform, continue to work closely with the hub on commissioning additional activity where possible 10/02/2023 Urgent meeting on behalf of ICB POD collaborative sought with NHSE	02/02/23 Extent of risk becoming clearer and is considerable given even more challenged position of pharmacy and dentistry than originally perceived 10/02/23 POD Collaboration meeting identifed complaints are passing to ICBs from July. All ICBs present reported a poor response time/no response when requesting information from the hub re dental data, which does not meet the 'how we will work together' principles.
10	Due to moving timescales/responsibility data required won't be transferred safely to ICBs	6	3	2			2/10/2023		Raising through Safe delegation checklist process	28/02/23 Proximity to 01 April is increasing and NHSE have changed stance on production of data sharing agreements
11	The ICB has no influence over national contract, risk to being able to make a meaningful impact	8	4	2			2/24/2023			
12	Health scrutiny committees have not previously been able to scrutinise POD contracts previously. Risk to increased interest, reputation and capacity	12	4	3			2/24/2023			
13	Current risks provided from NHSE are limited, and this will require further work with NHSE/CCH to expand risks. Risk of unkown issues being ncovered after delegation.	9	3	3			2/24/2023		The responsibility for risk oversight and accountability for POD from 1 April 2023 will be with each ICB. The CCH will undertake a localised risk management approach and be responsible for ensuring that risks are identified, recorded, managed and reported to ICB to enable them to comply with their ICB Risk Management policy. Current open POD risks have been shared	
14	ICB currently cannot confirm governance principles due to awaiting updated local MOU and scenarios from NHSE, unclear on how these will interact with the ICB processes and whether they are aligned	9	3	3			2/24/2023		National MOU is in development – NHSE are still awaiting details. In the interim, the local MOU that was developed to support the transition period is being updated which will incorporate the governance principles and decision making designed together with ICBs. This is being formally reviewed at NHSE's Direct Commissioning SLT on 20 February and will be circulated to systems thereafter. Scenarios will also be developed to help demonstrate effective decision-making and will be presented at the CCH/ICB face-to-face Away Day of 21 March 23.	
15	ICB unaware of the extent of impact in reference to becoming responsible for seeking own legal advice for POD services once delegated	6	3	2			2/24/2023		Any liability pre-delegation (1 April 23) will be the responsibility of NHS England. When ICBs take on delegated functions, they become responsible for seeking their own legal advice on any issues arising in relation to those functions. The same position previously applied to CCG delegated primary medical services, with CCGs seeking their own legal advice on these delegated functions. From 1 April 2023 where any POD functions are exercised by an ICB under delegated authority, any legal advice must be sought from lawyers acting for the ICB. NHS England's Legal Team cannot advise an ICB. If the team receives a request to advise on an issue that falls within an ICB's delegated functions, the request will be returned along with confirmation that the ICB should obtain its own legal advice.	ICB has links with Bevan Brittan for General Practice commissioning
16	There is a risk that relationship with NHS England breaks down	8	2	4			2/24/2023		There is an established cycle of regular meetings NHSE have appointed a dedicated Devon ICB relationship manager ICB have some log established personal relationshps with key individuals within NHSE	Numerous examples of communication assuming ICBs will take the lead (even pre April) without the agreed supportive and collaborative transitional approach. 28/02/23 - the overall capacity gap is creating tensions between organisations.

ICB does not have adequate information to score RAG rating

Likelihood Rare 1, Unlikely 2, Possible 3, Likely 4, Almost certain 5

Impact None 1, Minor 2, Moderate 3, Severe 4, Catastrophic 5

NHS Devon Integrated Care Board

Plymouth Cavell Centre – Options Report

Date of committee	Date report produced
15 March 2023	1 March 2023

Author(s)		Report approved by	
Name and title:	Clive Shore, Project Director Jo Turl, Senior Responsible Officer	**Name and title:**	Jo Turl, Director of Primary, Community and MHLDN Commissioning
Phone:		**Date:**	3 March 2023
Email:			

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

Executive summary

NHS Devon, and its predecessor NHS Devon Clinical Commissioning Group, has led the system in the Plymouth Cavell Project since its inception. The Board has fully supported the proposal to build the Cavell centre, including approving the Full Business Case, subject to the receipt of Capital from NHS England. NHS Devon has now been told there will be no national capital within this Comprehensive Spending Review. Therefore, this paper identifies the options for the future of the Plymouth Cavell project and addressing the primary care and inequality challenges in the west of the city.

The Full Business Case (FBC), which includes full planning permission, was approved by NHS Devon ICB in August 2022 and submitted to South West Region for assessment against the Better Business Cases Fundamental Criteria. The Regional review concluded that the only issue preventing the business case being progressed was the lack of an identified source of capital. While some other points were also identified, these were minor in nature and the FBC has been updated accordingly to reflect these.

The project has a fixed construction price from Kier until 1st September 2023, which is the contract signing deadline. Kier would then have 8 weeks of mobilisation and expect to start on a fully cleared site by 1st November, which means that the required enabling work to divert utilities would need to commence by 1st May at the latest.

Originally the national Cavell team were expecting to receive capital funding for the six pilot sites through the last Comprehensive Spending Review (CSR). Unfortunately, they were unsuccessful and although funding was never promised for the project, NHS Devon was one of the six pioneer sites who were encouraged to develop the business case at pace while national colleagues sought the capital from underspends on other capital projects. We have since been told that no national funding is currently available, and that the Plymouth Cavell will next be considered as part of the CSR in 2024/25. The national team has completed a Cavell Programme Business Case in readiness for the CSR and this is currently progressing through a formal NHS approvals process. On 31st January, Simon Corben, Head of NHS Estates and Chair of the national Cavell Programme, wrote to the other five Cavell Pioneers to state that all work should pause (unless ICB funded) until the national Cavell Programme Business Case is approved.

Alternative sources of capital funding have been explored and the options are detailed in this paper. ICB capital for 2023/24 is fully allocated to critical and high priority projects across the entire NHS estate in Devon, Plymouth and Torbay. Subsequent years allocations will continue to be prioritised for critical and essential maintenance until such time that the New Hospitals Programme can release these pressures. Obtaining a loan from Plymouth City Council via Public Works Loan Board funding and securing private financing have also been considered. However, in both instances the interest charge or required return on capital result in an additional annual revenue cost of over £2 million for which there is no budget. The Devon system is currently in a deficit position and are not able to commit to spend any additional money where there is not an additional funding stream. The Cavell Centre would not be open until April 2025, however it is deemed too high risk to assume that the Devon system will have returned to recurrent financial balance by this time. In addition to this the Devon system are in SOF4, which means we have very little ability to agree any spend outside of existing contracts without approval by South West Region.

On 19th January, Plymouth City Council (CEO and Council Leader) and NHS Devon (CEO and Cavell Project Director) met with the Department of Health Minister of State responsible for the NHS Estate, Lord Markham. Two main options were discussed. First, securing the £45m required to build the Cavell as planned, with a particular focus on accessing some additional capital that is available to systems in

balance (on the grounds that the Plymouth Cavell has always been a national rather than a Devon system initiative). The alternative option related to the potential to combine the proposed Community Diagnostic Centre (CDC) with at least the primary care element of the Cavell care model. Such integration would require national support for some additional capital, confirmation that no capital charges would be applied and the ability to manage a larger and more complicated project within the national CDC reporting framework. Lord Markham agreed to investigate both options and the team is awaiting a response.

The CDC with primary care included would fit within the 6,000m^2 building that has already received planning permission. The alternative would be two separate, but connected facilities, with the primary care element being built when funding was secured. A key challenge with the later approach is securing the approval of the planning authority which has to date been insistent on buildings having a height of at least three stories.

Conversations have also commenced with the three GP practices regarding both the potential for a standalone facility and their ability to remain in their current buildings for at least the short-term. The practices are adamant that retaining the status quo is not a viable or sustainable position. There are significant risks associated with leases and staffing uncertainty due to the timing of partner retirements and nervousness from potential new partners about signing up for a future where there is considerable uncertainty and risk concerning the quality of their estate.

A recent letter from the main party leaders of Plymouth City Council to the NHS Devon Chair demonstrates the strength of local feeling in support of the Plymouth Cavell project.

All of the options are analysed in detail within this paper, but there is no straight-forward low-cost, low-risk route.

It is also important to note that the proposed facility is currently budgeted to have an annual revenue cost of £562,000. Work is ongoing to reduce this to between £200,000-£300,000.

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

The project has previously been discussed at an NHS Devon ICB Finance extraordinary meeting on 4th August 2022 and at Devon ICB Board meetings on 20th July, 17th August 2022 and 8th November 2022. The ICB Board agreed to approve the FBC and a letter of support was signed in August 2022 and attached to the business case.

Progress was discussed by the Finance Committee on 28th September, including feedback on the various points made by SW Region as part of the Fundamental Criteria Review.

The options report was discussed at length at the Senior Executive Team meeting on 28th February 2023 to determine the recommendations for the Board.

Key recommendations and actions requested

- The Board commends the work which all partners have undertaken through the Cavell Project Board to achieve the completion of the Full Business Case.
- The Board supports the view of the Executives that, given the change in the national position on capital resources available, at present we cannot support any option that takes the Plymouth scheme forward at this stage. As we are in SOF4, and are facing a £49.5m overspend, our options are severely limited at this stage, unless or until the national position on capital for Cavell schemes changes (Option 6).
- Continue to work with the practices to mitigate risks to the practices in the short-term. We will also work with the practices to identify all risks and opportunities as part of the PCN Estates Toolkit process.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	The impact of this recommendation is that we will not be able to improve the outcomes as originally described in the Full Business Case at this time. However, we will continue to work with the practices on how we achieve the same outcomes without the Cavell building.
Improve services and reduced unwarranted variation	The impact of this recommendation is that we will not be able to improve the service delivery in the way previously described. However, we will continue to work with the practices on how we achieve the same improvements without the Cavell building.
Make more efficient use of our resources	The impact of this recommendation is that we will not deteriorate our financial position.
Develop our culture and how we operate	N/A

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

Area	Yes (summarise implications)	No
Quality of services	Improvement of services for people in one of the most deprived areas of Plymouth and top 1% most deprived wards in England.	
Health inequalities	Reduction in health inequalities by improving access to those in the most deprived part of the city. Life expectancy is 7.7 years lower than other parts of Plymouth. Attendance at ED is 18% higher than the average for the rest of Plymouth.	
Workforce	The integrated model of care and new facility would attract new staff and retain others.	
Resources and finance	The proposed facility is budgeted to have an annual revenue cost of £562,000. Work is ongoing to reduce this to between £200-300,000. The total outstanding capital requirement is £44.1m, excluding the support already committed from Plymouth City Council. There is a fixed price from Kier until 1st September 2023.	
Legal	Legal advice has been sought throughout	
Engagement and consultation	Engagement has been taken in line with the CCG/ICB duties	

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

Plymouth Cavell Centre Options Report

Summary of Current Financial Position

The FBC submitted to South West Region in August 2022 was for a 6,000m2 facility that included three GPs practices, Livewell community and mental health services, University Hospitals Plymouth NHS Trust (UHP) outpatients and diagnostics (including X-Ray, Mammography and Phlebotomy), dental, pharmacy and a range of community and voluntary space. The total capital cost was £44.1m which included a commitment from Plymouth City Council (PCC) to provide £2.8m of enabling support. The costs were guaranteed by the contractor, Kier, under the NHS P22 framework, but were conditional on the contract to proceed being signed by 1st January 2023. When it became clear that this deadline was likely to be missed, Kier was asked to provide similar Guaranteed Maximum Prices assuming a 1st March, 1st May and 1st September contract agreement.

In Revenue terms, the FBC forecast an annual net cost increase of £562,000 but recommended some headroom with a cost ceiling of £750,000. In broad terms, the cash saving from vacating leased buildings to move into the Cavell results in a cash release of c£900,000 whereas the estimated cost of operating the new building is c£1m. The major net cost increase is depreciation on the new building and on equipment of £500,000. Some work has been undertaken to try and reduce these costs but with only marginal success due to the impact of much higher utility costs and inflation.

Main Options Identified and Analysed

A significant amount of work has been undertaken to try and identify an affordable way forward. The following six options have been analysed, with the results summarised in Section 3.

Option 1: Maintain the programme and continue to push for full central funding of existing building.

Option 2: Fund with financing from Plymouth City Council via the Public Works Loan Board (PWLB).

Option 3: Fund via private sector financing.

Option 4: Move the UHP Community Diagnostic Centre to the Colin Campbell Court site and combine with at least some, but not all, of the Cavell services.

Option 5: Explore a standalone primary care facility.

Option 6: Formally stand down the Programme Board whilst awaiting the outcome of the next Comprehensive Spending Review and identify opportunities to continue the

project at that time. Meanwhile work with the practices to support their sustainability in both the short-term and in the longer-term through the PCN Estates Toolkit process.

Option Analysis

Option 1 (National Funding). Although highly unlikely, this option is not yet completely closed off. The meeting held with Lord Markham on 19th January discussed whether a £300m pot of unfunded capital reserved for systems in financial balance could be used for the Cavell (given that this is a national pioneer project rather than instigated by NHS Devon). As of 10th February, Lord Markham's office was still following up on matters raised at the meeting and a formal response is still awaited.

In addition, discussions have been held with the Department for Levelling Up, Housing and Communities (DLUHC) to assess whether £10m seed corn capital could be provided given the very significant regeneration benefits that the project would deliver. Feedback is awaited.

Option 2 (PWLB Funding). The project team has worked closely with Plymouth City Council to assess the impact of financing the capital via the PWLB. A series of options have been modelled, but all result in significant additional annual cost increases for NHS Devon. For example:

Capital	Loan Period	Interest Rate	Annual Cost
£45m	50 years	5.35%	£2.60m
£45m	25 years	5.25%	£3.28m
£20m	50 years	5.35%	£1.16m
£20m	25 years	5.25%	£1.46m

The reduced capital amount of £20m assumes that some funding is provided from either national sources or through the Devon systems capital allocation.

Devon receives an annual capital allocation of £83.2m (22/23) which is typically spent on Trust backlog maintenance, equipment purchases, lifecycle costs for existing buildings and upgrades to critical infrastructure. Each year Trusts submit their requirements which the commissioner has to prioritise within this funding envelope with agreement from NHSE.

The annual process is significantly oversubscribed with requirements often quadruple the system affordability. Therefore, once funds for critical and high risk backlog maintenance are allocated along with essential equipment purchases, little funds remain that can be allocated to other areas. Once each of the respective New Hospital Programmes (NHP) progress into later phases, this shall release more funds that can be spent in other areas such as investment in the community estate. However, until NHP sufficiently progresses over the next 5 years, large allocations need to remain prioritised to manage high risk backlog maintenance and critical infrastructure.

The Devon system is currently in a deficit position and are not able to commit to spend any additional money where there is not an additional funding stream. The Cavell

Centre would not be open until April 2025, however it is deemed too high risk to assume that the Devon system will have returned to recurrent financial balance by this time. In addition to this the Devon system are in SOF4, which means we have very little ability to agree any spend outside of existing contracts without approval by South West Region.

Option 3 (Private Finance). Conversations have been held with organisations very familiar with funding health projects, such as PHP and GB Partnerships (partners of the local LIFT Company). PHP stated that its indicative requirement is for a 5.5% return on capital deployed which would result in a similar additional cost for NHS Devon of at least £2.5m per annum. This is higher than the typical new build primary care rentals that are currently being assessed by the District Valuer of around £250/m^2 or an annual rental of £1.5m, but the Cavell has a more complex service mix and third-party developers are in any event pushing the DV for rentals closer to £290/300/m^2.

Option 3 shares the same funding challenges as Option 2.

Option 4 (Combined CDC/Cavell). The same architects, KTA, are designing both buildings and have confirmed that the CDC would fit within the Cavell building that has planning permission, together with sufficient space for all the GP practices and five, possibly ten, dental chairs. There would be no space for Livewell community and mentals health services or for the community/voluntary sector.

This option has the advantage that the building already has planning permission and that UHP has a provisional funding allocation of £24.9m. However, there are four practical challenges:

a) Additional funding of at least £15m would still be required (see funding challenges outlined in Option 2).
b) The national Cavell team stated that the Plymouth Cavell would be exempt from 3.5% capital charges as it would be owned by the ICB rather than UHP. The CDC must be UHP owned and this is likely to result in capital charges on the £15m primary care element creating an additional revenue pressure on NHS Devon. One of the “asks” to Lord Markham was confirmation that capital charges would not apply to a combined building.
c) Delivering a combined CDC/Cavell would be a complex task for UHP, particularly within the tightly defined rules of the national CDC programme. Some relaxation in these rules and timetable would be required to enable the project to be managed effectively as a joint building rather than two silos. This was another “ask” to Lord Markham.
d) Finally, with a capital cost of £24.9m the CDC approval process is via the straight-forward Short-Form Business Case. The combined building spend of £40m+ would normally require a new Full Business Case, without national intervention.

Option 5 (Standalone primary care facility). Although this option completely moves away from the Cavell integrated model of care principles, it does at least address the urgent requirement to stabilise and support primary care in the west end of Plymouth, where there are substantial health inequalities and life expectancy is 7.5 years less than other parts of the city. It is estimated that a standalone primary care facility would need to be around 2,000m^2 and, if funded via a third-party development (e.g. PHP,

Assura), would result in an NHS Devon revenue cost of around £500,000-£600,00 (based on market rents of £250-£300/m^2). VAT would be chargeable on top of these rentals. The current reimbursable cost of the three surgeries is c£180,000, resulting in an additional cost pressure of £320,000-£420,000 per annum + VAT.

Option 5 shares the same funding challenges as Option 2, although to a lesser extent and could be explored as part of Option 6.

Option 6 (Stand down the Programme Board and continue to work with the GP practices on sustainability). Waiting for the next CSR has its attractions, but there are no guarantees that the CSR will result in a successful award of capital. In addition, there are some significant risks to all three GP practices. The practices are adamant that retaining the status quo is not a viable or sustainable position. There are significant risks associated with leases and staffing uncertainty due to the timing of partner retirements and nervousness from potential new partners about signing up for a future where there is considerable uncertainty and risk concerning the quality of their estate.

Conclusion

Unfortunately, none of the options that have been examined result in a low-cost or low-risk way forward. However, one critical matter is clear, which is that the strong relationship between all parties has enabled the project to get to this point, which shows the strength of partnership working.

Recommendations

- The Board commends the work which all partners have undertaken through the Cavell Project Board to achieve the completion of the Full Business Case.
- The Board supports the view of the Executives that, given the change in the national position on capital resources available, at present we cannot support any option that takes the Plymouth scheme forward at this stage. As we are in SOF4, and are facing a £49.5m overspend, our options are severely limited at this stage, unless or until the national position on capital for Cavell schemes changes (Option 6).
- Continue to work with the practices to mitigate risks to the practices in the short-term. We will also work with the practices to identify all risks and opportunities as part of the PCN Estates Toolkit process.

NHS Devon Integrated Care Board

Board Assurance Framework

Date of committee	Date report produced
15 March 2023	7 March 2023

Author(s)		Report approved by	
Name and title:	Ann Cooper, Interim Strategic Governance Adviser	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:		**Date:**	7 March 2023
Email:	Ann.cooper19@nhs.net		

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

Executive summary (250 words max) – high level overview of the content of the report and the reasons why it is being presented

This report provides Board members with a report on the high-level strategic risks that pose a threat to the achievement of the NHS Devon (the ICB) strategic objectives. Principal assurance committee nominated for each risk. Board members are invited to consider:

- the updated BAF risks, and the assurances provided against each one;
- changes to the wording for strategic objective 6;
- the risk description for strategic objective ; and
- the risk description for strategic objective 6.

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

Executive Team 7 March 2023 – agreed
Quality Committee 1 March 2023 - agreed
Primary Care Commissioning Committee – changes made to strategic objective 6 and the related risk description.

Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do
Board members are asked to AGREE: • the updated iteration of the Board Assurance Framework; and • the proposed changes to strategic objective 6 and the risk descriptions for objectives 1 and 6.

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

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	The BAF in itself does not present any quality or safety implications. It captures and reports the strategic risks relating to population health outcomes and patient experience in the Devon ICS.
Health inequalities	The results of any EHIA will inform mitigating actions in the BAF moving forward.
Workforce	None
Resources and finance	The BAF in itself does not present any financial implications. It captures and reports the strategic financial risks faced by NHS Devon.
Legal	Sound 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.
Digital and Data	None
Involvement, Engagement and consultation	None

Board Assurance Framework:

How well does the new NHS Devon BAF mitigate the key risks to the achievement of the organisation's strategic objectives and what is the Board's appetite for risk?

Introduction

An organisation's Board Assurance Framework (BAF) brings together in one place all the relevant information on risks to the Board's strategic objectives.

Current Risk Position

				Historical and Current Risk						
Title	Strategic Objective	Monitoring Committee	Inherent Risk Score	Jan'23	Feb'23	Mar'23	Change	Target	Risk Appetite	Last Reviewed
Improve Population Health										
Anchor	1	Quality	16		16	16	No change	8	Seek	Feb 23
Inequalities	2	Quality	16		16	16	No change	8	Seek	Feb 23
Prevention	3	Quality	16	12	12	12	No change	8	Open	Feb 23
Improve services and reduce unwarranted variation										
Recovery	4 & 5	Finance	16	9	9	9	No change	6	Open	Feb 23
Primary Care	6	Primary care	16		16	16	No change	8	Seek	Feb 23
MHLD	7	Finance	20		15	16	No change	10	Open	Feb 23
Community	8	Primary Care	20		16	16	No change	8	Seek	Feb 23
Make more efficient use of resources										
Finance	9	Finance	20	16	16	16	No change	8	Open	Feb 23
Workforce	10	People & Culture	16	12	12	12	No change	6	Open	Feb 23
Digital	11	Finance	16		12	12	No change	8	Seek	Feb 23
Green Plan	12	Finance	16		12	12	No change	8	Seek	Feb 23
Develop our culture and how we operate										
Integration	13 & 14	ICS exec	16	16	16	16	No change	6	Seek	Feb 23

The details for each risk are attached at the Annex A and the scoring methodology in Annex B of this report.

Issues to highlight to the Board

There have been adjustments made to the wording of two strategic objectives.

The first is objective number 1 Work in partnership with community and 'anchor' organisations to address the social determinants of health. Previously it had included reference to education and police, which have now been removed.
The second is objective 6 which has been updated following the BAF review at the Primary Care Commissioning Committee in February 2023. The previous objective was:

- Improve the capacity of primary care with particular attention to challenged areas such as Plymouth.

The proposed wording for objective 6 is:

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.

The risk description now reads as follows:

If the ICB 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. The consequence will be increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.

Conclusion

Board members are invited to consider the proposed changes to strategic objective 6 and the risk descriptions for objectives 1 and 6.

Improve population health **Corporate Objective: (1)** Work in partnership with community and 'anchor' organisations to address the social determinants of health.	**Director Lead: Nigel Acheson**
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 determinants of health. As a consequence the partner and community organisations will become disengaged and the ICB will fail to achieve this objective.	**Principal Assurance Committee: Quality Committee** **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 11: Poor mental health and wellbeing, social isolation and loneliness **ICS Strategic Goal:** Helping the NHS support broader social and economic development

	Likelihood	Impact	Move	Risk Score	Target	
Inherent Risk Score	4	4	No change	16	8	Risk Appetite: Seek
Risk score: **Feb 23**	4	4		16		

Key update on actions **See mitigating actions**

Key Controls:	**In place**	**Assurances:**
Anchor Organisation work programme		Reporting to Executive Strategy and Transformation Group
articulate the overarching vision and ambitions of the Anchor work.		Reporting to Integrated Care Partnerships
		Reporting to the Health Inequalities and Prevention Steering Group
Control Gaps		**Assurance gaps**
Work on Anchor Organisations not embedded across ICB and ICS		Formal governance arrangements not in place and no formal route to the NHS Devon Board.
Workforce – programme support identified within the Population Health Team		

Mitigating Actions:	**Action Status**	**Planned Completion Date**
Alignment of Anchor Organisation work programme with Joint Forward Plan		March 23
Mapping work to address social determinants		Sept 23
Co-ordination of LCP work on social determinants to share good practice.		June 23
Connect ICB/ICS ambitions with the LEP and AHSN activity to develop common approach		March 23

5

Improve Population Health **Corporate Objective: (2)** Reduce health inequalities (HI) through public health and mental health support.	**Director Lead: Nigel Acheson**
Risk: If there is insufficient capacity and capability in the ICB to undertake the enabling work with partners (Public Health and locality teams) then the ICB will not be able to articulate the programmes of work needed, and associated governance arrangements, to support the objective of reducing health inequalities. The consequence will be that health inequalities will continue across Devon and worsen in some areas.	**Principal Assurance Committee: Quality Committee** **Devon Challenge:** 8: Earlier onset of health problems in more deprived areas 11: Poor mental health and wellbeing, social isolation and loneliness. **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 early and disability.

	Likelihood	Impact	Move	Risk Score	Target	
Inherent Risk Score	4	4	No change	16	8	Risk Appetite: Seek
Risk score: **Feb 23**	4	4		16		

Key update on actions

ICB continues to work with partners through existing steering and programme groups to align work across the localities.
Recruitment ongoing to create a team to support the health inequalities and prevention programme plan.

Key Controls:	**In place**	**Assurances:**
Population Health Team to provide support, advice and capacity		Reporting to Executive Strategy and Transformation Group
Health Inequalities and Prevention Steering Group		
Health Inequalities and Prevention Programme Plan		

Control Gaps	**Assurance gaps**
Workforce: gaps in project management support and vacancies in Population Health Team.	Formal governance arrangements not in place and no formal route to the ICB Board.

Mitigating Actions:	**Action Status**	**Planned Completion Date**
Recruitment and induction of team		Ongoing
Refresh of HI and prevention Steering Group		March 2023
Refresh of HI and prevention plan		April 2023
Establish formal governance to oversee Health Inequalities and Prevention Programme Plan		April 2023

Improve population health: **Corporate Objective: (3)** Enable a greater shift from treatment to prevention						**Director Lead: Nigel Acheson**
Risk If the ICB is not proactive in its approach and priorities around population health management and prevention then it will not successfully drive the shift to prevention. This will impact on the system's ability to successfully target interventions at those groups most at risk, prevent ill-health and address health inequalities.						**Principal Assurance Committee: Quality Committee** **Devon Challenge 7:** Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas. **ICS Strategic Goal: improving outcomes in population health and healthcare** 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 early 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.
	Likelihood	**Impact**	**Move**	**Risk Score**	Target	Appetite: **Open** Willing to consider all potential delivery options while also providing acceptable levels of service provision.
Inherent Risk Score	4	4	No change	16	8	
Risk score: Feb 23	3	4		12		

Key update on actions for Feb 2023

The Integrated Care Partnership (ICP; One Devon) has agreed an Integrated Care (IC) Strategy and Dr. Lincoln Sargeant (Devon SRO for Health Inequalities and Prevention, and Director of Public Health for Torbay) co-chairs the working group.

Previously seen as a "public health function" there is now a clear recognition that prevention needs to be embedded in all planning for healthcare. A programme of work has been established to address these priorities led by Lincoln Sargeant as the SRO. It is important that this work remains a high priority.

The establishment of the One Devon Dataset, a linked dataset at an individual and community level bringing together data on health, care, public health, population and community characteristics will identify cohorts and allow interventions to be planned which focus on health determinants and health inequalities.

Key Controls expected	**In place**	**Key Assurances:**
Nominate SRO		Reducing & Mitigating Against Health Inequalities in Planned Care paper to Public Board 18 January 2023 showing progress against work plan for planned care.

Population health inequality considerations are taken into account when NHS Devon makes decisions about the use of resources to deliver its objectives.		Policy to ensure that health inequalities are addressed in NHS Devon decision making
Gaps in controls		**Gaps in Assurances**
Structure of public health and population health management teams in ICB not finalised		Assessment of public health and population health management capacity in progress
ICB evaluation capability and capacity (simple logic models, development of measurement frameworks etc.) not established		Governance of monitoring in relation to population health management and prevention outcomes not finalised
Programme yet to be agreed on the management of diabetes and cardiovascular disease prevention.		

Mitigating Actions: Priority order	**Action Status**	**Planned Completion Date**
1. Creating a programmes of work on cardiovascular disease prevention and management of diabetes.		May 2023
2. One Devon Dataset (see digital strategic risk)		tbc
3. Formalise reporting on population health management – baseline reporting to be agreed.		April 2023
4. Review use of EHIA and assess further development requirements		May 2023

Improve services and reduce unwarranted variation
Corporate Objective: (4) Deliver safe and effective urgent and emergency care services that better meet people's needs **(5)** Reduce the number of people waiting for elective care – with a specific short-term focus on 104-week waits.

Director Leads:
SRO Anthony Fitzgerald – delivery and improvement

Risk If the system does not have robust recovery plans, that are continually monitored for impact, then the ICB will continually fail to ensure timely access to both elective and unplanned care. This will result in poor patient experience, failure to ensure the best possible physical and mental health outcomes and resulting quality of life; generating inappropriate and inefficient use of resource in primary care and a and loss of confidence from the community and regulators.

Principal Assurance Committee: Finance Committee

Devon Challenge 12: Pressure on health and care services (especially unplanned care) **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.

	Likelihood	Impact	Move	Risk Score	Target
Inherent Risk Score	4	4	No change	16	6
Risk score **Mar 23**	3	3		9	

Appetite: **Open**

Key update on actions for Feb/Mar 2023
(a) System Urgent Care improvement focusing on:
1. Out of Hospital Improvement
- Creation of additional out of hospital capacity through operational plan investments for 23/24 focussing on increased community capacity via agreed locality plans
- Delivery of the Western ambulance improvement programme
- Creation of additional mental health capacity
- Enhanced IUC service offer and performance
- Enhance UCR fallers service to reduce ambulance conveyance
- Increase capacity in community urgent care services
- Prevent avoidable admissions through work with care homes and GP practices.

(b) Elective care recovery focusing on:
- delivering zero 104ww for all specialties by 31st March 23 and maintaining this position in 23/24
- Ensure all patients waiting > 78ww have had a clinical review or clinical validation within 12 weeks of last review
- All 78 week non-admitted patients to have had a 1st outpatient appointment by 31st March 23.
- Review all 65ww and 78 ww cohort patients to ensure no EBI procedures are planned, if any identified clinical review must identify if DTA can be reconsidered
- Implement the interim operational guidance on managing patient choice & active monitoring to best effect
- Review and Improve Length of Stay for all specialties to improve flow and enable protection of agreed elective bed

2. In Hospital Improvement
- Increase SDEC usage
- Enhance MTU model
- Meet 50% of initial assessments completed within 15 mins
- Meet 80% of patients discharged by 17:00hrs
- Increased virtual ward capacity quantified and delivered through the 23/24 operating plan and reflected in performance trajectories
- Maximise boarding opportunities to minimise ED occupancy
- Develop non elective LOS improvement trajectories
- Increase in weekend discharge – insourcing of additional medical staffing and embed ward standard processes
- Delivery of the transformation workstreams including low risk chest pain, abdominal pain, and paediatric assessment

Key Controls:	**In place**	**Assurances:**
Planned Care Board		Monthly IQPR reports to the Board
Devon Strategic Oversight Group for U&EC (established Nov 2022) Now being repurposed as the Devon Urgent Care Board		Elective Recovery Fund and Targeted Innovation Funding received.
		Realignment of plans
U&EC Programme to support creation of the right conditions for success – enabling effective navigation of UEC care through 111.		Realignment of diagnostics
National weekly Tier 1 meetings in place		Western Recovery Plan
System Quality Group		Elective recovery plan
Control Gaps		**Assurance gaps**
System wide Urgent and Emergency Care Strategy-not signed off.		NHS Devon missing key performance targets No high-level summary on risks and issues on the IQPR

Mitigating Actions:	**Action Status**	**Planned Completion Date**
Urgent Care Boards to meet more regularly with clinical Chairs.		Starting from Mar 23
Audit of elective care serious incidents is being undertaken by the ICB to ascertain the level of harm specifically due to long waits. Providers have also been asked to share their data on harm, including lower-level incidents and complaints.		
Develop actions towards the 8 objectives set out in the Winter Plan to assist the SDIG allocation of resources for winter and in response to the Ambulance Handover Plan for Plymouth and the Prime Minister's 100-day discharge plan		

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**
Risk: If the ICB 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. The consequence will be 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** **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 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	
Inherent Risk Score	4	4	No change	16	8	Risk Appetite: Seek
Risk score: Feb **23**	4	4		16		

Key update on actions

General Practice Strategic Framework providing direction of travel for primary care. Localities to create local delivery plans.
New ways of providing additional capacity with third party providers being tested in Plymouth and Torbay.
PCNs to create plans for recruiting using the additional roles reimbursement fund.

Key Controls:	**In place**	**Assurances:**
Primary Care Commissioning Transition Committee		Monitoring reports in place showing General Practice dental, pharmaceutical and optical metrics – access, workforce etc
General Practice Strategic Framework		

Control Gaps	**Assurance gaps**
Resources – funding gap in general practice in capital allocation and winter monies; lack of funding for dental care	Demand and capacity – continuing high demand for primary care services alongside responding to the backlog in lower clinical priority, but essential work
System Constraints – operating within the national dental contract; still part of a hub system of commissioning.	Workforce – workforce shortages (across all allied professionals, nurses, GPs, dentists and community pharmacists)

Mitigating Actions:	Action Status	Planned Completion Date
Support and test different models of primary care provision to address practice sustainability for example, Plymouth integrated model with Livewell.		April 2023
Support workforce initiatives that engage and retain high quality workforce in all Devon's primary care services.		Ongoing
Support funding for a coherent primary care estates strategy.		Ongoing

Improve Services and reduce unwarranted variation **Corporate Objective 7: I**mprove access to and outcomes for mental health (MH), learning disability (LD) and neurodiversity services.	**Director Lead: Jo Turl**
Risk: If the ICB 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. Consequence will be 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.	**Principal Assurance Committee: Finance Committee** **Devon Challenge:** 7: Poor health outcomes caused by modifiable behaviours 12: Pressure on health and care services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity and frailty. **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.

	Likelihood	Impact	Move	Risk Score	Target	
Inherent Risk Score	4	5	No change	20	10	Risk Appetite: Open
Risk score: Mar **23**	3	5		15		

Key update on actions
See mitigating actions.

Key Controls:	**In place**	**Assurances:**
Mental Health and LD Provider Collaborative monitoring performance and issues.		Performance data available to workstreams, oversight group and provider collaborative.
Control Gaps		**Assurance gaps – what is not working**
Workforce – difficulties in recruiting to specialist MH posts. For example, in ADHD services due to higher wages in private providers.		IQPR does not map all waiting times such as CAMHS
Resources – project support and reduction in commissioning personnel		Significant waiting times for patients trying to access Community Mental Health Teams; Autism and ADHD; Specialist Mental Health Services e.g eating disorders; and CAMHS.
Demand and capacity – high demand post COVID outstripping capacity		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.

13

Mitigating Actions:	Action Status	Planned Completion Date
Operating Planning process run through MHLDN PC to agree system priorities		April 2023
Prioritisation process to identify system priorities and alignment to available resources		May 2023

Improve services and reduce unwarranted variation **Corporate Objective: (8)** Support and treat more people in their homes and communities to help them live healthily and independently.						**Director Lead: Jo Turl**
Risk: If the ICB does not work with its partners to prioritise resources on how we support people and communities to stay healthy and live independently the consequence will be that we will always be in a state of crisis management, which will lead to poorer outcomes for the population.						**Principal Assurance Committee: Finance / Primary Care Commissioning Transition** **Devon Challenge:** 1: An ageing and growing population **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
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	Risk Appetite: Seek
Inherent Risk Score	5	4	No change	20	8	
Risk score: Mar **23**	4	4		16		
Key update on actions **See mitigating actions**						

Key Controls:	**In place**	**Assurances:**
Integrated Care Group regularly reviews workplan	Yes	Reporting Virtual Ward uptake through to SDIG
Publication of Community First framework	Yes	
Control Gaps		**Assurance gaps**
Community Provider Collaborative to be established		Limited community metrics through to Board via IQPR
Primary and Community Care Model programme to be agreed across system		

Mitigating Actions:	**Action Status**	**Planned Completion Date**
Agree and implement the Community Provider Collaborative		May 2023
Completion and implementation of EoL review recommendations		March 2024
Implementation of Virtual Wards		March 2023
Review of impact of Urgent Community Response		June 2023

Make more efficient use of our resources **Corporate Objective: (9) Move out of System Oversight framework (SOF4) – including delivery of a balanced system financial plan**						**Director Lead: Bill Shields**
Risk If the ICB fails to obtain commitment from all partners in the ICS to achieve financial balance. This will undermine our ability to move greater resource to prevention and our ability to exit the NHS England System Oversight Framework level 4 status (SOF4).						**Principal Assurance Committee: Finance Committee** **Devon Challenge 5:** Economic Resilience **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.
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	Appetite: **Open** Our preference is for risk avoidance. However, if necessary we will take decisions where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.
Inherent Risk Score	4	5	No change	20	8	
Risk score: **Feb 23**	4	4		16		

Key update on actions Update Feb 2023

The Finance Committee agreed in January 2023, based on month 09 financial performance, to move the forecast outturn positions for our providers and system to a deficit of £49.5m.

Allocations for 23/24 were received at the end of December 2022, and the planning process for 2023/24 is progressing at pace. Give the financial position of the system, agreement has been reached to work up 4 scenarios in delivery of the of the initial submission due 23 February 2023. Chief Executives and Directors of Finance are working to agree the best scenario which will be used to inform financial, activity and workforce planning for the initial submission. There is broad recognition that it will be challenging to deliver both performance and financial balance, and the compromise plan will need to articulate the impact on these as well as our status in the System Oversight Framework (SOF). Further work on the plan will continue, working with NHS England, to work towards an overall agreed final plan at the end of March 23. The plan is unlikely to deliver an exit from SOF4.

Board report in December 2022 to confirm m7 financial position with an outlook on end of year outturn:

As at month 7 the Devon ICS is reporting year to date £20.9m deficit against a planned deficit of £15.9m – an adverse variance of £5m (M6 £4m). The reported forecast is a deficit of £18.2m which delivers to plan.

At the planning stage net risks of £95.9m were identified to delivery of a break-even plan. At the end of month 7, this has improved by £39.4m and stands at £56.5m (£38.3m against plan) against an expectation of break-even. (M6 £61.5m)

In addition to continuous drive to reduced CIP shortfall, the ICS is committed to delivering further mitigation through a Financial Recovery Plan, consisting of 10 workstreams.

Key Controls:	**In place**	**Assurances:**
Financial recovery plan		Financial Recovery Plan reported to Board 21 December 2022
Newly appointed Executive Director of Finance		Finance Committee report re risks and mitigation by way of base case, upside and downside

NHSE dedicated support (team)		System Exec oversight
Triple lock now in place.		System 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 IQPR
Control Gaps		**Assurance gaps**
NHSE recovery plan sign off.		ICB missing key performance targets
UEC Strategy.		SOF4

Mitigating Actions:	**Action Status**	**Planned Completion Date**
Risk assessment underway to agree the proposed final forecast position and whether the ICB can deliver the agreed Operational Planning position.		Tbc
Set appropriate level of CIP		Tbc
Develop a capital programme that aligns and supports delivery of the operational plan/to include technology advancements/digital agenda etc		Tbc
ICS Infrastructure Strategy		December 2023

Make more efficient use of our resources **Corporate Objective: (10)** Develop a workforce strategy to ensure resilience of key services						**Director Lead: Paul Renshaw**
Risk If the ICB does not produce an agreed system wide workforce strategy 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. As a consequence the ICB will continue to fail to meet statutory constitutional targets.						**Principal Assurance Committee: People and Culture Committee** **Devon Challenge 8:** Varied education, training, employment opportunities, workforce availability and wellbeing. **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.
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	Appetite: **Open**. By using our workforce differently, we are prepared to accept some short-term clinical risk.
Inherent Risk Score	4	4	No change	16	6	
Risk score: **Feb 23**	3	4		12		
Key update on actions for February 2023 A One Devon Workforce Strategy is currently being developed. Stakeholder engagement has been undertaken with c300 executive, clinical, professional and workforce leaders across the Devon System to inform the strategy development. Draft strategy is now being consulted on with SET, Exec Workforce group and People and Culture Committee. This will go to Board members informally in March with an aim for this to be formally approved in April.						
Key Controls:				**In place**		**Assurances:**
Work Force Strategy (expected formal sign off in April 23)						Workforce strategy steering group in place
5 Year workforce plan (expected 30th June 2023)						People & Culture Committee to receive monthly progress highlight report of People Plan delivery pillars
Control Gaps						**Assurance gaps**
Workforce Strategy						Integrated workforce report and dashboard not yet in place - needed for Q1 2023, but ongoing issues with resourcing from BI being worked through.

Workforce and recruitment plans			
Learning and Education Strategy			
Mitigating Actions:		**Action Status**	**Planned Completion Date**
Work force Strategy and associated 5-year workforce plan in development.			Strategy due to be signed off April 23 by Board Workforce Plans due 30/06/23
Learning & Education strategy in development			Planned to be completed for Q2 2023/24
Accelerate the introduction of new roles and expand advanced clinical practitioners.			From Q2 2023/24

Make more efficient use of our resources **Corporate Objective: (11)** Maximise the use of digital technology and data so it [care] is evidence based and outcome focused	**Director Lead: Bill Shields**
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, including the ability to identify and tackle health inequalities.	**Principal Assurance Committee: Finance Committee** **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

	Likelihood	Impact	Move	Risk Score	Target	
Inherent Risk Score	4	4	No change	16	8	Risk Appetite: Seek
Risk score: **Feb 23**	3	4		12		

Key update on actions

The digital strategy and progress of delivery will be presented to the ICB in March 2023
£85m has been allocated to DPT, UHP and TSDFT to complete their digitisation journey
GPIT Futures re-procurement for primary care systems to be completed in 2023

Key Controls:	**In place**	**Assurances:**
Digital Strategy		TOPAG highlight reports
Digital Transformation Board		Reports to ICB
Single Technical Design Authority		Reports to NEMs
		Involvement of NHSE across governance levels
Control Gaps		**Assurance gaps**
Over reliance on provider digital resources who have other competing local priorities		Competing local priorities
A culture of whole system thinking across the ICS has yet to be achieved		Lack of financial resources*

Mitigating Actions:	**Action Status**	**Planned Completion Date**
National funding streams with a focus on digital*		
Requests to confirm status of Digital Team member's contracts (1x Programme Manager and 2 x Project Managers)		

Whole system workshops held to bring ICS organisations, critical suppliers and NHSE together to progress strategy		
Digital Inclusion Group (membership includes VCSE) to give strategic steer on digital inclusion issues		

Improve Services and reduce unwarranted variation **Corporate Objective: (12) Minimise our negative impact on the environment and ensure services are green/sustainable.**						**Director Lead: Andrew Millward**
Risk: If the ICB does not support the co-ordination of carbon reduction across the ICS and embed the principles for Healthier Planet, Healthier People then it will not create a greener, sustainable health service in a way that contributes 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.						**Principal Assurance Committee: Finance Committee** **Devon Challenge:** 2: Climate Change **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).
	Likelihood	**Impact**	**Move**	**Risk Score**	**Target**	Risk Appetite: Seek
Inherent Risk Score	4	4	No change	16	8	
Risk score: Feb **23**	3	4		12		

Key update on actions

NHS Devon's Green Plan has been written with contributions from acute trust partners and general practice. This provides a framework to support the individual partner Green Plans. Clinical Green Champion now recruited.

Key Controls:	**In place**	**Assurances:**
Estates/Sustainability Lead meetings taking place		Action log produced
Clinical Green Champion		Updates to GP Collaborative Boards
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 an ICS level for the Green agenda		Formal governance arrangements not in place and no formal route to the ICB Board.
NHS Devon's Green Plan does not currently have an associated delivery plan		Annual review of the Green Plan due March 2023

Mitigating Actions:	**Action Status**	**Planned Completion Date**
There are potential options in place to provide a dedicated ICS resource for the Green Agenda.		April 2023
A NHS Devon Green Plan delivery plan will be produced in line with the dedicated resource.		April 2023

Develop our culture and how we operate

Corporate Objective: (13) Develop and embed a new culture for the 'One Devon' system and create stronger relationships built on integration and trust. (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.

Director Lead: Simon Tapley

Risk If ICB 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.

Principal Assurance Committee: ICS Executive Strategy and Transformation

ICS aim: creating an environment for success - Integrated System Development Programme.

	Likelihood	Impact	Move	Risk Score	Target
Inherent Risk Score	4	4	No change	16	6
Risk score: **Feb 23**	4	4		16	

Appetite: **Seek** Eager to be innovative and to choose options offering higher business rewards.

Key update on actions for Feb/ March 2023

Intention to run a session with ICB Execs to ensure alignment ahead of wider system discussions was deferred. Session to be rearranged. Work on the 'Development and Delegation Framework' will continue.

Key Controls:	**In place**	**Assurances:**
Op Model Implementation meetings with senior leadership from across the ICB and system partners meeting monthly		Board approval on Devon Operating Model
Peninsula Acute Sustainability Programme agreed in principle with lead provider		ICS maturity assessment

Control Gaps	**Assurance gaps**
Delay ICB Exec agreement of vision and timescales for implementation	Operational pressures 2022-23 ongoing impacting ability to move forward with delegation framework.
Development and Delegation Framework	
Plan and timeline for adoption of additional responsibilities	

Mitigating Actions:	Action Status	Planned Completion Date
ICB to establish delegation framework to include: governance (formally approved ToRs, membership, reporting etc); assessment of capacity and capability (including that provided by transfer of staff to new body). May use elements of the ICS Maturity Assessment.		tbc
Provider Collaboratives and LCPs (alongside ICB) to assess fitness to deliver current responsibilities as described (ToRs, membership, workplans etc). Majority of responsibilities already understood and accepted but may be waiting for formal notification to proceed.		tbc

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

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NHS Devon

NHS Devon Integrated Care Board

Emergency Planning, Resilience and Response (EPRR) Assurance 2022 outcome

Date of committee	Date report produced
15 March 2023	18 January 2023

Author(s)		Report approved by	
Name and title:	Phil Coutie, EPRR Lead	**Name and title:**	Darryn Allcorn, Chief Nursing Officer
Phone:		**Date:**	19 January 2023
Email:	Philip.coutie@nhs.net		

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

Executive summary (250 words max) – high level overview of the content of the report and the reasons why it is being presented

This paper provides the Board with a summary understanding of the ICB and Devon NHS Providers levels of compliance with the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR), in accordance with the requirements of the national NHS England EPRR Assurance process.

The final step of the NHS England's required assurance process is the presentation to the Board of the outcome of the organisations level of compliance against the core standards for EPRR.

The ICB's level of compliance was agreed with NHS England SW Region EPRR Team as Substantially compliant.
The levels of compliance of each NHS Provider organisation in Devon was agreed with the ICB EPRR Lead as Substantially compliant

This report summarises the outcomes of the EPRR assurance process for each of the ICB and all Devon NHS Providers.

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

Key recommendations and actions requested – please be explicit on what you are asking the committee/board to do

1. The Board is asked to receive and approve the position statement of the ICB's compliance with the NHS England Core Standards for EPRR 2022.
2. The Board is also asked to receive the assurance ratings of our provider organisations, having regard that these outcomes are being presented to each providers' Board.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	N/A
Improve services and reduced unwarranted variation	Ensures a minimum level of preparedness to respond to emergency and disruptive incidents
Make more efficient use of our resources	Offers a level of resilience through business continuity management
Develop our culture and how we operate	Embeds system working on EPRR issues across Devon

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

Area	
Quality of services	Provides assurance of a minimum level of emergency preparedness for the ICB and all Providers
Health inequalities	None
Workforce	Provides assurance of a minimum level of business continuity preparedness across the ICB and its Providers
Resources and finance	None
Legal	None

Digital and Data	None
Involvement, Engagement and consultation	None

Assurance of the Emergency Preparedness of NHS Devon ICB, and Devon Providers, against NHS England Core Standards for EPRR

Introduction

NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response (EPRR)[1]. These are the minimum standards which all NHS organisations and providers of NHS funded care are assured against. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.

A required part of the national EPRR Assurance process is that each organisation's Board is briefed on the outcome and aware of their own organisation's state of emergency preparedness.

This report outlines NHS Devon's assurance, and that of its providers, and asks that the Board notes the position agreed with NHS England.

The table below sets out the levels of compliance against the NHS Core Standards for EPRR.

Compliance Level	Evaluation & Testing Conclusion
Fully compliant	The organisation if fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantially compliant	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partially compliant	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non – Compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

Content

As part of the national EPRR assurance process for 2022, NHS Devon is required to assess itself against the NHS England core standards of Assurance requirements and to provide evidence to support the position stated.
The ICB's position was assessed and subject to a confirm and challenge meeting with NHS England Southwest EPRR Team; the agreed outcome of this meeting rated NHS Devon as Substantially compliant with the Core Standards for EPRR.

The table below provides a summary of the ICB's assurance outcome.

[1] *A full description of the core EPRR standards can be found at: http://www.england.nhs.uk/ourwork/eprr/*

NHS Devon ICB			Substantially compliant	
2022 Assurance	**Total**	**Red**	**Amber**	**Green**
Core standards	**47**	**0**	**3**	**44**
Deep Dive	**9**	**0**	**0**	**9**
Summary	**CS12 Infectious Disease**: Amber No formal plan or policy in place, however, planned work by EPRR & infection prevention and control (IPC) will put in place an over-arching Communicable Disease Plan with standard operating procedures (SOPs) for the different HCIDs **CS13 New and Emerging Pandemics**: Amber While there is a Pandemic Influenza Plan in place, this is specific to pandemic influenza; it is planned to incorporate this work into the Communicable Disease Plan referenced above. **CS24 Responder training**: Amber Whilst training has been provided over the last year, it has been focused upon training new on-call staff and new incident response staff; the pressures over the last 2-3 years have disrupted the normal training schedule, which is now being developed for 2023. Recommendation **CS6 Continuous Improvement**: It was recommended that a central record of lessons identified and progress towards implementation be created.			

Provider Assurance

As an ICB we are also responsible for assuring ourselves, and NHS England, as to the level of compliance with the EPRR core standards for our provider organisations. The process through which this is undertaken is the same as the outlined above for the ICB itself but undertaken by the ICB EPRR Lead with each Provider's EPRR Lead.

As part of this year's assurance process, National included a deep dive focused on Evacuation and Shelter – these deep dives are to aid NHS England in understanding what is in place in the areas covered and, consequently, are not included in the assessment of compliance with the NHS England Core Standards for EPRR.

Our provider assurance outcomes for 2022 are set out below:

Devon Partnership Trust			Substantially compliant	
2022 Assurance	**Total**	**Red**	**Amber**	**Green**
Core standards	55	0	2	53
Deep Dive	13	1	0	12
Summary	**CS47 Business Continuity Plans (BCPs):** Amber Trust level BCP being redeveloped; Service level BCPs in place. **CS51 BC Audit:** Amber BC Audit delayed due to Critical Incident (CareNotes)			

	DD9 Community Evacuation: **Red** this is an area which, to date, the NHS has not been required to plan for; it refers to formally planning for a population evacuation and the type of support that may be required in that situation.

First Care Ambulance Ltd.			**Substantially compliant**	
2022 Assurance	**Total**	**Red**	**Amber**	**Green**
Core standards	42	0	2	40
Deep Dive	10	1	0	9
Summary	**CS4 EPRR Work Programme:** **Amber** Awaiting contract extension outcome; work plan is usually part of Management & Governance Board workplan **CS55 Assurance of commissioned providers/ suppliers BCP:** **Amber** Unable to fully meet this due to supplier not willing to share BCP on commercial confidence grounds. **DD9 Community Evacuation:** **Red** this is an area which, to date, the NHS has not been required to plan for; it refers to formally planning for a population evacuation and the type of support that may be required in that situation.			

Livewell South West			**Substantially compliant**	
2022 Assurance	**Total**	**Red**	**Amber**	**Green**
Core standards	55	0	4	51
Deep Dive	13	0	1	12
Summary	**CS16 Evacuation & Shelter:** **Amber** Plans being updated & exercises being planned **CS17 Lockdown:** **Amber** Site-specific action plans to be reviewed **CS22 EPRR Training:** **Amber** Work ongoing to put portfolios in place **CS51 BC Audit:** **Amber** Process being updated to incorporate risk management **DD1 Up to date plans:** **Amber** Plans being updated & exercises being planned. NOTE: Livewell Southwest's contract with Plymouth City Council gives the organisation a central role in supporting the community during an evacuation.			

Royal Devon University Healthcare (Eastern)			**Substantially compliant**	
2022 Assurance	**Total**	**Red**	**Amber**	**Green**
Core standards	64	0	2	62
Deep Dive	13	1	0	12
Summary	**CS49 Data Protection & Security Toolkit:** **Amber** Action plan in place **CS10 Incident Response:** **Amber** IRP in process of being aligned with RDUH(N)			

	DD9 Community Evacuation: **Red** this is an area which, to date, the NHS has not been required to plan for; it refers to formally planning for a population evacuation and the type of support that may be required in that situation.

Royal Devon University Healthcare (Northern)			**Substantially compliant**	
2022 Assurance	**Total**	**Red**	**Amber**	**Green**
Core standards	64	0	4	60
Deep Dive	13	0	2	11
Summary	**CS2 EPRR Policy Statement:** **Amber** Policy requires updating to reflect new incident response structures **CS10 Incident Response:** **Amber** IRP in process of being aligned with RDUH(E) **CS49 Data Protection & Security Toolkit:** **Amber** Action plan in place **CS68 FFP3 Access:** **Amber** No list available identifying who has been trained on which FFP3 **DD1 Up to date plans:** **Amber** Plan in draft and being tested **DD12 Equality & Health Inequalities:** **Amber** In draft plan			

Torbay and South Devon Foundation Trust			**Substantially compliant**	
2022 Assurance	**Total**	**Red**	**Amber**	**Green**
Core standards	64	0	4	60
Deep Dive	13	1	4	8
Summary	**CS10 Incident Response:** **Amber** Updates required to incident structures & Action Cards **CS13 New/ emerging pandemics:** **Amber** Work ongoing with IPC to create overarching framework **CS14 Countermeasures:** **Amber** Action cards being updated **CS15 Mass casualty:** **Amber** Part of IRP (CS10 refers) **DD9 Community Evacuation:** **Red** this is an area which, to date, the NHS has not been required to plan for; it refers to formally planning for a population evacuation and the type of support that may be required in that situation. **DD3 Incremental planning:** **Amber** Requires testing **DD4 Evacuation patient triage:** **Amber** Requires testing **DD7 Patient dispersal & tracking:** **Amber** Requires testing **DD8 Patient receiving:** **Amber** Requires testing			

University Hospitals Plymouth			Substantially compliant	
2022 Assurance	**Total**	**Red**	**Amber**	**Green**
Core standards	64	0	1	63
Deep Dive	13	2	2	10
Summary	**CS24 Responder Training:** Amber **O**n-call staff to refresh on Principles of Health Command training (successor to Strategic Leadership in a Crisis & H-SLICE); training records being aligned with National Occupational Standards. **DD9 Community Evacuation:** Red No plan in place to support a population evacuated **DD10 Partnership working:** Amber As above – to date there has been no requirement for the NHS to plan for this eventuality **DD13 Exercising:** Amber On the workplan of the EPRR Committee			

Recommendations

The NHS Devon ICB Board is asked to receive and approve the position statement of its compliance with the NHS England Emergency Preparedness, Resilience and Response (EPRR), Core Standards 2022.

The ICB Board are also asked to receive the assurance ratings of our provider organisations having regard that these outcomes are being presented to each providers' Board.

Update on Urgent and Emergency Care

Introduction

The paper brought to the February NHS Devon ICB Board provided:

1. An update on improving Urgent and Emergency Care.
2. Detailed the operational planning guidance and the focus for urgent and emergency care for 2023/24

The Board asked for a follow-on paper providing a further update on system-wide operational changes, discharge funding evaluation and virtual ward progress. This paper sets out the updates for these three areas.

Operational Changes Review

The following operational changes have been made to support the urgent and emergency care pathways across the Devon ICS.

NHS Devon ICB System Tactical Team - System Control Centre (SCC)

The ICB has established an agreed initial SCC model aligned to the NHS England SCC specification. The ICB has reviewed all requirements as part of the establishment of the SCC. This being undertaken as part of the agreed 12-week model to assess productivity, function and the SCC capabilities. Phase 1 is the One Devon dashboard being in use with phase 2 aligning the dashboard to a Clinical Risk Index as detailed below.

There is an ongoing discussion to introduce 'buddy' SCC with regional and national ICBs to support development and best practice with respect to function delivery.

System-wide Load Sharing

Load Sharing (intelligent conveyancing) – A South West Ambulance Services Trust (SWAST) region-wide proposal has been drafted with an outline timeline for delivery in early March, which describes the approach and management of load sharing across the region and within Systems. This requires oversight from Devon ICB with support from NHS England Regional team for rapid roll out in Devon

An interim reimplementation of the SWAST postcode deflection model for patients in a particular geographic area who would have been conveyed to UHP will now move to RDUH East. This is due to be in place for w/c 6 March.

Clinical Risk and Surge/Escalation management

The ICS has developed a current workstream which focuses on producing the ICB Surge and Escalation Policy with clear triggers/actions to support the service areas/providers when a high risk is identified, and recovery actions are required. All ICS Acute partners are engaged with two distinct cohorts - Medical and Operational.

A System-wide Clinical Risk Index is currently being developed by the ICB SCC in partnership with ICS providers, this will ensure load sharing can be managed utilising an agreed risk matrix covering a 24-hr period which clearly identifies a system and organisational position on what and where clinical support can be provided. A full review of the System OPEL framework focusing on clear and agreed actions is currently taking place which will provide the provision of a nationally aligned model based on Devon centric capacity, escalation and operational pressure metrics.

Discharge Funding Evaluation

During February, locality and mental health leads undertook an evaluation of the schemes to support discharge and flow, funded through both the 2022/23 Demand & Capacity monies and locality iBCF grant. This was to:

- Support operational planning for 2023/24
- Understand the impact and outcomes of all schemes against the improvement in delivery of discharge in pathways 1-3
- Evaluate the value for money in our financially challenged system
- Recommend whether such schemes should continue into the next financial year
- Identify opportunities to share best practice across all 3 localities

The analysis against a standardised approach to prioritisation across all areas has provided the intelligence required to inform the 2023/24 Operating Plan and Urgent and Emergency Care Improvement Plan. It is recommended that a full review of all funding mechanisms to support discharge is undertaken at the earliest opportunity in 2023/24 to ensure efficiencies in spending and service delivery.

As of 2 March, this process continues to contribute to investment in the 2022/23 operating plan and to support the performance improvement across the 4-hour standard and category 2 ambulance performance.

The prioritisation tool is attached as appendix 1.

Virtual Ward (VW) Progress

Across the three virtual wards there are plans for overall capacity of 95 virtual spaces from April 2023.

Planned capacity for 2022/23 was impacted by delay in funding, recruitment, strike action and cultural change across the three providers. The initial target was for 95 beds to be implemented by December 2022, however, there has been slippage with one provider who is now implementing their planning beds incrementally between December 2022 and April 2023.

Initial 2023/24 planned capacity was to achieve 190 VW beds, however engagement with providers has resulted in this being increased to 227 VW beds by April 2024. This is expected to enable 781 patients per month to be cared for across the three virtual wards, assuming 80% utilisation based on an average length of stay of 7 days.

How virtual wards will develop to avoid admission to hospital

Virtual Ward (VW) capacity was delayed in 2022/23, with only 75 beds implemented by January 2023 with less than 25% occupancy achieved. This enabled 80 overnight admissions to be avoided.

Ongoing clinical and operational engagement with provider leads will enable the above total beds of 227 to be opened in 2023/24 and occupancy consistently achieved at 80%. This is expected to avoid 5,467 overnight admissions per month modelled on a 7-day LOS avoided per patient.

Work will continue to embed a variety of clinical pathways across Devon ICB while developing a shared pathway approach across providers. Referrals from Care Homes, Out of Hours and SWAST will be developed with enhanced access to supporting services such as UCR 2hr response. Pathway development to enable admission avoidance for patients being assessed for inclusion onto the VW without attending an acute site will enable capacity to be released within acute “front door” departments such as ED/SDEC/AMU.

Recruitment across the three VW providers has been challenging with many posts having to be re-advertised to successfully recruit to some positions. One provider has re-purposed existing staff which has supported in mobilising respiratory pathways. As of February 2023, the current recruitment position is 34.84 staff recruitment out of the total 77.22 funded.

As recruitment continues to be a challenge the ICB strategic workforce group is looking at ways to address this moving into 2023/34 through fully understanding areas that are difficult to recruit to, regularly reviewing the recruitment position and re-visiting the potential for collective recruitment across Devon.

How virtual wards will develop to support timely discharge from hospital

A mixed pathway model is being developed across the three VW providers. This is inclusive of Frailty, Respiratory and General Medical pathways, which are in the advanced stages of development, while other clinical specialties are reviewing the opportunity presented by adopting a VW model of discharge care. Examples include cardiac, generalised infections and ED discharges. As these become further developed this will enhance the opportunity to increase overall referrals across the range of specialties.

Recruitment across the three VW providers has been challenging with many posts having to be re-advertised to successfully recruit to some positions. One provider has re-purposed existing staff which has supported in mobilising respiratory pathways. As of February 2023, the current recruitment position is 34.84 staff recruitment out of the total 77.22 funded.

As recruitment continues to be a challenge the ICB strategic workforce group is looking at ways to address this moving into 2023/34 through fully understanding areas that are difficult to recruit to, regularly reviewing the recruitment position and re-visiting the potential for collective recruitment across Devon.

How virtual wards will reach 80% utilisation at a minimum by the end of September 2023

System plans are being developed for the application of a target utilisation for each acute provider. This will be achieved on a sliding scale of achievement from 60% in April 2023 increasing to 80% from November 2023. At the time of writing this is still to be approved at Urgent Care Programme Board and with provider representatives.

As at February 2023 providers are still validating their pathway specialities to finalise planning trajectories.

The ICB VW programme team are leading on work to standardise the VW pathways across providers in 2023/24 by:

- Provision of a standard Devon-wide standard operating procedure (SOP) to be implemented by all providers from April 2024 onwards. This sets out the minimum requirements required by each provider along with reporting indicators to support local evaluation.
- Ongoing senior clinical engagement and leadership from the ICB programme team to clinical teams across the three VW providers.
- Initiation of quarterly pathway reviews to identify learning, strengths, challenges etc and support work to standardise each pathway reviewed.

Area/ System	***Description***	***Impact on bed occupancy and A&E performance***	***Average monthly impact if known (23/24)***	***Cost (£'000)***
Devon Wide	Mental health input into frailty virtual wards Mental health nurses will be available to support all frailty patients on a virtual ward as needed, anticipating that 30% may need mental health assessments.	Reduction in length of stay, greater number of complex patients able to access the frailty virtual ward as an alternative to a prolonged length of stay	230	£234
Devon Wide	Paediatric virtual ward The paediatric virtual ward (VW) will provide an alternative to hospital admission for children and young people with croup, bronchiolitis and gastro problems. The focus of this VW will be on presentation avoidance and subsequent admission avoidance aiming to increase acute capacity, especially over the winter months where there is historically increased demand by a third between December and March. This will be a one year pilot for RDE (East).	Reduction in paediatric presentations and admissions directly resulting in released capacity in the paediatric emergency department	112	£374
Devon Wide	VCSE VW Support VCSE support for patients on virtual wards to reduce health inequalities relating to digital exclusion and social isolation. This pilot initiative will provide patients who are digitally excluded with digital befriending support whilst on a virtual ward and community wrap around support.	This will enable patients who are excluded from VW admission criteria as a result of their home circumstances and lack of digital skillset to experience an accelerated discharge from hospital onto a VW. Without this support this cohort of patients are likely to develop into extended acute hospital length of stay.	120	£140

Prioritisation Tool

Factor	Scale					Score
	Very Low	Low	Mid-scale	High	Top	
	0	1	2	3	4	
Evidence that the intervention will impact on SOF4 exit	No evidence	Limited evidence of impact	Some evidence of impact	Moderate evidence of impact	Strong evidence of impact	
Magnitude of impact on improving health and wellbeing	Negligible	Small improvement in health, healthy life expectancy or early death and disability	Moderate improvement in health, healthy life expectancy or early death and disability	Large improvement in health, healthy life expectancy or early death and disability	Significant improvement in health, healthy life expectancy or early death and disability	
Impact on a specific group that experiences inequity or inequality	Negligible	Small impact	Moderate impact	Large impact	Significant impact	
Number of people benefitting	1 person	2 - 99 people	100 – 999 people	1,000 - 4,999 people	Over 5,000 people	
Total investment requirement	Greater than £1million	£500k-£1 million	£250k – £500k	£50k - £250k	Less than £50k	
Savings realised (including timing of savings and nature – recurrent/non-recurrent)	Less than £50k	50k - £250k	£250k – £500k	£500k-£1 million	Greater than £1 million	

Factor	Scale					Score
	Very Low	Low	Mid-scale	High	Top	
	0	1	2	3	4	
Alignment to the One Devon Partnership strategic goals	No alignment	Some alignment to one of strategic goals	Good alignment to one goal or some alignment to more than one goal	Good alignment to more than one goal	Significant alignment to multiple strategic goals	
Acceptable to people	Evidence that patients, public or staff likely to find it highly unacceptable	Somewhat unacceptable to patients, public or staff	No preference among patients, public or staff on acceptability	Evidence patients, public or staff would find it acceptable	Highly desirable among patients, public or staff and acceptable to both	
Improving people's access to health care	Negligible	Some reduction in waiting time or avoidable length of stay in hospital for a small number of people	Reduction in waiting times or in length of stay past discharge date for a significant number of people	Achievement of NHSE recovery targets for activity, waiting lists or ambulance waiting times	Achievement of standards for either RTT, cancer treatment or urgent and emergency care	
Improving quality and safety of healthcare (lowering levels of risk, incidents and improving outcomes)	Negligible	Small improvement	Moderate improvement	Large improvement	Significant improvement	
Deliverability – scale of workforce redeployment/retraining of infrastructure requirements (estates, equipment, digital), and level of residual risk (i.e. unmitigated risk)	Planning permission required and major capital investment to be secured. Major infrastructure, reconfiguration, new digital systems to be implemented, major workforce redeployment or retraining. Very high level of residual risk	Major infrastructure reconfiguration, new digital systems to be implemented, major workforce redeployment or retraining. High level of residual risk	Some redeployment, some retraining, some infrastructure changes, some equipment purchase, some changes to digital systems. Medium level of residual risk	Minimal redeployment, minimal retraining, minimal changes to digital systems, accommodation and equipment in place. Low level of residual risk	No redeployment, minimal retraining, accommodation and equipment in place, digital systems in place. Very low level residual risk	
Timeframe for delivery of benefits	6-10 years	4-5 years	2-3 years	1-2 years	In year	

NHS Devon

NHS Devon Integrated Care Board

NHS Devon (ICB) Finance Report Month 10

Date of committee	Date report produced
15 March 2023	28 February 2023

Author(s)		Report approved by	
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Phone:	07825 027569	**Date:**	28 February 2023
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary
The presentation of the 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 31st March 2023. This report details the ICB financial position as at 31st January 2023, setting out the year to date and forecast financial position.

One Devon

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

Committees that have previously discussed/agreed the report, and outcomes of that discussion
None

Key recommendations and actions requested
The Board is requested to: Consider, review and discuss the ICB financial position as at the period ended 31st January 2023.

Impact on NHS Devon objectives	
Objective	**Impact**
Make more efficient use of our resources	To enable the delivery of the ICB control total

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services		√
Health inequalities		√
Workforce		√
Resources and finance	Delivery of financial sustainability	
Legal		√
Engagement and consultation		√

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

Finance Report

Month 10 – 2022/23

Contents

Appendices

Executive Summary

The presentation of the 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 31st March 2023.

This report details the ICB financial position as at 31st January 2023.

On 20th June 2022, Devon Integrated Care System (ICS) submitted a deficit plan of £18.2m and an expectation that £138.9m of efficiency savings are needed to meet that plan. Within that plan the ICB's planned financial position is breakeven with a requirement to deliver £36.5m of efficiency savings

From 1st July 2022 NHS Devon CCG was dissolved and NHS Devon Integrated Care Board (ICB) was formed, requiring the CCG to produce a set of CCG accounts for the period 1st April to 30th June 2022. The first set of ICB accounts will be for 9 months, the period covering 1st July 2022 to 31st March 2023.

Throughout this report and in line with the plan the stated position is for the whole of 22/23 including the first 3 months.

Financial Position

The following detailed report reflects the budget set by the 2022/23 NHSE financial framework compared with the actual commitments against that budget for the period to 31st January 2023 and the year ending 31st March 2023.

As at 31 January 2023	Year to date				Forecast			
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000		Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	
Total Net Expenditure	2,127,064	2,126,959	105	↑	2,553,791	2,564,160	(10,369)	↓
Resource Allocation	(2,127,064)	(2,127,064)	0	→	(2,553,791)	(2,553,791)	0	→
Additional Roles Reimbursement Scheme	0	0	0	→	0	(6,267)	6,267	↓
Discharge Reimbursement	0	0	0	→	0	(4,237)	4,237	↑
Total Commissioned Services	**0**	**(105)**	**105**	↑	**0**	**(135)**	**135**	↓

Overall, subject to the ICB receiving the expected allocations from NHSE for the Additional Roles Reimbursement Scheme (ARRS) and the discharge fund costs, we are reporting a YTD and FOT underspend of £0.1m.

Based on system partners discussions, the month 10 position includes the distribution of £4.5m of the month 9 FOT ICB surplus to the system providers.

The ARRS relates to primary care additional roles employed by Primary Care Networks that are funded centrally and reimbursed in arrears. The discharge fund cost reimbursement is the ICB's share of the nationally agreed £200m discharge fund for new discharge packages covering the period January 2023 up to 31st March 2023.

As reported and agreed at the previous finance committee the updated forecast for the ICB sits within an overall forecast for the system of a £49.5m. The reported deficit position as a system as at M10 improved to a£49.2m deficit as a result of a technical change relating to the inclusion of profit on disposal of assets counting towards the provider reported position.

As at month 10 some service lines are currently exceeding budget including some acute services, continuing healthcare, individual placements and primary care prescribing. These variances are currently being covered by contingencies set aside at plan to manage in year variation and held in reserves.

Service line variances are detailed in the sections 2 and appendix 3.

Savings Plan

The ICB's savings plan includes a saving requirement of £36.5m.

The delivery of savings and efficiencies is off plan at month 10 by £6.8m, driven by a slower than expected delivery of savings linked to placements and targets associated with the recovery programme.

Savings plans are forecast to deliver to target by 31st March 2023 and more detail is provided in section 3.

Risk

The ICB has identified risk to delivering a breakeven position of £17.9m at 31st January 2023 including risks relating to delivery of the savings target and increases in prescription drug prices. Actions including release balance sheet flexibilities and use of non-recurrent funding streams have been identified that have fully mitigated the identified risk.

Conclusion

As at 31st January 2023 the ICB is reporting a forecast surplus of £0.1m against a breakeven plan.

Detailed Financial Performance

The year to date and outturn by main service heading as at 31st January 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	1,044,847	1,048,500	(3,653)	↓	1,254,198	1,259,065	(4,867)	↓
Mental Health	226,498	228,826	(2,329)	↓	271,829	274,882	(3,053)	↓
Community Health	262,883	263,197	(314)	↑	316,583	318,379	(1,796)	↓
Continuing Care	122,361	122,610	(249)	↓	146,839	147,166	(326)	↓
Primary Care	378,186	386,608	(8,422)	↓	454,489	468,344	(13,856)	↓
Other Programme	31,952	31,978	(26)	↓	38,248	38,707	(459)	↓
Total Commissioned Services	**2,066,726**	**2,081,718**	**(14,992)**	↓	**2,482,186**	**2,506,543**	**(24,357)**	↓
Running Costs	20,246	20,190	55	↑	24,009	24,009	(0)	→
Net Expenditure	**2,086,971**	**2,101,908**	**(14,937)**	↓	**2,506,194**	**2,530,552**	**(24,358)**	↓
Reserves/Contingencies	40,093	25,051	15,042	↑	47,597	33,608	13,989	↓
Total Net Expenditure	**2,127,064**	**2,126,959**	**105**	↓	**2,553,791**	**2,564,160**	**(10,369)**	↓
Resource Allocation	(2,127,064)	(2,127,064)	0	→	(2,553,791)	(2,553,791)	0	→
Additional Roles Reimbursement Scheme	0	0	0	→	0	(6,267)	6,267	↓
Discharge Reimbursement	0	0	0	→	0	(4,237)	4,237	↑
Total Commissioned Services	**0**	**(105)**	**105**	↓	**0**	**(135)**	**135**	↓

Further detail of the budgets, actual spend and variances making up the main service areas above is provided in appendix 3.

Acute Services

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 West Ambulance, contracts for patient transport and contracts for acute procedures undertaken in the independent sector and by other Non-NHS providers.

The ICB and system providers have agreed a set of block contract payments that also include top-up payments, growth funding and COVID allocations. The ICB's budget under these financial arrangements has been set to match the payments.

Overspends in this are due to:

- Patient transport costs, linked to increase journeys as a result of COVID and the discharge to assess policy.
- Pressure in relation to out of area non-contracted activity where patients are receiving treatment that is recharged to the ICB on a case-by-case basis.
- Payments to South Western Ambulance NHS FT for handover delays under a risk sharing agreement with the Trust.

An initial review of patient transport costs has been completed with a number of actions agreed that should reduce costs going forward and impact seen in the final months of this financial year. These actions are linked to better planning and organisation of transport and are not expected to impact on patient care.

Mental Health Services

The Mental Health budget commissions 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 Southern Devon NHS Foundation Trust. This section also includes spend relating to individual adult placements for mental health and learning disability services.

The main area of overspending within mental health relates to individual patient placements driven by increasing numbers of placements for learning disability and individuals receiving care under s117 of the mental health act. A review has been completed with a number of actions agreed that should reduce costs going forward and impact seen in the final months of this financial year. The actions are linked to reviewing care packages to ensure they are providing the appropriate level of care.

There are also pressures emerging relating to addressing ADHD waiting lists and SMI physical health checks that indicate a potential forecast overspend.

Community Health Services

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.

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.

Part of the forecast overspend relates to a small number of high-cost individual placements. A review has been completed with a number of actions agreed that should reduce costs going forward. The actions are linked to reviewing care packages to ensure they are providing the appropriate level of care.

Continuing Care

Placements includes Continuing Care budgets comprising of Continuing Care Administration, Continuing Healthcare (CHC), Interim Funding, Joint Funding, Children's Continuing Care and Funded Nursing Care (FNC).

The placements budget represents a particular risk to the ICB financial position that requires robust financial management. The key risks relate to the backlog of CHC assessments and breaches from the continuation of 4-week Hospital Discharge Programme.

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

The Month 10 forecast position is £0.3m over budget which is a deterioration of £0.2m from M9. This is largely a result of traction on data quality issues previously identified with some limited capacity/prioritisation. The budget movement is the TUPE of assessment staff from Livewell Southwest.

Mitigating actions including high-cost case reviews are impacting on the position. The ICB has also commissioned an external provider to conduct reviews of the appropriateness of ongoing packages of care which is expected to reduce costs in January to March.

Other Programme

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.

There are no particular issues to highlight in this area this month.

Primary Care Services

Primary Care includes expenditure on primary care prescribing, GP Medical Services (delegated from NHSE), enhanced services, Out of Hours and other primary care related expenditure including GP IT.

Prescribing

The prescribing position is being impacted by a cost pressure due to unavailability of the lowest priced stocks of medicines, an issue known as Price Concessions or No Cheaper Stock Obtainable (NCSO). The £9.2m overspend forecast is being driven entirely by this cost pressure having set budgets on a flat cash basis which required savings of £5.7m.
As of month 10 the efficiency plan is on track to deliver and the medicines optimisation team have been challenged to go further than the initial plan and increase delivery in order to mitigate the NCSO cost pressure described above. 4 schemes have been identified targeting £600k and the team have been asked to prioritise their implementation.

Delegated Commissioning

The remaining forecast overspend in primary care is driven by an £6.3m anticipated cost in relation to additional primary care roles (ARRS), which is reimbursed on a retrospective basis by NHSE.

Other Primary Care

Other primary care services include contracts for enhanced GP services, out of hours GP services, home oxygen services and provision for GP IT costs.

Running Costs

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.

Each year the ICB receives a specific allocation for its running costs and has an obligation to report against it separately and mustn't overspend against the limit set.

We are expecting to contain our running costs within the specified allocation this year.

Resource Allocation

Revenue resources contained within our financial plans and financial systems are set out below.

Allocation Description	Year to date		
	CCG M1-3 £000	ICB M10 £000	Total £000
Core allocation	520,549	1,538,927	2,059,476
Primary care commissioning	49,960	148,548	198,508
Ockenden maternity review	365	1,093	1,458
Running costs	5,645	16,933	22,578
Core - Additional Inflation Funding		22,720	22,720
Primary Care - Additional Inflation Funding		1,331	1,331
Recurrent Allocation	**576,519**	**1,729,552**	**2,306,071**
Health Inequalities Funding	931	2,794	3,725
COVID funding	11,828	35,482	47,310
Running cost pension contribution	340		340
Service development fund (SDF)	9,073	29,124	38,197
Elective Services Recovery Funding (ESRF)	9,874	29,623	39,497
CCG to ICB Transition Adjustment	(12,248)	12,248	0
Core - Additional Inflation Funding		7,123	7,123
New Allocations M4-M10		111,528	111,528
Non-Recurrent Allocation	**19,798**	**227,922**	**247,720**
Total Allocation	**596,317**	**1,957,474**	**2,553,791**

The new allocations from month 4 to month 10 include £30m relating to the changes in pay inflation, £23.9m demand and capacity funding to increase bed capacity over winter, £5.9m discharge funding and £5.8m elective recovery funding, as well other known service development funds.

Savings And Efficiencies

The delivery of savings and efficiencies as at 31st January 2023 is as follows:

Scheme	RAG Status	Rec/ Non-Rec	% of Budget	Year to date			Forecast		
				Plan CIP Delvery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000	Plan CIP Delvery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000
Prescribing		R	2.7%	4,750	4,760	10	5,704	5,704	0
Running Cost Inflation		R	2.3%	440	440	0	525	525	0
Placements		R	3.7%	3,290	3,227	(63)	3,945	3,945	0
Primary Care Commissioning Review		R	0.8%	1,670	1,670	0	2,000	2,000	0
Commissioning Review		R	0.8%	2,500	2,500	0	3,000	3,000	0
Covid Reduction		NR	78.0%	3,000	3,000	0	3,600	3,600	0
Acute		R	1.4%	650	650	0	784	784	0
Unidentified		NR		2,310	0	(2,310)	2,967	2,546	(421)
SDF		NR	11.1%	4,669	6,421	1,752	6,000	6,421	421
Workstream stretch		NR		6,223	0	(6,223)	8,000	8,000	0
Total				**29,502**	**22,668**	**(6,834)**	**36,525**	**36,525**	**0**
Recurrent				13,300	13,247	(53)	15,958	15,958	0
Non-Recurrent				16,202	9,421	(6,781)	20,567	20,567	0
Total				**29,502**	**22,668**	**(6,834)**	**36,525**	**36,525**	**0**

The majority of identified savings plans are delivering to plan as at Month 10.

The Placements year to date savings plan is reported as being off plan, although currently actions taken to date are forecast to deliver the £3.9m savings target. The savings plan in this area focuses on reviews of high-cost placements, timely post discharge assessments and reviews of personal health budgets. In addition, the ICB has engaged an external assessment resource which is expected to realise further financial benefits.

Savings linked to placements have seen improved delivery from the previous month. Any further financial benefits related to placements will contribute to the unidentified savings within the plan.

The workstream stretch target was linked to the system plan delivery and has no identified opportunities released to date. The forecast delivery recognises that through other non-recurrent means the ICB is able to manage the non-delivery of this target (see risk section 4).

Risks

The assessment of financial risk (and mitigations) for the year ended 31st March 2023 as at 31st January 2023, is as follows.

Headline	Description	M9 £000	M10 £000	Movement £000	Risk at Plan £000
CIP shortfall	Non-delivery of workstream stretch efficiency	8,000	8,000	0	8,000
CIP shortfall	Non-delivery of unidentified CIP	2,967	2,967	0	2,967
CIP shortfall	Partial delivery of SDF Review efficiency	3,000	3,000	0	3,000
Hospital discharge	Unable to manage costs of hospital discharge within budgets set			0	2,500
Prescribing prices	Increases in prescription drugs prices	3,900	3,900	0	1,500
Total Risk		**17,867**	**17,867**	**0**	**17,967**
Non-Recurrent flexibility	Release of balance sheet accruals	7,734	7,734	0	7,376
s256 funds	Use of s256 funding held by Local Authorities	0	0	0	2,500
Allocations Review	Hold back further non recurrent allocations	3,453	3,453	0	0
Non-Recurrent flexibility	Other non-recurrent benefits	6,680	6,680	0	0
Total Mitigation		**17,867**	**17,867**	**0**	**9,876**
Net Risk		**0**	**0**	**0**	**8,092**

The ICB has identified risk to delivering a breakeven position of £17.9m at 31st January 2023. Risks relate to the delivery of the savings target and increases in prescription drug prices.

Actions including release balance sheet flexibilities and use of non-recurrent funding streams (including reviews of in year allocations) have been identified that fully mitigate the identified risk and preserves s256 funding for use in 23/24.

The balance sheet flexibilities comprise of accruals made in 21/22 that are not required to cover expenditure in 22/23 and include situations where estimates were made at 31st March 2022 due to the timing of delivery of accounts. Budgets have been adjusted to reflect the £7.7m benefit which is currently held in reserve.

Other non-recurrent benefits relate to expected allocations that have yet to be reviewed but where we have a high level of confidence that that they will cover expenditure already incurred or included within the forecast expenditure position.

Other Financial Information

Statement of Financial Position

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.

The ICB's position at 31st January 2023 is shown in appendix 1.

Capital

The ICB has spent £147k capital on IT equipment in the period ended 31st January 2023.

Better Payment Practice Code

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.

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

Better Payment Practice Code	M10	
	Number	£000
Non NHS Creditors - % of bills paid within target	99.71	99.31
NHS Creditors - % of bills paid within target	97.95	99.97

Cash

There are several key cash performance targets that ICBs are measured against; these are set out in appendix 2.

Recommendations

The Board is requested to:

Consider, review and discuss the ICB's performance and position as at the period ended 31st January 2023.

Appendix 1: Statement of Financial Position

Statement of Financial Position	M10 £000
Property Plant & Equipment	2,892
Intangible Assets	180
Non Current Assest	**3,072**
Inventories	896
Trade & Other Receivables - NHS	2,537
Trade & Other Receivables - Non NHS	12,925
Cash & Cash Equivalents	769
Current Assets	**17,127**
Total Assests	**20,199**
Trade & Other Payables - NHS	(20,081)
Trade & Other Payables - Non NHS	(163,888)
Other Liabilities	(3,646)
Borrowings / Cash in Transit	(10,504)
Current Liabilities	**(198,120)**
Total Assets Employed	**(177,921)**
General Fund	(177,921)
Total Taxpayers Equity	**(177,921)**

Appendix 2: Cash

There are several key cash performance targets that the ICB is measured against:

Measure	Month 10
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 £1,981m for Devon ICB for the period ended 31st March 2023 (excluding the 3 months relating to Devon CCG).*	75.6% of the Cash Drawdown Requirement has been utilised as at month 10 (77.8% is expected based on a straight-line trajectory at month 10, excluding the first 3 months relating to Devon CCG).
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.	Notional charges amount to £16,054 for January.
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 balances at the bank on the last day of the month to be no greater than 1.25% of the drawdown for that month.

**Although forecasting is carried out as accurately as possible it sometimes difficult to predict 2 months in advance (the requirement by NHS England) the exact timings and amounts of all income received and all payments made.*

Appendix 3: Operating Expenditure

The detailed financial position as at 31st January 2023

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
NHS Royal Devon & Exeter Foundation Tru	307,173	307,172	1	368,830	368,830	(0)
NHS University Hospitals Plymouth NHS Tr	268,592	268,600	(7)	323,221	323,221	(0)
NHS Northern Devon Healthcare Trust	132,105	132,048	56	158,808	158,753	55
NHS South Devon Healthcare Foundation T	214,927	214,949	(22)	258,679	258,701	(22)
NHS Taunton and Somerset	8,494	8,494	0	10,193	10,193	0
NHS South Western Ambulance Trust	52,870	53,745	(874)	63,444	64,751	(1,307)
Independent Sector	32,806	33,314	(509)	39,367	40,038	(672)
Patient Transport	8,081	9,522	(1,440)	9,689	11,554	(1,865)
Other Acute	19,798	20,656	(858)	21,966	23,023	(1,056)
Acute	**1,044,847**	**1,048,500**	**(3,653)**	**1,254,198**	**1,259,065**	**(4,867)**
Devon Partnership NHS Trust	138,579	138,597	(18)	166,271	166,271	(0)
Livewell MH Services	5,231	5,231	0	6,287	6,287	0
University Hospitals Plymouth MH	34,194	34,194	0	41,040	41,040	(0)
Children and Families Health Devon	12,795	12,795	0	15,373	15,376	(3)
Individual Patient Placements	11,127	12,229	(1,102)	13,356	14,674	(1,318)
Section 117	17,355	18,222	(866)	20,855	21,866	(1,011)
Other Mental Health	7,217	7,561	(343)	8,646	9,367	(721)
Mental Health	**226,498**	**228,826**	**(2,329)**	**271,829**	**274,882**	**(3,053)**
Livewell Southwest	(184)	84	(269)	(185)	114	(299)
Royal Devon and Exeter Community	52,802	52,802	(0)	63,362	63,363	(0)
Northern Devon Healthcare Community	27,211	27,211	0	32,653	32,653	(0)
South Devon Healthcare Community	58,501	58,501	(0)	70,171	70,171	0
University Hospitals Plymouth Community	48,421	48,421	(0)	58,273	58,273	0
Children and Families Health Devon	10,759	10,759	(0)	12,925	12,925	0
Individual Patient Placements	700	1,185	(485)	834	1,422	(588)
Integrated Urgent Care Service	109	119	(9)	311	310	1
Hospices	6,887	6,798	89	8,264	8,160	105
MIU Contracts	672	632	39	806	763	43
Better Care Fund_Plymouth CC	4,718	4,718	0	5,878	5,878	(0)
Better Care Fund_Devon CC	27,514	27,515	(1)	33,017	33,016	1
Demand and Capacity	6,116	5,258	857	7,339	7,339	(0)
VCSE S256	0	(53)	53	0	8	(8)
Other Community Services	18,658	19,247	(589)	22,934	23,985	(1,050)
Community Health	**262,883**	**263,197**	**(314)**	**316,583**	**318,379**	**(1,796)**
Continuing Healthcare	110,287	109,314	973	132,342	131,212	1,131
Funded Nursing Care	12,074	13,295	(1,221)	14,497	15,954	(1,457)
Continuing Care	**122,361**	**122,610**	**(249)**	**146,839**	**147,166**	**(326)**

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Prescribing	174,911	182,772	(7,861)	210,109	219,328	(9,218)
Enhanced Services	8,927	7,484	1,443	11,027	11,127	(100)
Delegated Commissioning	168,437	171,415	(2,978)	203,174	208,723	(5,550)
GP Out Of Hours	9,762	9,812	(49)	11,544	11,305	240
GP IT	3,556	3,575	(18)	4,254	4,271	(18)
Other Primary Care	12,593	11,551	1,042	14,380	13,590	791
Primary Care	**378,186**	**386,608**	**(8,422)**	**454,489**	**468,344**	**(13,856)**
NHS 111	8,700	8,359	341	10,314	10,238	77
Better Care Fund Torbay	3,054	3,054	0	3,665	3,665	0
Chime Audiology	3,222	3,302	(79)	3,867	3,953	(86)
All Other Commisionned Services	16,976	17,263	(288)	20,402	20,851	(450)
Other Programme	**31,952**	**31,978**	**(26)**	**38,248**	**38,707**	**(459)**
Total Commissioned Services	**2,066,726**	**2,081,718**	**(14,992)**	**2,482,186**	**2,506,543**	**(24,357)**
Pay	16,185	15,662	523	19,135	19,136	(0)
Non Pay	4,158	4,654	(496)	4,990	4,990	0
Income	(97)	(125)	28	(117)	(116)	(0)
Running Costs	**20,246**	**20,190**	**55**	**24,009**	**24,009**	**(0)**
Net Expenditure	**2,086,971**	**2,101,908**	**(14,937)**	**2,506,194**	**2,530,552**	**(24,358)**
Reserves/Contingencies	40,093	25,051	15,042	47,597	33,608	13,989
Total Net Expenditure	**2,127,064**	**2,126,959**	**105**	**2,553,791**	**2,564,160**	**(10,369)**
Resource Allocation	(2,127,064)	(2,127,064)	0	(2,553,791)	(2,553,791)	0
Additional Roles Reimbursement Scheme	0	0	0	0	(6,267)	6,267
Discharge Reimbursement	0	0	0	0	(4,237)	4,237
Total Commissioned Services	**0**	**(105)**	**105**	**0**	**(135)**	**135**

NHS Devon

NHS Devon Integrated Care Board

NHS Devon (ICS) Finance Report Month 10

Date of committee	Date report produced
15 March 2023	22 February 2023

Author(s)		Report approved by	
Name and title:	Kevin Wheller Associate Director of Finance	**Name and title:**	Bill Shields Director of Finance
Phone:	07825 027569	**Date:**	28 February 2023
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

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 2023.

The report details the ICS financial position for the period ended 31 January 2023 against the finance plan submitted on 20 June 2022, 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
None

Key recommendations and actions requested
The Board is requested to: Consider, review and discuss the ICB financial position as at the period ended 31 January 2023.

Impact on NHS Devon objectives	
Objective	**Impact**
Make more efficient use of our resources	To enable the delivery of the ICB control total

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services		√
Health inequalities		√
Workforce		√
Resources and finance	Delivery of financial sustainability	
Legal		√
Engagement and consultation		√

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

Finance Report

Month 10 – 2022/23

Contents

Executive Summary

The presentation of the 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 2023.

This report details the ICS financial position as at 31 January 2023.

On 20 June 2022, Devon ICS submitted a deficit plan of £18.2m although there is a requirement that the system achieves a breakeven outturn by year end. For 22/23 the system has received a reduced COVID envelope from 21/22. Some COVID funding will be reimbursed on top of the system envelope, this includes spend on testing and vaccinations.

As at month 10 the Devon ICS is reporting a year to date £37.0m deficit against a planned deficit of £19.5m – an adverse variance of £17.6m (M9 £11.9m variance). The reported forecast is a deficit of £49.2m which is £31.0m adverse to the planned deficit of £18.2m. (M9 £31.3 variance). The improvement since month 9 is due to a change in how a profit on disposal of an asset within one of the system providers (£0.3m) now contributes to the system financial position.

As at month 10 the Devon ICS had made efficiency savings of £82.4m (M9 £73.1m) This is £28.9m adverse to plan. (M9 £24.5m). Forecast savings are adverse to plan by £32.3m (M9 £35.1m).

At the planning stage net risks of £95.9m were identified to delivery of a break-even plan. At the end of month 10, this has improved by £46.7m and stands at £49.2m (M9 £49.5m) against an expectation of break-even (£31.0m against plan) and £0 risk to the current forecast. (M9 £0m).

The above position represents the reported position to NHSE as at Month 10.

Financial Performance

The year to date and outturn by organisation as at 31 January 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	0	1,823	1,823	0	135	135
Royal Devon University NHS FT	(15,638)	(15,638)	0	(18,263)	(16,763)	1,500
University Hospitals Plymouth Trust	(1,649)	(9,116)	(7,467)	0	(15,750)	(15,750)
Torbay and South Devon NHS FT	(1,627)	(13,809)	(12,182)	69	(17,122)	(17,191)
Devon Partnership Trust	(566)	(303)	263	0	263	263
Total	**(19,480)**	**(37,043)**	**(17,564)**	**(18,194)**	**(49,237)**	**(31,044)**

As at month 10 the Devon ICS is reporting a year to date £37.0m deficit against a planned deficit of £19.5m – an adverse variance of £17.6m (M9 £11.9m variance)

The reported forecast is a deficit of £49.2m (M9 £49.5m) which is an adverse variance of £31.0m to the planned deficit of £18.2m. (M9 £31.3m)

During month 10 £4.5m of surplus in Devon ICB was redistributed to the three acute providers to improve each of their forecasts by £1.5m.

The Devon Partnership Trust forecast surplus relates to a gain on an asset disposal that previously didn't contribute towards the system financial position.

Savings And Efficiencies

The delivery of savings and efficiencies as at 31 January 2023 is as follows:

Organisation	Year to date			Forecast		
	Plan CIP Delvery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000	Plan CIP Delvery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000
Devon ICB	29,500	22,668	(6,832)	36,525	36,525	0
Royal Devon University NHS FT	27,486	14,932	(12,554)	33,935	17,799	(16,136)
University Hospitals Plymouth Trust	22,952	20,126	(2,826)	29,592	23,153	(6,439)
Torbay and South Devon NHS FT	23,270	17,942	(5,328)	28,452	20,441	(8,011)
Devon Partnership Trust	8,074	6,687	(1,387)	10,358	8,694	(1,664)
Total	**111,282**	**82,355**	**(28,927)**	**138,862**	**106,612**	**(32,250)**

As at month 10 the Devon ICS had made efficiency savings of £82.3m (M9 £73.1m) This is £28.9m adverse to plan. (M9 £24.5m).

Forecast savings are adverse to plan by £32.3m (M9 £35.1m).

Risks

The assessment of financial risk (and mitigations) for the year ended 31 March 2023 as at 31 January 2023, is as follows.

Description	Net Weighted Risks & Mitigations						Net Risks at Plan
	ICB £000	RDUH £000	UHP £000	TSD £000	DPT £000	Total £000	£000
CIP shortfall	(13,967)	(16,665)	(100)	0	(2,042)	(32,774)	(47,817)
Forecast Surplus/(Deficit)	135	(16,763)	(15,750)	(17,122)	263	(49,237)	(18,194)
Increase in inflation		(2,500)	0	0	0	(2,500)	(6,950)
Integrated care contract				0		0	(6,000)
Hospital discharge	0					0	(2,500)
High cost drugs not met by income		(3,104)	0	0		(3,104)	(2,314)
Clinical excellence awards			0	0		0	(1,665)
Pay inflation shortfall		(1,251)	0			(1,251)	
IFRS 16			0			0	
Specialist commisioning rebase					0	0	(1,500)
Prescribing prices	(3,900)					(3,900)	(1,500)
OOA and staffing support					0	0	(1,300)
IPP service growth					(26)	(26)	(1,250)
MHIS and SDF income risk					0	0	(1,200)
ERSF risks						0	(16,103)
Other		(3,271)	0	(4,300)	(1,108)	(8,679)	(5,545)
Total Risk	**(17,732)**	**(43,554)**	**(15,850)**	**(21,422)**	**(2,913)**	**(101,471)**	**(113,838)**
Non-Recurrent flexibility	14,414	26,791	100	4,300	3,176	48,781	14,076
s256 funds, or exit strategy	3,453					3,453	2,500
Spec com income			0			0	0
ERSF mitigation						0	0
Further Excess inflation funding						0	1,375
Total Mitigation	**17,867**	**26,791**	**100**	**4,300**	**3,176**	**52,234**	**17,951**
Net Risk	**135**	**(16,763)**	**(15,750)**	**(17,122)**	**263**	**(49,237)**	**(95,888)**

Month 9	**4,635**	**(18,263)**	**(17,250)**	**(18,622)**	**0**	**(49,500)**
Movement	**(4,500)**	**1,500**	**1,500**	**1,500**	**263**	**263**

At the planning stage risks of £113.8m were identified along with £18.0m of mitigations, leaving a net risk of £95.9m to delivery of a break-even plan

As at month 10 the net risk has reduced to £49.2m against break-even (M9 £49.5m) and is a £0 risk (M9 £0m) against the forecast outturn deficit of £49.2m.

There are £52.2m risks (of which £32.8m relate to CIP) to the current forecast with £52.2m mitigations.

Capital

System 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	25,614	18,512	7,102	33,306	33,306	0
University Hospitals Plymouth Trust	17,381	8,079	9,302	24,080	24,080	0
Torbay and South Devon NHS FT	16,289	12,790	3,499	18,371	18,371	0
Devon Partnership Trust	5,857	4,097	1,760	7,448	7,448	0
Total	**65,141**	**43,478**	**21,663**	**83,205**	**83,205**	**0**

System Capital spend is under plan at month 10 by £21.6m (M9 £13.1m)

Forecast system capital spend is on plan as at M10.

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	39,086	26,396	12,690	50,562	50,734	(172)
University Hospitals Plymouth Trust	37,877	20,043	17,834	88,480	92,755	(4,275)
Torbay and South Devon NHS FT	22,291	19,745	2,546	27,007	43,173	(16,166)
Devon Partnership Trust	5,857	4,254	1,603	7,448	11,893	(4,445)
Total	**105,111**	**70,438**	**34,673**	**173,497**	**198,555**	**(25,058)**

The total capital plan includes impact of IFRS16 on leases.

Total capital spend is under plan by £34.7m as at month 10 (M9 £24.7m) and the forecast spend on capital by end March 2023 is over plan by £25.1m. (M9 £28.0m)

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.

Recommendations

The Board is requested to:

Consider, review and discuss the ICB financial position as at the period ended 31 January 2023.

NHS Devon

NHS Devon Integrated Care Board

Committee chair report – Quality and Performance Committee

Date of board meeting	Dates of committees covered in this report
15 March, 2023	1 March, 2023

Chair	
Name and title:	Professor Hisham Khalil, Non-executive Director

Reports discussed and assurances received

The Committee received updated reports as detailed below:

Integrated Quality and Performance Report (IQPR).
Operationally in January 2023, the ICS remained under extreme pressure. Industrial action in nursing and ambulance services has continued to compound delays in urgent care, ambulance conveyancing and waiting times, with a resultant impact to patient care. A loss of 7,047 ambulance hours due to handovers was seen in January down from a height of 13,743 seen in December. The NCTR KPI continues to improve.

The numbers of patients waiting beyond 104 weeks at the end of December fell to 340 which is an improvement on the November position of 408. The system has seen a worsening in performance in RTT at 51% compared to a target of 92% and in diagnostic pathways at 64% versus a target of 99%.

The issue of the 78-week waits was discussed. Following the meeting, a further clarification on this was provided by the Director of Commissioning, Urgent and Elective Care as follows:

The letter from NHSE stated all 78 -week waits needed to be given an appointment date by the end of January 2023. The Director of Commissioning for urgent and elective care confirmed this was achieved. The letter also asked that all patients were 'seen' by the end March 2023. All patients were given a date before the deadline in line with this ask, but this is now falling short due to cancellations etc. However, there is a robust plan in place in an attempt to meet the deadline.

There hasn't been a significant change in the system position in other areas of the IQPR.

Board Assurance Framework (BAF) Risk report
This was the second presentation of the allocated BAF risks to the Committee following the initial presentation on 1st of February, 2023.The report was discussed in relation to two strategic BAF risks that relate to the Corporate Objectives (3) Enable a greater shift from treatment to prevention (4) Deliver safe and effective urgent and emergency care services that better meet people's needs (5) Reduce the number of people waiting for elective care.

As per the previous request of the Committee, the strategic BAF risks allocated to other committees of the ICB were included in the paper. There was a discussion of the allocated risks and their appropriateness for the Q&P Committee. There was a also a discussion that risks allocated to other ICB committees will be reviewed on a quarterly basis by the Quality and performance Committee.

Reports received and noted

- The Chief Medical Officer /Chief Nursing Officer 'State of the Nation' Devon system update was received and presented by the CNO. This is a new standing item that was introduced to the agenda following discussions in the Committee's development event in February 2023. Members commended the introduction of this item that helps provide executive-related updates to the Committee.

- The Operational Plan
  The Committee discussed its role in monitoring the impact of the operational plan in Quality parameters. Committee members expressed their wish to be involved in the development of the operational plans going forward.

- System Quality Performance Group Report
  This is now a standing item for the Committee agenda and was presented by the CNO.

Committee decisions

- The Committee approved the Corporate Risks allocated to the Quality and Performance Committee.

- The Committee approved the closure of Corporate Risks 133 and148.

Items of concern to be escalated to the board

- Following the Committee meeting, the Chair and the Chief Nursing Officer have received confirmation from the Director of Commissioning for Urgent and Elective Care that all 78-week wait patients have been given an appointment date by the end of January 2023. There was also confirmation that there is a robust plan in place to attempt to achieve the ask of NHSE that all patients are seen by 31st of March 2023.

  There is a request to discuss at Board level the progress in relation to seeing all patients by the 31st of March 2023 and what additional measures if any are required to address barriers to achieving this.

Recommendations for the board

- To consider the reports received and positions of assurance by the Quality and Performance committee

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

- Draft updated Terms of Reference of the Committee were discussed and after a presentation by the Quality Business of a collation of themes summarising the outputs of the development event on the 1st of February 2023. This included the purpose of the Committee as well as its relationship to other system groups e.g. System Quality Group. The decisions to prioritise 'quality reviews' and 'deep dives' and subsequent actions/'so what' question were also discussed. The importance of cross-representation with the System Quality Group and other ICB groups was highlighted to action the outputs of quality reviews and deep dives.

- Members will send any suggestions in relation to the draft ToR to the Business Quality manager.

NHS Devon

NHS Devon Integrated Care Board

Integrated Quality, Performance and Finance Report (IQPR)

Date of committee	Date report produced
15 March 2023	23 February 2023

Author(s)		Report approved by	
Name and title:	Performance Team	**Name and title:**	Sam Wadham-Sharpe Director of Performance and Assurance
Phone:		**Date:**	23 February 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:

Executive summary

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 ICS, at both place and system level that issues are being identified and addressed.

Operationally in January the ICS remained under extreme pressure although not at the extremis level seen in late December and the first few days of January. Industrial action in nursing and ambulance services has continued to compound delays in urgent care, ambulance conveyancing and waiting times, with a resultant impact to patient care. A loss

of 7,047 ambulance hours due to handovers was seen in January down from a height of 13,743 seen in December.

Patients with NCTR decreased in January as urgent care pressures eased slightly, IPC outbreaks and staff sickness reduced and, bedded escalation areas reduced releasing staff to focus on discharge. Average length of stay remained significantly high in January compared to previous years. Mitigations have been implemented to reduce risk and improve performance and these will be reviewed within the context of the revised operating framework.

The numbers of patients waiting beyond 104 weeks at the end of December fell to 340 which is an improvement on the November position of 408. The system has seen a worsening in performance in RTT at 51% compared to a target of 92% and in diagnostic pathways at 64% versus a target of 99%. Providers are now sharing their information on harm, including lower-level incidents and complaints. This was reported in January to the ICB Quality & Performance Committee, and an audit of serious incidents will be undertaken.

As at the end of January 2023 the reported financial forecast is a deficit of £49.2m which is £31m adverse to the planned deficit of £18.2m. (December £31.3m variance) The improvement from December relates to a change in how a profit on disposal of an asset contributes towards the system financial position.

The initial draft submission of the NHS Devon Operating Plan for 2023/24 will be made on 23rd February 2023. The final submission will be at the end of March 2023. The detail within the Operating Plan will be used to formulate recovery plans in key areas linked to SOF 4 exit, with improvement trajectories to monitor progress. These trajectories and associated actions will be incorporated from May 2024 report.

Statistical Process Control (SPC) charts have been introduced into the IQPR to demonstrate the system performance alongside the NHSE accepted standard reporting format. The use of this reporting has been expanded in January for primary care workforce. The table in the page above explains how to use the icons in the SPC charts to understand performance against the metrics displayed.

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

Quality and Performance Committee
Finance Committee
NHS Devon Board
Outcomes would be escalated as part of chair reports

Key recommendations and actions requested

The board are asked to note the report

Impact on NHS Devon objectives

Objective	Impact
Improve population health	
Improve services and reduced unwarranted variation	

Make more efficient use of our resources
Develop our culture and how we operate

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services	Outlines current operational and quality performance and actions	
Health inequalities		
Workforce	Outlines current workforce performance and actions	
Resources and finance	Outlines current financial performance and actions	
Legal		
Engagement and consultation		

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

Integrated Quality, Performance and Finance Report (IQPR)

Owner: Performance Team

February 2023

FINAL Version

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Acronyms

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
AAU	Acute Assessment Unit	IAPT	Improving Access to Psychological Therapies	PHSO	Parliamentary and Health Service Ombudsman
ADHD	Attention Deficit Hyperactivity Disorder	ICA	Integrated Care Area	PITCH	Peer Improvement Tips for Care and Health
AHP	Allied Healthcare Professional	ICB	Integrated Care Board	PPG	Practice Plus Group
ARI	Acute Respiratory Infection	ICS	Integrated Care System	RDUH/N/E	Royal Devon University Hospitals/North/East
ARRS	Additional Roles Reimbursement Scheme	ICU	Intensive Care Unit	RHA	Review Health Assessment
ASD	Autism Spectrum Disorder	IHA	Initial Health Assessment	RSV	Respiratory Syncytial Virus
BAU	Business As Usual	IPC	Infection Prevention Control	RTT	Referral To Treatment
BPTW	Best Place To Work	IS	Independent Sector	SDEC	Same Day Emergency Care
CFHD	Children and Family Health Devon	IUCS	Integrated Urgent Care Service	SEND	Special Educational Needs and Disability
CIC	Community Integrated Care	KPI	Key Performance Indicator	SI	Serious Incident
CIC	Children In Care	LCP	Local Care Partnership	SLCN	Speech, Language and Communication Needs
CLD	Criteria Led Discharge	LD	Learning Disability	SLT	Speech and Language Therapist/Therapy
CQC	Care Quality Commission	LOD	Length Of Delay	SMI	Severe Mental Illness
CYP	Children and Young People	LOS	Length Of Stay	SOF3/4	System Oversight Framework (Level 4)
D&C	Demand & Capacity	LSW	Livewell South West	SPC	Statistical Process Control
DCC	Devon County Council	MAU	Medical Assessment Unit	SRO	Senior Responsible Officer
DEXA	Dual Energy X-ray Absorptiometry	MH	Mental Health	SW	South West
DfE	Department for Education	MHLDN	Mental Health Learning Disability and Neurodiversity	SWASFT	South West Ambulance Service Foundation Trust
DPT	Devon Partnership Trust	MHSDS	Mental Health Services Data Set	TCI	To Come In
DTA	Decision To Admit	MIU	Minor Injuries Unit	TSDFT	Torbay and South Devon Foundation Trust
ED	Emergency Department	MRSA	Methicillin-Resistant Staphylococcus Aureus	TDSAP	Torbay and Devon Safeguarding Adult Partnership
EIA	Equality Impact Assessment	MSW	Maternity Support Workers	TP	Trans-Perineal
EMD	Emergency Medical Dispatcher	MTU	Medical Triage Unit	UEC	Urgent and Emergency Care
ENT	Ears Nose and Throat	NCTR	No Criteria To Reside	UHP	University Hospitals Plymouth
FDS	Faster Diagnosis Standard	NDDH	North Devon District Hospital	VCSE	Voluntary Community Social Enterprise
FY	Financial Year	NHSE	NHS England	WIC	Walk In Centre
G&A	General & Acute	NICE	National Institute for health and Care Excellence	WSOA	Written Statement of Action
GI	Gastro-Intestinal	OOH	Out Of Hours	WTE	Whole Time Equivalent
GP	General Practice	OPEL	Operational Pressures Escalation Levels	WW	Week Wait
GPAS	GP Alert State	PCN	Primary Care Network	YTD	Year To Date

Key to Variance & Assurance Icons

	Variation/Performance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	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.

Executive Summary

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Quality	Operational Performance	
• **Planned Care:** risk to patients, due to long waits. Harm profiles received from providers • **Urgent & Emergency Care:** delays to handover and risk to patients across pathway, including at home due to ambulance conveyancing times • **IPC**: COVID-19 positive cases, flu and Norovirus impacting on communities, hospitals, and workforce. • **Primary Care:** IPC impact on primary care workforce and workload due to increased community infections and staff sickness	**Planned Care** 	RTT, Diagnostic and most Cancer metrics continue to fail the national targets. The system has seen a continued improvement in the total number of patients waiting over 104 weeks from referral to treatment falling from 408 to 340, since last month. However. the number of patients waiting over 52 weeks for treatment continues to increase.
	UEC 	All metrics remain under extreme pressure. Emergency Department 4-hour performance 47.5%. Loss of 7,047 ambulance hours due to handovers compared to 13,743 in December 2022. Average Cat.1 handovers at 10 mins. and Cat 2 at 42.5 mins.
	Discharge 	Further significant improvement in the number of beds occupied by patients with “no criteria to reside”, continued during early February, but bed availability remains under pressure from historically high non-elective length of stay across the system.
	Primary Care 	Impacted by community infections. Access targets are delivering required performance with exception of 2-week access metric which is slightly below target. However, primary care remains under pressure and performance is fluctuating around required targets.
	Children 	Referrals for both SLT and ASD remain within expected levels and average waiting times are significantly higher than the 18-week targets. Both services are impacted by staff vacancies and recruitment challenges. Pathway redesign and additional funding are being implemented to improve service position.
	Mental Health 	No significant variation across most metrics, although improvements have been made in perinatal access and physical health checks for patients with SMI. CYP eating disorder services continue to be challenged by staff vacancies which impacts on timely access to services.

Finance	
As at end of January 2023 the Devon ICS is reporting a year to date £37.0m deficit against a planned deficit of £19.5m – an adverse variance of £17.6m (M9 £11.9m variance))	↓
The reported forecast is a deficit of £49.2m which is £31.0m adverse to the planned deficit of £18.2m. (M9 £31.3 variance)	↑
As at month 10 the Devon ICS had made efficiency savings of £82.4m (M9 £73.1m) This is £28.9m adverse to plan. (M9 £24.5m).	↓
Forecast savings are adverse to plan by £32.3m (M9 £35.1m).	↑
At the planning stage net risks of £95.9m were identified to delivery of a break-even plan. At the end of month 10, this has improved by £46.7m and stands at £49.2m (M9 £49.5m) is against an expectation of break-even (£31.0m against plan) and £0 risk to the current forecast.	↑

Operational Performance

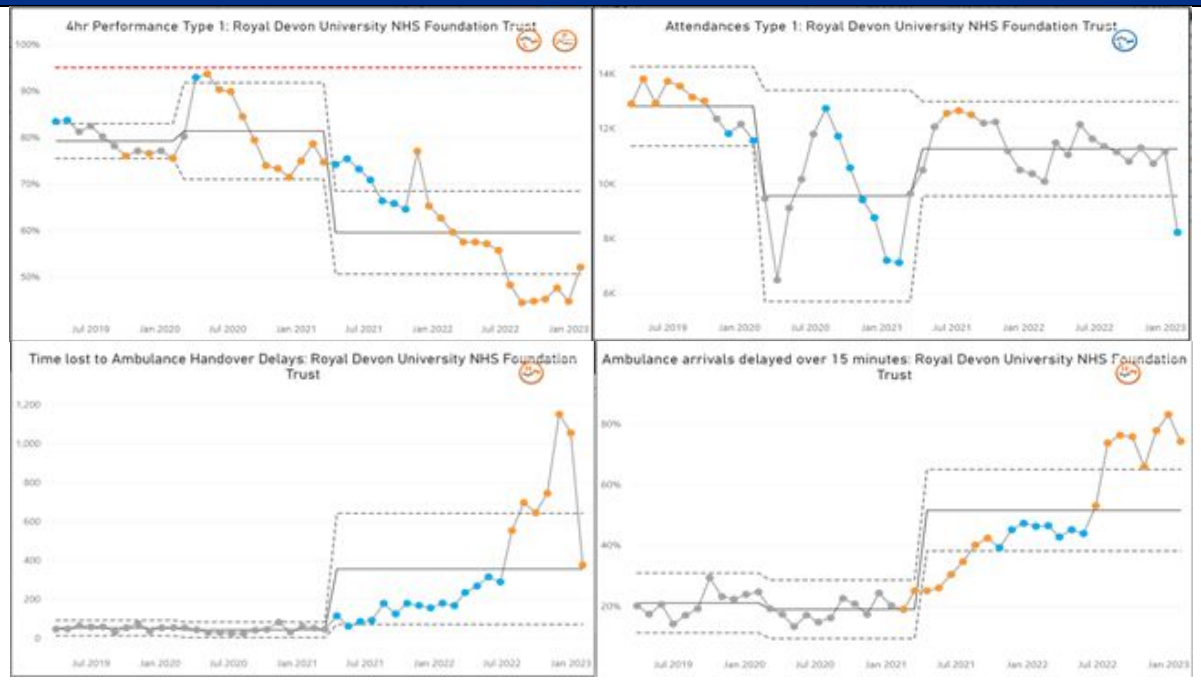
Urgent and Emergency Care – System Overview

				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	A&E Type 1 Attendance		2023-01-01	19217			11687			7530					
	A&E Type 1 seen within 4 hours	95%	2023-01-01	47.5%			52.3%			38.1%					
	A&E all types seen within 4 hours	95%	2023-01-01	61.3%			61.9%			60.3%					
	12 hr trolley waits		2023-01-01	538			345			193					
	Type 1 Admissions (conversion rate)		2023-01	30.1%			33.0%			22.9%			31.5%		
	Emergency Admissions via A&E		2023-01	5779			2712			1021			2046		
	Ambulance arrivals delayed over 15 minutes		2023-01	75.5%			74.1%			68.6%			83.7%		
	Time lost to Ambulance Handover Delays		2023-01	7,047			374			2,384			3,437		
	Mean ambulance response times cat 1	7	2023-01	9.82											
	Mean ambulance response times cat 2	18	2023-01	42.5											

Metrics relating to urgent care have seen no significant improvement in January 2023 with ambulance handover delays significantly above the 15-minute target with delays totalling 7,047 hours, although this is down on a peak of 13,743 hours seen in December 2022. Type 1 four-hour performance improved from 38.6% in December to 47.5% in January 2023. Nursing and ambulance industrial action has continued to contribute to pressures and despite attendances stabilising and admission numbers falling in January, ambulance handover times and four-hour performance is not yet on target or showing sustained improvement.

Urgent and Emergency Care – Royal Devon University Healthcare

Data



Analytical Summary

- All analytical charts show that RDUH continued to struggle in January to meet the challenges presented via the ED front door directly impacting on SWASFT and their service provision.
- There continues to be a statistically significant upward trend in the number of ambulance arrivals delayed for over 15 minutes and total time lost to handover delays
- There is a statistically significant downward trend 4-hour performance below the target.
- ED attendance numbers decreased significantly in January as expected due to industrial action.
- Type performance against the 4-hour wait target improved from 44.7% to 52% in January.
- 12-hour trolley wait for a bed following a decision to admit fell to 345 in January.

Operational Summary

Northern

Causes:

- SDEC opened on 27th December, enabling an increase in urgent care bed base.
- Lower volumes of flu and COVID infections enabled relaxation of some IPC measures, supporting patient flow, and swifter ambulance handover times demonstrating a reduction in hours lost to previous month.
- Patients awaiting community assessment/referral/beds continue to be high. A peak of 79 NCTR patients on the 27th January has put pressure on patient flow and impacted on bed capacity across the Trust which led to the declaration of OPEL 4 on the 29th January. This number has since reduced. There has been targeted support through Devon share of the £200m discharge monies to support flow.
- Flow of patients from Cornwall continues to be a challenge and is being supported by discussions with Cornwall ICB and Cornwall County Council to ensure robust processes are in place.

Actions:

- A Patient Flow Improvement Programme has been put into place and meetings are being held on a regular basis.
- During January, NDDH provided support to colleagues in the region with regards to an ambulance divert due to a network outage at UHP.
- Discussions ongoing regarding potential extension of MIU provision in Ilfracombe and Bideford beyond the end of the current financial year.

Eastern

Causes:

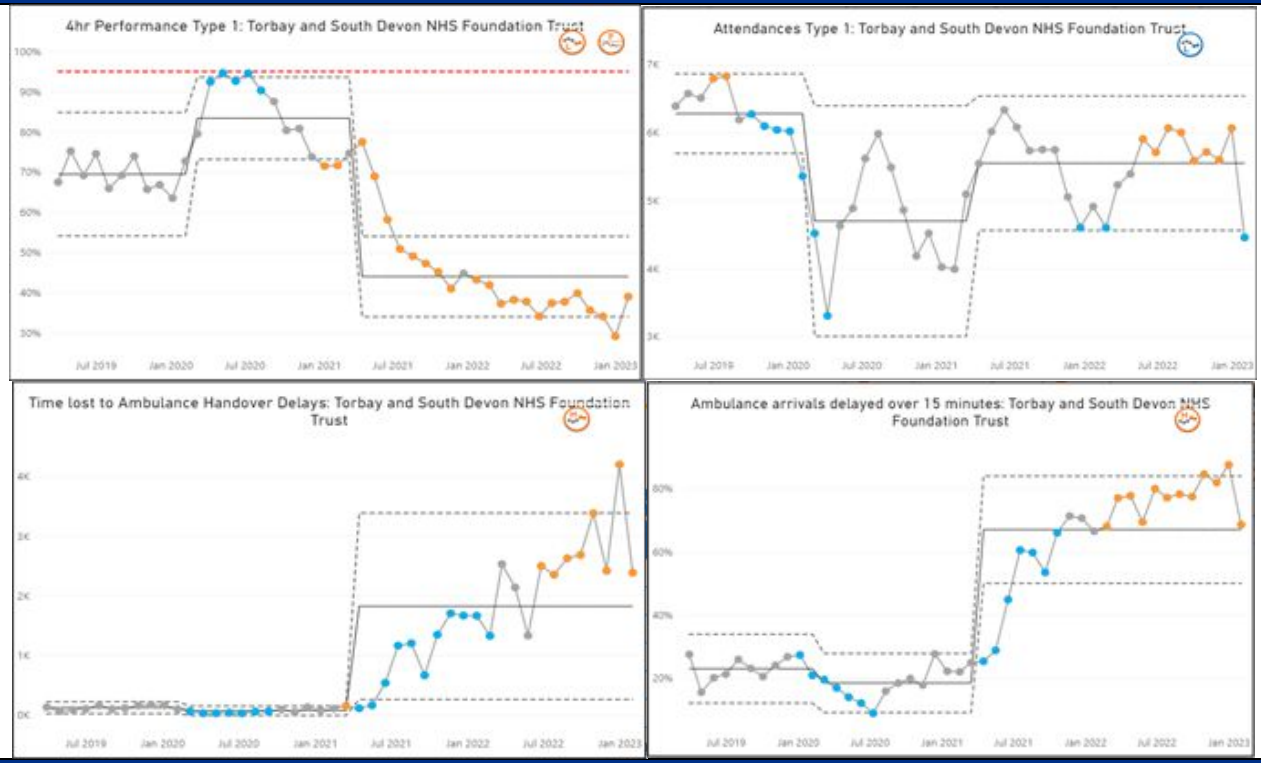
- Bed capacity pressure and restricted flow to beds in the hospital.
- Current vacancies and sickness in Medical and Nursing teams.
- Increase in IPC occurrences complicating flow out of the department.
- ED Reconfiguration works.
- Reduced capacity at Sidwell Street WIC – closed on Mondays and Thursdays.

Actions:

- Sidwell Street WIC planned to reopen on Mondays in February.
- ED reconfiguration of Majors completed 19th December. 6 new Resus bays now in use.
- Admitted out of area patients continue to cause additional pressure for Eastern, this figure fluctuates between 17 – 10 (on average in the last month) patients each day who should be at a different provider.
- From 13th February minors will run out of the old resus bays and the see and treat rooms adjacent to the new reception area
- Current minors due to undergo refurbishment from mid-February 2023.
- SDEC activity increasing from 537 in December to 625 in January (a record month).
- Virtual Ward activity growing as pathways are developed, with 56 admissions in the first 2 weeks of January.
- New ED reception and waiting room due to open 13th February.
- Ongoing recruitment to fill nursing and medical staffing vacancies.
- Development of further pathways in the Virtual Ward
- Ongoing work to improve pathways for specialty expected patients.
- Focus on improving the 15 min to triage performance in ED
- Continued focus on Pathway 0 discharges and early utilisation of the discharge lounge to enable flow.

Urgent and Emergency Care – Torbay & South Devon

Data



Analytical Summary

- TSDFT continued to struggle to meet the challenges presented via the ED front door directly impacting on SWASFT and their service provision.
- Although for most of January ambulance arrivals delayed for over 15 minutes remained high there was a downward trend towards the end of the month. This has continued into February.
- The downward trend in the 4-hour performance target continues to be statistically significant.
- ED attendance numbers decreased significantly in January as expected due to industrial action.

Operational Summary

Causes:

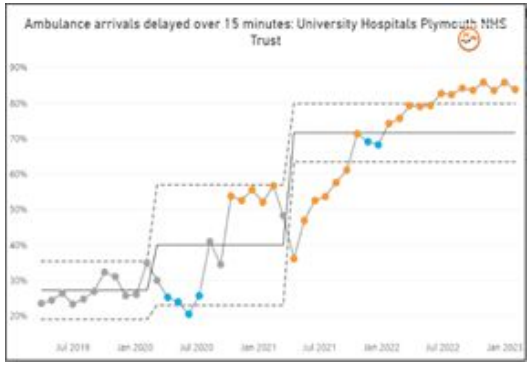
- Multifactorial issues created a scenario that hampered flow and the Trust was in OPEL 4/4+/Critical Incident for the first few weeks of January.
- IPC outbreaks affected up to 9 wards of the acute Trust and Community hospitals for most of the month. This was further mirrored in the care environments outside of the hospital settings. It also directly impacted the staff internal and external of the organisation due to their own sickness due to the pathogens affecting the in-patient spaces and impacted the ability to move pathways of care in a dynamic way.
- Industrial action affected the Community teams who were supporting Primary Care in hospital avoidance.
- Crowded ED making it difficult to see, assess and treat in a timely manner, directly impacting on Decision to Admit times and bed holds, this included increased walk-ins due to much of the above.

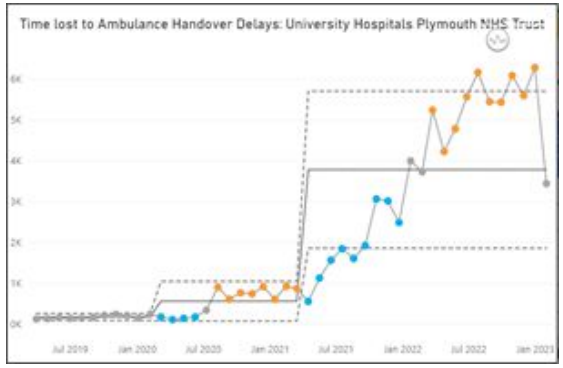
Actions:

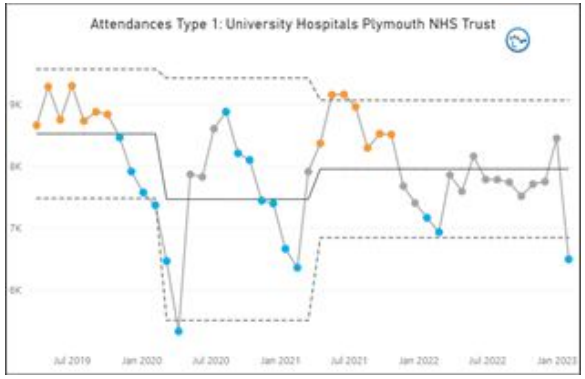
- Incident Control measures in place, and with constant senior to executive support to provide the check and challenge needed to be as dynamic as possible. The consistent senior support across all meetings was a new support to enable real time challenge.
- Changes to the Trust internal reporting via the bed management team to ensure the data, actions and outcomes were being captured in a real time and quality way. Key focus via the bed management team on discharges prior to midday and weekends.
- Creation of IPC reporting channels and reporting to enable dynamic and transparent management of all in-patient environments and pathogens to enable full capacity usage of beds and cohorting as able. This has been adopted as BAU from December.
- Senior clinical and operational review of all P1-3 patients, with full patient level detail to re-triage and add assurance that all appropriate usage of the multidisciplinary and collaborative teams being utilised effectively, and to down pathway as able. Active and real time feedback to the ward/unit to aid learning and insight in decisions being made at ward level as to timely referral to the Discharge Hub, utilisation of pathways and tighter Estimated Discharge Dates and discharge preparations.
- Assurance of dynamic use of all short-term Services/Community Nursing/external bed usage to aid the work above, building on the relational work with the private providers via the Trusted Assessors to take clients rapidly including those with infection and through the holiday period and utilising flexible care hours to support as needed.

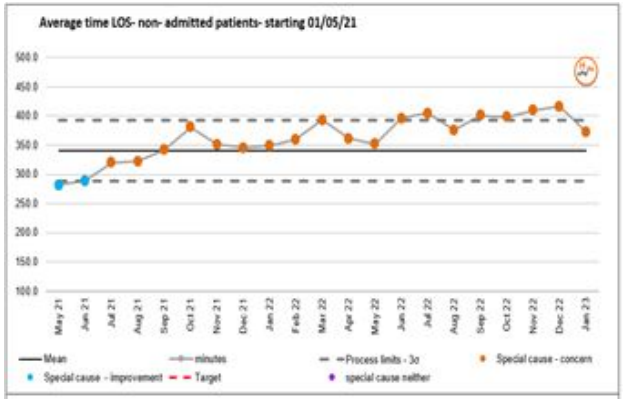
Urgent and Emergency Care – University Hospitals Plymouth

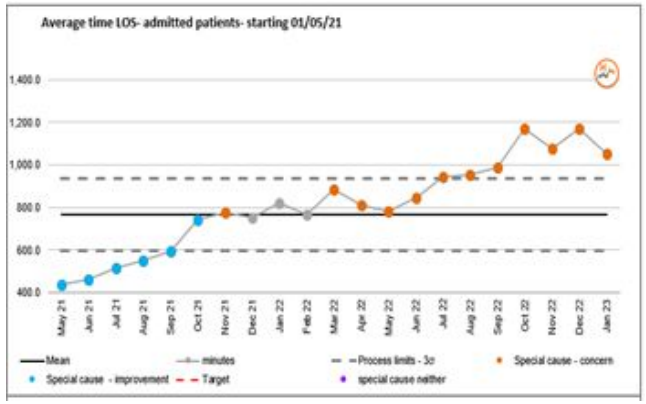
Data











Analytical Summary

- The number of ED attendances is variable but is within the expected range with a drop in January due to industrial action.
- For admitted and non-admitted patients there has been a sustained upward shift in the length of stay in ED.
- There is a continuing statistically significant upward shift in the number of ambulance arrivals delayed over 15 minutes.
- There was an improvement in the total hours lost to ambulance handover delays in January, although still at 3400 hours.

Operational Summary

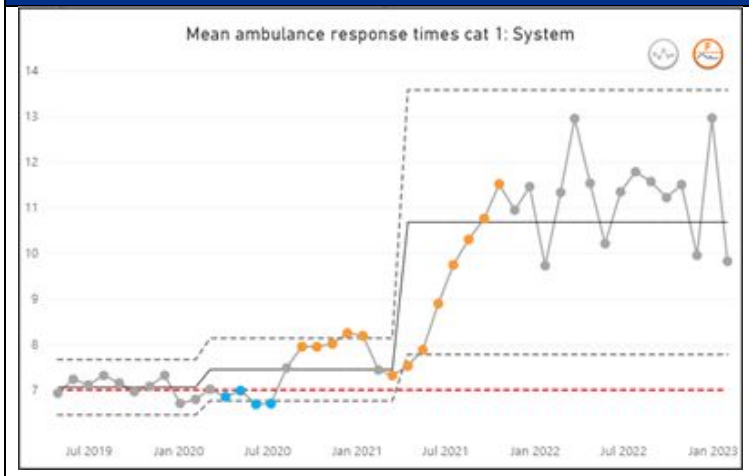
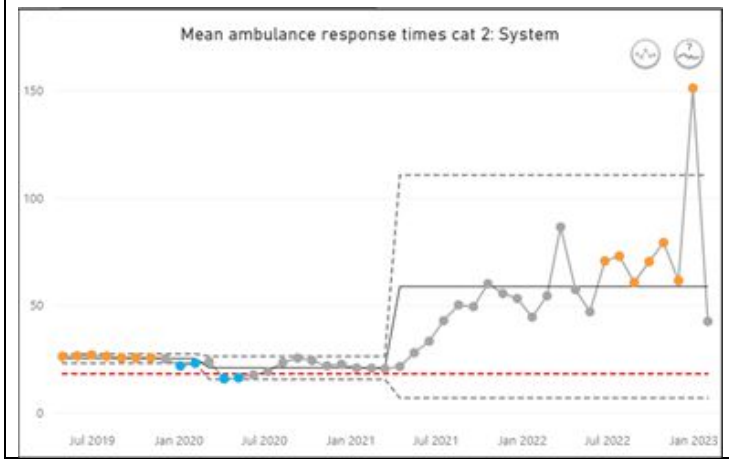
Causes:

- Decrease since December in the number of patients with NCTR for Plymouth and Devon but Cornwall position remains challenged with an average length of delay of 25 days for Cornwall with 40 patients. The improvements in January were seen despite industrial action by Ambulance staff and nurses, which does have a negative impact on flow into and from the acute Trust. Discharge delays longer than 21 days have returned to pre-Christmas levels. Pathway 2 is the most challenged across the Cornwall and Devon footprint.
- Ambulance handover delays have improved, and this has meant more resources available to attend on scene and convey, leading to an overall increase in conveyances in the latter part of January and a corresponding reduction in walk-ins.
- 50 to 60 walk-in type 4 and 5 attendances (lower acuity presentations) per day that have not chosen or been able to access alternative pathways.
- Crowded ED, space constraints, resulting in delays in reviewing DTA patients.
- SDEC constraints due to ability to provide senior cover, process & capacity limiting activity due to recruitment and sickness issues.
- Limited capacity within front door frailty assessment service limiting full impact of admission prevention.

Actions:

- Increased SDEC capacity and a restart of GP take through Medical Admissions Unit/Acute Ambulatory Unit. Use of temporary staffing where available to increase opening hours with plans for recruitment. MTU model in place in AAU and MAU. Data collected and reviewed weekly to determine if this is assisting SDEC improvements. Frailty and SDEC aim for 50 episodes per day, currently averaging 35 per day. Access to Frailty Unit via ED currently running at 4 per day, additional staffing in place end aiming for 6 patients per day.
- Increased resource for the Hospital to Home P1 service to reduce waits for access to service. Offering 26 slots per day, working towards 40 per day target after recruitment. Majority of patients have no care needs at the end of the service.
- Enhanced clinical support using Immedicare nurse-led remote technology to care homes with high admission rates. 33 homes live at 11/01/22, increasing to 15 by end of January and working towards total of 57. In December 119 consultations were received in hours and 82 out of hours. 92% of residents remained in place.
- Independence at Home bridging service, 10 additional staff to support P1 patients at home following their discharge from hospital resulting in 28 additional slots per week
- Additional block booked care home capacity increased from 20 to 30 beds due to go live by w/c 20th February
- A business plan has been approved to improve the bed bureau function with funding to provide additional capacity and improved skill mix.
- Continued targeted work with Cornwall ICA to challenge LOD position including support with joint commissioning arrangements and shared improvement approaches in place with weekly review meetings.

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 dropped significantly in January, falling from a high of 21,500 incidents in December to 16,900 in January (the lowest number over the last year) and was influenced by public reaction to industrial action. The percentage of patients conveyed to ED increased to 37%, up from 28% in December. **Call answering**: Answering performance significantly improved, from 35% of calls answered in 5 seconds (target 95%) in December, up to 97.5% in January, the target being met for the first time in a year. Mean call answering time was 3.25 seconds, compared with 126 seconds in December. **Response capacity**: c50,000 conveying resource hours continued to be available through January. These increases in response capacity were put in place for winter, to partly mitigate resource lost to handover. Across the Trust, during January 34,000 hours were lost to handover, a significant reduction compared to December (62,500 hours). In Devon, 7,047 hours were lost to handover against an improvement trajectory of 5,360. **Response times**: There has been a significant improvement in all category response times in January, although none of the response time standards were met.

Operational Summary

Causes:

- January industrial action continued for ambulance services; however, this minimally impacted performance primarily due to public behaviour requesting ambulances. There were impacts on the operational service delivery and concerns that patients may have delayed accessing care.
- Call answering times are influenced by duplicate/subsequent calls, which accounted for around 20% of calls in January, a drop from December when they accounted for around 30% of all calls. These call rates increase when handover delays are higher, as callers ring back to escalate cases, get an update on response time, etc.
- Ambulance response times have a positive correlation with hospital handover delays. A reduction in handover delays through January corresponded with an improvement in response times. However, in comparison with other ambulance services SWASFT category 1 mean response times remained the highest in England in January at 9.82 minutes mean, against a target of 7 minutes. The range of response times nationally was 6.30-9.82 minutes. Category 2 response times did improve in comparison to other areas; the SWASFT mean response time was 42.5 minutes against a target of 18 minutes. The range of response times nationally was 17 to 42.5 minutes.

Actions:

- SWASFT continue to increase EMD roles to improve call answering. They are advertising a “pathway to paramedic”, role with significant interest. All EMD adverts have been reviewed and refreshed, online “open evenings” held, and recruiters used as a new recruitment platform. Videos for key roles are in place. Retention payments are also offered to EMDs. To mid-January, there were 205WTE emergency call takers; this rate is stable. As part of SOF 3 exit arrangements, SWASFT have agreed to aim towards 232WTE EMDs by Q1 23/24.
- All systems have submitted trajectories to reduce hours lost to handover. Although there has been a significant improvement, the trajectory is still not being met. Handover improvement plans are in place for UHP and TSD, monitored fortnightly through the Devon Ambulance Cell.
- To mitigate the effect of handover delays on response times, SWASFT are continuing to provide additional conveying resource each week (double crewed ambulance and patient support vehicles). This includes the provision of third-party ambulance response. During winter, a “risk-share” has been agreed across all the south-west systems. If hours lost to handover across the south-west increase above 3900 hours per week, additional payments are made to SWASFT against the system trajectory and SW position. The funding will purchase additional response resource, including overtime and third-party providers. Since October, the full risk share has been payable (£800k per month); the Devon payments amounted to £219k in October, £250k in November, £201k in December and £211k in January.
- A SW transformation sub-committee is overseeing the delivery of the 2022-23 transformation plan. There are three system priorities:
- Availability of alternative response models and electronic referral (for example, Urgent Community Response). From 11th January, an electronic link from SWASFT to the IUCS provider was put in place to allow low acuity calls to be transferred from the 999 call stack. Alternative response may include SDEC, mental health crisis response, falls response, etc. Initial data suggests about10 cases per day are being sent.
- Access to clinical information (summary care record) - in lieu of electronic shared records, all systems have been asked as of 17th January 2023 to make paper copies of personalised care plans available in patient’s homes for ambulance crews – these include end of life care plans and treatment escalation plans. This request has been cascaded through the GP bulletin.
- Simplified pathways to support 999 with appropriate redirection of the patient - the Simplified Pathway Group agreed three priority acute pathways in November: paediatric advice for under 1s (and ideally under 5s), low risk chest pain and abdominal pain. Localities and Trusts have been asked to prioritise these pathways in their local ambulance improvement plans, with oversight of progress at the ambulance cell. The ambulance cell discussed the SWASFT paediatric data at their meeting on 2nd February to inform paediatric pathway plans.

Winter Demand and Capacity Programme (D&C)

As part of winter planning Devon ICS was awarded £24m of non-recurring funding to support extra capacity equivalent to 377 beds by March 2023. This funding has been split across the following schemes to support flow and discharges and as at the end of January 316 beds had been opened which is 39 below target and primarily relates to the mobilisation of virtual wards and decommissioned P2 beds in the south.

Scheme	Total Planned Beds	Planned beds at 31/01/23	Achieved Beds at 31/01/23	Total Scheme Cost £'000	RAG Rating
Western LCP	**92**	**80**	**81**	**8,636**	**G**
Southern LCP	**89**	**89**	**64**	**4,130**	**A**
Northern & Eastern LCP	**93**	**93**	**88**	**7,153**	**G**
Mental Health	**7**	**7**	**7**	**1,000**	**G**
Virtual Wards	**96**	**86**	**76**	**2,000**	**A**
IUC Service	**0**	**0**	**0**	**1,000**	**G**
Total	**377**	**355**	**316**	**23,919**	

Virtual Wards:
RDUH have 50 beds live although occupancy remains variable daily.

UHP 25 beds went live in December, however there is phasing of utilisation according to Consultant capacity.

There have been delays in the southern LCP regarding data flowing from internal provider IT systems and recruitment, they are now predicted to come online in April 2023 with an intended 20 beds.

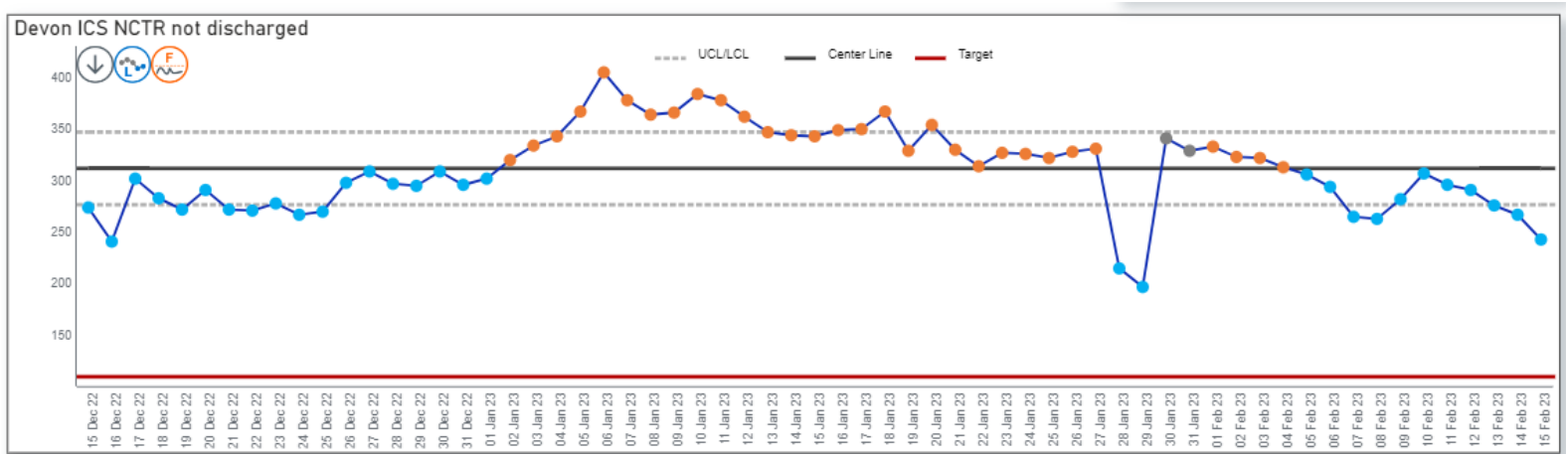
Southern LCP:
Repurpose of 20 decommissioned delayed. Plans to mitigate 6 beds underway late January.

Further detail on other schemes is provided in the narrative below on discharges.

Hospital Discharge

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
No Criteria to Reside (NCTR)	5%	12/02/23	13%		

Devon – Percentage of beds occupied by patients with no criteria to reside



Analytical Commentary:
The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. As an ICS there has been a continued downward trend towards the target following the critical incident period at the end of December 2022. As of 12th February 2023, 13% (reduction of 3% since Jan report) (276) of beds were occupied with patients who had NCTR.

The improvement is due to multiple contributing factors including lower demand, deescalating of bedded areas allowing staff to be refocussed on discharge, opening and full use of discharge lounges, the reduction of infection outbreaks within the community have allowed more capacity to open to support discharges and the use of additional discharge funding to block purchase beds, packages of care and wraparound support services.

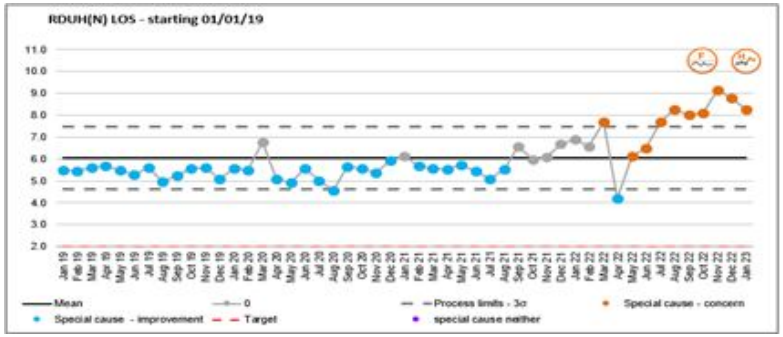
Operational Summary:
Actions to address reducing the NCTR position are managed through System Flow Group. Trusts and locality leads are required to provide assurance on the 80% of P0 planned discharges by 5pm. All acute providers are improving in this area and trialling various initiatives to ensure consistency. These are detailed below.

- Home for Lunch initiative through use of board rounds and identifying patients the day before.

- Target of 60% of weekday discharges to be achieved at weekends by embedding CLD and recruitment of 7 day working Discharge Co-ordinators and ward clerks.
- Reducing Length of Delay on Pathways 1 to 3 using discharge funding available up until end of March 23 for block booking care home beds to support P2 discharges, 1:1 care to support complex dementia placements into Care Homes, 1:1 support within step down care from MH in-patient settings, packages of care to support discharges via P1, agency Social worker capacity to support assessments, peer Support workers within MH placements to enable transition to the community and wraparound therapy and medical cover for P2 beds to support people home within 4 weeks.

RDUH North NCTR

Average Non-elective Length of Stay – RDUH North



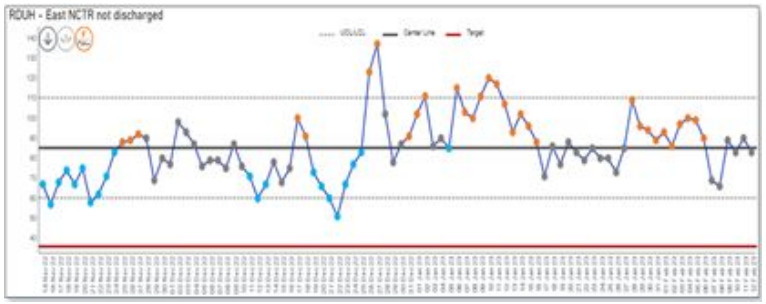
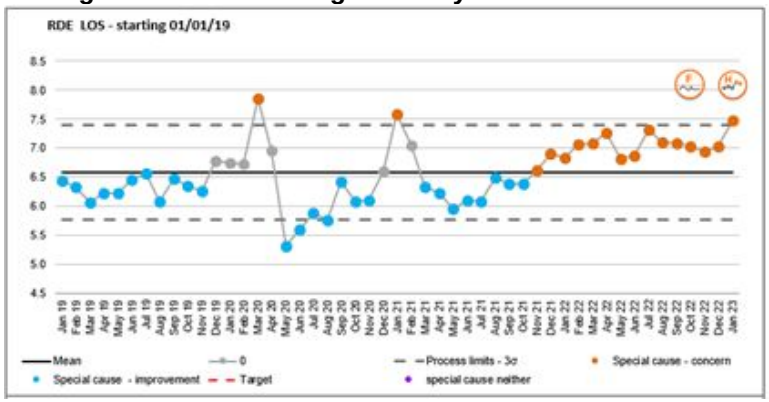
Analytical Commentary: As of 12th February 2023, RDUH Northern reported 11% (30) of G&A were occupied by patients with NCTR. P0 and weekend discharges have recently improved with admission demand falling and staff availability improving.

Operational Summary:
Actions to address are in place with Winter Demand and Capacity plans continuing to progress and additional discharge funding also available. The LOD performance breakdown by pathway is described below:

- P0 – Increased performance in achieving expected number of P0 discharges in order to maintain flow. The average target since mid-November is 33 P0 discharges per weekday the trust has achieved on average 32 P0 discharges per weekday (97%). Discharge lounge remains open and CLD continues to be embedded, but availability of staff has impacted on progress.
- P1 - Following the increased workforce capacity to support reduction in LOD since the mid-November average LOD is 14 days. Due to contract agreements for additional capacity ending delays had increased, however further funding is now available, and the contract has restarted.
- P2 - 14 beds are now live. A further 5 expected at the end of February. Since mid-November average LOD on P2, is approx. 11 days with additional funding and wraparound support available and further beds due to go live this and will impact during February.
- P3 - Since mid-November average LOD on P3 has dropped to approx. 14 days. This has remained static between January and February.

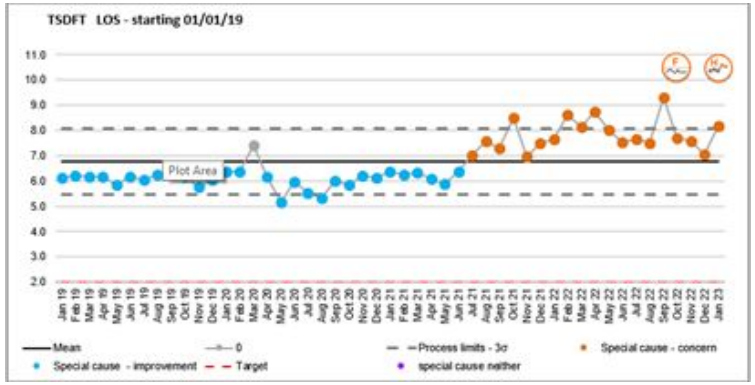
The average non-elective length of stay at RDUH North has remained above the four year mean of 6 days since May 2022 and has yet to show sustained reduction or return to pre-COVID levels.

	Due to relatively small volumes at this site, small numbers of patients with very long LOS can cause spikes in the graphs.

RDUH East NCTR  **Average Non-elective Length of Stay – RDUH East**  	**Analytical Commentary:** As of 12th February 2023, RDUH Eastern reported 12% (83) of G&A beds were occupied by patients with NCTR. The position within the Trust has stabilised. Continuing focus on early preparation for weekend discharges and reviews if weekend discharges have failed. CLD continues to be embedded whilst promoting the of use of discharge lounge. **Operational Summary:** Actions to address are in place with Winter Demand and Capacity plans continuing to progress and with additional discharge funding also available. The following describes the Length of Delay performance breakdown by Pathway: • P0 – Discharge lounge is open and CLD is being embedded. Initiative launched with set target for all wards to discharge 1 patient to discharge lounge by 10.30am each day. Virtual ward capacity and utilisation is on track. • P1 - There has been an increase Live in Carer resource and UCR Support utilisation additional discharge funding capacity to support reduction in LOD. Since mid-November average LOD is just under 4 days. • P2/P3 - 10 out 15 beds are now live with the remainder to be reviewed due to provider readiness. Schemes include additional 1:1 support to support complex placements and additional reablement beds. Since mid-November average LOD for P2 is 5 days and P3 7 days. The average non-elective length of stay at RDUH East is above the 4 year mean of 6.58 and is showing no sign of a return to pre-COVID levels.

TSDFT NCTR

Average Non-elective Length of Stay TSDFT



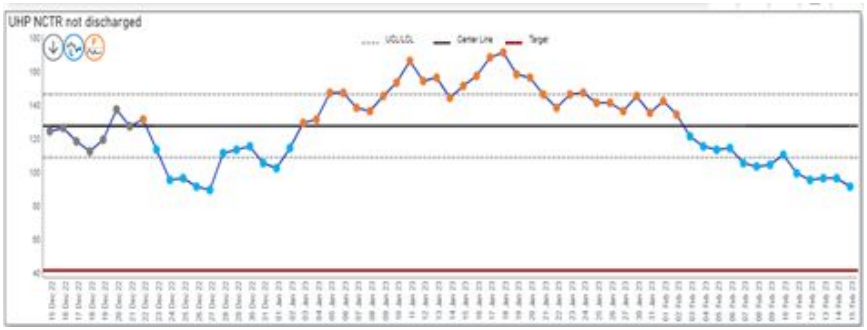
Analytical Commentary: As of 12th February, TSDFT reported 10% (37) of G&A beds were occupied by patients with NCTR. The Trust had made progress in weeks prior to this, but there has been an increase in the number of referrals from wards. An audit is in progress regarding P0 progress and findings will be available for next month's report. Improvements to market capacity has supported a reduction in the number of patients waiting on P2 and P3.

Operational Summary:
Actions to address are in place with Winter Demand and Capacity plans continuing to progress and with additional discharge funding also available. Below describes the Length of Delay performance breakdown by Pathway:

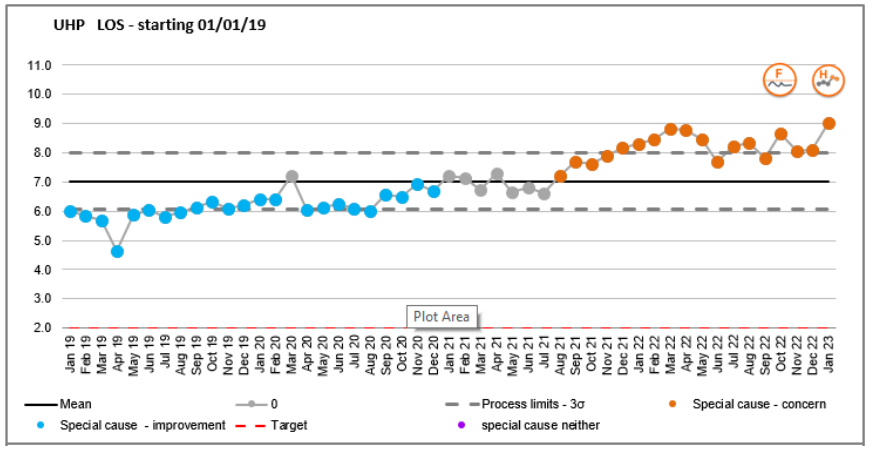
- P0 – Discharge Lounge has now reverted to a discharge lounge during the day and is used for escalation beds if needed for evenings and weekends. Audit to be completed with findings to be available next month.
- P1 - No funding has been used for additional P1 capacity since mid-November the average LOD on P1 is 5 days.
- P2 - 27 out of 30 new capacity beds are now live with the remainder expected by April 2023. Plans to increase block beds using additional discharge funds are in planning and expected to provide a further 17 beds. Since mid-November the average LOD on P2 is 5 days.
- P3 - 20 new beds to support P3 discharges are expected in the coming months. Since the mid-November the average LOD for P3 is13 days.

The average non-elective length of stay at TSDFT remains above the long-term mean of 6.77 over the last four years, above pre-COVID levels. This is in line with other providers in the system.

UHP NCTR



Average Non-elective Length of Stay – UHP



Analytical Commentary: As of 12th February 2023, UHP reported 11% (97) of G&A beds were occupied by patients with NCTR. There has been a significant improvement the NCTR position during January. Consistently hitting Saturday discharge targets with further work to do on Sundays. UHP are working on to improve consistency across the week. Continued use of VCSE services to support discharges is working well.

Operational Summary:
Actions to address are in place with Demand and Capacity plans continuing to progress and with additional discharge funding also available. Below describes the LOD performance breakdown by Pathway:

- P0 – Night teams are reviewing P0 ready for discharge to get patients discharged to the discharge lounge early in the morning ensure afternoon huddles in place to check off transport and TTA's. Standardising this process across all wards. Home for Lunch promotion comms provided across all wards.
- P1 - Full utilisation of the Care Hotel, increase use of VCSE capacity and implementation of bridging service has supported reduction in LOD for those on P1. Since mid-November average LOD on P1, is 3 days.
- P2/P3 - 6 beds providing 1:1 support for those awaiting a dementia care home placement is still in place. A further 20 block beds are now available supporting P2 discharges utilising the additional discharge fund with a further 10 expected later in February. Since the mid-November average LOD for P2 is 13 days and P3 18 days.

The average non-elective length of stay at UHP remains above the long term mean of 7.01days (over the last four years), This is above pre-COVID levels. It has been routinely above 7.8 days since November 2021.

Planned Care: System Overview

Data

	Metric	Target	Latest Date	Devon Value	Variation	Assurance
RTT	RTT Incomplete Waiting list		2022-12	159800		
	RTT 18 weeks	92%	2022-12	51.0%		
	RTT over 104 weeks	0	2022-12	340		
	RTT over 78 weeks		2022-12	3103		
	RTT over 52 weeks		2022-12	16967		
Diagnostics	Diagnostics within 6 weeks	99%	2022-12	59.9%		
	Diagnostic Total activity		2022-12	31404		
Cancer	Cancer 2 week wait	93%	2022-12	76.0%		
	Breast Symptomatic 2 week wait	93%	2022-12	77.5%		
	Cancer 31 day First	96%	2022-12	93.1%		
	Cancer 31 day follow-up drug	98%	2022-12	98.5%		
	Cancer 31 day follow-up sugery	94%	2022-12	86.5%		
	Cancer 31 day follow-up radiotherapy	94%	2022-12	99.2%		
	Cancer 62 day urgent	85%	2022-12	67.1%		
	Cancer 62 day screening	90%	2022-12	78.6%		
	Cancer 62 day Upgrade	85%	2022-12	76%		
	Cancer Faster diagnosis	75%	2022-12	74.0%		

Summary

System performance for December has remained within normal common cause variation indicating no significant change. However, most metrics are failing to achieve national targets and will continue to do so without intervention.

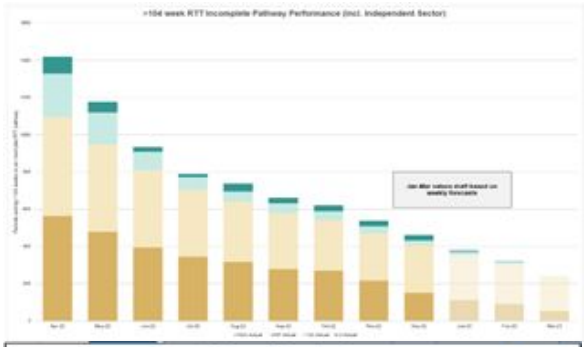
The total number of patients in the system waiting over 104 weeks from referral to treatment has fallen for the ninth consecutive month, however a worsening in performance has been seen in all other RTT metrics.

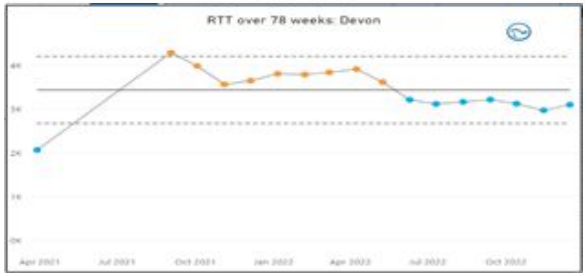
The re launched Harm Group will meet 1st March. The aim of the group is to focus on actions that mitigate the System risk of patients experiencing long waits.

The recent audit of incidents undertaken by the ICB will be presented within a planned care paper to the ICB Quality & Performance Committee in April 2023.

Planned Care: System 104 Week Wait

Data





Analytical Summary

The 104 week waits measure is currently failing the target, there is special cause variation of an improving nature, however this has yet to achieve the target.

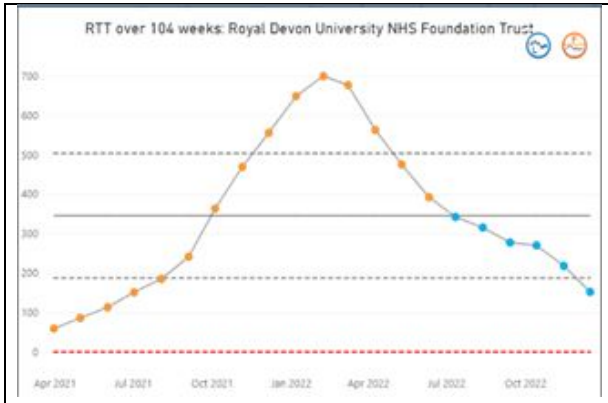
Operational Summary

Despite ongoing industrial action, all Devon provider organisations are continuing to show steady improvement in clearance of long waiters both at 104 and 78 weeks. Extensive efforts are being made to expedite the treatment of long waiting individual patients with detailed pathway management being carried out on a daily basis at patient level for all long waiters.

Ongoing support for NHS organisations in clearing long waiters has been provided by NHSE in the form of senior operational experts seconded into acute provider organisations as well as additional support and oversight at system level. This includes implementation of additional governance structures in addition to the existing NHSE/ICB/Provider weekly Tier 1 and 78 week waiter meetings.

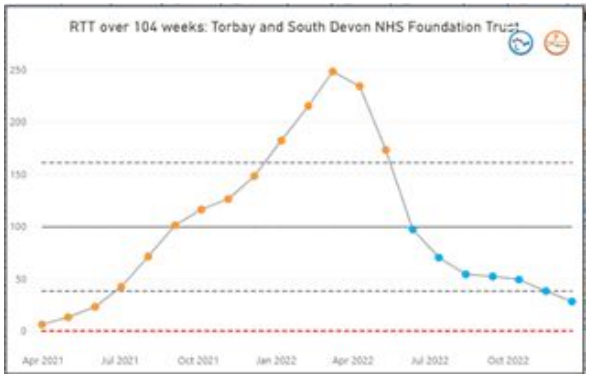
The ICB continues to work with local IS providers forecasting delivery of zero 104 waiters within these organisations at financial year end and only 15 patients waiting >78 weeks. All 15 of these patients were offered earlier treatment at an alternative Devon provider which they declined. The ICB will continue working with the IS to ensure that this position is maintained and additional capacity, where available is utilised to support acute NHS providers.

Planned Care: Trusts 104 Week Wait



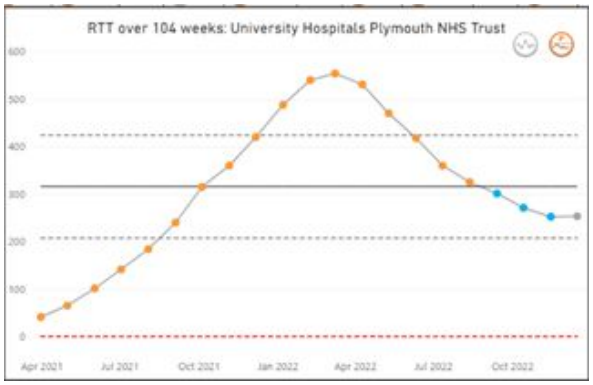
RDUH Operational Summary

- The financial year end forecast of 54 patients waiting over 104 weeks has been sustained despite the UEC/workforce pressures and ongoing industrial action. The long waiters are contained within the two most challenged specialties of Trauma and Orthopaedics and General Surgery. Further improvement in this forecast is unlikely due to a 45% Consultant absence rate across General, Complex Abdominal and Spinal Surgery (a variety of reasons - primarily injury).
- Other risks to the position include UEC/workforce pressures, industrial action, cancer demand and delays in delivery of insourced additional capacity. Potential mitigations of this are ongoing work to expand the range of service provided at the Nightingale, national mutual aid and insourced general surgery capacity.
- With the national target of zero patients waiting over 78 weeks by April 2023 there has been increased focus on this cohort. The RDUH is currently forecasting to end the financial year with 1088, of which 65 are on a non-admitted pathway. This is an improvement on the June 2022 operating plan submission trajectory which forecast 1477.



TSDFT Operational Summary

- Low volumes (less than 10 per speciality) of patients waiting over 104 weeks persist across the following specialties: Colorectal Surgery, Gastroenterology, Paediatrics, Neurology, Upper GI Surgery, Gynaecology and Trauma and Orthopaedics. The organisation is continuing to forecast full clearance by financial year end.
- Risks to the position are primarily industrial action and UEC pressures. The organisation is however only forecasting 16 patients waiting over 104 weeks heading into the start of March, so the low volumes should not be a challenge to resolve.
- TSDFT have improved their trajectory for number of patients waiting more than 78 weeks by April 2023. It now stands at 176, made up of 56 non-admitted ENT patients and 120 admitted patients across Urology and Colorectal Surgery. This is an improvement on the June 2022 operating plan submission trajectory which forecast 305.
- With Torbay forecasting zero 104 week waits at financial year end, attention has been refocused on reducing the volume of patients waiting over 78 weeks for treatment. A key intervention for the Trust is the use of insourcing, with Torbay working with three companies to procure additional local capacity, particularly in Neurology which is their most challenged Specialty for patients waiting over 78 weeks.

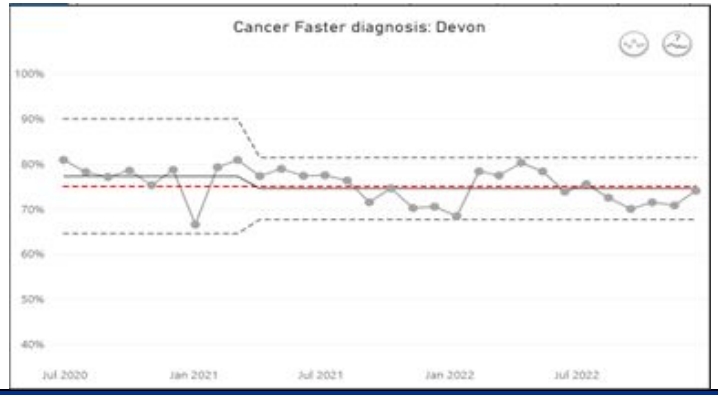


UHP Operational Summary

- UHP was the sole Devon organisation that submitted a 2022/23 operating plan trajectory showing patients waiting >104 weeks persisting into 2023/24. UHP are ahead of this financial year end forecast of 336, with a current assessment of 185 patients remaining, concentrated (177) in the most challenged specialties of Neurosurgery and Orthopaedics.
- Risk to the position is primarily industrial action which the Trust has noted as being increasingly disruptive to business as usual. The other key risk being dependence on high volume super clinics in Neurosurgery to see and treat long waiting patients.
- The latest forecast of 615 patients >78ww at financial year end is significantly better than the June operating plan submission which predicted 1628. 98% of these patients are contained within the key pressured specialties of Neurosurgery, Orthopaedics and Urology.
- The two most challenged specialties for long waiters are Neurosurgery and Orthopaedics. To increase outpatient capacity to progress Neurosurgery patients the Trust has successfully trialled additional high volume super-clinics run at weekends with a Consultant overseeing a multi-disciplinary team. The Orthopaedics position has also seen positive movement through use of local Independent Sector providers (facilitated by the ICB) to treat suitable patients willing to move provider.

Cancer 28-day faster diagnosis: System

Data



Analytical Summary

The Cancer 28-day FDS for the system, continues to exhibit common cause variation as it fluctuates around the target. December's performance is 74% against a 75% standard.

The system may not meet the 2022/23 28-day trajectory due to the performance at RDUH and the individual Trusts have not consistently met the targets submitted for the operational plan this year.

Challenges in the diagnostic pathway for Lower GI, Urology, Gynaecology and Breast continue to be the greatest risks to achievement.

Operational Summary

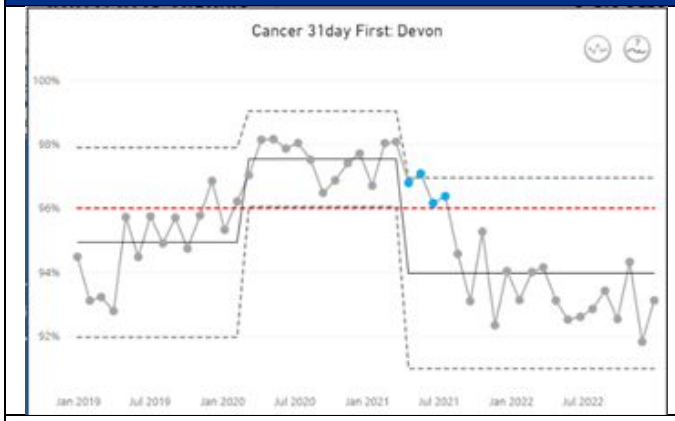
28-day performance 75%	Target	Sep-22	Target	Oct-22	Target	Nov-22	Target	Dec 22
Torbay and South Devon NHS Trust	65%	68%	70%	74%	70%	68%	70%	75%
Royal Devon University Hospital - combined	90%	61%	90%	64%	91%	67%	91%	70%
University Hospitals Plymouth	77%	78%	80%	77%	78%	76%	76%	78%
ICS	75%	70%	75%	71%	75%	71%	79%	74%

TSDFT and RDUH remain in Tier 1 monitoring and are accounting for delivery weekly to NHS England.

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 Cancer Alliance meet weekly to monitor and mitigate issues as they arise.
- Additional capacity for prostate biopsies, endoscopy and gynaecology pathways have been commissioned through funding from ICB and Cancer Alliance and is being delivered in Q4.

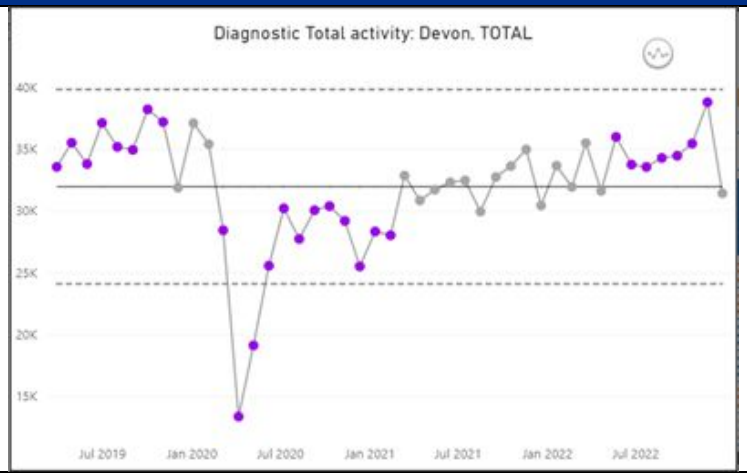
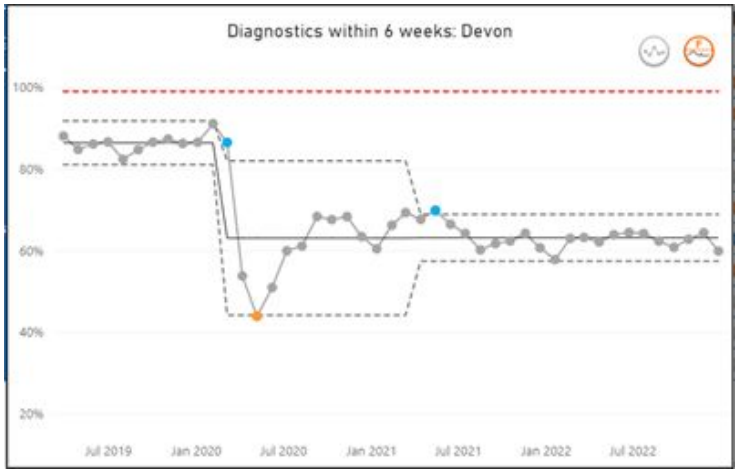
Cancer 31-day first treatment and 62-day urgent treatment: System

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. For December, performance was 93.1% against a 96% standard.
	The Cancer 62-day metric is consistently failing the target, it displays common cause variation. As the target is above the higher control limit, the system will currently not achieve this objective. For December, the Devon system performance was 67.15% against an 85% standard. Individual Trust performance is shown below. TSDFT is the only provider who have confirmed they will achieve their set breach target for 2022/23.

62-day performance - 85%	Sep-22	Oct-22	Nov-22	Dec-22
Torbay and South Devon NHS Trust	58%	53%	57%	63%
Royal Devon University Hospital - combined	59%	55%	57%	63%
University Hospitals Plymouth	63%	57%	72%	71%
ICS	60%	59.2%	63.3%	67.15%

Operational Summary
The recovery work described for diagnostic elements of cancer pathways will temporarily worsen the 62-day position as more patients receive diagnoses and patients move along the pathway to treatment. This will appear as a bulge in demand. Planning is underway for 2023/24 to establish the diagnostic capacity that has been demonstrated as a shortfall this year. This process forms part of the 2023/24 operational planning work. The two most challenged tumour sites in the system for this standard are Urology and Lower GI. Staff vacancy rates and service capacity, particularly within diagnostic elements of pathways are the primary causes of pathways not meeting the standard. **Actions:** **RDUHE -** following an NHSE visit in November 2022 an action recovery plan is in development that addresses the recommendations from the report. Weekly meetings will be put in place to support the implementation of the recommendations. **RDUHN -** Waiting list clearance continues for urology with additional-trans perineal biopsy capacity and cystoscopy activity through the independent sector. Ongoing support to clear dermatology and gynaecology waiting lists will be in place until 31st March 2023. **TSDFT -** Dermatology weekend sessions due to commence In January 2023 have not started as planned due to contractual issues. It is unlikely they will commence in 2022/23. Weekly clearance of hysteroscopy and colposcopy waiting lists will continue to the 31st of March 2023. This has supported provision of outpatient capacity for their longest waiting patients and achieving their screening targets. The Trust has a confirmed plan to address the capacity deficit for these. A mobile unit for TP biopsies and cystoscopies has completed its visit to TSDFT clearing the biopsy waiting list and reducing the cystoscopy waiting list by 75 patients. Capacity to meet demand is in place for 2023/24 with the launch of a nurse led service. Improvements in Endoscopy performance are described in the diagnostics section of this document.

Diagnostics

Data	Analytical Summary
	**Activity** The total diagnostic activity had begun to show significant improvement but dropped back in December. Seasonal factors of sickness and capacity contributed to a fall in activity, compounded by industrial action in December, this is expected to be recovered in January.
	**Performance** The system wide performance against the 6-week diagnostic standard continues to show common cause variation and is consistently failing the target. December performance is 60% against a 75% operating plan target for patients to be seen within 6 weeks. The reduction in activity has impacted UHP and RDUH ability to see patients within the 6-week standard.

Operational Summary

The most challenged modalities are DEXA scanning, audiology, and endoscopy. Recovery planning for endoscopy is contained within the cancer update. Audiology compliance is not achievable in year due to issues with contract delivery for RDUH East.

Actions

Ultrasound - Additional capacity has started to reduce the waiting lists. With the weekly number of scans significantly exceeding the number of referrals at RDUH and UHP with the waiting list falling as a result.

TSDFT have specific targeted interventions to increase capacity across specialties as detailed below**:**

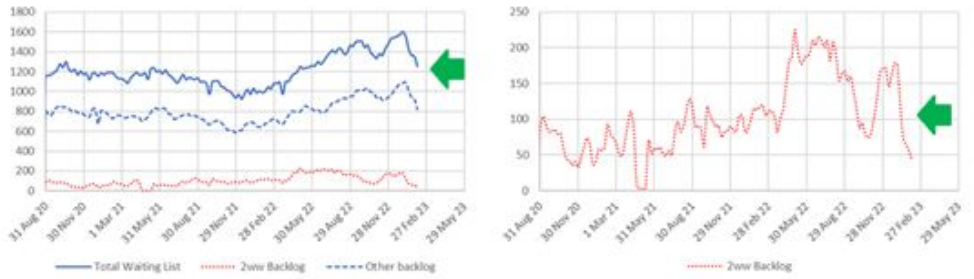
Gynaecology - is benefitting from additional support from 28th January to 31st March providing additional capacity on alternate weekends for hysteroscopy and colposcopy. This is projected to reduce the colposcopy active waiting list from 200 to a sustainable level of 50 patients at the end of the financial year (approximately 6 months earlier than would be possible without the intervention) and the backlog of patients waiting over 6 weeks will reduce from 200 to zero over the same timeframe.

Dermatology weekend sessions commence from 21 January until 31 March 2023, this will reduce the Dermatology L1-3 active waiting list by approx. 150 patients and remove a similar volume of patients from the backlog.

Cystoscopies will benefit from an initiative entitled “TSDFT Super Cystoscopy week” which will perform 80 cystoscopies impacting positively on the waiting list 159 patients without TCI on 15/1/23.

The TP biopsies (for prostate cancer) waiting list is predicted to fall to zero as a result of the mobile unit that began on 21 January 2023 and is expected to clear the waiting list of 100 patients in the subsequent 5 months.

Endoscopy - The impact of additional activity in Endoscopy is shown on the graphs below, the green arrow highlighting the change in total wait list and backlogs, the second graph shows the 2ww backlog in isolation.



Primary Care Performance

Metrics

	Metric	Target	Latest Date	System	Devon	East	North	Plymouth	South	West
Primary care	Access to General Practice: general practice appointments occur within 1 day of request	35%	2022-12		57.1%	52.5%	50.6%	58.0%	59.6%	58.6%
	Access to General Practice: appointments occur within 2 weeks of being booked	85%	2022-12		85.5%	81.6%	83.1%	86.9%	87.9%	85.5%
	General Practice: % Practices Latest Overall CQC Rating Good or Outstanding	100%	2023-01			95.3%	100%	95.2%	96.6%	100%
	Technology enabling access: Number of online/video consultations against target	50000	2022-12		52158					
	Access to General Practice: clinical team appointments on pre-pandemic levels (per working day)	4%	2022-12	9.47%						

Data

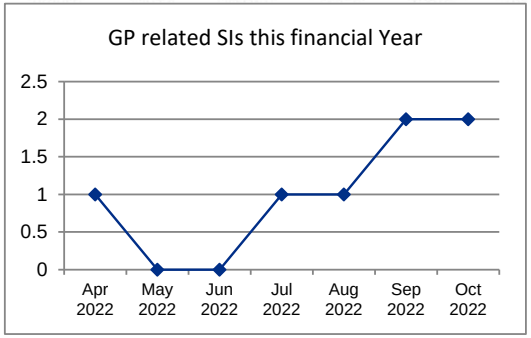
Analytical summary

Analytical Commentary:

The target to increase appointments on pre-pandemic levels of 4% shows special cause variation of an improving nature and is achieving. The target of 85% of appointments in 2 weeks is showing special cause variation of a concerning nature and is not consistently achieving target. The target of achieving 35% of appointments within 1 working day of request is showing special cause variation, however, is above target and consistently passing.

Operational Summary:

Increase in clinical team appointments of 4% on pre-pandemic levels carries a risk of not maintaining current performance. However, December achievement of 9.5% remains well above target. Average appointments per working day during December at 34,483 is 15% higher than last year. GP team access has been positively impacted through ICB investment in additional GP team capacity through winter, including ringfenced funding to provide dedicated ARI management. During this period, Devon ICS saw the second highest level of GP team appointments per 1,000 patients of all ICSs.



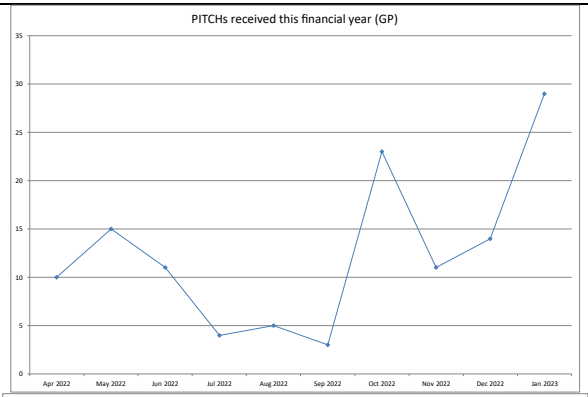
The target of 85% appointments within 2 weeks was achieved during December, with 85.5% being seen within this timeframe.

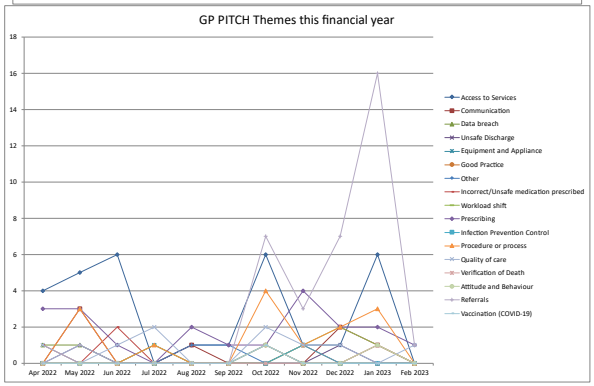
System GPAS/OPEL rating following a record number of 'black' returns from practices reporting severe pressure during December, the number of 'black' returns reduced during January and this maintained through early February. However, the volume of practices declaring a 'red' alert state remains high with significant levels of demand continuing to be reported.

The target of 35% of appointments occurring within 1 working day of request is achieving and the position has further improved since last month, at 57.1% seen within 1 working day during December 2022 (48.1% in November 2022). This change corresponding with ICB support to Devon practices to enable increased focus on urgent/unplanned need.

Number of online/video consultations against target: In December 2022 52,158 consultations were carried out. During the first 9 months of the financial year 2022/23, 480,646 online/video consultations have taken place and the ICS is on trajectory to meet the required target of 600,000 a year.

Workforce metrics	December 2022
General Practice able to offer improved multi-disciplinary care through employment of 12 WTE additional roles (ARRS) per PCN by March 2023	24/31 PCNs continue to have above 12 WTE of ARRS staff. Overall, Devon is ranked fourth in the Southwest for direct patient care staffing at 7.0 per 10,000 weighted population. The Southwest region is ranged the highest region with 6.7 overall per 10,000 weighted population. December 2022 total WTE = 424.5, number of roles = 515).





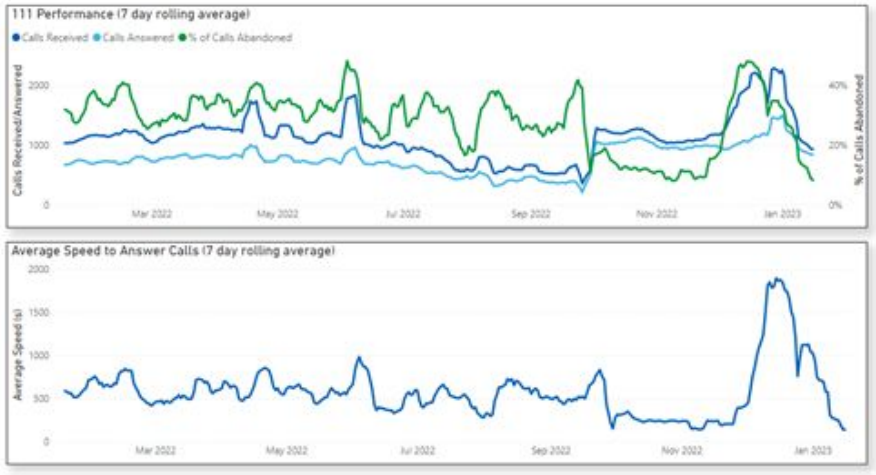
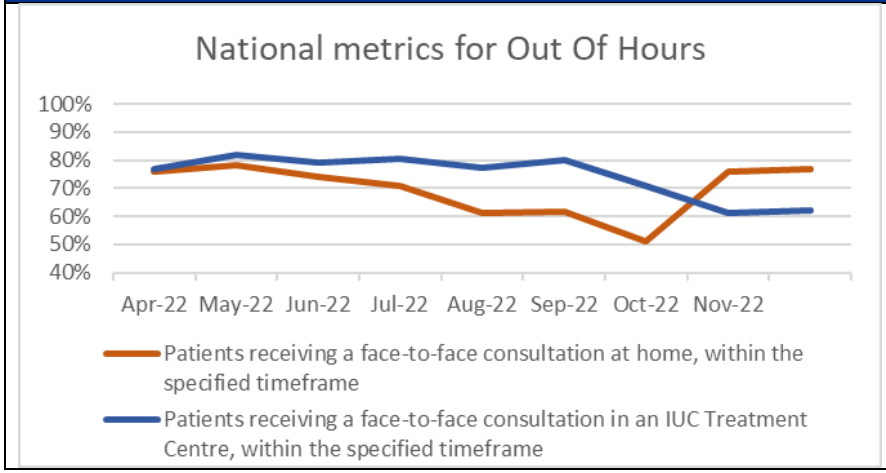
Achieve upper quartile performance in terms of WTE GP per 1,000 population	Devon is now joint highest in the Southwest with Gloucester at 6.6 rate per 10,000 weighted population. The Southwest is the second highest region with 6.2 and the Midlands is leading with 6.4. Devon continues to be in the upper quartile of ICS'.

As mid-February 98% of practices in Devon have a CQC rating of 'Good' or 'Outstanding'. 3 are rated 'Requires Improvement' and the ICS Primary Care and Quality Teams continue to work closely with these practices.

General Practice related Serious Incidents (SIs) – SIs relating to primary care this year so far are themed around 2 types: medication incidents and treatment delays. Of the 7 reported this financial year, 6 are medication related where moderate or above harm was caused owing to lapse in care. Process of SIs is reviewing and sharing for learning.

GP related PITCHs – There has been an increase in PITCHs submitted post-Covid likely owing to greater awareness by practices. There has been an increase in PITCH reports during December 2022 and January 2023 relating to onward referrals, transfer of work to GPs from other providers. *Note: "GP" will also include PPG and Devon Doctors OOH GP services, however, the majority are related to general practices.*

Integrated Urgent Care Service: NHS 111/Out Of Hours

Data – NHS 111	Analytical summary
	Following the unprecedented levels seen for the 111 service in December, demand has reduced in recent weeks to expected levels. The percentage of calls abandoned by PPG in January was 14%. Whilst this is below the target of ≤3%, it is in line with national average and an improvement from January 2022 which was 35%. The average speed to answer calls in January was 225 seconds. Again, this is below the target of ≤20 seconds but is in line with national average and an improvement from the previous month and the same month last year.
Data – Out Of Hours	**Analytical summary**
	Key performance standards for the OOH service include patients who receive telephone advice or have their call triaged within a clinically defined timeframe and patients who receive a 'face to face' appointment, either within their home or at a treatment centre within a clinically defined timeframe. Securing clinical resource remains challenging and directly impacts on performance. PPG are working hard to encourage local clinicians to work shifts in the IUCS with many new clinicians starting each month. However, low pick-up rates continue and are due to several reasons including competing demand on a limited workforce and higher rates of pay in other areas. PPG continue to work on establishing the right level of capacity in the out of hours service.

Mental Health: System Overview

Metrics

Scorecard *(*Not updated since July 2022 due to CareNotes outage)*

Key Performance Indicator	National Target	System Target	Actual	Variation	Assurance
*Discharges followed up within 72 hours	80%	80%	81.19%		
*Community Mental Health access (2+ contacts)	18,942 Q4	17,452 Q4	16,360		
*Children & Young People's Access (1+ contacts)	14,037 Q4	13,477 Q4	12,200		
*Children & Young People Eating Disorders routine cases	95% Q1	95% Q4	49.5%		
*Children & Young People Eating Disorders urgent cases	95% Q1	95% Q3	85%		
Dementia Diagnosis Rate	66.7% Q4	60% Q4	55.31%		
*Early Intervention in psychosis (EIP): % entering treatment within two weeks	60%	60%	72.3%		
IAPT Access	9,383 Q4	7,716 Q3	5,778		
IAPT – first appointment within 6 weeks	75%	75%	94.24%		
IAPT – first appointment within 18 weeks	95%	95%	100%		
IAPT Recovery	50%	50%	49.3%		
*Individual Placement and Support (IPS) access	300 Q1 954 Q4	642 Q4	397	N/A	N/A
*Perinatal Access Rate	1,115 Q4	1,028 Q4	953		
Physical health checks for people with severe mental illness (SMI)	7,448 60%	7,448 60% Q3	4,633		
*Inappropriate out of area bed days (monthly)	0 Q4	0 Q4	479		
Annual health checks for people with a learning disability	75%	-	27%	N/A	N/A
Reducing adults and CYP with LD in specialist inpatient beds	31	-	40		
Workforce Vacancy Rate %			5.85%		N/A
Workforce Sickness Absence %		5.29%	6.65%	N/A	N/A

System Summaries

The metrics not impacted by the Carenotes outage relate to IAPT, dementia diagnosis rate, health checks for people with SMI and LD, the number of people with LD in inpatient care, and workforce.

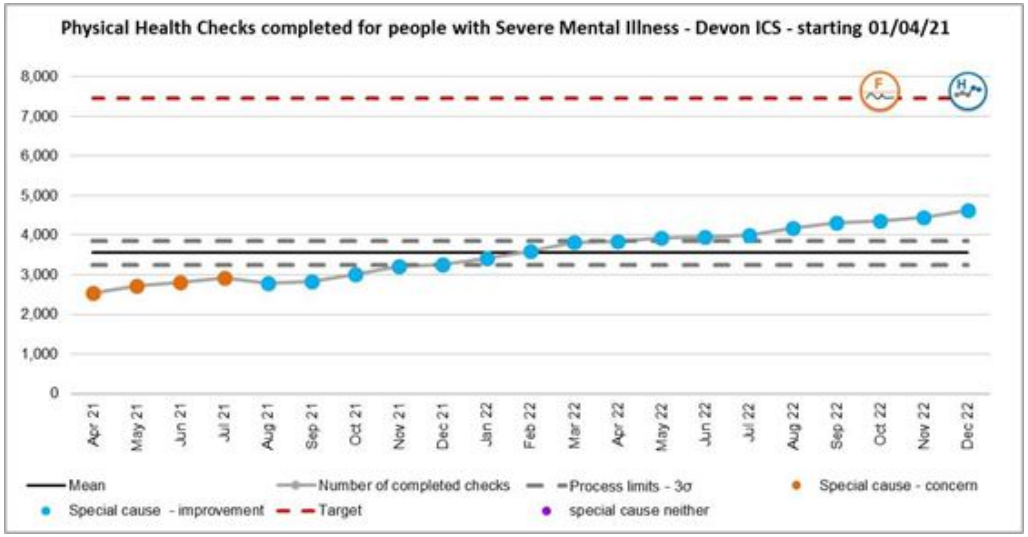
Carenotes is now operational, a detailed incident update is to be provided by DPT on the 23rd February 2023 to enable a full understanding of the impact and next steps to system reporting recovery.

IAPT appointments offered within 6 and 18 weeks continue to perform consistently well and exceed the targets despite a slight decline in performance. However, IAPT Access has shown a continued decline in performance and is experiencing special cause concern.

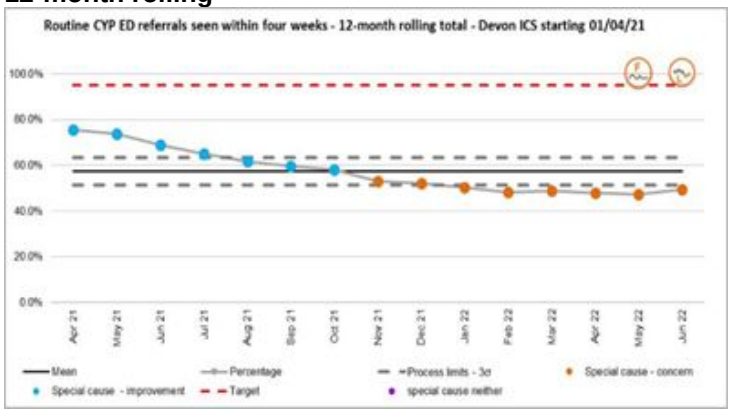
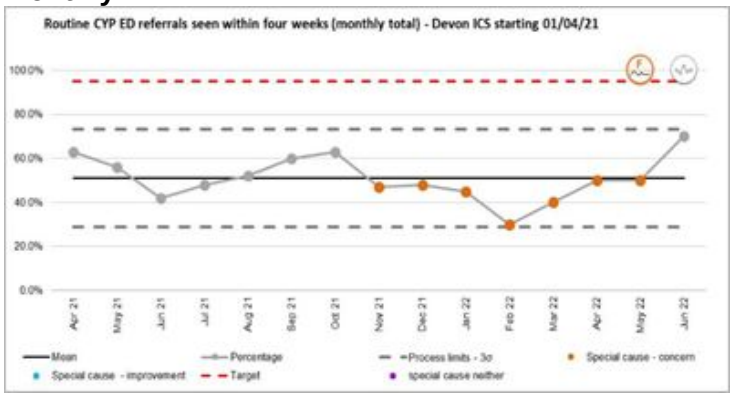
Physical health checks for people with severe mental illness (SMI) has seen a continued improvement in performance over the last six months.

The dementia diagnosis rate continues to experience special cause variation of a concerning nature.

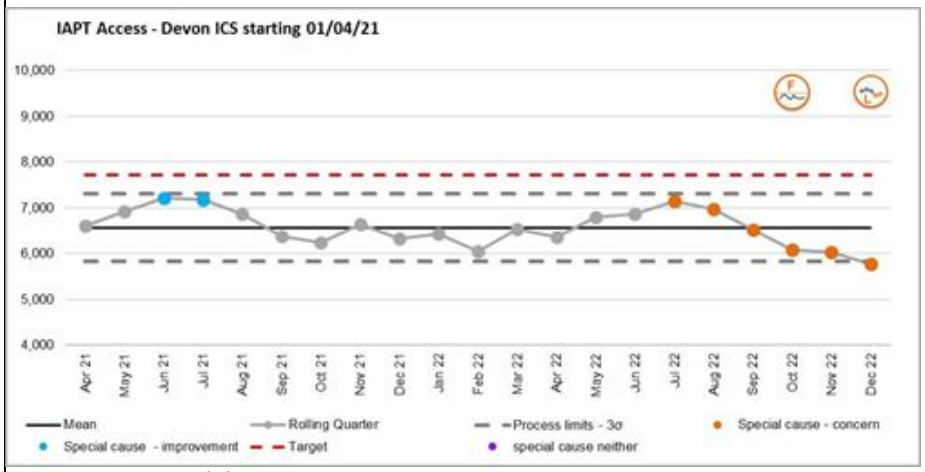
Mental Health: Severe Mental Illness – Physical Health Checks

Data	Summary
KPI Description NHS England Long Term Plan deliverable that 60% (n= 7,748) of people on the General Practice list of patients with severe mental illness would have a complete physical health check in the last 12 months.  Data Source: GDPPR dataset, NHS Digital	**Analytical Commentary** The measure is showing special cause of an improving nature but is consistently failing the target. **Operational Summary** Uptake of health checks completed continues to increase with December 2022 at 44.92% (4,633/10,314). Due to data upload issues, the additional VCSE sector commissioned capacity is not reflected in the chart for the December 2022 position. This will be retrospectively updated next month. Devon has set a trajectory to achieve the deliverable of 60% by the end of March 2023 which would require 15.08% improvement in performance in the next 3 months. The mitigations in place have improved performance, however, it is unlikely that this target will be recovered and achieved in 2022/23. **Actions and Assurance** • NHS Devon continues working to fully mobilise the additional VCSE sector capacity which has been commissioned to help more people with severe mental illness access physical health checks. • Workstream developing a delivery model that will support physical health checks, with coproduction at its core. • Working with primary care through Webinars and other communications to promote uptake of additional capacity.

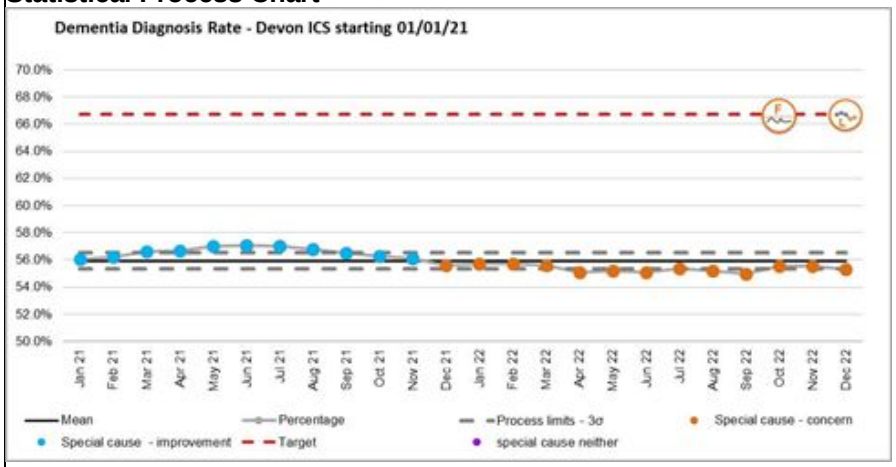
Mental Health: CYP Eating Disorders Routine

Data	Summary
KPI Description: The proportion of CYP with routine eating disorders that wait 4 weeks or less from referral to start of NICE approved treatment. Rolling 12-month target. **12-month rolling**  **Monthly**  ***** Data unavailable at system level after June-22 due to national patient records outtage. *****	**Analytical Commentary** This KPI was experiencing special cause variation of a concerning nature and will consistently fail the target without further intervention. Data is unavailable at system level after June 2022 due to national Carenotes outage. **Operational Summary** NHS Devon identified a trajectory in its operating plan to achieve the national target by the end of quarter 4. As of the last available system data (June 2022) NHS Devon achieved 49.5% which is below the regional and national average performance. Across ICS Devon, planned actions relating to workforce and investment identified in the 2022/23 Operating Plan have been implemented. Validated performance at provider level indicates that in Plymouth the trajectory is continuing to progress towards the agreed recovery position. Due to the Carenotes outage there is no validated provider performance data for Devon and Torbay. **Actions and Assurance** The actions set out in the Operating Plan were identified as being delivered 'on track' at the end of quarter 2. Across Devon the planned actions identified in the 2022/23 Operating Plan for Q3 have been delivered as planned. For Devon and Torbay planned recruitment for recovery against the planned trajectory is underway.

Mental Health: IAPT Access

Data	Summary
KPI Description The number of people who enter NHS funded treatment with IAPT services in the reporting period. Total is by rolling quarter. **Statistical Process Chart**  Data Source: Local data	**Analytical Commentary** The KPI is within common cause variation but there are three data points close to the lower process limit suggesting a decline in performance. Data shows this process is not capable of meeting the target and will fail without further intervention. The KPI is falling short of the Q3 target (7,716). **Operational Summary** NHS England identified a target of 9,383 people accessing IAPT in a quarter in ICS Devon in 2022/23. ICS Devon submitted a trajectory to reach 7,518 by the end of quarter 4. As of November 2022, performance against planned monthly access is 87.0% nationally, 74% regionally, 84% in Devon (Source: MHSDS core data pack). Across Devon the planned actions identified in the 2022/23 Operating Plan for Q3 have been delivered, including: - promoting IAPT to the public and referrers. - developing IAPT Long Term Conditions offer in Plymouth. - enabling access through the Devon Staff Wellbeing Hub. - supporting access to help via the long-Covid pathway. Despite not meeting required access numbers, IAPT continues to achieve national access times. **Actions and Assurance** In Q3 a review of psychological therapy offers in Devon was completed and recommendations have been finalised. An agreed timeline for implementation has been developed aligned to the recommendations.

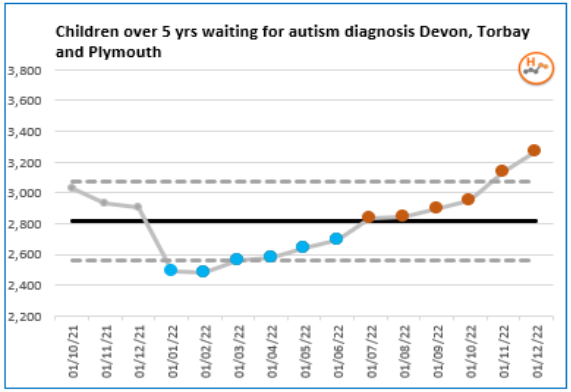
Mental Health: Dementia Diagnosis Rate

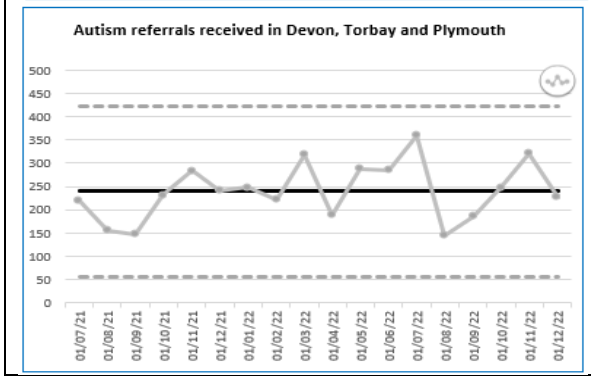
Data	Summary
KPI Description: The proportion of estimated over 65s in the population with dementia that have been diagnosed. **Statistical Process Chart**  Data Source: Dementia Dashboard, NHS Digital	**Analytical Commentary** The mean rate is approximately 56% and the KPI is expected to consistently fail. There are several data points indicating a slight decline in performance since December 2021. **Operational Summary** Diagnosis rate has been at this level for most of the year and in line with national experience, the cause is not fully determined and variations in demand are being examined alongside triangulation of practice rates with other relevant health needs. Additional actions are being explored with Region based on learning elsewhere. Additional focus on Care Homes may be possible and is being explored as part of preparing for 2023/24 planning. Continued uncertainty regarding funding of post-diagnostic support is very likely to adversely influence diagnosis rate in primary care. **Actions and Assurance** System work with Primary Care actions focus on actions within the practices to integrate dementia diagnosis more clearly into practice, actions when coding diagnoses, support in Care Home settings and relationships with organisations (e.g. pharmacies) which may be able to flag possible need for dementia diagnosis. ICS Devon has submitted a draft trajectory as part of the 2022/23 Operating Plan to improve performance to 60% by the end of Q4 2022/23 but is unlikely to be achieved. A mandate for Older People's Mental Health/ Dementia was drafted for the MHLDN Provider Collaborative Senate in February 2022, including dementia diagnosis but with a broader scope.

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

Key Performance Indicator	Target/ Plan	Latest Period	Actual (system average)	Variation	Assurance
Autism Diagnosis (Waiting)	<18 weeks.	Dec 2022	87 weeks (Devon & Torbay 85.2 / Plymouth 88.8 weeks)		

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)
This report is not yet able to deliver a complete view of autism diagnosis rates as CYP data is not easily extracted from all acute Trusts for Comunity Paediatrics. Work is being undertaken to improve data reporting within CYP. Benchmarking between systems and regions is unavailable and is recognised as being an issue nationally Where available, national and regional CYP networks confirm autism waits to be challenging across the country.

What are the causes?

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. A deficit in early needs based support drives families to seek a formal diagnosis, further increasing referral numbers.

Capacity:
Staffing vacancies across community teams
Providers report current budgeted capacity is insufficient to meet demand.
Provider recruitment pause due to staff consultation (due to conclude March 2023).
Potential inefficiencies within multi-organisational pathways

Actions

Conclude the children's community contract review including demand and capacity, and service gaps analysis (March 2023)- deliver recommendations in line with assessment of risk and EIA
Joint clinics being trialled between CFHD and community paediatrics.
Development of integrated, holistic pathway for neurodivergent diagnosis.
Increase numbers of Key workers- focussed on early help, new pilot to commence June 2023
New approach to community waiting list recovery and assessment of harm being worked up for adult and childrens teams

When is improvement expected?

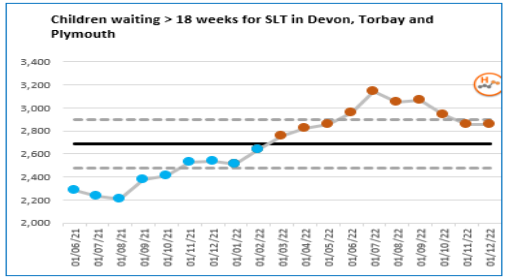
Trajectories have been submitted for Devon SEND WSOA and separately the Torbay SEND WSOA, with current resource these do not demonstate improvement. Impact from enhanced recruitment may demonstrate improvement from June, if successful. Outcome of children's review will be dependent on system's decisions. Impact of key worker scheme to be evaluated from December 2023 .

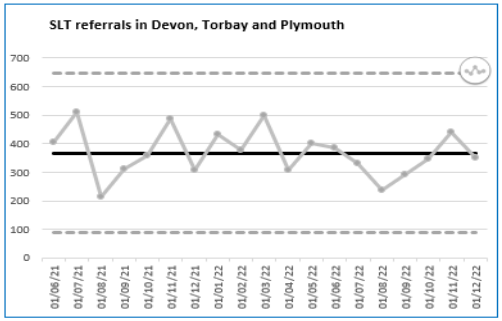
Children & Young People (CYP): Speech & Language waiting times

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
Speech and Language waiting times	< 18 weeks	Dec 2022	32.4 weeks (average). 113.65 weeks (longest wait).	H	F

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

Devon, Torbay and Plymouth





Analytical Summary

Referrals are within expected common cause variance and are lower than the same period last year. The number of children waiting is reducing, however the metric is still in a concerning position.

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 a knock on impact from COVID. LSW waits have continued to decrease reducing both longest and average waits.

Capacity: Continued workforce vacancies reduces clinical capacity and applicants for posts have reduced. Recruitment remains a challenge.

Actions

DCC funded focused work has seen a continued reduction in the number of children waiting in the Devon County Council area. To date (1st October 2022 – 21st December 2022) the programme has contacted over 540 families and reduced the longest waiting time from 204 weeks to 84 weeks and the number of families waiting over 52 weeks has decreased from 25.8 % to 22 6%

Conclude the children's community contract review including demand and capacity, and service gaps analysis (March 2023)- deliver recommendations in line with assessment of risk and EIA

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

Wider pathway redesign within Devon and Torbay is dependent on provider staff consultation (due to conclude March 2023).

A comprehensive needs assessment is being undertaken to understand, plan and evaluate services to support children and young people SLCN. Better Communication CIC have been commissioned to support this work using the evidenced based framework called The Balanced System®. This framework is recognised by DfE, NHS England and Public Health England.

When is improvement expected?

LSW have agreed to over-recruit by 4WTE therapists to support the recovery of the service to pre pandemic levels, this will take 24 months once appointed.

DCC funding agreed with CFHD, additional staff recruited (focusing on longest waiters) and 12 month action plan to monitor performance. Trajectory to reach RTT <18 weeks for Devon by March 2024.

Local Maternity & Neonatal System: Workforce Update

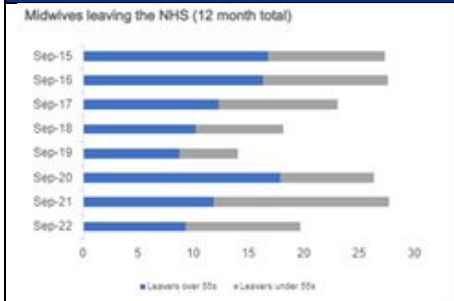
Key Headlines

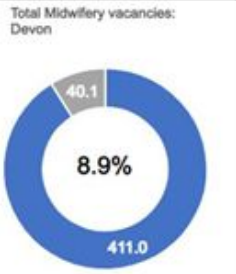
- Midwifery workforce levels have improved, however remain below recommended levels.
- The number of midwives leaving the NHS has reduced in both over 55 and under 55 cohorts.
- MSW vacancy rates are high, and compare poorly to the national and regional average
- Obstetric workforce levels have improved but remain below recommended levels.

Obstetric Consultant Workforce

The number of Obstetric consultants in Devon has improved since the same period last year, though remain below Ockenden compliance levels (n=27).

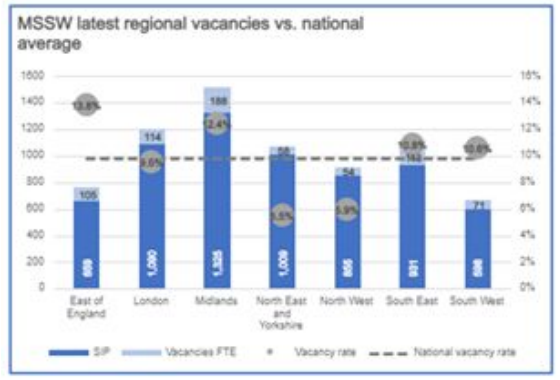
Midwifery Workforce

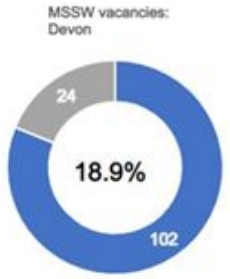




The midwifery vacancy rate has declined significantly between August 2022 at approximately 14% to around 8.9% in October 2022. The number of midwives leaving the NHS is at its lowest since 2019.
Midwifery workforce in Devon still remains below the Birth Rate+ recommended establishment of just under 500 midwives. Substantive midwifery staffing sits at 411 midwives.

Maternity Support Workers





Maternity support worker workforce has declined since the last period.
The vacancy rate for MSW's has increased significantly from around 11% in October 2021 to 18.9% in October 2022. The Devon MSW vacancy rate is higher than the national average (~10%) and higher than the south west average (10.6%).

Quality

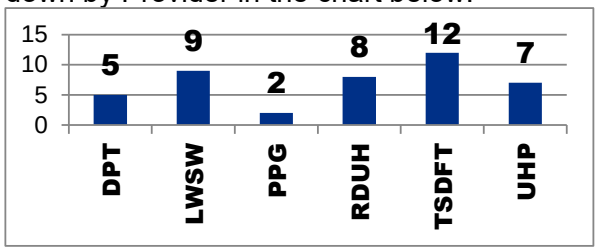
Quality Metrics

	Metric	Latest Date	System	Devon Partnership NHS Trust	Livewell Southwest	Other providers	Royal Devon University NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Quality	C-Diff	2023-01	32				7	8	5
	MRSA	2023-01	2				0	0	1
	MSSA	2023-01	31				5	1	3
	E coli	2023-01	77				14	4	12
	Klebsiella	2023-01	24				7	4	4
	Pseudomonas spp	2023-01	11				4	1	1
	SAFETY SYSTEMS: Number of serious incidents received that month	2023-01	43	5	9	2	8	12	7
	SAFETY SYSTEMS: Total number of Open Serious Incidents	2023-01	318	79	51	42	42	50	54
	SAFETY SYSTEMS: Total number of Open Serious Incidents. Severity = DEATH ONLY	2023-01	129	39	24	19	20	13	14
	SAFETY SYSTEMS: Number of Serious Incidents that are overdue	2023-01	183	59	21	24	29	25	25
	SAFETY SYSTEMS: Number of Never events received that month	2023-01	1	0	0	0		0	1
	Patient Experience: Number of informal concerns received that month	2023-01	73						
	Patient Experience: Number of formal complaints received that month	2023-01	1						
	Patient Experience: Number of open informal concerns	2023-01	43						
	Patient Experience: Number of open formal complaints	2023-01	12						
	Safeguarding Adults: S42.2 enquiries relating to care provided by services commissioned by NHS Devon	2023-01	8						

Serious Incidents

Serious Incidents received by Provider

During January 2023 there have been **43 serious incidents** reports, these are broken down by Provider in the chart below:



There was 1 Never Event reported in January 2023. Since April 2022 there have been **17 never events reported**, which is an increase compared to the same period last year (10).

The **top five Serious incident** types reported in January 2023 were:

(N.B. the arrow indicates change from previous month)

Maternity/Obstetric (7) ↑

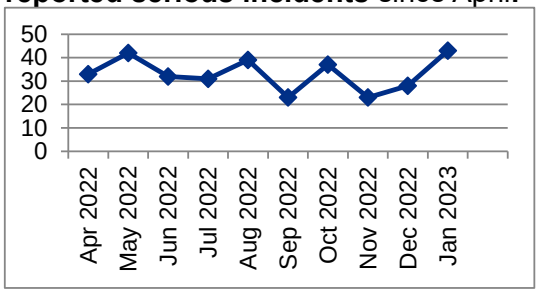
Slips/trips/falls (7) ↑

Surgical/Invasive (4) ↑

Apparent/actual/suspected self-inflicted harm (10) ↑

Treatment delay (5) ↑

The below chart shows the total number of **reported serious incidents** since April**:**



Total number of **open incidents** for the system in January 2023 is **318**.

Overdue Investigations

The total number of **overdue investigation reports** that have not yet been completed and submitted to the ICB remains a concern. The numbers remain stable across all providers. The safety systems team are continuing to provide support to all providers in reducing overdue incidents.

The **total number of overdue** incidents for the system in January was **183**.

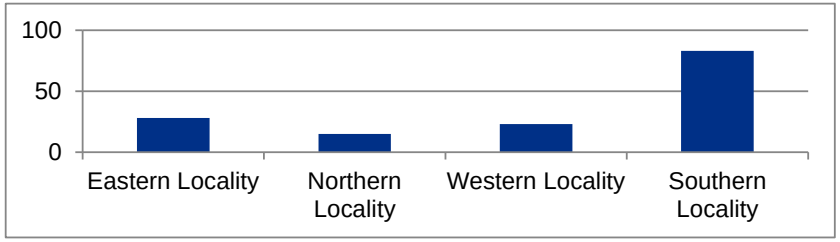
There are currently **14 open serious incidents** that have been identified as **multi-agency**. These are being investigated jointly to help improve identify what went wrong throughout the patient's care leading up to the incident. This also enables joint learning across Providers.
The SI reviewers within NHS Devon are also monitored with a 10-day KPI. There are currently **21 incidents being reviewed** which are currently being monitored by the SST to meet the deadline.

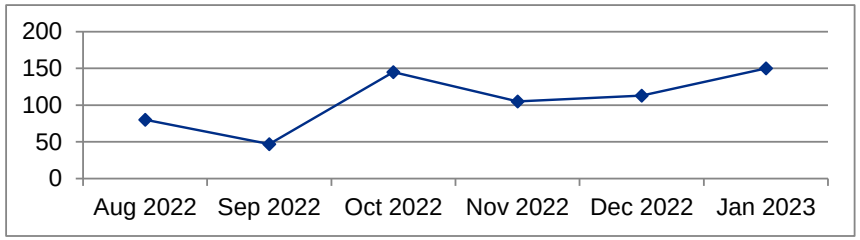
During December **19 incidents** were reviewed and assurance received for **closure**.

Peer Improvement Tips for Care and Health (PITCH)

Data

During January **150 PITCHs** were reported, these are broken down by locality in the chart below together with the number of PITCHs reported since August 2022:





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

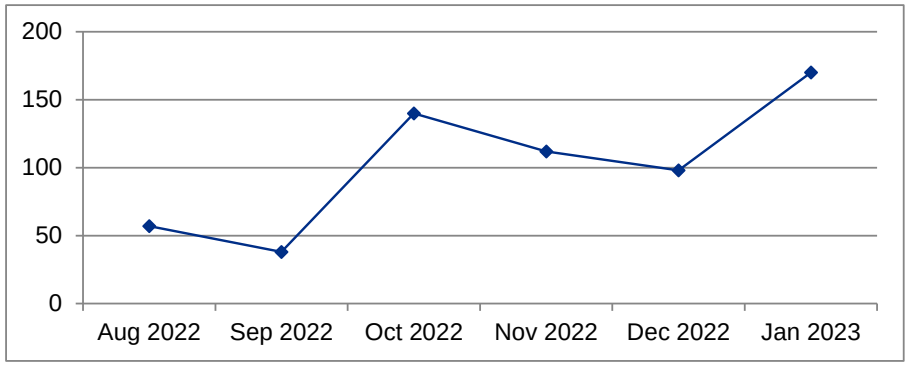
- Referrals (55)
- Procedure or process (24)
- Access to Services (23)

There has been continued high reporting from the Southern locality relating to inappropriate referrals from primary care and 111 to MIUs and UTCs. Work is ongoing with the PSQ team, locality colleagues, primary care and PPG to address this issue. There has also been reporting across all localities relating to poor discharges from hospitals, this is being reviewed with the PSQ team.

Closed PITCHs

During January 170 PITCHs were closed, compared to 97 last month. The chart to the right illustrates the number of closed PITCHs per month since August 2022.

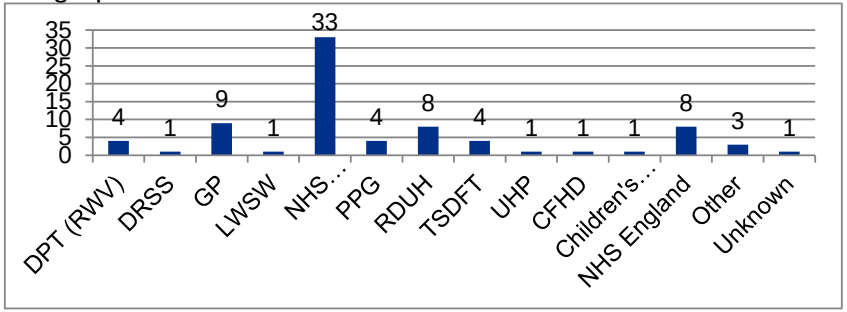
There is a total of 77 PITCHs which remain open.



Patient Experience (NHS Devon): Patient Contacts

Patient Experience: Received cases

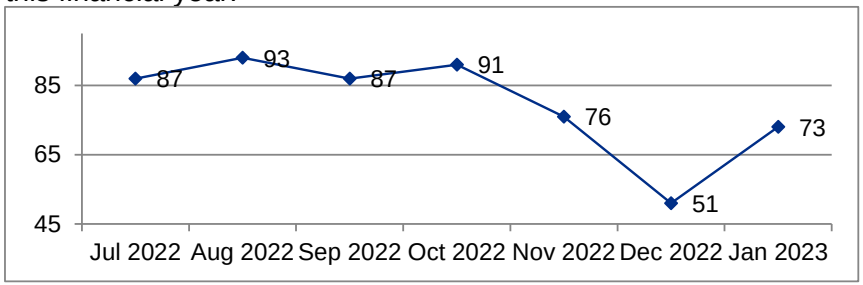
During January there were **79 new patient experience** feedback and concerns to manage, these are broken down by Provider in the graph below:



Majority of contacts relate to commissioned services or continuing healthcare concerns. Little change in the contact relating to children's ADHD/Autism services in North Devon, along with continues contact relating to Adult ADHD/Autism services. Continuous Glucose Monitoring concerns have slowed considerably.

Patient Experience: Informal Concerns

Patient experience informal concerns saw an increase in January to **73** compared to December, but overall, there has been a reduction in the past few months compared to earlier months of this financial year.

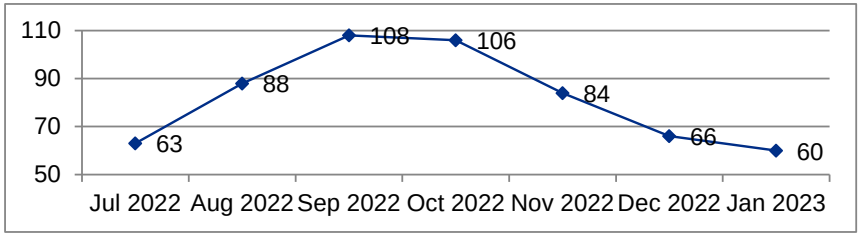


The **top three patient experience concerns received in** in October were:

- Procedure and Process **(25)**
- Quality of Care **(22)**
- Could not be categorised with standard themes **(10)**

Patient Experience: Closed cases

The **closing** of patient experience concerns has reduced however this is reflected in the volume of new contacts demonstrated above.

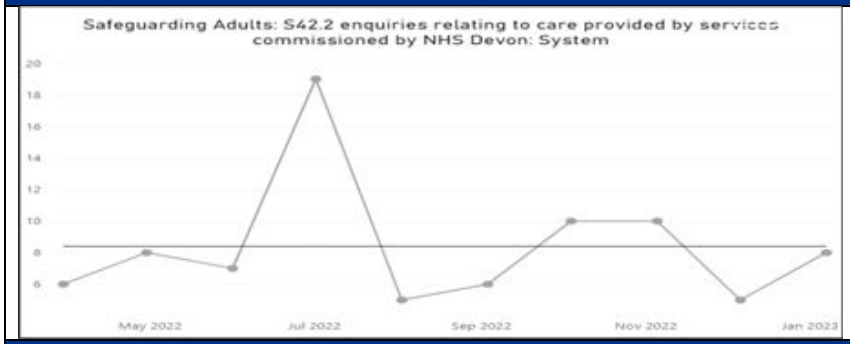


Patient Experience: Summary

- There was **1 formal complaint** raised during January for NHS Devon, with a total of **12 that remain open**.
- There are **4 open contractual reviews**, which are required and form part of Primary Care complaints which are managed by NHS England.
- There are **5 open requests for information** from the **Parliamentary Health Care Ombudsman (PHSO)**

Safeguarding: Adult Enquiries

Safeguarding Adult Enquiries (Section 42.2) are undertaken when concerns about abuse and neglect within health care settings are raised. The statistics below are in relation to the S42.2 caused out by the 3 local authorities in Devon in January 2023 and the primary themes of the concerns.

Data	Underlying cause
	**Themes:** The issues identified within S42.2 enquiries started in January 2023 relate to: • poor quality of care (5) • medications (2) • person in position of trust, allegation against a member of staff (1) • 3 of the above featured poor communication
Initial learning from new safeguarding enquiries, closed safeguarding enquiries and safeguarding adult reviews:	**Assurance**
• Initial learning from poor quality of care highlighted the need for better training for staff in the use of manual handling equipment, use of the mental capacity act and understanding of deprivation of liberty safeguards.	• The provider is assessing the training needs of the staff involved in each case • There is close liaison between the ICB safeguarding adult team, the patient safety and quality team, and the commissioning team to work with the providers to improve the quality of care delivered and monitor the impact of improvement plans

Actions for next month/s	Intended impact	Date impact will be realised
Torbay and Devon Safeguarding Adult Partnership (TDSAP) are publishing the review undertaken into 6 cases of self-neglect mid-February. Learning identified will be shared with providers and used for training purposes.	Recommendations and associated actions for providers to improve care are being developed	The action plan is currently being developed by TDSAP and dates will be identified

Safeguarding: Children in Care (CIC)

Issue: Children entering care should receive an IHA within 20 working days of coming into care, and a RHA should be undertaken 6 monthly for the under 5s and annually for over 5s.

Underlying cause

Provider reporting has improved across the system, but late notifications and requests for health assessments by the local authorities is still an issue.

	TSDFT	RDUH - Eastern	RDUH - Northern	UHP	LIVEWELL	CFHD
Percentage of CIC receiving RHAs within statutory timescales for December 2022					64% 10/17	60% 29/48
Percentage of CIC receiving IHAs within statutory timeframe of 20 working days of coming into care for January 2023	31% 5/16	47% 8/17	50 % 1/2	3 % 1/29		

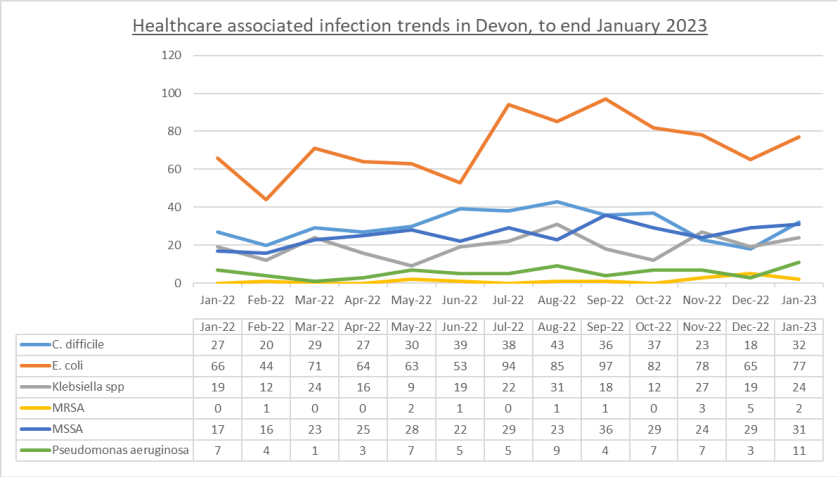
Actions undertaken in last month	Impact
• Revised Outcome Framework developed to improve consistent reporting of RHA activity. • Recruitment of additional medical resources has been successful and two additional part time doctors will start in March 2023. • Partnership working across health and social care to ensure that the health needs of unaccompanied young people are met. • Data cleanse of notifications to ensure ICB data is up to date and accurate.	Consistent reporting will enable improvements to be made in the timeliness of health assessments.

• NHS England have launched a pilot to measure the number of children in care placed in and out of NHS Devon footprint.	All young people will have the required screening in a timely way and health needs identified and met.

Actions for next month/s	Intended impact	Date impact will be realised
Named Doctors to use agreed spreadsheet to report IHA activity.	Consistent accurate data across Devon.	March 2023
Recruit to CIC Registrar post completed, awaiting start date	Increased medical capacity across the system	March 2023
Finalisation of Outcomes Framework	Implementation of more accurate KPIs across the provider teams in Devon	March 2023

Infection Prevention and Control

Data



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
C. difficile	27	20	29	27	30	39	38	43	36	37	23	18	32
E. coli	66	44	71	64	63	53	94	85	97	82	78	65	77
Klebsiella spp	19	12	24	16	9	19	22	31	18	12	27	19	24
MRSA	0	1	0	0	2	1	0	1	1	0	3	5	2
MSSA	17	16	23	25	28	22	29	23	36	29	24	29	31
Pseudomonas aeruginosa	7	4	1	3	7	5	5	9	4	7	7	3	11

Infection Highlights

There has been system pressure over the holiday period, with all four acute trusts affected. A component of this pressure has been infection control, with trusts experiencing high volumes of seasonal influenza, COVID-19 and RSV. Additional measures were required to improve hospital flow, and these were individually risk assessed as necessary.
There has been a rise in MRSA cases over November 2022 (3) and December 2022 (4), with the majority of these being community-associated.

Influenza (seasonal and avian)

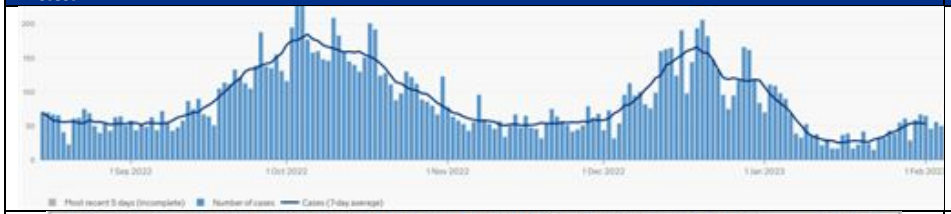
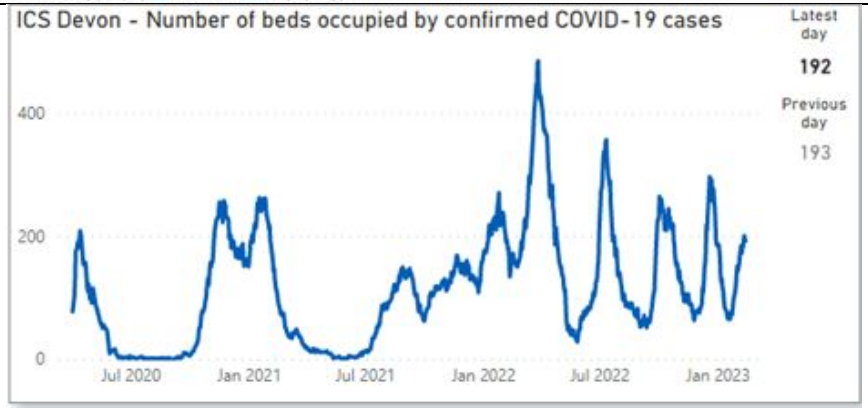
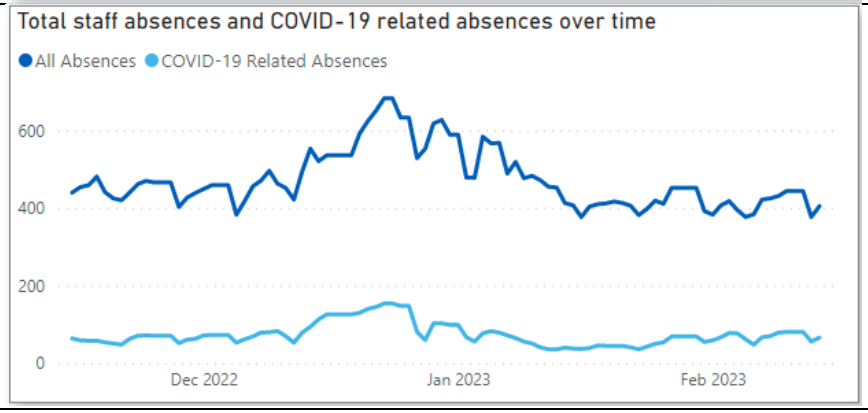
The vaccination programme for seasonal flu is continuing, as the season draws to its closes. Communications continue focussing on specific cohorts while uptakes are at lower levels than pre-pandemic levels Devon continues to be one of the best performers across the region.

With the change in provider now in place, discussions around continuing with this provider will begin in April 2023. This will include specific responsibility regarding swabbing of patients in cases of Avian Flu.

Actions undertaken in last month	Impact
Tuberculosis latent screening operational pathway	Operational guidance for tuberculosis professionals regarding latent screening in the context of asylum seeker and refugee need. This involves a temporary pause to latent screening, with active testing and contact tracing to remain in place.
Support to asylum seeker & refugee hotels	Improved health outcomes and reduced outbreaks in these settings.

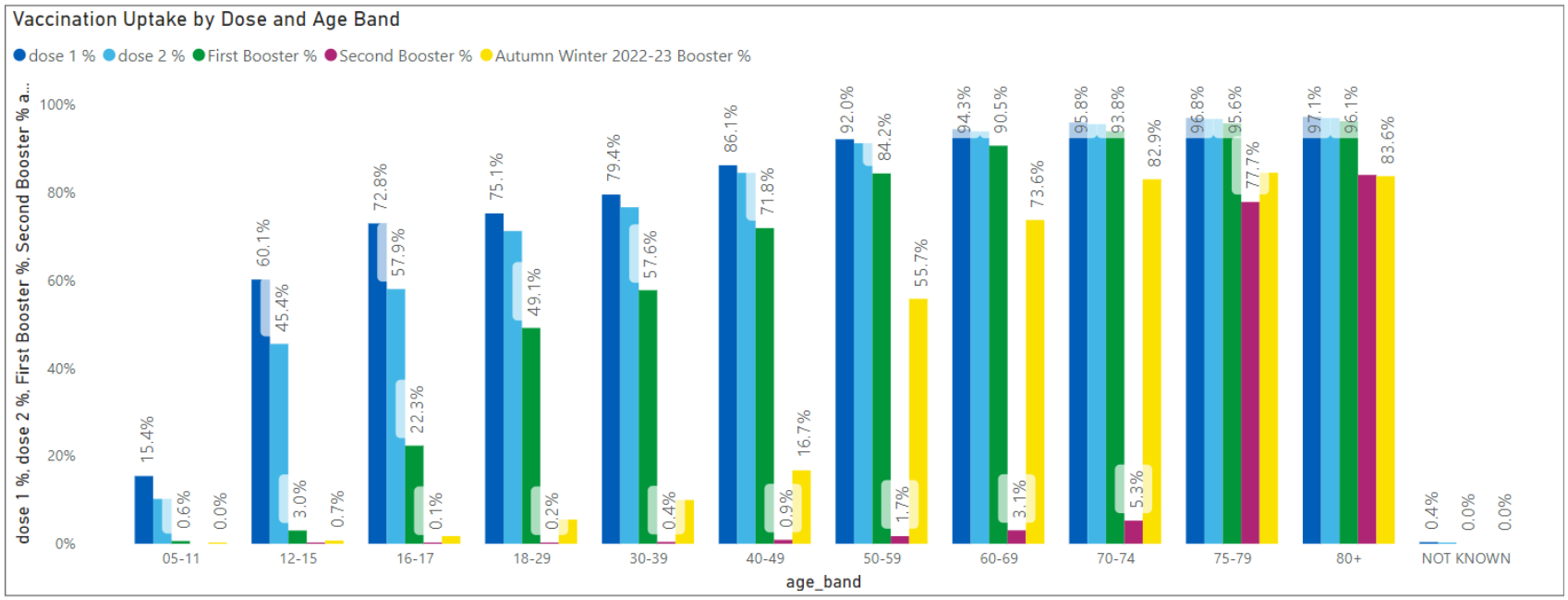
Actions for next month/s	Intended impact	Date impact will be realised
Infection control and antimicrobial resistance system meetings.	Sharing of good practice, dissemination of national requests and information, system assurance. Closer linking with Cornwall.	February 2023
Tuberculosis commissioning pathway evaluation.	Consistent provisioned service for tuberculosis, including video observed therapy and directly observed therapy.	February 2023
Gap Analysis/Action Plan tool completion and action plans in place to address identified gaps.	Regional and local assurance of outbreak systems in place.	February 2023

Covid Update

Data	Narrative
	Covid infections peaked in mid-December, fell in January 2023 and then has seen small significant rises since mid-January.
	The number of Covid patients in hospital beds has more than doubled since mid-January 2023 to 192 on the 14th February 2023 following the trend of peaks and troughs over the last 8 months. Covid patients in ICU continue to remain low. As of 14th February, there were 2 patients with Covid occupying an ICU bed in Devon.
	Total Covid-related absences have decreased since a peak at Christmas across all providers, reducing from 154 on 24th December 2022 to 36 on the 24th January 2023, rising to 66 on the 14th February. This is much lower than the 3%+ Covid absences seen during October and previous Covid peaks. Latest figures show 4.8% of staff are absent in total across Devon's providers on 14th February, similar to January's figure and a reduction on 7% seen in December 2022

Covid Update: Vaccinations

Data

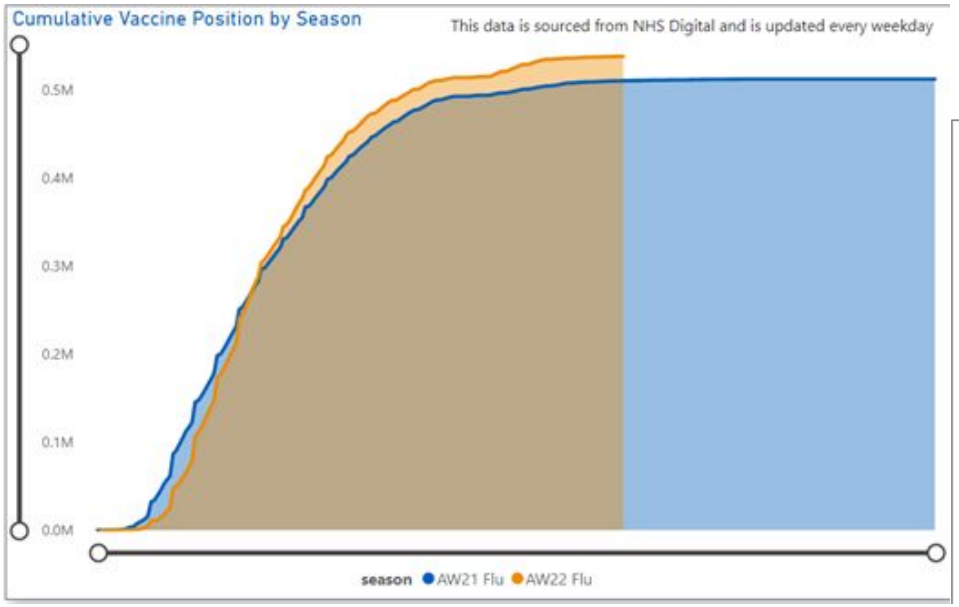


Narrative

The focus of the vaccination programme has been on boosters with good progress being made particularly for older age groups. Above 83% of over 70s, 73.7% of 60-70 year-olds and 55.7% of 50-60 year-olds have now received their Autumn/Winter booster. (all figures as of 15th February 2023)

Flu: Vaccinations

Data



CohortName	Latest	Previous week
	76.5%	76.4%
0 to 15 at risk	50.4%	50.2%
16 to 17 at risk	28.5%	28.4%
18-49 at risk	44.8%	44.6%
2-3 year olds	56.2%	56.1%
50 - 64 year olds	55.1%	55.0%
50-64 at risk	71.5%	71.3%
65 + at risk	86.1%	85.9%
65 + not at risk	80.2%	80.1%
NHS and social care Worker	57.7%	57.6%
Other - 0 to 17	100.0%	100.0%
Other - 18 to 49	100.0%	100.0%
Pregnant women	54.4%	54.0%
School age children reception to year 11	42.3%	42.2%

Narrative

Flu vaccination levels in Devon are higher than the 2021 winter campaign. 76.5% of eligible patients have been vaccinated, 28,000 more than 2021. (all figures as of 15th February 2023)

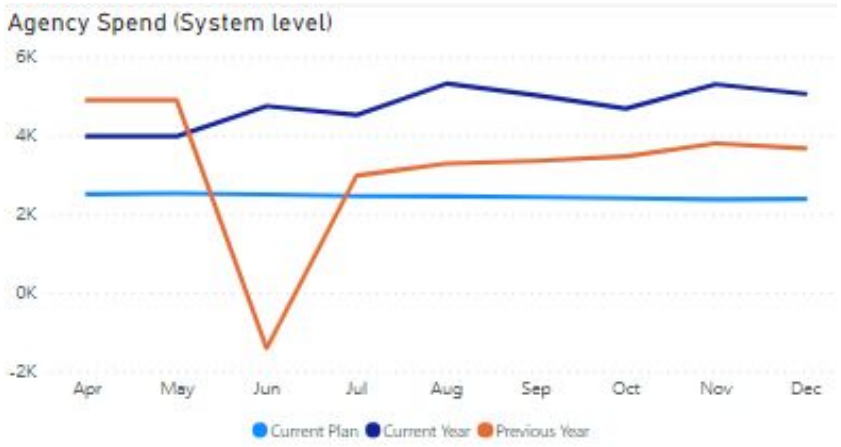
Workforce

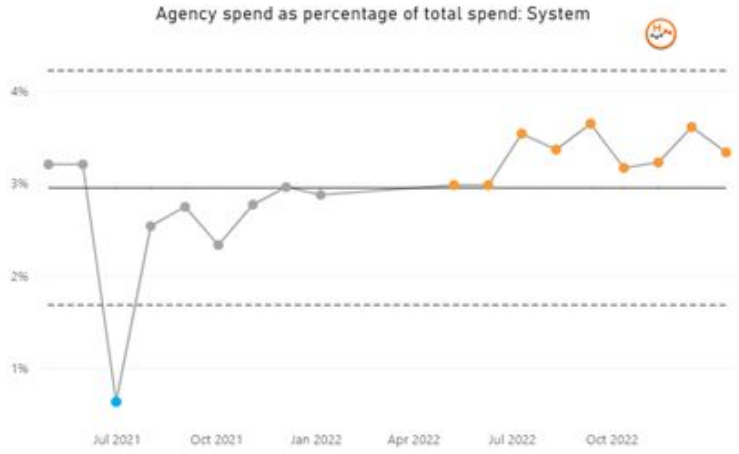
Workforce: Metrics

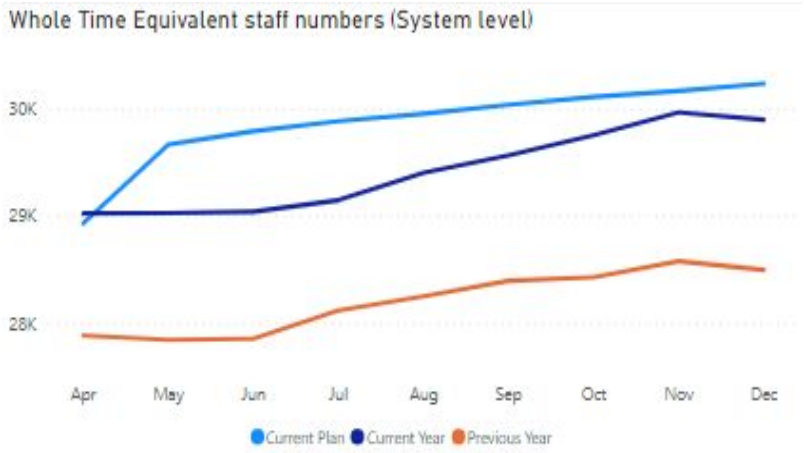
	Metric	Latest Date	System	Devon Partnership NHS Trust	Royal Devon University NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Workforce	Whole time equivalent staff numbers (Current Year)	2022-12	29,896	3,326	11,429	6,146	8,995
	Whole time equivalent staff numbers (Current Plan)	2022-12	30,234	3,457	11,603	6,278	8,896
	Whole time equivalent staff numbers (Previous Year)	2021-12	28,494	3,235	11,094	5,849	8,317
	Vacancies (Medical/Dental Consultant)	2022-12	79.6	20.7	18.6		40.2
	Vacancies (Registered nursing)	2022-12	407	179	225		3.36
	Vacancies (AHP)	2022-12	214	8.2	129		76.4
	Vacancies (HCAs)	2022-12	267	-41.6	195		113
	Agency spend (Current Year)	2022-12	4450	791	2032	1014	613
	Agency spend (Current Plan)	2022-12	2305	473	1135	613	84
	Agency spend (Previous Year)	2021-12	3559	705	1493	1247	114
	Agency spend as percentage of total spend	2022-12	3.34%	5.51%	3.97%	3.81%	1.49%

- There remains an issue with TSDFT vacancy data, awaiting update from the Trust.
- Small drop in Devon leaver rate (8.4%) and Devon turnover rates (18.4%) remaining lower than the SW average leaver rate (9.5%) turnover (20.2%).
- Absence dropped by 0.3% this month to 5.7% (small decline in rolling 12mths), however higher than other SW systems (5.3%). Nationally the rolling average is 5.7%.
- Support to clinical staff tend to have the highest leaver rate and sickness rate.
- DPT remains with a high percentage of Consultant vacancies (MH) at 20% DPT has the highest Nursing vacancy rate at 18.8%UHP has the highest AHP vacancy rate at 11.96%
- Overall agency spend 3.32% of total pay bill, YTD £72.9M above planned costs. In total, forecast M12 £107.8M overspend against plan.

WTE and Agency Data and Summaries



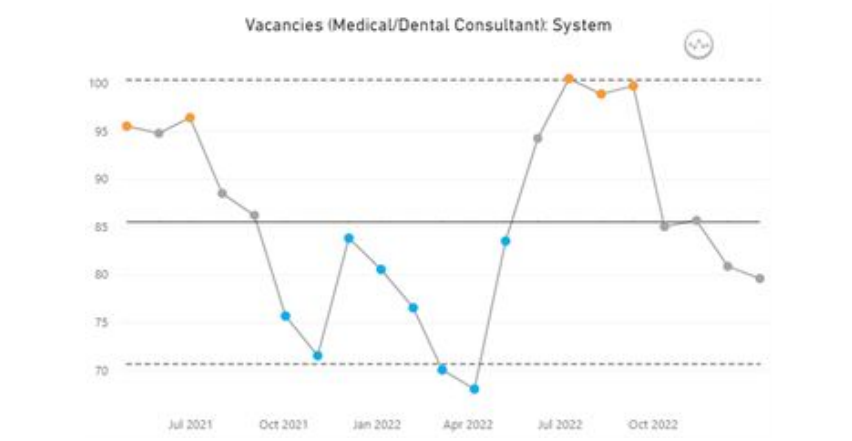


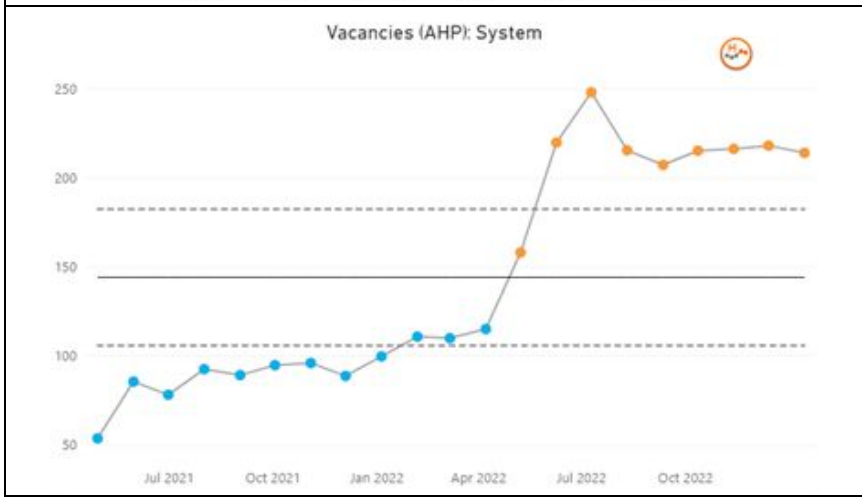


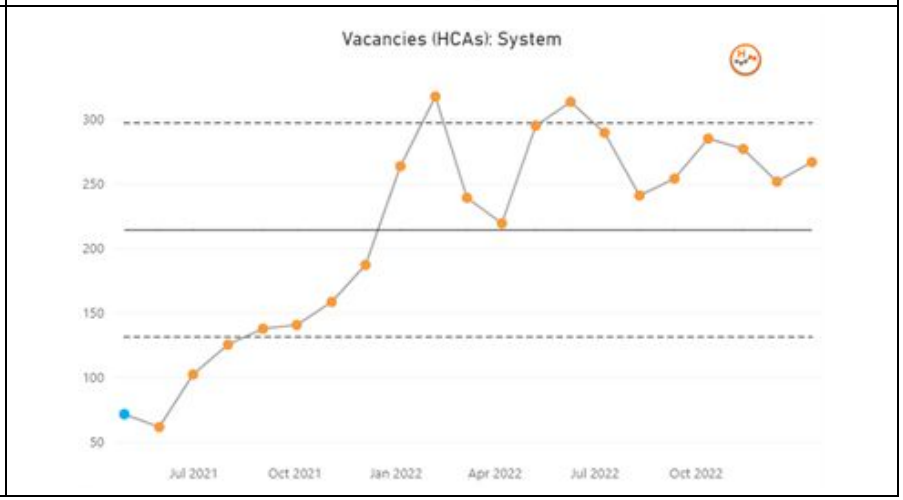
Bank and agency spend: Providers have now implemented new agency rate cards which is starting to positively impact agency expenditure with further reductions in agency spend.
Work is underway to tender for new rate cards for medical and AHP staff. Proposal being developed to migrate all NHS providers to an outsourced Bank solution for nursing and midwifery staff (registered & unregistered). This is being presented to providers in April and if approved will secure significant savings (circa £3m full year saving).

Agency spend continues to be higher than plan and higher than the comparable period last year as providers continue to have gaps whilst recruiting to substantive vacancies and manage absence caused by ongoing pandemic and seasonal flu pressures.

Vacancy Data and Summaries







Resourcing: Engaging with colleagues at UHP to further understand and share learning of their recent successful nursing recruitment activity, so a System level collaborative approach can be incorporated into our new attraction and recruitment solutions being developed for 2023/24.

Workforce: Workforce Strategy

- **Strategic Workforce Planning:** Business case approved in January 2023 and mini-procurement exercise will be undertaken throughout March. Still on track for the pilot phase to commence in Q1 2023/24.

- **Workforce Strategy:** Strategy narrative written and shared with key stakeholders prior to submission to Board for approval in April. Work on track to deliver a detailed numerical workforce plan by end of Q1 FY 2023/24. Self-assessment tool launched 13th February for providers to complete submissions to inform the workforce plan.

Workforce: Learning, Education and Strategy

- **Placement Expansion:** Data collation ongoing – provider input is challenged (due to heightened placement activity) and heavily reliant on university data, impacting movement to the data analysis and interpretation phase due to start March 2023.

- **Apprenticeships** – Levy Sharing Agreement progressing well with first phase of trainees and host employers being identified with view to start programme within 2023. Roadshow workshops to continue system engagement around Devon planned for March 2023.

- **Workstream development**: 3 new workstreams forming within the Learning and Education Pillar in response to system and regional priorities, these are: Social Care, Learner Experience and Upskilling.

Workforce: Best Place to Work (BPTW)

- **Wellbeing Hub:** Proposal outlining the future funding and delivery model for the Wellbeing Hub being presented to this month's Executive Workforce Group and People & Culture Committee for approval. Funding has been secured from System partners to enable continued service delivery of the Hub for 2023/24 (national funding that was available for 2022/23 has been withdrawn).

Workforce: Workforce Capacity

- **2023/24 Priority Setting:** Meeting held with Pillar SRO and team to agree 2023/24 priorities for Workforce Capacity. 4 key deliverables identified aligned to reducing agency expenditure, retaining talent in Devon, improving candidate attraction into health & care in Devon and enabling the mobility of our workforce across sector boundaries. Full program of work for 2023/24 all pillars will be formally approved in April vias the Executive Workforce Group.

NHS Devon

NHS Devon Integrated care Board

Committee chair report – Audit and Risk Committee

Date of board meeting	Dates of committees covered in this report
15 March 2023	08 March 2023

Chair	
Name and title:	Graham Clarke, Non-Executive Member Audit and Risk
Phone:	
Email:	Graham.clarke8@nhs.net

Reports discussed and assurances received

- Annual Report Progress report – The committee was assured that work is underway in the development of the annual report and accounts for both the months of the former CCG and the 9 months of the ICB. However, completion of this within timeframes will be impacted by the delay in External Auditors being appointed and hence timelines may need to be revised.

- Internal Audit progress report– The committee were assured that work is continuing on 2022/23 audit plan. A final report for Cyber Security was shared providing satisfactory assurance. The Draft Head of Internal Audit Opinion statement was shared. The opinion is set against the audits undertaken and the overall governance of an organisation. Third party assurances would also be included. The draft statement had been shared with the ICB on 7 March 2023 which provide a limited assurance opinion.

- Finance - The Chief Finance Officer confirmed the timeline for producing the Annual Accounts will be a stretch. Regional colleagues are aware of the position and have ensured that the National team are aware of the position.

  Final checks are underway with the External Auditor bidder the auditors would be confirmed next week.

Reports received and noted

- Annual Committee Business Report – The report summarised the business undertaken by the Audit and Risk Committee during 2022/23 and would be linked with the forward planner for work during 2023/24.

Risk register review updates

- Risks were not reviewed however an overview of the work being undertaken in relation to risk management was shared. This included
  - *Review and amend the Corporate Risk Register*
  - *The development of the Board Assurance Framework (BAF)*
  - *The role of the principle assurance committees in relation to risk*
  - *The procurement of a single risk management system and the risk management framework for 2023/24*.

Committee decisions

- Annual Internal Audit Plan – The plan was reviewed and approved by the committee
- Annual Counter Fraud Plan – The plan was reviewed and approved by the committee

Items of concern to be escalated to the board

- External Auditor position

Recommendations for the board

- N/A

Recommendations for other committees

- N/A

Terms of reference or other committee effectiveness issues

- N/A

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.

3

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Primary Care Commissioning Transitional Committee

Date of board meeting	Dates of committees covered in this report
15 March 2023	23 February 2023

Chair	
Name and title:	Judy Hargadon Independent Non-Executive Member for Primary Care
Phone:	
Email:	judy.hargadon@nhs.net

Reports discussed and assurances received

- The committee reviewed the monthly report from NHSE of **Dental, optometry, and community pharmacy services** and were further updated both on the outcome of discussion at the ICB board on delegation of these services and on the short-term proposal by NHSE regarding the Access Dental contract for the dental helpline in Devon.

- PCCTC reviewed and discussed the **Quality Report** which focused on a South Devon practice which has been struggling recently but now has a new contract owner which has experience in turning around practices in need of improvement. The ICB Quality team will be working with the new contract holders to support and gain assurance of suitable improvement plans.

- The PCCTC noted the **metrics** for measuring the impact and delivery of the new **Primary Care strategic framework,** but did not have time to discuss**.**

Reports received and noted

- PCCTC received the **finance report** for month 10 which highlighted the forecast small underspend in Primary care and the reduction of prescribing spending this month. The meeting discussed the additional roles reimbursement scheme funding spend for this year, noting the excellent progress and steps to maximise future usage. Issue regarding accommodation of ARRS posts are a cause for concern.

- The **Deputy Director's Report** highlighted the long-awaited excellent news regarding the opening of primary care practices at the Brixham Hospital site.

- Following a briefing on the 5-year **transformation business plan,** from a fixed term Plymouth Contract holder which is keen to run the contract on a longer-term basis, the meeting discussed the content, especially that of the proposed financial planning, and **agreed an action** to contact the contract holder and pose some initial procurement questions in order to ascertain the robustness of the plan within PCCTC criteria for extension.

Risk register review updates

- The meeting reviewed the team risks and thoroughly discussed the feedback to be given to the Governance team over the suitability and wording employed in the proposed allocation of corporate objectives and risks to PCCTC

Decisions:

- The committee approved the closure of Corporate Risk 161 as it has been superseded by Risk 168
- The committee approved the merging of Corporate Risk 159 with 172 with updated wording to reflect the area still within the risk
- The committee agreed the feedback to send to Governance as to the Strategic and Corporate Risks allocated to it.
- The committee agreed actions to be undertaken by members and PC team with regard to its feedback on Board assurance framework (BAF) risk allocation.
- The committee agreed that some areas of risks 171 and 172 can be monitored by PCCTC but there are other parts to these risks which should be co-owned to be monitored more appropriately.

Committee decisions

None except those relating to risk review – see above.

Items of concern to be escalated to the board

- The description of risk in the BAF framework was found to reflect a misunderstanding of primary care and its role. Changes have been proposed.

Recommendations for the board

- That BAF Objective and Risk 6 be amended and the oversight of risk for BAF Objective 8 is jointly shared with the Finance and Performance Committee.

Recommendations for other committees

- None

Terms of reference or other committee effectiveness issues

none

Management of conflicts of interest:

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NHS Devon

NHS Devon Integrated care Board

Committee chair report – People and Culture Committee

Date of board meeting	Dates of committees covered in this report
15 March 2023	22 February 2023

Chair	
Name and title:	Dr Thandiwe Hara, Non-Executive Director of Inequalities and Population Health

Reports discussed and assurances received

Paul Renshaw presented the Director of Strategic Workforce Report to the committee with updates on:

Learning and Education Strategy

An update was provided on the development of the Learning and Education Strategy which will be delivered early part of Quarter 2 following the approval of the workforce strategy in Quarter 1.

Collaboration of banks

The collaborative model enables Trusts to benefit from directly sourced locum resource, reducing reliance on more costly agency locum resource. We are working with the external provider of the collaborative Bank software, as well as resourcing leads to identify targeted areas for further savings and improvement opportunities.

We also plan to have a 'one bank' solution for nursing for all NHS providers during 2023, with all other staff groups being onboarded in early 2024.

This work will create significant financial savings.

Workforce Strategy

Paul Renshaw presented to the committee the draft Workforce Strategy Narrative. The committee group was informed this is a first cut the workforce strategy that will form part of the Devon Plan.

The committee suggested the name of the work to be reconsidered to ensure there is a clear understanding of the scope of the work. It was agreed the workforce strategy is about skill and size of the workforce for the future and with the work that is already underway such as culture and well-being sitting alongside the strategy.

The committee was supportive overall of the content and a request for the next version to be made more user friendly and noted the aspiration to gain approval by Board members in April 23. Whilst the National Strategy hasn't yet been released there is also an expectation that the work completed will be paused to ensure the Devon Workforce strategy is reviewed against the National Strategy.

Paul Renshaw highlighted the next draft will be shared with the board members during March to allow time for feedback to be sought and worked through.

Wellbeing Hub
Paul Renshaw presented a summary of the impact and effectiveness of the wellbeing hub to the committee. The committee members reiterated their support for the proactive approach to the wellbeing of our colleagues and the challenges they are facing.

Reports received and noted

- Director of Strategic Workforce Report was presented to the committee and noted.
- Workforce Strategy Narrative was presented to the committee and noted.
- Wellbeing Hub paper was presented to the committee and noted.

Risk register review updates

- Nil

Committee decisions

- The committee agreed for the workforce strategy narrative to be shared before the next people and culture meeting to allow time to review and feedback comments.

Items of concern to be escalated to the board

- Nil

Recommendations for the board

- Nil

Recommendations for other committees

- Nil

Terms of reference or other committee effectiveness issues

- Nil

Management of conflict of interests:

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NHS
Cornwall and
Isles of Scilly

Paper number: ICB2223/128

Board meeting of the Integrated Care Board

Agenda item: ICB chief executive update

Date of meeting: 9 February 2023
Meeting section: Public session (part 1)
For: Discussion

Author: Kate Shields, chief executive

1. Executive summary

The chief executive's update is a regular feature of each board meeting.

The report focuses on highlighting emerging issues and significant developments that are not otherwise covered on the board agenda. It helps ensure members are aware of key areas of work happening within the Cornwall and Isles of Scilly integrated care system (ICS).

A verbal update on other key areas may also be given.

2. Recommendations

The ICB Board is asked to receive the chief executive update and enquire further, as necessary.

3. Main report

3.1 NHS England / Department of Health and Social Care: Delivery plan for recovering urgent and emergency care services (January 2023)

On 30 January Dame Ruth May, Sir David Sloman, Professor Stephen Powis and Saraj-Jane Marsh, of NHS England wrote to all Integrated Care Board and Trust Chief Executives to advise of the new 'delivery plan for recovering Urgent and Emergency Care services'.

This is a joint NHSE and DHSC delivery plan and is part of a key commitment given in the autumn statement.

The plan includes two ambitions for the next two years – (i) a 30-minute mean response time for Category 2 ambulance and (ii) 76% performance in A&E wait times, measured through the 4-hour target. Improvements are required across the patient pathway, including on 12-hour waits from arrival and on discharge from acute, community and mental health hospital settings.

The plan sets out actions across five key areas:

- Increasing capacity – investing in more hospital beds and ambulances, but also making better use of existing capacity by improving flow.
- Growing the workforce – increasing the size of the workforce and supporting staff to work flexibly for patients.
- Improving discharge – working jointly with all system partners to strengthen discharge processes, backed up by more investment in step-up, step-down and social care, and with a new metric based on when patients are ready for discharge, with the data published ahead of winter.
- Expanding and better joining up health and care outside hospital – stepping up capacity in out-of-hospital care, including virtual wards, so that people can be better supported at home for their physical and mental health needs, including to avoid unnecessary admissions to hospital.
- Making it easier to access the right care – ensuring healthcare works more effectively for the public, so people can more easily access the care they need, when they need it.

To support the recovery plan, the government has committed to additional targeted funding including:

- £1 billion of dedicated funding for 2023/24 to support capacity in urgent and emergency services, **as set out in the Planning Guidance**, and to increase overall capacity and support their staff.
- £1.6 billion of additional funding in the Adult Social Care Discharge Fund in 2023/24 and 2024/25, to be pooled into the Better Care Fund (BCF)

It must be noted it is clear the money is already committed via the planning guidance and the ASC discharge fund will be delivered through the BCF. Additional beds will be subject to demand and capacity work and be allocated where needed. CIoS have already identified they are over bedded so therefore unlikely to receive more funding for increasing bedded capacity.

The full document can be accessed through this link:

NHS England » Delivery plan for recovering urgent and emergency care services

3.2 Industrial Action Update

Industrial action has continued with the most recent being the two days affecting RCHT and SWAST. There is ongoing action through February and our system response is co-ordinated through the industrial action group that meets daily, reporting into the System Coordination Centre (SCC). System colleagues pulled together brilliantly during the latest periods of IA with constructive working relationships maintained and our thanks go to everyone who is working hard to manage the ongoing disruption.

3.3 System Oversight Meeting

A System Oversight Meeting (SOM) was held on 31 January 2023 involving representatives from across the CIOS health and care system, with colleagues from NHSE England, SWAST, Care Quality Commission and the Local Government Association. These meetings are held on a 4–6-week basis. The purpose of the SOM is a focus on discharges and no criteria to reside improvements. The discussions at the recent meeting also focused on Elective and Cancer activity and trajectories, Mental Health (including IAPT and Dementia), and workforce matters.

Integrated Care Board Meeting - Action Log						
Action Number	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**OPEN/CLOSED**
24	16.11.22	Investigate the points raised by the patient relating to his experience whilst waiting for treatment of NDHU and follow up with the patient and the Chair	Dec-22	Darryn Allcorn	06.03.23 - A response has been sent from the patient experience team which included an offer for the Chair to make contact if Mr C would like to. 11.01.23 - A response has been sent to the patient from the trust. A final copy is being requested to allow the Chair to also write to the patient. 08.12.22 - Darryn Allcorn has raised some concerns with NDUH N and had some responses. Darryn will write to the patient and copy in the Chair once a couple of points have been clarified.	**In progress**
26	21.12.22	The Devon Audit Chairs' forum to hold a risk review workshop and feed back to the board, via the Audit committee Chairs report	Feb-23	Graham Clarke	31.01.23 - On hold whilst exploring partnership working arrangements 05.01.23 - Dates are being reviewed for the workshop	**In progress**
28	18.01.23	Provide feedback relating to UEC after the action review of operational changes, discharge funding evaluation and virtual ward progress at the next meeting	Mar-23	Anthony Fitzgerald	03.03.23 - Paper on agenda for March meeting, request to close 08.02.23 - Paper deferred to March to enable analysis and evaluation via the Finance committee before being presented back to the board.	**Request to close**
29	15.02.23	Include a SEND update on the Board forward planner for review	Mar-23	Jodie Howland	03.03.23 - Added to forward planner, request to close	**Request to close**
30		Delivery Plans to be included on the Board forward planner as standing items	Mar-23	Jodie Howland	03.03.23 - Added to forward planner, request to close	**Request to close**
31		Accountability framework Standard Operating Procedure to the included on the forward planner	Mar-23	Jodie Howland	03.03.23 - Added to forward planner, request to close	**Request to close**
32		SOF4 exit criteria to be circulated to the Board members	Mar-23	Jodie Howland	06.03.23 - Circulated to board members with March meeting papers. Request to close	**Request to close**
33		Review of waiting times and in particular 78 week waits back to the board via the Quality Committee Chairs report	Mar-23	Hisham Khalil	06.03.23 - Included in the chairs report being presented at the March meeting. Request to close	**Request to close**