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 Thursday 28 November between 09:30 and 12:55	
Name	*Title and organisation*
Board Members:	
Kevin Orford	Acting Chair, NHS Devon
Steve Moore	Chief Executive Officer, NHS Devon
Dr Peter Collins	Chief Medical Officer, 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
Sam Higginson	Partner Member for NHS Trusts and Foundation Trusts (Designate), Chief Executive, Royal Devon University Healthcare NHS Foundation Trust
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council
Dr Frank O'Kelly	Partner Member for Primary Medical Services, GP Partner, Amicus Health
Dr Lincoln Sargeant	Partner Member, Local Authorities (Population Health and Prevention), Director of Public Health for Torbay
Bill Shields	Chief Finance Officer, NHS Devon
Penny Smith	Chief Nursing Officer, NHS Devon
Martin Sykes	Interim Independent Non-Executive Member, NHS Devon
Also in attendance:	
Helen Braid	Head of Governance, NHS Devon
Mark Cooke	Managing Director (Strategy, Oversight & Regulation), NHS England South West
John Finn	Deputy Chief Operating Officer, NHS Devon
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Philippa Harding	Director of Governance and Interim Chief Communications & Corporate Affairs Officer, NHS Devon
Hisham Khalil	Co-Opted Member of the NHS Devon Audit and Risk Committee
Ginny Snaith	Director of Population Health, NHS Devon
Sam Wadham-Sharpe	Director of Planning and Performance
Allison Williams	System Recovery Director, NHS England
Terry Willows	Company Secretary, NHS Cornwall and Isles of Scilly
Apologies for absence	
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Phill Mantay	Partner Member Mental Health, CEO Devon Partnership NHS Trust
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
Piers Tetley	Chief People Officer, NHS Devon

Item	Ref	Discussion
1.		**Introductory Items**
1.1	ICB24 - 073	**Welcome, Introductions and Apologies** The Chair welcomed Board members to the meeting. Apologies for absence had been received from Graham Clarke, Phill Mantay, Kate Shields and Piers Tetley. The Chair welcomed Peter Collins, Chief Medical Officer; Martin Sykes, Interim Independent Non-Executive Member (INEM) and Sam Higginson, Partner Member designate for NHS Trusts and NHS Foundation Trusts; who were all attending their first Board meeting. Terry Willows, Company Secretary from NHS Cornwall and Isles of Scilly Integrated Care Board (ICB), attending on behalf of Kate Shields, was also welcomed. 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 response to the 10 year health plan. The meeting was deemed quorate.
1.2	ICB24 - 074	**Declarations of Interest** Director of Governance, Philippa Harding (PH) referred the meeting to the fact that Martin Sykes was an Independent Non-Executive Member (INEM) for NHS Cornwall and the Isles of Scilly in addition to being an interim INEM for NHS Devon. This position had been discussed between the two organisations and a declaration as to how any potential conflict would be managed was being agreed. This would appear in the Register of Interests of both organisations going forward. Terry Willows confirmed that he had no conflicts in relation to the meeting agenda. The Board **noted** the Register of Interests.
1.3	ICB24 - 075	**Minutes of Previous Meeting** The minutes of the meeting in public held on 18 September 2024 were **approved** as a correct record.
1.4	ICB24 –076	**Action Register** The Chair asked for an update in respect of Action 037b regarding the review of the impact of a patient's right to choose upon costs, waiting lists and the private sector's involvement. It was noted that discussions had taken place with the Chief Executive Officer (CEO) of Devon County Council and the Directors of Childrens Services (DCS) across the Devon System as to how GP referrals into those services could be met within current resources. The three DCS were currently undertaking a piece of work to establish the position with regard to the instances where a GP referral was not made and families were contacting consultants directly and validation was required. At the present time the cost of this work was not currently affordable for Local Authorities, but a resolution was being worked towards. **The Board:** • **agreed** the closure of actions 37c; 58i; 59i and iii; 62; 63; and 64ii; • **noted** the updates in respect of actions 68; 69; 71; and 9; 37b; 38; 39; 55; 59iii and 60.

1.5	ICB24 –077	**Our People and Communities: Experiences of Health and Social Care** Director of Population Health, Ginny Snaith (GS), introduced a short film which focussed on the impact of the Devon GP Fellowship Health Inequalities Programme and highlighted some of the innovative work taking place to reduce Health Inequalities across Devon. The following issues were highlighted: • The programme provided GPs with a day a week to look at an area of health inequalities where they considered things could be done or delivered differently than at present. • It was hoped that the film would result in further consideration of how services were commissioned in complex areas where standardised approaches were not helpful and could in fact exacerbate current issues. • A number of the GPs in the 2024/25 cohort of the programme had been wanting to move away from their current role but now were staying within primary care, with two of them moving to practices in challenged areas. • The way in which relationships were built with the voluntary sector was essential for this work to continue and there be a positive impact for the community and the Devon system. • Some of the initiatives developed as a result of the programme had received seed funding and were continuing to be delivered. • Initiatives such as this would see a shift from a medical model to a community model of delivery which was essential due to the lack of resources and estate available. • There were a number of staff in different roles across the system who were committed to the NHS but were tired. The Workforce Strategy should look to how staff could take time to look at different aspects of health and social care to reinvigorate them in their work. This should be considered an invest to save opportunity as it increases productivity and retains staff. • Public health had with two of the Fellows, which had resulted in outreach work around disease prevention for those working at Brixham harbour and blood pressure checks at Torquay United on match days. • Small initiatives could have huge benefits for the population and for staff. The challenge was to deliver these initiatives at scale and there was learning to be taken from other areas as to how this had happened and where the benefits had been quantified. In order to take this forward the strategy had to be the move towards a social model of care with population health at its core. The Board **noted** the film.
2.		**Leadership Reports**
2.1	ICB24 - 078	**Chair's Report** The Chair, Kevin Orford (KO), introduced the report which provided an update in respect of NHS Devon Board appointments, proposed appointments to Board Committees and a petition from the Stroke Association. The following points were highlighted: • At the present time some INEMs were chairing more than one Board Committee. This arrangement would be reviewed following the appointment of new INEMs which it was anticipated would be by February 2025. • In addition to the proposed Committee memberships in the report, it was recommended that the Partner Member for Primary Medical Services, Dr Frank O'Kelly, should be appointed to the People and Organisational Development Committee.

		The Chair referred the meeting to a petition received from the Stroke Association relating to the decision of NHS Devon to not re-commission a service by the Association for non-clinical services across the county. "The Stroke Association's Devon Stroke Recovery Service is being forced to close because NHS Devon and Plymouth City Council have said they will no longer fund it. The service has given incredible support to thousands of stroke survivors in our county and the decision to axe funding will be disastrous for the many thousands of people who will be unfortunate enough to have a stroke in coming years." The Chair confirmed that he had met with the Stroke Association Regional Director and a number of stroke survivors and their carers to receive the petition and also to hear first-hand about the services which many had found hugely valuable and which may be withdrawn as the contract came to an end. During the meeting, it was explained that investment in stroke services was a priority for the NHS Devon Board and that spend on these services had increased during 2024/25. The context of the financial challenges faced by the NHS across Devon and in particular the need to reduce spend in some areas in order that it could be re-invested elsewhere and also manage the financial deficit. The de-commissioning of the contract was in the context of a £200 million cost improvement programme of in this financial year. Since the meeting a further communication had been received from the Stroke Association Director for the South West and Channel Islands which recognised the exceptional circumstances of the NHS in Devon and asked for further discussions around the exploration of alternative methods of funding for the Life After Stroke Pathway. The following points were highlighted: • This decision was not taken in isolation but as part of a wider programme of work. • Whole system commissioning was required for conditions as the pathway did not ends once a patient was discharged. • It was important that learning from this situation could be taken forward particularly around the need for a clear stakeholder plan and appropriate periods of notice. • Whilst a compact Equality Quality Impact Assessment (EQIA) had been used to inform this decision, full EQIAs would be used going forward with training for these assessments being rolled out to all commissioning staff. • Whilst the cost of a service was comparatively easy to determine, calculating its value was much more challenging. • Value-based commissioning also needed to be used to understand where there was the least value as there was always a cost envelope to be worked within. • Whilst this particular service to signpost users to services had not been re-commissioned, the access services still remained and signposting would form part of the My Health website. **Action:** Further engagement to take place with the Stroke Association to explore options for future funding, with the outcome of these discussions being reported to the Board. The Board: • **Noted** the report. • **Noted** the petition relating to stroke services. • **Agreed** the proposed amendments to the Terms of Reference of the Board Assurance Committees and the membership of these Committees, plus the appointment to Dr Frank O'Kelly to the People and Organisational Development Committee.

2.2	ICB24 - 079	**Chief Executive Officer's Report** The Chief Executive Officer, Steve Moore (SM) introduced his report which provided an update on NHS Devon Executive team changes, engagement in respect of the 10 Year Plan for the NHS, GP collective action and the business of the NHS Devon Executive. The following points were highlighted: • Recent appointments to the Executive team were Chief Medical Officer, Peter Collins; Chief People Officer, Piers Tetley and Chief Nursing Officer, Penny Smith. • Chief Finance Officer and Deputy Chief Executive Officer, Bill Shields, was sharing his time between NHS Devon and Torbay and South Devon NHS Foundation Trust to support transition during the period of Liz Davenport's retirement. • The role of Winter Director for the system had been taken on by Sam Wadham-Sharpe, Director of Planning and Performance. • A number of events had been planned to encourage involvement in the 10 Year Plan consultation as this was an important development for the NHS. Thanks were extended to Healthwatch and the Voluntary Community Social Enterprise (VCSE) sector for supporting the engagement programme. • The organisational change programme was progressing, with the "at risk" pool of employees diminishing. An update in respect of the programme would be presented to the People and Organisational Development Committee. • Whilst the re-procurement of routine audiology services was progressing well, the procurement for specialist services had been delayed whilst a review of more successful models was undertaken. Liz Davenport extended her thanks to the Chief Executive Officer and the wider NHS Devon team for the support provided to her and to Torbay & South Devon NHS Foundation Trust during its current period of change. The Board **noted** the content of the report.
3.		**National Oversight Framework Segment 4**
3.1	ICB24-080	**NHS Oversight Framework – progress against Segment 4 exit criteria** 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. The following points were highlighted: • The report now included a confidence forecast in respect of the timeline of exiting NOF4 as well as the current status reporting for the year to date position. • There remained a challenged position in respect of ambulance handovers. This would be an area of focus for NHS England over the winter, with there being zero tolerance on 6 and 8 hour ambulance handover delay and a new reporting structure and gold structure in place. • All cancer trajectories have been exceeded as have meeting the national requirements in respect of 28 and 62 day performance. • The system had de-escalated from Tier 1 in respect of elective care which was a positive move.

- The report had been subject to detailed review by the Finance and Performance Committee, in particular around the mitigations in place with regard to identified risks.
- There was still significant risk across the system with urgent care performance remaining fragile.
- Detail was still awaited regarding the financial settlement for 2025/26 and what the impact of the settlement would have in respect of the challenges being faced by the One Devon Integrated Care System.
- A significant amount of time was spent by South Western Ambulance Service NHS Foundation Trust (SWASFT) trying to avoid patients being admitted or working to co-ordinate their care.
- Capacity was ringfenced so that the available capacity could accurately inform modelling and assumption, with mitigations being taken as required.
- Optimising NHS Nightingale, Exeter had increased the amount of same day surgery which had mitigated the risk around elective care.
- The emergent financial risk within the system could impact on its ability to exit NOF4.

Action: South Western Ambulance Service NHS Foundation Trust data regarding "hear and treat" and "see and treat" to be circulated to the Board.

The Board:

- **agreed** the following assurance ratings relating to progress against each of the NOF4 exit criteria, with an overall assurance rating for the One Devon Integrated Care System of **satisfactory:**

Criteria	Assurance
Strategy	Satisfactory
Leadership	Satisfactory
UEC	Limited
Elective	Limited
Finance	Satisfactory

- and **took assurance** that adequate plans were in place to mitigate the risks relating to the delivery NOF4 exit identified in Locality Planning and Delivery Meetings, and System Leadership Group.

4. For Approval or Endorsement

4.1 ICB24 - 081

2024-25 System Winter Plan

Urgent and Emergency Care Programme Director, Colin Bradbury (CB), introduced a report which provided the latest iteration of NHS Devon's arrangements for this winter, developed by senior representatives of partners from across the system.

The following points were highlighted:

- A system approach had been taken to winter planning, with partners across the system contributing to the development of the plan.
- Since the submission of the plan, additional mitigations on bed pressures had resulted in significant reductions in the assumptions described in the report. A conservative approach had been taken with double counting being avoided, but there were now improved projections within the model.
- The system co-ordination centre continued to develop with a Winter Director being appointed and a series of workshops across the system being held to ensure a thorough understanding of escalation protocols and their associated responsibilities and also stress test the protocols in a live scenario.

		• The flu and covid vaccination programmes were making good progress with the system being in a better position that it was at the same point last year. • Whilst the system co-ordination centre had standards working times of 0800 to 1800, this was for 7 days a week and was supplemented by an on call manager and director who had active roles out of hours. • Trigger information had yet to be received from all Trusts and this was critical to get ahead of the curve in terms of escalation. Assurance had been received that this information would be provided in the next few days; this would then be incorporated into the final iteration of the plan. • Whilst there had previously been winter funding, it was unlikely that this would be available going forward. • Whilst primary care was engaged with the ongoing winter work, it was difficult for them to stand up quickly. There was senior representation from primary care on the winter planning team and mitigations in respect of GP collective action were being managed through the risk management process. • There had been small investments made into primary care this winter, with those being focused on tests of change, which if successful could be built into commissioning intentions for 2025/26. • The purpose of the plan was around clinical safety and effectiveness and also clinical optimisation, with clinical buy-in being evident across the system. Within national guidance and planning it was noticeable that documentation was now signed off by the medical and clinical directors in addition to operational leaders. The improvement medical and clinical input had also taken place at a system level. • The locality sections of the report had been written and were now owned by locality partners, this had resulted in some pieces of work were emphasised more than others, for example in relation to staff vaccination programmes. Social and local authorities had input into the plans. • Devon Partnership NHS Trust and Livewell SouthWest had been closely involved in the planning process, with them providing the section around mental health services. • The foundation of the urgent and emergency care system is out in the community, mainly in primary care. Going forward there would be a shift towards a “home first” ethos which will have primary care and the voluntary sector at its heart. The Board: • **took assurance** that the 2024/25 Winter Plan was compliant with national requirements, that adequate escalation frameworks were in place and that the remaining risks were understood, with appropriate mitigations in place, subject to the receipt of trigger information from all providers; and • **agreed** that the Finance and Performance Committee should undertake a detailed review of the system co-ordination arrangements in place for winter 2024/25.
4.2	ICB24 - 082	**Intensive and Assertive Outreach Review (Mental Health)** Chief Medical Officer, Peter Collins (PC), introduced a report which set out the findings of a review of the current provision of intensive and assertive outreach services and highlighted the current gaps in service and support available to those facing barriers to traditional mental health services. Issues highlighted during consideration of this item included: • A gap in provision was a national issue, with Devon not being an outlier; however, there were currently 420 people across the One Devon Integrated Care System who were not receiving care. • This work was part of a national stocktake, with it being assumed that where unwarranted variation was identified consideration would be given to additional resources being provided.

		• The national stocktake would influence the level of risk being attached to this area of work. • The Mental Health Learning Disability and Neurodiversity (MHLDN) Collaborative was system wide, including the voluntary sector, which would provide a route to more support that was beyond the capacity of health. • It was important to determine timed targets for the further work required and identify the funding required. • When considering the assertive outreach work it was important to pay attention to the conditions that made it more effective, with relationships being key, whether these are with other services, individuals or their families. • The further work to be undertaken included new models of care and ways of working, together with the involvement of the voluntary sector, digital options and the levels of workforce required to meet the caseloads. • When considering the service it was important that the focus was on providing a service in the way that service users would engage with. **Action**: Timelines for undertaking the proposed programme of work to be agreed and communicated back to the Board. The Board: • **agreed** that, subject to the agreement of timelines, NHS Devon should commission a programme of work in partnership with the MHLDN Collaborative to understand and improve the current provision and delivery of Intensive and Assertive Community Mental Health Treatment services, designing a sustainable deliverable and effective target operating model for the at-risk population in Devon; • **endorsed** immediate minimal-cost actions for providers, including Devon Partnership NHS Trust and Livewell South West, to implement immediate, low-cost interventions that addressed urgent needs within the current system; and • **noted** the inherent risks and requirement for robust risk management recognising that, despite enhanced governance and programme improvements, the inherent risks associated with this high-risk group could not be entirely mitigated. Strong governance and risk monitoring would be essential to manage and respond to residual risks effectively.
4.3	ICB24 - 083	**Adoption of the Safe Learning Environment Charter** Chief Nursing Officer, Penny Smith (PS), introduced the report which sought agreement to adopt the NHS England Safe Learning Charter that had been developed in the context of widespread feedback of learner experience allegations across the NHS together with the lack of robust organisational action to prevent, detect and respond. Issues during consideration of this item included: • The charter had been co-produced with the NHS England workforce and education team. • The charter appeared to be measure free and there needed to be an agreement was to how much time for learning was appropriate. • Metrics were required as to the success of the charter, which might include student attrition rate. • There may be a need to review current policy in the area of learning and development, including the recruitment of students. **Actions:** • Further work be undertaken to incorporate primary care rather than just providers. • Report to be presented to the Executive setting out what success would look like regarding the implementation of the Charter including key metrics, with progress

		against this being reported to the People and Organisational Development Committee on a quarterly basis. The Board **agreed** that NHS Devon should become a Safe Learning Environment organisation and sign up to the Safe Learning Environment Charter.
5.		**Governance, Performance and Assurance Reports**
5.1	ICB24 - 084	**Quality Report** Chief Nursing Officer, Penny Smith (PS) introduced the report which provided a summary of key quality information, in the format of both quantitative and qualitative data from sources including NHS Devon data collection including patient experience; and direct from the NHS Devon Nursing and Quality Directorate team's involvement in partner meetings, groups, quality committees and workstreams. Issues highlighted during consideration of this item included: • The successful implementation of the Patient Safety Incident Reporting Framework (PSIRF) was continuing across the system. • Work was ongoing with the Chief Nursing Officer at Torbay and South Devon NHS Foundation Trust in respect of never events. • The report in respect of the Ofsted inspection of Devon services to children and their families was awaited, with initial feedback having been received that improvement work was required to improve "front door" access to services. • All three providers remain within the national maternity and neonatal support programme due to their CQC inspection outcomes and the One Devon Integrated Care System's NOF4 status. • The number of dental complaints received, particularly in respect of children, remained of concern with work being undertaken to ensure that arrangements were in place for those children placed in local authority care. The Board **agreed** the overall assurance level relating to the quality position of the One Devon Integrated Care System as **satisfactory** and that adequate plans were in place to mitigate and improve quality risks.
5.2	ICB24-085	**Finance Reports** Chief Finance Officer, Bill Shields (BS), introduced the Month 6 Finance Reports for NHS Devon and for the One Devon Integrated Care System which sought to provide the necessary assurance on the financial position and risk relating to the financial plans for the year ending 31 March 2025. The following issues were highlighted: • There had been a change in reporting at Month 6, with figures having moved significantly following the receipt of deficit funding. • At Month 6 NHS Devon was reporting a surplus of £14.2m and remained on track to achieve its year end target. • Risks had reduced for the sixth month in a row and there was now cautious confidence in the position of NHS Devon and the wider system. • The risk share position across the system had been disaggregated and would feature in the Month 7 financial position. • Concern regarding the continuing reduction in the risk profile. Some non-recurring flexibilities had been identified across the system which would provide a one-off benefit for 2024/25 but would help with the underlying position or the exit run rate position. • There remained a significant level of Cost Improvement Programmes (CIPs) to be delivered during the second half of the year, with NHS Devon working with providers to identify the position and the actions required to meet agreed targets. • The main area of concern was the deterioration of the position at Torbay and South Devon NHS Foundation Trust (TSD). An assurance review undertaken by

		a former NHSE England (NHSE) Director of Finance had highlighted a high level of risk at TSD, whilst there was now a significant difference in the deficit levels now reported when compared with the position at September 2024. As mandated by the Recovery Support Programme NHS Devon colleagues were now working within TSD. Findings had included disconnects between financial and operational performance, concerns regarding UEC and elective recovery and a lack of control in respect of the CIP. A detailed recovery plan was in process of being implemented together with an improvement plan being signed off and shared with the NHSE regional team. • Significant assurance could be taken that the remaining organisations in the system remained on or near plan at this stage in the financial year. This had enabled the work required at TSD to be undertaken by the system rather than being subject to an intervention from external management consultants which would enable the learning to be retained within the system. • TSD had acquired a number of services which had increased the challenges being faced by the organisation, whilst its operation as an integrated care provider had resulted in ever increasing costs as it used a medicalised model to deliver social care. • The situation highlighted the tension between individual accountabilities and working as a system. Difficult decisions would need to be taken and held by the system in its entirety and not just one organisation and the evidence of the system working required would be evidence to support the system exiting NOF4. It was noted that the Finance and Performance Committee had supported the recommended assurance level contained within both reports. The Board **agreed** the overall assurance level relating to the financial position of NHS Devon and the One Devon Integrated Care System of **satisfactory** and that adequate plans are in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.
5.3	ICB24-086	**NHS Devon Annual Plan – Delivery Assurance** Director of Performance and Planning, Sam Wadham-Sharpe (SWS) introduced the report which set out oversight and assurance for the delivery of the each of the Directorate's objectives against their agreed Annual Plan. The following points were highlighted: • There were currently 137 objectives within the plan, an increase on the previous month due to the inclusion of a number of statutory objectives. The aim for 2025/26 was to reduce this number. • The work in respect of developing a corporate descriptors for assurance was progressing with this being in place for the 2025/26 Annual Plan. • 70% of objectives remained as fully assured. • New dashboards and scorecards were now included for ease of reference. • Data metrics that had previously been included in the Integrated Quality and Performance Report (IQPR) were now aligned, with it being evident that these metrics were not available for all objectives at the present time. • It would be helpful if the dashboard could include some comparison of resources that were going into handling each objective so that it could be identified as to whether the changes made during the organisational restructure had resulted in staffing and other resources being aligned to delivering the priorities in the annual plan. • NHSE had published "The Insightful Board" guidance and was also reviewing the oversight framework, with it being anticipated that this would be published alongside the new planning guidance. Regional colleagues were happy to work with NHS Devon to see how the outcome of the assurance reporting contained within this report, the NOF4 oversight and the BAF reporting could be aligned

		with the framework and guidance, preventing duplication in any reporting to NHSE. **Action:** The "Insightful Board" to be circulated to Board members. The Board: • **agreed** the assurance ratings relating to the delivery of NHS Devon's 2024/25 Annual Plan objectives; and • **agreed** the proposed amendments to the NHS Devon 2024/25 Annual Plan
5.4	ICB24-087	**Board Assurance Framework** Director of Governance, Philippa Harding (PH), introduced the report which included 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 following points were highlighted: • The BAF had now been aligned to 2024/25 Annual Plan risks so that progress against corporate objectives could be mapped. • The Governance Team was working with the Programme Management Office to ensure that risk and planning workstreams were aligned so that a single reporting framework can be developed. • The Board had requested that consideration be given to the addition of strategic risk in respect of Children and Young People. This had been reviewed by Executives who had taken the view that this risk was already covered by the risks in respect of Quality of Care, Access and Outcomes if this was strengthened to reflect that they covered "All Age" services. This had been reflected in the latest iteration of the BAF. • The Finance and Performance Committee had also considered the risk in respect of the current financial position to ensure that the wording of the risk and the mitigations remained appropriate. • There had been little movement in the ratings of the risks. Executives had been tasked to review this by the end of the year, working to understand whether this was due a changing context or whether mitigations remained appropriate. • Whether the level of risk associated with mental health services highlighted through the Intensive and Assertive Outreach Review was sufficient to be reflected in the BAF. **Action:** Discussions to take place with mental health colleagues around the level of risk associated with service provision with a recommendation being brought to the January Board meeting as to whether this should be reflected in the BAF. The Board **approved** the content of the latest iteration of the 2024/25 BAF risks to achieving the strategic objectives of NHS Devon.
6.		**Partnership Working**
6.1	ICB24-088	**Cornwall and Isles of Scilly ICB Update** Terry Willows, Company Secretary of NHS Cornwall and Isles of Scilly introduced the report which highlighted emerging issues and significant developments withing the Cornwall and Isles of Scilly integrated care system. The following points were highlighted: • The approach being taken to engagement in respect of the 10 Year Health Plan. • The challenges in urgent and emergency care and the actions being taken to improve the position which would support a system-wide discharge event. The Board **noted** the report.

7.		Committee Chair Reports
7.1	ICB24 - 089	**Committee Chair's Report: Quality and Patient Experience Committee – 14 November 2024** The Chair of the Quality and Patient Experience Committee, Thandiwe Hara (TH), introduced the report which provided the Board with an overview of the issues considered by the Committee at its meeting on 14 November 2024. Issues highlighted during consideration of this item included: • The Committee would be exploring further the suggested increase in mortality figures to establish the context and data to identify whether this was a cause for concern. • Consideration was being given as to how the Committee was sighted on issues arising from Quality and Equality Impact Assessments, so that there was oversight of significant concerns. • The Committee identified the need for more cross-working with the Finance and Performance Committee and the People and Organisational Development Committee. The Board: • **took assurance** from the report of the Chair of the Quality and Patient Experience Committee; and • **noted** the escalations for information contained in the report.
7.2	ICB24 - 090	**Committee Chair's Report: Finance and Performance Committee – 10 October and 14 November 2024** The Chair of the Finance and Performance Committee, Kevin Orford (KO), introduced the report which provided the Board with an overview of the issues considered by the Committee at its meetings on 10 October and 14 November 2024. KO referred the meeting the escalations to the Board that had been made by the Committee at its meeting on 14 November 2024; these being: • The targeted approach in terms of the intervention at Torbay and South Devon NHS Foundation Trust relating to the emergency financial risk in the system. • Support for the linking of resources to develop and deliver the 2025/26 Annual Plan. • Whilst there was satisfactory assurance regarding the Medium Term Financial Plan, further assurance on detailed provider financial plans, including primary care, had been requested. The Board: • **took assurance** from the reports of the Chair of the Financial and Performance Committee; and • **noted** the escalations for information contained in the report of the meeting held on 14 November 2024.
7.3	ICB24 - 091	**Committee Chair's Report: Primary Care Commissioning Transition Committee – 21 November 2024** The Chair of the Primary Care Commissioning Transition Committee (PCCTC), Judy Hargadon (JH) introduced the report which provided the Board with an overview of the issues considered by the Committee at its meeting on 21 November 2024. The following issues were highlighted: • Work had been taking place to dis-establish the Committee so that primary care commissioning decisions were taken alongside all other commissioning decisions, providing an oversight of the complete picture. Once the Executive Commissioning Group had been established, the operational scheme of

		delegation reviewed and agreement reached as to where all ongoing work of the PCCTC would sit going forward, the Committee would be stood down. • The organisational change process had seen the commissioning work around primary and secondary care become more joined up which was encouraging. • The primary care perspective would be taken into account in commissioning going forward through members of the Devon Collaborative Board joining key system meetings. • Board oversight of the Commissioning Group would be through the Chief Executive's report to the Board. The terms of reference for the Group would also be shared with the Board and the remit and operation of the Group would be included within the review of the Corporate Governance Framework which would be reported to the Board at its March meeting. • Any decisions taken by the Commissioning Group would be subject to the usual assurance processes and be required to fit within the Board's commissioning intentions contained within the Annual Plan. • The Committee had approved the closure of the dental waiting list. This was not a list in the traditional sense of it currently being reviewed and verified, with people having a "place" in the queue. The list was not working effectively to get people urgent dental care when it was required and so it had been agreed to stop adding people to the list until it was established how all individuals, GPs and minor injury units could access urgent dental care so this could be clearly communicated. An options appraisal for future action was being undertaken following the assessment of all risks for those patients already on the list and relevant mitigation. • The Cornwall system, the only other system in the country with such a list, was also considering the closure of its list. **ACTION:** A closure report from the Primary Care Commissioning Transition Committee to be presented to the Board before the end of 2024/25. The Board **took assurance** from the Chair's report of the meeting of the Primary Care Commissioning Transition Committee held on 21 November 2024.
7.4	ICB24 - 092	**Committee Chair's Report: People and Organisational Development Committee – 7 November 2024** The Chair of the People and Organisational Development Committee, Judy Hargadon (JH), introduced a report which provided the Board with an overview of the issues considered by the Committee at its meeting on 7 November 2024. It was noted that this was the first meeting of the Committee, with the focus being upon terms of reference and membership. The approach to work was also considered with the approach to Equality, Diversity and Inclusion (EDI) being subject to detailed review. The Board: • **took assurance** from the Chair's report of the meeting of the People and Organisational Change Committee held on 7 November 2024; and • **approved** the recommendation that the Board should address EDI issues more often.
8.		**Closing Items**
8.1	ICB24 - 093	**Questions from Members of the Public** A number of questions had been submitted by Councillor Jan Goffey of Okehampton Hamlet Parish Council. The Chair confirmed that he had undertaken to provide a written response to Cllr Goffey and also to meet with her and NHS Devon colleagues to consider the best way in which she could become engaged with the work of NHS Devon.

8.2	ICB24 - 094	**Any Other Business** It was noted that the next meeting of the Board in public would be on 30 January 2025.
		Meeting Closed: 12.55