Minutes of a meeting of NHS Devon Integrated Care Board held in public at the Committee Suite, Devon County Hall, Exeter and via Microsoft Teams on Wednesday 6 December 2023 between 10.00am and 1.45pm	
Name	*Title and organisation*
Board Members:	
Dr Sarah Wollaston	Chair, NHS Devon
Dr Nigel Acheson	Chief Medical Officer, 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
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
Bill Shields	Interim Chief Executive and Chief Finance Officer, NHS Devon
Penny Smith	Interim Chief Nursing Officer, NHS Devon
Also in attendance:	
Helen Braid	Head of Governance, NHS Devon
Matthew Chetwynd (Agenda Item 2 only)	Director of Estates, NHS Devon
Kirsty Denwood	Interim Deputy Chief Finance Officer, NHS Devon
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Philippa Harding	Company Secretary, NHS Devon
Jodie Howland	Senior Governance Officer, NHS Devon
Cllr James McInnes	Chair, Devon Integrated Care Partnership
Andrew Millward	Chief Communications and Corporate Affairs Officer, NHS Devon
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
James Wenman (Agenda Item 4 only)	Associate Director of Urgent Care, NHS Devon
Apologies for absence	
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
Paul Renshaw	Director of Strategic Workforce, NHS Devon

Item	Discussion
1	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting, with special mention of Penny Smith, Interim Chief Nursing Officer and Allison Williams, System Improvement Director who were attending their first meeting of the Board in public. Welcome was also extended to members of the Seaton Hospital Steering Group and the League of Friends who were in attendance. It was noted that apologies for absence had been received from Ruth Harrell, Thandiwe Hara and Paul Renshaw. The meeting was deemed quorate.
2	**Questions from Members of the Public** The Chair informed the meeting that, as a petition of some 9000 signatures had been received from Seaton Community Hospital campaigners in respect of the surrender of former ward accommodation, the order of the agenda would be changed to allow those campaigners to present their questions at the beginning of the meeting. The receipt of the petition was formally noted and the subject of the petition would be included within the agenda of the next meeting in public of the Board, which would take place in February. The Chair confirmed that a meeting had been held with the campaigners on 5 December 2023, which had been constructive and had led to the agreement of a plan of action. The Director of Estates, Matthew Chetwynd (MC), then read out the following questions which had been submitted by the campaigners, together with responses from NHS Devon: <u>Question 1: Were Finance Committee and Board members informed, before their meetings in September and October respectively, that Seaton Hospital was established on the initiative of and part-funded by the League of Friends, on the understanding that the building would be run as an NHS hospital, and that the building of the wing in question was paid for 100 per cent by public donations?</u> Response: The Finance and Performance Committee, who made the decision about handing back the ward under delegated authority from the full Board, was made aware that the proposed disposal would likely be met with high levels of community concern and disappointment. The papers also confirmed that the community had raised money towards the cost of the hospital. Members were also informed that the building now belongs to NHS Property Services (NHSPS). <u>Question 2: Does the Board now accept that, in the light of these considerations, it should have consulted with Seaton stakeholders before making this decision?</u> Response: We understand why local people are concerned about the idea of losing the ward building that they funded. It was always the intention of the Integrated Care Board (ICB), as set out in the supporting communications and engagement plan, to engage with the local community about the decision. However, we would not formally consult about a decision of this nature as no services are being affected. NHS Devon's duty is to commission services and it does not own the building. Responsibility for the future of space handed back to NHSPS by other parts of the NHS sits with NHSPS and not NHS Devon. It is important to note that the ward has stood empty for six years. We engaged with local stakeholders during the summer and no viable options were found. The supporting communications plan clearly set out the process for engaging with local people. We continue to engage with the community, and as Sarah has said, we held a constructive meeting with steering group representatives yesterday.

	Question 3: Does the Board now accept that it was mistaken to quote the 2016-17 consultation on the withdrawal of the beds in justification of its recent decision? First, the consultation did not concern the future use of ward space. Second, its results showed that Seaton residents were overwhelmingly opposed to the withdrawal, and the last-minute switch of Seaton's beds to Sidmouth, without proper justification, discredited the outcome in the eyes of the local community? Response: Information on the 2016/17 Your Future Care consultation is provided as background on the governance process that has been followed, not justification. During the consultation, the Clinical Commissioning Group (CCG), our predecessor organisation, consulted on *services* – commissioning *services* is our responsibility. We are not responsible for consulting on the future of buildings as we don't own them. In this case, further public involvement on the future of the site would be the responsibility of the building owner, NHSPS. The reason for this work is to reduce the amount of money we spend on empty buildings, driven by our severe financial challenges. Question 4: Will the Board agree to the request of the Devon Health and Adult Care Scrutiny Committee (OSC) that the proposed disposal is not implemented until they have explored and discussed the long-term future provision of NHS/health and wellbeing services for Seaton and Colyton residents, and reported on this to the Scrutiny Committee, as it has requested, in January 2024? Response: The decision to hand back the space was, in effect, taken by the Board under powers delegated to the Finance and Performance Committee, in September 2023, before the OSC meeting. That decision still stands and work on the hand back continues. We are currently talking to NHSPS about the hand back process as part of a period of negotiation. Although, if a viable solution came forward, we would be interested to hear about it, given the time elapsed since discussions with local partners began, at this stage we need to make sure conversations are happening with NHSPS as owner of the building and the organisation for deciding what to do with the space we are handing back. The Secretary of Seaton Hospital Steering Committee expressed disappointment at the responses provided and that the accommodation would be handed back to NHSPS as the Committee's wish was for the ward to be used for the provision of health and wellbeing services for the local community. However, the conversation that had taken place on 5 December 2023 had been heartening, in particular with regard to the understanding of the support and funding that the League of Friends had provided to the hospital over the years and that NHS Devon would work with the League of Friends to discuss the issue with NHSPS to try and find an acceptable solution. The Chair thanked the campaigners for attending and confirmed that NHS Devon would be working with them over the coming months. It was reiterated that the project was not to close any services but rather hand back a ward which was costing a significant amount of money to maintain and yet had not been used in over six years.
3	**Declarations of Interest** Members **noted** the Register of Interests
4	**Minutes of Previous Meeting** The minutes of the meeting in public held on 4 October 2023 were considered. A proposal had been made to remove a sentence from the minutes at Section 10 - Equity Update. The Board **approved** the minutes of the meeting in public held on 4 October as an accurate record, subject to removal of the following sentence: "It was highlighted that the funding formula had been contentious for some time, with some members of the Accounting and Corporate Regulatory Authority (ACRA), contending that it may be responsible for a systematic pattern of overspend across the country due to the unintended consequences."
5	**Citizen Story** The Chair introduced the Associate Director for Urgent Care, James Wenman (JW), to present information about the Care Co-Ordination Hub and how this had positively impacted upon the patient experience of Devon citizens.

	The following points were highlighted: • The Hub was a collaboration of NHS acute, ambulance, community, mental health and commissioning partners which aimed to facilitate early clinical conversations to safely connect patients to the right care for their needs. The multi-disciplinary and senior clinical decision-makers supported paramedics on scene to support caring for patients safely in the community and triaged lower acuity 999 calls to achieve the same aim. • There were three very distinct localities within Devon and access to pathways varied across those localities. When the "spokes" of the hub model were established in the localities the local nuances, demographics and protocols would be incorporated. • This approach required the right decision-making capability in the hub and, in order to build resilience, wider multidisciplinary opportunities should be considered. However, it was essential that the right people were in the hub in terms of how they operated and the way in which they could broker relationships to unlock care pathways. • Feedback from those who had used the service indicated that they had found the service hugely beneficial when they were told that they did not need to be admitted to hospital, particularly for those cases which involved end of life, palliative care and mental health. • Working as a multi-disciplinary team had enabled a greater understanding of the capabilities of clinical colleagues which had empowered good decision-making at all levels and increasing levels of trust. • This approach was a cultural change and required the management of risk; therefore colleagues needed to accept the level of risk associated with alternative approaches and support those decisions. • Evaluation of the work of the hub would focus on whether it made a difference. For example, if the hub had not been available to support, would a patient have been conveyed to an emergency department when there were alternative pathways? A thorough audit of added value was required as this service may be provided at the cost of another. • There had been significant investment in the hub, which had been funded through winter monies and a decision would need to be made before the end of the financial year as to whether it would be supported on an ongoing basis. • One element of the evaluation will be around the impact of the service upon those with mental health needs. Livewell and Devon Partnership NHS Trust had been involved in the work which had enabled access to advice lines, whilst the mental health desk at the ambulance trust had supported the identification of available first response services. • Evaluation across Devon and Cornwall would be beneficial, as would joint development work, as similar challenges were being faced across both counties. The Board **noted** the presentation. **Actions:** • The VCSE Assembly to be approached regarding involvement in the work of the care co-ordination hub. • An evaluation report in respect of the outcomes achieved through the Care Co-ordination Hub be presented to the Finance and Performance Committee before the end of the 2023/24 financial year.
6	**Chief Executive's Report** The Interim Chief Executive, Bill Shields (BS), introduced his report which provided updates in relation to the NHS Oversight Framework, the NHS Devon organisational re-structure, the organisation's upcoming accommodation move and briefings with Devon MPs and Helen Whately, Minister of State for Health. BS highlighted the following: • Part of his focus was to ensure the short and medium-term changes required to tackle the performance and financial pressures being faced by the system were made. • The system was forecasting a deficit for 2023-24 of £42.3m and was not currently on track to deliver this.

	• Whilst progress has been made in reducing the number of patients waiting more than two years for care, there remained more to achieve in respect of urgent and emergency care. • In response to NHS England's target for Integrated Care Boards to reduce running costs by 30%, phase one of the organisational re-structure has been completed with the Executive and Senior Leadership Team now finalised and consolidation of five offices into one site in Exeter was nearing completion. • Steve Moore had been appointed as Chief Executive Officer of NHS Devon and would commence in post on 12 February 2024. The Board **noted** the Chief Executive's Report.
6	**Chair's Report** The Chair introduced her report which included an update on the appointment of the new NHS Devon Chief Executive and visits and speaking engagements. The Chair took the opportunity to formally thank Professor Hisham Khalil (HK), who was stepping down from his role as Independent Non-Executive Member for NHS Devon. The expertise and experience that he had brought to the Board, together with his role as Chair of the Quality & Patient Experience Committee had been appreciated and it was welcomed that going forward he would become a co-opted member of the Audit & Risk Committee. HK thanked the Chair and informed the meeting that it had been a pleasure and an honour to work with fellow Board members. The Chair also informed the meeting that, since her report had been circulated, notification had been received from Sarah Lou Glover (SLG), Partner Member for Mental Health, that she would be stepping down from the Board and this would be her last meeting. The Chair thanked SLG for the level of insight into the lived experience of service users she had brought to the Board. SLG thanked the Chair and Board colleagues for their support and expressed her confidence that there were others on the Board who would consider the impact of services for individuals who used mental health services, children and young people, as well as the involvement of the voluntary sector in service provision. The Board **noted** the Chair's Report.
7	**National Oversight Framework (NOF) - NHS Devon Segmentation, Governance and Assurance** The NHS England (NHSE) System Improvement Director, Allison Williams**,** introduced a report which reminded the Board of the NOF segmentation process and the rationale for NHS Devon's assessment as Segment 4 (NOF4), to enable the Board to review its accountabilities (with partners) in relation to delivering the improvements that will enable de-escalation and exit from NOF4; consider the internal line of sight and scrutiny processes aligned to improvement plans; and review the requirements for reporting to the relevant sub-committees and the Board. The following points were noted: • The Board was responsible for the planning and allocation of resources to meet the core aims of the Integrated Care System (ICS). As a unitary board, this was the responsibility of both executive and non-executive members. • It was essential that there was a very clear line of sight to the actions and the improvements that were being made to the national team, via the Board and into the organisation, so that there was clarity of purpose and clear monitoring was enabled. • For the monthly assurance meeting with the NHSE regional team there was a requirement for a written report and proposal within the report was that this should be aligned to Board reporting, as well as being presented to the Finance & Performance Committee for detailed scrutiny. • The reference to the lack of a clinical strategy was in relation to the work of the Peninsula Acute Provider Collaborative (PAPC). The PAPC had established its governance structure to

	ensure the appropriate engagement and reporting. The first phase of work in respect of scenarios had been completed and work was underway with system partner Boards to obtain a mandate for the second phase of work, which would enable the move from a set of ideas and solutions into the basis of the clinical strategy. • The importance of incorporating work around dispersed clinical care and professional leadership in the development of the clinical strategy and that this had been included within the principles of the work. • The Clinical and Professional Care Cabinet was being re-established within the restructured organisation. It would be co-chaired by the Chief Nursing Officer, the Chief Medical Officer and a Local Authority colleague. Membership would be wide, encompassing all sectors including the Voluntary and Community Sector Enterprise (VCSE) Assembly. • The December meeting of the Finance & Performance Committee would be undertaking a deep dive into aspects of the governance arrangements required to obtain assurance on these for the Board and the outcome of this work would be reported to the February meeting of the Board. The Board: 1. **Noted** the report. 2. **Agreed** that the assurance and oversight mechanisms for exiting NOF4 set out in this report were appropriate.
8	**Progress Towards NOF4** BS and Chief Delivery Officer, Anthony Fitzgerald (AF), introduced a report that set out NHS Devon's oversight and assurance mechanisms for exiting NOF4 and proposed a new approach to reporting through NHS Devon's corporate governance structures as well as to the System Improvement and Assurance Group (SIAG) Chaired by NHS England (NHSE). The following points were highlighted: • Future reports to the Board would set out performance against each of the NOF4 exit criteria. This report showed that the financial position was not where it needed to be and, as a consequence, there was doubt as to whether the system would be able to exit NOF4 by the first quarter of 2024-25. • Work with system partners was being re-focused with regard to how the financial position could be delivered and performance was being monitored through the System Recovery Board and onto the Finance & Performance Committee. • All Chief Executives in the system had received a letter setting out further workforce and non-pay controls which were effective immediately which would require a detailed vacancy control process. • The governance of the Urgent and Emergency Care Board had been strengthened to support more focused conversations across the system. • In unscheduled care there had been a stablisation of the 4 hour wait performance target and continued improvements in the No Criteria to Reside (NCTR) position, although the latter varied across the system. The target remained to achieve single figure percentage in this area. • Ambulance handovers remained a concern and work was being undertaken with colleagues in Warrington to improve this position. • There had been continued progress in terms of elective recovery; however, that progress had been within the context of insourcing and outsourcing work which had a financial impact. Work was now focused on reducing the number of patients experiencing long waits for treatment, sustainability and productivity. • It was intended to replace insourcing and outsourcing activity with a more sustainable model which focused on the eight key areas of productivity. • There were capacity opportunities to be realised using existing facilities, but for this to be achievable there had to be a system approach, so that all capacity was used for all patients. • The new models of care work had not yet delivered the improvements that had been anticipated and work was now underway to understand whether this could be delivered through the Peninsula Acute Provider Collaborative. • NHSE had supported the appointment of a system-wide Programme Management Office (PMO) director who would be supported by re-deployed individuals to focus on urgent and

	emergency care and financial performance. This would result in the ICB becoming less reliant upon consultancy support and have a positive impact upon momentum. • The NHSE regional team had contacted ICBs regarding the role of system quality groups in looking at harm reviews beyond individual cases. This would be important for Devon, as there had been a surprisingly small number of serious incidents related to harm in light of the performance challenges being faced. • While colleagues directly involved in patient care will continue to ensure safe and high quality services and continue their focus on improving service delivery, Boards in the Devon system need to be focused also on the detail of criteria to exit NOF4 and ensure that the cumulative effort of the NHS and Social care workforce can deliver this to the target exit date. The Board: • **Noted** the current performance position against the NOF4 exit criteria. • **Noted** that the Devon Health and Care System could currently not provide assurance of meeting the target NOF4 exit date of Q1 2024/25
9	**Winter – Additional Assurance** AF introduced a report that provided an updated Winter Plan 2023/24 and additional assurance on plans and preparations which had been agreed to deliver safe and effective quality care for the population of Devon. The following points were highlighted: • The position with regard to bed availability was significantly improved on the previous year's position and further opportunities to improve had been identified, with the discussion around what can and cannot be funded being progressed with regional and national colleagues. • The strategic co-ordination centre would be key to how winter and emergency care was to be delivered going forward. The centre was utilizing "SHREWD" (Single Health Resilience Early Warning Dashboard), which not only captured lived data, but could build in some degree of predictability in terms of algorithms forecasting what would happen without any intervention. • During the previous winter a number of expensive placements had been made and there was a balance to be achieved between sustainable decision-making and meeting targets around NCTR; this would require the approach to holding risk to be re-considered. • An evaluation of the funding for projects agreed by the Board in July 2023 would be presented to the Finance & Performance Committee and whilst previously this funding had been focused at individual provider level the future approach would be to look across the breadth of services already in place and what other opportunities there may be. • Modelling was currently being undertaken around the impact of the recently announced industrial action, with submissions being made to NHSE by 8 December 2023. • There had been a disproportionate increase in demand across Devon and work was being undertaken with regional and public health colleagues to understand the cause of this and report back through the appropriate governance route. The Board **took assurance** from the report.
10	**Governance Arrangements** Company Secretary, Philippa Harding (PH), introduced a report which set out a number of proposed amendments to the governance arrangements of NHS Devon, including the establishment of a formal Executive Committee of the NHS Devon Board and associated amendments to the Scheme of Reservation and Delegation; the adoption of refreshed Terms of Reference for the Remuneration and ICB Workforce Committee; and the adoption of a Policy for Co-option to Board Committees. The report also set out a number of amendments to ways of working associated with the NHS Devon corporate governance framework, as well as plans for a more detailed governance review. The following points were highlighted:

	• There were some proposed amendments to the Terms of Reference for the Remuneration & Internal ICB Workforce Committee in that it would be helpful to make it clear that the Chief People, Officer and Director of Governance will be expected to be in attendance at every meeting of the Committee; that meetings should not take place without the chair or vice chair of the meeting being present; and to emphasise the role of the committee role in relation to the Board appraisal process. • There was a conversation to be had as part of the governance review around separating out the statutory remuneration element of the current work of the Committee from broader workforce issues and where workforce challenges and developments across the system, including for NHS Devon, were considered. • Whilst workforce needed to be considered in the context of the NHS Long Term Workforce Plan, thinking should be broader than the NHS, not only for the current transformation but the future supply of workforce. The Board: 1. **Approved** the establishment of a formal Executive Committee and associated amendments to the Scheme of Reservation and Delegation; 2. **Approved** the Terms of Reference for the Executive Committee, subject to the reference to NHS Sussex being amended to NHS Devon; 3. **Approved** the adoption of refreshed Terms of Reference for the Remuneration and ICB Workforce Committee subject to the comments set out above and paragraph 3.10 being amended to include "Review the outcomes of the NHS Devon Board performance evaluation process, including thematic outcomes from appraisals, that relate to the performance and effectiveness of the NHS Devon Board"; and 4. **Approved** the proposed Policy for Co-option to Board Committees.
11	**Provider Selection Regime** The Interim Deputy Chief Finance Officer, Kirsty Denwood (KD), introduced a report that provided an overview of the proposed Provider Selection Regime (PSR) that was due to come into force on 1 January 2024 and its implications for NHS Devon. The report highlighted the need to amend the current NHS Devon Procurement Policy and the establishment of a PSR Steering Group. It also contained a proposed amendment of the NHS Devon Scheme of Reservation and Delegation (SoRD). The following points were noted: • Responsibility for compliance with the regime sat with the Executive, who would be responsible for providing assurance with regard to this to the Board. • The Steering Group would be a sub-group of the Executive Committee which would provide assurance to the Audit & Risk Committee. • Detailed guidance was awaited in respect of the Appeals Process. • NHSE had been leading training in respect of the new regime and a record was being maintained to identify those staff who required training and that this had been undertaken. A staff briefing had also been held to increase awareness. • Whilst the internal audit plan for 2023-24 had been agreed, it was proposed that a review of the implementation of the PSR was included in the 2024-25 plan. The Board: 1. **Noted** the briefing provided in relation to the proposed Provider Selection Regime that is due to come into force on 1 January 2024; 2. **Noted** the establishment of a Provider Selection Regime Steering Group and its Terms of Reference; and 3. **Agreed** the proposed amendment of the NHS Devon Scheme of Reservation and Delegation.
12	**Board Assurance Framework** PH introduced a report that provided an update on the previously identified high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year. The report also proposed a new approach to the Board Assurance Framework

(BAF) for the remainder of the 2023/24 financial year, which was aligned to the risks associated with the organisation's exit from NHS Oversight Framework Segment 4 (NOF4).

The following points were highlighted:

- The proposal to align the risk associated with the NOF4 exit criteria had been supported by the Chairs of the Audit & Risk Committee and of the Finance & Performance Committee. Internal Audit colleagues were also supportive of the proposal.
- A re-worked BAF would be taken to the Audit & Risk Committee on 10 January 2024 for recommendation to the next meeting in public of the Board in February 2024.
- Any items that were removed from the BAF as a result of the re-working would be incorporated into the Corporate Risk Register so that they were not lost.
- It was important that issues such as the green agenda, which would have a long term impact upon the delivery of care, were not lost and that in addition to those challenges being incorporated within the Corporate Risk Register they would also be considered as part of the refresh of the Joint Forward Plan.
- The increased risk scores for the health inequalities priorities were due in part to the current financial constraints and also the focus on key areas such as urgent emergency care and elective recovery. In addition, a number of the Health Inequalities Team had been on short term contracts which had not been renewed as part of the running cost savings to be achieved. Going forward there was a commitment of £3.7m for the health inequalities and prevention agenda in the 2024-25 business plan together with the post of Director of Population Health Management within the new organisational structure which would provide an opportunity to re-focus.
- Concern that, by focussing only on the risks of exiting NOF4, the key risks which had previously been identified as likely to prevent NHS Devon achieving its objectives would be lost and whether it would be possible to enhance the existing BAF with a few more objectives rather than starting again as a number of the current risks related to exiting NOF4.
- That the current BAF was becoming a difficult document to engage with and the importance of the BAF was having a document that was clear and provided a structure to enable the Board to identify its key risks and the actions being taken to manage those key risks.
- Concern as to the variation in the detail and quality of the different sections in the BAF and whether this was reflective of the strength of the strategy being adopted to manage certain identified risks. It was accepted that this concern was for Executive Members to address, to ensure that the same high quality of information was evident in all sections of the BAF.
- Why there was no reference to the safeguarding of children and young people within the BAF or of the significant work being undertaken in this area to the change the system's approach, including the new key performance indicator system for children and young. A narrative was required in this respect.
- Reference was made to a project in respect of children's safeguarding being delivered through the prevention workstream that was no longer being supported by NHS Devon and whether there would be visibility on projects such as these if the BAF risk around health inequalities was no longer visible. It was noted that the BAF risks had promoted a new approach to the organisational re-structure and provided an opportunity to refresh and re-focus, not just as NHS Devon but also across the system with partners by building a team and approach to the whole children and young people's agenda.
- The perception of the Board not focusing upon statutory requirements if they are not included within the BAF and whether it would lead to these requirements being lost.
- There was an opportunity at the Board development session in January to have a further discussion around risk and risk appetite.

The Board:

1. **Approved** the content of the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon; and
2. **Approved** that work to align the BAF, subject to the comments set out above, for the remainder of the 2023/24 financial year, to the risks associated with the organisation's exit from NOF4 continue, with reference to the risks around meeting statutory requirements also being incorporated.

	Actions: • An update to be provided as to where the narrative around safeguarding and services for children and young people was located, if this was not within the BAF. • The next iteration of the BAF to be presented to the Board seminar session in January 2023 for consideration in advance of its submission to the Board for approval in February 2024.
13	**Integrated Quality, Performance and Finance Report (IQPR)** The Chief Delivery Officer, Anthony Fitzgerald (AF), 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 to the Integrated Care System (ICS), at both place and system level that issues are being identified and addressed. The following was highlighted: • The elimination of 104 week waits for treatment being experienced by patients in the system had been missed by two patients only. One was due to patient choice and the other due to delays during the importation of a prosthesis. • The indicators included within the report were mostly mandated nationally and formed part of the operating framework. • Re-forecasting of performance was now being undertaken following the announcement of further industrial action. • Work was underway to link the urgent and emergency care elements of the report with mental health services and those for children and young people. The way in which primary care pressures are reported was also being reviewed. • Whilst adult social care was not included within the IQPR it was important that the Board was sighted on the performance of these services as they represented a significant part of the health and social care system. A question was raised around whether benchmarking was undertaken with other ICBs with regard to the access of young people in care and of care leavers to mental health services, with it being noted that work could be undertaken with colleagues as to how this information, which was supplementary to the IQPR could be provided. The Board noted that it was important to make the distinction between its statutory accountabilities and the performance of the wider system. There was a reporting requirement for the ICB around performance and this not the same for those areas where there was a wider partnership role. The Board took **assurance** from the current performance position against the Key Performance Indicators measured through the Integrated Quality, Performance and Finance Report. **Actions:** • Performance information in respect of young people in care accessing mental health services will be circulated to the Board. • Consideration to be given to how wider system performance which was not included within the IQPR might be reported to the Board.
14	**Committee Chair's Reports: Finance & Performance Committee** Non-Executive Member for Finance, Kevin Orford (KO), introduced the reports which which provided the Board with an overview of the issues considered by the Committee at its meetings on 31 October and 28 November 2023. At the request of the Board, the Committee had reviewed an update to the response from NHS England regarding the submission of a revised plan for the remainder of 2023-24. The Committee had taken assurance from the process followed to determine the submission and limited assurance on some of the actions required to achieve the revised plan. A deep dive in respect of the risks to delivering the revised plan was to be undertaken by the Committee at its next meeting.

	The Committee had considered a proposal with respect to the disposal of the former ward accommodation, associated link corridors and ancillary space at Okehampton Community Hospital which had stood unused since 2017. Upon reviewing the outcome of the stakeholder engagement process, the risks and potential benefits associated with the proposal and that there was currently no financially viable option for the use of the ward space, the Committee agreed that an application should be submitted to NHS Property Services to undertake a surrender of the former ward space, associated link corridors and ancillary space. The Board **took assurance** from the Chair's Reports from the Finance & Performance Committee.
15	**Committee Chair's Reports: Quality & Patient Experience Committee – 18 October and 15 November 2023** Non-Executive Member for Quality & Patient Experience, Hisham Khalil (HK), introduced the reports which which provided the Board with an overview of the issues considered by the Committee at its meetings on 18 October and 15 November 2023. It was noted that the Committee considered that there was a need for the real time reporting of harm, due to the impact of delays in urgent and emergency care and also of the outcomes of cancer care. The Committee had escalated to the Board concerns around capacity within the Patient Safety Team to deal with the increased number of complaints that were being received following the delegation of pharmaceutical, optometry and dental services from NHSE. There were also capacity concerns with regard to infection prevention and control. The interim Chief Nursing Officer, Penny Smith (PS), informed the meeting that she was working with her team to identify the capacity risks and how partnership working with providers can be used to ensure that statutory obligations were being met. PS noted that consideration needed to be given to the quality and equality impacts of decisions being made during this period of financial recovery. Work would be undertaken at a system level to consider how best to allocate quality resources to maintain patient safety and experience and how such an approach can be governed. The Board: 1. **Noted** the issues of concern in respect of capacity; and 2. Took **assurance** from the Chair's Reports from the Quality & Patient Experience Committee. **Action:** The proposed approach to quality at a system level to be reported to the Quality & Patient Experience Committee.
16	**Committee Chair's Report: Primary Care Commissioning Transitional Committee – 5 and 12 October and 9 November 2023** The Non-Executive Member for Primary Care, Judy Hargadon (JH), introduced the reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 5 and 12 October and 9 November 2023. The concerns of the Committee around dentistry services were highlighted, as challenges in accessing services was causing people to suffer oral health issues. The Chair sought assurance as to the work being undertaken to address the challenges being experienced in respect of access dental services by the community and, in particular, for the most underserved and disadvantaged cohorts. It was noted that a lead for dentistry was being identified for NHS Devon, who would be leading on a business case to use some of the dental underspend to meet the needs of looked after children who need to access dental services. The issues being experienced in Plymouth would be a priority and discussions were ongoing with other ICBs across the region who were facing similar challenges in delivering dentistry services. In addition, concern as to the current situation had been escalated to NHSE colleagues as it required resolution.

	A concern was raised in respect of other services which were due to be delegated by NHSE, as once dentistry services were being delivered locally they had been subject to scrutiny which had identified significant gaps in the system and whilst the workload had increased, the resourcing had not. This should be taken into account when the delegation of Specialised Commissioning was considered. JH highlighted the pressure being experienced within the primary care sector with one contract being handed back due to the lack of available GPs. It was noted that there was currently engagement with parties interested in taking on the contract and the Team had met with the local council around the possible options. It was noted that the Committee wished to escalate concerns around the further delays in approving the Teignmouth Health & Wellbeing Centre as the extended decision-making around the estates element had caused significant issues for the primary care practices looking to re-locate to the centre. It was confirmed that an options paper was due to be considered at the next meeting of the Executive Committee and that a comprehensive approach to estate strategy was being developed and approved through the appropriate governance process. The Board: 1. **Noted** the issues of concern is respect of Teignmouth Health & Wellbeing Hub; and 2. Took **assurance** from the Chair's Reports from the Primary Care Commissioning Transitional Committee. **Action:** The NHS Lead for Dentistry, once appointed, should liaise with Local Authority colleagues around the engagement with children and young people in care about how they access dental services.
17	**Committee Chair's Reports: Remuneration & Internal ICB Workforce Committee – 14 September and 30 October 2023** Non-Executive Member for Finance, Kevin Orford (KO), introduced the reports which which provided the Board with an overview of the issues considered by the Committee at its meetings on 14 September and 30 October. KO informed the meeting that whilst Freedom to Speak Up updates would now be considered by the Audit & Risk Committee, rather than the Remuneration & Internal ICB Workforce Committee, he would remain NHS Devon's Non-Executive Lead for Freedom to Speak Up. The Board: 1. **Noted** that Freedom to Speak Up reports would now be considered by the Audit & Risk Committee; and 2. Took **assurance** from the Committee Chair's Reports of the Remuneration and Internal ICB Workforce Committee.
18	**Finance Month 7 Reports** The Board received the NHS Devon and One Devon System Month 7 finance reports which sought to provide assurance to the Board on the current and projected financial position for the year ended 31 March 2024. It was noted that the system remained significantly off plan at Month 7, with a number of local, regional and national discussions having taken place in respect of the position and mitigations are in place to deliver the plan. The Financial Improvement Director, Steve Webster, was engaged in detailed conversations with providers to understand whether the risks identified to delivering the agreed position were in fact pressures. As an Integrated Care Board, NHS Devon had a role to undertake this detailed financial work with providers which had not been the case as the previous Clinical Commissioning Group. The Board **noted** the Month 7 year to date financial performance and the forecast position as well as the risks to delivery of that forecast.

19	**Action Register** The Board: 1. **Approved** the closure of Actions 31, 35, 39 40 and 44 to 51 inclusive; and 2. **Noted** the update in respect of Action 37 in that the review of the hip and knee assessment pathway has been undertaken and will be considered by the Elective Recovery Board in January 2024.
20	**Any Other Business** None
	Meeting Closed: 13.45pm