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

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

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

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

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

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

	• The effectiveness of the initiatives contained within the Plan would be reviewed on a weekly basis, with a full evaluation being undertaken to include cost effectiveness, as well as the impact on service delivery. • Care provision through virtual wards was an area where the NHS should "learn by doing" as whilst in some cases voluntary sector support could be utilised, for other cases clinical support was required due to their acuity. • Feedback had been received from NHS England and further feedback may be received on the most recent draft submitted. The Board **agreed:** 1. To **approve** the narrative 2023-24 Winter Plan. 2. To delegate authority to the Chief Executive Officer, in consultation with the Chair of NHS Devon and the Chair of the Finance and Performance Committee, to approve any substantive changes required in light of any feedback that might be received in respect of the Key Lines of Enquiry from NHS England. **Action:** An update on the progress against the Urgent & Emergency Recovery Plan and the 2023-24 Winter Plan be brought to the December meeting of the Board.
12	**Committee Chair's Report: Finance and Performance Committee – 25 July, 1 and 26 September 2023** Non-Executive Member for Finance, Kevin Orford (KO), introduced the report which which provided the meeting with an overview of the issues considered by the Committee at its meetings on 25 July, 1 and 26 September 2023. The Board took **assurance** from the Chair's Report of the Finance and Performance Committee.
13	**Committee Chair's Report: People and Culture Committee – 20 September 2023** Non-Executive Member for Citizen and Community Involvement, Thandiwe Hara (TH), introduced the report which which provided the meeting with an overview of the issues considered by the Committee at its meeting on 20 September 2023. TH highlighted that the Committee had considered the emerging "Grow Our Own Plan", the One Devon Staff Bank and the Strategic Workforce Intelligence and Forecasting Tool which, when launched would combine future population demand, finances, and workforce to provide scenarios for future workforce models. The Board took **assurance** from the Chair's Report of the People and Culture Committee.
14	**Chair's Report** The Chair introduced her report which included an update on the appointment process of the new NHS Devon Chief Executive, awards success, a new inpatient facility for mental health and visits and speaking engagements. The Chair formally thanked Jane Milligan (JM) who was attending her last meeting as Chief Executive and Accountable Officer of NHS Devon, prior to her retirement. The Chair thanked JM for her calm professionalism and approachability which had enabled her to lead the organisation through a period of extraordinary challenges including Covid 19 and organisational change together with financial and performance challenges. Her style of working with people had been appreciated across the One Devon system. The Board **noted** the Chair's Report.

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

17	**Cornwall and Isles of Scilly ICB Update** The Board **noted** the report from Cornwall and Isles of Scilly ICB.
18	**Risk Management Policy Refresh and Board Assurance Framework Update** Company Secretary, Philippa Harding (PH), introduced the report which provided an update on the recent review of the NHS Devon Risk Management Policy and an update on the Board Assurance Framework (BAF) which included the high-level strategic risks that pose a threat to the achievement of NHS Devon's strategic objectives. The following was noted: • The updated Policy aimed to make the approach to risk management as simple as possible and to encourage engagement and a conversation around risk. • Work was underway with partners to develop a system approach to risk and its management. • Whilst assurance committees owned the assurance for oversight of allocated BAF risks, the ownership of the management of those risks was with the Executive. • A review of the allocation of BAF risks to assurance committee was to be undertaken as some risks impacted on the work of more than one committee. • Concern that the actions to mitigate the risk of not minimising One Devon's negative impact on the environment may not be wide reaching as required. **The Board:** **1. Approved** the new Risk Management Policy. 2. **Approved** the updated iteration of the BAF and the proposed approach to developing a system approach to the BAF and risk management. **Action:** PH to review the actions, controls and assurances in respect of Corporate Objective 12 with the Executive Lead.
19	**Freedom to Speak Up (FTSU)** JM introduced the annual report of the FTSU Guardians over the preceding twelve months and also presented an the updated FTSU Policy for approval. A query was raised as to whether NHS Devon was working in partnership to extend this work across the system, with it being confirmed that the ICB was looking how it worked with others and that there was also a range of support available from the National Guardians Office for small and voluntary sector organisations. The Chair extended her thanks to the FTSU Guardians Marina Junaram and Alastair Harlow and to Kevin Orford, Non-Executive FTSU Lead and the Audit & Risk Committee who had reviewed the FTSU Policy and recommended its approval. **The Board:** 1. **Noted** the work that had taken place during the past year. 2. **Noted** the themes coming through from the concerns raised, actions taken and learning. 3. **Approved** the proposed amended FTSU policy. **Action:** Information available from the National Guardians Office to be shared with the Partner Member for Mental Health. Note: Paul Renshaw, Director of Strategic Workforce and Piers Tetley, Director of HR and OD left the meeting at this point.

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