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 Wednesday 18 September between 09:30 and 12:45	
Name	*Title and organisation*
Board Members:	
Kevin Orford	Acting Chair, NHS Devon
Steve Moore	Chief Executive Officer, NHS Devon
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
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council
Dr Frank O'Kelly	Partner Member for Primary Care, GP Partner, Amicus Health
Dr Lincoln Sargeant	Partner Member, Local Authorities (Population Health and Prevention), Director of Public Health for Torbay
Penny Smith	Chief Nursing Officer
Also in attendance:	
Helen Braid	Head of Governance, NHS Devon
Dr Alex Degan	Primary Care Medical Director, NHS Devon
Kirsty Denwood	Deputy Chief Finance Officer, NHS Devon
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Hisham Khalil	Co-Opted Member of the NHS Devon Audit and Risk Committee
Richard Schofield	Director of System Coordination & NHS Greener SW SRO
Piers Tetley	Interim Chief People Officer, NHS Devon
Sam Wadham-Sharpe	Director of Planning and Performance, NHS Devon
Apologies for absence	
Professor Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health, NHS Devon
Mark Cooke	Managing Director, NHS England South West
Philippa Harding	Company Secretary and Interim Chief Communications & Corporate Affairs Officer, NHS Devon
Bill Shields	Chief Finance Officer, NHS Devon
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
Allison Williams	System Improvement Director, NHS England

Item	Ref	Discussion
1.		**Introductory Items**
1.1	ICB24 - 051	**Welcome, Introductions and Apologies** The Chair welcomed Board members to the meeting. Apologies for absence had been received from Bill Shields, Allison Williams, Mark Cooke, Philippa Harding, Kate Shields and Sheena Asthana. It was noted that Kirsty Denwood would be deputising for Bill Shields, Helen Braid for Philippa Harding and that Richard Schofield was attending on behalf of the NHS England South West Regional Team. The Chair welcomed Lincoln Sargeant, Director of Public Health at Torbay Council, who had taken up the role on the Board as Partner Member for Local Authorities (Population Health and Prevention). Alex Degan introduced Becky Randall, a GP trainee who would be observing the meeting as part of her ongoing professional development. It was noted that a meeting in private would be held later in the day when items commercial in confidence would be considered, together with the draft Medium Term Financial Plan. The meeting was deemed quorate.
1.2	ICB24 - 052	**Declarations of Interest** The Board **noted** the Register of Interests. In addition it was noted that Kirsty Denwood had made a “nil” declaration.
1.3	ICB24 - 053	**Minutes of Previous Meeting** It was noted that the question from the public that had been submitted to the July meeting had been appended to the minutes, together with the response provided by the Chief Executive Officer. The Chief Nursing Officer, Penny Smith (PS) referred the meeting to Minute ICB24-037 in respect of Children and Young People’s Services Recovery and the review that had been requested regarding the impact of a patient’s right to choose upon costs and waiting lists. The meeting noted that all the providers involved had now been identified; however, the data included a mix of adults and children who were proving challenging to separate out. The team was working to a deadline of the end of September to complete this work. The minutes of the meeting in public held on 25 July 2024 were **approved** as a correct record.
1.4	ICB24 –054	**NHS Devon: 2023/24** The Chair introduced a short film which highlighted some of the key themes for NHS Devon during 2023/24 and featured members of staff talking about their area of work and also Kevin Dixon, the Chair of Healthwatch in Devon, Torbay and Plymouth, who explained how NHS Devon had worked with Healthwatch to better understand the needs of local people and communities. The film was **noted.**

1.5	ICB24 - 055	**2023/24 Annual Report and Accounts** The Chief Executive, Steve Moore (SM), introduced a report which presented the Board with the final Annual Report and Accounts for NHS Devon for the period 1 April 2023 to 31 March 2024. This report also formally presented the outcome of the 2023/24 Annual Assessment of NHS Devon undertaken by NHS England (NHSE). Issues highlighted during consideration of this item included: • NHS Devon had met all financial duties as required and had received an unqualified audit opinion for the accounts. • NHSE had confirmed that NHS Devon was compliant with its statutory duties. • The Annual Assessment letter clearly set out the challenges that had been faced by NHS Devon during 2023/24 and it was evident from the Board papers being considered at the meeting that those challenges were being addressed. • Areas of improvement required were clear and the development of the Medium Term Financial Plan being considered at the meeting in private later in the day would support the progress required to achieve financial and clinical stability. • Whilst challenges remained, collaboration had now become a way of working and NHS Devon staff were commended for the support that had been given to providers in meeting those challenges. • Chair of the Audit and Risk Committee, Graham Clarke (GC) confirmed the view of that Committee that the documents provided a balanced view of the 2023-24 year. • The Annual Report and Accounts did not reference the savings made across the system and what levels of system savings would be required in future years. System finances would be picked up through the Medium Term Financial Plan. • A formal response would be made to the 2023/24 Annual Assessment Letter, which would be provided to the Audit and Risk Committee. Thanks were extended to the teams who had contributed to the production of the 2023/24 Annual Report and Accounts. **Action:** • The formal response to the 2023/24 Annual Assessment letter to be provided to the Audit and Risk Committee, with a progress report in respect of implementation to be presented to that Committee in six months time. The Board: • **Noted** the final NHS Devon 2023/24 Annual Report and Accounts • **Noted** the Annual Assessment for 2023/24 of NHS Devon by NHS England
2.		**Leadership Reports**
2.1	ICB24 - 056	**Chair's Report** The Chair introduced the report which provided his thoughts in respect of the 2023/24 Annual Report and Accounts and also updated the Board of the visits undertaken as part of his continuing induction as Acting Chair of the NHS Devon Integrated Care Board. The Board **noted** the content of the Chair's report.

2.2	ICB24 - 057	**Chief Executive Officer's Report** The Chief Executive introduced his report which provided an update in respect of the organisational change staff consultation, general practice collective action and children and young people's autism services recovery. It was noted that over 800 pieces of feedback had been received and responded to during the staff consultation and thanks were extended to Human Resources team who had managed the process. The report also presented an amended Ambulance Partnership Board Delegation Agreement for approval, with it being noted that the changes in the Agreement were to ensure there was a good governance process to support the way in which issues were being captured and addressed. Challenge was raised as to whether as a region wide organisation, South Western Ambulance Service NHS Foundation Trust (SWASFT) was able to focus at a locality level. It was noted that agendas needed to be clear as to what was happening at a system level and the work that was required at locality level, with the example of the Devon Task and Finish Group that was currently reviewing Category 2 response times. The Board • **Noted** the content of the report. • **Approved** the amended Ambulance Partnership Board Delegation Agreement.
3.		**National Oversight Framework Segment 4**
3.1	ICB24 - 058	**Recovery Support Programme (RSP) assessment of NHS Devon progress towards delivery of exit criteria for NOF4 in 2023/24** The Chief Executive introduced the report that provided the high-level assessment undertaken by the System Improvement Director of progress made against the criteria required for NHS Devon to exit Segment 4 of the NHS Oversight Framework (NOF4), leading up to the June 2024 reset. It represented a point in time and where further progress has been made since the reset, this was reflected in the final section of this report. The following points were highlighted: • Whilst significant progress had been made, more work was required and there was pressure on all sectors to maintain momentum and energy. The learning to date was being carried forward with conversations taking place to support senior teams and ensuring that the right people were in place to deliver the improvements required. • A balance had to be struck around supporting long term sustainable change and doing what was needed in the short term; as, for example, provider collaboratives would require some 5-7 years to deliver sustainable change, but additional capacity could be brought into the system now to support the fragile services programme. • The role of NHS Devon in respect of Population Health Management was to convene partners across the system rather than delivering programme of work. There was a need to articulate the nature of the strategic challenges being faced, with the delivery to address these challenges being de-centralised to localities with the Local Care Partnerships playing a key role in that delivery.

		• Staff should be commended on the progress that had been made towards achieving an exit from NOF4, particularly in terms of financial savings, with it being acknowledged that the significant impact resulting from this constant pressure should not be underestimated. • Reference was made in the report to the need for a clear clinical strategy supported by robust plans to deliver the performance improvements and service transformation to enable Devon to be clinically and financially sustainable and whether this should be articulated as a Board Assurance Framework (BAF) risk. • Whilst detail had been provided as to how the issues raised in the report were being addressed, would it be possible to pick out a line on one of the plan and Chief Officers be assured that what it was assumed was happening was actually happening or not. It was noted that the Locality Planning and Delivery Meetings (LPDMs) were based upon honesty and being clear with each other that the focus was improvement, and that support would be provided if trajectories were not being met. In addition, there was the performance information that was being produced which would highlight success or where there was an issue that needed to be clearly understood and addressed. • One of the areas of progress had been to develop a common understanding of issues rather than externalising issues or trying to address the wrong drivers of problems. • The Board was fully supportive of the work being undertaken and the position did feel tangibly different than in previous years; however, should there be problematic issues these should be raised with the Board as soon as possible to enable the support required to be identified. • The output of the first round of LPDMs was currently being analysed prior to letters being written to each of the NHS provider Chief Executive Officers setting out what needed to be delivered during the next six months to ensure that the system remained on trajectory to exit NOF4 in the first quarter of 2025/26. • Whether there was any contention between the role of sovereign Boards versus the System Leadership Group and that the role for NHS Devon was to take ownership to ensure that there was the right balance between the two elements. The starting point would be clear and consistent reporting to all Boards, followed by all Boards understanding the importance of their contribution to the system plan and being fully engaged with its delivery. This structural approach would also be complemented by the relationships that had been built over the past year. • A Clinical Strategy was required that would drive the system's agenda, which addressed the total need of the population and dealt with the underlying root causes of the challenges that had to be addressed. This development of the strategy needed to start with a Board conversation around the nature of the challenges which would then enable a broader system discussion which in turn would lead to the plans that would flow from the strategy. • Clarification was awaited as to the detail of the future RSP funding and this would form part of the discussion at the RSP Escalation meeting with NHSE on 17 October 2024. • There was no specific communications plan in respect of NOF4, but rather there being ongoing messages around planned care, waiting times and receiving treatment as those were the concerns of staff and patients. Board members expressed their thanks to Allison Williams for her report.

		Action: • The letters to provider CEOs regarding delivery for the next six months to be circulated to Board members. The Board **noted** the report from the System Improvement Director.
3.2	ICB24-059	**NHS Oversight Framework – progress against Segment 4 exit criteria** The Director of Planning and Performance, Sam Wadham-Sharpe (SWS) introduced the report which sought to provide the necessary assurance to the Board on progress against the agreed criteria and metrics required to exit Segment 4 of the NHS Oversight Framework (NOF4) in Q1 of 2025/26. The report detailed the system position on the criteria for strategy, leadership, Urgent and Emergency Care (UEC), elective and finance recovery, accompanied by a locality position on delivery against trajectory and the key actions to either maintain or improve performance. It was noted that the detailed performance data supporting the report had been scrutinised by the Finance and Performance Committee at its meeting on 12 September 2024, who had subsequently accepted the report recommendations with regard to assurance levels. The following points were highlighted: • It was anticipated that the assurance rating for elective care would move to limited assurance during the month. • Whilst there were variances in performance, situations and relationships were changing and the key was continuing to learn from experience. • The trajectories at the beginning of the year had been ambitious; however, improvements were being made and interventions were considered at planning and delivery meetings to see where improvement could be pushed further. In addition, there were interventions already built into the trajectories such as new urgent treatment centres which together with experience, increased capability and any additional funding would result in improved performance. • The challenge remained around sustainability and providers were learning from each other, best practice and innovation. The right people, process and infrastructure needed to be aligned to ensure credibility and sustainability, all of which required investment. • Winter planning was now part of the annual planning process for the system and not treated as a separate issue; however, specific reporting and process was required in respect of mitigating actions throughout the winter period. • Increased demand could undermine increased provision significantly. The detail in the 2024/25 planning was much higher than in previous years and that had enabled a clear articulation of what level of demand providers could consume which when combined with the work being undertaken around the levels of growth that might be seen across the system was leading to a greater understanding of what was driving that growth. • The impact of GP collective action upon finance and UEC was an unknown quantity at present; however, intelligence gathering was underway with primary care beginning to see some evidence around mental health and prescribing impacts. • To exit NOF4 by the target date of quarter one of 2025/26 would require the system to achieve trajectory in October 2024 and to sustain that performance for the remainder of the financial 2024/25 financial year.

		• The assurance ratings in the report were around performance against trajectory to date and it was accepted that the Board's committees needed to be forward looking and considering the risks that were being faced. • That the report would benefit from a section highlighting risks to meeting targets for example due to changes in demand. On behalf of the Board, the Chair thanked the NHS provider Executive Teams across the system and SWS for their work on the recovery programme. **Action:** • An update report on the current incident management process in place to mitigate the GP Collective Action together with the current level of intelligence around the impact of the action to be brought to the next Board meeting. • A corporate approach to assurance descriptors to be developed. • A section regarding risk to be included in future reports. The Board • **Agreed** the overall assurance level relating to progress against the NOF4 exit criteria as satisfactory. • **Agreed** that adequate plans were in place to mitigate the risks relating to the delivery of NOF4 exit criteria identified in the Locality Planning and Delivery Meetings and the System Leadership Group.
4.		**Governance, Performance and Assurance Reports**
4.1	ICB24 - 060	**Quality Report** The Chief Nursing Officer, Penny Smith (PS), introduced a report which aimed to summarise and provide assurance to the Board regarding patient safety and quality issues, the actions NHS Devon was taking to address these and how assurance on a sustained improved position was being sought. The report sought to evidence the triangulation of quality information around key issues identified through the quality governance process. Issues discussed during consideration of this item included: • All providers had now transitioned to the Patient Safety Incident Response Framework (PSIRF) and work was now underway with primary care colleagues. • There had been a key focus on never events with assurance being taken from the rigour around this from providers and it being noted that Torbay & South Devon NHS Foundation Trust (TSD) was taking learning from the Royal Devon University Healthcare NHS Foundation Trust (RDUH). • There had been some challenges around the governance of infection management which had now been addressed to good effect. • All three maternity providers in the system were subject to the National Maternity Improvement Plan and whilst diagnostic work was still being undertaken there were some emerging themes which would be presented to a joint strategic meeting during November. • There had previously been challenges in displaying the total waiting list size, including waiting time issues within mental health and within children and young people's services. A request had recently been received from the NHSE regional team for a data set which would see NHS Devon working with providers to gain a much better understanding of waiting which would be

		incorporated into the NHS Devon Annual Plan reporting as quickly as possible. • NHSE had developed a national quality framework and going forward the Quality Report would give assurance against delivery of that framework. • There had been concerns around the availability and supply of medication for young people, particularly in respect of ADHD medication. This had resulted in some GPs being required to take decisions which should be under secondary care advice. The issue of medication might also be a concern when considering the right to choose which could result in patients moving between the public and private sector and whether GPs would be required to pick up private sector prescribing. • Risks and incidents around water pollution were increasing and work was ongoing with public health colleagues around the learning from the recent episode in Torbay and to strengthen partnership working across all sectors. **Action:** • The implications of the right to choose for patient pathways to be considered at a future meeting of the Quality and Patient Experience Committee. The Board **noted** the overall assurance level relating to the quality position of NHS Devon as satisfactory and **supported** the position that adequate plans were in place to mitigate and improve quality risks.
4.2	ICB24 - 061	**Finance Reports** The Deputy Chief Finance Officer, Kirsty Denwood (KD), introduced the Month 4 Finance Reports for NHS Devon and for the One Devon Integrated Care System. The following points were highlighted: • The Finance and Performance Committee had scrutinised the reports at its meeting on 12 September 2024 and supported the recommendations relating to the levels of assurance for each section in the reports. • Overall NHS Devon was in plan in terms of forecast and year to date position; however, there was limited assurance around the savings and efficiencies due in part to the confirmation that any unspent dental funding would be clawed back. • There was no longer any unidentified Cost Improvement Plans (CIP) across the system and there was a target to reduce the high risk level of CIP to less than 20% by month 5. • It had been indicated that an element of the costs incurred in respect of industrial action would be provided which would mitigate the risk position, but there did remain unmitigated risk in the plan. The Board **agreed** the overall assurance level relating to the financial position of NHS Devon and of the One Devon Integrated Care System was satisfactory and that adequate plans were in place to mitigate the risks relating to the delivery of planned saving and efficiencies and to the management of the risks identified at the plan stage.
4.3	ICB24 - 062	**Performance Report** The Chief Operating Officer, Anthony Fitzgerald (AF), introduced the report which provided the NHS Devon Board with assurance on key areas of performance in relation to a range of internally and externally set Key Performance Indicators (KPIs) that were not covered in other assurance reporting presented elsewhere on the agenda for this meeting.

		The following points were highlighted: • Work had been undertaken with providers to understand what sat within community waiting lists which presented a complex picture of at least 28 individual domains. It appeared that there had been an increase in waiting lists for children and young people and for muscular skeletal services and work would now be undertaken to validate this. • Community waiting lists would form part of the discussion at the next round of Local Planning and Delivery Meetings (LPDMs) so that this area would be brought into the wider consideration around performance improvement. • The lack of accuracy of the primary care data being fed into the National Workforce Reporting System. • That 30% of the primary care workforce was over the age of 55 and it would be a significant challenge to replace that level of workforce. • There were certain periods in the life cycle when waiting times had more impact and this was the case for speech and language in two to four year olds where delayed intervention could result in ongoing challenges throughout childhood and into adulthood. • The datasets for ADHD and autism needed to be reviewed together with those for speech and language therapy as it was often unclear as to why particular pathways had been chosen for patients. **Action:** • Early detailed work should be undertaken as to the issues that should be taken into the 2025-26 planning round. The Board **agreed** the individual assurance levels relating to the performance criteria contained in the report.
4.4	ICB24 - 063	**Delivery of the 2024/25 Annual Plan – Assurance** The Chief Executive introduced the report which set out oversight and assurance for the delivery of each NHS Devon Directorate's 2024/25 Annual Plan objectives. The report provided details of the objectives where the Programme Management Office (PMO) and Performance team had either no or only partial assurance with respect to progress being made to deliver the Plan. The following issues were highlighted: • The content of the report was created through the detail provided by each Directorate in their highlight reports and the outputs of the review and assurance process with these reviews being chaired by the Director of Performance and Planning. • Further improvements in the delivery of the Plan were anticipated as the 2025/26 planning round commenced as objectives would be clear, there would be direct executive ownership of actions and individual objectives would be assigned to the relevant Assurance Committee. • The Chief Finance Officer objective around procurement was now fully in place. • The report contained areas that were "red" rated and yet were marked as fully assured which was due to the approach of where 50% of priorities were fully assured it received an overall rating as such. That the current approach would be reviewed moving forward. • There was unknown assurance for one or two areas due to capacity and a statement on that would be included within the next report. Other issues leading to an unknown assurance rating included work not having

		commenced yet due to the timing of the objective or that there was not the ability to track the metric as yet. • Understanding why data was not available for some metrics would be important as would the prioritisation of what data it was important to collect first. Looking outwards to identify where similar issues had been solved was an approach that was being adopted with the Business Intelligence team working across other systems to learn how other systems measured their progress and performance. • There needed to be a clear articulation of what success looked like for all of the objectives so progress could be accurately measured. **Action:** • A statement around where capacity was impacting on the ability to rate assurance levels to be included in the next iteration of the report. The Board: • **Noted** the assurance report summary and assurance levels for each Directorate. • **Approved** the proposed amendment of the Annual Plan to include: "The ICB will address significantly poorer outcomes for care-experienced children and young people by tackling access and equity issues in care delivery."
4.5	ICB24-064	**Winter Plan 2024/25 – Process and Principles** AF introduced the report which described a collective, system wide approach to winter planning in Devon for 2024/25. The following points were highlighted: • The system wide Winter Plan would be presented to the Unscheduled Care Board at its September meeting. • The work being undertaken to develop the plan was based on the assumption that there would be no additional funding available; however, there was ongoing engagement with primary care to establish what could be achieved in terms of admission and attendance avoidance. • Work was also being undertaken with the NHSE regional team in terms of impact change analysis and their work in respect of standardising the ambulance offer across the South West. • The approach being taken was that planning for winter was part of business as usual rather than a separate process with the plans being put in place being those that were being used to manage effective urgent and emergency services. • The right people had been involved in the planning and would be involved in the operational delivery of the plans including SWASFT and the providers of the NHS111 service in Devon. It would be important to maintain engagement, particularly during testing times. • The success of the planning was based upon the expectation that providers would continue to meet their elective care targets and so it was essential that elective pathways were protected. • That a peer to peer review would add value to the process and the possibility of system level event was currently being investigated. • Whether primary care collective action should be incorporated within demand and capacity modelling. • The Business Intelligence team was currently developing work in respect of using the data from winter to inform prevention activities and were also looking at what was happening in other areas for scenario modelling. • The Single Health Resilience Early Warning Dashboard (SHREWD) was now in place which was an electronic system that monitored system

		pressures and also had a predictive element. Work was ongoing to improve feeds into the system which included data from local authorities, SWASFT and mental health services. • The impact that the removal of the winter fuel allowance combined with the increase in energy prices would have upon falls and respiratory problems and that a cross sector communications plan around this would be beneficial. • There was work to be undertaken around reviewing criteria for success to ensure that these aligned with the principles of the Darzi Report. **Actions:** • A joined up communications plan to be developed providing messaging from all sectors around winter. • A report be brought to the November Board meeting setting out the detail of the winter plan for the system including bed equivalent deficit numbers; out of hospital areas of focus; the communications plan and the approach to process and co-ordination throughout the winter period. . The Board **took assurance** from the approach that the One Devon Integrated Care System was taking to winter planning.
4.6	ICB24-065	**Board Assurance Framework** The Head of Governance, Helen Braid (HB), 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 Board was referred to its request to the Finance and Performance Committee to review the residual risk score relating to the Finance and Use of Resources BAF risk to establish whether it remained appropriate. The Committee had agreed that no change was needed to the residual risk score at the present time but that it may revisit this. . The Board **agreed** the third iteration of the 2024/25 BAF.
5.		**Committee Chair Reports**
7.1	ICB24 - 066	**Committee Chair's Reports: Quality and Patient Experience Committee – 11 September 2024** The Chair of the Quality and Patient Experience Committee, Independent Non-Executive Member, Thandiwe Hara (TH), introduced the report which provided the Board with an overview of the issues considered by the Committee at its meeting on 11 September 2024. TH referred the Board to the Committee's concern about assurance levels and data quality regarding the number of S117 cases on the Devon Partnership NHS Trust register set against recorded evidence of S117 updates on the Trust's electronic systems. It was noted that further information gathering would take place and that detail on levels of assurance and mitigation would be reported to the next meeting of the Quality and Patient Experience Committee. Reference was also made to the recommendation from the Committee in respect of responsibilities around patient and public engagement. The Board: • **Noted** the Committee's concern regarding S117 cases and the further work to be undertaken in respect of this.

		• **Approved** the proposal to transfer responsibility for oversight of Patient and Public Engagement from the Quality and Patient Experience Committee to the Population Health Improvement Committee, subject to comments and endorsement by the latter Committee at its first meeting.
7.2	ICB24 - 067	**Committee Chair's Report: Finance and Performance Committee – 11 July, 8 August and 12 September 2024** The Chair of the Finance and Performance Committee, the Acting Chair of NHS Devon, introduced the report which provided the Board with an overview of the issues considered by the Committee at its meetings on 11 July, 8 August and 12 September 2024. The Board was referred to the escalations to the Board for noting in respect of the level of assurance around NOF4 exit criteria and the limited assurance taken in respect of year end positions, with it being noted that both of these issues had been considered during the course of the Board meeting. The Board: • **Noted** the levels of assurance taken by the Finance and Performance Committee around the NOF4 exit criteria at its meeting on 11 July 2024. • **Noted** the limited assurance taken by the Finance and Performance Committee regarding the achievement of agreed year-end positions for UEC, Elective Care and finance at its meeting on 8 August 2024.
7.3	ICB24 - 068	**Committee Chair's Report: Primary Care Commissioning Transition Committee – 18 July and 15 August 2024** The Chair of the Primary Care Commissioning Transition Committee, Independent 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 18 July 2024 and 15 August 2024. JH referred the meeting to the escalation from the Committee dated 18 July 2024 expressing concern that the primary care sector was being expected to contribute towards the system's CIPs when the sector was still funded below its national level and funding had been cut relatively in recent years. SM agreed that there was a need for the system to be balanced and to focus on primary care, community care and population health as much as the other parts of the system and there was a commitment that as the 2025-26 Annual Plan was developed that there would be a considered debate regarding the allocation of resources despite the challenges of being in deficit. The Committee had also made two recommendations to the Quality and Patient Experience Committee which JH confirmed she would discuss in detail with the Chair of that Committee. The Board: • **Noted** the escalation to the Board of the Primary Care Commissioning Transition Committee's concern as to primary care being expected to contribute to cost improvement plans when it was still funded below its national level, together with the response of the Chief Executive. • **Noted** the recommendations made to the Quality and Patient Experience Committee that they consider the ICB's position on GPs being asked to work above what the British Medical Association state are the safe working limits

		and the concern regarding the length of time it is taking to embed the new patient safety framework.
7.4	ICB24 - 069	**Committee Chair's Report: Audit and Risk Committee – 2 September 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 meeting on 2 September 2024. It was noted that discussions were being undertaken with provider organisations around system-wide audit reviews, one of which was in respect of CIPs, the interim findings of which it was hoped would be available ahead of the RSP Escalation Meeting with NHSE on 17 October 2024. Other system wide reviews were currently in development and would focus upon ambulance handovers and another on maternity standards. Assurance was also taken that the 2024/25 Internal Audit Plan was on track for in-year completion. The Board **took assurance** from the Committee Chair's Report of the Audit and Risk Committee meeting held on 2 September 2024.
8.		**Closing Items**
8.1	ICB24 - 070	**Action Register** The Board: • **Agreed** the closure of Actions 59, 61, 62 and ICB24 8a, 12, 29, 32, 33, 36, 37 and 40. • **Noted** the updates in respect of Actions 68, 69, 71 and ICB24 9, 37c, 38 and 38. • **Noted** the update in respect of Action ICB24 037b that had been received earlier in the meeting.
8.2	ICB24 - 071	**Questions from Members of the Public** None.
8.3	ICB24 - 072	**Any Other Business** It was noted that the next meeting of the Board in public would be on 28 November 2024.
		Meeting Closed: 12:45