

# NHS Devon Integrated Care Board (ICB) Meeting

Pomona House, Torquay

3 May 2023

10.00 to 13.00 hours

# 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 March 2023                      | Sarah Wollaston                                                        | Approval   |       |
| Citizen's Voice |                                                                   |                                                                        |            |       |
| 4               | A citizen's experience of health care within the One Devon System | 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               | ICP Chair's Report                                                | James McInnes, Chair One Devon Partnership                             | Noting     | 10.45 |
| 8               | Cornwall and Isles of Scilly ICB Update                           | Kate Shields, Chief Executive Officer Cornwall and Isles of Scilly ICB | Noting     | 10.50 |

| 1. Improving outcomes in population health and health care  |                                                                                                  |                                             |                                                      |       |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------|-------|
|                                                             | Item                                                                                             | Lead                                        | Action                                               |       |
| 9                                                           | Integrated Quality, Performance and Finance Report                                               | Susan Masters, Deputy Chief Nursing Officer | Noting                                               | 10.55 |
| 10                                                          | Committee Chair Verbal Update - Primary Care Commissioning Transitional Committee, 23 March 2023 | Judy Hargadon, Non-Executive Member         | Assurance                                            | 11.10 |
| 2. Tackling inequalities in outcomes, experience and access |                                                                                                  |                                             |                                                      |       |
|                                                             | Item                                                                                             | Lead                                        | Action                                               |       |
| 11                                                          | Update on Urgent, Elective, Cancer and Diagnostic Plans for 2023/24                              | Anthony Fitzgerald, Chief Delivery Officer  | Assurance on delivery                                | 11.15 |
| 12                                                          | Committee Chair Report – Quality & Performance Committee, 5 April 2023                           | Hisham Khalil, Non-Executive Member         | Assurance, escalation and discussion                 | 11.35 |
| Break                                                       |                                                                                                  |                                             |                                                      |       |
| 3. Enhancing productivity and value for money               |                                                                                                  |                                             |                                                      |       |
|                                                             | Item                                                                                             | Lead                                        | Action                                               |       |
| 13                                                          | Operating Plan and Recovery Position                                                             | Bill Shields, Chief Finance Officer         | Noting                                               | 11.45 |
| Finance Reports                                             |                                                                                                  |                                             |                                                      |       |
| 14                                                          | I. NHS Devon Month 11 Report<br>II. ICS Month 11 Report                                          | Bill Shields                                | Assurance and escalation                             | 12.05 |
| 15                                                          | Committee Chair Report – Finance Committee, 28 March 2023                                        | Kevin Orford, Non-Executive Member          | Assurance, escalation and approval of recommendation | 12.25 |

#### 4. Organisational business, and broader social and economic development

|    | Item                                 | Lead             | Action     |              |
|----|--------------------------------------|------------------|------------|--------------|
|    | <b>Closing Business</b>              |                  |            |              |
| 16 | Action Log                           | Sarah Wollaston  | Approval   | 12.45        |
| 17 | Questions from Members of the Public | Sarah Wollaston  | Discussion | 12.50        |
| 18 | Any Other Business                   | Sarah Wollaston, | Discussion | 12.55        |
|    | <b>Close</b>                         |                  |            | <b>13.00</b> |

| Declaration of Interests Register                     |            |           |                                                                                         |         |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                     |            |          |            |                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
|-------------------------------------------------------|------------|-----------|-----------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------|----------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Register updated and generated by the Governance Team |            |           |                                                                                         |         |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                     |            |          |            |                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
| Register last updated 21 April 2023                   |            |           |                                                                                         |         |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                     |            |          |            |                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
| Column1                                               | Column2    | Column3   | Column4                                                                                 | Column5 | Column6                                                                                                                                                                                                                                                                                                                       | Column7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Column8                                                                                                                                                                                                                                                                                                                             | Column9    | Column10 | Column11   | Column12                         | Column13            | Column14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Column15      |
|                                                       | Acheson    | Nigel     | Chief Medical Officer, Integrated Care Board                                            | Yes     | ICB Board<br>Clinical and Professional Cabinet<br>Senior Executive Team (SET)<br>Quality and Performance Committee<br>Primary Care Commissioning Transition Committee<br>ICS Executive Committee<br>Strategy and Transformation<br>Delivery and Improvement<br>Quality Executive Committee<br>Urgent Care Strategic Oversight | Director of H Smith Safety Associates<br>Patron of the FORCE cancer charity in Exeter<br>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<br>Wife works as a Director for H Smith Safety Associates<br>Wife works as a Consultant forensic psychiatrist for DPT<br>Relative consultant Dermatologist at the Royal Devon University Hospital<br>In-law is a GP partner in the Woodbury Practice | 06/10/2018 |          | 04/04/2023 | Financial/Non-financial/Indirect | Direct and Indirect | Manage the conflict in line with the standard of business conduct policy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NHS Devon ICB |
|                                                       | Ashiana    | Sheena    | Independent Non Executive Director of Citizen and Community Involvement                 | Yes     | Population Management and Health Inequalities committee<br>ICB Board<br>Remuneration & Internal ICB Workforce<br>Audit and Risk Committee<br>NHS Devon Finance Committee<br>Digital Transformation Board                                                                                                                      | Director, Plymouth Institute of Health & Care Research (PIHRC). It is likely that members of my institute will undertake funded research for NHS Devon partners<br>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)<br>Member of the Advisory Committee on Resource Allocation (ACRA) which independently advises on NHS funding formulae<br>Member of the project board of the proposed West End Health and Being Centre in Plymouth<br>Member of the research board of Change Grow Live<br>In my role as Professor at Plymouth University a project I am working on has the backing from Channel 5 who are also working with Detolites and the ICB around the recovery programme | Partner runs a research consultancy specialising in the integration and analysis of large data (inc NHS)                                                                                                                                                                                                                            | 10/03/2022 |          | 20/10/2022 | Financial/Personal Interest      | Direct              | Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote                                                                                                                                                                                                                                                                                                                                                         | NHS Devon ICB |
|                                                       | Brad       | Helen     | Head of Governance                                                                      |         | ICB Board<br>Audit & Risk Committee<br>Organisational Re-Structure Programme Board<br>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<br>Audit and Risk Committee<br>NHS Devon Finance Committee<br>Primary Care Commissioning Transitional Committee                                                                                                                                                                                                     | Non-Executive Director of Medicine Discovery Catapult<br>Non-Executive Member at the Department of Health & Social Board Chair of H&C (East of England) Ltd and Urgent Care Provider)<br>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 |
|                                                       | Finn       | John      | Director Urgent & Elective Care                                                         | Yes     | Devon Planned Care PI<br>Devon Urgent Care Strategic Oversight Group<br>LTP Programme Board<br>Devon Urgent Care Strategic Oversight Group<br>Senior Executive Team<br>Devon ICB Board (when required)<br>Devon Integrated Transport Board<br>Peninsula Alliance<br>Peninsula Acute Sustainability Programme                  | No interests declared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                     | 19/01/2017 |          | 06/09/2022 | Indirect interest                | Indirect            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NHS Devon ICB |
|                                                       | Fitzgerald | Anthony   | Chief Delivery Officer                                                                  | Yes     | SET Meeting<br>NHS Devon Finance Committee<br>ICB Senior Executive Meeting<br>System Delivery and Improvement Meeting<br>ICB Board<br>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<br>Remuneration & Internal ICB Workforce                                                                                                                                                                                                                                                                            | Trustee of Horton Health Matters who hold community conversations<br>Director of Parent Minds C.I.C. for parent/caregivers who are supporting their children/afflicted with their mental wellbeing<br>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<br>An advocate for a particular group of patients<br>Ambassador Volunteer with DIAS<br>Community group which may have potential to give rise to influence decisions made by the ICB<br>A volunteer for a provider                                                                                                                               |                                                                                                                                                                                                                                                                                                                                     | 28/06/2022 |          | 10/09/2020 |                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NHS Devon ICB |
|                                                       | Hara       | Thandive  | Independent Non Executive Director of Inequalities and Population Health                | Yes     | ICB Board<br>Remuneration & Internal ICB Workforce<br>Executive Strategy and Transformation Group<br>Primary Care Commissioning Transitional Committee<br>People & Culture Committee                                                                                                                                          | Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality<br>member on the NH&T SW Clinical Research Network Board.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                     | 10/03/2022 |          | 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 |
|                                                       | Hargaden   | Judy      | Independent Non Executive Member Primary Care (Interim)                                 | Yes     | Member of Primary Care Commissioning Transition (PCCT) (Chair)<br>ICB Board<br>Remuneration & Internal ICB Workforce<br>Quality and Performance Committee<br>People & Culture Committee                                                                                                                                       | Member of Women's Equality Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Spouse is Chair of Darrington Hall Trust<br>Brother is a GP in Cornwall                                                                                                                                                                                                                                                             | 01/06/2019 |          | 29/11/2021 |                                  |                     | 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<br>One Devon ICP Partnership Board<br>Audit and Risk Committee<br>Building Coordinators<br>Green Team<br>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 Member - Quality and Performance<br>Vic Chair - NHS Devon ICB | Yes     | ICB Board<br>Audit and Risk Committee<br>Quality and Performance Committee                                                                                                                                                                                                                                                    | Practising Consultant in Dermatology Hospital<br>Qualified Private Practice in Nuffield Health Plymouth<br>Director for Private Practice - Dormant Company<br>Trustee of the Peninsula Medical Foundation<br>Clinical Academic in the University of Plymouth<br>Working with the Devon Training Hub on a project to train GP trainees on an end-of-life care and early diagnosis of cancer<br>Training Programme Director for Foundation programme LHP NHS Trust<br>Director, Peninsula Medical Foundation                                                                                                                                                                                                                                                                                                     | Wife is an ophthalmologist at LHP                                                                                                                                                                                                                                                                                                   | 01/09/2004 |          | 19.04.2023 | Financial / General              | Indirect            | Managed in line with the Standards of Business Conduct Policy and governance advice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NHS Devon ICB |
|                                                       | Masters    | Susan     | Deputy Chief Nursing officer                                                            | Yes     | Member of Primary Care Commissioning Transitional Committee (PCCTIC)<br>Vacancy Control Panel<br>Senior Leadership Team (SLT)<br>Quality and Performance Committee                                                                                                                                                            | Trustee Director of HQIP (Health Quality Improvement Partnership)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                     | 01/03/2021 |          | 08/02/2022 | Personal                         | Indirect            | Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.                                                                                                                                                                                                                                                                                                                                                        | NHS Devon ICB |
|                                                       | Milligan   | Jane      | CEO ICS for Devon                                                                       | Yes     | ICB Senior Executive Team<br>Senior Leadership Team (SLT)<br>Audit and Risk Committee (if required)<br>ICB Board<br>NHS Devon Finance Committee<br>ICS Executive Committee<br>Executive Workforce Committee<br>People & Culture Committee<br>Remuneration & Internal ICB Workforce (if Required)                              | Member of Cornwall and Isles of Scilly ICB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Partner Trustee for Action for Stammering                                                                                                                                                                                                                                                                                           | 31/2/2020  |          | 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 |

Tab 2 Declarations of Interest

|           |         |                                                                |                                  |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                |            |            |                                 |                                  |                                                                                                                                                                                                                                           |                                                                                                  |               |
|-----------|---------|----------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|---------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------|
| Milward   | Andrew  | Chief Communications and Corporate Affairs Officer             | Yes                              | ICB Senior Executive Team<br>Staff Partnership Forum<br>Audit and Risk Committee (if Required)<br>Vacancy Control Panel<br>Equality, Diversity and Inclusion Group<br>ICB Board<br>Remuneration & Internal ICB Workforce<br>Executive Strategy and Transformation Group<br>ICS Executive Committee<br>Executive Workforce Committee<br>People & Culture Committee<br>Perinatal Acute Sustainability Programme | Chair of Friends of Eggesford All Saints Trust, a registered charity.<br>Fellow of the Centre for Communications Research, Buckinghamshire New University<br>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. | NHS Devon ICB                                                                                    |               |
|           | O'Kelly | Frank                                                          | Primary Care Partner for NHS ICB | Yes                                                                                                                                                                                                                                                                                                                                                                                                           | ICB Board<br>Primary Care Commissioning Transitional Committee<br>Remuneration & Internal ICB Workforce                                                                                                                                                                                                                                                                                                                                                                                    | GP Partner at Amicus Health<br>Blundell's School Lead Doctor<br>Member of the National Armed Forces Reference Group<br>CoQC Manager for Amicus Health<br>Attends Tiverton High School Welfare Meeting fortnightly<br>Contributor to FASD Forum | 01/01/1999 |            | 19/04/2023                      | Financial/Non-financial/indirect | Indirect                                                                                                                                                                                                                                  | Will be managed in line with the Standards of Business Conduct Policy and advice from governance | NHS Devon ICB |
| Orford    | Kevin   | Independent Non Executive Director of Finance and Remuneration | Yes                              | ICB Board<br>Remuneration & Internal ICB Workforce<br>Audit and Risk Committee<br>NHS Devon Finance Committee<br>Quality and Performance Committee                                                                                                                                                                                                                                                            | Non Executive Director on the board of Royal Devon and Exeter NHS FT (Ceased 30.06.22)<br>Non Executive Director on the board of Northern Devon Healthcare NHS Trust (Ceased 30.06.22)<br>Director and Majority Shareholder of Kevin Orford & Associates Ltd, which undertakes consultancy contracts with NHS organisations outside of the South West of England<br>Non-Executive Director on the Board of the Intellectual Property office, a government agency in the Department of BEIS | 01/01/2012                                                                                                                                                                                                                                     |            | 26/02/2022 |                                 |                                  |                                                                                                                                                                                                                                           | NHS Devon ICB                                                                                    |               |
| Renshaw   | Paul    | Director of Workforce Strategy                                 | Yes                              | ICB Board<br>Audit and Risk Committee (if Required)<br>ICS Executive Committee<br>Executive Workforce Committee<br>People & Culture Committee<br>ICB Senior Executive Team<br>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, 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                                                                                    |               |
| Shields   | Bill    | Chief Finance Officer                                          | Yes                              | ICB Board<br>Audit and Risk Committee<br>Finance Committee<br>Digital Transformation Board                                                                                                                                                                                                                                                                                                                    | Director of Shields Health Advisory Limited (Dormant)<br>Member HMFA Digital Council<br>Deputy Chair, HMFA ICB CFO Forum<br>Co Chair, NHSSE Integrated Finance Board<br>Writes a blog for HMFA<br>Occasional presentations for HMFA, EY, KPMG, Channel 3 Consulting and Deloitte                                                                                                                                                                                                           | April 2017                                                                                                                                                                                                                                     |            | 21/04/2023 | Financial/non-financial/general | Indirect                         | Will be managed in line with the Standards of Business Conduct Policy and advice from governance                                                                                                                                          | NHS Devon ICB                                                                                    |               |
| Tapley    | Simon   | Chief Transformation and Strategic Planning Officer            | Yes                              | ICB Senior Executive Team<br>ICB Senior Leadership Team<br>Audit and Risk Committee (if Required)<br>Vacancy Control Panel<br>ICB Board<br>NHS Devon Finance Committee<br>Executive Strategy and Transformation Group<br>Primary Care Commissioning Transitional Committee<br>Eastern LCP Executive Group<br>South LCP Executive Group<br>ICS Executive Committee<br>Perinatal Acute Sustainability Programme | Spouse is employed by TSDFT (ICO) 31/03/2017<br>Brother in Law is employed as Strategic Engagement Manager, NHS Devon ICB<br>Step-son is a Receptionist at Albany Surgery                                                                                                                                                                                                                                                                                                                  | 01/10/2016                                                                                                                                                                                                                                     |            | 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. | NHS Devon ICB                                                                                    |               |
| Wollaston | Sarah   | Chair for ICB Devon                                            | Yes                              | ICB Board<br>Audit and Risk Committee (if Required)<br>NHS Devon Finance Committee (if Required)<br>Remuneration & Internal ICB Workforce<br>Quality and Performance Committee<br>People and Culture Committee<br>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                                                                                                                                                                                                                                                                                                     | 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. | NHS Devon ICB                                                                                    |               |

Declaration of Interests Register -  
Register updated and generated by the Governance Team

Register last updated 21 April 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 indirect? | Action taken to mitigate risks                                                                                                                                                                                                                 | Employer Organisation                       |
|-------|-----------|------------|-------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------|--------------------|------------------|-----------------------|------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
|       | Brown     | Steven     | Director of Public Health, Communities and Prosperity |                 | ICB Board                                                                                                                                                                                                                | No interests declared                                                                                    |                               | 19/11/2020         |                  | 09/11/2022            |                  |                                     |                                                                                                                                                                                                                                                | Devon County Council                        |
|       | Cooper    | Ann        | Interim Strategic Governance Adviser                  |                 | ICB Board<br>Audit and Risk Committee                                                                                                                                                                                    | Contractor with TMA Ltd – internal audit services<br>Bank contract as governance adviser with NHS Fimley |                               | 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                               |
|       | Deverport | Liz        | Chief Executive Torbay and South Devon Trust          |                 | ICB Board<br>Remuneration & Internal ICB Workforce<br>Executive Strategy and Transformation Group<br>Integrated Care Partnership Committee<br>ICS Executive Committee<br>ICP<br>Peninsula Acute Sustainability Programme | Director of Torbay Pharmaceuticals                                                                       |                               | 24/11/2016         |                  | 21/06/2022            |                  |                                     |                                                                                                                                                                                                                                                | Torbay and South Devon NHS Foundation Trust |
|       | Lee       | Tracey     | Chief Executive for Plymouth City Council             |                 | ICB Board<br>Remuneration & Internal ICB Workforce                                                                                                                                                                       | Director of Destination Plymouth Ltd                                                                     |                               | 03/09/2022         |                  | 13/09/2022            |                  |                                     |                                                                                                                                                                                                                                                | Plymouth City Council                       |
| Cllr  | McInnes   | James      | Chair of One Devon Partnership Board (CP)             |                 | ICB Board                                                                                                                                                                                                                | Elected member of Devon County Council                                                                   |                               | 2005               | 2025             | 22/11/2022            | General Interest |                                     | Where a piece of work or an item on a Board 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.             | Devon County Council                        |

| Minutes of a meeting of NHS Devon Integrated Care Board held in public at County Hall and via Microsoft Teams and <a href="#">livestream</a> on Wednesday 15 March 2023 between 10.00am and 12.45pm |                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Name and initials (*voting member)                                                                                                                                                                  | Title and organisation                                                                                     |
| <b>Board Members:</b>                                                                                                                                                                               |                                                                                                            |
| *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, NHS Devon                                                       |
| *Jane Milligan (JM)                                                                                                                                                                                 | Chief Executive Officer and Accountable Officer, NHS Devon                                                 |
| *Nigel Acheson (NA)                                                                                                                                                                                 | Chief Medical Officer, NHS Devon                                                                           |
| *Bill Shields (BS)                                                                                                                                                                                  | Chief Finance Officer, NHS Devon                                                                           |
| *Darryn Allcorn (DA)                                                                                                                                                                                | Chief Nursing Officer, NHS Devon                                                                           |
| <b>Partner Members:</b>                                                                                                                                                                             |                                                                                                            |
| *Sarah-Lou Glover (SLG)                                                                                                                                                                             | Partner Member for Mental Health                                                                           |
| *Frank O'Kelly (FOK)                                                                                                                                                                                | Partner Member for Primary Care                                                                            |
| *Liz Davenport (LD)                                                                                                                                                                                 | Partner Member for NHS Trusts & Foundation Trusts, Chief Executive Officer, Torbay & South Devon NHS Trust |
| <b>Guests in attendance:</b>                                                                                                                                                                        |                                                                                                            |
| Anthony Fitzgerald (AF)                                                                                                                                                                             | Chief Delivery Officer, NHS Devon                                                                          |
| Andrew Millward (AM)                                                                                                                                                                                | Chief Communications and Corporate Affairs Officer, NHS Devon                                              |
| Paul Renshaw (PR)                                                                                                                                                                                   | Director of Strategic Workforce, NHS Devon                                                                 |
| Helen Braid (HB)                                                                                                                                                                                    | Head of Governance                                                                                         |
| Mark Brice (MB)                                                                                                                                                                                     | Interim Operational Finance (deputising for Bill Shields)                                                  |
| Ruth Harrell (RH)                                                                                                                                                                                   | Director of Public Health, Plymouth (deputising for Steve Brown)                                           |
| Jodie Howland (JHo)                                                                                                                                                                                 | Governance Business Manager (minutes)                                                                      |
| Cllr James McInnes (JMc)                                                                                                                                                                            | Chair, Devon Integrated Care Partnership, Devon County Council                                             |
| Dame Shan Morgan                                                                                                                                                                                    | Chair, Royal Devon University Healthcare NHS Foundation Trust                                              |
| Kate Shields (KS)                                                                                                                                                                                   | Chief Executive Officer, Cornwall & Isles of Scilly ICB                                                    |
| Jo Turl (JT)                                                                                                                                                                                        | Director of Commissioning Primary, Community and Mental Health Care                                        |
| Ann Cooper (AC)                                                                                                                                                                                     | Interim Strategic Governance Adviser                                                                       |
| <b>Apologies for absence</b>                                                                                                                                                                        |                                                                                                            |
| Simon Tapley (ST)                                                                                                                                                                                   | Chief Transformation & Strategic Planning Officer, NHS Devon                                               |
| *Tracey Lee (TL)                                                                                                                                                                                    | Partner Member for Local Authorities, Chief Executive, Plymouth City Council                               |
| *Steve Brown (SB)                                                                                                                                                                                   | Partner Member for local authorities, Director of Public Health, Devon County Council                      |

| Minute number |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| 1             | <p><b>Welcome and Apologies for Absence</b><br/> The Chair welcomed all to the meeting, including Dame Shan Morgan, Chair of Royal Devon University Healthcare NHS Foundation Trust, and Sarah Greep (SG) who would be presenting Item 4 on the agenda.</p> <p>It was noted that apologies for absence had been received from the Chief Transformation and Strategic Planning Officer, Simon Tapley and Partner Member, Steve Brown with Jo Turl, Director of Commissioning Primary, Community and Mental Health Care and Ruth Harrell, Director of Public Health for Plymouth deputising respectively. Apologies were also received from Partner Member, Tracey Lee.</p> <p>It was noted that the meeting was quorate.</p> <p>The Chair informed the meeting that Board members would discuss in private later in the day the exit criteria for the System Oversight Framework, Specialised Commissioning to be delegated to NHS Devon from NHS England, the Devon Operating plan, CQC requirements and transformation programmes. It was confirmed that these issues would be presented at future meetings in public.</p> |
| 2             | <p><b>Declarations of Interest</b><br/> The Declarations of Interest Register was noted.</p> <p>Non-Executive Member Sheena Asthana declared a conflict in respect of Item 9 on the agenda as she was a member of the Cavell Centre Project Group. The Chair confirmed that Sheena would take part in the discussion but would not take part in the final decision of this item.</p> <p>The Chief Nursing Officer, Darryn Allcorn highlighted that he was now a School Governor, and this should be included in his declaration and Chief Finance Officer, Bill Shields, informed the meeting that he had updated his declaration to include speaking at conferences.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3             | <p><b>Minutes Meeting held on 15 February 2023</b><br/> The minutes of the meeting held on 15 February 2023 were <b>approved</b> as a correct record, subject to minor corrections to titles highlighted.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4             | <p><b>Citizen's Voice</b><br/> The Chair welcomed Sarah Greep (SG) to the meeting to share her experience of trying to obtain NHS dental care within Devon. This included having to attend A&amp;E for pain relief as she could not access an NHS dentist and continuing delays which resulted in her having to access private dental care.</p> <p>The Chair and Board members thanked SG for sharing her experiences and expressed regret for the difficulties she had had in obtaining NHS dental care and the pain she had experienced as a result of these delays.</p> <p>Non-Executive Member Sheena Asthana highlighted that dental care is a health inequality issue and one that should be given important focus when these services are delegated to NHS Devon on 1 April 2023.</p> <p>Board members agreed and noted that there were some priority areas that had been identified by SG's experience.</p>                                                                                                                                                                                                         |

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| 5 | <p><b>Chair's Report</b><br/>The Board were asked to note the report.</p> <p><b>Decision:</b> That the Chair's report be noted</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 6 | <p><b>Chief Executive's Report</b><br/>The Chief Executive took the report as read and highlighted the following points with regard to the Board-to-Board meeting that had been held with NHS England regarding the System Oversight Framework (SOF) process.</p> <p>The meeting was chaired by the Chair of NHS England, Sir Richard Meddings, and attended by system Chief Executive Officers, Chairs and Chief Finance Officers. An update on the draft operating plan was presented in terms of urgent and elective care and financial planning</p> <p>Partner Member, Liz Davenport informed the meeting that there had been a clear focus on how the system will work together to address issues at pace with an understanding of the need to find the balance between finance, performance and the quality of services.</p> <p>The recovery plan will be submitted by 30 March 2023.</p> <p>Non-Executive Member Sheena Asthana questioned NHS Devon's position with its response to SOF4 and whether the national team should have greater influence in the recovery process.</p> <p>The Chair and Chief Executive highlighted that by being in SOF4 a lot of responsibility had already been taken by the national team and by exiting SOF4 the system would have the ability to make its own decisions, whilst understanding that with the savings required across the system this would be a challenge.</p> <p>The Chief Finance Officer and Chief Medical Officer responded that the responsibility should remain within the system and this view was shared by Board colleagues</p> <p><b>Action 35: Development session in April to cover the Advisory Committee on Resource Allocation (ACRA) formula and the way it works</b></p> <p><b>Decision:</b> That the Chief Executive's report be <b>noted</b>.</p> |
| 7 | <p><b>Update on challenges facing our staff, including annual Staff Survey results</b><br/>The Chief Communications and Corporate Affairs Officer introduced the report which provided an overview of the challenges being faced to the core staff within NHS Devon.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The requirement for a reduction of running costs of 30% and how this would necessitate the need to work differently</li> <li>• Positive Staff Survey results included the provision of health and wellbeing support, communication and that Devon is a good place to work</li> <li>• Areas for development included unrealistic time pressures and the perception there were not enough staff.</li> </ul> <p>Non-Executive Member, Hisham Khalil commented on the importance of having a resilient workforce with a general scope of practice.</p> <p>The Chief Executive informed the meeting there had been discussions around shared working with Cornwall &amp; the Isles of Scilly ICB. The Chief Executive Officer, Cornwall &amp; Isles of Scilly ICB, Kate Shields agreed to work closely with NHS Devon on the joint challenges facing both systems.</p> <p><b>Decision:</b> The Board noted the item.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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| 8 | <p><b>Delegation of Primary Pharmaceutical, Ophthalmic and Dental (POD) Services</b><br/>The Director of Primary, Community and MHLDN Commissioning introduced Melissa Redmayne, Senior Commissioning Manager, who had led this work for NHS Devon.</p> <p>The paper was taken as read and the following points were noted:</p> <ul style="list-style-type: none"> <li>• The strengthening of the risk element of the report following its presentation to the February Board meeting.</li> <li>• Whilst approval to accept the delegation was required from the Board it had not been possible to fully mitigate all of the associated risks.</li> <li>• The Hub arrangement with NHS England will not come with any additional resource. This would need to be picked up by NHS Devon and the impact of this has been highlighted in the report</li> <li>• The Primary Care Committee have reviewed all of the identified risks</li> <li>• The Internal Audit review had confirmed the risks previously identified. The Memorandum of Understanding (MOU) and delegation agreement had been received and a joint submission was being made to NHS England by ICBs across the region.</li> </ul> <p>The Chief Medical Officer highlighted that access to services may well be an issue rather than a risk as of 1 April, and that plans would need to be put into place to mitigate.</p> <p>Concerns regarding the delegation were raised by Non-Executive Members Graham Clarke and Sheena Asthana. In response it was confirmed that work had already begun to identify improvements, including greater collaboration across the One Devon System and areas to improve workforce already identified.</p> <p>The Chair confirmed that whilst the delegation is a statutory requirement, the Board had grave concerns around the risk associated with the transfer of these services.</p> <p><b>The Board</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the delegation of Primary Pharmaceutical, Ophthalmic and Dental services to NHS Devon.</b></li> <li>• <b>Delegated to the Chief Executive the final sign off the Memorandum of Understanding.</b></li> <li>• <b>Acknowledged the risks and the continuing work of the team to reduce these</b></li> </ul> <p>The Team who had worked on the delegation were thanked for their work.</p> <p><i>Administrator's Note: Sarah Greep and Melissa Redmayne left the meeting after this item.</i></p> |
| 9 | <p><b>Plymouth Cavell Centre – Options Report</b><br/>The Director of Primary, Community and MHLDN Commissioning referred the Board to its approval of the business case for the for the Plymouth Cavell Centre in August 2022. Since that time the national funding for the project had been withdrawn and the Board were now being asked to suspend support for the project unless, or until, the national position on Cavell schemes changes.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> <li>• The work undertaken to secure national funding for the project, including a meeting with Lord Markham, which had not been successful at this stage. The national business case for the national Cavell programme was due to be considered by the Treasury as part of the next Comprehensive Spending Review; however, even if national funding became available this would not meet the current financial deadlines for the Plymouth centre</li> <li>• Local options for funding had been reviewed, including system capital allocation and a loan from Plymouth City Council, with it being noted that the latter would be ultra vires for NHS Devon.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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|    | <ul style="list-style-type: none"> <li>That medium to long term support will be available to the GP practices that had been due to move into the centre.</li> </ul> <p>Non-Executive Member, Judy Hargadon questioned the assumption that there is no capital available for the project and asked whether continuing to fund overspending services was at the expense of a project which would provide huge benefits. A request was made to the Executive Team for a further review of options.</p> <p>Non-Executive and Partner Members were supportive of the request to think again given that the centre was well aligned to the strategic objectives around prevention, partnership working and bringing people together and the positive impact that the centre would have within the community.</p> <p>The use of national funding was confirmed and that £2.6m from national funding had already been spent on the project.</p> <p>The Executive Team's position on the Cavell Centre was reiterated and that they had explored all options. There was no national funding and no available local capital outside of that already allocated to other projects. There was no available revenue to fund the extra revenue commitments of this project. The financial position, together with the fact that the One Devon System is in SOF4, means that the project cannot be funded locally. This position could be reassessed following the next NHS England spending review.</p> <p>A vote was taken to support recommendation six set out within the paper. Of the fourteen members eligible to vote, one member voted not to support recommendation six.</p> <p><b>The Board</b></p> <ul style="list-style-type: none"> <li><b>Commended the work which all partners had undertaken through the Cavell Project Board to achieve the completion of the Full Business Case.</b></li> <li><b>Supported the view of the Executives that, given the change in the national position on capital resources available, at present NHS Devon cannot support any option that takes the Plymouth scheme forward at this stage, unless or until the national position on capital for Cavell schemes changes.</b></li> <li><b>Requests that work with the GP practices impacted by this decision should continue to mitigate risks and identify all risks and opportunities as part of the PCN Estates Toolkit process.</b></li> </ul> |
| 10 | <p><b>Board Assurance Framework (BAF)</b></p> <p>The Strategic Governance Advisor introduced the report which provided a framework of the risks associated with the 14 strategic objectives of the ICB.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> <li>Strategic risks will be regularly presented to the assurance committees for review and consideration.</li> <li>It was acknowledged that risk scores early stages and further work will be undertaken around the consistency of scoring</li> <li>Feedback received from the Primary Care Commissioning Transitional Committee to change the wording of a risk had been actioned</li> <li>The BAF now includes risks around prevention and health inequalities</li> <li>It is proposed that a Population Health committee be established, and this will be brought back to a future meeting for approval.</li> </ul> <p><b>The Board approved the Board Assurance Framework.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 11 | <p><b>Emergency Planning, Resilience and Response (EPRR) Assurance 2022 Outcome</b></p> <p>The Chief Nursing Officer introduced the report which forms the annual statutory requirement of a Category One provider, in line with the full Civil Protection duties.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|    | <p>The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• NHS Devon is substantially compliant</li> <li>• There are three Amber ratings which include infection prevention control, updating policies beyond the pandemic and the wider element of training</li> <li>• All providers are substantially compliant with amber ratings in all plans</li> <li>• The Emergency Planning team meets monthly to monitor the action plans in place for the amber ratings.</li> </ul> <p><b>The Board noted the report.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 12 | <p><b>Update on Urgent and Emergency Care</b></p> <p>The Chief Delivery Officer introduced the paper which focused on operational changes and the work of the Strategic Tactical Control Centre, discharge funding evaluation and virtual ward progress.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> <li>• System wide load sharing has been taken forward following a pilot regarding ambulance waits.</li> <li>• Escalation management is moving forward using learning from the critical incidents in December</li> <li>• Discharge funding has been evaluated and ongoing discussions with Devon County Council will continue as will the review of other available funding from the last twelve months which would be brought back to a future meeting</li> <li>• Virtual ward work had not achieved the traction wanted despite robust plans. This will feed into subsequent work around Urgent and Emergency care.</li> </ul> <p>Non-Executive Member, Judy Hargadon challenged as to whether the target of 227 virtual beds by April 2024 was realistic. The Chief Delivery Officer responded that the revised staffing models and locality based approached to bed management had increased confidence in meeting that target.</p> <p>It was confirmed that virtual wards were designed to support discharge and admission avoidance.</p> <p><b>Action 36 – Discharge funding evaluation to be presented at a future meeting of the Board.</b></p> <p><b>The Board noted the report.</b></p> |
| 13 | <p><b>Finance Reports, NHS Devon and ICS Devon Month 10 Reports</b></p> <p>The Chief Finance Officer (CFO) introduced the reports indicating that these would be taken as read.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> <li>• There had been an improvement in the financial position to £40.5m partly due to transacting £4.5m transfer to each of the three providers in month 10</li> <li>• The year-end forecast will continue to be £49.5m which could change if additional monies become available to the ICB</li> <li>• There is growing confidence in the ability to deliver the position with the position reported having been the same for three to four months</li> <li>• That 2023/24 position is required to be no worse than 2022/23 and early indication is that may be better than expected</li> <li>• Significant utilisation non-recurring monies will support the position and it is important there is a system focus on this</li> <li>• The underlying position going into 2023/24 is £242m</li> <li>• System-wide support will support providers to deliver internal Cost Improvement Plans (CIP) and then look at elements where organisations to come together as a system to work on wider savings</li> </ul>                                                                                                                                                                                                                                                           |

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|    | <p>In response to a query as to why the risks for CIP continue across providers, the CFO indicated that previously the CFOs from each organisation had overseen this area, but the successful delivery of the operational plan would require CFOs, CEO, Executives and Board members to work together to deliver greater savings.</p> <p>Initial discussions regarding the possibility of shared business services to align corporate and back-office functions were already taking place and sessions to review the gaps in the operating plan will be held.</p> <p>Non-Executive Member, Graham Clarke challenged the capital management processes. The CFO confirmed the focus for this year was on revenue and that next year capital management will be reviewed.</p> <p><b>The Board noted the reports.</b></p>                                                                                                                                                                                                                                                                                                                                                                     |
| 14 | <p><b>Committee Chair Report – Quality and Performance Committee</b><br/>Non-Executive Member, Hisham Khalil introduced the report which provided the meeting with an overview of the issues considered by the Committee at its meeting on 1 March 2023.</p> <p>It was noted that the committee had not been assured of the commitment to ensure patients who had waited over 78 weeks for treatment had received an appointment by the end of January, to be seen by the end of March.</p> <p>The Chief Delivery Officer stated that this would be covered within the Integrated Quality, Performance and Finance Report.</p> <p><b>That Board agreed that the report of the Chair of the Quality and Performance Committee, including the statements of assurance, be noted.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                    |
| 15 | <p><b>Integrated Quality, Performance and Finance Report</b><br/>The Chief Nursing Officer introduced the report which provided the meeting with an overview of performance.</p> <p>It was noted that there had been a national request from NHS England for patients who had waited 78 weeks to be provided with an appointment by the end of January and seen by end of March and that this was for all patients regardless of whether they had a decision to admit or not.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> <li>• Actions had been undertaken by the providers, and there are 227 patients who have not been seen because of either patient choice or cancellations</li> <li>• Weekly scrutiny meetings take place review each patient within each pathway</li> <li>• Neurology appointments are of challenge and make up nearly 50% of the overall number</li> <li>• There are 1,601 patients who have a decision to admit, but who do not have a date for admission or treatment, however the trajectory is improving</li> </ul> <p><b>The Board agreed that the Integrated Quality, Performance and Finance Report, be noted.</b></p> |
| 16 | <p><b>Committee Chair Report – Audit and Risk Committee</b><br/>Non-Executive Member, Graham Clarke introduced the report which provided the meeting with an overview of the issues considered by the Committee at its meeting on 8 March 2023.</p> <p>The following points were noted</p> <ul style="list-style-type: none"> <li>• Work to review system risk had been postponed</li> <li>• The annual Anti-Fraud Plan had been approved, with it being agreed that this would be reviewed as new services are delegated to NHS Devon</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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|    | <ul style="list-style-type: none"> <li>Assurance had been taken with regard to the process for the production of the Annual Report for both the former CCG and NHS Devon.</li> <li>The Draft Head of Internal Audit Opinion provided limited assurance, primarily due to the pace at which the BAF and risk management framework had been approved and implemented.</li> <li>The Committee wished to escalate its concern regarding the delay in an External Auditor being place and the challenge this raised with regard to the sign off of the Annual Accounts.</li> </ul> <p><b>The Board agreed that the report of the Chair of the Audit and Risk Committee, including the statements of assurance, be noted.</b></p> |
| 17 | <p><b>Committee Chair Report - Primary Care Commissioning Transitional Committee</b><br/>Non-Executive Member, Judy Hargadon introduced the report which provided the meeting with an overview of the issues considered by the Committee at its meeting on 23 February 2023, indicating that it would be taken as read.</p> <p>No further comments or questions on the report were raised.</p> <p><b>The Board agreed that the report of the Chair of the Primary Care Commissioning Transitional Committee, including the statements of assurance, be noted.</b></p>                                                                                                                                                       |
| 16 | <p><b>Committee Chair Report - People and Culture Committee</b><br/>Non-Executive Member, Thandiwe Hara introduced the report which provided the meeting with an overview of the issues considered by the Committee at its meeting on 22 February 2023, indicating that it would be taken as read.</p> <p>No further comments or questions on the report were raised.</p> <p><b>The Board agreed that the report of the Chair of the People and Culture Committee, including the statements of assurance, be noted.</b></p>                                                                                                                                                                                                 |
| 17 | <p><b>NHS Cornwall &amp; Isles of Scilly Board Update</b><br/>The Chief Executive of NHS Cornwall &amp; Isles of Scilly Kate Shields (KS) took the report as read.</p> <p>No further comments or questions on the report were raised.</p> <p><b>The Board agreed that the report of the Chief Executive of NHS Cornwall &amp; Isles of Scilly be noted.</b></p>                                                                                                                                                                                                                                                                                                                                                             |
| 18 | <p><b>Action Log</b><br/>The Chair referred the meeting to the progress being made in respect of actions arising from previous meetings of the Board.</p> <p>The Board requested that actions remain open until reports have been presented back to a meeting rather than closing when items are added to the forward planner.</p> <p><b>The Board agreed that Action 27 and 32 be closed and that Actions 24, 26, 29, 30, 31 remain in progress.</b></p>                                                                                                                                                                                                                                                                   |
| 19 | <p><b>Questions from Members of the Public</b><br/>The Chair confirmed that no questions from the public had been submitted prior to the meeting.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 20 | <p><b>Any Other Business</b><br/>The next meeting of the NHS Devon Board to be held in public will be held on 3 May 2023 at Pomona House, Torquay.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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| Minutes approved | Date: | Signed by Chair: |
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# NHS Devon Integrated Care Board

## Report of the ICB Chair

| Date of committee | Date report produced |
|-------------------|----------------------|
| 3 May 2023        | 19 April 2023        |

| Author(s)              |                                                  | Report approved by     |                               |
|------------------------|--------------------------------------------------|------------------------|-------------------------------|
| <b>Name and title:</b> | Nick Pearson, Chair and Chief Executive's Office | <b>Name and title:</b> | Dr Sarah Wollaston, ICB Chair |
| <b>Phone:</b>          | -                                                | <b>Date:</b>           | 19 April 2023                 |
| <b>Email:</b>          | Nick.pearson@nhs.net                             |                        |                               |

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

| Executive summary                                                                                                                                                                                                        |
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| This document represents the Chair's report and includes updates on the Integrated Care Strategy and Joint Forward Plan, the Nightingale Hospital, Interpersonal Trauma GP Services and visits and speaking engagements. |

| 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. For information only

**Impact on NHS Devon objectives**

| Objective   | Impact         |
|-------------|----------------|
| Objective 1 | Reporting only |
| Objective 2 | Reporting only |
| Objective 3 | Reporting only |
| Objective 4 | 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 |

# NHS Devon Integrated Care Board

## Report of the ICB Chair

### One Devon Partnership

I wanted to update the Board on a change of frequency to the One Devon Partnership meetings, chaired by Councillor James McInnes. These were held monthly during the initial establishment of the board and drafting of the Integrated Care Strategy.

The decision has been taken to move these to every other month, alternating with public meetings of the NHS Devon Board. I will provide my next update of its proceedings in June.

### Integrated Care Strategy and Joint Forward Plan

The first draft of the Five Year Joint Forward Plan (JFP) was shared widely with partners at the end of March, including with our Health and Wellbeing Boards (HWBs), who are required to respond on drafts.

I would like to thank all those who have come together across our system to set out how we plan to deliver the strategic goals set out in the Integrated Care Strategy.

Significant engagement with partners sits behind the plan, including widely surveying views, face to face meetings, opportunities for debate at the Change Leaders Event and liaison with statutory bodies such as Health and Wellbeing Boards.

We continue to work with leads to refine the JFP during April and early May, further developing the content, sharpening the objectives and considering feedback from the engagement. The document will then be subject to a sign-off process, including seeking the approval of the NHS Devon Board on 7 June.

The JFP will then be brought together with the Integrated Care Strategy to form the Devon Plan, which we aim to publish by 30 June in line with national requirements. The timescales have been very tight and I am grateful to everyone who has contributed as well as led on its development.

## Interpersonal Trauma Response GP Service

I am pleased to report that NHS Devon recently launched a new Interpersonal Trauma Response GP service, and I was delighted to join and speak at the stakeholder event for its launch at the end of March

The service aims to train GP teams to ask about abuse and trauma as we know this helps people at risk to come forward. They can then be connected to a new support service delivered by an organisation called FearLess.

NHS Devon is currently the only ICB with a specific lead for domestic abuse and sexual violence, a model it is hoped will be taken up by other ICBs.

NHS Devon hosted NHS England Domestic Abuse Lead, Catherine Hinwood OBE and Nicole Jacobs, Designate Domestic Abuse Commissioner for England and Wales, at the stakeholder event alongside people who are already benefitting from the support of FearLess and those supporting them. The new service was also featured on BBC Spotlight.

This is incredibly important and pioneering work by NHS Devon together with local authority and voluntary sector partners, that seeks to tackle domestic abuse, sexual violence and stalking, and it is achieving increasing national recognition. It matters not only because so many people are or have been affected but because of the devastating impact this can have on their lives. Stepping in to provide holistic, confidential and trusted support as early as possible helps to reduce harm and can include, where appropriate, working with people who are causing harm.

I would like to thank everyone involved in making this possible and a special thanks to Collette Eaton-Harris, the Interpersonal Trauma and Violence Lead for NHS Devon, for her hard work and determination in setting up a service which will now be accessible in every community across Devon.

## Strengthening System Leadership

Senior system leaders play a pivotal role in leading change and creating the conditions for success that will enable a new way of working. It's why NHS Devon has adopted 'Outward Mindsets' as part of our ICS development plan, an established approach to support organisational and system development.

This focuses on strengthening collaboration, building trusted relationships, and resetting the environment to support joined-up working. With all our systems under great pressure, it is all too easy for organisations to retrench to an inward focus and that risks decisions being made that simply pass costs and workload to another part of the system or leaves people who depend on services stuck in a circular loop trying to find support. Working together and building good relationships within and across organisations is core to improving services.

We will also have colleagues undertaking an accredited programme of training to become Outward Mindset Trainers, which will sit alongside the main programme and

help us to expand the adoption of the approach in key pieces of improvement work, such as urgent and emergency care.

Sessions are already underway with a further event taking place in May.

## Eating Disorder Summit

A system-wide Eating Disorders and Disordered Eating Summit was held in March led by Warwick Heale (NHS Devon) and Dr Karen Street (Devon Partnership Trust).

There were participants from across the whole system of care for children and adults: people with lived experience, VCSE, local authorities (including public health), primary care, university health services, community mental health services, community eating disorders services, acute trusts, specialist inpatient services, ICB commissioners and regional (South West Provider Collaborative) commissioners.

The summit was held in response to a significant increase in eating disorders following the COVID lockdown.

Eating disorders and disordered eating are examples of a group of conditions that can only be effectively addressed by collaboration across the whole of our One Devon System.

If we were able to redirect more resources to prevention and earlier intervention, we could make significant improvements to the lives of people and their families, reduce the risk of peoples' health deteriorating as well as the pressures on services and costs.

The focus of the summit was to share experiences of the current system of care – both looking at good practice as well as where services are vulnerable or not meeting people's needs; and to identify opportunities to learn from each other to address immediate pressures and to improve our services for the future.

The Mental Health Learning Disability and Neurodiversity Provider Collaborative had already developed a draft Eating Disorders Strategy which will now be refined as a result of the discussions at the summit. There will then be follow-up work across the system to plan the implementation of the strategy across all sectors.

I was pleased to attend the event and would like to thank everyone who worked to put this together and for their commitment to improve services. It was well-attended, and it was great to see system working in action.

## New Surgical Hub at Nightingale Hospital

The Nightingale Hospital in Exeter, which is helping to reduce planned care waiting lists, has received national recognition for meeting top clinical and operational standards.

The South West Ambulatory Orthopaedic Centre (SWAOC) at the Nightingale is one of eight to be awarded accreditation as part of a pilot scheme.

The Nightingale originally opened as a COVID-19 hospital to support the country's response to the first wave of the pandemic, but it has since been transformed into a state-of-the-art facility which is home to a range of orthopaedic, ophthalmology, diagnostic and rheumatology services.

Since March 2022, almost 1,000 patients have had hip and knee replacements at the Nightingale and SWAOC has been highly commended in the Health Service Journal Awards in the Acute Sector Innovation of the Year and Safe Restoration of Planned Elective Care categories. It also won the National Orthopaedic Association's Partnership and Integration Award.

This national recognition is well deserved by the SWAOC. It was a great pleasure to visit the Nightingale last year to meet people who have benefitted from surgery as well as the teams who have done so much to help them on the road to recovery.

## Chair's Visits and Speaking Engagements

In addition to the events already highlighted, I continue to visit to meet with community organisations and system partners.

I was delighted to join BeBuckfastleigh in Bridgetown this month to meet to hear about their work tackling health and social inequalities in small rural towns through building support networks and providing free activities and routes into volunteering, training and local work.

It was good to join them for one of their mindfulness art groups to meet and thank volunteers and hear from many of the people who value their support.

We know that reducing loneliness and helping people to be more active are key to improving wellbeing and reducing the risk of ill-health. We are fortunate to have so many groups across Devon committed to making this support accessible to those who need it most and our relationship with VCSE partners needs to reflect the importance of what they do.

Thank you too to Sefton Hall Care Home in Dawlish for inviting me to visit to meet residents and staff and to catch up with the Devon Care Home Collaborative.

It was really helpful to hear their updates on digital engagement and social care records as well as workforce challenges and the further work that is needed to improve information sharing for safer transfers of care from hospital.

# NHS Devon Integrated Care Board

## Report of the Chief Executive

| Date of committee | Date report produced |
|-------------------|----------------------|
| 3 May 2023        | 19 April 2023        |

| Author(s)              |                                                  | Report approved by     |                                |
|------------------------|--------------------------------------------------|------------------------|--------------------------------|
| <b>Name and title:</b> | Nick Pearson, chair and chief executive's office | <b>Name and title:</b> | Jane Milligan, Chief Executive |
| <b>Phone:</b>          | -                                                | <b>Date:</b>           | 19 April 2023                  |
| <b>Email:</b>          | Nick.pearson@nhs.net                             |                        |                                |

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

-

### Executive summary

This document includes summary updates on Covid-19 and Flu, System Pressures, Operating Plan, Industrial Action, the Hewitt Review and visits and speaking engagements.

### 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         |
|-------------|----------------|
| Objective 1 | Reporting only |
| Objective 2 | Reporting only |
| Objective 3 | Reporting only |
| Objective 4 | 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 |

# NHS Devon Integrated Care Board

## Report of the chief executive

### Covid-19 and flu update

As spring approaches, we must continue to be aware of COVID-19 and flu infection rates and remain vigilant in terms of ensuring vaccinations are up to date.

The following people are now being offered a booster of coronavirus (COVID-19) vaccine this spring:

- People aged 75 years and older
- Residents in care homes for older people
- Those aged 5 years and over with a weakened immune system

Eligible groups will be offered an appointment between April and June, with those at highest risk being called in first. Appointments are available to book through the National Booking System website or on 119.

We have a hybrid of GP practices/PCNs, larger vaccination sites, pharmacies and outreach clinics for delivery of the vaccine. A new, updated site at Greendale in Exeter is due to open next week.

Royal Devon University Healthcare NHS Foundation Trust is now managing Greendale, Barnstaple and Home Park sites, as well as outreach clinics.

Care home vaccinations are already underway, with these expected to be completed by 28 May. Devon is highest performer across the country for the number of care homes visited since 3 April.

From 17 April, the two other eligible groups will be able to book appointments. These groups will continue to be vaccinated until 30 June.

The Evergreen offer continues – this is first and second doses for anyone who has not received any covid vaccinations so far. However, this will also come to an end on 30 June, apart from those people who become newly immunosuppressed.

The flu vaccination season has now come to an end.

The South West had the highest uptake compared to the rest of the country and Devon hit all the required targets.

## System pressures

During March, the Devon System experienced a high degree of pressure. As a consequence the system declared Operational Pressures Escalation Level (OPEL) 4 which is the highest level of escalation.

Specifically, the system experienced:

- Increased numbers of people in Devon hospitals experiencing symptoms of infections such as flu, COVID-19 and norovirus resulting in the closure or restriction of bed capacity.
- An increase in the number of hours lost to ambulance handover delays, with ambulances queuing outside Devon Hospitals.
- Reduced community capacity to enable timely discharge of patients with more complex needs which impacted the flow of patients through the hospitals leading to an increase in length of stay and an increase in the number of patients with no criteria to reside in a hospital bed.

Actions were put in place to enable the system to de-escalate which focused on reducing demand on emergency departments and increasing the number of discharges, as well as the introduction of a daily meeting cadence which provided the opportunity for issues to be escalated to senior decision makers within the Devon System.

The system came out of OPEL 4 on 7<sup>th</sup> April, but due to needing to mitigate the impact of both the easter bank holiday period and the junior doctor's industrial action the actions and meeting arrangements were kept in place until 17<sup>th</sup> April.

## Industrial action

It is no secret that there has been a great deal of industrial action in the NHS over the last few months. Most recently, the British Medical Association, British Dental Association and Hospital Doctors Association mandated to take industrial action from 13<sup>th</sup> March until 16<sup>th</sup> March. During this period, there were no negotiations regarding derogations and the majority of elective activity was cancelled.

Planned ambulance strikes in March were stood down after pay negotiations were opened between the unions and the Government.

Throughout April, we saw further strike action across the NHS, including junior doctors over the Easter period.

At the time of writing, nursing staff have indicated that they will be striking again from 30<sup>th</sup> April – 2<sup>nd</sup> May 2023.

The Royal College of Nursing has indicated that there will be no derogations, and that industrial action will affect urgent and emergency care, and critical care.

After this, the RCN has said they it will send a further ballot for strike action to their members. If members continue to support the industrial action, it could mean a continuation of strike action until at least the end of 2023.

NHS Devon will continue to support the system during the industrial action, and I should be in a position to provide a further update in next month's report.

## Operating plan

Since my last board update, our Operating Plan has been submitted to NHS England for consideration.

The team in Devon worked extremely hard to prepare the Operating Plan to meet the deadline and I would like to express my thanks to all of those involved.

We have since received feedback from NHS England about the plan and this is being reviewed in detail.

Sarah, Bill and I met with NHSE educative colleagues including Amanda Pritchard as part of a national programme of NHSE and ICB meetings on Monday 24<sup>th</sup> April, to review our progress on our plans and our challenged areas.

I expect to be in a position to provide a further update to the Board following that meeting.

## Hewitt review

We have recently received the outcome of the national Hewitt review into ICSs.

You will recall that the review was commissioned to consider and make recommendations on how oversight and governance could best enable ICSs to succeed.

We are reviewing the detail, but it is important to note that the recommendations will need to be reviewed and endorsed by the government before they can be implemented.

Recommendations include the following elements:

- Fewer central targets
- Enabling a shift towards upstream investment in prevention
- Multi-year funding
- Payment mechanism flexibility
- Defining accountabilities
- Data available to ICSs
- An enhanced role for the CQC in systems
- Reconsider the further 10% cut to ICB running cost allowances (RCA)

## NHS delivery and continuous improvement

I attended the national NHS Leadership event on Wednesday 19<sup>th</sup> April along with other CEOs and ICB chief executives.

A number of topics were covered, together with general updates from Amanda Pritchard, NHS England's (NHSE) Chief Executive, on the operating plan, long term workforce plan and celebrations for the NHS' 75<sup>th</sup> birthday.

The new Delivery and Continuous Improvement recommendations and NHS Impact was also launched and published on the NHSE website.

This is an NHSE co-ordinated review on how to deliver real-time improvements by engaging with patients, health and care leaders, regional and national teams, the Care Quality Commission and more.

The publication outlines 10 recommendations that have been consolidated into three actions. The actions are:

- Establish a National Improvement Board to agree a small number of shared national priorities on which NHSE, with providers and systems, will focus on our improvement-led delivery work
- Launch a single, shared 'NHS improvement approach'
- Co-design and establish a Leadership for Improvement Programme.

The proposed timeline put forward by NHSE suggests that all actions will be implemented, and a new single assessment framework will be published by August 2023. We look forward to working with NHSE on this ongoing improvement work and welcome the recommendations.

## Expertise from national taskforce

To help address the various challenges that are being faced, particularly in relation to urgent and emergency care, Berenice Groves has been appointed by NHS England to provide increased support to NHS Devon over the next three months.

Berenice is a member of the national Urgent and Emergency Care Taskforce – she was formerly deputy chief executive and chief operating officer at Chesterfield Royal Hospital.

Berenice has already started with us and will work two – three days a week.

## Pathways homelessness annual symposium

I had the privilege to attend and speak at the Pathways Homelessness Annual symposium on the 16<sup>th</sup> March about homelessness and health.

My focus was the opportunities presented by Integrated Care Systems to improve our whole system response to what is a complex and multi-faceted challenge.

Compared to the wider population, the health of people who experience homelessness is significantly worse:

- all long-term physical health problems are more prevalent in the homeless population (apart from cardiovascular issues which may be explained by homeless people dying younger).
- mental health problems are more common and depression is significantly higher in the homeless population (36% vs 3%).
- The mean age of death for someone homeless is around 46 for men, and 42 for women (nb. upper age limit of 74 was applied to this group). In the general population, in 2019, for all ages, the mean age of death is about 76 and almost 81 respectively.

It isn't only homelessness that contributes to diminished health outcomes. It's the increased levels of early life and lifetime adversity that contributes to homelessness in the first place.

People experiencing homelessness often draw on health and care services in moments of crisis and chaos, generating unproductive encounters and poor outcomes. We've been working with pathways and listening to people to better understand the barriers they experience accessing services and what adaptations we can make improve engagement.

The ICS gives us a vehicle to develop a coherent 'whole system' response. For example, aligning, the ICB commissioning of a specialist primary care response, with local authority developments around complex needs alliances and homelessness prevention services.

This requires leadership across systems, recognising interdependencies, unintended consequences, the importance of building trusted relationships and fundamentally, listening to and learning from the people we are designing services for.

I'm committing the ICB to work across the One Devon Partnership to address homelessness together as a whole system, in collaboration with people experiencing homelessness. I'll report back on our progress.

## Integrated Care System (ICS) executive committee updates

The following are key updates from the ICS executive committee

### MADE Event

The Plymouth MADE Event took place on 4<sup>th</sup> and 5<sup>th</sup> April 2023. This centred on improving hospital flow and in particular, discharges.

The purpose was for to work together to unblock delays and simplify processes across the whole system, with a view to reducing the length of stay and increase morning discharges.

The event was also used as an opportunity to prepare a plan in advance of the Easter Bank Holiday and Junior Doctors strikes, and to increase the flow within hospitals as much as possible before these dates.

Given the success of this initial event, a repeat of the MADE event was scheduled at the end of April, with a wider invite list which included the UHP team from Therapies and the Care Groups. This was to allow the providers and everyone within the system to gain a greater understanding on the in-hospital offerings and third party services, to ensure that we are maximising the services that are available.

MADE events will take place regularly in future to give an opportunity for benefits to

All in all, it was a very successful event with lots of engagement from attendees.

Thank you to colleagues for arranging this event and to all of those who attended.

# NHS Devon Integrated Care Board

## One Devon Partnership Chair's Report

| Date of board meeting |  |
|-----------------------|--|
| 3 May 2023            |  |

| Chair                                                       |
|-------------------------------------------------------------|
| <b>Name and title:</b> Cllr James McInnes, Chair of the ICP |

| Updates from the Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Frequency of meetings             <ul style="list-style-type: none"> <li>Our ICP meetings have now moved from monthly to every other month</li> </ul> </li> <li>Cost of Living Summit:             <ul style="list-style-type: none"> <li>Approach and mechanism to distribute the NHS England cost of living fund was agreed and delivered</li> <li>£300K distributed across the Integrated Care System (ICS) in Devon, led by the voluntary, community, social enterprise (VCSE) sector</li> <li>An agenda item is planned for the next Integrated Care Partnership (ICP) so members can understand where the funding was delivered and the impact it had</li> <li>The agenda item will also update the ICP on the ICS-wide Public Health led Cost of Living Dashboard</li> </ul> </li> <li>ICP planning Workshop:             <ul style="list-style-type: none"> <li>A workshop originally planned in April has been postponed, due to the pre-election period, the Easter break and a delay to the publication of the Hewitt Review</li> <li>The rescheduling of the workshop needs further consideration as we work through the Hewitt Report and wait for the Governments response</li> </ul> </li> </ul> |

- Members of the One Devon Partnership attended the Change Leaders event, including the Joint Forward Five Year Plan discussion
- Members of the three Health & Wellbeing Boards, Devon, Plymouth and Torbay met to discuss common interests

#### Items of concern to be escalated to the Board

- System funding and budget challenges are significant across health, care and beyond. We need to understand what the collective impact is on the people and communities we service and how we might mitigate any negative impact on population health and wellbeing in Devon
- We are concerned that the resources required to support and enable the ICP to deliver its agenda and statutory duties, may be impacted by this.

#### Recommendations for the Board

- All system partners commit to maintaining open dialogue to their budget challenges and potential decisions that might be being made, to ensure the best possible system outcome

#### 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](mailto:d-icb.governance@nhs.net) to update the central register.

# Board meeting of the Integrated Care Board

## Agenda item: ICB chief executive update

**Date of meeting:** 13 April 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 Pharmacy, Optometry and Dentistry (POD) Delegation and Specialised Commissioning Update

#### *POD Delegation*

On the 1 April 2023 NHS Cornwall and Isles of Scilly ICB became accountable for commissioning of community pharmacy, optometry and dentistry (POD) provision under delegation from NHS England.

The ICB previously approved the primary care delegation agreement in July 2022 when the scope was just primary medical services; the updated agreement is unchanged, save for the addition of POD commissioning accountability.

## NHS Cornwall and Isles of Scilly Integrated Care Board

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Visit our website: [cios.icb.nhs.uk](http://cios.icb.nhs.uk)



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Beacon Technology Park,  
Dunmere Road,  
Bodmin, PL31 2FR  
Chair: John Govett  
Chief executive officer: Kate Shields

POD delegation was discussed at the Primary Care Commissioning Committee on 16 March 2023. The outcome of this discussion was that despite the ongoing risks and PCCC's concerns, the proposals presented to it were endorsed and it was recommended that an urgent decision of the ICB board to approve this paper and signing of the delegation agreement be undertaken.

Therefore, due to the urgency of this decision it was agreed to seek Board approval under the urgent decision clause. This was sought on Thursday 23 March and resulted in the Vice Chair, Chief Executive and 2 x Non-Executive Members approving the process. The delegation agreement and MOU were therefore signed off and submitted to NHSE on 24 March 2023.

### *Specialised Commissioning*

An Extraordinary ICB Board meeting on 29 March 2023 agreed the specialised commissioning delegation arrangements for next year between NHS England and the seven ICBs within the Southwest via a Specialised Commissioning Joint Committee and noted the wording of the request and the Terms of Reference for the approach in 2023/24 will be refreshed at the first meeting of the SCJC to be held in April 2023. The discussion to reach this agreement resulted in the following decisions.

- To bring a detailed specialised commissioning briefing to the ICB Board to enable all board members to familiarise themselves with these complex commissioning arrangements and create the knowledge needed prior to ICBs picking up delegated authority for these services in April 2024.
- To receive reports from the specialised commissioning joint committee directly into the ICB's Finance, Performance and Commissioning Committee (FP&CC), and any further escalation to the ICB Board will be through the FP&CC update on a monthly basis.
- There will be quarterly specialised commissioning updates to the ICB Board as part of increasing awareness and knowledge ahead of the transfer of responsibility in April 2024, and this quarterly report will be reviewed by FP&CC before submission to the ICB Board as per the above.
- The finalised joint committee terms of reference and working agreement shall be shared with the FP&CC committee for approval early in the new financial year 2023/24.
- The ICB will sign the Joint Working Agreement documents to be returned to NHS England by 6 April.

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### **3.2 ICB Redesign and Staff Engagement Update**

[NHSE requirements relating to ICB running costs](#) were published on 2 March 2023, and the [Hewitt Review](#) published on 4 April 2023, which combine to set important context for the shape and size of the CloS ICB.

The ICB Executive Team have been working to develop the approach to redesign, following principles of form, function, finance and are working to take the opportunity to reposition the organisation and its ways of working to ensure it fulfils what ICBs were set up to achieve and the four aims for Integrated Care Systems.

We are planning with the intent to implement the redesign of the ICB in 2023/24 and have starting to engage ICB staff and trade unions at an early stage to establish regular dialogue as plans develop. Changes in how the ICB operates won't be just about ICB staffing structures, but equally about relationships and shared accountabilities across our ICS, and the development of approaches across ICS boundaries - engagement about aims principles of approach will take place with partners and providers through April and May as plans take shape with updates and decisions brought back to this ICB Board as appropriate.

### **3.3 The Hewitt Review – an independent review of integrated care systems – published 4 April 2023**

*Extracts from the Foreword:*

ICSs have been born in difficult times. The answer is not simply more money, although of course that is needed, particularly in social care. Unless we transform our model of health and care, as a nation we will not achieve the health and wellbeing we want for all our communities - or have the right care and treatment available when it is needed.

ICSs bring together all the main partners - local government, the voluntary, community, faith and social enterprise sector, social care providers and the NHS - in a common purpose expressed in 4 main aims: to improve outcomes in population health and healthcare; to tackle inequalities in outcomes, experience and access; to enhance productivity and value for money; and to help the NHS support broader social and economic development.

This report shows how they are already making a difference and explains what needs to happen next to accelerate that progress.

Many of my recommendations are designed to shape how we work together in the coming months and years, not only strengthening collaboration at local level but ensuring the breadth of partnership within ICSs is mirrored nationally. Real partnership starts with real work and I (*Patricia Hewitt*) have made a number of recommendations for how the way we are learning and creating together within systems, should be embraced and embedded nationally: for instance, with DHSC, DHULC, NHS England, HM Treasury, ICSs and others working in concert on important areas of change including much-needed reform to the financial framework.

*Extracts from the Executive Summary:*

Integrated care systems (ICSs) represent the best opportunity in a generation for a transformation in our health and care system. Effective change will require the combination of new structures with changed cultures. Everyone needs to change, and everyone needs to play their part.

Matthews Kelly  
11/04/2023 09:27:36

The review has identified 6 key principles, that will enable us to create the context in which ICSs can thrive and deliver. These are: collaboration within and between systems and national bodies; a limited number of shared priorities; allowing local leaders the space and time to lead; the right support, balancing freedom with accountability and enabling access to timely, transparent and high-quality data.

A copy of the full Hewitt Review can be found here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1148568/the-hewitt-review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf)

### **3.4 South West Academic Health Science Network (SWAHSN) - increasing the impact of research and innovation in Cornwall and the Isles of Scilly**

The establishment of ICBs has created an opportunity to increase the role and impact of research and innovation in supporting delivery of our Integrated Care Strategy and Joint Forward Plan. Improving the conditions for research and innovation is also a legislated duty for ICBs and much needed for our region.

During the last six months we have formed a partnership with research and innovation partners across the South West peninsula (Somerset, Devon and CIOs) to consider how as an ICB we can increase the impact of research and innovation in Cornwall and the Isles of Scilly. Working with NHS Devon and NHS Somerset, and supported by the Academic Health Science Network for the South West peninsula, we have drawn on the experience of other more mature research and innovation ecosystems to understand how to strengthen the conditions for research and innovation.

This work has resulted in the development of an ambitious and pioneering partnership for health & care research and innovation in the South West peninsula. The purpose of the partnership is to work in collaboration with NHS Devon and NHS Somerset to bring together the collective capability of the peninsula's two major universities, the NIHR Clinical Research Network, the NIHR Applied Research Collaborative and the Academic Health Science Network to increase the impact of research and innovation.

We are working together as a partnership to develop a shared research and innovation strategy for the peninsula focused on our shared population health and system priorities. The aims of the shared strategy are to:

- Ensure research and innovations supports NHS Cornwall & Isles of Scilly to improve population health and reduce health inequality.
- Improve health and care system productivity.
- Improve how we attract, grow and retain our workforce; and
- Increase external funding and investment into the region.

We are confident this approach - working in partnership at the level of the peninsula - will enable us to integrate the latest evidence, innovation and improvements into our transformation plans for Cornwall and the Isles of Scilly. We are also confident that by working in this partnership across the peninsula we will increase the likelihood that we can draw in greater additional investment into CIOs and make faster progress than might be possible otherwise.

The peninsula research and innovation strategy is currently in development and will be shared with the Board for review in May 2023.

### 3.5 Roundtable Health Meeting with Devon and Cornwall Police Chief Constable – Will Kerr OBE KPM

The second Police Chief Constable Health Roundtable took place on 22 March 2023, with discussion focused on the recent correspondence from Maria Caulfield, the Parliamentary Under-Secretary of State for Mental Health and Women's Health Strategy, and from the Home Office, regarding their commitment to ensuring the appropriate health and social care is available to respond to those in crisis and the announcement of capital investment to improve the mental health crisis care response, with a continued emphasis on close working between the police and health partners, crisis care concordats and/or other local partnership groups.

Those who attended were asked to come prepared to discuss:

- 1) What are your key issues and challenges where this forum may help?
- 2) What currently are your blockers, and what are your enablers?
- 3) Collectively, what can we do to make this more effective?

### 3.6 Health and Devo Working Group Roundtable

The NHS Confederation and the Local Government Association agreed to establish a joint 'Health and Devolution Working Group' in Q1 of 2023. The purpose of this group will be to understand the priorities, opportunities and challenges for leaders in local government devolution areas and ICSs in bringing together health and local government devolution.

The Working Group brings together relevant ICS, Integrated Care Partnership (ICP) and local government leaders along with a range of invited subject matter experts and policy decision-makers from other sectors. It will discuss the challenges and opportunities of aligning local government and health devolution and identify emerging good practice. The expected outputs of the Working Group are a report and a high-level conference in late 2023 to highlight and share good practice, discuss conclusions and outline early lessons. The following six issues have been proposed to form the basis of themed discussions:

- **process**, including how Mayoral Combined Authorities (MCAs), Mayoral Combined County Authorities (MCCAs), County Deals and ICSs can jointly develop or align more closely their governance and accountability arrangements, including in relation to the role of the Mayor or Directly Elected Leader;
- **policy**, including looking at policy areas devolved to devolution deal areas that directly and indirectly intersect with ICS roles and responsibilities;
- **partnerships**, including how ICSs should engage locally with MCAs/MCCAs/Directly Elected Leaders (DELs), and nationally with key partners such as the M10 mayoral group, universities, industry and the relevant government departments;
- **place**, including how MCAs/MCCAs, ICSs and ICPs can support and enhance subsidiarity, integration and population health approaches at place level, drawing on the assets of people and communities and the role of local authorities;

- **practice**, highlighting emerging good practice where local partners are successfully collaborating to support their communities; and
- **paraphernalia**, including some of the tools, resources and approaches that local partners can use to unlock greater system working.

It is proposed the Health and Devolution Working Group will initially run for a period of eight months. It will be co-chaired by a current ICS and an ICP Chair and supported in secretariat, policy and report writing by the NHS Confederation's Head of Health Economic Partnerships, its ICS Network and the LGA.

External guests will be invited to attend the roundtable discussions as appropriate. Over the course of the eight-month period four roundtables will be organised; focusing on developing a vision for health and devo and the six indicative issues listed above, along with any other themes identified by the group members. The final roundtable will discuss and agree emerging and key recommendations.

The first Health and Devo Working Group roundtable in the series took place on 3 April and brought together working group members to start to understand the policy, partnerships and practice that link health and devolution and the mutual benefits of closer, more aligned working and outcomes, and reflected on:

- the journey to date and emerging national and system-level opportunities to collectively make a difference;
  - challenging ourselves to articulate a mutual vision that focuses on improving population health and supporting devolved outcomes;
  - and developing a product that informs practice, makes recommendations and starts an on-going conversation.
- 

Matthews Kelly  
11/04/2023 09:27:36

# NHS Devon Integrated Care Board

## Integrated Quality, Performance and Finance Report (IQPFR)

| Date of committee | Date report produced |
|-------------------|----------------------|
| 3 May 2023        | 23 March 2023        |

| Author(s)              |                         | Report approved by     |                                                         |
|------------------------|-------------------------|------------------------|---------------------------------------------------------|
| <b>Name and title:</b> | Performance Team        | <b>Name and title:</b> | Sam Wadham-Sharpe Director of Performance and Assurance |
| <b>Phone:</b>          |                         | <b>Date:</b>           | 23 March 2023                                           |
| <b>Email:</b>          | 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 February 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 6,596 ambulance hours due to handovers was seen in February down from the height of 13,743 seen in December 2022. Improvements in ambulance response times correlate

with this and have also improved since December with category 2 at an average of 37 minutes for February against the 18-minute standard.

The numbers of patients in the system with No Criteria To Reside (NCTR) decreased in February, benefitting from reduced demand, fewer community infection outbreaks which allowed more capacity to be open to support discharges and the use of additional discharge funding to block purchase beds, packages of care, wraparound support services and additional weekend discharge coordinators.

The numbers of patients waiting beyond 104 weeks at the end of January fell to 272 which is an improvement on the December position of 340. The system has seen an improvement in RTT 18-week performance at 52.8% in the month compared to a target of 92% and in diagnostic pathways at 64.8% versus a target of 99%.

The first new System Clinical Risk & Harm Group meeting took place 8th March 2023, with safety leads from partners in attendance. Providers described significant progress on monitoring harm profiles and communication with patients. The group agreed to develop a quality metric dataset to inform the group which will include provider held information on lower-level complaints and concerns. This is significant progress and should go some way to mitigate the system risk currently scored at 20. The group have recorded initial gaps and risks within this workstream, and these will form part of the Planned Care Board Report within this paper.

As at the end of February 2023 the reported financial forecast is a deficit of £49.2m which is £31.0m adverse to the planned deficit of £18.2m.

The initial draft of the NHS Devon Operating Plan for 2023/24 was submitted on 23rd February 2023. An interim submission was also made on the 9 March 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.

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

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

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

- 1. The board are asked to note the report

**Impact on NHS Devon objectives**

| Objective | Impact |
|-----------|--------|
|-----------|--------|



|                                                    |   |
|----------------------------------------------------|---|
| Improve population health                          | Y |
| Improve services and reduced unwarranted variation | Y |
| Make more efficient use of our resources           | Y |
| Develop our culture and how we operate             | Y |

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

| Area                                     |                                                                  |
|------------------------------------------|------------------------------------------------------------------|
| 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                                    |                                                                  |
| Digital and Data                         |                                                                  |
| Involvement, Engagement and consultation |                                                                  |



# **Integrated Quality, Performance and Finance Report (IQPR)**

Owner: Performance Team

March 2023

FINAL Version

## Table of contents

|                                                                         |    |
|-------------------------------------------------------------------------|----|
| Acronyms .....                                                          | 3  |
| Key to Variance & Assurance Icons.....                                  | 4  |
| Executive Summary.....                                                  | 5  |
| Urgent and Emergency Care – System Overview.....                        | 8  |
| Urgent and Emergency Care – Royal Devon University Healthcare .....     | 9  |
| Urgent and Emergency Care – Torbay & South Devon .....                  | 11 |
| Urgent and Emergency Care – University Hospitals Plymouth.....          | 13 |
| Ambulance response times (Cat 1 and Cat 2).....                         | 15 |
| Winter Demand and Capacity Programme (D&C).....                         | 17 |
| Hospital Discharge.....                                                 | 18 |
| Planned Care: System Overview .....                                     | 23 |
| Planned Care: System 104 Week Wait.....                                 | 24 |
| Planned Care: Trusts 104 Week Wait.....                                 | 25 |
| Cancer 28-day faster diagnosis: System .....                            | 27 |
| Cancer 31-day first treatment and 62-day urgent treatment: System ..... | 28 |
| Diagnostics.....                                                        | 30 |
| Operational Summary.....                                                | 30 |
| Primary Care Performance.....                                           | 31 |
| Integrated Urgent Care Service: NHS 111/Out Of Hours.....               | 34 |
| Mental Health: System Overview .....                                    | 35 |
| Mental Health: Severe Mental Illness – Physical Health Checks.....      | 36 |
| Mental Health: CYP Eating Disorders Routine .....                       | 37 |
| Children & Young People (CYP): Autism Diagnosis waiting times .....     | 40 |

|                                                                      |    |
|----------------------------------------------------------------------|----|
| Children & Young People (CYP): Speech & Language waiting times ..... | 41 |
| Quality .....                                                        | 43 |
| Quality Metrics .....                                                | 44 |
| Serious Incidents (all providers) .....                              | 45 |
| Peer Improvement Tips for Care and Health (PITCH) .....              | 46 |
| Patient Experience (NHS Devon): Patient Contacts.....                | 47 |
| Safeguarding: Adult Enquiries.....                                   | 48 |
| Safeguarding: Children in Care (CIC) .....                           | 49 |
| Infection Prevention and Control .....                               | 51 |
| Covid Update .....                                                   | 52 |
| Covid Update: Vaccinations .....                                     | 53 |
| Flu: Vaccinations.....                                               | 54 |
| Workforce.....                                                       | 55 |
| Workforce: Metrics.....                                              | 56 |
| Workforce: Workforce Strategy .....                                  | 59 |
| Workforce: Learning, Education and Strategy .....                    | 59 |
| Workforce: Best Place to Work (BPTW) .....                           | 59 |

## Acronyms

| Acronym | Full Meaning                             | Acronym  | Full Meaning                                         | Acronym | Full Meaning                                    |
|---------|------------------------------------------|----------|------------------------------------------------------|---------|-------------------------------------------------|
| ADHD    | Attention Deficit Hyperactivity Disorder | IAPT     | Improving Access to Psychological Therapies          | RHA     | Review Health Assessment                        |
| AHP     | Allied Healthcare Professional           | ICB      | Integrated Care Board                                | RTT     | Referral To Treatment                           |
| AMR     | Anti-Microbial Resistance                | ICS      | Integrated Care System                               | SAR     | Safeguarding Adult Review                       |
| ARRS    | Additional Roles Reimbursement Scheme    | ICU      | Intensive Care Unit                                  | SATOB   | Smoking at time of booking                      |
| ASD     | Autism Spectrum Disorder                 | IHA      | Initial Health Assessment                            | SATOD   | Smoking at time of delivery                     |
| BPTW    | Best Place To Work                       | IPC      | Infection Prevention Control                         | SDEC    | Same Day Emergency Care                         |
| CFHD    | Children and Family Health Devon         | IPS      | Individual Placement and Support                     | SEND    | Special Educational Needs and Disability        |
| CIC     | Community Integrated Care                | IQPR     | Integrated Quality and Performance Report            | SI      | Serious Incident                                |
| CIC     | Children In Care                         | IS       | Independent Sector                                   | SLCN    | Speech, Language and Communication Needs        |
| CLD     | Criteria Led Discharge                   | IUCS     | Integrated Urgent Care Service                       | SLT     | Speech and Language Therapist/Therapy           |
| CQC     | Care Quality Commission                  | KPI      | Key Performance Indicator                            | SMI     | Severe Mental Illness                           |
| CYP     | Children and Young People                | LCP      | Local Care Partnership                               | SOF3/4  | System Oversight Framework (Level 4)            |
| D&C     | Demand & Capacity                        | LD       | Learning Disability                                  | SPC     | Statistical Process Control                     |
| DCC     | Devon County Council                     | LOD      | Length Of Delay                                      | SST     | Safety Systems Team                             |
| DOS     | Directory of Services                    | LOS      | Length Of Stay                                       | SW      | South West                                      |
| DTA     | Decision To Admit                        | LSW      | Livewell South West                                  | SWASFT  | South West Ambulance Service Foundation Trust   |
| ED      | Emergency Department                     | MH       | Mental Health                                        | TSDFT   | Torbay and South Devon Foundation Trust         |
| EIA     | Equality Impact Assessment               | MHLDN    | Mental Health Learning Disability and Neurodiversity | TDSAP   | Torbay and Devon Safeguarding Adult Partnership |
| EIP     | Early Intervention in Psychosis          | MHSDS    | Mental Health Services Data Set                      | TTA     | To Take Away                                    |
| EMD     | Emergency Medical Dispatcher             | MIU      | Minor Injuries Unit                                  | UEC     | Urgent and Emergency Care                       |
| ENT     | Ears Nose and Throat                     | MRSA     | Methicillin-Resistant Staphylococcus Aureus          | UHP     | University Hospitals Plymouth                   |
| EOC     | Emergency Operation Centre               | MSSA     | Methicillin-Sensitive Staphylococcus Aureus          | UTC     | Urgent Treatment Centre                         |
| FY      | Financial Year                           | NCTR     | No Criteria To Reside                                | VCSE    | Voluntary Community Social Enterprise           |
| G&A     | General & Acute                          | NHSE     | NHS England                                          | VTE     | Venous Thromboembolism                          |
| GI      | Gastro-Intestinal                        | NICE     | National Institute for health and Care Excellence    | WIC     | Walk In Centre                                  |
| GP      | General Practice                         | OPEL     | Operational Pressures Escalation Levels              | WSOA    | Written Statement of Action                     |
| GPAS    | GP Alert State                           | PCN      | Primary Care Network                                 | WTE     | Whole Time Equivalent                           |
| HCA     | Health Care Assistant                    | PITCH    | Peer Improvement Tips for Care and Health            | WW      | Week Wait                                       |
| HEE     | Health Education England                 | RDUH/N/E | Royal Devon University Hospitals/North/East          | 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 <b>currently not changing significantly</b> . It shows the level of natural variation you can expect from the process or system itself.                                                                                                                                                                                 | <b>Consider if the level/range of variation is acceptable.</b> If the process limits are far apart you may want to change something to reduce the variation in performance.                                                                                 |
|      | Special cause variation of an <b>CONCERNING</b> nature where the measure is significantly <b>HIGHER</b> . | <b>Something's going on!</b> 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.                                                                                                                                                                                   | <b>Investigate</b> to find out what is happening/ happened.<br>Is it a one off event that you can explain?<br>Or do you need to change something?                                                                                                           |
|      | Special cause variation of an <b>CONCERNING</b> nature where the measure is significantly <b>LOWER</b> .  | <b>Something's going on!</b> 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 <b>IMPROVING</b> nature where the measure is significantly <b>HIGHER</b> .  | <b>Something good is happening!</b> 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.<br><b>Celebrate</b> the improvement or success.<br>Is there <b>learning</b> that can be shared to other areas?                                                                                                        |
|      | Special cause variation of an <b>IMPROVING</b> nature where the measure is significantly <b>LOWER</b> .   | <b>Something good is happening!</b> 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.     | <b>Something's going on!</b> This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.                                                                                                                                                                     | <b>Investigate</b> to find out what is happening/ happened.<br>Is it a one off event that you can explain?<br>Do you need to change something?<br>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 <b>within</b> 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 <b>outside of those limits in the wrong direction</b> then you know that the target cannot be achieved.                                                                                                          | <b>You need to change something in the system or process if you want to meet the target.</b> 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 <b>outside of those limits in the right direction</b> then you know that the target can consistently be achieved.                                                                                                | <b>Celebrate the achievement.</b> 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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The initial draft submission of the NHS Devon Operating Plan for 2023/24 was submitted on 23<sup>rd</sup> February 2023. An interim submission was also made on the 9<sup>th</sup> March 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.

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.

| Quality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Operational Performance                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• <b>Planned Care:</b> risk to patients, due to long waits. Harm profiles received from providers</li> <li>• <b>Urgent &amp; Emergency Care:</b> delays to handover and risk to patients across pathway, including at home due to ambulance conveyancing times</li> <li>• <b>IPC:</b> COVID-19 positive cases, flu and Norovirus impacting on communities, hospitals, and workforce.</li> <li>• <b>Primary Care:</b> IPC impact on primary care workforce and workload due to increased community infections and staff sickness</li> </ul> | <b>Planned Care</b><br>  | 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 340 to 272, since last month. The number of long waiting patients, (those waiting over 52 weeks and 78 weeks for treatment) also fell in January.          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>UEC</b><br>           | All metrics remain under extreme pressure despite some improvements from the extremis position seen in December 2023. Emergency Department 4-hour performance remained comparable to January at 46.4%. Loss of 6,596 ambulance hours due to handovers compared to 13,743 in December 2022. Average Cat.1 handovers at 7 mins. and Cat 2 at 37 mins.                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Discharge</b><br>     | Further significant improvement in the number of beds occupied by patients with "no criteria to reside", continued through February, but bed availability remains under pressure from historically high non-elective length of stay across the system.                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Primary Care</b><br>  | Access targets are delivering required. However, primary care remains under significant operational pressure and performance is fluctuating or declining in relation to key metrics.                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Children</b><br>      | Referrals for both SLT and ASD remain within expected levels and average waiting times are significantly higher than the 18-week targets. Although, children waiting for SLT assessment has reduced by 15% (480 children) since July 2022 and is no longer showing concerning variation. Pathway redesign and additional funding are being implemented to improve service positions. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Mental Health</b><br> | No significant variation across most metrics, although continued 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 and unsuccessful recruitment which increases the size and duration of the waiting list.                                                 |
| Finance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      |
| As at end of February 2023 the Devon ICS is reporting a year to date £46.2m deficit against a planned deficit of £18.1m – an adverse variance of £20.0m (M10 £17.6m variance)                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | ↓                                                                                                                                                                                                                                                                                                                                                                                    |
| The reported forecast is a deficit of £49.2m which is £31.0m adverse to the planned deficit of £18.2m. (M10 £31.0m variance)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | ↔                                                                                                                                                                                                                                                                                                                                                                                    |
| As at month 11 the Devon ICS had made efficiency savings of £92.0m (M10 £82.4m) This is £33.0m adverse to plan. (M10 £28.9m).                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | ↓                                                                                                                                                                                                                                                                                                                                                                                    |
| Forecast savings are adverse to plan by £29.6m (M10 £32.3m).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | ↑                                                                                                                                                                                                                                                                                                                                                                                    |
| At the planning stage net risks of £95.9m were identified to delivery of a break-even plan. At the end of month 11, this has improved by £46.7m and stands at £49.2m (M10 £49.2m) is against an expectation of break-even (£31.0m against plan) and £0 risk to the current forecast.                                                                                                                                                                                                                                                                                              |                                                                                                           | ↔                                                                                                                                                                                                                                                                                                                                                                                    |

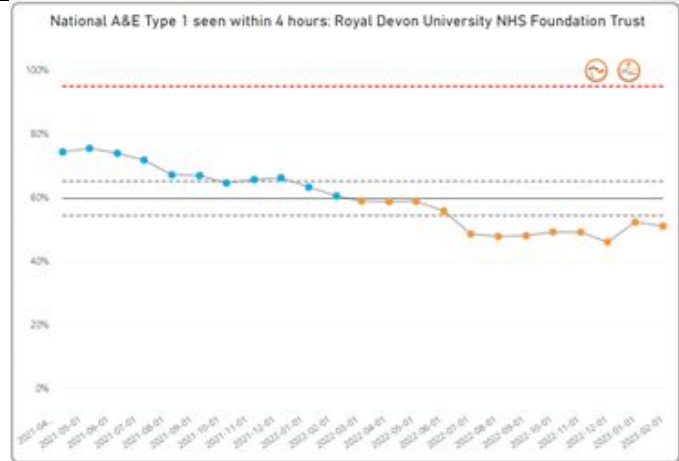
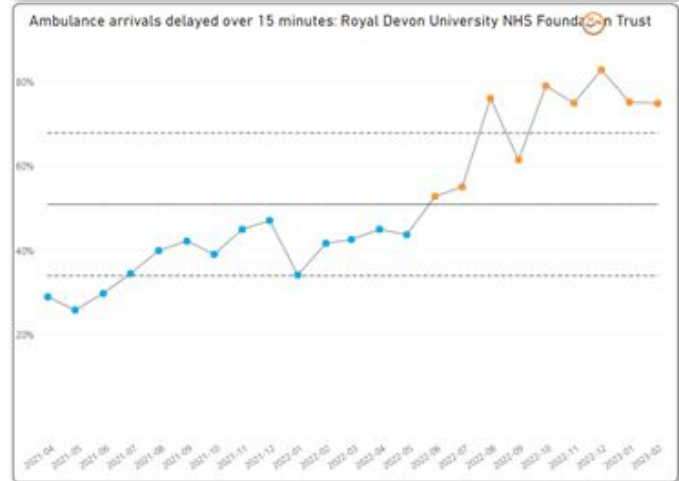
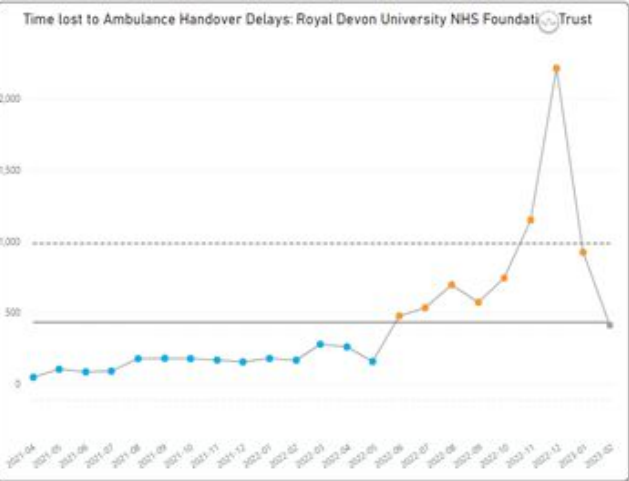
# Operational Performance

## Urgent and Emergency Care – System Overview

|     | Metric                                     | Target | Latest Date | System |           |           | Royal Devon University NHS Foundation Trust |           |           | Torbay and South Devon NHS Foundation Trust |           |           | University Hospitals Plymouth NHS Trust |           |           |
|-----|--------------------------------------------|--------|-------------|--------|-----------|-----------|---------------------------------------------|-----------|-----------|---------------------------------------------|-----------|-----------|-----------------------------------------|-----------|-----------|
|     |                                            |        |             | Value  | Variation | Assurance | Value                                       | Variation | Assurance | Value                                       | Variation | Assurance | Value                                   | Variation | Assurance |
| UEC | A&E Type 1 Attendance                      |        | 2023-02-01  | 19,676 |           |           | 12,215                                      |           |           | 7,461                                       |           |           |                                         |           |           |
|     | A&E Type 1 seen within 4 hours             | 95%    | 2023-02-01  | 46.4%  |           |           | 51.1%                                       |           |           | 37.3%                                       |           |           |                                         |           |           |
|     | A&E all types seen within 4 hours          | 95%    | 2023-02-01  | 59.5%  |           |           | 61.0%                                       |           |           | 57.2%                                       |           |           |                                         |           |           |
|     | 12 hr trolley waits                        |        | 2023-02-01  | 333    |           |           | 213                                         |           |           | 120                                         |           |           |                                         |           |           |
|     | Type 1 Admissions (conversion rate)        |        | 2023-02     | 27.4%  |           |           | 25.1%                                       |           |           | 27.3%                                       |           |           | 30.8%                                   |           |           |
|     | Emergency Admissions via A&E               |        | 2023-02     | 6,042  |           |           | 2,418                                       |           |           | 1,415                                       |           |           | 2,209                                   |           |           |
|     | Ambulance arrivals delayed over 15 minutes |        | 2023-02     | 74.8%  |           |           | 75.0%                                       |           |           | 55.0%                                       |           |           | 85.8%                                   |           |           |
|     | Time lost to Ambulance Handover Delays     |        | 2023-02     | 6,912  |           |           | 411                                         |           |           | 731                                         |           |           | 4,514                                   |           |           |
|     | Mean ambulance response times cat 1        | 7      | 2023-02     | 9      |           |           |                                             |           |           |                                             |           |           |                                         |           |           |
|     | Mean ambulance response times cat 2        | 18     | 2023-02     | 37     |           |           |                                             |           |           |                                             |           |           |                                         |           |           |

Metrics relating to urgent care have seen no significant sustained improvement during February 2023 with ambulance handover delays above the 15-minute target totalling 6,042 hours, although this is down on a peak of 13,743 hours seen in December 2022. Type 1 four-hour performance has been maintained at 46% in February 2023. Nursing and ambulance industrial action has continued to contribute to pressures and despite attendances stabilising and admission numbers falling post-Christmas, ambulance handover times and four-hour performance although starting to improve, is not yet on target or showing sustained improvement. 12-hour trolley waits are the one metric however that is showing sustained significant improvement.

# Urgent and Emergency Care – Royal Devon University Healthcare

| Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | Analytical Summary |            |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |       |            |         |     |         |     |         |     |         |     |         |     |         |     |         |  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| <div><div><p>National A&amp;E Type 1 seen within 4 hours: Royal Devon University NHS Foundation Trust</p><table><caption>National A&amp;E Type 1 seen within 4 hours</caption><tr><th>Month</th><th>Percentage</th></tr><tr><td>2021-04</td><td>75%</td></tr><tr><td>2021-05</td><td>75%</td></tr><tr><td>2021-06</td><td>75%</td></tr><tr><td>2021-07</td><td>72%</td></tr><tr><td>2021-08</td><td>70%</td></tr><tr><td>2021-09</td><td>68%</td></tr><tr><td>2021-10</td><td>68%</td></tr><tr><td>2021-11</td><td>65%</td></tr><tr><td>2021-12</td><td>68%</td></tr><tr><td>2022-01</td><td>65%</td></tr><tr><td>2022-02</td><td>62%</td></tr><tr><td>2022-03</td><td>60%</td></tr><tr><td>2022-04</td><td>60%</td></tr><tr><td>2022-05</td><td>60%</td></tr><tr><td>2022-06</td><td>58%</td></tr><tr><td>2022-07</td><td>55%</td></tr><tr><td>2022-08</td><td>50%</td></tr><tr><td>2022-09</td><td>50%</td></tr><tr><td>2022-10</td><td>50%</td></tr><tr><td>2022-11</td><td>50%</td></tr><tr><td>2022-12</td><td>50%</td></tr><tr><td>2023-01</td><td>48%</td></tr><tr><td>2023-02</td><td>52%</td></tr></table></div><div><p>Ambulance arrivals delayed over 15 minutes: Royal Devon University NHS Foundation Trust</p><table><caption>Ambulance arrivals delayed over 15 minutes</caption><tr><th>Month</th><th>Percentage</th></tr><tr><td>2021-04</td><td>30%</td></tr><tr><td>2021-05</td><td>28%</td></tr><tr><td>2021-06</td><td>30%</td></tr><tr><td>2021-07</td><td>35%</td></tr><tr><td>2021-08</td><td>40%</td></tr><tr><td>2021-09</td><td>42%</td></tr><tr><td>2021-10</td><td>40%</td></tr><tr><td>2021-11</td><td>45%</td></tr><tr><td>2021-12</td><td>48%</td></tr><tr><td>2022-01</td><td>35%</td></tr><tr><td>2022-02</td><td>42%</td></tr><tr><td>2022-03</td><td>45%</td></tr><tr><td>2022-04</td><td>45%</td></tr><tr><td>2022-05</td><td>45%</td></tr><tr><td>2022-06</td><td>55%</td></tr><tr><td>2022-07</td><td>55%</td></tr><tr><td>2022-08</td><td>75%</td></tr><tr><td>2022-09</td><td>62%</td></tr><tr><td>2022-10</td><td>78%</td></tr><tr><td>2022-11</td><td>75%</td></tr><tr><td>2022-12</td><td>82%</td></tr><tr><td>2023-01</td><td>75%</td></tr><tr><td>2023-02</td><td>75%</td></tr></table></div><div><p>Time lost to Ambulance Handover Delays: Royal Devon University NHS Foundation Trust</p><table><caption>Time lost to Ambulance Handover Delays</caption><tr><th>Month</th><th>Time lost (minutes)</th></tr><tr><td>2021-04</td><td>100</td></tr><tr><td>2021-05</td><td>100</td></tr><tr><td>2021-06</td><td>100</td></tr><tr><td>2021-07</td><td>100</td></tr><tr><td>2021-08</td><td>150</td></tr><tr><td>2021-09</td><td>150</td></tr><tr><td>2021-10</td><td>150</td></tr><tr><td>2021-11</td><td>150</td></tr><tr><td>2021-12</td><td>150</td></tr><tr><td>2022-01</td><td>150</td></tr><tr><td>2022-02</td><td>150</td></tr><tr><td>2022-03</td><td>250</td></tr><tr><td>2022-04</td><td>200</td></tr><tr><td>2022-05</td><td>500</td></tr><tr><td>2022-06</td><td>550</td></tr><tr><td>2022-07</td><td>650</td></tr><tr><td>2022-08</td><td>550</td></tr><tr><td>2022-09</td><td>750</td></tr><tr><td>2022-10</td><td>1150</td></tr><tr><td>2022-11</td><td>2100</td></tr><tr><td>2022-12</td><td>950</td></tr><tr><td>2023-01</td><td>400</td></tr></table></div></div> |                     | Month              | Percentage | 2021-04 | 75% | 2021-05 | 75% | 2021-06 | 75% | 2021-07 | 72% | 2021-08 | 70% | 2021-09 | 68% | 2021-10 | 68% | 2021-11 | 65% | 2021-12 | 68% | 2022-01 | 65% | 2022-02 | 62% | 2022-03 | 60% | 2022-04 | 60% | 2022-05 | 60% | 2022-06 | 58% | 2022-07 | 55% | 2022-08 | 50% | 2022-09 | 50% | 2022-10 | 50% | 2022-11 | 50% | 2022-12 | 50% | 2023-01 | 48% | 2023-02 | 52% | Month | Percentage | 2021-04 | 30% | 2021-05 | 28% | 2021-06 | 30% | 2021-07 | 35% | 2021-08 | 40% | 2021-09 | 42% | 2021-10 | 40% | 2021-11 | 45% | 2021-12 | 48% | 2022-01 | 35% | 2022-02 | 42% | 2022-03 | 45% | 2022-04 | 45% | 2022-05 | 45% | 2022-06 | 55% | 2022-07 | 55% | 2022-08 | 75% | 2022-09 | 62% | 2022-10 | 78% | 2022-11 | 75% | 2022-12 | 82% | 2023-01 | 75% | 2023-02 | 75% | Month | Time lost (minutes) | 2021-04 | 100 | 2021-05 | 100 | 2021-06 | 100 | 2021-07 | 100 | 2021-08 | 150 | 2021-09 | 150 | 2021-10 | 150 | 2021-11 | 150 | 2021-12 | 150 | 2022-01 | 150 | 2022-02 | 150 | 2022-03 | 250 | 2022-04 | 200 | 2022-05 | 500 | 2022-06 | 550 | 2022-07 | 650 | 2022-08 | 550 | 2022-09 | 750 | 2022-10 | 1150 | 2022-11 | 2100 | 2022-12 | 950 | 2023-01 | 400 | <ul style="list-style-type: none"><li>• Data shows that RDUH continued to struggle in February to meet the urgent care challenges presented via the ED front door directly impacting on SWASFT and their service provision.</li><li>• However, the upward trend in total time lost to ambulance delays has stabilised and is showing common cause variation for the first month although the significant upward trend in the percentage of ambulance arrivals delayed for over 15 minutes has yet to show improvement.</li><li>• ED attendance numbers decreased significantly in early 2023 due to changes in public behaviour relating to ongoing industrial action.</li><li>• Type performance against the 4-hour wait target remained stable at 51% in February.</li><li>• 12-hour trolley waits for a bed following a decision to admit fell to 213 in February.</li></ul> |
| Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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## 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. Throughout February the average NCTR position was on average 19% of the current G&A bed base.
- £200 million discharge funding has continued and contributed to some of the reduction in NCTR position from January.
- Significant delays continue for patients who require social care support from Cornwall County Council.

#### **Actions:**

- A Patient Flow Improvement Programme has been put into place and meetings are being held on a regular basis. This is being led by the RDUH improvement team and involves a focus on the current model of flow and hospital discharge.
- Minor injuries provision confirmed for delivery at Ilfracombe under current contract until September 2023.
- Scheduled meeting across system partners with the aim to rapidly reduce the NCTR position, and therefore support ambulance handover position and ED flow. This is planned for 25<sup>th</sup> March 2022.

### Eastern

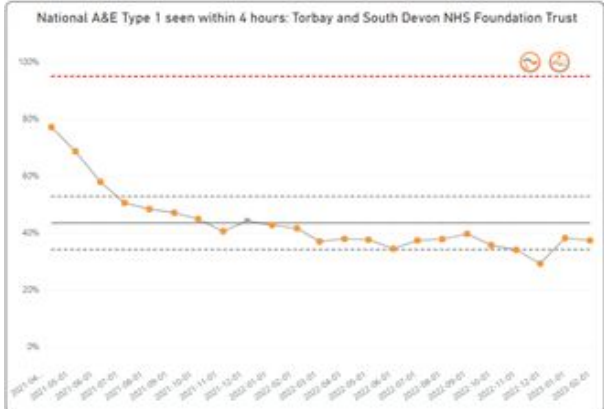
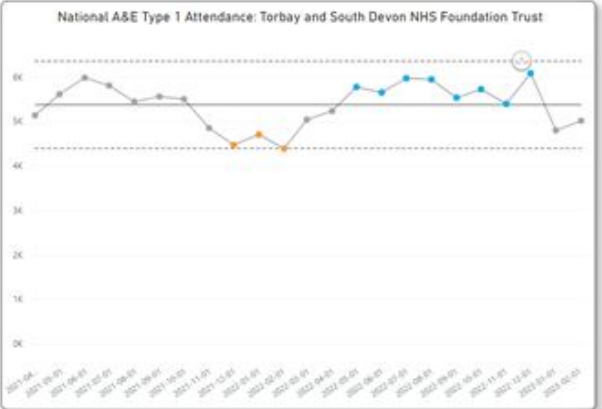
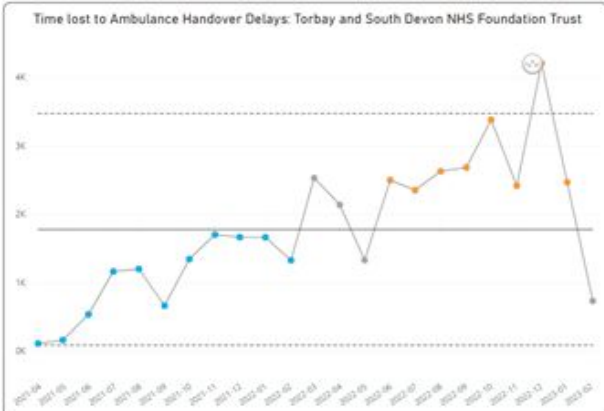
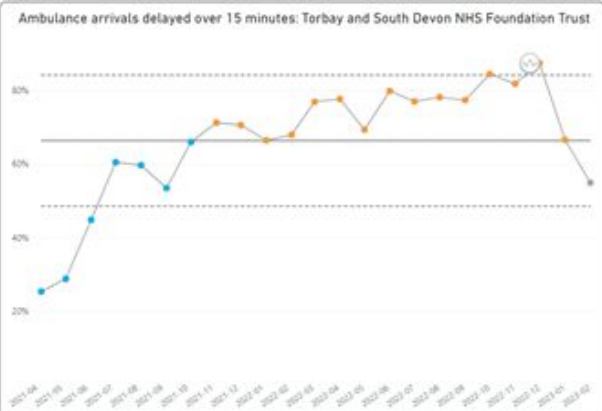
#### **Causes:**

- Bed capacity pressure and restricted flow to beds in the hospital
- Current vacancies and sickness in Medical and Nursing teams
- Out of Area patients continue to cause pressure on G&A beds.
- Continued IPC measures required through February restricting bed availability.

#### **Actions:**

- Sidwell Street WIC open 6 days per week from 5th March 23.
- Current minors due to undergo refurbishment from mid-February 2023.
- Increasing number of patients supported via Virtual Ward with increased acuity.
- Acute repatriation SoP now live to support reduction in out of area patients.
- New ED reception room opened on 13th March 2023 and a public press release published to provide stakeholder update.
- Focus on improving the 15 min to triage performance in ED through relevant workstreams and ensuring access to the correct first line professional.

# Urgent and Emergency Care – Torbay & South Devon

| Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Analytical Summary |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <div><div><p>National A&amp;E Type 1 seen within 4 hours: Torbay and South Devon NHS Foundation Trust</p></div><div><p>National A&amp;E Type 1 Attendance: Torbay and South Devon NHS Foundation Trust</p></div><div><p>Time lost to Ambulance Handover Delays: Torbay and South Devon NHS Foundation Trust</p></div><div><p>Ambulance arrivals delayed over 15 minutes: Torbay and South Devon NHS Foundation Trust</p></div></div> <td><ul style="list-style-type: none"><li>TSDFT have seen early signs of stabilisation in the type 1 four-hour performance, although no significant improvement is yet demonstrated. With the focus through the UEC Recovery Plan and additional funding schemes, it is expected that this long programme of work will build upon this.</li><li>The downward trend in time lost at Ambulance Handover, shows the lessons learnt and implementation of various support schemes are starting to embed and is no longer demonstrating a statistically significant decline.</li></ul></td> | <ul style="list-style-type: none"><li>TSDFT have seen early signs of stabilisation in the type 1 four-hour performance, although no significant improvement is yet demonstrated. With the focus through the UEC Recovery Plan and additional funding schemes, it is expected that this long programme of work will build upon this.</li><li>The downward trend in time lost at Ambulance Handover, shows the lessons learnt and implementation of various support schemes are starting to embed and is no longer demonstrating a statistically significant decline.</li></ul> |                    |

## Operational Summary

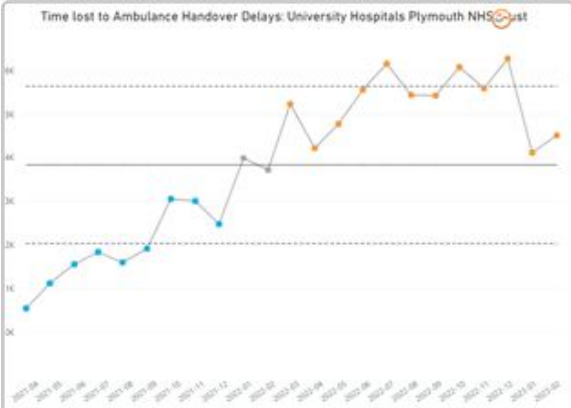
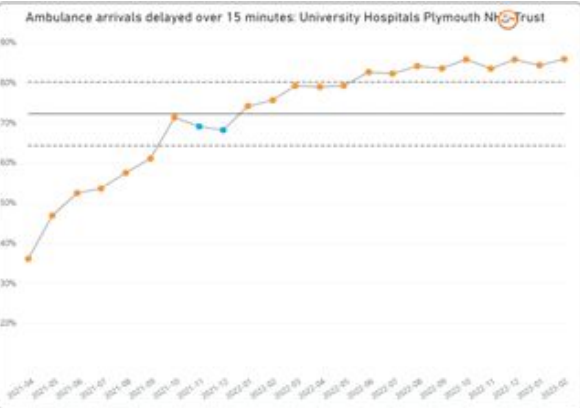
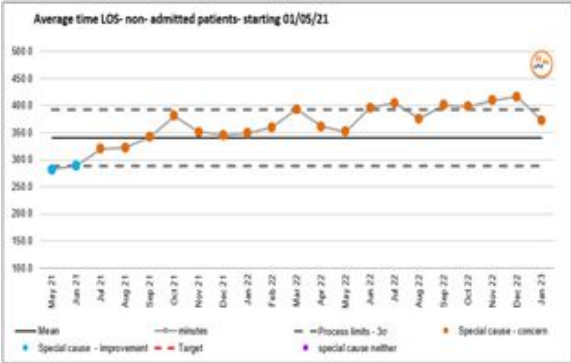
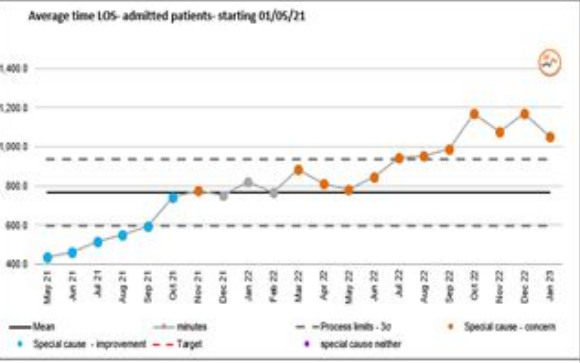
### Causes:

- Improvement in IPC issues throughout January into February supported a more effective flow through the assessment trolleys and G&A beds. There is still a higher acuity of patients, correlating with the still high occupancy of G&A beds at over 95%.
- Active management and central support from the site team in the utilisation of the Discharge Lounge, to include assessment unit and ED patients has supported ambulance turnaround and ED utilisation and flow.
- Industrial action has still been an active consideration, but good organisational situational awareness and management via the site team, with senior operational oversight has enabled active and dynamic management and response to any risks identified.

### Actions:

- Increased capacity created within the ED footprint to support a cohorting space for those people awaiting onwards clinical treatment who have a plan in place. This allows ward level support for a cohort of people who are clinically stable and known to their referral teams. This enables release of ED competent staff to support new attendees and release acute cubicle/trolley space.
- Dynamic and active diversion to other Type 3 provision from the ED or via the DOS, such as the UTC at Newton Abbot and MIU at Totnes.
- Changes to the Trust internal reporting via the bed management team to ensure the data, actions and outcomes are being captured in a real time with senior oversight. Key focus via the bed management team on discharges prior to midday and weekends.
- Senior clinical and operational review of all known P1-3 patients. Review of full patient level detail to re-triage and add assurance that all appropriate usage of the locality system multidisciplinary and collaborative teams. The team can dynamically downgrade pathways and will attempt to pre-empt any people nearer referral criteria to actively manage the workflow.
- A second Trusted Assessor has commenced in March to build on the relational work with the private providers to take clients rapidly including those with infection and across the full 7-day week.

# Urgent and Emergency Care – University Hospitals Plymouth

| Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Analytical Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><div><p>Time lost to Ambulance Handover Delays: University Hospitals Plymouth NHS Trust</p></div><div><p>Ambulance arrivals delayed over 15 minutes: University Hospitals Plymouth NHS Trust</p></div><div><p>Average time LOS- non-admitted patients- starting 01/05/21</p></div><div><p>Average time LOS- admitted patients- starting 01/05/21</p></div></div> | <ul style="list-style-type: none"><li>• For admitted and non-admitted patients there has been a sustained upward shift in the length of stay in ED.</li><li>• ED arrivals increased in February with a mean of 256 per day of which two thirds were walk ins. Demand is less than December levels of 272 per day. Average emergency admissions remain at 120 per day.</li><li>• There was an improvement in the total hours lost to ambulance handover delays in early 2023, although it still demonstrates concerning special cause variation.</li></ul> |

## Operational Summary

### Causes:

- Improved discharge position overall since Christmas providing some support to flow from ED.
- Crowded ED, space constraints, resulting in delays in reviewing DTA patients.
- Despite improvement in flow out of the hospital, the position for ED remains challenged due to high bed occupancy levels persistently over 95% against target of 92%. There is an average of 25 12-hour trolley breaches per day since July 2022 crowding in ED and delays in reviewing DTA patients.

### Actions

- Increased SDEC capacity, and communication planned to support GP take through Medical Admissions Unit/Acute Ambulatory Unit. In February, staffed and open until 8pm Mon/Tue with Consultant and 10pm for nursing completed. 6pm weekdays, weekend cover not always consistent, working on scheduling up to 12pm with planned nurse staffing until 2am with recruitment ongoing to achieve consistent opening 24/7. Achieving an average of 47 medical SDEC interventions per day across the month in February.
- Pathway reviews across medicine with launch of chest pain pathway in March 2023.
- 2 new wards at Mount Gould to increase capacity for intermediate care by 10 at the end of March and increasing to 40 beds in time.
- 3 contracts with Plymouth care homes for block beds via national funding. These contracts commenced on 20/02/23 and delivering 10 additional beds by the end of March and increasing to 54 beds from 13<sup>th</sup> March.
- Increased resource for the Hospital to Home P1 service to reduce waits for access to service. Offering 30 slots per day, staff recruited and will increase to 40 per day target after induction. 159 sessions delivered in February. Majority of patients have no care needs at the end of the service.
- Recruitment underway to improve the Bed Bureau function with funding to provide additional capacity and improved skill mix.
- Care hotel extended until 28<sup>th</sup> April at 30 beds.
- Continued targeted work with Cornwall to challenge delayed discharge 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 |               |         |     |         |     |         |     |         |     |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |     |         |     |       |               |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |     |         |    |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <div><p>Mean ambulance response times cat 1: System</p><table border="1"><caption>Approximate data for Cat 1 response times (minutes)</caption><thead><tr><th>Month</th><th>Response Time</th></tr></thead><tbody><tr><td>2021-04</td><td>7.5</td></tr><tr><td>2021-05</td><td>8.0</td></tr><tr><td>2021-06</td><td>9.0</td></tr><tr><td>2021-07</td><td>9.5</td></tr><tr><td>2021-08</td><td>10.0</td></tr><tr><td>2021-09</td><td>10.5</td></tr><tr><td>2021-10</td><td>11.0</td></tr><tr><td>2021-11</td><td>11.5</td></tr><tr><td>2021-12</td><td>10.0</td></tr><tr><td>2022-01</td><td>11.0</td></tr><tr><td>2022-02</td><td>13.5</td></tr><tr><td>2022-03</td><td>11.0</td></tr><tr><td>2022-04</td><td>10.5</td></tr><tr><td>2022-05</td><td>11.0</td></tr><tr><td>2022-06</td><td>11.5</td></tr><tr><td>2022-07</td><td>11.0</td></tr><tr><td>2022-08</td><td>11.5</td></tr><tr><td>2022-09</td><td>10.0</td></tr><tr><td>2022-10</td><td>11.0</td></tr><tr><td>2022-11</td><td>13.5</td></tr><tr><td>2022-12</td><td>10.0</td></tr><tr><td>2023-01</td><td>9.0</td></tr><tr><td>2023-02</td><td>8.0</td></tr></tbody></table></div> <div><p>Mean ambulance response times cat 2: System</p><table border="1"><caption>Approximate data for Cat 2 response times (minutes)</caption><thead><tr><th>Month</th><th>Response Time</th></tr></thead><tbody><tr><td>2021-04</td><td>25</td></tr><tr><td>2021-05</td><td>30</td></tr><tr><td>2021-06</td><td>35</td></tr><tr><td>2021-07</td><td>40</td></tr><tr><td>2021-08</td><td>45</td></tr><tr><td>2021-09</td><td>50</td></tr><tr><td>2021-10</td><td>55</td></tr><tr><td>2021-11</td><td>50</td></tr><tr><td>2021-12</td><td>55</td></tr><tr><td>2022-01</td><td>45</td></tr><tr><td>2022-02</td><td>50</td></tr><tr><td>2022-03</td><td>85</td></tr><tr><td>2022-04</td><td>55</td></tr><tr><td>2022-05</td><td>45</td></tr><tr><td>2022-06</td><td>70</td></tr><tr><td>2022-07</td><td>70</td></tr><tr><td>2022-08</td><td>60</td></tr><tr><td>2022-09</td><td>70</td></tr><tr><td>2022-10</td><td>75</td></tr><tr><td>2022-11</td><td>60</td></tr><tr><td>2022-12</td><td>150</td></tr><tr><td>2023-01</td><td>40</td></tr><tr><td>2023-02</td><td>35</td></tr></tbody></table></div> | Month              | Response Time | 2021-04 | 7.5 | 2021-05 | 8.0 | 2021-06 | 9.0 | 2021-07 | 9.5 | 2021-08 | 10.0 | 2021-09 | 10.5 | 2021-10 | 11.0 | 2021-11 | 11.5 | 2021-12 | 10.0 | 2022-01 | 11.0 | 2022-02 | 13.5 | 2022-03 | 11.0 | 2022-04 | 10.5 | 2022-05 | 11.0 | 2022-06 | 11.5 | 2022-07 | 11.0 | 2022-08 | 11.5 | 2022-09 | 10.0 | 2022-10 | 11.0 | 2022-11 | 13.5 | 2022-12 | 10.0 | 2023-01 | 9.0 | 2023-02 | 8.0 | Month | Response Time | 2021-04 | 25 | 2021-05 | 30 | 2021-06 | 35 | 2021-07 | 40 | 2021-08 | 45 | 2021-09 | 50 | 2021-10 | 55 | 2021-11 | 50 | 2021-12 | 55 | 2022-01 | 45 | 2022-02 | 50 | 2022-03 | 85 | 2022-04 | 55 | 2022-05 | 45 | 2022-06 | 70 | 2022-07 | 70 | 2022-08 | 60 | 2022-09 | 70 | 2022-10 | 75 | 2022-11 | 60 | 2022-12 | 150 | 2023-01 | 40 | 2023-02 | 35 | <p>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.</p> <p><b>Demand:</b> The number of incidents in February was similar to January: 16,300, compared with 16,900 the previous month. The percentage of patients conveyed to ED increased to 40%, up from 37% in January.</p> <p><b>Call answering:</b> Performance is being maintained, with 94% of calls answered in 5 seconds (target 95%) in February, down slightly on January (97.5%). Mean call answering time was 6 seconds, compared with 3.25 seconds in January.</p> <p><b>Response capacity:</b> Approximately 50,000 conveying resource hours continued to be available through February across the south-west. These increases in response capacity were put in place for winter, to partly mitigate resources lost to handover. Across the Trust, there has been a further reduction in hours lost to handover: 25,500 in February, compared with 34,000 hours in January. In Devon, 7,400 hours were lost to handover in February, compared with 10,900 in January.</p> <p><b>Response times:</b> There has been a further improvement in response times in February across all categories, although none of the response time standards were met and the metrics are demonstrating common cause variation.</p> |
| Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Response Time      |               |         |     |         |     |         |     |         |     |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |     |         |     |       |               |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |     |         |    |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 2022-08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60                 |               |         |     |         |     |         |     |         |     |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |     |         |     |       |               |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |     |         |    |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2022-09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 70                 |               |         |     |         |     |         |     |         |     |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |     |         |     |       |               |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |     |         |    |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2022-10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 75                 |               |         |     |         |     |         |     |         |     |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |     |         |     |       |               |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |     |         |    |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2022-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60                 |               |         |     |         |     |         |     |         |     |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |     |         |     |       |               |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |     |         |    |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2022-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 150                |               |         |     |         |     |         |     |         |     |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |     |         |     |       |               |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |     |         |    |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2023-01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 40                 |               |         |     |         |     |         |     |         |     |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |     |         |     |       |               |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |     |         |    |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2023-02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 35                 |               |         |     |         |     |         |     |         |     |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |      |         |     |         |     |       |               |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |    |         |     |         |    |         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## Operational Summary

### Causes:

- February industrial action continued; 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 25% of calls in February, an increase from 20% in January. 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 February corresponded with further improvement in response times. SWASFT category 1 response times are now similar to other ambulance services – 9 minutes (target 7 minutes). Category 2 response times have also improved; the SWASFT mean response time was 37 minutes, (target 18 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 end February, there were 197 WTE emergency call takers, this rate has stabilised. As part of NHS Outcomes Framework segment 3 exit arrangements, SWASFT have agreed to 232WTE EMDs by Q1 23/24.
- £34.8m additional funding has been made available to SWASFT to deliver category 2 mean response at our below 30 minutes and mean call answering times of at least 10 seconds as part of the UEC recovery plan. SWASFT plans include additional clinicians in the EOC, increasing call answering capacity, additional frontline resources including private provider capacity and substantive additional frontline resources, initiatives to reduce sickness absence and, ambulance vehicle preparation services across the south-west.
- Handover will continue to be a key interdependency to improving response times. Although there has been a significant improvement, the trajectory is still not being met. Handover improvement plans are in place for UHP and TSDFT, monitored fortnightly through the Devon Ambulance Cell. 2023/24 improvement trajectories have been submitted: these assume an average handover time of 45 minutes RDUH-N, 30 minutes RDUH-E and 25% reduction in hours lost to handover at TSDFT and UHP respectively.
- 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. For the remainder of the financial year, the “risk-share” will continue so that if hours lost to handover across the south-west increase above 3900 hours per week, additional payments are made to SWASFT. The funding purchases additional response resource: Sep-Dec (Q1) there was an increase in capacity of c1.7k hours per week across Devon and Cornwall. Next year the risk share will be replaced by a proportion of the core contract being aligned to resources required to mitigate resources lost to handover.
- The SW transformation sub-committee continues to oversee the delivery of the 2022-23 transformation plan and the priorities:
  - Electronic links from SWASFT to IUCS providers to allow low acuity calls to be transferred from the 999 call stack – in place in Devon, will transfer to the IUCS provider on 1<sup>st</sup> April 2023.
  - Access to clinical information (summary care record) - in lieu of electronic shared records, paper copies of plans requested to be available in patient’s homes via ambulance cell members.
  - Simplified pathways to support 999 with appropriate redirection of the patient. There will be revisions to the requirements, away from specific acute pathways. A letter is expected from SWASFT defining the new requirements.

## 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 February 312 beds had been opened which is 57 below target and primarily relates to the mobilisation of virtual wards and decommissioned P2 beds in the south.

| Scheme                 | Total Planned Beds | Achieved Beds at 28/02/23 | Total Scheme Cost £'000 | RAG Rating |
|------------------------|--------------------|---------------------------|-------------------------|------------|
| Western LCP            | 92                 | 82                        | 8,636                   | G          |
| Southern LCP           | 89                 | 64                        | 4,130                   | A          |
| Northern & Eastern LCP | 93                 | 88                        | 7,153                   | G          |
| Mental Health          | 7                  | 7                         | 1,000                   | G          |
| Virtual Wards          | 96                 | 71                        | 2,000                   | A          |
| IUC Service            | 0                  | 0                         | 1,000                   | G          |
| <b>Total</b>           | <b>377</b>         | <b>312</b>                | <b>23,919</b>           |            |

### Virtual Wards:

Beds have now commenced opening in the Southern LCP, although usage is variable across all localities as pathways imbed and suitable patients are identified. UHP are flexing capacity according to Consultant availability.

### Southern LCP:

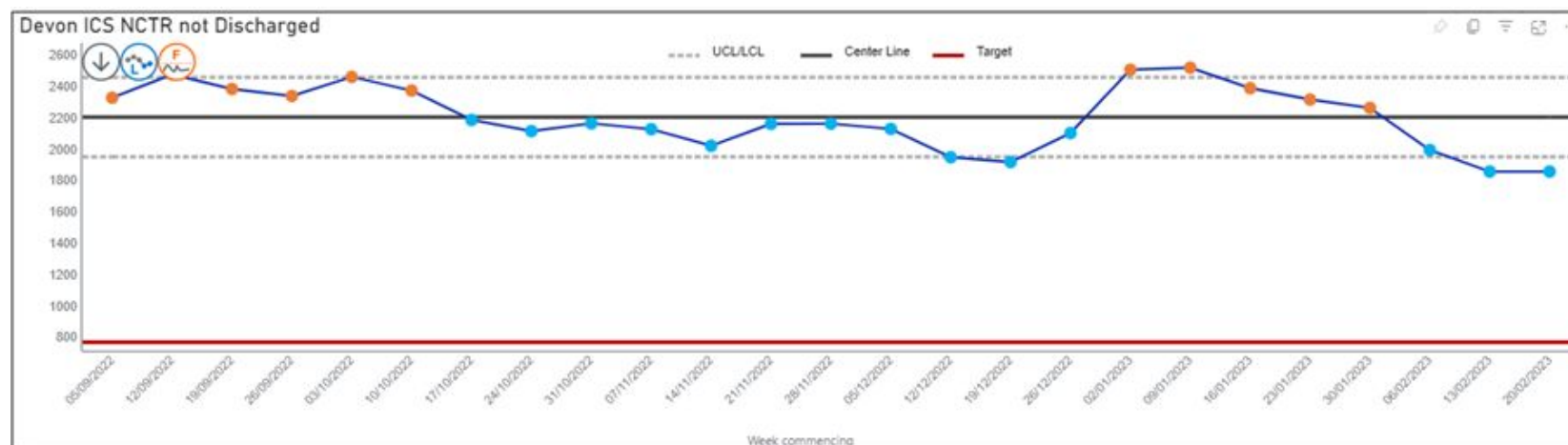
Repurposing of 20 decommissioned beds delayed due to estate modifications. Plans to mitigate 6 beds underway.

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%          | 12/03/23      | 11%    |  |  |

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 significant downward trend in NCTR delays. As of 12<sup>th</sup> March, 11% (reduction of 2% since Feb report) (232) of G&A beds were occupied with patients who had NCTR.

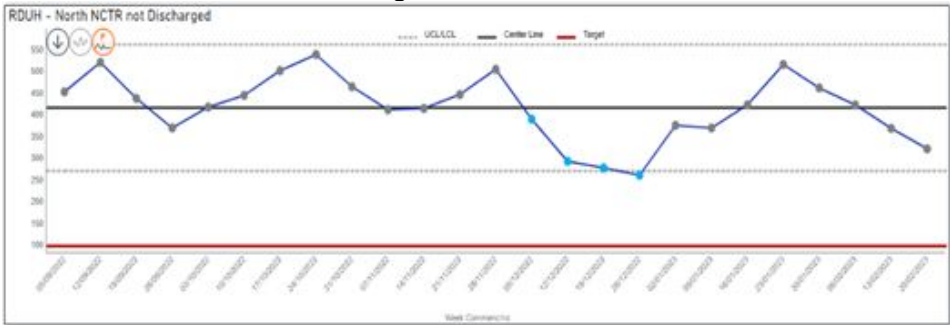
The improvement continues as a result of multiple contributing factors including lower demand, the reduction of infection outbreaks within the community have allowed more capacity to open to support discharges and the use of additional discharge funding to block purchase beds, packages of care, wraparound support services and additional weekend discharge coordinators.

The provider level commentary below includes for context a graph showing the weekly average length of stay for the same period, beginning September 2022.

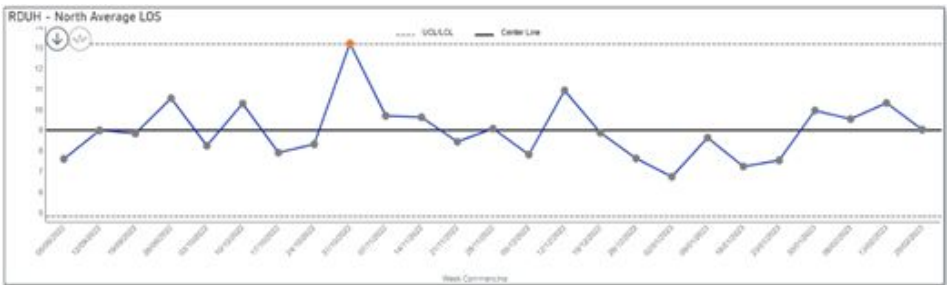
**Operational Summary:** Actions to address reducing the NCTR position are managed through System Flow Group. Trusts and locality leads are required to provide assurance on 80% of P0 planned discharges by 5pm. All acute providers are improving in this area and trialling various initiatives to ensure 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 not Discharged**



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



**Analytical Commentary:** As of 12<sup>th</sup> March 2023, RDUH Northern reported 19% (54) of G&A were occupied by patients with NCTR. Able to achieve discharge target on Saturdays however Sundays continue to be challenging due to availability of Pharmacy teams.

**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-December is 33 P0 discharges per weekday the trust has achieved on average 31 P0 discharges per weekday (94%). 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-December average LOD is 12 days. Additional funding available for discharge has supported this reduction.
- P2 – All planned 19 beds are now live. Since mid-December average LOD on P2, is approx. 11 days with additional funding and wraparound support available is available to reduce the length of stay within the pathway following discharge.

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>P3 - Since mid-December average LOD on P3 has dropped to approx. 13 days.</li> </ul> <p>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.</p> <p>Due to relatively small volumes at this site, small numbers of patients with very long LOS can cause spikes in the graphs.</p> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### RDUH East NCTR not Discharged



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



**Analytical Commentary:** As of 12<sup>th</sup> March 2023, RDUH Eastern reported a reduction to 8% (56) of G&A beds were occupied by patients with NCTR. The position within the Trust has continued a downward trend since Feb. Continuing focus on early preparation for weekend discharges and reviews if weekend discharges have failed. Increasing usage and capacity of Virtual wards. CLD programme is being reinvigorated and relaunched.

#### 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:

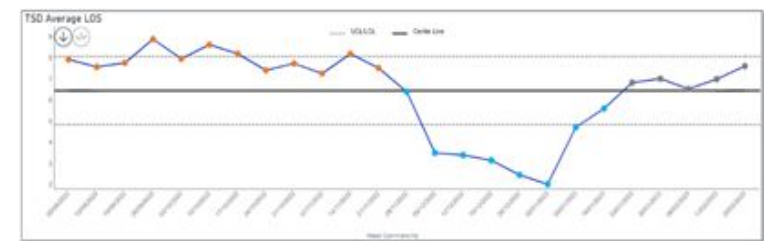
- P0 – CLD is being relaunched. Initiative continues with set target for all wards to discharge 1 patient to discharge lounge by 10.30am each day with a Task and Flow group in place to monitor.
- P1 - There has been an increase Live in Carer resource and UCR Support utilisation additional discharge funding capacity to support reduction in LOD. Since mid-December average LOD remains at 4 days.
- P2/P3 - 10 out of 15 beds 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-December average LOD for P2 is 5 days and P3 7 days.

The average non-elective length of stay (7.5 days), in the last two months at RDUH East is above the 4 year mean of 6.58. This is above pre-COVID levels. It has been routinely above 6.5 days since Jan 2022.

TSDFT NCTR not Discharged



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



**Analytical Commentary:** As of 12<sup>th</sup> March, TSDFT reported 9% (33) of G&A beds were occupied by patients with NCTR. Manual processes in place to review patients and ensuring they are on correct pathways once they have NCTR.

**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 – Reviewing P0's referred to Discharge Lounge and making contact with wards at specific times in the day i.e. pre noon and before 5pm.
- P1 - No funding has been used for additional P1 capacity since mid-December the average LOD on P1 increased by half a day to 5.5 days.
- P2 - 27 out of 30 new capacity beds are available with a further 7 added during February from additional discharge monies available. Since mid-December the average LOD on P2 is 5 days.
- P3 - 20 new beds to support P3 discharges are expected in the coming months. This has been delayed however to mitigate the delay additional agency staff have used to support discharges on a 1:1 basis. Since the mid-December the average LOD for P3 is 16 days.

The average non-elective length of stay at TSDFT through January and February remained higher than the long-term mean of 6.77 (over the last four years), and above pre-COVID levels. It has been routinely above 7 days since July 2021.

UHP NCTR not Discharged



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



**Analytical Commentary:** As of 12<sup>th</sup> March 2023, UHP reported 11% (89) of G&A beds were occupied by patients with NCTR. Improved performance has been maintained. 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 review 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-December average LOD on P1, is 3 days however in recent weeks there has been no delays due to additional bridging service support via additional discharge funding.
- P2/P3 - 6 beds providing 1:1 support for those awaiting a dementia care home placement is still in place. A further 42 block beds are now available supporting P2 discharges utilising the additional discharge fund with a further 5 expected next week. Since the mid-December 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

## Planned Care: System Overview

| Data        |                                      |        |             |         | Summary   |           |
|-------------|--------------------------------------|--------|-------------|---------|-----------|-----------|
|             | Metric                               | Target | Latest Date | Value   | Variation | Assurance |
| RTT         | RTT Incomplete Waiting list          |        | 2023-01     | 157,565 |           |           |
|             | RTT 18 weeks                         | 92%    | 2023-01     | 52.8%   |           |           |
|             | RTT over 104 weeks                   | 0      | 2023-01     | 272     |           |           |
|             | RTT over 78 weeks                    |        | 2023-01     | 2,529   |           |           |
|             | RTT over 52 weeks                    |        | 2023-01     | 15,542  |           |           |
| Diagnostics | Diagnostics within 6 weeks           | 99%    | 2023-01     | 60.8%   |           |           |
|             | Diagnostic Total activity            |        | 2023-01     | 38,800  |           |           |
| Cancer      | Cancer 2 week wait                   | 93%    | 2023-01     | 75.1%   |           |           |
|             | Breast Symptomatic 2 week wait       | 93%    | 2023-01     | 62.5%   |           |           |
|             | Cancer 31 day First                  | 96%    | 2023-01     | 89.4%   |           |           |
|             | Cancer 31 day follow-up drug         | 98%    | 2023-01     | 97.5%   |           |           |
|             | Cancer 31 day follow-up surgery      | 94%    | 2023-01     | 79.3%   |           |           |
|             | Cancer 31 day follow-up radiotherapy | 94%    | 2023-01     | 95.3%   |           |           |
|             | Cancer 62 day urgent                 | 85%    | 2023-01     | 56.6%   |           |           |
|             | Cancer 62 day screening              | 90%    | 2023-01     | 71.4%   |           |           |
|             | Cancer 62 day Upgrade                | 85%    | 2023-01     | 61.1%   |           |           |
|             | Cancer Faster diagnosis              | 75%    | 2023-01     | 68.8%   |           |           |

System performance for January 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.

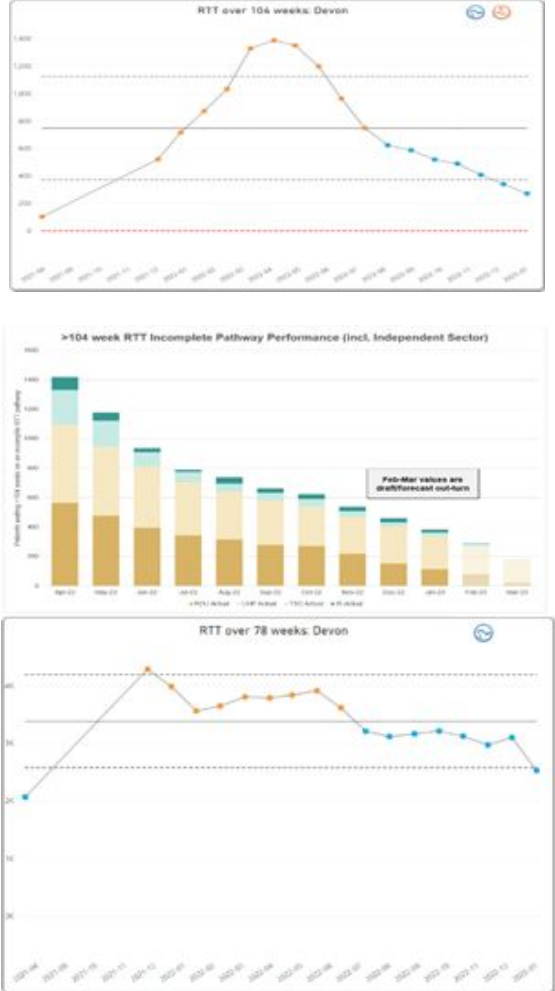
The total number of patients in the system waiting over 104 weeks from referral to treatment has fallen for the eleventh consecutive month to 272.

Diagnostics activity has shown growth towards pre-COVID levels but performance in relation to the 6 week (99%) standard remains at 64.8%.

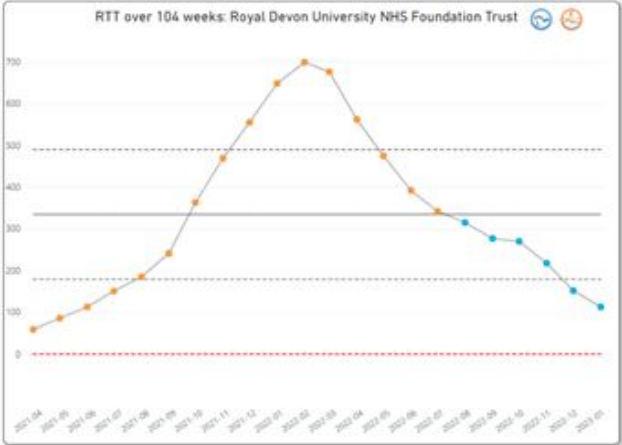
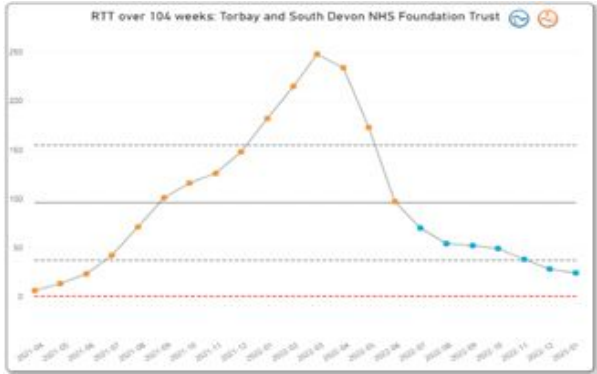
Cancer metrics continue to be below target, seasonal challenges have put additional pressure upon the figures reported for January.

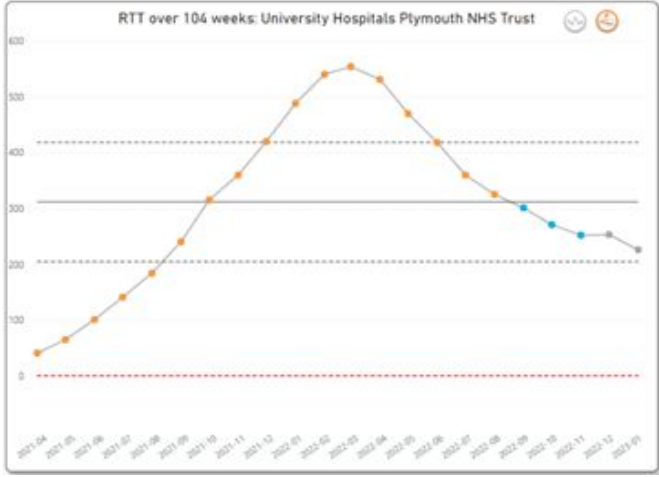
A planned care harm update report is being presented to the ICB Quality and Performance Committee in April 2023. This will include the audit of SIs and an update on provider data.

## Planned Care: System 104 Week Wait

| Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Analytical Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>The data section contains three charts. The top chart, 'RTT over 104 weeks: Devon', is a line graph showing the number of patients waiting over 104 weeks from April 2020 to March 2023. The y-axis ranges from 0 to 1,400. The line shows a steady increase from April 2020, peaking at approximately 1,300 in late 2021, followed by a gradual decline to around 400 by March 2023. The middle chart, '&gt;104 week RTT Incomplete Pathway Performance (incl. Independent Sector)', is a stacked bar chart showing the number of patients in incomplete pathways from April 2020 to March 2023. The y-axis ranges from 0 to 1,400. The bars show a decreasing trend, with a note indicating that Feb-Mar values are draft/forecasted outcomes. The bottom chart, 'RTT over 78 weeks: Devon', is a line graph showing the number of patients waiting over 78 weeks from April 2020 to March 2023. The y-axis ranges from 0 to 80. The line shows a peak of about 75 in late 2021, followed by a decline to around 30 by March 2023.</p> | <p><b>Analytical Summary</b></p> <p>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 of zero 104 week waits.</p> <p><b>Operational Summary</b></p> <p>There has been a concerted effort across all Devon providers to minimise the number of long waiters untreated at the end of the financial year. In addition to weekly forecasts on long waiting positions and weekly assurance meetings hosted by NHSE to performance manage both the 78 and 104 week waits; the ICB also meets weekly with all NHS and major IS providers to provide support including waiting list validation, facilitating patients being transferred between organisations and procurement of additional capacity.</p> <p>Any impact for long waiters caused by industrial action has so far this year, been mitigated by all Devon provider organisations. The March junior doctors strike is however predicted to impact on the clearance of long waiters due to the requirement for Consultants to cover during the period.</p> <p>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.</p> <p>The ICB continues to work with local IS providers, collectively forecasting clearance of all 104 waiters at financial year end except for one sole unavoidable delay to one General Surgery patients treatment due to Covid infection. 29 patients are forecast to be waiting &gt;78 weeks at March end. These are predominantly patients transferred from NHS organisations to free up acute capacity. 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.</p> |

# Planned Care: Trusts 104 Week Wait

|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>RDUH Operational Summary</b></p> <ul style="list-style-type: none"><li>Continued long waiters is a divergence from original operating plan submission which forecast clearance of all patients in October 22.</li><li>The remaining predicted year end long waiters are within admitted pathways in the two most challenged specialties of Trauma and Orthopaedics and General Surgery. The organisation is forecasting 10 patients waiting over 104 weeks at the end of April due to significant workforce challenges in both specialties (5 of 15 general surgery consultants absent and 3 of 6 spinal surgeons). Although low volumes, the remaining patients represent a heavily mitigated position with the organisation utilising the Nightingale and both insourcing and outsourcing to maximise capacity.</li><li>Risks to the position outside of UEC or additional workforce pressures are primarily related to industrial action. All efforts are being made to minimise this and if possible, re-book cancelled activity before month end.</li><li>The RDUH is forecasting to end the financial year with 869 patients waiting over 78 weeks, of which 156 are on a non-admitted pathway. This is an improvement on the June 2022 operating plan submission trajectory forecast of 1477.</li></ul> |
|  | <p><b>TSDFT Operational Summary</b></p> <ul style="list-style-type: none"><li>TSDFT is forecast to be the first acute provider in Devon to clear all patients on an RTT pathway waiting more than 104 weeks. All long waiters have plans to be seen by the end of March 2023.</li><li>The known risks to this position are industrial action and UEC pressures. The organisation is anticipating that no patients waiting over 104 weeks will have been impacted by the junior doctor's strike and with the low volumes of 104ww remaining, there is an expectation that these patients will be shielded from cancellations.</li><li>TSDFT have maintained their trajectory for number of patients waiting more than 78 weeks by April 2023. It remains at 176, made up of 116 non-admitted Neurology and ENT patients and 60 admitted patients across Urology, Colorectal Surgery and Upper GI. This is an improvement on the June 2022 operating plan submission forecast (305).</li></ul>                                                                                                                                                                                                                                                                                                                         |

|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                     | <ul style="list-style-type: none"> <li>• The risks to the 78ww position are primarily variance from the average in terms of conversion rates from outpatient appointments to admitted pathways and the junior doctor strike.</li> <li>• To support the best possible 78ww position at year end, the Trust has procured capacity via insourcing. One company has activity booked and TSDFT is exploring additional capacity provided by two others. TSDFT has also submitted a mutual aid request to support their Neurology service which accounts for the majority of their 78ww (96 of the 176 total).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|  | <p><b>UHP Operational Summary</b></p> <ul style="list-style-type: none"> <li>• UHP was the sole Devon organisation that submitted a 2022/23 operating plan trajectory showing patients waiting over 104 weeks persisting into 2023/24. UHP are ahead of this forecast of 336, with 150 remaining at end of year, concentrated (146) in the Neurosurgery and Orthopaedics.</li> <li>• Risk to the position is primarily industrial action. The other key risk is late patient transfers from the independent sector (IS). This risk cannot be mitigated as the IS are supporting NHS providers by taking late transfers. (Changes to a patient's health can make them unsuitable for IS treatment, necessitating transfer back to an NHS list).</li> <li>• The latest forecast of 456 patients &gt;78ww at financial year end is significantly better than the June operating plan submission which predicted 1628.</li> <li>• To address capacity pressures on the Neurosurgery service, a locum has been appointed and the service continues to run high volume "S64" Outpatient clinics. The Orthopaedics service also has capacity challenges, with the most complex patients being long waiters and urgent demands to treat P2 and P3 patients. A new theatre and ongoing work as part of the One Devon pilot is anticipated to support improvement in wait times across all Devon orthopaedic services.</li> </ul> |

## Cancer 28-day faster diagnosis: System

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

### Data

The chart displays the Cancer 31-day first metric for Devon from August 2019 to May 2022. The y-axis represents the percentage of patients, ranging from 60% to 100% in 10% increments. A solid black line shows the monthly performance, which fluctuates between approximately 65% and 90%. A horizontal red dashed line at 96% represents the standard. A grey shaded area between 80% and 96% indicates the control limits. The performance is consistently below the standard, with a significant drop in early 2022.

The chart displays the Cancer 62-day urgent metric for Devon from August 2019 to May 2022. The y-axis represents the percentage of patients, ranging from 40% to 80% in 10% increments. A solid black line shows the monthly performance, which fluctuates between approximately 55% and 75%. A horizontal red dashed line at 85% represents the standard. A grey shaded area between 65% and 85% indicates the control limits. The performance is consistently below the standard, with a significant drop in early 2022.

### 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 January 2023, performance was 89% against a 96% standard.

Performance traditionally falls in January as low referrals in the previous month affect the denominator, validated data published in April is expected to show this trend reversing.

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 January, the Devon system performance was 57% 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%                   | Oct-22 | Nov-22 | Dec-22 | Jan-23 |
|--------------------------------------------|--------|--------|--------|--------|
| Torbay and South Devon NHS Trust           | 53%    | 57%    | 63%    | 47%    |
| Royal Devon University Hospital - combined | 55%    | 57%    | 63%    | 67%    |
| University Hospitals Plymouth              | 57%    | 72%    | 71%    | 47%    |
| ICS                                        | 59.2%  | 63.3%  | 67.15% | 57%    |

## Operational Summary

The expected seasonal variation during the Christmas break has impacted performance as the denominator numbers are adversely affected by reduced referral volumes.

### Actions:

**RDUHE** - following an NHSE visit in November 2022 work is underway to address the recommendations. Weekly meetings, in place since 28 February 2023 to support the implementation of the recommendations.

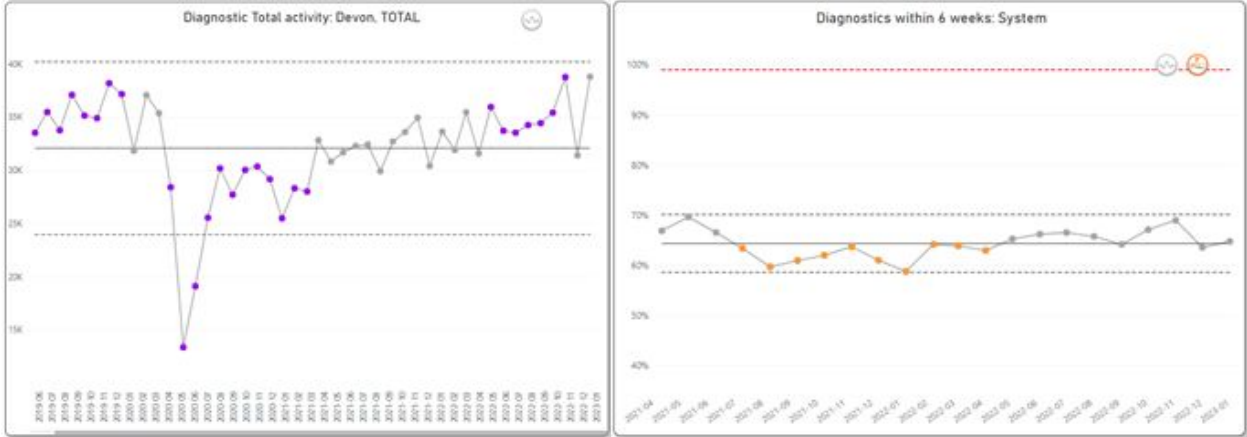
**RDUHN** - Waiting list clearance continues for urology with additional-trans perineal biopsy capacity and cystoscopy activity through the independent sector. Ongoing support to clear dermatology and gynaecology waiting lists will be in place until 31<sup>st</sup> March 2023.

**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 2023/24. Weekly clearance of hysteroscopy and colposcopy waiting lists will continue to the 31st of March 2023.

**UHP** - Endoscopy: A project is planned for expansion and upgrade of the endoscopy rooms, to improve compliance and create additional capacity. Despite mitigations including the use of the Vanguard unit and IS providers, this will impact on waiting lists, although cancer pathways will be protected. Wait lists are predicted to peak in November 2024 and be clear by March 2025.

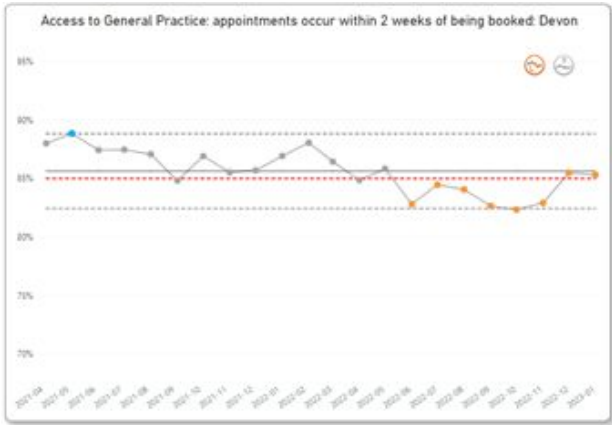
Work is underway to assess the harm review process for cancer long waiters to be presented at System Quality Committee 28<sup>th</sup> March.

## Diagnostics

| Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Analytical Summary                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p><b>Diagnostic Total activity: Devon, TOTAL</b></p> <p><b>Diagnostics within 6 weeks: System</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Activity</b></p> <p>The volume of recovery activity achieved from increased capacity in quarter four will begin to show in February data reported next month.</p> <p>The total diagnostic activity had begun to show significant improvement which was interrupted by the common cause variation of December's lower volumes due to seasonal variation.</p> |
| Operational Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Performance                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>Backlog clearance in Urology, Gynaecology and Dermatology at TSDFT, continues with an independent sector contractor.</li> <li>Planning is underway for additional endoscopy capacity at a local independent sector provider for UHP, this will mitigate delays in delivery of additional capacity through the capital building program funded as part of the 'levelling up' agenda.</li> <li>A business case has been submitted to NHSE for funding to extend the rental of the portable endoscopy unit at TSDFT for an additional 12 months when the current contract ends in July 2023.</li> <li>Additional WLI sessions at RDUH for endoscopy clearance have been planned for March 2023.</li> </ul> | <p><b>Performance</b></p> <p>Diagnostic performance continues to show no significant variation from the long-term mean of 63%, achieving 64.8% in January.</p>                                                                                                                                                                                                    |

## Primary Care Performance

| Metrics                                                                            |                                                                                                 |        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |       |          |       |       |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|----------|-------|-------|
|                                                                                    | Metric                                                                                          | Target | Latest Date | Devon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | East  | North | Plymouth | South | West  |
| Primary care                                                                       | Access to General Practice: general practice appointments occur within 1 day of request         | 35%    | 2023-01     | 53.1%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 49.6% | 47.4% | 54.2%    | 55.5% | 54.6% |
|                                                                                    | Access to General Practice: appointments occur within 2 weeks of being booked                   | 85%    | 2023-01     | 85.3%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 82.1% | 82.6% | 86.6%    | 87.5% | 86.8% |
|                                                                                    | General Practice: % Practices Latest Overall CQC Rating Good or Outstanding                     | 100%   | 2023-02     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 95.3% | 100%  | 100%     | 96.6% | 100%  |
|                                                                                    | Access to General Practice: GPAS OPEL rating                                                    |        | 2023-03     | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |       |          |       |       |
|                                                                                    | Technology enabling access: Number of online/video consultations against target                 | 50000  | 2023-01     | 69,572                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |       |          |       |       |
|                                                                                    | Access to General Practice: clinical team appointments on pre-pandemic levels (per working day) | 4%     | 2023-01     | 8.1%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |       |          |       |       |
| Data                                                                               |                                                                                                 |        |             | Analytical summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |       |          |       |       |
|  |                                                                                                 |        |             | <p><b>Analytical Commentary:</b></p> <p>The target to increase appointments on pre-pandemic levels of 4% shows common cause variation and is achieving.</p> <p>The target of 85% of appointments in 2 weeks is showing special cause variation of a concerning nature but is currently achieving target.</p> <p>The target of achieving 35% of appointments within 1 working day of request is showing common cause variation, however, is above target and consistently passing.</p> <p><b>Operational Summary:</b></p> <p>Increase in clinical team appointments of 4% on pre-pandemic levels carries a risk of not maintaining current performance. However, appointments are 8.1% above pre-pandemic levels in January 2023 compared to January 2020. This continues to achieve above target.</p> <p>Average appointments per working day during January at 35,931 was higher than December (at 34,483) and 11.2% higher than last year. A total of 754,548 appointments were completed in January, up 16.7% on prior year.</p> |       |       |          |       |       |



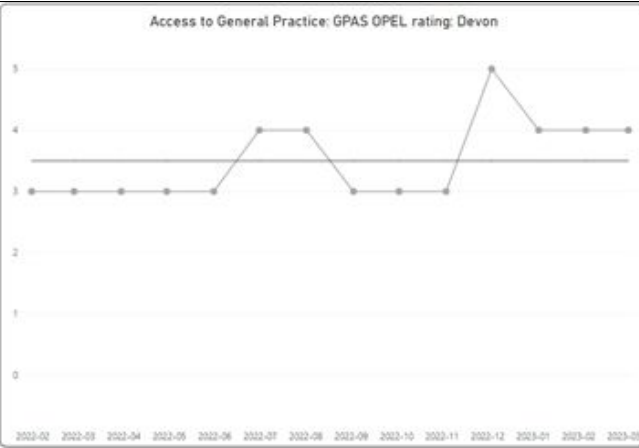
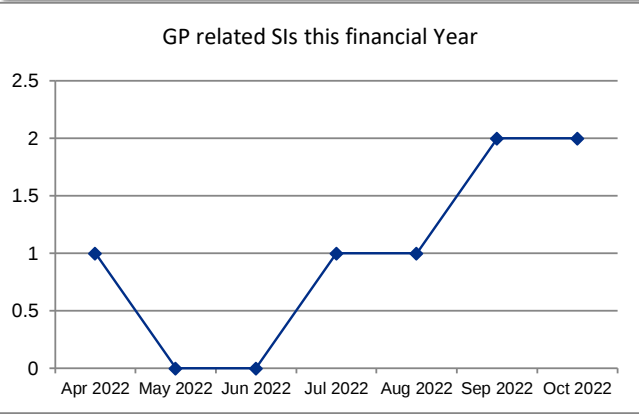
The target of 85% appointments within 2 weeks was achieved during January, with 85.3% being seen within this timeframe.

The target of 35% of appointments occurring within 1 working day of request continues to achieve comfortably, with 53.1% seen within 1 working day during January 2023, this is in part due to ICB support to Devon practices to enable increased focus on urgent/unplanned need.

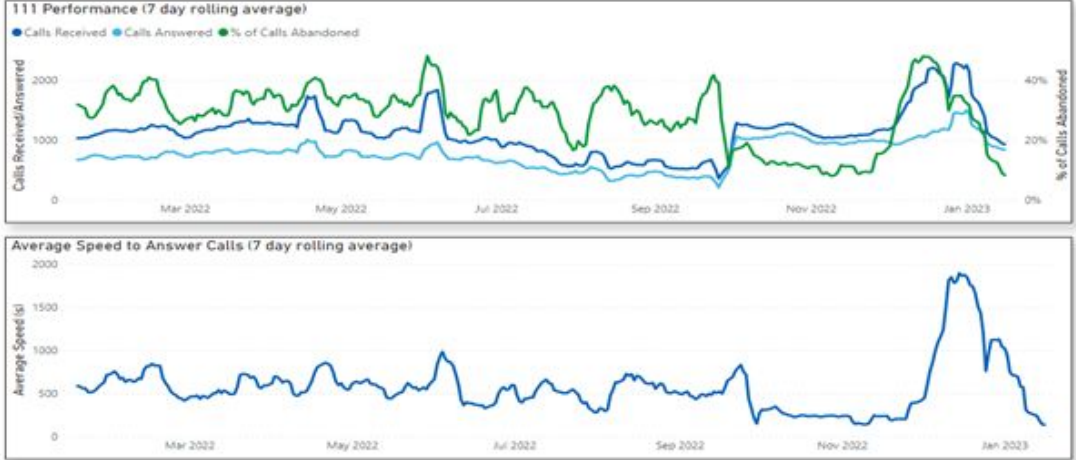
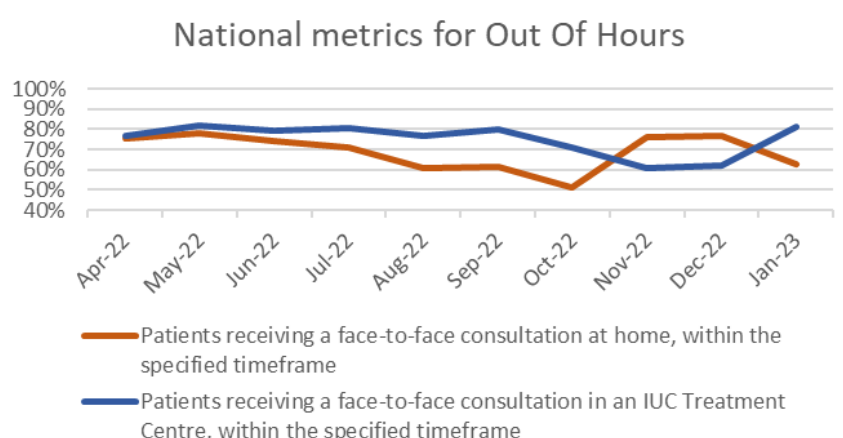
Following a record number of ‘black’ GPAS/OPEL returns from practices reporting severe pressure during December, the reduction of ‘black’ returns during January has maintained through February. There continues to be a high volume of practices declaring a ‘red’ alert state, with significant levels of demand reported, however, during February a small number of practices reported ‘amber’ status.

Number of online/video consultations against target: in January 2023, 69,572 consultations were carried out. During the first 10 months of the financial year 2022/23, 550,218 online/video consultations have taken place. The ICS is on trajectory to meet the target of 600,000 a year.

| Workforce metrics                                                                                                                          | February 2022                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Practice able to offer improved multi-disciplinary care through employment of 12 WTE additional roles (ARRS) per PCN by March 2023 | Data refresh occurs every 3 months, update expected end March 2023. Reported position below remains per previous month. 24/31 PCNs 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 ranked the highest region with 6.7 overall per 10,000 weighted population. December 2022 total WTE = 424.5, number of roles = 515. |

| <div data-bbox="376 229 1025 1093"><p>Access to General Practice: GPAS OPEL rating: Devon</p><table border="1"><thead><tr><th>Month</th><th>Rating</th></tr></thead><tbody><tr><td>2022-02</td><td>3</td></tr><tr><td>2022-03</td><td>3</td></tr><tr><td>2022-04</td><td>3</td></tr><tr><td>2022-05</td><td>3</td></tr><tr><td>2022-06</td><td>3</td></tr><tr><td>2022-07</td><td>4</td></tr><tr><td>2022-08</td><td>4</td></tr><tr><td>2022-09</td><td>3</td></tr><tr><td>2022-10</td><td>3</td></tr><tr><td>2022-11</td><td>3</td></tr><tr><td>2022-12</td><td>5</td></tr><tr><td>2023-01</td><td>4</td></tr><tr><td>2023-02</td><td>4</td></tr></tbody></table><p>GP related SIs this financial Year</p><table border="1"><thead><tr><th>Month</th><th>GP related SIs</th></tr></thead><tbody><tr><td>Apr 2022</td><td>1</td></tr><tr><td>May 2022</td><td>0</td></tr><tr><td>Jun 2022</td><td>0</td></tr><tr><td>Jul 2022</td><td>1</td></tr><tr><td>Aug 2022</td><td>1</td></tr><tr><td>Sep 2022</td><td>2</td></tr><tr><td>Oct 2022</td><td>2</td></tr></tbody></table></div> | Month          | Rating | 2022-02 | 3 | 2022-03 | 3 | 2022-04 | 3 | 2022-05 | 3 | 2022-06 | 3 | 2022-07 | 4 | 2022-08 | 4 | 2022-09 | 3 | 2022-10 | 3 | 2022-11 | 3 | 2022-12 | 5 | 2023-01 | 4 | 2023-02 | 4 | Month | GP related SIs | Apr 2022 | 1 | May 2022 | 0 | Jun 2022 | 0 | Jul 2022 | 1 | Aug 2022 | 1 | Sep 2022 | 2 | Oct 2022 | 2 | <div data-bbox="1144 229 1926 451"><p>Achieve upper quartile performance in terms of WTE GP per 1,000 population</p><p>Devon is 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'.</p></div> <div data-bbox="1144 483 2007 572"><p>98% of practices in Devon (117/120) 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.</p></div> <div data-bbox="1144 604 2007 775"><p>General Practice related SIs are themed around 2 types: medication incidents and treatment delays. None were reported during February 2023. Of the 7 reported this financial year, 6 are medication related where moderate or above harm was caused owing to lapse in care. The Safety Systems Team liaise with the PSQ Primary Care Lead to ensure any primary care learning from SIs is shared across the system.</p></div> <div data-bbox="1144 807 2007 1031"><p>GP related PITCHs – There has been an overall increase in PITCHs submitted post-Covid likely owing to greater awareness by practices. There was an increase in PITCH reports during December 2022 and January 2023 relating to onward referrals, transfer of work to GPs from other providers. However, February saw a marked reduction in PITCHs reported, with a total of 18 reported. February top 3 PITCH themes were: referrals, access to services and procedure or process. <i>Note: "GP" will also include IUCS services, however, the majority are related to general practices.</i></p></div> |
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| Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Rating         |        |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |       |                |          |   |          |   |          |   |          |   |          |   |          |   |          |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| 2022-08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4              |        |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |       |                |          |   |          |   |          |   |          |   |          |   |          |   |          |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| 2022-10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3              |        |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |       |                |          |   |          |   |          |   |          |   |          |   |          |   |          |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2022-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3              |        |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |       |                |          |   |          |   |          |   |          |   |          |   |          |   |          |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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## Integrated Urgent Care Service: NHS 111/Out Of Hours

| Data – NHS 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Analytical summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p><b>111 Performance (7 day rolling average)</b></p> <p>● Calls Received ● Calls Answered ● % of Calls Abandoned</p> <p><b>Average Speed to Answer Calls (7 day rolling average)</b></p>                                                                                                                                                                                                                    | <p>111 demand has fluctuated significantly in recent months. Following a drop in demand during January, it increased during February.</p> <p>The percentage of calls abandoned by the IUCS provider deteriorated in February to circa 23%.</p> <p>The average speed to answer calls also deteriorated during February to circa 450 seconds or 7.5 minutes.</p> <p>Reduction of performance within the month was predominantly due to workforce capacity for which actions are already in place to improve.</p>                                                                                                               |
| Data – Out Of Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Analytical summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|  <p><b>National metrics for Out Of Hours</b></p> <p>100%<br/>90%<br/>80%<br/>70%<br/>60%<br/>50%<br/>40%</p> <p>Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23</p> <p>— Patients receiving a face-to-face consultation at home, within the specified timeframe</p> <p>— Patients receiving a face-to-face consultation in an IUC Treatment Centre, within the specified timeframe</p> | <p>Key performance standards for the Out of Hours service includes patients who receive a 'face to face' appointment within a clinically defined timeframe. These metrics will be changing from April following a review of IUCS Key performance Indicators by NHS England.</p> <p>Securing clinical resource remains challenging and directly impacts on performance. The IUCS provider meets regularly with commissioners to update and provide assurance on the many actions being undertaken to improve the position. They continue to work on establishing the right level of capacity in the out of hours service.</p> |

## Mental Health: System Overview

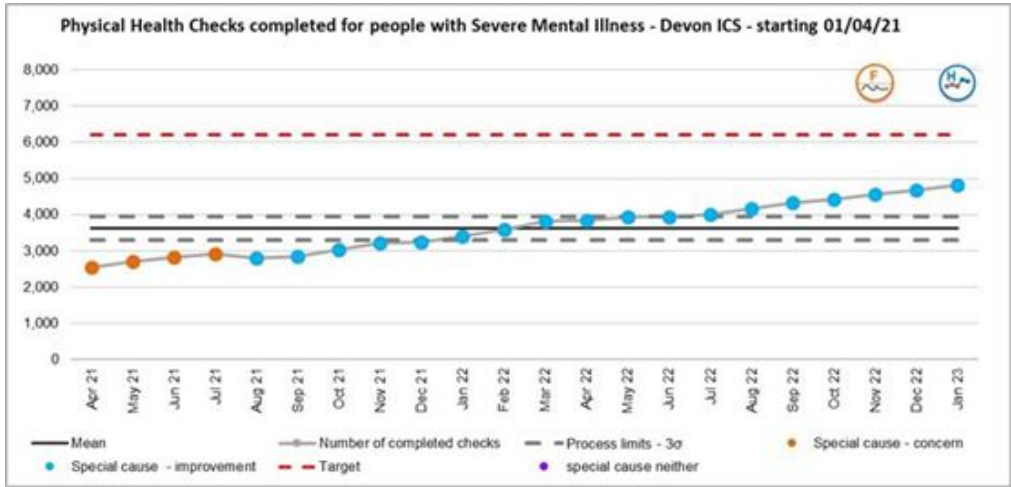
| Metrics                                                                       |                  |               |        |           |           | System Summaries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------|------------------|---------------|--------|-----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Scorecard</b> (*Not updated since July 2022 due to CareNotes outage)       |                  |               |        |           |           | <p>IAPT is nationally being rebranded as NHS Talking Therapies. Wait times for access to NHS Talking Therapies continue to perform consistently well and exceed the targets.</p> <p>The metrics not impacted by the CareNotes outage relate to Talking Therapies, dementia diagnosis rate, health checks for people with SMI and LD, the number of people using LD in inpatient care, and workforce.</p> <p>CareNotes is now operational, providers continue to implement the recovery plan to restore the reporting function.</p> <p>Physical health checks for people with severe mental illness (SMI) has seen an improvement in performance.</p> <p>Dementia diagnosis rate continues to experience special cause variation of a concerning nature.</p> <p>The remaining indicators are all within common cause variation with no significant changes to note.</p> |
| 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        | 54.3%  |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| *Early Intervention in psychosis (EIP): % entering treatment within two weeks | 60%              | 60%           | 72.3%  |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Talking Therapies Access                                                      | 9,383 Q4         | 7,518 Q4      | 6,143  |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Talking Therapies – first appointment within 6 weeks                          | 75%              | 75%           | 85.24% |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Talking Therapies – first appointment within 18 weeks                         | 95%              | 95%           | 99.9%  |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Talking Therapies Recovery                                                    | 50%              | 50%           | 50.1%  |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| *Individual Placement and Support (IPS) access                                | 300 Q1<br>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)            | 6,197            | 6,197         | 4,817  |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| *Inappropriate out of area bed days (monthly)                                 | 0 Q4             | 0 Q4          | 479    |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Annual health checks for people with a learning disability                    | 75%              | -             | 51%    | N/A       | N/A       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Reducing adults and CYP with LD in specialist inpatient beds                  | 31               | -             | 37     |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Workforce Vacancy Rate %                                                      |                  |               | 4.72%  |           | N/A       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Workforce Sickness Absence %                                                  |                  | 5.29%         | 6.73%  | N/A       | N/A       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

# Mental Health: Severe Mental Illness – Physical Health Checks

Data

KPI Description

NHS England Long Term Plan deliverable that 60% (n= 6,197) 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

Summary

Analytical Commentary

The measure is showing special cause of an improving nature with uptake of all six health checks completed continuing to increase. The metric is currently achieving 46.6% of the register.

Operational Summary

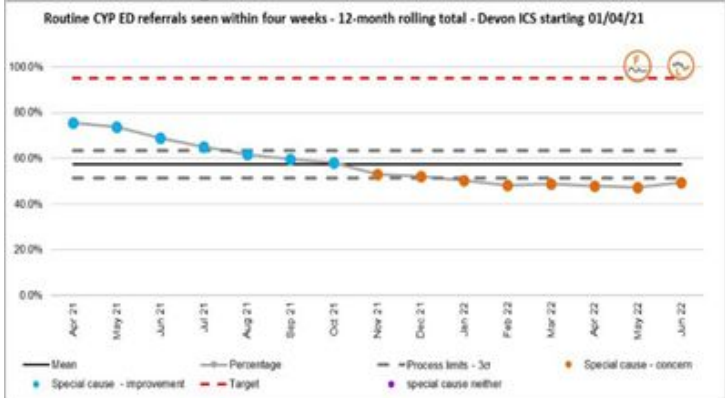
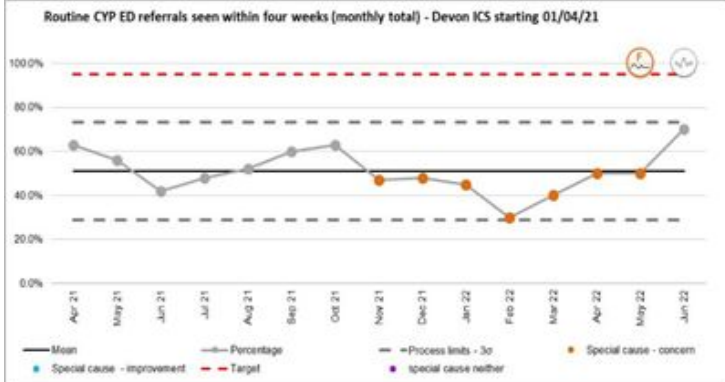
Uptake of health checks completed continues to increase with January 2023 at 46.6% (4,817/10,328).

Devon set a trajectory to achieve the deliverable of 60% by the end of March 2023. This would require 15.08% improvement in performance in the next 2 months. Mitigations have improved performance; however, it is unlikely that this target will be recovered in 2022/23.

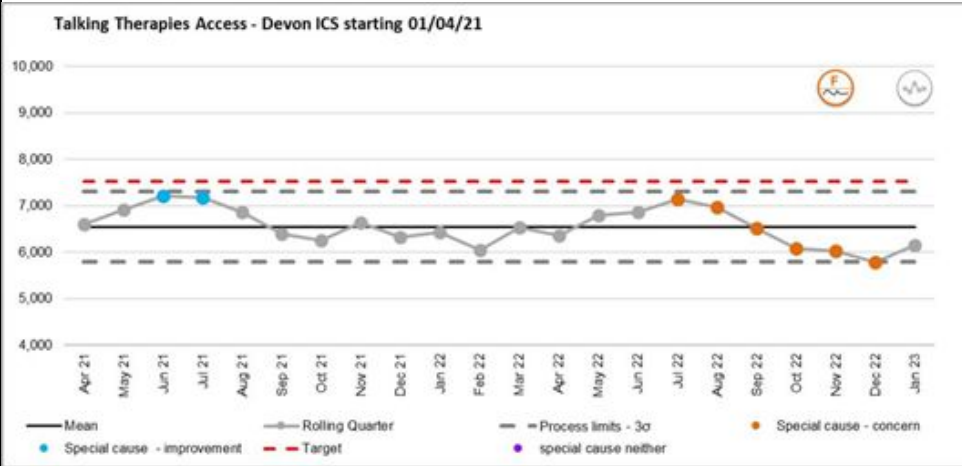
Actions and Assurance

- 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.
- Trajectory planning for 2023/24 is being completed, recognising that funding for additional VCSE capacity will come to an end in 2023/24.

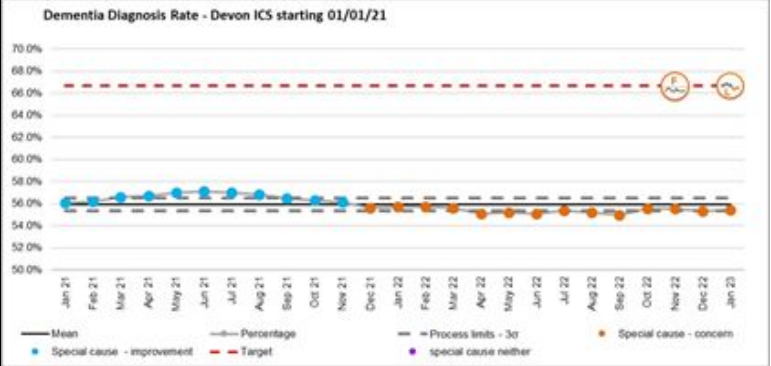
# Mental Health: CYP Eating Disorders Routine

| Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>KPI Description:</b> 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.</p> <p><b>12-month rolling</b></p>  <p><b>Monthly</b></p>  <p>*** Data unavailable at system level after June-22 due to national patient records outage. ***</p> | <p><b>Analytical Commentary</b></p> <p>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 the national Carenotes outage, we are awaiting NHS England guidance on reporting during the outage.</p> <p><b>Operational Summary</b></p> <p>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.</p> <p>Across ICS Devon, planned actions relating to workforce and investment identified in the 2022/23 Operating Plan have been implemented.</p> <p>Validated performance at provider level indicates that in Plymouth the trajectory is continuing to progress towards the agreed recovery position, however, covid is known to have impacted the Plymouth team in December 2022. Due to the Carenotes outage there is no validated provider performance data for Devon and Torbay.</p> <p><b>Actions and Assurance</b></p> <p>The actions set out in the Operating Plan were identified as being delivered 'on track' at the end of quarter 3. This included recruitment and training of additional workforce capacity.</p> |

## Mental Health: NHS Talking Therapies (IAPT) Access

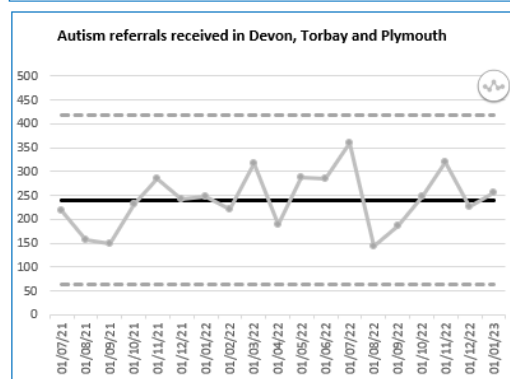
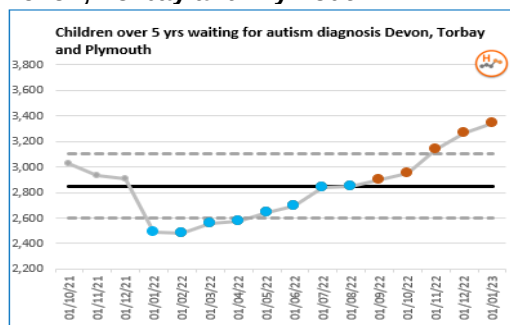
| Data                                                                                                                                                                                                                                                                                                                                          | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>KPI Description</b></p> <p>The number of people who enter NHS funded treatment with NHS Talking Therapies services in the reporting period. Total is by rolling quarter.</p> <p><b>Statistical Process Chart</b></p>  <p>Data Source: Local data</p> | <p><b>Analytical Commentary</b></p> <p>The metric is within common cause variation. Two recent data points close to the lower process limit may suggest a decline in performance to be kept under review. The KPI is currently falling short of the Q4 system target, achieving 81.7% (6,143).</p> <p><b>Operational Summary</b></p> <p>NHS England identified a target of 9,383 people accessing Talking Therapies 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 January 2023, performance against the ICS Devon trajectory was 81.7% of the plan (6,143/7,518) (Source: MHSDS core data pack).</p> <p>Across Devon the planned actions identified in the 2022/23 Operating Plan for Q3 have been delivered, including:</p> <ul style="list-style-type: none"> <li>- promoting Talking Therapies to the public and referrers.</li> <li>- developing Talking Therapies Long Term Conditions offer in Plymouth.</li> <li>- enabling access through the Devon Staff Wellbeing Hub.</li> <li>- supporting access to help via the long-Covid pathway.</li> </ul> <p>Despite not meeting required access numbers, Talking Therapies continues to achieve national access times.</p> <p><b>Actions and Assurance</b></p> <p>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.</p> |

## Mental Health: Dementia Diagnosis Rate

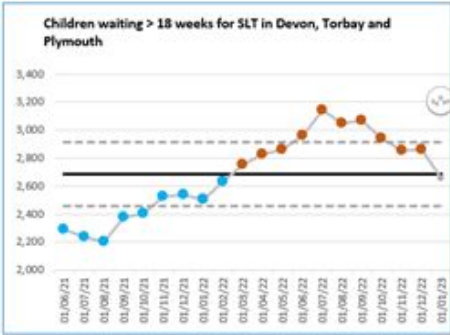
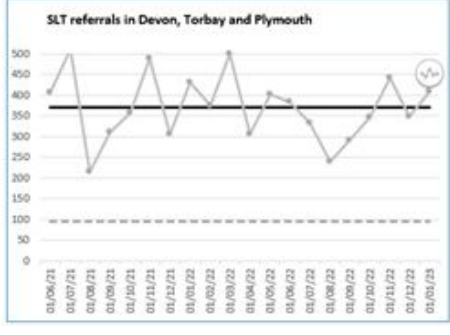
| Data                                                                                                                                                                                                                                                                                                         | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>KPI Description:</b> The proportion of estimated over 65s in the population with dementia that have been diagnosed.</p> <p><b>Statistical Process Chart</b></p>  <p>Data Source: Dementia Dashboard, NHS Digital</p> | <p><b>Analytical Commentary</b><br/>This metric is experiencing special cause variation of a concerning nature where the measure is significantly lower. This process is not capable and will consistently fail to meet the target.</p> <p><b>Operational Summary</b><br/>Diagnosis rate has been at this low, stable 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. Further conversations with Region have pointed to better performing systems to explore, which is now being undertaken to inform local plans for Q1 onwards. Funding for post-diagnostic support has been stabilised for the first half of 23/24 initially, pending detailed review of the long-term requirement. This support is understood to be material to the meaningful improvement that can be made in diagnosis rate.</p> <p><b>Actions and Assurance</b><br/>System work with Primary Care will accelerate actions to focus on integrating 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 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.</p> <p>The Older People's Mental Health/Dementia mandate prepared for the MHLDN Provider Collaborative Senate in Feb 22 included elements relating to dementia diagnosis rate, which were accepted into that programme of work. Final definition and resourcing of that programme of work is underway.</p> |

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

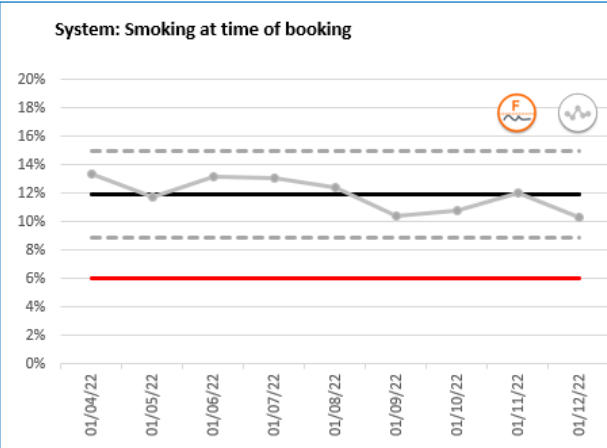
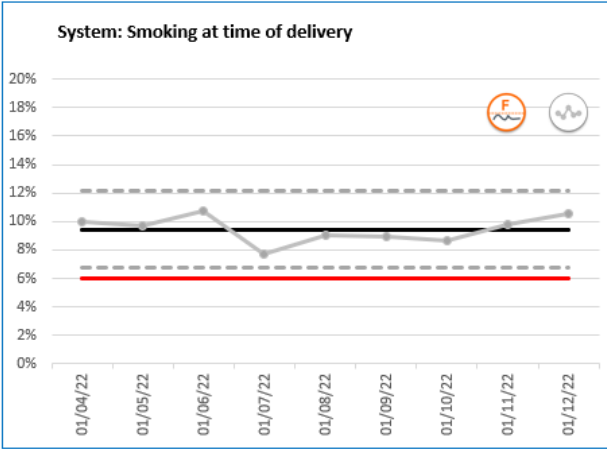
| Key Performance Indicator                                                                                                                             | Target/ Plan | Latest Period | Actual (system average)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Variation                                                                           | Assurance                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Autism Diagnosis (Waiting)                                                                                                                            | <18 weeks.   | Jan 2022      | 91 weeks (Devon & Torbay 91.3 / Plymouth 90.7 weeks)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| <b>KPI Description</b><br>NICE guidance for CYP to be seen within 18 weeks from referral to start of assessment.<br><b>Devon, Torbay and Plymouth</b> |              |               | <b>Operational Summary – Devon (CFHD), Torbay (CFHD) &amp; Plymouth (UHP/LSW)</b><br>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 providers for Community 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.<br><u><b>What are the causes?</b></u><br><b>Demand:</b> 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.<br><b>Capacity:</b><br>Staffing vacancies across community teams<br>Providers report current budgeted capacity is insufficient to meet demand.<br>Provider recruitment pause due to staff consultation (due to conclude March 2023).<br>Potential inefficiencies within multi-organisational pathways.<br><u><b>Actions</b></u><br>Conclude the children's community contract review including demand and capacity, and service gaps analysis (dates set for April/May 2023) deliver recommendations in line with assessment of risk and EIA. Joint clinics being trialled between CFHD and community paediatrics. Initial feedback being reviewed<br>Development of integrated, holistic pathway for neurodivergent diagnosis.<br>Increase numbers of Key workers focussed on early help, new pilot to commence June 2023 with recruitment plans being finalised. New approach to community waiting list recovery and assessment of harm being worked up for adult and childrens teams.<br><u><b>When is improvement expected?</b></u><br>Trajectories have been submitted for Devon SEND WSOA and separately the Torbay SEND WSOA, with current resource these do not demonstrate 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  | Jan 2023      | 31.1 weeks (average).<br>107.85 weeks (longest wait). |  |  |
| <p><b>KPI Description:</b> NICE guidance for CYP to be seen within 18 weeks from referral.</p> <p><b>Devon, Torbay and Plymouth</b></p> <div style="display: flex; justify-content: space-around;">   </div> <p><b>Analytical Summary</b><br/>Referrals are within expected common cause variance and are lower than the same period last year. The number of children waiting is reducing and for the first time is showing common cause variation.</p> <p><b>What are the causes?</b><br/><u>Demand:</u> Highest percentage of children referred to CFHD speech and language are in the 2-4 year age group which is an indirect impact from COVID. LSW waits have continued to decrease reducing both longest and average waits.<br/><u>Capacity:</u> Continued workforce vacancies reduces clinical capacity and applicants for posts have reduced. Recruitment remains a challenge.</p> <p><b>Actions</b><br/>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 691 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 29 % to 23%<br/>Conclude the children's community contract review including demand and capacity, and service gaps analysis (dates set for April/May 2023) - deliver recommendations in line with assessment of risk and EIA.<br/>Monthly meetings with LSW to review databook and service pressures and developments.<br/>Wider pathway redesign within Devon and Torbay is dependent on provider staff consultation (due to conclude March 2023).<br/>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.</p> <p><b>When is improvement expected?</b><br/>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.<br/>DCC funding agreed with CFHD, additional staff recruited (focusing on longest waiters) and 12 month action plan to monitor performance. Trajectory to reach RTT &lt;18 weeks for Devon by March 2024.</p> |             |               |                                                       |                                                                                     |                                                                                     |

## Local Maternity & Neonatal System: Smoking Update

| Key Performance Indicator                                                                                                                                                                                                                                               | Target/Plan | Latest Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Smoking at time of Delivery                                                                                                                                                                                                                                             | <6%         | December 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>System: Smoking at time of booking</b></p>  <p><b>System: Smoking at time of delivery</b></p>  |             | <p><b>Analytical summary</b></p> <p>Overall, Devon is not on track to meet the 2022 target of reducing smoking at time of delivery (SATOD) to 6% or less.</p> <p>Smoking at time of booking (SATOB) data indicates that Devon experiences significantly higher volumes of SATOB than the England average. Devon is also higher than the regional average of 9.9%.</p> <p>TSDFT have reduced their smoking at delivery rate to within 1.2% of the target since September 2022- a significant achievement. TSDFT were the first Trust maternity unit to go live with implementation of specialist smoking cessation services for pregnant women.</p> <p><i>(To note- The cohort of birthing people in any given month is different for smoking at booking &amp; smoking at delivery)</i></p> <p><b>Causes</b></p> <p>This has been reviewed as part of our Maternity &amp; Neonatal Equity &amp; Equality analysis. Risk factors for increased smoking at booking and delivery include low maternal age, white ethnicity &amp; deprivation. Between April 2021 &amp; January 2022, 90.28% of booking people were white. Approximately 25% of the population of Plymouth &amp; Torbay are in the 20% most deprived postcodes in the country. In the Devon County Council footprint, this is 4%, however pockets of wealth mask rural and coastal deprivation in this area.</p> <p><b>Actions</b></p> <p><b>1) Staff Training</b></p> <ul style="list-style-type: none"> <li>•Very Brief Advice (a model to identify and support patients who smoke to make a quit attempt).</li> <li>•Carbon Monoxide Monitoring/ Testing</li> </ul> <p><b>2) Services</b></p> <ul style="list-style-type: none"> <li>•Carbon Monoxide monitoring in line with Saving Babies Lives Care Bundles</li> <li>•Pathways of referral to specialist smoking cessation support</li> </ul> <p><b>3) Products</b></p> <ul style="list-style-type: none"> <li>•Nicotine Replacement Therapy at point of contact within maternity</li> </ul> <p><b>When is improvement expected</b></p> <p>Continuous Improvement as roll out of specialist smoking cessation pathways is further developed in all Trusts. Further analysis of quit rate is required to link change in practise to reduction in smoking at delivery.</p> |

# Quality

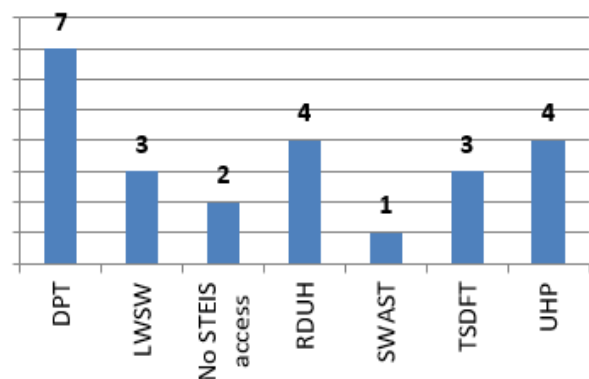
## Quality Metrics

|         | 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                                                                                               | 2023-02     | 26     |                             |                    |                 | 8                                           | 2                                           | 3                                       |
|         | MRSA                                                                                                 | 2023-02     | 1      |                             |                    |                 | 1                                           |                                             |                                         |
|         | MSSA                                                                                                 | 2023-02     | 27     |                             |                    |                 | 8                                           | 1                                           | 5                                       |
|         | E. coli                                                                                              | 2023-02     | 72     |                             |                    |                 | 11                                          | 4                                           | 5                                       |
|         | SAFETY SYSTEMS: Number of serious incidents received that month                                      | 2023-02     | 24     | 7                           | 3                  | 3               | 4                                           | 3                                           | 4                                       |
|         | SAFETY SYSTEMS: Total number of Open Serious Incidents                                               | 2023-02     | 319    | 82                          | 46                 | 42              | 44                                          | 51                                          | 54                                      |
|         | SAFETY SYSTEMS: Total number of Open Serious Incidents. Severity = DEATH ONLY                        | 2023-02     | 134    | 41                          | 25                 | 21              | 20                                          | 12                                          |                                         |
|         | SAFETY SYSTEMS: Number of Never events received that month                                           | 2023-02     | 2      |                             |                    |                 |                                             | 2                                           |                                         |
|         | Patient Experience: Number of informal concerns received that month                                  | 2023-02     | 61     |                             |                    |                 |                                             |                                             |                                         |
|         | Patient Experience: Number of formal complaints received that month                                  | 2023-02     | 2      |                             |                    |                 |                                             |                                             |                                         |
|         | Patient Experience: Number of open informal concerns                                                 | 2023-02     | 51     |                             |                    |                 |                                             |                                             |                                         |
|         | Patient Experience: Number of open formal complaints                                                 | 2023-02     | 13     |                             |                    |                 |                                             |                                             |                                         |
|         | Looked after children: Average % of IHAs completed within statutory timescales                       | 2023-02     | 120%   |                             |                    |                 |                                             |                                             |                                         |
|         | Looked after children: Average % of RHAs completed within statutory timescales                       | 2023-01     | 27%    |                             |                    |                 |                                             |                                             |                                         |
|         | Safeguarding Adults: S42.2 enquiries relating to care provided by services commissioned by NHS Devon | 2023-01     | 8      |                             |                    |                 |                                             |                                             |                                         |

## Serious Incidents (all providers)

### Serious Incidents received by Provider

During February 2023 there have been **24 serious incidents** reports, these are broken down by Provider in the chart below:



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

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

Maternity/Obstetric (2) ↓

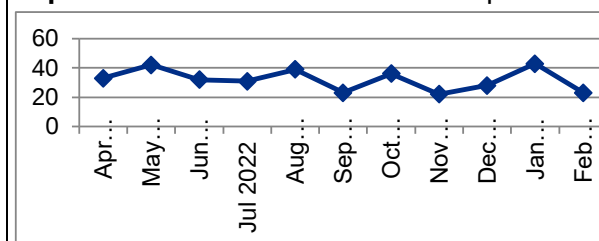
VTE (2) ↑

Pressure Ulcer (2) ↑

Apparent/actual/suspected self-inflicted harm (6) ↓

Treatment delay (4) ↓

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



Total number of **open incidents** for the system in February 2023 is **319**, which remains consistent due to the number being reported against the number being closed.

### Never events

**There was 2 Never Events reported in February 2023.** Since April 2022 there have been **19 never events reported**, which is an increase compared to the previous four years.

Devon has reported increasing Never Events this year which not aligned to the rest of the region. This has highlighted the need to work with Providers to reduce this number and learning from neighbouring ICB that have fewer never events reported.

### Multi-agency investigations

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

### Review and closure

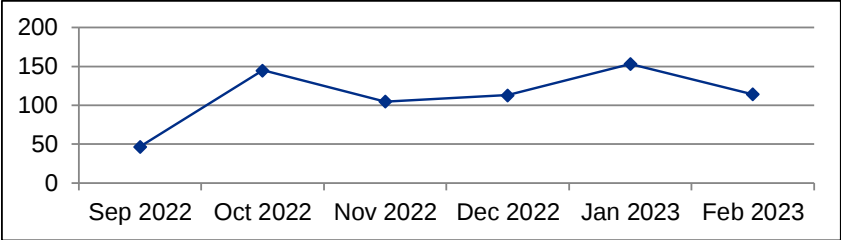
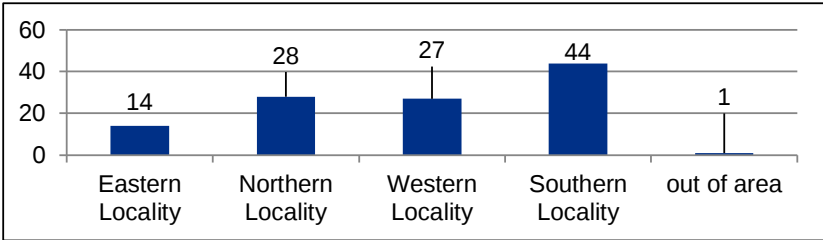
There are currently **22 incidents being reviewed** which are currently being monitored by the SST to meet the deadline.

During February **17 incidents** were reviewed and assurance received for **closure**.

# Peer Improvement Tips for Care and Health (PITCH)

## Received PITCHs

During February **114 PITCHs** were reported, these are broken down by locality in the chart below together with the number of PITCHs reported since September 2022:



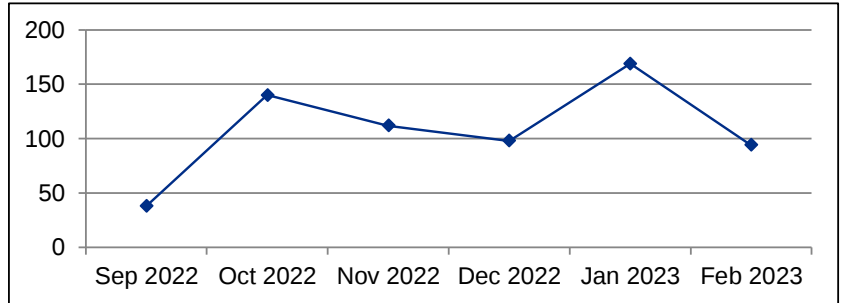
- The **top three themes for PITCH concerns received in February** were:
- Access to Services (32)
  - Procedure or process (26)
  - Communication (21)

There are continued submissions to PITCH 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.

## Closed PITCHs

During February 94 PITCHs were closed, compared to 170 in January. The chart to the right illustrates the number of closed PITCHs per month since September 2022. The reduced number of PITCHs closed reflects the reduction in reporting rates.

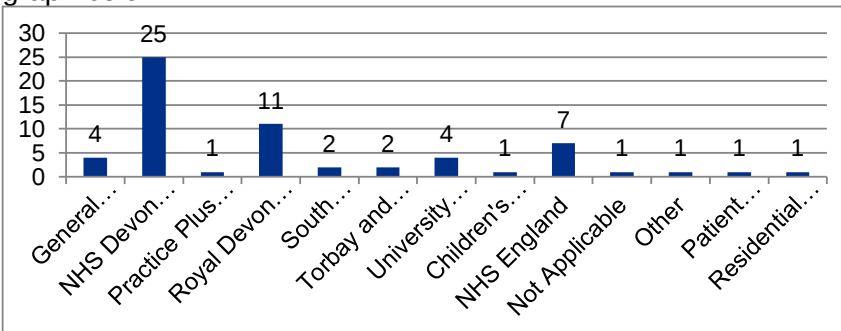
82 PITCHs remain open awaiting further information from provider and ICB teams.



## Patient Experience (NHS Devon): Patient Contacts

### Patient Experience: Received cases

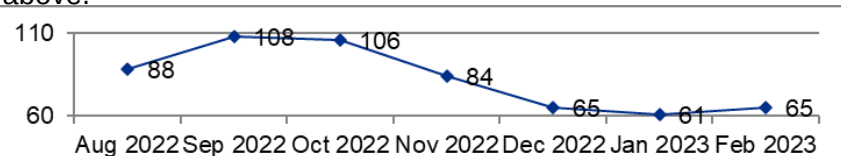
During February there were **61 new patient experience** feedback and concerns to manage, these are broken down by Provider in the graph below:



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. Slight increase in contact relating to NHS travel costs where a patient is being treated outside of Devon.

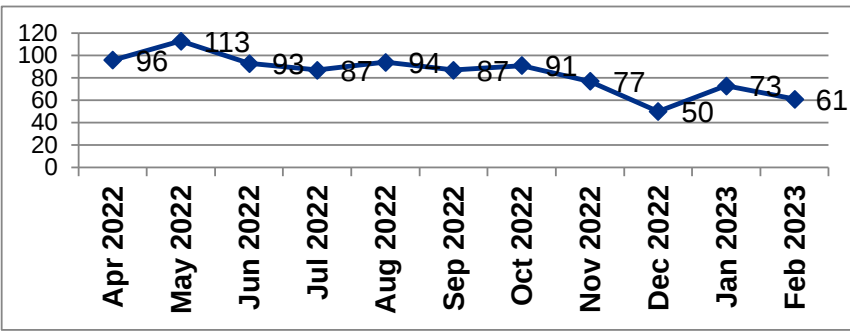
### Patient Experience: Closed cases

The **closing** of patient experience concerns has reduced however this is reflected in the volume of new contacts demonstrated above.



### Patient Experience: Informal Concerns

Whilst patient experience informal concern fluctuates monthly (illustrated below) the year-on-year comparison remains stable.



- The **top three patient experience concerns** received in **February** were:
  - Procedure and Process (**22**)
  - Quality of Care (**14**)
  - Communication (**10**)

### Patient Experience: Summary

- There were 2 **formal complaints** raised during February for NHS Devon, with a total of **13 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 **3 open requests for information** from the **Parliamentary Health Care Ombudsman**

## 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 February 2023 and the primary themes of the concerns.

| Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Underlying cause                                                                                                                                                                                                                                                                                            |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <p>Safeguarding Adults: S42.2 enquiries relating to care provided by services commissioned by NHS Devon: System</p>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Themes:</b><br>The issues identified within S42.2 enquiries started in February 2023 relate to: <ul style="list-style-type: none"> <li>• poor quality of care (1)</li> <li>• poor discharge (1)</li> <li>• poor communication</li> </ul>                                                                 |                                                             |
| Initial learning from new safeguarding enquiries, closed safeguarding enquiries and safeguarding adult reviews:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Assurance                                                                                                                                                                                                                                                                                                   |                                                             |
| <ul style="list-style-type: none"> <li>• Torbay and Devon Safeguarding Adult Partnership (TDSAP) published a <a href="#">safeguarding adult review</a> (SAR) undertaken into 6 cases of self-neglect mid-February. Learning identified will be shared with providers and used for training purposes.</li> <li>• Initial learning from the safeguarding enquiries has emphasised the need for better communication regarding the use of medical devices and appropriate manual handling techniques at the point of transfer of care between agencies.</li> </ul> |  | <ul style="list-style-type: none"> <li>• TDSAP are responsible for monitoring progress of the action plan and will be seeking assurance from all involved agencies</li> <li>• The safeguarding adult team are working closely with the commissioners in relation the Transfer of Care Programme.</li> </ul> |                                                             |
| Actions for next month/s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Intended impact                                                                                                                                                                                                                                                                                             | Date impact will be realised                                |
| TDSAP are developing the action plan to meet the recommendations of the SAR relating to self-neglect.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | An action plan that will support improvements in practice                                                                                                                                                                                                                                                   | Dates will be identified once the actions have been agreed. |

## Safeguarding: Children in Care (CIC)

**Issue:** Children entering care should receive an initial health assessment (IHA) within 20 working days of coming into care, and a review health assessment (RHA) should be undertaken 6 monthly for the under 5s and annually for over 5s.

### Underlying cause

Past inconsistencies in provider reporting across the system, have compromised the ability to provide an accurate or consistent data set. This is coupled with late notifications and higher than usual volumes of requests for health assessments by the local authorities has led to periods where peaks in demand for health assessments were not met in a timely way due to lack of immediate capacity at discrete stages in the assessment process.

| Data provided here currently only includes those children placed in the area they originated from. It does not include other health assessments that providers have undertaken for 'other' CIC,(Children from outside the Devon area). | TSDFT | RDUH - Eastern | RDUH - Northern | UHP | LIVEWELL | CFHD | SYSTEM       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|-----------------|-----|----------|------|--------------|
| Percentage of CIC receiving RHAs within statutory timescales for January 2023                                                                                                                                                          |       |                |                 |     | 70%      | 75%  | 72%<br>59/82 |
| Percentage of CIC receiving IHAs within statutory timeframe of 20 working days of coming into care for January 2023                                                                                                                    | 31%   | 47%            | 50%             | 3%  |          |      | 24%<br>15/64 |

Review Health Assessments (RHA) are provided by Children's Community providers, performance submissions are available after internal signoff by the provider. The system is working to improve timeliness for reporting of this performance to the ICS. UHP performance was impacted in January due to a sudden backlog of IHA's caused by an exceptional number of children entering care in that month.

| Actions undertaken in last month                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                               | Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Improved oversight through implementation of the new IHA data collection form across all three acute providers.</p> <p>Outcome framework and proposed data collection sheet to align to IHA data sheet has been submitted to women and children's commissioners for discussion and proposed adoption with CFHD and Livewell</p> |                                                                                                                                                                                               | <p>Consistent approach across all providers, providing higher levels of accuracy and timely month by month reporting, highlighting delays in the assessment pathway which are now able to be addressed and shown in more robust reporting.</p> <p>If adopted by all providers this will enable a whole system alignment of data. Allowing each Child in Care to be tracked individually if required at each stage of the assessment referral process.</p> |
| Actions for next month/s                                                                                                                                                                                                                                                                                                           | Intended impact                                                                                                                                                                               | Date impact will be realised                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Seek agreement with CFHD and Livewell to adopt new consistent data collection.                                                                                                                                                                                                                                                     | Align all data collection processes across the Devon CIC health system, improving oversight, accuracy and reducing burden of data collection. Allowing targeted resourcing to resolve delays. | May 2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Improve reporting of all health assessments completed in Devon, including those for other systems (which have not previously been reported).                                                                                                                                                                                       | Provide a clearer picture of the overall demand upon the service and inform the design of interventions to address delays.                                                                    | May 2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Plan to expand the data completeness to include those assessments of children placed out of area.                                                                                                                                                                                                                                  | To provide timely assurance and oversight for all children in care, informing evidence-based interventions.                                                                                   | Pending agreement and adoption by out of area providers                                                                                                                                                                                                                                                                                                                                                                                                   |

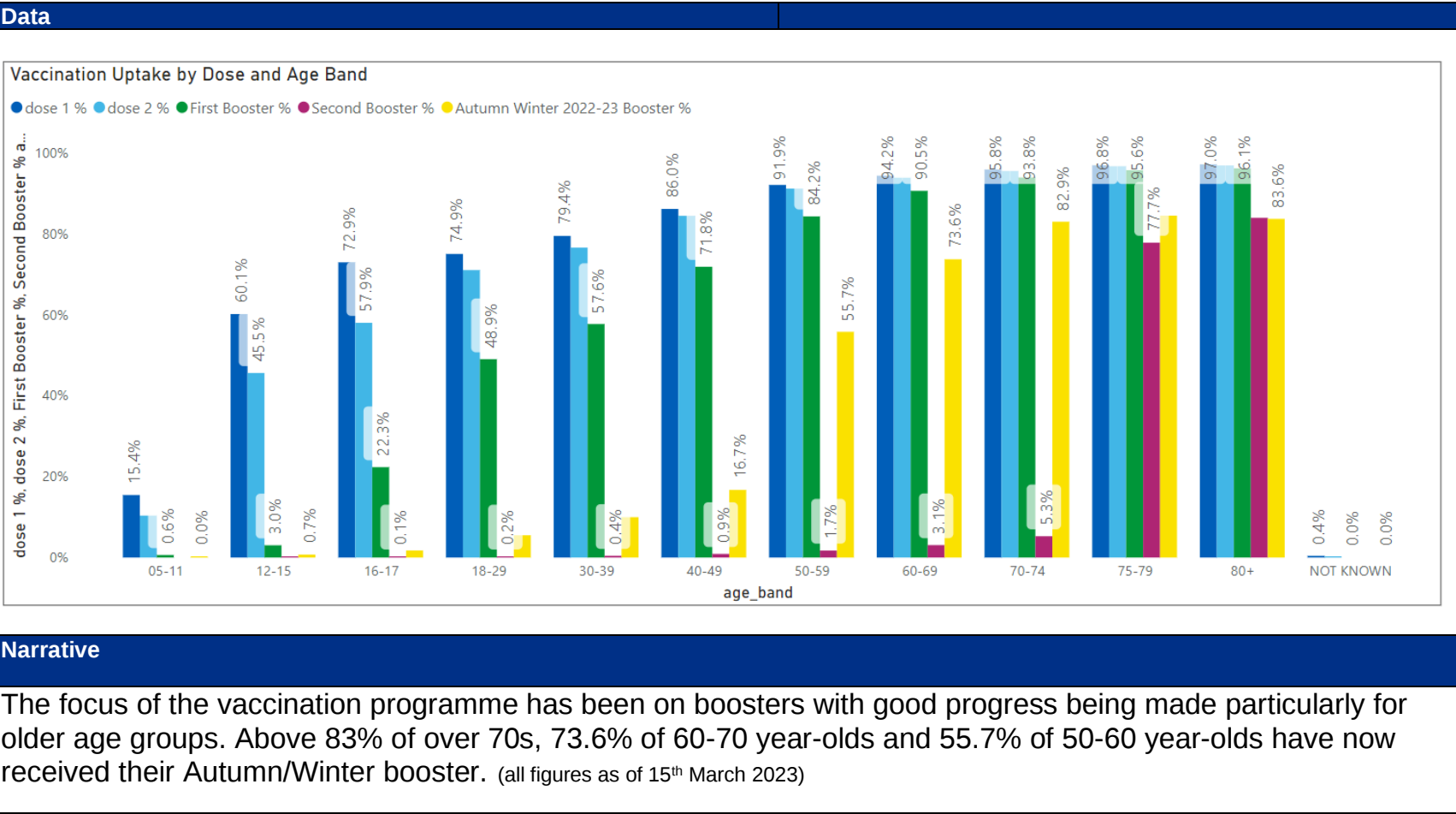
## Infection Prevention and Control

| Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Infection Highlights                                                                                                                                                                         |                              |        |        |        |        |        |        |        |        |        |        |        |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|----|----|----|----|----|----|----|----|----|----|----|----|----|---------|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|----|----|----|---|----|----|----|----|----|----|----|----|----|------|---|---|---|---|---|---|---|---|---|---|---|---|---|------|----|----|----|----|----|----|----|----|----|----|----|----|----|------------------------|---|---|---|---|---|---|---|---|---|---|---|----|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Healthcare associated infection trends in Devon, to end February 2023</div> <table><tr><th></th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th></tr><tr><td>C. difficile</td><td>20</td><td>29</td><td>27</td><td>30</td><td>39</td><td>38</td><td>43</td><td>36</td><td>37</td><td>23</td><td>18</td><td>33</td><td>26</td></tr><tr><td>E. coli</td><td>44</td><td>71</td><td>64</td><td>63</td><td>53</td><td>94</td><td>85</td><td>97</td><td>82</td><td>78</td><td>65</td><td>77</td><td>72</td></tr><tr><td>Klebsiella spp</td><td>12</td><td>24</td><td>16</td><td>9</td><td>19</td><td>22</td><td>31</td><td>18</td><td>12</td><td>27</td><td>19</td><td>24</td><td>13</td></tr><tr><td>MRSA</td><td>1</td><td>0</td><td>0</td><td>2</td><td>1</td><td>0</td><td>1</td><td>1</td><td>0</td><td>3</td><td>5</td><td>2</td><td>1</td></tr><tr><td>MSSA</td><td>16</td><td>23</td><td>25</td><td>28</td><td>22</td><td>29</td><td>23</td><td>36</td><td>29</td><td>24</td><td>29</td><td>31</td><td>27</td></tr><tr><td>Pseudomonas aeruginosa</td><td>4</td><td>1</td><td>3</td><td>7</td><td>5</td><td>5</td><td>9</td><td>4</td><td>7</td><td>7</td><td>3</td><td>11</td><td>3</td></tr></table> |                                                                                                                                                                                              | Feb-22                       | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | C. difficile | 20 | 29 | 27 | 30 | 39 | 38 | 43 | 36 | 37 | 23 | 18 | 33 | 26 | E. coli | 44 | 71 | 64 | 63 | 53 | 94 | 85 | 97 | 82 | 78 | 65 | 77 | 72 | Klebsiella spp | 12 | 24 | 16 | 9 | 19 | 22 | 31 | 18 | 12 | 27 | 19 | 24 | 13 | MRSA | 1 | 0 | 0 | 2 | 1 | 0 | 1 | 1 | 0 | 3 | 5 | 2 | 1 | MSSA | 16 | 23 | 25 | 28 | 22 | 29 | 23 | 36 | 29 | 24 | 29 | 31 | 27 | Pseudomonas aeruginosa | 4 | 1 | 3 | 7 | 5 | 5 | 9 | 4 | 7 | 7 | 3 | 11 | 3 | <p>RDUHE has experienced high incidence of Norovirus; went to OPEL4 as a result of this. Has highlighted loss of experience of many staff plus new staff who have joined the Trust around management of this organism. Robust IPC measures put in place; we are assured that Trust are doing all they can; some unrealistic expectations from non-IPC staff (suggestions to cohort people with different diseases together). Also staffing concerns regarding cleaning. This is a resolving situation; current numbers are dropping.</p> <p>Community onset MRSA bacteraemia's cases currently stand at 12 with 3 reported from our Acute trusts. Discussion with NHS England and neighbouring systems as to the correct approach to investigation of community cases and where responsibility sits.</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Feb-22                                                                                                                                                                                       | Mar-22                       | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| C. difficile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20                                                                                                                                                                                           | 29                           | 27     | 30     | 39     | 38     | 43     | 36     | 37     | 23     | 18     | 33     | 26     |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| E. coli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 44                                                                                                                                                                                           | 71                           | 64     | 63     | 53     | 94     | 85     | 97     | 82     | 78     | 65     | 77     | 72     |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Klebsiella spp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12                                                                                                                                                                                           | 24                           | 16     | 9      | 19     | 22     | 31     | 18     | 12     | 27     | 19     | 24     | 13     |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| MRSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                                                                                                                                                                            | 0                            | 0      | 2      | 1      | 0      | 1      | 1      | 0      | 3      | 5      | 2      | 1      |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| MSSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 16                                                                                                                                                                                           | 23                           | 25     | 28     | 22     | 29     | 23     | 36     | 29     | 24     | 29     | 31     | 27     |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Pseudomonas aeruginosa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4                                                                                                                                                                                            | 1                            | 3      | 7      | 5      | 5      | 9      | 4      | 7      | 7      | 3      | 11     | 3      |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Influenza (seasonal and avian)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                              |        |        |        |        |        |        |        |        |        |        |        |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>The seasonal influenza season has drawn to close; however, people can access a ‘flu shot’ until end of March. A debrief session to occur end of March/early April</p> <p>Devon has been one of the top performers across England re uptake across all cohorts. 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                              |                              |        |        |        |        |        |        |        |        |        |        |        |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Actions undertaken in last month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Impact                                                                                                                                                                                       |                              |        |        |        |        |        |        |        |        |        |        |        |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Infection control and antimicrobial resistance system meetings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sharing of good practice, dissemination of national requests and information, system assurance. Closer linking with Cornwall via a peninsula wide AMR group meeting twice yearly plus ad hoc |                              |        |        |        |        |        |        |        |        |        |        |        |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Gap Analysis/Action Plan tool completion and action plans in place to address identified gaps.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Regional and local assurance of outbreak systems 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 |        |        |        |        |        |        |        |        |        |        |        |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Tuberculosis commissioning pathway evaluation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Consistent provisioned service for tuberculosis, including video observed therapy and directly observed therapy.                                                                             | April 2023                   |        |        |        |        |        |        |        |        |        |        |        |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| System IPC Strategic Group meeting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A cohesive approach across all the ICS providers to IPC. A forum for the sharing of learning and trends.                                                                                     | April 2023                   |        |        |        |        |        |        |        |        |        |        |        |        |              |    |    |    |    |    |    |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |    |    |                |    |    |    |   |    |    |    |    |    |    |    |    |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |    |    |    |    |    |    |    |    |    |    |                        |   |   |   |   |   |   |   |   |   |   |   |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

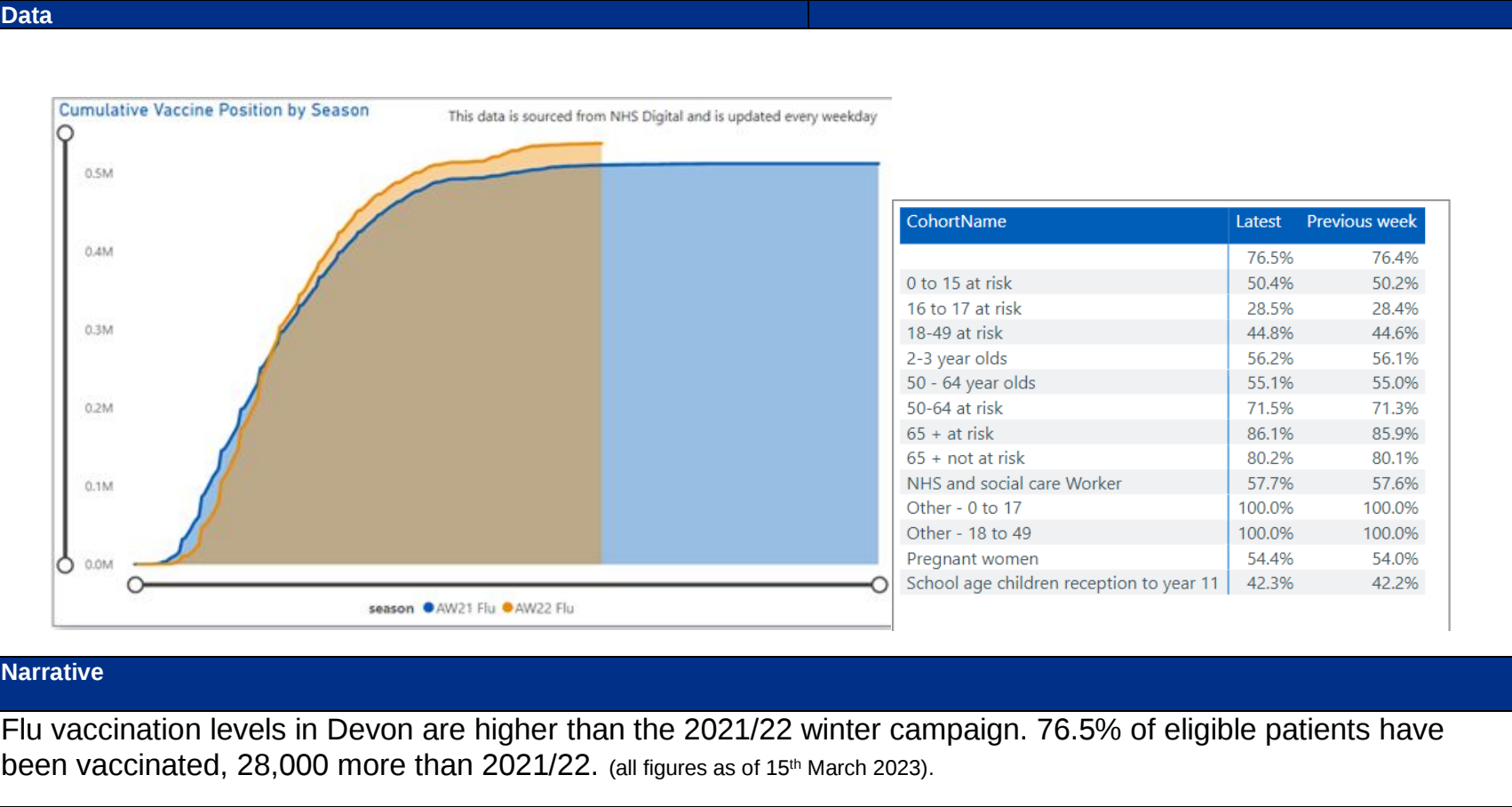
Covid Update

| Data | Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      | Covid infections peaked in mid-December, fell in January 2023 and then has seen small sustained significant rises since mid-January.                                                                                                                                                                                                                                                                                                                                                                                                        |
|      | The number of Covid patients in hospital beds has fluctuated since Christmas following the trend of peaks and troughs over the last 8 months. Covid patients in ICU continue to remain low. As of 14 <sup>th</sup> March, there were 3 patients with Covid occupying an ICU bed in Devon.                                                                                                                                                                                                                                                   |
|      | <p>Total Covid-related absences have decreased since a peak at Christmas across all providers, reducing from 154 on 24<sup>th</sup> December 2022 to 36 on the 24<sup>th</sup> January 2023, rising marginally to 48 on the 14<sup>th</sup> March. This is much lower than the 3%+ Covid absences seen during October and previous Covid peaks.</p> <p>Latest figures show 4.9% of staff are absent in total across Devon’s providers on 14<sup>th</sup> March, similar to January’s figure and a reduction on 7% seen in December 2022</p> |

# Covid Update: Vaccinations



# Flu: Vaccinations

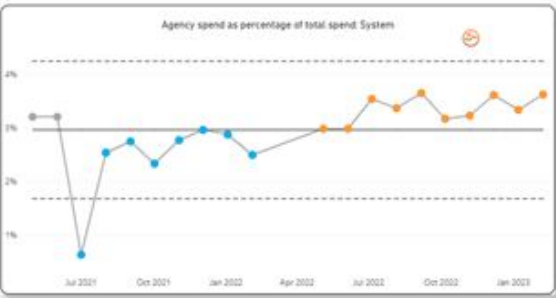
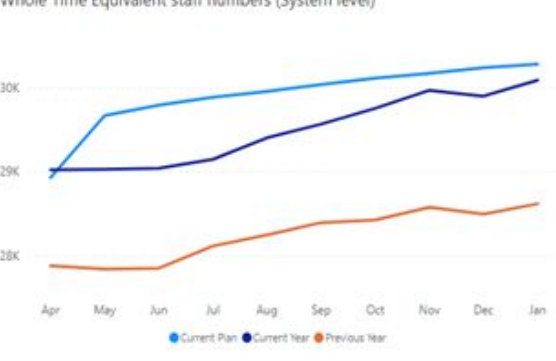


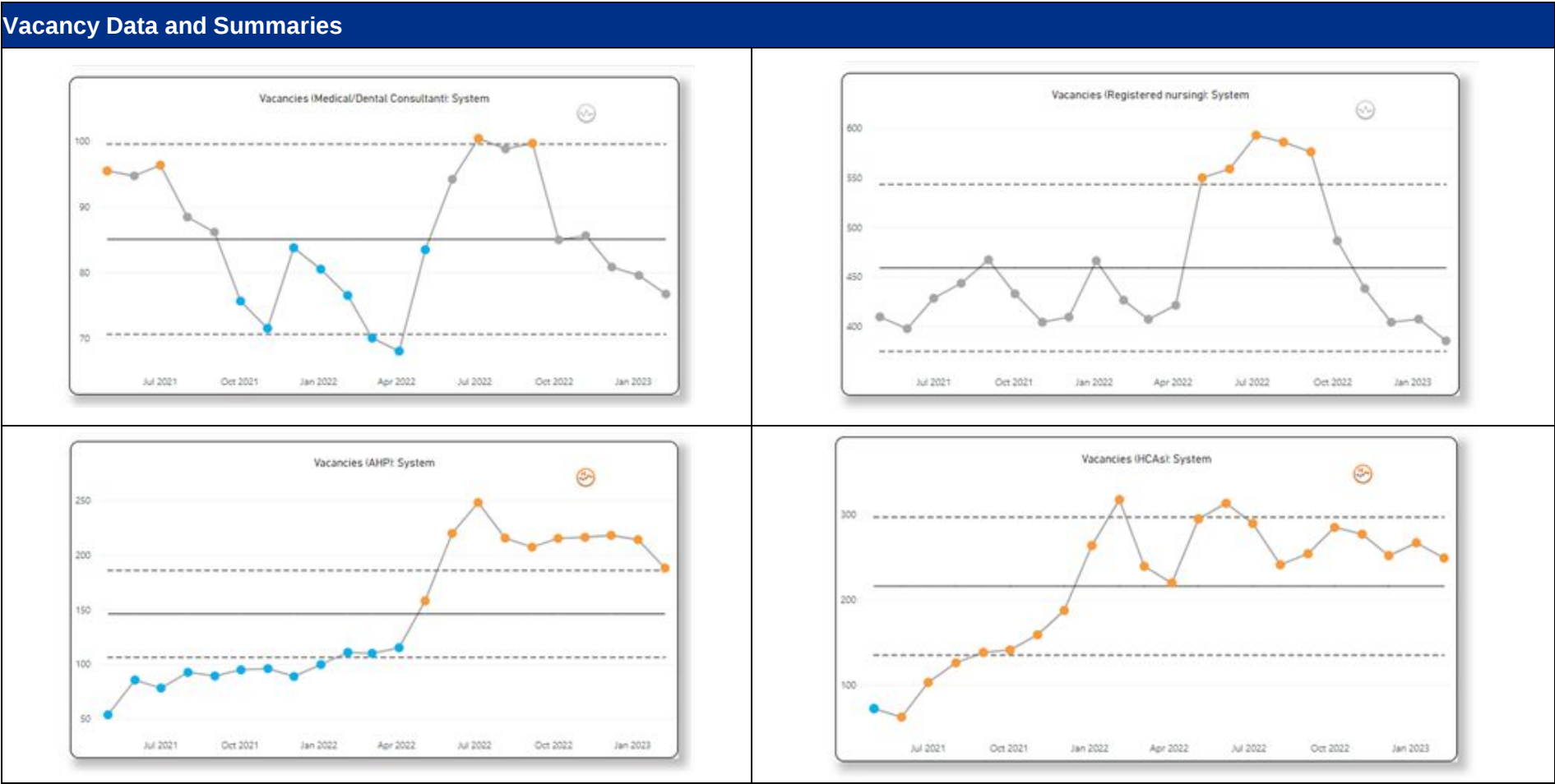
# Workforce

## 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)     | 2023-01     | 30,086 | 3,358                       | 11,428                                      | 6,201                                       | 9,099                                   |
|           | Whole time equivalent staff numbers (Current Plan)     | 2023-01     | 30,276 | 3,464                       | 11,610                                      | 6,276                                       | 8,925                                   |
|           | Whole time equivalent staff numbers (Previous Year)    | 2022-01     | 28,618 | 3,271                       | 11,084                                      | 5,854                                       | 8,409                                   |
|           | Vacancies (Medical/Dental Consultant)                  | 2023-01     | 77     | 24                          | 18                                          |                                             | 34                                      |
|           | Vacancies (Registered nursing)                         | 2023-01     | 385    | 170                         | 227                                         |                                             | -12                                     |
|           | Vacancies (AHP)                                        | 2023-01     | 188    | 1                           | 120                                         |                                             | 67                                      |
|           | Vacancies (HCAs)                                       | 2023-01     | 249    | -27                         | 164                                         |                                             | 112                                     |
|           | System Agency spend (£000s) (Current Year)             | 2023-01     | 4,929  | 920                         | 2,163                                       | 1,254                                       | 592                                     |
|           | System Agency spend (£000s) (Current Plan)             | 2023-01     | 2,299  | 473                         | 1,105                                       | 637                                         | 84                                      |
|           | System Agency spend (£000s) (Previous Year)            | 2022-01     | 3,091  | 614                         | 1,375                                       | 1,025                                       | 77                                      |
|           | System Agency spend (£000s) as percentage of total ... | 2023-01     | 3.62%  | 6.18%                       | 4.10%                                       | 4.65%                                       | 1.43%                                   |

Metrics relating to agency spend has seen a steady increase since the beginning of the financial year. At January 2023 agency in month spending exceeded the plan by £2.6m and took the YTD overspend to £20.64m. Whilst agency spend is above plan, staff wholetime equivalent numbers has increased and is projected to recruit to planned staffing levels by the end of the financial year. This has been supported by successful recruitment into registered nursing positions. Currently, the system has YTD overspend of £85.46m on substantive, bank and agency staff (forecast £113.65M overspend against plan). Due to technical problems, TSDFT are unable to report their vacancy data, this has been escalated within the Trust.

| WTE and Agency Data and Summaries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Agency Spend (System level)</b></p>  <p>Providers have now implemented new agency rate cards which is starting to positively impact off framework (uncapped) agency spend. However, the trajectory of on framework (capped) agency spend remains higher than planned. 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 &amp; unregistered). This is being presented to providers in April and if approved will secure significant savings (circa £3m full year saving).</p> | <p><b>Agency spend as percentage of total spend System</b></p>  <p>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.</p> | <p><b>Whole Time Equivalent staff numbers (System level)</b></p>  <p>System staffing levels are continuing to increase and is closing the gap between current and planned levels.</p> |



## Workforce: Workforce Strategy

- **Workforce Strategy:** Strategy narrative written and shared with key stakeholders prior to submission to Board for approval in April and for inclusion in the Joint Forward Plan. Self-assessment tool launched on 13<sup>th</sup> February 2023 for providers to complete by 31<sup>st</sup> March 2023 to inform the workforce plan. This will deliver a numerical workforce plan by the end of Q1 FY 2023/24.

## Workforce: Learning, Education and Strategy

- **Placement Expansion:** Ongoing discussions with HEE regarding adoption as a system of InPlace software to support mapping and monitoring of clinical placement capacity. Benefits include establishing real-time clinical placement capacity, longitudinal monitoring and auditing from a system perspective across all providers. Challenges regarding resources to appropriately implement including data set requirements and long term financial funding commitments continue to be focus of discussion with HEE
- **Apprenticeships** – Roadshow workshops to continue system engagement around Devon to establish One Devon Vision for Apprenticeships set to begin April 2023 due to limited room availability in March.
- **Learner Experience** – Initial project planning underway, with positive support from HEE. Devon identified as early adopter for regional project roll out.
- **Upskilling** - Progression of delivery of project within Community upskilling PID, successful delivery of Advanced Communication Skills 1-day events to community staff working with end-of-life patients via St Luke's and Rowcroft Hospice, procurement completed for Strengths Based Approach training, delivery of training anticipated to begin May 2023.
- **Workstream development:** Clarification of pillar governance and meeting structure, review of partner organisations membership underway to ensure appropriate representation to allow check and challenge to assist progression of pillar programme of work at pace

## Workforce: Best Place to Work (BPTW)

- **Wellbeing Hub:** Proposal outlining the future funding and delivery model for the Wellbeing Hub presented to and approved by February's Executive Workforce Group and People & Culture Committee. ICB Executive Workforce Committee to receive proposal and business case at 28 March 2023 meeting as part of triple lock process, prior to final decision by NHSE.

# NHS Devon Integrated Care Board

## Committee Chair Report - Primary Care Commissioning Transitional Committee

| Date of board meeting | Dates of committees covered in this report |
|-----------------------|--------------------------------------------|
| 3 May 2023            | 23 March 2023                              |

| Chair           |                                                                  |
|-----------------|------------------------------------------------------------------|
| Name and title: | Judy Hargadon Independent Non-Executive Member for Primary Care  |
| Phone:          |                                                                  |
| Email:          | <a href="mailto:judy.hargadon@nhs.net">judy.hargadon@nhs.net</a> |

| Reports discussed and assurances received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>The Committee was updated on the position of a <b>contract assurance</b> paper regarding the application of four practices to become single-handed contract holders and were informed that as there is a juxtaposition between NHS Devon's preferred direction of travel and the falling number of partnerships in the county, there are active discussions ongoing regarding more robust options, both for the practices and for the primary care system.</li> <li>The committee thoroughly reviewed and discussed the <b>internal preparedness audit</b> regarding the <b>Delegation of POD (Pharmacy, optometry, dental) services</b>. The meeting was informed that the memorandum of understanding (MOU) and risk register for POD services has recently been received from NHS England, although there remain some concerns to be worked through with neighbouring Integrated Care Boards (ICBs) before 1 April.</li> </ul> |

### Reports received and noted

- The **Deputy Director's Report** highlighted the progress on unauthorised list closures, a branch practice reopening after successful recruitment and an overview of key changes to GP contracts.
- The meeting was updated on the progress made in negotiations over the five-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 was informed that discussions are ongoing regarding the financial section of its plan.
- The meeting was advised of the current situation regarding the procurement of the **Special Allocation Service**. Several options are being pursued with interested parties to achieve a commissioned service within the very tight time frame of three months. It is likely that some additional funding will be needed to improve the current experience for patients in this service.
- The Committee reviewed, and gave feedback on, the **Workforce Capacity Strategy**, especially its engagement with primary care

### Risk register review updates

- The meeting was updated on the completed actions from last month's **risk review** decisions, discussed the rewording of a risk, the incorporation of the 22 POD risks for future meetings, and a glitch in the risk report (though not in the risk register) which has been reported and is being dealt with by the Governance team.

### Committee decisions

- None

### Items of concern to be escalated to the Board

- None

### Recommendations for the Board

- None

### Recommendations for other Committees

- None

### Terms of reference or other committee effectiveness issues

- None

### **Management of conflicts of interest:**

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](mailto:d-icb.governance@nhs.net) to update the central register.

# NHS Devon Integrated Care Board

## Update on Urgent, Elective, Cancer and Diagnostic Plans for 2023/24

| Date of committee | Date report produced |
|-------------------|----------------------|
| 3 May 2023        | 18 April 2023        |

| Author(s)              |                                              | Report approved by     |                                              |
|------------------------|----------------------------------------------|------------------------|----------------------------------------------|
| <b>Name and title:</b> | John Finn<br>Director Urgent & Elective Care | <b>Name and title:</b> | Anthony Fitzgerald<br>Chief Delivery Officer |
| <b>Phone:</b>          | 07813629098                                  | <b>Date:</b>           | 20 April 2023                                |
| <b>Email:</b>          | John.finn@nhs.net                            |                        |                                              |

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

### Executive summary

The Board have asked for an update on Urgent, Elective, Cancer and Diagnostic Plans for 2023/24 to provide assurance on process and plans. The Operating Plan is the vehicle by which we will deliver quality operational improvements across urgent, elective, cancer and diagnostic workstreams and this paper sets out by workstream the key plans, how these will be achieved and the reporting and assurance route for each workstream.

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

This paper has not been brought to any other committee as it was a direct ask of the NHS Devon ICB for this paper

### Key recommendations and actions requested

The Board are asked to note the report

### Impact on NHS Devon objectives

| Objective                                          | Impact                                                                                                                                                                                     |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Improve population health                          | To deliver the operational performance with respect to the national performance standards across Elective, non elective, cancer and diagnostic standards detailed in our operational plan. |
| Improve services and reduced unwarranted variation | To deliver the operational performance with respect to the national performance standards across Elective, non elective, cancer and diagnostic standards detailed in our operational plan. |
| Make more efficient use of our resources           | To deliver the operational performance with respect to the national performance standards across Elective, non elective, cancer and diagnostic standards detailed in our operational plan. |
| Develop our culture and how we operate             | To deliver the operational performance with respect to the national performance standards across Elective, non elective, cancer and diagnostic standards detailed in our operational plan. |

### Outline the implications of matters covered in this report for the following areas

| Area                  |                                                                                                                                     |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Quality of services   | Will indicate improvements in quality of service for emergency care and actions being undertaken to support emergency care delivery |
| Health inequalities   | none                                                                                                                                |
| Workforce             | none                                                                                                                                |
| Resources and finance | none                                                                                                                                |

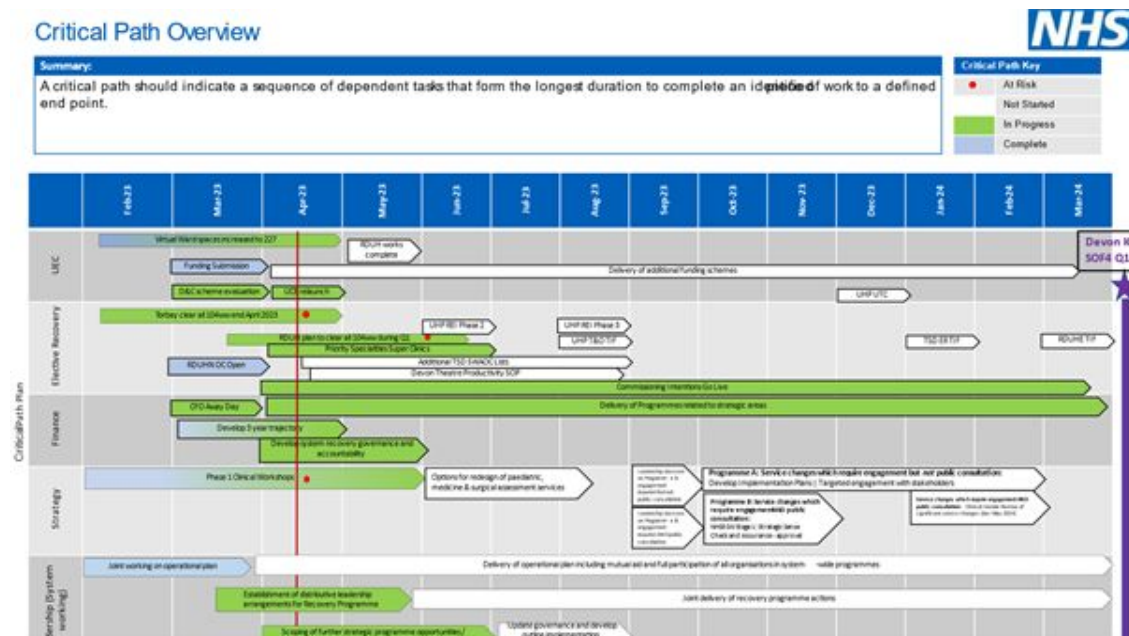
|                                          |      |
|------------------------------------------|------|
| Legal                                    | none |
| Digital and Data                         | none |
| Involvement, Engagement and consultation | none |

Author: John Finn 18 April 2023

# Introduction

The ICB Board has asked for an update on Urgent, Elective, Cancer, and Diagnostic Plans for 2023/24 to provide assurance on process and plans. The operating plan is the vehicle by which Devon ICB will deliver the national required operational improvements across urgent, elective, cancer and diagnostic workstreams and this paper sets out by workstream the key plans, how these will be achieved and the reporting and assurance route for each workstream.

An overview of the Devon System Critical Path is shown below and further detail on the critical paths at System and Trust level are shown in the appendices.



## Urgent Care

### What we plan to achieve

The Devon system is dedicated to delivering all fourteen commitments set out within the urgent and emergency care recovery plan. The System operational and recovery plans focus on the key areas below, which will support improved performance across the system which include ambulance handovers, Emergency Department (ED) 4 hour, reducing bed occupancy and no criteria to reside (NCTR):

The focus on the key areas above will also support delivery of our Five-year Joint Forward Plan, which includes

- Improve effective navigation around the urgent care system by increasing the range of services available for 111 and 999 to refer to and increasing clinical input into 111 and 999.
- Increase number of patients seen in same day emergency care by extending the range of services across Devon for medical, surgical, frailty and paediatrics.
- Improve A&E waiting times so that no less than 72% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 – this will be achieved through a reduction in bed occupancy, avoiding inpatient admission where possible and reducing length of stay
- Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25 - this will be achieved through improvements in the “clinical hub” (emergency operation centre” including clinical navigation and validation, and additional ambulance response capacity

### How we plan to achieve it

To achieve this, the system will need to collaborate on a scale never seen before. Resource will be reorganised to support an effective model of delivery and always ensure transparency and accountability. Utilising the infrastructure outlined below, we will provide the necessary support and guidance required while at the same time reducing the burden of providing updates and assurance.

#### ***Increasing capacity to help deal with pressures in hospital and bed occupancy***

- The system is committed to increasing acute bed capacity and reducing bed occupancy through suppressing growth in non-elective admissions to c2.5%, increasing bed capacity through escalation and community bed capacity and decreasing rates of no criteria to reside. Developments in same day emergency care will contribute to reductions in average length of stay. The aim is that acute bed occupancy will decrease to 94-96%.

- Category 2 mean ambulance response for Devon currently stands at 37 minutes. We are an active contributor to the SW collaborative commissioning arrangements, working with South Western Ambulance Service NHS Foundation Trust (SWASFT), Dorset ICB and NHS England to meet the call answering and Category 2 response standards. To release more capacity to ambulance response, we have modelled a 25% reduction in hours lost to handover in 2023/24.
- Over one-third of emergency admissions are currently managed “same day”. All Trusts have developed their Same Day Emergency Care (SDEC) services this year, with a new build for acute medicine in Torbay and development of the acute care pathway in Plymouth. SDEC development is the first priority for the new Peninsula Acute Sustainability Programme (PASP), which is focusing on capacity and consistency in medical, surgical and paediatric assessment services.
- A new 111/Integrated Urgent Care Service (IUCS) provider joined the Devon system on 27 September 2022, Practice Plus Group (PPG). There has been a significant improvement in call answering performance in 111 as a result and an increase in clinical assessment service (CAS) resources. The priorities for next year are to grow the workforce across the service: better matching health advisor capacity to demand to improve call answering performance further and strengthening the clinical workforce out of hours to increase capacity and time to treatment. Additionally, it planned to embed digital development and dedicated end-of-life care out-of-hours.
- Workforce remains one the greatest risks to delivering core service and also strategic developments across Devon. The workforce continues to support the challenges of restoring services, meeting the new care demands and reducing the care backlogs that are a direct consequence of the pandemic. The planned programmes of work are designed to accelerate our plans to invest in, and grow, the substantive workforce and deliver new ways of working while continuing to keep a focus on the health, wellbeing and safety of staff.

### ***Speed up discharge to help reduce the number of beds occupied***

- Investment in health and social care to support all discharges strengthened support for P1 discharges to facilitate a “home first” approach, which is complemented by voluntary sector support. “Live in care” options have enabled patients with higher levels of need to be discharged home too.
- “Discharge hubs”, or lounges, are already in operation across all hospitals, enabling patients who no longer need an acute bed to move to a different part of the hospital whilst their discharge plans are finalised. These hubs work in tandem with improvements in ward processes to deliver earlier in the day discharge, and an increase weekend rates too. All Trusts have identified what is needed to maintain flow.
- Intermediate care bed capacity is in place across Devon and there is additional capacity planned across all localities to further reduce bed occupancy. Multi-disciplinary support including therapy has enhanced the offer. The care hotel provides 40 beds in Plymouth and is making a difference to the system providing valuable P1 discharge capacity, alongside community packages of care. Additional beds in Mount Gould are providing P2 capacity, alongside specialist beds and care centres.

### ***Expand services in the community, to avoid admissions***

- Urgent Community 2-hour Response (UCR) services are in place across Devon, 08:00-20:00, 7 days a week. Referrals are increasing, with over 800 referrals in November 2022. Clinician to clinician referral pathways are in place for 111 and 999, c2% of referrals are from SWASFT. All services can respond to level 1 and level 2 falls and there are additional falls response services in south and west Devon. Next year will see consolidation of services and a further increase in referrals, with a focus on increasing numbers from 111/999 by streamlining the process.
- A consistent approach to identification and management of frailty across the system was launched this year with a “Health Aging Handbook”, which utilises Population Health Management approaches. Acute frailty services are in place across all acute hospitals, delivered through dedicated frailty teams and work is underway to enhance the SDEC offer here.
- Increasing virtual ward capacity plays an important role in providing capacity equivalent to acute beds, avoiding overnight admissions. 95 virtual spaces are planned for April 2023, increasing to 227 beds by April 2024. Additional referral pathways are planned to make best use of these services.

### ***Helping people get the first care, first time via 111***

- Effective navigation from 111 has been a strategic priority since the 111 First programme in 2020. Enhanced clinical validation and making additional services available through 111 are designed to reduce ED and ambulance outcomes. Over three-quarters of ED and ambulance outcomes are validated, reducing referrals to emergency services. There is further opportunity and the system agreed in September that “111 navigation” was their highest priority for UEC (Urgent & Emergency Care). A new approach to the programme will be taken next year, using principles of the Values Based Approach, adopting outward mindsets.
- Approximately 1200 calls to 111 each month are for a mental health issue. The mental health urgent care programme includes a priority to connect the First Response Services to the mental health (Interactive Voice Response) IVR option in 2024. The services already take referrals from 111, with c150 referrals in January, and the aim is to steadily increase this prior to the IVR switch on.
- Community urgent care services, including Urgent Treatment Centres, are providing an important alternative to ED for a wide range of injuries and minor illnesses via 111 and as walk-ins. About one-third of all A&E attendances are type 3, and activity has increased by c24% over the last year. The system will prioritise enhancing the offer of these services to meet the full national specification for UTCs in order to increase the numbers that can be managed in these facilities.

### ***Tackling unwarranted variation and performance***

- Urgent and emergency care often provides a “safety net” for inequalities, with ED attendances typically higher from areas of high deprivation. Bringing services closer to communities can address this, improving access to alternative services for people who do not need to attend an ED for clinical reasons. A good example of this is the community urgent care programme,

which includes closer working with primary care to provide services closer to home, as well as enhancement of our Urgent Treatment Centres.

- High intensity user (HIU) support arrangements are in place to support frequent users through coaching and support; the FUSE (frequent user support and empowerment) is highly regarded across the south-west as an exemplar service. There are plans to extend HIU services further and improve links with SWASFT. A related development in the 111 service is a new initiative, the care navigation service, which will provide a referral option for repeat callers and those with wider health and unmet social care needs.
- Through the combination of initiatives described above, the system is aiming to deliver A&E performance at 76% by March 2024.

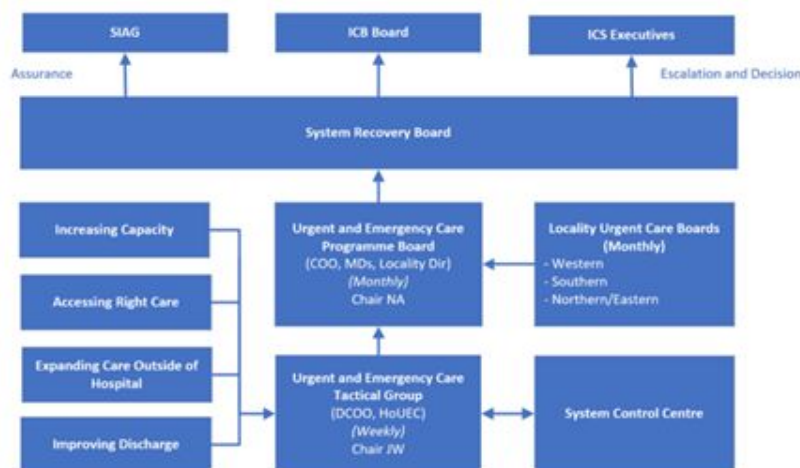
## Reporting and assurance route

Within Devon, there is already a strong governance process for UEC, at Trust, Locality and System level. However, this has been reorganised for 2023/24 to ensure effective and efficient process are in place to support delivery and ensure robust lines of communication and accountability.

A revised system Urgent and Emergency Care Programme Board (UCPB), convening on a monthly basis, will provide strategic oversight. This group will monitor and oversee the performance, improvement, and delivery of Urgent Care across the system, with representation from each of the Trusts within Devon, as well as attendance by colleagues from Cornwall and Somerset. This is the governance by which the UEC recovery plan will also be monitored and reviewed, including escalations by each locality. A strategic dashboard which includes all relevant metrics relating to hospital and ambulance performance will provide evidence of progress against plans.

This is the support mechanism for each locality system and will provide a link to the NHS Devon ICB Oversight Group and system core strategic cells. The Mental Health Urgent Care Programme Board has links to the UCPB, as does the Ambulance Cell. A new 111/Integrated Urgent Care Oversight group will meet from April, bringing together the ICB, mobilisation leads, and PPG will also link to the UCPB.

To support the delivery of the Recovery Plan and Operational Planning requirements, an Urgent Care Tactical Group (UCTG) has been established, which will provide a forum for operational delivery leads to meet and progress activity. This group will meet weekly/fortnightly.



## Elective Care

### What we plan to achieve

The Devon system will focus on increasing productivity and maximising elective capacity, and current plans are working towards meeting the ambitions detailed in the 2023/24 Operating Plan. Trusts continue to review their trajectories towards a further submission on the 4 May 2023.

The delivery of the Elective Programme in 2023/24 will increase elective capacity, enable a reduced requirement on inpatients (maximum system position of 15% of all elective activity), reduce overnight stays, reduce lengths of stay, reduce demand on inpatient beds, increase numbers of day-cases (85% of all elective procedures to be done as day-case or outpatient procedure), replicate good practice locally, share learning, improve productivity, improve patient experience and outcomes, standardise pathways across the system, have better patient flow, reduce variation across the system, utilise the maximum capacity available with plan to deliver 85% theatre utilisation.

### How we plan to achieve it

**Implementation of productivity improvements, including best practice Getting It Right First Time (GIRFT), High Volume Low Complexity (HVLC) and Model Hospital performance metrics, which aims to maximise productivity within the system.** Examples include:

- Examples of GIRFT targets include 4 joint per list, 10 cataracts per list (8 on a training list).
- Providers have agreed to meet best practice GIRFT, HVLC and British Association of Day Surgery (BADS) intensity gradient by signing up to a set of Commissioning Intentions for 2023/24 and an agreed implementation date for each acute provider across elective specialties has been agreed.
- All opportunities have been agreed through the system's Elective Care Programme Board for governance and oversight. Where possible, the system

has opted to drive day-case targets further than GIRFT benchmarks to improve productivity as far as possible.

- Improving productivity with the Independent Sector (IS) providers, as their lengths of stay for some procedures are not in line with best practice.

***Delivery of the System Theatre Transformation Programme, which aims to deliver best practice pathways and metrics through a theatre productivity programme which includes:***

- The implementation of a Devon-wide agreed standard operating protocol (SOP) for theatre utilisation and productivity.
- Implementation of innovative exemplar pathways, developed at the Nightingale Hospital and the One Devon Elective Pilot, being taken back to base trusts to support best practice and opportunities for learning and development. This includes Orthopaedic pathways developed in the South West Ambulatory Orthopaedic Centre (SWAOC) and Ophthalmology pathways developed in the Centre of Excellence for Eyes (CEE).

***Delivery of the Outpatient (OP) Transformation Programme, which will lead on using GIRFT and the Model Health System to identify areas of variation and opportunity and by supporting providers with examples of replicable best practice. Plans include:***

- Reducing the volume of OP Follow ups. Key focus on Neurology and Gynaecology as highly challenged specialties (for example).
- Expanding the roll out of Patient-Initiated Follow-up (PIFU) to ensure that this approach is routinely applied in key specialties.
- Implementing GIRFT clinically led outpatient specialty guide recommendations.
- Optimising the use of non-face-to-face appointments.
- Increasing usage of Specialist Advice to support an increase of referrals being diverted away from secondary care.

***Delivery of the One Devon Elective Pilot, which aims to maximise day case activity, standardise patient pathways, increase efficiencies in theatre utilisation and develop the system's ability to support cross-site working. The programme will have a focus initially on Orthopaedic, Ophthalmology and Spinal surgical services, working closely with acute provider specialty teams:***

- Improve access and significantly reduce waiting times for our patients and achieve the national standards.
- Provide equity of access, clinical quality, outcomes, and experience for patients across Devon.
- Maximise the assets and resources (existing, and new investments) across all providers in Devon, making best use of workforce, theatres and bed capacity.
- Develop workforce models to improve training, staff experience and support recruitment and retention.

### **Delivery of phases 2 and 3 of UHP's Accelerator Programme:**

- Completing the new build Royal Eye Infirmary (REI), which will operationalise at the end of June 2023.
- Repurposing the old REI footprint to increase bed capacity and theatre capacity for other specialties. This will take 3 months once the old REI space has been vacated.

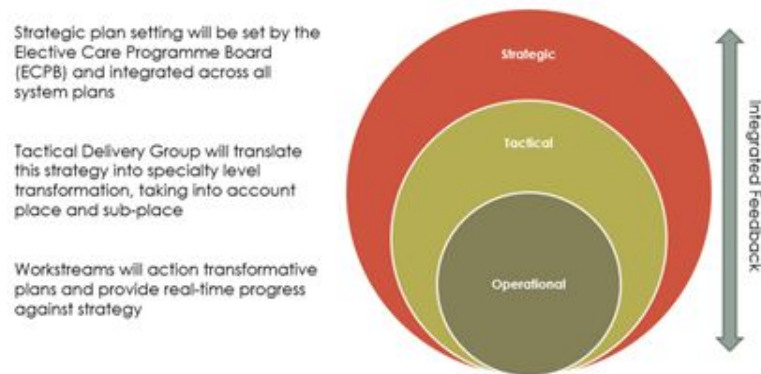
Notes: *Phase 1 was the installation and operationalisation of two mobile Ophthalmology theatres (went live in August 2021) to enable the "old" theatre space to be repurposed for other specialties to increase elective activity. These units will be repurposed to Endoscopy once the new REI is operational. The Nightingale Hospital Exeter was also an Accelerator scheme.*

### **Delivery of the three Elective Recovery Targeted Investment Fund (ER TIF) capital schemes**

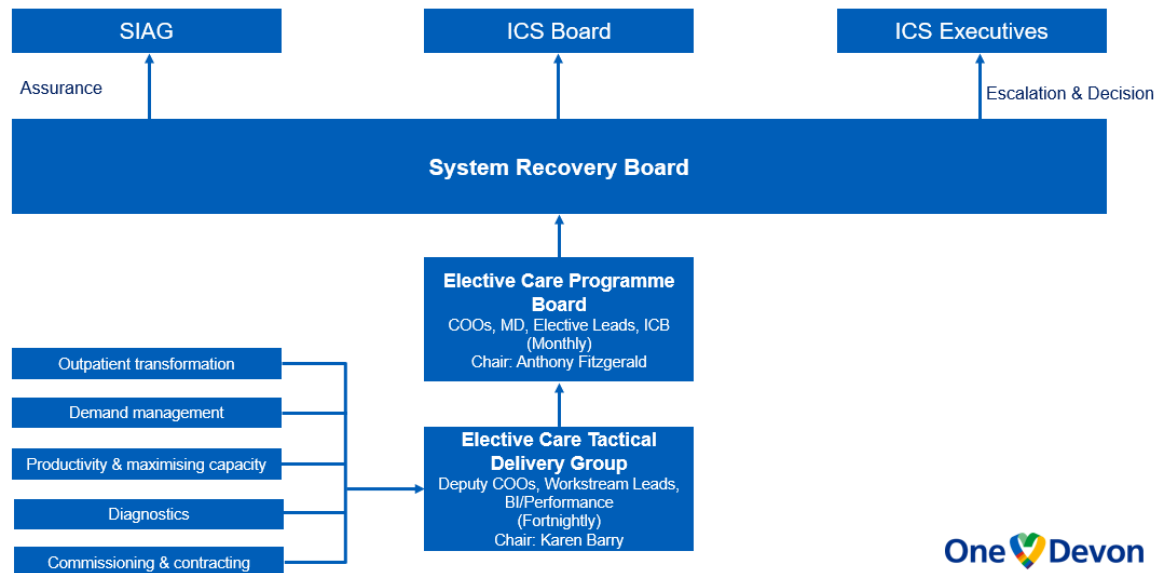
- Increase Orthopaedic capacity at Derriford (Plymouth) – three additional elective Orthopaedic theatres. These will be operational at the end of August 2023, and will be supported by a new 24-bed Orthopaedic ward (protected beds) from a previous funding stream. SWAOC has been working with UHP to ensure ambulatory pathway best practice is built into their new theatres design.
- Increase day case elective capacity at Torbay - two additional elective theatres (1 x Ophthalmology and 1 x day case). This will be operational in February 2024.
- Increase Cardiology Day case capacity at Wonford - 12 additional PEC beds and three additional non-elective beds. This will be operational in March 2024.

## **Reporting and assurance route**

A robust governance and reporting process is in place. The Elective Care Programme Board (previously known as the Planned Care Programme Board) will act as senior system governance board for elective care and manage setting and oversight of the strategic direction of elective transformation. An Elective Care Tactical Delivery Group (TDG) will sit beneath this, to support the Devon ICB with robust programme governance for the delivery and performance of the Elective Care programme. The TDG will oversee the tactical delivery of priority elective care/recovery programmes for the system. This will facilitate strategic direction to be set and monitored by the Elective Care Programme Board. Operational delivery is the responsibility of providers.



Clear channels of escalation are in place to ensure appropriate levels of oversight and governance. Monthly highlight reports will be submitted by each system priority programme into the TDG. The TDG will manage all programme updates rated green or amber for both scheme maturity and delivery confidence unless there is felt need to escalate individual aspects to ECPB. TDG will escalate all programme updates rated as red to ECPB. Mitigation plans, along with action requests for PECPB, will accompany any escalation, allowing ECPB to act as senior system governance and aid in unblocking any significant issues.



The diagram above shows where the Elective Care Programme Board sits in relation to the System Recovery Board and the ICS Board, SIAG and ICS Executives.

# Cancer Care

## What we plan to achieve

The system will work together to develop and implement action plans to improve cancer waiting times performance with a focus on achieving the faster diagnosis standard and reducing the number of the longest waiting patients on the pathways waiting more than 62 days. The measures of success will be performance against the systems plans.

Each Trust has plans in place to deliver the target set nationally for the number of cancer 62-day pathways (patients with and without a decision to treat, but yet to be treated or removed from the PTL) waiting 6 days or more after an urgent suspected cancer referral excluding non-site specific symptoms for 2023/24 and the plans are shown in the table below:

| TRUST | Target set | Trust Plan |
|-------|------------|------------|
| RDUH  | 204        | 204        |
| TSDFT | 138        | 138        |
| UHP   | 211        | 152        |

Each Trust will have a pathway for patients with suspected cancer with non-specific symptom (NSS) which can receive referrals from GP or other services.

Each Trust has plans in place to deliver 75% performance against the Faster Diagnosis Standard by March 2024: RDUH at 76.82%, TSDFT at 76.63%, UHP at 77.22%

## How we plan to achieve it

Each Trust has a cancer recovery plan which is monitored in joint ICB regulator meetings weekly. The cancer alliance has a funded, specifically targeted workplan as part of their operating plan which is reflected in the ICB plan narrative submission. Funding is allocated to Trusts via the cancer alliance allocation aligned with an MoU to support delivery of these targets. The interdependency with the diagnostics plan is recognised and described below.

## Reporting and assurance route

Governance for the Cancer Alliance is through their quarterly board meetings which the ICB attends. A performance meeting with the ICB, Alliance and Trusts takes place weekly.

A focus on tumour site specific issues takes place weekly with the ICB, Alliance and Trusts

There is an assurance gap within the ICB as previously described as we have no executive cancer discussion forum.

## Diagnostic Care

### What we plan to achieve

The Devon System plans to achieve 85% of DM01 standard so no more than 15% of patients wait more than 6 weeks for one of the 15 specified diagnostics tests and no >13 week waiters by year end.

### How we plan to achieve it

The reporting function created in 2022/23 for monitoring against the operating plan submission for imaging and endoscopy will be continued into 2023/24 with the addition of echocardiography. Additional reporting for diagnostics against the requirements of the best practice timed cancer pathways is being developed to support delivery of the 28 day FDS which in turn supports delivery of the 62 day targets. This will include pathology turnaround times and some specific diagnostic procedures that are not within the specified 15 DM01 standard tests.

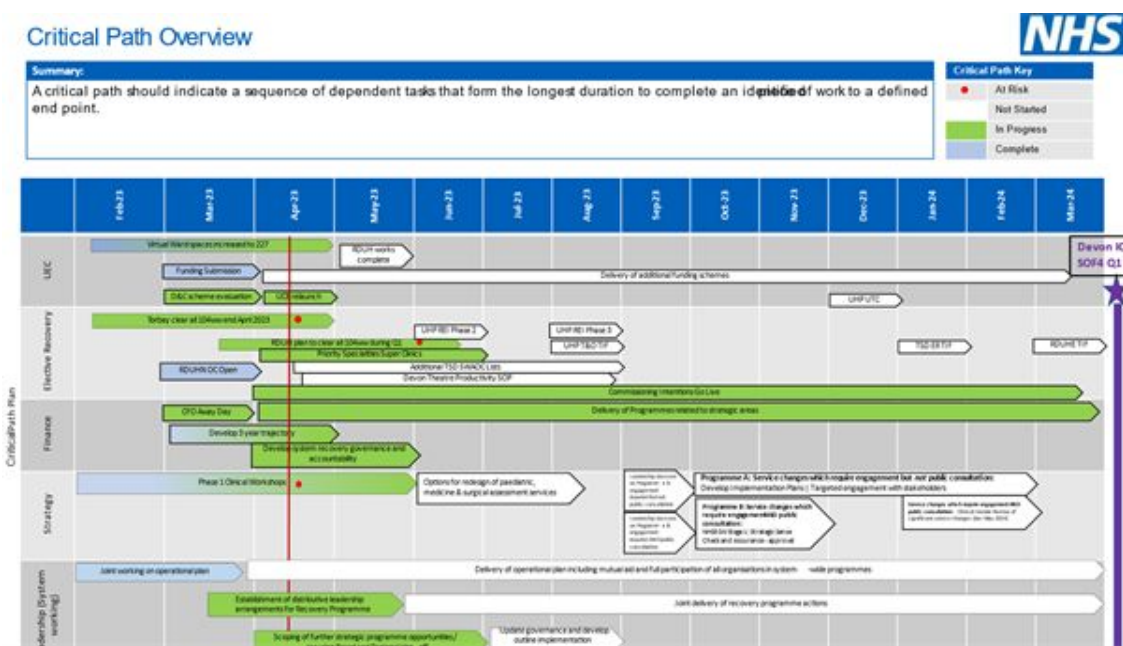
### Reporting and assurance route

Monthly reporting takes place through the Elective Care Board with governance as described in the Elective Care section of this report.

A monthly performance meeting takes place between the ICB leads and the regional NHSE diagnostic leads.

# Appendices

## Appendix 1 – System Critical Path Overview



## Appendix 2 – System Overview Framework Criteria Report for Urgent & Emergency Care and Elective Care

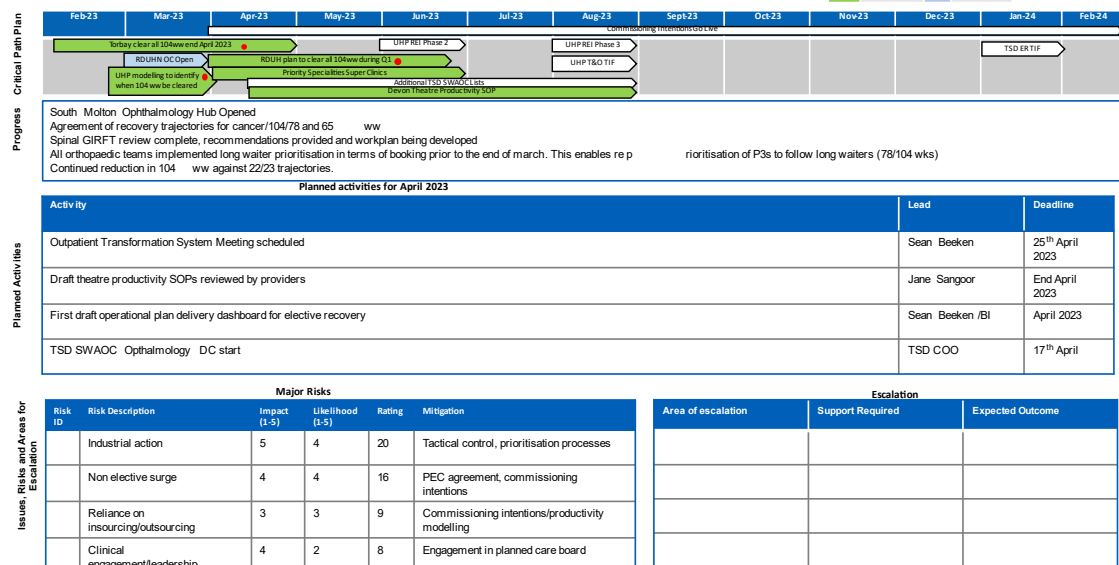


### Devon System Overview Framework Criteria Report: Elective Recovery

2022/23 Devon SOF Criteria Report @ 18<sup>th</sup> April 2023

**Critical Path Key:**  
● At Risk ● In Progress ● Not Started ● Complete

**NHS**



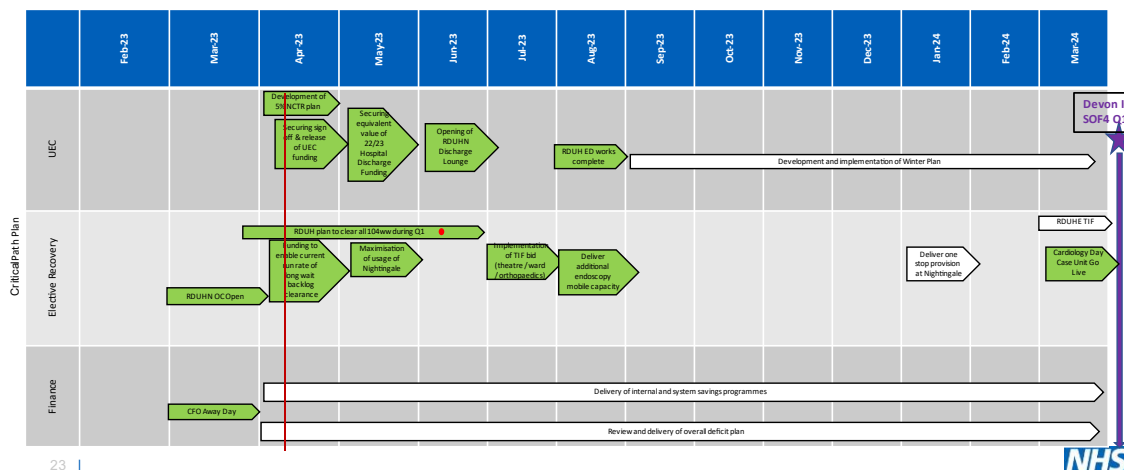
## Appendix 3 – Trust Critical Path Overviews

### Critical Path Overview - RDUH



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

| Critical Path Key |             |
|-------------------|-------------|
| ●                 | At Risk     |
| ■                 | Not Started |
| ■                 | In Progress |
| ■                 | Complete    |

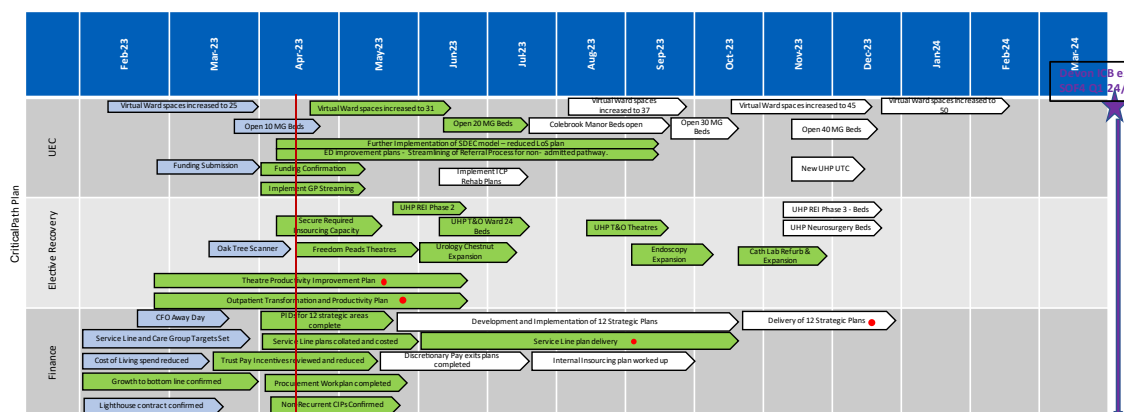


### Critical Path Overview - UHP



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

| Critical Path Key |             |
|-------------------|-------------|
| ●                 | At Risk     |
| ■                 | Not Started |
| ■                 | In Progress |
| ■                 | Complete    |

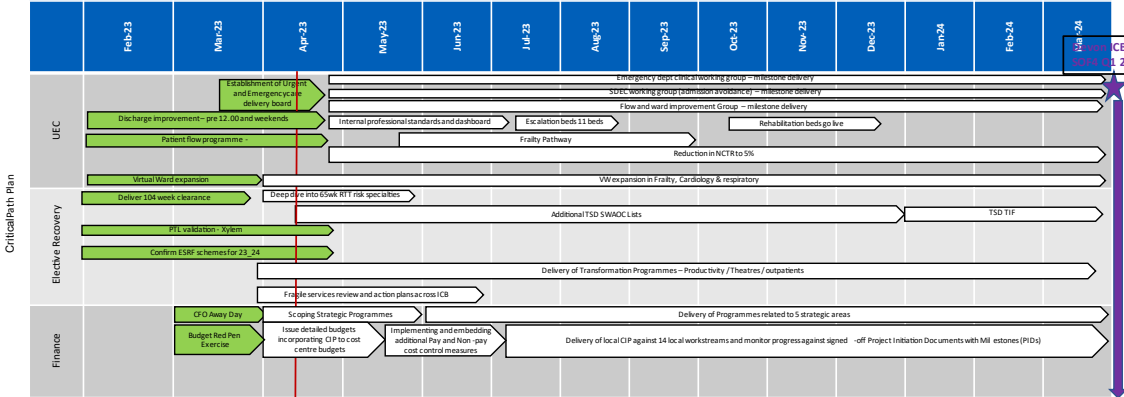


Critical Path Overview - TSD



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

| Critical Path Key |             |
|-------------------|-------------|
| <div></div>       | At Risk     |
| <div></div>       | Not Started |
| <div></div>       | In Progress |
| <div></div>       | Complete    |



# NHS Devon Integrated Care Board

## Committee Chair Report – Quality and Performance Committee

| Date of board meeting | Dates of committees covered in this report |
|-----------------------|--------------------------------------------|
| 3 May 2023            | 5 April 2023                               |

| Chair                  |                                               |
|------------------------|-----------------------------------------------|
| <b>Name and title:</b> | Professor Hisham Khalil, Non-Executive Member |

| Reports discussed and assurances received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The Committee received updated reports as detailed below:</p> <p><b>Chief Medical Officer (CMO)/Chief Nursing Officer (CNO) Quality and Safety Update</b></p> <ul style="list-style-type: none"> <li>- There are challenges around the <i>Quality</i> of discharges between hospitals and the care sector. This is delaying discharge of patients. A Transfers of Care Group has been relaunched. This group will report to the Quality Committee and provide assurance on Quality of Transfers.</li> <li>- The risk profiles for pharmacy, optometry and dentistry have been published. The Committee will work jointly with the Primary Care Committee to gain assurance from the Hub Quality representatives on the risk profiles. This will happen through the Rapid Quality Review Framework.</li> <li>- A report on mortality affected by ambulance delays was published. The findings of the report will be reviewed by the Mortality group which will report</li> </ul> |

to the Quality and Performance Committee to provide assurance to the Committee in relation to the position in Devon.

### **Integrated Quality, Performance and Finance Report (IQPFR)**

- The Director of Operations reported that IQPFR will change in the next few weeks to align with the Board's revised subcommittee structures.
- The IQPFR demonstrated improvement in Key Performance Indicators (KPIs) such as 'No Criteria to Reside' and Primary Care Access with assurance provided. Primary care access as a KPI doesn't give an indication of the Quality of the patients' experience.
- The Quality and Performance Committee will in the future be presented with Quality data that allows assurance in relation to impact of performance indicators on quality metrics. e.g., impact of delays in diagnosis and treatment of cancer, on cancer treatment outcomes.
- There are now 19 Never Events reported in the last 12 months. This is a Regional and National outlier. The Peer Support Plan for Never Events did not have the necessary level of engagement from some providers. This has been updated and resent back to providers.

### **Board Assurance Framework (BAF) Risk report**

- There are 36 risks on the corporate risk register, half of those are allocated to the Quality committee. A first review of the register has taken place and recommendations have been taken to the senior executive team which have been approved.
- The Quality and Performance Committee will review its BAF risks on a quarterly basis and its corporate risks on a monthly basis.

## **Reports received and noted**

### **Safeguarding Policies**

- These were noted by the Committee. Following the Committee meeting, the Governance Team advised that in future, the policies should be submitted to the Quality and Performance Committee for approval rather than noting.

### **System Quality Performance Group Report**

- There were no updates for this month.

## **Committee decisions**

- The Committee approved its allocated subgroups including the Transfer of Care group.

#### Items of concern to be escalated to the board

- The Committee would like to escalate the less than required engagement of some providers with the Peer Support Plan for Never Events. The Committee specifically seeks the Board's support and action to ensure all providers engage with the updated plan. (for discussion in the Board Meeting)

#### 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

- A discussion on the best approach to representation of the Patient Experience as part of the revised Terms of Reference took place. A piece of work is currently in place to provide a recommendation for the Committee in its next meeting. This will be considered as part of the review and approval of the revised Terms of Reference for the Committee in the May meeting.

# NHS Devon Integrated Care Board

## NHS Devon (ICB) Finance Report Month 11

| Date of committee | Date report produced |
|-------------------|----------------------|
| 3 May 2023        | 20 March 2023        |

| Author(s)              |                                                | Report approved by     |                                     |
|------------------------|------------------------------------------------|------------------------|-------------------------------------|
| <b>Name and title:</b> | Kevin Wheller<br>Associate Director of Finance | <b>Name and title:</b> | Bill Shields<br>Director of Finance |
| <b>Phone:</b>          | 07825 027569                                   | <b>Date:</b>           | 20 March 2023                       |
| <b>Email:</b>          | kevin.wheller@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)

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 31 March 2023.

This report details the ICB financial position as at 28 February 2023, setting out the year to date and forecast financial position.

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

Finance & Performance Committee 28<sup>th</sup> March 2023

### Key recommendations and actions requested

The Board is requested to:

Consider, review and discuss the ICB financial position as at the period ended 28 February 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.

# NHS Devon Integrated Care Board

## Finance Report

### Month 11 – 2022/23

#### Contents

- 1 Executive Summary
- 2 Detailed Financial Performance
  - 2.1 Acute Services
  - 2.2 Mental Health Services
  - 2.3 Community Health Services
  - 2.4 Placements
  - 2.5 All Other Healthcare
  - 2.6 Primary Care Services
  - 2.7 Running Costs
  - 2.8 Resource Allocation
- 3 Savings And Efficiencies
- 4 Risks
- 5 Other Financial Information
  - 6.1 Statement of Financial Position
  - 6.2 Capital
  - 6.3 Better Payment Practice Code
  - 6.4 Cash
- 6 Recommendations

#### **Appendices**

- Appendix 1 Statement of Financial Position
- Appendix 2 Cash
- Appendix 3 Operating Expenditure

## 1. 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 31<sup>st</sup> March 2023.

This report details the ICB financial position as at 28<sup>th</sup> February 2023.

On 20<sup>th</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> April to 30<sup>th</sup> June 2022. The first set of ICB accounts will be for 9 months, the period covering 1<sup>st</sup> July 2022 to 31<sup>st</sup> 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 28<sup>th</sup> February 2023 and the year ending 31<sup>st</sup> March 2023.

| As at 28 February 2023                | Year to date |                |                                              | Forecast     |                |                                              |
|---------------------------------------|--------------|----------------|----------------------------------------------|--------------|----------------|----------------------------------------------|
|                                       | Plan<br>£000 | Actual<br>£000 | Variance<br>Favourable/<br>(Adverse)<br>£000 | Plan<br>£000 | Actual<br>£000 | Variance<br>Favourable/<br>(Adverse)<br>£000 |
| Total Net Expenditure                 | 2,351,954    | 2,352,518      | (564)                                        | 2,566,393    | 2,570,495      | (4,102)                                      |
| Resource Allocation                   | (2,351,954)  | (2,351,954)    | 0                                            | (2,566,393)  | (2,566,393)    | 0                                            |
| Additional Roles Reimbursement Scheme | 0            | 0              | 0                                            | 0            | 0              | 0                                            |
| Discharge Reimbursement               | 0            | (688)          | 688                                          | 0            | (4,237)        | 4,237                                        |
| <b>Total Commissioned Services</b>    | <b>0</b>     | <b>(124)</b>   | <b>124</b>                                   | <b>0</b>     | <b>(135)</b>   | <b>135</b>                                   |

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

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 31<sup>st</sup> 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 11 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 11 by £8.0m, driven by a slower than expected delivery of savings linked to targets associated with the recovery programme.

Savings plans is reported to deliver to target by 31<sup>st</sup> March 2023 and more detail is provided in section 3.

### **Risk**

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

### **Conclusion**

As at 28<sup>th</sup> February 2023 the ICB is reporting a forecast surplus of £0.1m against a breakeven plan.



## 2. Detailed Financial Performance

The year to date and outturn by main service heading as at 28<sup>th</sup> February 2023 is as follows.

| Service                               | Year to date     |                  |                                              |   | Forecast         |                  |                                              |   |
|---------------------------------------|------------------|------------------|----------------------------------------------|---|------------------|------------------|----------------------------------------------|---|
|                                       | Plan<br>£000     | Actual<br>£000   | Variance<br>Favourable/<br>(Adverse)<br>£000 |   | Plan<br>£000     | Actual<br>£000   | Variance<br>Favourable/<br>(Adverse)<br>£000 |   |
| Acute                                 | 1,166,171        | 1,170,012        | (3,841)                                      | ↓ | 1,272,516        | 1,276,876        | (4,360)                                      | ↑ |
| Mental Health                         | 249,098          | 251,782          | (2,684)                                      | ↓ | 271,734          | 274,875          | (3,141)                                      | ↓ |
| Community Health                      | 291,280          | 291,139          | 141                                          | ↑ | 318,229          | 319,126          | (897)                                        | ↑ |
| Continuing Care                       | 134,737          | 134,666          | 71                                           | ↑ | 147,113          | 147,123          | (10)                                         | ↑ |
| Primary Care                          | 425,308          | 429,286          | (3,978)                                      | ↑ | 464,013          | 471,576          | (7,563)                                      | ↑ |
| Other Programme                       | 35,804           | 35,574           | 230                                          | ↑ | 39,084           | 39,149           | (65)                                         | ↑ |
| <b>Total Commissioned Services</b>    | <b>2,302,398</b> | <b>2,312,459</b> | <b>(10,060)</b>                              | ↑ | <b>2,512,688</b> | <b>2,528,725</b> | <b>(16,037)</b>                              | ↑ |
| Running Costs                         | 22,127           | 22,150           | (23)                                         | ↓ | 24,009           | 24,009           | (0)                                          | → |
| <b>Net Expenditure</b>                | <b>2,324,525</b> | <b>2,334,609</b> | <b>(10,084)</b>                              | ↑ | <b>2,536,696</b> | <b>2,552,734</b> | <b>(16,037)</b>                              | ↑ |
| Reserves/Contingencies                | 27,429           | 17,909           | 9,520                                        | ↓ | 29,697           | 17,761           | 11,935                                       | ↓ |
| <b>Total Net Expenditure</b>          | <b>2,351,954</b> | <b>2,352,518</b> | <b>(564)</b>                                 | ↓ | <b>2,566,393</b> | <b>2,570,495</b> | <b>(4,102)</b>                               | ↑ |
| Resource Allocation                   | (2,351,954)      | (2,351,954)      | 0                                            | → | (2,566,393)      | (2,566,393)      | 0                                            | → |
| Additional Roles Reimbursement Scheme | 0                | 0                | 0                                            | → | 0                | 0                | 0                                            | ↓ |
| Discharge Reimbursement               | 0                | (688)            | 688                                          | ↑ | 0                | (4,237)          | 4,237                                        | → |
| <b>Total Commissioned Services</b>    | <b>0</b>         | <b>(124)</b>     | <b>124</b>                                   | ↑ | <b>0</b>         | <b>(135)</b>     | <b>135</b>                                   | ↓ |

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

### 2.1 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 which we have seen a in the latter stages of this year. These actions are linked to better planning and organisation of transport and are not expected to impact on patient care.

## 2.2 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. The actions are linked to reviewing care packages to ensure they are providing the appropriate level of care.

There are also pressures previously reported relating to addressing ADHD waiting lists and SMI physical health checks that are now materialising as an overspend.

## 2.3 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.

## 2.4 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 11 forecast reflects a balanced position. 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 going forward.

## 2.5 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.

## 2.6 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 11 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 £0.6m and we are beginning to see come through as reported in section 3.

### Delegated Commissioning

The ICB received the anticipated £6.3m Additional Roles Reimbursement Scheme (ARRS) allocation in month 11 resulting in the move from the month 10 overspend to an £0.2m underspend.

### 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.

## 2.7 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.

## 2.8 Resource Allocation

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

| Allocation Description                      | Year to date        |                    |                  |
|---------------------------------------------|---------------------|--------------------|------------------|
|                                             | CCG<br>M1-3<br>£000 | ICB<br>M11<br>£000 | Total<br>£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            |
| <b>Recurrent Allocation</b>                 | <b>576,519</b>      | <b>1,729,552</b>   | <b>2,306,071</b> |
| 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                          |                     | 3,891              | 3,891            |
| New Allocations M5                          |                     | 14,183             | 14,183           |
| New Allocations M6                          |                     | 48,564             | 48,564           |
| New Allocations M7                          |                     | 2,587              | 2,587            |
| New Allocations M8                          |                     | 5,958              | 5,958            |
| New Allocations M9                          |                     | 25,373             | 25,373           |
| New Allocations M10                         |                     | 10,972             | 10,972           |
| New Allocations M11                         |                     | 12,602             | 12,602           |
| <b>Non-Recurrent Allocation</b>             | <b>19,798</b>       | <b>240,524</b>     | <b>260,322</b>   |
| <b>Total Allocation</b>                     | <b>596,317</b>      | <b>1,970,076</b>   | <b>2,566,393</b> |

The new allocations from month 4 to month 11 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, £6.3m relating to ARRS, as well other known service development funds.

### 3. Savings And Efficiencies

The delivery of savings and efficiencies as at 28<sup>th</sup> February 2023 is as follows:

| Scheme                            | RAG Status | Rec/ Non-Rec | % of Budget | Year to date           |                          |                                     | Forecast               |                          |                                     |
|-----------------------------------|------------|--------------|-------------|------------------------|--------------------------|-------------------------------------|------------------------|--------------------------|-------------------------------------|
|                                   |            |              |             | Plan CIP Delivery £000 | Actual CIP Delivery £000 | Variance Favourable/ (Adverse) £000 | Plan CIP Delivery £000 | Actual CIP Delivery £000 | Variance Favourable/ (Adverse) £000 |
| Prescribing                       |            | R            | 2.7%        | 5,225                  | 5,402                    | 177                                 | 5,704                  | 5,897                    | 193                                 |
| Running Cost Inflation            |            | R            | 2.3%        | 484                    | 484                      | 0                                   | 525                    | 525                      | 0                                   |
| Placements                        |            | R            | 3.7%        | 3,619                  | 4,133                    | 514                                 | 3,945                  | 4,491                    | 546                                 |
| Primary Care Commissioning Review |            | R            | 0.8%        | 1,837                  | 1,837                    | 0                                   | 2,000                  | 2,000                    | 0                                   |
| Commissioning Review              |            | R            | 0.8%        | 2,750                  | 2,750                    | 0                                   | 3,000                  | 3,000                    | 0                                   |
| Covid Reduction                   |            | NR           | 78.0%       | 3,300                  | 3,300                    | 0                                   | 3,600                  | 3,600                    | 0                                   |
| Acute                             |            | R            | 1.4%        | 715                    | 715                      | 0                                   | 784                    | 784                      | 0                                   |
| Unidentified                      |            | NR           |             | 2,640                  | 0                        | (2,640)                             | 2,967                  | 1,807                    | (1,160)                             |
| SDF                               |            | NR           | 11.1%       | 5,336                  | 6,421                    | 1,085                               | 6,000                  | 6,421                    | 421                                 |
| Workstream stretch                |            | NR           |             | 7,112                  | 0                        | (7,112)                             | 8,000                  | 8,000                    | 0                                   |
| <b>Total</b>                      |            |              |             | <b>33,018</b>          | <b>25,042</b>            | <b>(7,976)</b>                      | <b>36,525</b>          | <b>36,525</b>            | <b>0</b>                            |
| Recurrent                         |            |              |             | 14,630                 | 15,321                   | 691                                 | 15,958                 | 16,697                   | 739                                 |
| Non-Recurrent                     |            |              |             | 18,388                 | 9,721                    | (8,667)                             | 20,567                 | 19,828                   | (739)                               |
| <b>Total</b>                      |            |              |             | <b>33,018</b>          | <b>25,042</b>            | <b>(7,976)</b>                      | <b>36,525</b>          | <b>36,525</b>            | <b>0</b>                            |

The majority of identified savings plans are delivering to plan as at Month 11, with Prescribing and Placements expecting to exceed. These financial benefits 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).

#### 4. Risks

The assessment of financial risk (and mitigations) for the year ended 31<sup>st</sup> March 2023 as at 28<sup>th</sup> February 2023, is as follows.

| Headline                  | Description                                                     | M10<br>£000   | M11<br>£000   | Movement<br>£000 | Risk at<br>Plan<br>£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             | 0             | 0                | 2,500                   |
| Prescribing prices        | Increases in prescription drugs prices                          | 3,900         | 3,900         | 0                | 1,500                   |
| <b>Total Risk</b>         |                                                                 | <b>17,867</b> | <b>17,867</b> | <b>0</b>         | <b>17,967</b>           |
| 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                       |
| <b>Total Mitigation</b>   |                                                                 | <b>17,867</b> | <b>17,867</b> | <b>0</b>         | <b>9,876</b>            |
| <b>Net Risk</b>           |                                                                 | <b>0</b>      | <b>0</b>      | <b>0</b>         | <b>8,092</b>            |

The ICB identified risks to delivering a breakeven position of £17.9m relating to the delivery of the savings target and increases in prescription drug prices.

Actions including the release of 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 31<sup>st</sup> 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 they will cover expenditure already incurred or included within the forecast expenditure position.

## 5. Other Financial Information

### 5.1 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 28<sup>th</sup> February 2023 is shown in appendix 1.

### 5.2 Capital

The ICB has spent £176k capital on IT equipment in the period ended 28<sup>th</sup> February 2023.

### 5.3 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                      | M11    |       |
|---------------------------------------------------|--------|-------|
|                                                   | Number | £000  |
| Non NHS Creditors - % of bills paid within target | 99.73  | 99.41 |
| NHS Creditors - % of bills paid within target     | 97.69  | 99.95 |

### 5.4 Cash

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

## 6. Recommendations

The Board is requested to:

Consider, review and discuss the ICB's performance and position as at the period ended 28<sup>th</sup> February 2023.

## Appendices

### Appendix 1: Statement of Financial Position

| Statement of Financial Position     | M11              |
|-------------------------------------|------------------|
| Property Plant & Equipment          | 2,855            |
| Intangible Assets                   | 174              |
| <b>Non Current Assest</b>           | <b>3,029</b>     |
| Inventories                         | 896              |
| Trade & Other Receivables - NHS     | 4,274            |
| Trade & Other Receivables - Non NHS | 9,892            |
| Cash & Cash Equivalents             | 418              |
| <b>Current Assets</b>               | <b>15,480</b>    |
| <b>Total Assests</b>                | <b>18,509</b>    |
| Trade & Other Payables - NHS        | (14,345)         |
| Trade & Other Payables - Non NHS    | (161,986)        |
| Other Liabilities                   | (3,756)          |
| Borrowings / Cash in Transit        | (3,781)          |
| <b>Current Liabilities</b>          | <b>(183,869)</b> |
| <b>Total Assets Employed</b>        | <b>(165,360)</b> |
| General Fund                        | (165,360)        |
| <b>Total Taxpayers Equity</b>       | <b>(165,360)</b> |

## Appendix 2: Cash

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

| Measure                                                                                                                                                                                                                                                                                                                                                                                                     | Month 11                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ICBs must operate within their Cash Drawdown Requirement</b></p> <p><i>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 £1,993m for Devon ICB for the period ended 31<sup>st</sup> March 2023 (excluding the 3 months relating to Devon CCG).</i></p> | <p>87.1% of the Cash Drawdown Requirement has been utilised as at month 11 (88.9% is expected based on a straight-line trajectory at month 11, excluding the first 3 months relating to Devon CCG).</p> |
| <p><b>ICBs daily and monthly forecasting accuracy and notional charges</b></p> <p>NHS England is working on implementing a regime of bank charges against ICBs based on the accuracy of daily and monthly cash forecasting*.</p> <p>The start date for any charges to flow through the scheme to the ICB has not yet been confirmed.</p>                                                                    | <p>Notional charges amount to £18,209 for February.</p>                                                                                                                                                 |
| <p><b>The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown</b></p>                                                                                                                                                                                                                                                                                                  | <p>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.</p>                               |

*\*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 28<sup>th</sup> February 2023

| Service                                     | Year to date     |                  |                                              | Forecast         |                  |                                              |
|---------------------------------------------|------------------|------------------|----------------------------------------------|------------------|------------------|----------------------------------------------|
|                                             | Plan<br>£000     | Actual<br>£000   | Variance<br>Favourable/<br>(Adverse)<br>£000 | Plan<br>£000     | Actual<br>£000   | Variance<br>Favourable/<br>(Adverse)<br>£000 |
| NHS Royal Devon & Exeter Foundation Trust   | 341,761          | 341,762          | (0)                                          | 373,137          | 373,138          | (1)                                          |
| NHS University Hospitals Plymouth NHS Trust | 304,336          | 304,393          | (57)                                         | 332,277          | 332,328          | (50)                                         |
| NHS Northern Devon Healthcare Trust         | 146,486          | 146,431          | 55                                           | 159,803          | 159,708          | 95                                           |
| NHS South Devon Healthcare Foundation Trust | 239,866          | 239,888          | (22)                                         | 262,247          | 262,269          | (22)                                         |
| NHS Taunton and Somerset                    | 9,344            | 9,344            | 0                                            | 10,193           | 10,193           | 0                                            |
| NHS South Western Ambulance Trust           | 58,157           | 59,229           | (1,072)                                      | 63,444           | 64,716           | (1,272)                                      |
| Independent Sector                          | 36,086           | 36,512           | (426)                                        | 39,367           | 39,853           | (486)                                        |
| Patient Transport                           | 9,025            | 10,521           | (1,495)                                      | 9,829            | 11,498           | (1,668)                                      |
| Other Acute                                 | 21,110           | 21,933           | (824)                                        | 22,218           | 23,174           | (956)                                        |
| <b>Acute</b>                                | <b>1,166,171</b> | <b>1,170,012</b> | <b>(3,841)</b>                               | <b>1,272,516</b> | <b>1,276,876</b> | <b>(4,360)</b>                               |
| Devon Partnership NHS Trust                 | 152,425          | 152,434          | (9)                                          | 166,271          | 166,271          | (0)                                          |
| Livewell MH Services                        | 5,759            | 5,758            | 1                                            | 6,287            | 6,287            | 0                                            |
| University Hospitals Plymouth MH            | 37,667           | 37,667           | (0)                                          | 41,095           | 41,095           | (0)                                          |
| Children and Families Health Devon          | 14,084           | 14,084           | 0                                            | 15,373           | 15,373           | 0                                            |
| Individual Patient Placements               | 12,241           | 13,767           | (1,526)                                      | 13,356           | 15,018           | (1,663)                                      |
| Section 117                                 | 19,105           | 20,010           | (905)                                        | 20,855           | 21,827           | (972)                                        |
| Other Mental Health                         | 7,816            | 8,061            | (245)                                        | 8,496            | 9,003            | (507)                                        |
| <b>Mental Health</b>                        | <b>249,098</b>   | <b>251,782</b>   | <b>(2,684)</b>                               | <b>271,734</b>   | <b>274,875</b>   | <b>(3,141)</b>                               |
| Livewell Southwest                          | 511              | 794              | (282)                                        | 598              | 897              | (299)                                        |
| Royal Devon and Exeter Community            | 58,082           | 58,082           | (0)                                          | 63,362           | 63,363           | (0)                                          |
| Northern Devon Healthcare Community         | 29,932           | 29,932           | 0                                            | 32,653           | 32,653           | (0)                                          |
| South Devon Healthcare Community            | 64,336           | 64,336           | (0)                                          | 70,171           | 70,171           | 0                                            |
| University Hospitals Plymouth Community     | 53,559           | 53,559           | (0)                                          | 58,523           | 58,523           | (0)                                          |
| Children and Families Health Devon          | 11,842           | 11,842           | 0                                            | 12,925           | 12,925           | 0                                            |
| Individual Patient Placements               | 767              | 1,291            | (524)                                        | 834              | 1,410            | (575)                                        |
| Integrated Urgent Care Service              | 210              | 210              | 1                                            | 311              | 310              | 1                                            |
| Hospices                                    | 7,576            | 7,491            | 84                                           | 8,264            | 8,163            | 101                                          |
| MIU Contracts                               | 739              | 701              | 38                                           | 806              | 764              | 42                                           |
| Better Care Fund_Plymouth CC                | 5,298            | 5,069            | 229                                          | 5,878            | 5,628            | 250                                          |
| Better Care Fund_Devon CC                   | 30,266           | 30,266           | (1)                                          | 33,017           | 33,016           | 1                                            |
| Demand and Capacity                         | 6,727            | 5,657            | 1,071                                        | 7,339            | 6,936            | 403                                          |
| VCSE S256                                   | 275              | 206              | 69                                           | 300              | 264              | 36                                           |
| Other Community Services                    | 21,161           | 21,704           | (543)                                        | 23,248           | 24,104           | (856)                                        |
| <b>Community Health</b>                     | <b>291,280</b>   | <b>291,139</b>   | <b>141</b>                                   | <b>318,229</b>   | <b>319,126</b>   | <b>(897)</b>                                 |
| Continuing Healthcare                       | 121,452          | 120,077          | 1,375                                        | 132,616          | 131,208          | 1,408                                        |
| Funded Nursing Care                         | 13,285           | 14,589           | (1,304)                                      | 14,497           | 15,915           | (1,418)                                      |
| <b>Continuing Care</b>                      | <b>134,737</b>   | <b>134,666</b>   | <b>71</b>                                    | <b>147,113</b>   | <b>147,123</b>   | <b>(10)</b>                                  |

| Service                            | Year to date     |                  |                                              | Forecast         |                  |                                              |
|------------------------------------|------------------|------------------|----------------------------------------------|------------------|------------------|----------------------------------------------|
|                                    | Plan<br>£000     | Actual<br>£000   | Variance<br>Favourable/<br>(Adverse)<br>£000 | Plan<br>£000     | Actual<br>£000   | Variance<br>Favourable/<br>(Adverse)<br>£000 |
| Prescribing                        | 193,577          | 202,028          | (8,451)                                      | 211,176          | 220,395          | (9,218)                                      |
| Enhanced Services                  | 9,977            | 9,938            | 39                                           | 11,027           | 11,127           | (100)                                        |
| Delegated Commissioning            | 192,076          | 189,218          | 2,858                                        | 209,445          | 209,224          | 220                                          |
| GP Out Of Hours                    | 10,653           | 10,558           | 95                                           | 11,544           | 11,305           | 240                                          |
| GP IT                              | 3,905            | 3,944            | (39)                                         | 4,254            | 4,271            | (18)                                         |
| Other Primary Care                 | 15,119           | 13,600           | 1,519                                        | 16,566           | 15,253           | 1,313                                        |
| <b>Primary Care</b>                | <b>425,308</b>   | <b>429,286</b>   | <b>(3,978)</b>                               | <b>464,013</b>   | <b>471,576</b>   | <b>(7,563)</b>                               |
| NHS 111                            | 9,507            | 9,288            | 220                                          | 10,314           | 10,238           | 77                                           |
| Better Care Fund Torbay            | 3,359            | 3,359            | 0                                            | 3,665            | 3,665            | 0                                            |
| Chime Audiology                    | 3,545            | 3,673            | (129)                                        | 3,867            | 3,953            | (86)                                         |
| All Other Commissioned Services    | 19,392           | 19,254           | 139                                          | 21,237           | 21,293           | (56)                                         |
| <b>Other Programme</b>             | <b>35,804</b>    | <b>35,574</b>    | <b>230</b>                                   | <b>39,084</b>    | <b>39,149</b>    | <b>(65)</b>                                  |
| <b>Total Commissioned Services</b> | <b>2,302,398</b> | <b>2,312,459</b> | <b>(10,060)</b>                              | <b>2,512,688</b> | <b>2,528,725</b> | <b>(16,037)</b>                              |
| Pay                                | 17,660           | 17,243           | 417                                          | 19,135           | 19,136           | (0)                                          |
| Non Pay                            | 4,574            | 5,041            | (467)                                        | 4,990            | 4,990            | 0                                            |
| Income                             | (107)            | (133)            | 26                                           | (117)            | (116)            | (0)                                          |
| <b>Running Costs</b>               | <b>22,127</b>    | <b>22,150</b>    | <b>(23)</b>                                  | <b>24,009</b>    | <b>24,009</b>    | <b>(0)</b>                                   |
| <b>Net Expenditure</b>             | <b>2,324,525</b> | <b>2,334,609</b> | <b>(10,084)</b>                              | <b>2,536,696</b> | <b>2,552,734</b> | <b>(16,037)</b>                              |
| Reserves/Contingencies             | 27,429           | 17,909           | 9,520                                        | 29,697           | 17,761           | 11,935                                       |
| <b>Total Net Expenditure</b>       | <b>2,351,954</b> | <b>2,352,518</b> | <b>(564)</b>                                 | <b>2,566,393</b> | <b>2,570,495</b> | <b>(4,102)</b>                               |
| Resource Allocation                | (2,351,954)      | (2,351,954)      | 0                                            | (2,566,393)      | (2,566,393)      | 0                                            |
| Discharge Reimbursement            | 0                | (688)            | 688                                          | 0                | (4,237)          | 4,237                                        |
| <b>Total Commissioned Services</b> | <b>0</b>         | <b>(124)</b>     | <b>124</b>                                   | <b>0</b>         | <b>(135)</b>     | <b>135</b>                                   |

# NHS Devon Integrated Care Board

## NHS Devon (ICS) Finance Report Month 11

| Date of committee | Date report produced |
|-------------------|----------------------|
| 3 May 2023        | 21 March 2023        |

| Author(s)              |                                                | Report approved by     |                                     |
|------------------------|------------------------------------------------|------------------------|-------------------------------------|
| <b>Name and title:</b> | Kevin Wheller<br>Associate Director of Finance | <b>Name and title:</b> | Bill Shields<br>Director of Finance |
| <b>Phone:</b>          | 07825 027569                                   | <b>Date:</b>           | 21 March 2023                       |
| <b>Email:</b>          | kevin.wheller@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)

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 28 February 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

Finance and Performance Committee 28 March 2023

### Key recommendations and actions requested

The Board is requested to:

Consider, review and discuss the ICB financial position as at the period ended 28 February 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.

# NHS Devon Integrated Care System

## Finance Report

### Month 11 – 2022/23

#### Contents

- 1 Executive Summary
- 2 Financial Performance
- 3 Savings And Efficiencies
- 4 Risks
- 5 Capital
- 6 Recommendations

## 1. 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 28 February 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 11 the Devon ICS is reporting a year to date £46.2m deficit against a planned deficit of £18.1m – an adverse variance of £28.0m (M10 £17.6m variance) The reported forecast is a deficit of £49.2m (M10 £49.2m) which is an adverse variance of £31.0m to the planned deficit of £18.2m. (M10 £31.0m)

As at month 11 the Devon ICS had made efficiency savings of £92.0m (M10 £82.3m) This is £33.0m adverse to plan. (M10 £28.9m). Forecast savings are adverse to plan by £29.6m (M10 £32.3m).

At the planning stage net risks of £95.9m were identified to delivery of a break-even plan. At the end of month 11, this has improved by £46.7m and stands at £49.2m (M10 £49.5m) against an expectation of break-even (£31.0m against plan) and £0 risk to the current forecast.

The above position represents the reported position to NHSE as at Month 11.

## 2. Financial Performance

The year to date and outturn by organisation as at 28 February 2023 is as follows.

| Organisation                        | Year to date                          |                                         |                                              |   | Forecast                               |                                         |                                              |   |
|-------------------------------------|---------------------------------------|-----------------------------------------|----------------------------------------------|---|----------------------------------------|-----------------------------------------|----------------------------------------------|---|
|                                     | Plan<br>Surplus/<br>(Deficit)<br>£000 | Actual<br>Surplus/<br>(Deficit)<br>£000 | Variance<br>Favourable/<br>(Adverse)<br>£000 |   | Plan<br>Surplus/<br>(Deficit )<br>£000 | Actual<br>Surplus/<br>(Deficit)<br>£000 | Variance<br>Favourable/<br>(Adverse)<br>£000 |   |
| Devon ICB                           | 0                                     | 124                                     | 124                                          | ↓ | 0                                      | 135                                     | 135                                          | ⇒ |
| Royal Devon University NHS FT       | (16,519)                              | (16,519)                                | 0                                            | ⇒ | (18,263)                               | (16,763)                                | 1,500                                        | ⇒ |
| University Hospitals Plymouth Trust | (484)                                 | (13,123)                                | (12,639)                                     | ↓ | 0                                      | (15,750)                                | (15,750)                                     | ⇒ |
| Torbay and South Devon NHS FT       | (639)                                 | (16,435)                                | (15,796)                                     | ↓ | 69                                     | (17,122)                                | (17,191)                                     | ⇒ |
| Devon Partnership Trust             | (496)                                 | (233)                                   | 263                                          | ⇒ | 0                                      | 263                                     | 263                                          | ⇒ |
| <b>Total</b>                        | <b>(18,138)</b>                       | <b>(46,186)</b>                         | <b>(28,048)</b>                              | ↓ | <b>(18,194)</b>                        | <b>(49,237)</b>                         | <b>(31,043)</b>                              | ⇒ |

As at month 11 the Devon ICS is reporting a year to date £46.2m deficit against a planned deficit of £18.1m – an adverse variance of £28.0m (M10 £17.6m variance)

The reported forecast is a deficit of £49.2m (M10 £49.5m) which is an adverse variance of £31.0m to the planned deficit of £18.2m. (M10 £31.0m)

## 3. Savings And Efficiencies

The delivery of savings and efficiencies as at 28 February 2023 is as follows:

| Organisation                        | Year to date                 |                                   |                                              |   | Forecast                     |                                   |                                              |   |
|-------------------------------------|------------------------------|-----------------------------------|----------------------------------------------|---|------------------------------|-----------------------------------|----------------------------------------------|---|
|                                     | Plan CIP<br>Delivery<br>£000 | Actual<br>CIP<br>Delivery<br>£000 | Variance<br>Favourable/<br>(Adverse)<br>£000 |   | Plan CIP<br>Delivery<br>£000 | Actual<br>CIP<br>Delivery<br>£000 | Variance<br>Favourable/<br>(Adverse)<br>£000 |   |
| Devon ICB                           | 33,016                       | 25,042                            | (7,974)                                      | ↓ | 36,525                       | 36,525                            | 0                                            | ⇒ |
| Royal Devon University NHS FT       | 30,678                       | 16,300                            | (14,378)                                     | ↓ | 33,935                       | 17,972                            | (15,963)                                     | ↑ |
| University Hospitals Plymouth Trust | 26,291                       | 22,405                            | (3,886)                                      | ↓ | 29,592                       | 23,902                            | (5,690)                                      | ↑ |
| Torbay and South Devon NHS FT       | 25,841                       | 20,329                            | (5,512)                                      | ↓ | 28,452                       | 21,630                            | (6,822)                                      | ↑ |
| Devon Partnership Trust             | 9,224                        | 7,954                             | (1,270)                                      | ↑ | 10,358                       | 9,198                             | (1,160)                                      | ↑ |
| <b>Total</b>                        | <b>125,050</b>               | <b>92,030</b>                     | <b>(33,020)</b>                              | ↓ | <b>138,862</b>               | <b>109,227</b>                    | <b>(29,635)</b>                              | ↑ |

As at month 11 the Devon ICS had made efficiency savings of £92.0m (M10 £82.3m). This is £33.0m adverse to plan. (M10 £28.9m).

Forecast savings are adverse to plan by £29.6m (M10 £32.3m).

#### 4. Risks

The assessment of financial risk (and mitigations) for the year ended 31 March 2023 as at 28 February 2023, is as follows.

| Description                       | Net Weighted Risks & Mitigations |                 |                 |                 |                |                 | Net Risks at Plan<br>£000 |
|-----------------------------------|----------------------------------|-----------------|-----------------|-----------------|----------------|-----------------|---------------------------|
|                                   | ICB<br>£000                      | RDUH<br>£000    | UHP<br>£000     | TSD<br>£000     | DPT<br>£000    | Total<br>£000   |                           |
| CIP shortfall                     | (13,967)                         | (16,665)        | (39)            | 0               | (1,501)        | (32,172)        | (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 commissioning rebase   |                                  |                 |                 |                 | 0              | 0               | (1,500)                   |
| Prescribing prices                | (3,900)                          |                 |                 |                 |                | (3,900)         | (1,500)                   |
| OOA and staffing support          |                                  |                 |                 |                 | 0              | 0               | (1,300)                   |
| IPP service growth                |                                  |                 |                 |                 | 0              | 0               | (1,250)                   |
| MHIS and SDF income risk          |                                  |                 |                 |                 | 0              | 0               | (1,200)                   |
| ERSF risks                        |                                  |                 |                 |                 |                | 0               | (16,103)                  |
| Other                             |                                  | (3,271)         | 0               | (1,126)         | (1,108)        | (5,505)         | (5,545)                   |
| <b>Total Risk</b>                 | <b>(17,732)</b>                  | <b>(43,554)</b> | <b>(15,789)</b> | <b>(18,248)</b> | <b>(2,346)</b> | <b>(97,669)</b> | <b>(113,838)</b>          |
| Non-Recurrent flexibility         | 14,414                           | 26,791          | 39              | 1,126           | 2,609          | 44,979          | 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                     |
| <b>Total Mitigation</b>           | <b>17,867</b>                    | <b>26,791</b>   | <b>39</b>       | <b>1,126</b>    | <b>2,609</b>   | <b>48,432</b>   | <b>17,951</b>             |
| <b>Net Risk</b>                   | <b>135</b>                       | <b>(16,763)</b> | <b>(15,750)</b> | <b>(17,122)</b> | <b>263</b>     | <b>(49,237)</b> | <b>(95,888)</b>           |
| <b>Month 10</b>                   | <b>135</b>                       | <b>(16,763)</b> | <b>(15,750)</b> | <b>(17,122)</b> | <b>263</b>     | <b>(49,237)</b> |                           |
| <b>Movement</b>                   | <b>0</b>                         | <b>0</b>        | <b>(0)</b>      | <b>0</b>        | <b>0</b>       | <b>0</b>        | <b>0</b>                  |

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 11 the net risk has reduced to £49.2m against break-even (M10 £49.2m) and is a £0 risk (M10 £0m) against the forecast outturn deficit of £49.2m.

There are £48.4m risks (of which £32.2m relate to CIP) to the current forecast with £48.4m mitigations.

## 5. Capital

### System capital

| Organisation                        | Year to date  |                |                                              |   | Forecast      |                |                                              |   |
|-------------------------------------|---------------|----------------|----------------------------------------------|---|---------------|----------------|----------------------------------------------|---|
|                                     | Plan<br>£000  | Actual<br>£000 | Variance<br>Favourable/<br>(Adverse)<br>£000 |   | Plan<br>£000  | Actual<br>£000 | Variance<br>Favourable/<br>(Adverse)<br>£000 |   |
| Royal Devon University NHS FT       | 29,044        | 21,221         | 7,823                                        | ↑ | 33,306        | 33,306         | 0                                            | → |
| University Hospitals Plymouth Trust | 19,989        | 13,868         | 6,121                                        | ↓ | 24,080        | 24,680         | (600)                                        | ↓ |
| Torbay and South Devon NHS FT       | 17,482        | 13,739         | 3,743                                        | ↑ | 18,371        | 18,371         | 0                                            | → |
| Devon Partnership Trust             | 6,653         | 5,625          | 1,028                                        | ↓ | 7,448         | 7,448          | 0                                            | → |
| <b>Total</b>                        | <b>73,168</b> | <b>54,453</b>  | <b>18,715</b>                                | ↓ | <b>83,205</b> | <b>83,805</b>  | <b>(600)</b>                                 | ↓ |

System Capital spend is under plan at month 11 by £18.7m (M10 £21.6m)

Forecast system capital spend is over plan by £0.6m as at M11. (M10 £0 variance).

Approval for a £0.6m capital Aseptic programme was gained by University Hospitals Plymouth Trust. Although the plan remains the same, approved capital limits have been uplifted to match.

### Total Capital

| Organisation                        | Year to date   |                |                                              |   | Forecast       |                |                                              |   |
|-------------------------------------|----------------|----------------|----------------------------------------------|---|----------------|----------------|----------------------------------------------|---|
|                                     | Plan<br>£000   | Actual<br>£000 | Variance<br>Favourable/<br>(Adverse)<br>£000 |   | Plan<br>£000   | Actual<br>£000 | Variance<br>Favourable/<br>(Adverse)<br>£000 |   |
| Royal Devon University NHS FT       | 44,324         | 29,737         | 14,587                                       | ↑ | 50,562         | 54,289         | (3,727)                                      | ↓ |
| University Hospitals Plymouth Trust | 48,934         | 42,160         | 6,774                                        | ↓ | 88,480         | 107,245        | (18,765)                                     | ↓ |
| Torbay and South Devon NHS FT       | 24,800         | 24,469         | 331                                          | ↓ | 27,007         | 43,804         | (16,797)                                     | ↓ |
| Devon Partnership Trust             | 6,653          | 7,323          | (670)                                        | ↓ | 7,448          | 10,130         | (2,682)                                      | ↑ |
| <b>Total</b>                        | <b>124,711</b> | <b>103,689</b> | <b>21,022</b>                                | ↓ | <b>173,497</b> | <b>215,468</b> | <b>(41,971)</b>                              | ↓ |

The total capital plan includes impact of IFRS16 on leases.

Total capital spend is under plan by £21.0m as at month 10 (M10 £34.7m) and the forecast spend on capital by end March 2023 is over plan by £42.0m. (M10 £25.1m)

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.

### Capital Review and Assurance Process

NHS England has a direct relationship with the providers for the active management and monitoring of capital and the ICB works closely with both NHS England and the providers to ensure there is clear oversight and understanding of the system capital position.

The ICB finance team meet with the providers and NHSE on a monthly basis to review the capital programme and progress against both the CDEL and Total Capital plans. The providers have provided assurance that the forecast for both CDEL and Total Capital will be delivered in 22/23.

It is not unusual to see large elements of provider capital expenditure falling in the last quarter of the year, and the project managers and procurement leads are working hard to ensure they have invoices and certificates of vesting in sufficient time. In addition, the finalisation of leases to inform IFRS16 lease capital commitments is reliant on the approval of leases. In some cases, this is scheduled for 31 March 2023. These have already been approved by their finance committee's, and this should be a formality and not high risk.

Confidence is relatively high for the system to maximise the capital spend towards the overall limits set out for CDEL, IFRS16 and total capital spend.

## 6. Recommendations

The Board is requested to:

Consider, review and discuss the ICB financial position as at the period ended 28 February 2023.

# NHS Devon Integrated Care Board

## Committee Chair Report - Finance Committee

| Date of board meeting | Dates of committees covered in this report |
|-----------------------|--------------------------------------------|
| 3 May 2023            | 28 March and 25 April 2023                 |

| Chair                  |                                                               |
|------------------------|---------------------------------------------------------------|
| <b>Name and title:</b> | Kevin Orford, Non-Executive Member, Finance and Remuneration. |

| Reports discussed and assurances received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Governance Review</b></p> <p>The Finance Committee has been asked by the Board to take on responsibility for overseeing performance with a handover period of two months to give time for Terms of Reference and agenda forward planner to be revised and agreed.</p> <p><b>Revised Terms of Reference</b></p> <p>The Revised Terms of Reference agreed at the meeting of 25 April and are recommended to the Board for agreement and are attached to this report.</p> <p><b>Board Assurance Framework</b></p> <p>The Committee noted the 14 ICB Strategic Risks as agreed by the ICB Board and reviewed Risks 4,5,7,8,11 and 12 which are assigned to the Finance and Performance Committee including risks relating to Digital, Carbon Reduction, access targets in Elective, MHL, Neurodiversity Services and Community services. It was agreed that this is a significant workload for one committee and that the meeting agenda will need to be structured differently to cover the remit.</p> |

### Integrated Quality, Performance and Finance Report

Reports received and reviewed at each meeting. The Committee remains concerned at potential harm to people waiting a long time for admission to elective care and was assured that the Quality Committee will shortly receive output from an audit of serious incidents relating to delayed care.

### ICS and ICB Finance reports. Position to Date and Forecast.

The Committee received a written report for Month 11 of the Financial Year and a verbal report for Month 12. The Committee noted that the System will meet the agreed planned deficit target of £49.2million for year ending 31 March 2023. This includes the ICB surplus of £135K. It was reported that the capital position will hit the System CDEL target for 22/23.

### Estates Delegations from ICB Board to Finance and Performance Committee

The Director of Estates presented proposals for delegated authority to be given by the Board to the Finance and Performance committee in relation to Estate issues. It was noted that the membership of the Finance and Performance committee does not include all of the skills required to assess public and other stakeholder interest in land and property disposal. The Director of Estates has agreed that for each disposal proposal, a stakeholder engagement summary will be provided. The Committee agreed that for disposals relating to community and primary care estate, the views of the ICB Primary Care Committee will be explicitly invited.

| ICB Finance and Performance Committee                                                                                                                                                                                                                                                                                                                                | Reserved for the ICB Board                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Assess</b> whether there is a significant public interest surrounding a property transaction or shall likely lead to a statutory consultation process.                                                                                                                                                                                                            | <b>Decisions</b> on estates matters when there is significant public interest surrounding the property transaction or shall likely lead to a statutory consultation process.                                                                                                              |
| <b>Assess acquisitions and disposals of freehold assets</b> to ascertain whether they will result in a (1) change in service delivery, (2) significant staffing implications, (3) a significant public interest and (4) with a value over £5m in value. If any of the 4 elements stated above then the committee will be required to ask the ICB Board for approval. | <b>Agree</b> (as recommended by the Finance and Performance Committee) on strategic acquisitions and disposals of freehold assets which result in a change in service delivery, have significant staffing implications, a significant public interest and with a value over £5m in value. |
| <b>Agree acquisitions and disposals of freehold assets</b> where there are <u>no significant</u> (1) change in service delivery, (2) staffing implications, (3) public interest.                                                                                                                                                                                     | <b>Approve contract decisions and awards</b> which have strategic workforce or service delivery implications (as recommended by the Finance and Performance Committee).                                                                                                                   |
| <b>Agree contracts, MOUs and AIPs</b> with system partners which enable strategic decisions and have potential revenue or capital implications <b>under £5m in value</b> .                                                                                                                                                                                           | <b>Agree contracts, MOUs and AIPs</b> with system partners which enable strategic decisions and have potential revenue or capital implications <b>over £5m in value</b> , as recommended by the Finance and Performance Committee.                                                        |

|                                                                                                                                                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Agree system annual capital and investment plan for Estates and Facilities and associated pipelines.<br>Make recommendations to the ICB Board on capital and investment plans for estates as part of the ICB financial plan sign off process. |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

The full report of the Director of Estates is included as an attachment to this report. The Board is recommended to approve the scheme of delegation relating to Estates.

### **Running Costs Allocation Reduction**

The Committee received a report relating to a joint piece of work between the Finance and HR Directorates. There is a requirement from the Secretary of State for all ICBs to reduce their running costs. This requirement is to reduce by 20% in 23/24 and a further 10% in 24/25. The Committee heard that there is no funding for inflation in either of those 2 years other than the excess part of inflation over 2.5%. There is no allowance for the cost of change this will have to be funded from internal resources. It is estimated that the absolute reduction for the ICB admin component of running costs will be between 30% and 40% from present spend. The Committee heard that Devon and Cornwall ICBs are committed to exploring joint working opportunities in some areas. The Committee approved a proposal for external support for a rapid assessment of the potential opportunities across Devon and Cornwall.

### **Extended Invitation to all Board members to second part of meeting of 28 March for discussion of the Drivers of the Deficit and the Operating Plan for 2023/24.**

The Committee discussed the drivers of the Devon deficit and the draft Operating Plan for 2023/24, which invited helpful challenge from both Executive and Non-Executive Board members. Understanding the drivers of the deficit was discussed with NHSE as a pre-requisite to development of a financial recovery plan. The underlying financial position has not been assessed since the Covid 19 pandemic, therefore, it was timely to do this piece of work.

The underlying deficit in the Devon System that has been assessed as part of this work is £242.9 million. The Committee heard that this is accepted by the Devon System and forms the basis on which recovery plans can be formulated. The Committee noted the work undertaken and thanked the NHS teams who have worked on it. Members of the Finance Committee and ICB Board approved Financial Recovery support and its procurement route for work to be completed over a 16 week period.

The Committee received the proposed **Operating Plan 23/24** for 2023/24 and noted the key headline targets which the plan addresses:

|                               |       |
|-------------------------------|-------|
| 65+ Week waits                | 4,219 |
| 78+ Week waits                | 964   |
| 104+ Week waits               | 0     |
| A&E 4 Hours                   | 72%   |
| Cancer 62+ Day waits          | 488   |
| System Financial Plan (£49.5) |       |
| Workforce                     | -2%   |

It was noted at the meeting of 25 April that there may be a formal operating plan re-submission process in May and that this may require changes to the trajectories of reduction to waiting times.

**The Finance Committee noted:**

- The significant progress made in the development of the 23/24 operational plan since the February submission.
- That there is a further efficiency requirement to be delivered from Q3 that will be subject of detailed joint planning and risk management across the system.
- The approach to the delivery of system-wide strategic schemes in support of individual Trust plans.
- The requirement for further work to be undertaken to develop the detailed implementation plans for endorsement by Boards.

**The Finance Committee approved:**

- The submission to NHSE of the operational plan for 23/24, noting that a small further refinement may be made to allocation bids. The Committee agreed to delegate to the CFO any small changes to this.
- The high level corporate ICB budget for 2023/24, noting that this will be impacted by plans under development to identify costs savings in accordance with the directive from NHSE.

The Committee Chair thanked the CEO, the CFO, the wider ICB Executives, System Chief Executives, System CFOs and Executive Teams in the Trusts for their significant input to the Operating Plan. He also thanked the ICB non-Executive Members for their engagement over the weekend which ensured that the Committee could discuss this with good knowledge of the proposed plan and the work which has informed it.

**Devon ICS Long Term Financial Plan**

The Committee received, discussed and noted progress report of work to align financial challenge to transformation programmes.

**Risk Share Agreement**

The Committee received, discussed and approved the risk share agreement relating to the strategic financial recovery initiatives for 2023/24.

### **Financial recovery progress Update**

The Committee received, discussed and noted the financial recovery progress report.

### **BAF and Corporate Risk register review updates**

The committee agreed a process for BAF and Corporate Risk Register review which will commence at the May meeting of the Committee.

### **Summary of Committee decisions**

The Committee approved:

- A proposal for external support for a rapid assessment of the potential opportunities for reduction of running costs jointly across Devon and Cornwall ICBs.
- Procurement of Financial Recovery support for work to be completed over a 16 week period
- The submission to NHSE of the operational plan for 23/24, noting that further changes to the plan may be required as part of a formal re-submission process in May.
- The high level corporate ICB budget for 2023/24, noting that this will be impacted by plans under development to identify costs savings in accordance with the directive from NHSE.
- The risk share agreement relating to the strategic financial recovery initiatives for 2023/24.

### **Items of concern to be escalated to the board**

No items for escalation to the ICB Board.

### **Recommendations for the board**

- The Board is recommended to review and agree the Terms of Reference for the Finance and Performance Committee, attached to this Report.
- The Board is recommended to approve the Estates delegations attached to this Report.

### **Recommendations for other committees**

N/A

### **Terms of reference or other committee effectiveness issues**

Revised Terms of Reference agreed and presented to the ICB Board for approval. Agreed format of agenda linked to BAF and corporate risks.

### **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](mailto:d-icb.governance@nhs.net) to update the central register.

## **Finance and Performance Committee**

### **Proposed Terms of Reference**

#### **1. Constitutional Purpose**

- 1.1. The Finance, Investment and Performance Committee (the Committee) is established by the NHS Devon Integrated Care Board (ICB) as a committee of the Board in accordance with its Constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated to it under the Scheme of Reservation and Delegation and specified in these terms of reference.

#### **2. Purpose and Responsibilities**

##### **Purpose**

- 2.1. The Committee will support the ICB in delivering its statutory functions and strategic objectives by providing oversight and assurance on the:
  - Development and delivery of a viable and sustainable system financial plan;
  - Scrutiny of major service change proposals and investments;
  - Performance of the Devon Integrated Care System (ICS) in relation to operational plan delivery, NHS System Oversight Framework requirements and local standards, targets and priorities; and
  - Management of risks affecting plan delivery.
  - Implementation of the Digital Strategy.
  - How the ICB is driving productivity and Value for Money in all aspects of the business.
  - Estates and Capital programmes
  - Reaching Net Zero
- 2.2. The Committee will be supported by the ICB executive team to drive financial collaboration and collective decision making across Health and Care in the ICS.
- 2.3. While the ICB is in SOF4, the Chair of the System Recovery Board will provide a report on a monthly basis to the Committee to provide assurance on progress against the recovery plan.

##### **Responsibilities**

#### **2.4. *Strategic Financial Framework***

- to recommend for approval the strategic financial framework of the ICB and the ICS, and monitor performance against it.
- Receive assurance on the implementation of improvement plans (including recovery plans) for the NHS England system oversight framework
- to ensure health and social inequalities are taken into account in financial decision-making.

#### **2.5. Resource Allocation (Revenue)**

- to develop an approach to distribute ICB resources to drive agreed change in line with the ICB operating plan.
- to make recommendations to the ICB Board on resources to be delegated to Place and on resources to be retained for Core ICB functions and other budgets managed at a Devon wide basis.
- to make recommendations to the ICB Board on the deployment of system wide transformation funding.
- to make recommendations to the ICB Board on resource allocations for Provider Collaborative arrangements in relation to specialised commissioning responsibilities delegated to the ICB.
- to work with ICS partners to identify and allocate resources where appropriate to address finance and performance related issues that may arise within the context of the approved ICB and ICS financial framework.
- to advise the ICB on any changes to NHS and non-NHS funding regimes and consider how the funding available to the ICB can be best used within the system to achieve the best outcomes for its population.

#### **2.6. Financial Planning**

- to consider Place plans and the views of the Devon ICS Executive Finance Group in making recommendations on the ICB and ICS financial plan to the ICB Board.
- to recommend the ICB non-programme budgets (running costs) to the ICB Board.
- to develop a medium and long-term ICB and ICS financial plan which demonstrates ongoing value and sustainability.
- to consider business cases for major investments / disinvestments for material service change or efficiency schemes and make recommendations to the ICB Board.

#### **2.7. Financial Performance**

- to oversee the management of ICB financial targets and ICS financial targets.
- to monitor and report ICB and ICS financial performance to the ICB Board, highlighting areas of concern.
- to agree and monitor performance against key actions required to address financial performance issues.
- to maintain oversight of the underlying ICB and ICS run rate and advise on actions to improve.

#### **2.8. System Efficiencies**

- to ensure ICB financial resources are used in an efficient way to deliver the organisational and system objectives.
- to drive a system wide productivity and efficiency strategy and to ensure system efficiencies are identified and monitored across the ICS, particularly where opportunities for ICS partners working together across organisations can be leveraged.

#### 2.9. **Capital**

- to consider proposals regarding the prioritisation of strategic capital developments and to make recommendations on the application of strategic capital funding to the ICB Board.
- to consider proposals regarding the prioritisation of operational capital requirements and to make recommendations on the application of operational capital funding to the ICB Board.
- to gain assurance that the capital programme is aligned to the system financial plan.
- to monitor and report system capital programme performance to the ICB Board, highlighting areas of concern.

#### 2.10. **Performance**

- To review performance against the delivery of the ICS Operational plan and key performance metrics as set out in the NHS System Oversight Framework for the ICB and ICS.
- To take an overview of performance and transformation at whole system, place and organisation levels in relation to ICS objectives and priorities.
- To develop and maintain connections with other ICB forums which have a role in performance development and improvement, including the ICB Quality Committee and People Committee.
- To oversee a framework for mutual accountability and peer review and support for the partnership.
- To approve recommendations for the deployment of improvement support across the ICS.

#### 2.11. **Risk**

- Review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which relate to finance, performance, estates and digital
- Ensure that the ICB Board is notified of changes to risk scores and mitigation plans.

#### 2.12. **Digital**

- To recommend for approval the Digital Strategy
- To review the implementation of the Digital Strategy
- Gain assurance on risk mitigation relating to the Digital Strategy and escalate any issues to the ICB Board.

#### 2.13. **Net Zero**

- To recommend for approval the Green Plan

- To review the implementation of the Green Plan
- Gain assurance on risk mitigation relating to the Green Plan and escalate any issues to the ICB Board

### **3. Membership and Attendance**

3.1. The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

3.2. The Committee members must include:

- Independent Non-Executive Member of the Board who leads on Finance (Chair);
- One Independent Non-Executive Member (one to be nominated as Vice Chair)
- Chief Financial Officer of the ICB;
- Chief Medical Officer of the ICB;
- Chief Delivery Officer of the ICB;
- Estates Director of the ICB;
- Member of the Workforce directorate of the ICB.

3.3. Attendees will be

- The Audit Committee Chair (NED)
- A non-executive director from one of the system Providers to provide peer support
- Partner representatives (sector / collaborative/ clinical) may be invited to attend as required.
- ICB officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.
- Any member of the ICB Board can be in attendance subject to agreement with the Committee Chair.

### **4. Arrangements for the conduct of meetings and Quoracy**

4.1. The meetings will be run by the chair. In the event of the chair of the committee being unable to attend all or part of the meeting, the vice-chair shall chair the meeting.

4.2. For meetings to be quorate, a minimum of 50% of members is required, including the Chair or Vice-Chair and the ICB Director of Finance (or nominated representative).

4.3. For clarity:

- a) No person can act in more than one capacity when determining the quorum.
- b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.4. Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in

person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

- 4.5. With the permission of the Chair, members of the committee may nominate a deputy to attend a meeting that they are unable to attend. The deputy may speak and vote on their behalf.
- 4.6. In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Committee will have one vote, the process for which is set out below:
- All members of the committee (or nominated deputies) who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the committee are set out at paragraph 3.2; attendees and observers do not have voting rights.)
  - Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.
  - A resolution will be passed if more votes are cast for the resolution than against it.
  - If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
  - Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 4.7. The Committee will usually meet monthly. For urgent decisions, the Chair may call a meeting at a notice of 2 days, setting out the reason for the urgency and the decision to be taken.
- 4.8. All members will have due regard to and operate within the Constitution of the ICB, standing orders, standing financial instructions and other financial procedures.
- 4.9. Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.
- 4.10. Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
- 4.11. The Committee shall agree an Annual Work Plan with the ICB Board.
- 4.12. The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference.
- 4.13. Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.

## **5. Register of Interests**

- 5.1. The Register of Interests will be reviewed at each Committee meeting.
- 5.2. Members will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a Member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

## **6. Reporting Arrangements**

- 6.1. The Committee Chair shall report formally to the ICB on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the ICB. When appropriate, a report may be made to the meeting of the ICB in private. The Committee shall make recommendations to the ICB on any area within its remit where action or improvement is needed.
- 6.2. The Committee shall provide the minutes of its meetings to the ICB Board in private.

# Finance and Performance Committee

## Proposed Scheme of Delegations for Strategic Estates and Facilities

| Date of committee | Date report produced |
|-------------------|----------------------|
| 24 March 2023     | 17 March 2023        |

| Author(s)              |                                            | Report approved by     |                                                                       |
|------------------------|--------------------------------------------|------------------------|-----------------------------------------------------------------------|
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| <b>Phone:</b>          | 07870 544857                               | <b>Date:</b>           | 20.03.23                                                              |
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

N/A

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

The establishment of a Strategic Estates and Facilities function is a new department to the ICB. Governance, SFIs and delegations for estates did not exist within the legacy CCGs and therefore this paper sets out delegation proposals for the ICS Estates Leadership Group and ICB Finance and Performance Committee.

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

Proposals were taken to February 2023 Finance Committee and Executive Board (Private) to discuss property disposals. Discussion during these sessions indicated that governance and delegations for Estates activities had not been established and therefore this paper intends to address the matter.

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

The Committee is asked to NOTE the progress made to establish an estates strategy, the planned approach for the Asset Test and Disposal Process, and CONSIDER the delegations for the ICS Estates Leadership Group and Finance and Performance Committee and those reserved for the board itself.

The Committee is asked to consider the proposed delegations that it wishes to request from the ICB Board, as follows:

- Assess whether there is a significant public interest surrounding a property transaction or shall likely lead to a statutory consultation process.
- Assess acquisitions and disposals of freehold assets to ascertain whether they will result in a (1) change in service delivery, (2) significant staffing implications, (3) a significant public interest and (4) with a value over £5m in value. If any of the 4 elements stated above, then the committee will be required to ask the ICB Board for approval.
- Agree acquisitions and disposals of freehold assets where there are no significant (1) change in service delivery, (2) staffing implications, (3) public interest.
- Agree contracts, MOUs and AIPs with system partners which enable strategic decisions and have potential revenue or capital implications under £5m in value
- Agree system annual capital and investment plan for Estates and Facilities and associated pipelines.
- Make recommendations to the ICB Board on capital and investment plans for estates as part of the ICB financial plan sign off process.

### Impact on NHS Devon objectives

| Objective                    | Impact                                                                                             |
|------------------------------|----------------------------------------------------------------------------------------------------|
| Effective and efficient care | Strategic development of the estate and infrastructure to improve the quality and delivery of care |

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

| Area                |      |
|---------------------|------|
| Quality of services | None |

|                             |      |
|-----------------------------|------|
| Health inequalities         | None |
| Workforce                   | None |
| Resources and finance       | None |
| Legal                       | None |
| Digital and Data            | None |
| Engagement and consultation | None |

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.

## Background

NHS Devon introduced a strategic estates and facilities function in 2022. The legacy CCG managed this programme on an ad-hoc project basis via consultants and no substantive programme was ever developed. At the time NHS England (NHSE) did not impose mandatory requirements for a system-wide strategy and instead mandated each of the NHS Trusts to produce their own individual strategies.

The NHS Estate, Facilities Management operations and capital management is extensive with over 300 assets with combined annual running costs of c£250m, plus annual capital spends of £100m and currently a further £100m in annual drawdowns for the New Hospital Programme.

NHSE have now mandated that a system wide strategy needs to be developed and have proposed that future capital allocations shall be based on this strategy. Along side the core strategy work, a strategic programme is being developed to better manage Estates and Facilities across the system. On appointment of the ICS Director of Estates in September 2022, the former system 'Estates Delivery Group' was reinstated with a new set of strategic objectives with a focus on programme delivery and strategy implementation. This meeting is now the highest tier of Estates and Facilities leadership within the system and is attended by a representative of each Trust, Local Authority One Public Estate Leads, a Primary Care representative, NHSE, NHS Property Services and guest attendees from regional based colleagues.

## Current Position

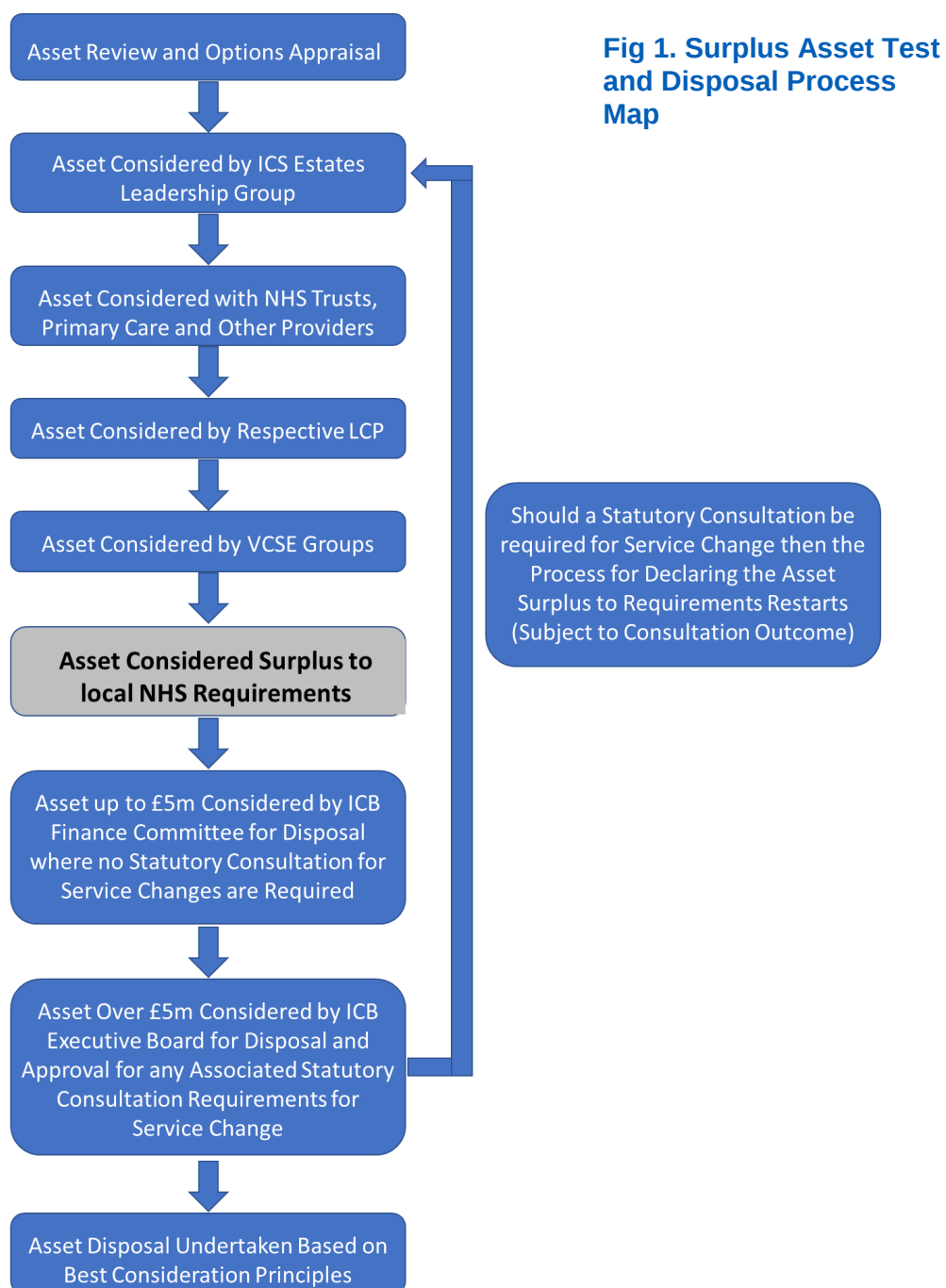
The ICS Strategic Estates Programme has been operating for six months and is beginning to move into a delivery phase for specific themes. Whilst the group is technically qualified to make decisions surrounding business as usual (BAU) activity, it is apparent that reliance on governance and delegations that were used in the legacy CCG are now inadequate within the structure and governance requirements for the ICB.

One of the priority themes that has tested this governance was to facilitate asset disposals for estate that has been identified as surplus to local NHS requirements. A small group of NHS Property Services owned assets that have not been in use for some time and have become dilapidated were assembled into a programme for expediting a resolution. The Estates Leadership Group and Eastern LCP agreed that there was no likely future use for the assets and endorsed disposal of them given the large annual cost to the ICB in void space. On seeking governance and approval via Finance Committee and Executive Board (Private Session) in February 2023, it was clear that members required assurance on a number of points to facilitate the decision-making process. It was also apparent that this was a new type of issue for the Board and that there was an absence of established delegations for agreeing property transactions. Therefore, this paper sets out a proposal for delegations to be granted to the Estates Leadership Group and to Finance Committee.

## Policy Development and Asset Disposal Process

It is anticipated that policy development shall derive from the core strategy work over time as each strand of the strategy moves to its implementation phase following approval for the NHSE mandatory strategy submission due by December 2023.

Given asset disposals feature heavily within the short-medium term strategy given the need to identify and deliver savings from underutilised facilities, a surplus asset test and disposal process map has been outlined below to help aid in easing current pressures. In the absence of a detailed disposal policy the following process map is designed to demonstrate the governance and engagement processes that the system shall facilitate in order to reach a decision before submitting cases for approval.



## Delegation Proposal

To ensure the decisions are made appropriately and in line with the ICB's Standing Financial Instructions it is proposed that the ICB Board delegates some decisions to the Finance and Performance Committee, with others reserved to the board, as described in Table 1 below:

**Table 1**

| ICB Finance and Performance Committee                                                                                                                                                                                                                                                                                                                                | Reserved for the ICB Board                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Assess</b> whether there is a significant public interest surrounding a property transaction or shall likely lead to a statutory consultation process.                                                                                                                                                                                                            | <b>Decisions</b> on estates matters when there is significant public interest surrounding the property transaction or shall likely lead to a statutory consultation process.                                                                                                              |
| <b>Assess acquisitions and disposals of freehold assets</b> to ascertain whether they will result in a (1) change in service delivery, (2) significant staffing implications, (3) a significant public interest and (4) with a value over £5m in value. If any of the 4 elements stated above then the committee will be required to ask the ICB Board for approval. | <b>Agree</b> (as recommended by the Finance and Performance Committee) on strategic acquisitions and disposals of freehold assets which result in a change in service delivery, have significant staffing implications, a significant public interest and with a value over £5m in value. |
| <b>Agree acquisitions and disposals of freehold assets</b> where there are <u>no significant</u> (1) change in service delivery, (2) staffing implications, (3) public interest.                                                                                                                                                                                     | <b>Approve contract decisions and awards</b> which have strategic workforce or service delivery implications (as recommended by the Finance and Performance Committee).                                                                                                                   |
| <b>Agree contracts, MOUs and AIPs</b> with system partners which enable strategic decisions and have potential revenue or capital implications <b>under £5m in value</b> .                                                                                                                                                                                           | <b>Agree contracts, MOUs and AIPs</b> with system partners which enable strategic decisions and have potential revenue or capital implications <b>over £5m in value</b> , as recommended by the Finance and Performance Committee.                                                        |
| Agree system annual capital and investment plan for Estates and Facilities and associated pipelines.<br><br>Make recommendations to the ICB Board on capital and investment plans for estates as part of the ICB financial plan sign off process.                                                                                                                    |                                                                                                                                                                                                                                                                                           |

The roles and responsibilities for the Finance and Performance Committee will need to be reflected in its terms of reference.

The Scheme of Reservation and Delegation will also need to be updated to reflect the delegations to the Finance and Performance Committee and those reserved to the board.

It is important to also set out the purpose, roles and responsibilities of the **ICS Estates Leadership Group** and the governance arrangements for the group, as summarised in the Tables 2 and 3 below:

**Table 2 showing responsibility, authority, escalation and monitoring**

| System Boards<br>O - oversight<br>S – strategic<br>P – programme<br>D - delivery | Developing and overseeing the delivery of system programmes of work (as described in the individual board's portfolio). | Delegated authority for specific programmes of work | Escalation of risks and issues to <b>principal assurance committee</b> | Where the role of Performance Monitoring sits for programme delivery. |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Estates<br>S P D                                                                 | Director of Estates                                                                                                     | ICB Board                                           | Finance and Performance Committee                                      | ICS Estates Leadership Group                                          |

**Table 3**

| # | ICS Estates Leadership Group                                                                                                                                    |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Operational property transactions and asset management decisions, for example lease management, covenants, consents, licences, wayleaves, tenant management etc |
| 2 | Review and make system recommendations for acquisitions, disposals and significant development projects                                                         |
| 3 | Contracts for services, joint procurement exercises, innovation schemes, FM trials and shared services                                                          |
| 4 | Contracts, MOUs and AIPs with system partners which enable and facilitate activity with no significant capital or revenue pressures                             |
| 5 | Production of a system capital and investment plan with a prioritisation pipeline and reserve list for Estates and Facilities                                   |

## Recommendations

The Committee is asked to **NOTE** the progress made to establish an estates strategy, the planned approach for the Asset Test and Disposal Process, and **CONSIDER** the delegations for the ICS Estates Leadership Group and Finance and Performance Committee and those reserved for the board itself.

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- Agree acquisitions and disposals of freehold assets where there are no significant (1) change in service delivery, (2) staffing implications, (3) public interest.
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| 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 NDUH and follow up with the patient and the Chair | Dec-22      | Darryn Allcorn               | 17.04.23 - Request to close<br>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.<br>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.<br>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. | Request to close |
| 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<br>Ann Cooper  | 05.04.23 - Remains on hold and will form part of the governance review<br>15.03.23 - Remains on hold<br>31.01.23 - On hold whilst exploring partnership working arrangements<br>05.01.23 - Dates are being reviewed for the workshop                                                                                                                                                                                                                                                                                                  | In progress      |
| 29                                         | 15.02.23        | Include a SEND update on the Board forward planner for review                                                                                             | Mar-23      | Darryn Allcorn               | 03.03.23 - Added to forward planner to be brought back to the Board in October                                                                                                                                                                                                                                                                                                                                                                                                                                                        | In progress      |
| 31                                         |                 | Accountability framework Standard Operating Procedure to the included on the forward planner                                                              | Mar-23      | Darryn Allcorn<br>Ann Cooper | 03.03.23 - Added to forward planner to be brought back to the Board, the work will form part of the governance review.                                                                                                                                                                                                                                                                                                                                                                                                                | In progress      |
| 34                                         | 15.03.23        | Item raised for the Workforce Strategy to be presented to the May Board meeting in public due to the April meeting being stood down                       | May-23      | Paul Renshaw                 | 05.04.23 - Included on the agenda for May, request to close<br>16.03.23 - Added to forward planner to be brought back to the Board in May                                                                                                                                                                                                                                                                                                                                                                                             | Request to close |
| 35                                         |                 | Development session in April to cover the Advisory Committee on Resource Allocation (ACRA) formula and the way it works                                   | Apr-23      | Ann Cooper                   | 17.04.23 - Did not fit with the development day agenda, this work will be considered as part of the governance review.<br>05.04.23 - Included in the preparation for the development day, request to close                                                                                                                                                                                                                                                                                                                            | In progress      |
| 36                                         |                 | Discharge funding evaluation to be presented at a future meeting of the Board.                                                                            | TBC         | Anthony Fitzgerald           | 11.04.23 - Confirmed at SET this will not be ready for submission in May.<br>05.04.23 - Included on the agenda for the May meeting, request to close                                                                                                                                                                                                                                                                                                                                                                                  | In progress      |