Minutes of a meeting of NHS Devon Integrated Care Board held in public at the Boardroom, Aperture House, Pynes Hill, Exeter, EX2 5AZ and via Microsoft Teams on Tuesday 26 March 2024 between 09.00am and 12.00 noon	
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
Dr Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon
Dr Ruth Harrell	Partner Member for Local Authorities, Director of Public Health, Plymouth City Council
Dr Frank O'Kelly	Partner Member for Primary Care, GP Partner, Amicus Health
Steve Moore	Chief Executive, NHS Devon
Kevin Orford	Non-Executive Member, Finance and Remuneration, NHS Devon
Bill Shields	Chief Finance Officer, NHS Devon
Penny Smith	Interim Chief Nursing Officer, NHS Devon
Also in attendance:	
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
Anthony Martin	NHS England, South West
Andrew Millward	Chief Communications and Corporate Affairs Officer, NHS Devon
Gill Munday	Head of Primary Care, NHS Devon
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
Piers Tetley	Interim Chief People Officer, NHS Devon
Jenny Turner	Programme Director, NHS Devon
Allison Williams	System Recovery Director, NHS England
Apologies for absence	
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council

Item	Discussion
1	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting, in particular, Chris Balch Non-Executive Director at Torbay & South Devon NHS Foundation Trust, who would be taking on the role of Chair as of 1 May 2024; to Anthony Martin from NHS England who was attending in place of Martin Wilkinson; and John Trevains the newly appointed Deputy Chief Nursing Officer for NHS Devon who would be observing as part of his induction to the role. The Chair also welcomed Cllr Jan Goffey from Okehampton Hamlet Parish Council. The meeting was deemed quorate.
2	**Declarations of Interest** Liz Davenport (LD), Partner Member for NHS Trusts, notified the meeting of her interest in agenda item 10 – Torbay Section 75 Agreement due to her role as Chief Executive Officer of Torbay & South Devon NHS Foundation Trust. Board members considered that it was appropriate for her to contribute to the discussion of this item. The Board **noted** the Register of Interests.
3	**Minutes of Previous Meeting** The minutes of the meeting in public held on 7 February 2024 were **approved** as a correct record.
4	**Citizen Story** Andrew Millward, Chief Officer Communications and Corporate Affairs introduced a short film featuring two patients talking about their experience of digital access in primary care one of whom was very positive about using the online consultation software in her GP practice and the other who found it very difficult to use digital GP services. The Chair extended her thanks to Arthur Govier and Jackie Mellor. The Board **noted** the presentation.
5	**Chair's Report** The Chair introduced her report which provided an update on leadership issues, visits made and Board training recently undertaken. The Chair extended her thanks to all colleagues across the One Devon Integrated Care System for their work during a time of extreme pressure. The Board **noted** the Chair's Report.
6	**Chief Executive's Report** The Chief Executive introduced his report which included updates in respect of the Staff Survey, organisational change and industrial action. The following points were highlighted: • The challenges being experienced by NHS Devon staff in light of the organisational change process. • The significant work being undertaken at pace across the One Devon Integrated Care System in respect of the 2024-25 Operational Plan and underpinning delivery plans. The Board **noted** the Chief Executive's Report.

7	**NHS Oversight Framework (NOF) – Progress Towards NOF4 Exit** The Chief Finance Officer and Deputy Chief Executive Officer, Bill Shields (BS), together with the Chief Delivery Officer, Anthony Fitzgerald (AF), introduced a report which set out NHS Devon's oversight and assurance mechanisms for exiting NHS Oversight Framework Segment 4 (NOF4). The report detailed the assurance reporting on progress against exiting NOF4 against the 5 key domains of leadership, clinical strategy, Urgent and Emergency Care (UEC), Elective Care and Finance and covered the key performance data for January 2024 for UEC and December 2023 for elective care. The following points were highlighted: • The Capital Plan element had been downgraded in light of the capital within the system being constrained, which would have an impact on some strategic plans such as the new hospital programme, estates and the digital programme; however, each of the providers in the system would be receiving significant capital for the development of individual hospital sites. As the work required to see how this would align to the NOF4 exit criteria had not been undertaken as yet, the RAG rating had been changed. The significant risk in respect of capital was one for the whole of the NHS, not just the Devon system. Even though work out in the community would be the focus going forward, no capital spend for the community had been identified. • The negative impact of industrial action upon the ability of the system to meet its performance targets. It was suggested that this had not impacted the Devon system more than it had impacted other systems. This was due in part due to the Devon delivery models and the flow between individual providers as part of elective pathways. The One Devon Pilot had smoothed some of these issues and so there may be a lesser impact going forward. • The position with regard to 104 week waits needed focus going forward, as this was significantly detracting from improvements in other areas of performance. It was important that the impact of waits on care quality were clearly understood, subject to an end-of-year review. • Whilst good progress was being made in respect of efficiency savings for adult social care, recent evidence had suggested that systems serving older, often peripheral populations appeared to be experiencing challenges in delivering care and there being considerable waiting times for assessment. Cornwall and Somerset had been highlighted in that evidence and it was also an issue for Devon in terms of delayed discharges and the no criteria to reside (NCTR) position. At the present time NCTR was 20% at Royal Cornwall Hospitals NHS Trust and 11% at University Hospitals Plymouth NHS Trust (UHP), with there being differential access to non-acute services across the two counties. • Whether there was confidence that providers were in a position to adopt Getting it Right First Time (GIRFT) best practice. It was noted that benchmarking reports were being received and there was a clear action plan based upon best practice. Work to assess ability to adopt was underway and would continue throughout April. The "Further, Faster" initiative had also been embraced across the system which was resulting in service improvements and greater collaboration. • The plan for the Devon system to exit NOF4 in Q1 of 2024/25 was under review by the NHS England regional team. Whatever the outcome of that review, there was going to need to be a gear change in the support provided to the system and the UEC position was not improving as required. The change required would be established via a review of what had worked well and what had not and how resourcing should be allocated as a result. • In light of the challenging environment across the system what the ability was to triangulate in terms of the quality impact of the 2024-25 plans, with it being noted that baseline work had been undertaken in respect of Equality and Quality Impact Assessments (EQIA) across the system. The cumulative impact of the plans and programmes of work, including whether they disadvantaged particular sections of the population, was discussed. Going forward it was mandatory for business cases to incorporate an EQIA and work would also be undertaken to retrospectively complete any EQIAs that had not yet been completed. The Board **noted**: • the current performance position against the NOF4 exit criteria; • the process being undertaken for 2024/25 operating planning; and • that the system can currently not provide assurance of meeting the target NOF 4 exit date of Q1 2024/25.

8	**5 Year Joint Forward Plan Refresh** The Chief Medical Officer, Nigel Acheson (NA), introduced a report that outlined the approach taken to the refresh of the Joint Forward Plan (JFP) for the One Devon Integrated Care System (ICS), provided details of the revised structure and highlighted the main changes that had been made since its publication in July 2023. The following points were highlighted: • The three Health and Wellbeing Boards across the system had endorsed the content of the Plan. • For the One Devon Integrated Care Partnership, the priority was that the JFP was deliverable, especially in light of the challenges facing the public sector. Therefore, the refresh had commenced the honing of ambitions to achieve that deliverability. • Behind each of the ambitions was a detailed delivery plan being led by a system wide group. • The JFP would be linked to the 2024-25 Operational Plan through a 2024-25 Annual Plan that would be presented to the Board in May 2024. • The out of hospital element of the Plan would be critical to securing long term success. • The Green Plan objectives would need further consideration going forward as the system was having a huge impact on travel and a balance needed to be struck between climate change and the impact on patients with regard to where they were treated. The primary care aspect of this work would be important, particularly how this would be resourced. It was emphasised that it would be essential that the system worked together across health and local authorities. • Whether there would be sufficient capacity to deliver the intentions of the JFP in light of the organisational change and pressures of meeting NOF4 requirements. • The focus on system partnership and intention was welcomed and that the work programmes of providers and partners should be aligned to delivery of the JFP. • NHSE did not assure the JFP; however, it did provide support and challenge and would include consideration of it as part of NHS Devon's Annual Assessment. The Board **approved** the 5 Year Joint Forward Plan.
9	**Primary Care Access Recovery Plan** The Head of Primary Care, Gill Munday (GM), introduced the report which described some of the national and local context on the current financial and demand challenges being faced by primary care and provided a progress update for each workstream under the Primary Care Access Recovery Plan (PCARP), together with a full description of the trajectories linked to PCARP delivery and current achievement. It was noted that the central ambitions of the PCARP were to tackle the demand peaks, particularly early morning to reduce the number of people experiencing difficulty in contacting their practice and for patients to know on the day they contact their practice how their request will be managed. The following points were highlighted: • A great deal of progress had been made over the past year with all Devon practices now having cloud-based telephony systems. • The appointments offered per 1000 population was approximately 24% higher than the national average. • The focus upon increasing performance in respect of same day access could negatively impact upon continuity of care and it was important that measuring performance in respect of the latter was not lost. • A strong connection between primary and secondary care was essential and this had been improved through the introduction of an agreement between the two sectors across the system. • Devon was very strong in the area of digital access for patients, but it was important that the choice remained for patients if they were not confident or happy to use a digital service for their health care, so that inequalities in access did not occur. • At Primary Care Network level work was underway with regard to capacity and access plans and working with the voluntary sector to host sessions around digital to support communities.

	However, patients should be able to contact their GP through a variety of means including by phone and by walking into the surgery in line with the modern general practice model. • How to be assured that Devon was keeping up with technological developments for care as well as administrative tasks. **Action:** • A Board Development Session to be held in respect of the longer term strategy for Primary Care across Devon. The Board **noted:** • the content of the report; and • the need to adequately resource what was an expanding, and system critical, primary care transformation programme.
10	**Torbay Section 75 Agreement** BS introduced the report which provided the necessary information to support the approval by Torbay and South Devon NHS Foundation Trust (T&SD), NHS Devon Integrated Care Board (NHS Devon) and Torbay Council to sign a new tri-partite Section 75 agreement, enabling the delivery of integrated Adult Social Care services in Torbay from April 2025 to March 2030. The report set out an overview of the financial challenge, a description of the transformation plans to support financial sustainability, whilst improving outcomes for residents, together with the principles of how the partnership would operating and the funding commitment to support the plans from Torbay Council. The following points were considered: • Whilst there had been an agreement in place for over ten years, it was now time for this to be made more robust and so work had been undertaken to develop a Memorandum of Understanding which would form the basis for the detailed Section 75 agreement which would be negotiated and agreed between now and April 2025. • The Integrated Care Organisation had developed a very specific integrated model of co-dependency across the different elements of care delivery and moving away from that would require returning all elements of social care back to the local authority. However, to continue with the model service transformation work needed to be undertaken to identify credible opportunities for that. • At present there was not adequate assurance that the agreement could be made financially sustainable and that needed to be understood in more detail as the negotiations progressed. • That the approach remained consistent now that NHS Devon had been established and whilst the partnership approach was more developed in Torbay than across the rest of the system, it was consistent with the move to system working. • An Executive Committee was to be established with senior level engagement from across the system that would be charged with ensuring delivering against the plan. • One of the collateral benefits of the Torbay model was when considering the NCTR position and the knock on impact on UEC, so it shouldn't be considered on financial terms only. • Whether there was scope for enhanced efficiency and productivity within the current service specification and so part of the ongoing negotiations would be to establish how the available funds can be applied to best effect for service users. Performance management of the service and contractual arrangements would be key in limiting the risk exposure. The Board: • **approved** NHS Devon entering into a new tri-partite Section 75 agreement, enabling the delivery of integrated Adult Social Care services in Torbay from April 2025 to March 2030; and • **delegated authority** to the Chief Executive Officer to sign the Section 75 agreement that would be supported by an updated Memorandum of Understanding, which included the key principles and ways of working for all organisations that were part of the tripartite agreement.

11	**Integrated Quality, Performance and Finance Report (IQPR)** AF introduced the report which provided a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the Integrated Care System (ICS), at both place and system level that issues were being identified and addressed. The following points were highlighted: • The 28 day faster diagnostic standard for cancer had been met during the reporting period. • Ambulance turnaround times at UHP remained a cause for concern. As no serious incidents had been reported work was ongoing with South Western Ambulance Service NHS Foundation Trust to identify harm that may occur outside the pathway as a result of handover delays which would be reported to the UEC Board. • There had been a 9% increase in demand for primary care this year to date. • NHS Devon was working across all agencies to develop a statement of action in response to the Joint Target Area Inspection report for Torbay. • Waiting times for speech and language therapy remained an area of concern and for attention deficit hyperactivity disorder (ADHD) diagnosis and treatment waits with this being linked partly to their increased prevalence. A business case had been developed which would see a needs-based approach being taken with support workers providing the care required by the young people affected straight away rather than awaiting a formal diagnosis. Work would also be undertaken with regard to reducing the backlog of assessments that were required. • Workforce agency spend was higher than predicted and would be a focus over the coming year, with there being a significant Cost Improvement Plan in this area. • In addition to the ongoing junior doctors industrial action there may be disputes in respect of the 2024-25 pay negotiations which would significantly impact on performance and finance. The Board **noted** the current performance position against the Key Performance Indicators measured through the IQPR.
12	**Board Assurance Framework** The Company Secretary, Philippa Harding (PH), introduced the report which provided an update on the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year. The report also set out a proposed new approach for the Board Assurance Framework (BAF) for the 2024/25 financial year, aligning it to the six themes within the NHS Oversight Framework, and proposed a Risk Appetite Statement. The following was highlighted: • The proposed approach to the BAF in 2024/25 was an interim approach whilst work around the Joint Forward Plan, Integrated Care Strategy and delivery of an annual plan was worked through which would result in a more developed understanding of our strategic risks. • The Audit & Risk Committee had considered the BAF at its meeting on 13 March 2024 and endorsed the recommendation that in 2024/25 the BAF should be aligned to the themes set out in the NHS Oversight Framework and the associated risk appetite statement. • A fully developed BAF alongside a clear strategic intent would become the most important way in which the Board's agenda could be guided. It would provide a clear picture as to whether the organisation was being successful in strategic terms whilst allowing for focus on the tactical and the day to day operational issues. The Board **approved:** • the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon; • the proposed approach for the BAF for the 2024/25 financial year, aligning it to the six themes within the NHS Oversight Framework; and • the proposed Risk Appetite Statement for 2024/25.

13	**NHS Devon Staff Survey Results and Action Plan** AM introduced the report which provided the 2023 staff survey results and provided information on the key themes from the survey along with the main actions NHS Devon planned to take to address the feedback provided by staff. The following points were highlighted: • This was the first time in five years that the results for NHS Devon had declined. • The impact of the organisational change upon staff. • There were significant variances in the results across Directorates and so it had been important to engage with Directorates to understand the nuances. • As the survey presented a point in time, whether some kind of short survey could be undertaken on a regular basis to assess whether staff were feeling more or less positive about working for the organisation as the year progressed. It was noted that there was a recognised process across the NHS which could be adapted to fit NHS Devon, with it being anticipated that this could commence in two to three months' time. • The Board had set the environment within which staff had worked during 2023 and so had a responsibility to improve the situation for staff as soon as possible. • The organisational development approach outlined in the report would commence with a review of the themes which had been identified through the Directorate feedback sessions. • The ICBs which were in NOF4 had been amongst those that had seen the most significant deterioration in the survey results and that this should be considered by NHS England to identify any learning. • Whether small initiatives could commence whilst the organisation was going through this challenging period to give staff some confidence that their voices are being heard and views taken into account. The Board: • **noted** the NHS Devon 2023 Staff Survey results; and • **supported** the actions set out in the report.
14	**Cornwall and Isles of Scilly ICB Update** The Board **noted** the Cornwall and Isles of Scilly ICB Update
15	**One Devon Integrated Care Partnership Update** The Chair of the One Devon Integrated Care Partnership, Councillor James McInnes (JMc) introduced a report which provided an overview of the meeting held on 1 February 2024 which focused on the services for children and young people in Devon. It was noted that the April Board Development Session would also be focusing upon this issue. The Board **noted** the One Devon ICP Update
16	**Committee Chair's Reports: Finance and Performance Committee – 27 February and 14 March 2024** The Chair of the Finance and Performance Committee, Independent Non-Executive Member Kevin Orford (KO) introduced reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 27 February and 14 March 2024. It was highlighted that a high level of assurance was being received by the Committee in respect of the process for the development of the 2024-25 Operational Plan. The Board **noted:** • the list of proposed assurances required before the final 2024/25 Operational Plan could be approved; and • the context of the discussions of the Committee in respect of the IQPR and Progress Towards NOF4 Exit Report when considering the final 2024/25 Operational Plan.

17	**Committee Chair's Report: Quality and Patient Experience Committee – 14 March 2024** The Chair of the Quality and Patient Experience Committee, Independent Non-Executive Member for Citizen and Community Involvement, Thandiwe Hara (TH) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meeting on 14 March 2024. The Board: • **endorsed** Livewell South West's adoption of the Patient Safety Incident Response Framework and associated action plan; and • **noted** the need to align CQC actions arising from inspection and NHS England National Maternity Safety Support Programme into one cohesive improvement plan with clear measures of success and this would align both improvement and oversight by Trust Boards, the ICB and Regulators.
18	**Committee Chair's Report: Primary Care Commissioning Transition Committee – 8 February and 14 March 2024** The Chair of the Primary Care Commissioning Transition Committee, Independent Non-Executive Member for Primary Care, Judy Hargadon (JH) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meetings on 8 February and 14 March 2024. The Board took **assurance** from the Committee Chair's Reports of the Primary Care Commissioning Transition Committee meetings held on 8 February and 14 March 2024.

19	**Committee Chair's Report: Audit & Risk Committee – 19 February and 13 March 2024**
	The Chair of the Audit and Risk Committee, Independent Non-Executive Member for Audit and Risk, Graham Clarke (GC) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meetings on 19 February and 13 March 2024.
	
	The following was highlighted:
	• The meeting on 19 February 2024 had been held to receive outstanding internal audit reports; however, some of these remained outstanding.
	• An internal report in respect of IT Governance and Levelling up was received which flagged that consideration should be given to whether the current IT Strategy remained appropriate and could be delivered in the context of the system being in NOF4.
	• The Committee was concerned that ICBs may be asked to take responsibility for Freedom to Speak Up for primary care and NHS Devon was not adequately resourced to take on this work.
	• The first draft of the Annual Report and Accounts for 2023-24 was received by the Committee, with a further draft to be received on 22 April 2024.
	• The external audit plan was approved.
	
	The Board:
	• **approved** the:
	  • Standards of Business Conduct Policy
	  • Conflicts of Interest Policy
	  • Risk Management Policy
	  • Receipt, Acceptance and Management of Petitions Policy
	  • Policy for the Management and Development of Procedural Documents;
	• **noted** that the Committee endorsed the recommendation that, in 2024/25, the Board Assurance Framework should be aligned to the themes set out in the NHS Oversight Framework and the associated risk appetite statement considered at Agenda Item 12 of this meeting;
	• **noted** the risks associated with the suggestion that ICB Freedom to Speak Up take on the provision of support to Primary Care service providers; and
	• **noted** the lack of clarity in respect of the Digital Strategy and whether a re-evaluation and re-prioritisation should be undertaken.

20	**Finance Month 10 Reports** The Board received for information only the NHS Devon and One Devon System Month 10 finance reports which sought to provide assurance to the Board on the current and projected financial position for the year ending 31 March 2024. The Board **noted:** • the revised forecast submission as agreed as part of the national reforecasting exercise and the associated change in forecast anticipated at Month 11; and • the information provided with regard to the NHS Devon and the One Devon ICS financial position as at the period ended 31 January 2024.
21	**Quality Report** The Board received for information only a report which provided oversight of NHS Devon's quality functions and highlighted the areas of Joint Targeted Areas Inspection, Safeguarding, Never Events, Quality Early Warning Scores and Continuing Health Care. The Board **noted** the current content of the Quality Report.
22	**Action Register** The Board: • **approved** the closure of Actions 55, 56, 60, 65, 67 and 70 as recommended on the spreadsheet; • **approved** the closure of Action 64 as this information was circulated to Board members on 22 March; and • **noted** the updates in respect of the remaining open Actions.
23	**Questions from Members of the Public** The following question had been received from Dr Peter Rudge, Lisson Grove Medical Centre: "I have served the community of Plymouth for 25 years as a GP. I have seen LCGs, PCGs, PCTs, CCGs and now ICS's. In that context I would like to ask a simple question of those that commission care from general practices in my area. What do you want us to do once we have exceeded safe working practice?" The Chair provided the following response. "I will be reaching out to Dr Rudge to offer to meet him to discuss the issues surrounding the question he raises. However, in general terms, we do understand that practices are experiencing significant pressure and in extreme cases enacting a Business Continuity Plan is necessary, however, it is our expectation that practices should be looking at their internal processes and working with their Primary Care Network colleagues on an ongoing basis to manage capacity in Primary Care. For example by: • implementing strategies from as early in the day as possible to respond to demands before reaching capacity; • using practice resources to their optimum for instance by reviewing skill mix including the most effective use of Additional Roles Reimbursement Scheme staff; • ensuring the practice/Primary Care Network has accessed the national care navigation training (or locally sourced alternative) and disseminated that learning within the practice; • implementing cloud based telephony and utilising the data to help match practice capacity to the demand • reviewing triage processes to ensure they are effective and that the patients that really need to be seen on the day are prioritized; • ensuring the practice/Primary Care Network is fully utilising Enhanced Access appointment capacity;

	• involving the Patient Participation Group and discussing with peers about how they are managing the demand; • fully utilising the resource available through NHS Devon or national programmes aimed at improving access such as Primary Care Access Recovery Plan, Primary Care Network Capacity and Access funding, transformation funding, resilience programme and the National General Practice Improvement Programme; • where appropriate signposting to Pharmacy First; and • where appropriate signposting back to secondary care as per the interface agreement NHS Devon recognises that all practices are unique and have their own processes and set of circumstances. The Primary Care Team is happy to discuss the above with any practice who is struggling to meet demand."
24	**Any Other Business** None
	Meeting Closed: 12 noon