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Minutes of a meeting of NHS Devon Integrated Care Board held in public at County Hall and via Microsoft Teams and livestream on Wednesday 15 March 2023 between 10.00am and 12.45pm	
*Name and initials (*voting member)*	*Title and organisation*
Board Members:	
*Dr Sarah Wollaston (SW) Chair	Independent Chair, NHS Devon
*Graham Clarke (GC)	Non-Executive Member, Audit and Risk, NHS Devon
*Thandiwe Hara (TH)	Non-Executive Member, People and Culture, NHS Devon
*Judy Hargadon (JH)	Non-Executive Member, Primary Care, NHS Devon
*Hisham Khalil (HK)	Non-Executive Member, Quality and Performance, NHS Devon
*Kevin Orford (KO)	Non-Executive Member, Finance and Remuneration, NHS Devon
*Sheena Asthana (SA)	Non-Executive Member, Health Inequalities, NHS Devon
*Jane Milligan (JM)	Chief Executive Officer and Accountable Officer, NHS Devon
*Nigel Acheson (NA)	Chief Medical Officer, NHS Devon
*Bill Shields (BS)	Chief Finance Officer, NHS Devon
*Darryn Allcorn (DA)	Chief Nursing Officer, NHS Devon
Partner Members:	
*Sarah-Lou Glover (SLG)	Partner Member for Mental Health
*Frank O'Kelly (FOK)	Partner Member for Primary Care
*Liz Davenport (LD)	Partner Member for NHS Trusts & Foundation Trusts, Chief Executive Officer, Torbay & South Devon NHS Trust
Guests in attendance:	
Anthony Fitzgerald (AF)	Chief Delivery Officer, NHS Devon
Andrew Millward (AM)	Chief Communications and Corporate Affairs Officer, NHS Devon
Paul Renshaw (PR)	Director of Strategic Workforce, NHS Devon
Helen Braid (HB)	Head of Governance
Mark Brice (MB)	Interim Operational Finance (deputising for Bill Shields)
Ruth Harrell (RH)	Director of Public Health, Plymouth (deputising for Steve Brown)
Jodie Howland (JHo)	Governance Business Manager (minutes)
Cllr James McInnes (JMc)	Chair, Devon Integrated Care Partnership, Devon County Council
Dame Shan Morgan	Chair, Royal Devon University Healthcare NHS Foundation Trust
Kate Shields (KS)	Chief Executive Officer, Cornwall & Isles of Scilly ICB
Jo Turl (JT)	Director of Commissioning Primary, Community and Mental Health Care
Ann Cooper (AC)	Interim Strategic Governance Adviser
Apologies for absence	
Simon Tapley (ST)	Chief Transformation & Strategic Planning Officer, NHS Devon
*Tracey Lee (TL)	Partner Member for Local Authorities, Chief Executive, Plymouth City Council
*Steve Brown (SB)	Partner Member for local authorities, Director of Public Health, Devon County Council

Minute number	
1	**Welcome and Apologies for Absence** The Chair welcomed all to the meeting, including Dame Shan Morgan, Chair of Royal Devon University Healthcare NHS Foundation Trust, and Sarah Greep (SG) who would be presenting Item 4 on the agenda. It was noted that apologies for absence had been received from the Chief Transformation and Strategic Planning Officer, Simon Tapley and Partner Member, Steve Brown with Jo Turl, Director of Commissioning Primary, Community and Mental Health Care and Ruth Harrell, Director of Public Health for Plymouth deputising respectively. Apologies were also received from Partner Member, Tracey Lee. It was noted that the meeting was quorate. The Chair informed the meeting that Board members would discuss in private later in the day the exit criteria for the System Oversight Framework, Specialised Commissioning to be delegated to NHS Devon from NHS England, the Devon Operating plan, CQC requirements and transformation programmes. It was confirmed that these issues would be presented at future meetings in public.
2	**Declarations of Interest** The Declarations of Interest Register was noted. Non-Executive Member Sheena Asthana declared a conflict in respect of Item 9 on the agenda as she was a member of the Cavell Centre Project Group. The Chair confirmed that Sheena would take part in the discussion but would not take part in the final decision of this item. The Chief Nursing Officer, Darryn Allcorn highlighted that he was now a School Governor, and this should be included in his declaration and Chief Finance Officer, Bill Shields, informed the meeting that he had updated his declaration to include speaking at conferences.
3	**Minutes Meeting held on 15 February 2023** The minutes of the meeting held on 15 February 2023 were **approved** as a correct record, subject to minor corrections to titles highlighted.
4	**Citizen's Voice** The Chair welcomed Sarah Greep (SG) to the meeting to share her experience of trying to obtain NHS dental care within Devon. This included having to attend A&E for pain relief as she could not access an NHS dentist and continuing delays which resulted in her having to access private dental care. The Chair and Board members thanked SG for sharing her experiences and expressed regret for the difficulties she had had in obtaining NHS dental care and the pain she had experienced as a result of these delays. Non-Executive Member Sheena Asthana highlighted that dental care is a health inequality issue and one that should be given important focus when these services are delegated to NHS Devon on 1 April 2023. Board members agreed and noted that there were some priority areas that had been identified by SG's experience.

5	**Chair's Report** The Board were asked to note the report. **Decision:** That the Chair's report be noted
6	**Chief Executive's Report** The Chief Executive took the report as read and highlighted the following points with regard to the Board-to-Board meeting that had been held with NHS England regarding the System Oversight Framework (SOF) process. The meeting was chaired by the Chair of NHS England, Sir Richard Meddings, and attended by system Chief Executive Officers, Chairs and Chief Finance Officers. An update on the draft operating plan was presented in terms of urgent and elective care and financial planning Partner Member, Liz Davenport informed the meeting that there had been a clear focus on how the system will work together to address issues at pace with an understanding of the need to find the balance between finance, performance and the quality of services. The recovery plan will be submitted by 30 March 2023. Non-Executive Member Sheena Asthana questioned NHS Devon's position with its response to SOF4 and whether the national team should have greater influence in the recovery process. The Chair and Chief Executive highlighted that by being in SOF4 a lot of responsibility had already been taken by the national team and by exiting SOF4 the system would have the ability to make its own decisions, whilst understanding that with the savings required across the system this would be a challenge. The Chief Finance Officer and Chief Medical Officer responded that the responsibility should remain within the system and this view was shared by Board colleagues **Action 35: Development session in April to cover the Advisory Committee on Resource Allocation (ACRA) formula and the way it works** **Decision:** That the Chief Executive's report be **noted**.
7	**Update on challenges facing our staff, including annual Staff Survey results** The Chief Communications and Corporate Affairs Officer introduced the report which provided an overview of the challenges being faced to the core staff within NHS Devon. The following points were highlighted: • The requirement for a reduction of running costs of 30% and how this would necessitate the need to work differently • Positive Staff Survey results included the provision of health and wellbeing support, communication and that Devon is a good place to work • Areas for development included unrealistic time pressures and the perception there were not enough staff. Non-Executive Member, Hisham Khalil commented on the importance of having a resilient workforce with a general scope of practice. The Chief Executive informed the meeting there had been discussions around shared working with Cornwall & the Isles of Scilly ICB. The Chief Executive Officer, Cornwall & Isles of Scilly ICB, Kate Shields agreed to work closely with NHS Devon on the joint challenges facing both systems. **Decision:** The Board noted the item.

8	**Delegation of Primary Pharmaceutical, Ophthalmic and Dental (POD) Services** The Director of Primary, Community and MHLDN Commissioning introduced Melissa Redmayne, Senior Commissioning Manager, who had led this work for NHS Devon. The paper was taken as read and the following points were noted: • The strengthening of the risk element of the report following its presentation to the February Board meeting. • Whilst approval to accept the delegation was required from the Board it had not been possible to fully mitigate all of the associated risks. • The Hub arrangement with NHS England will not come with any additional resource. This would need to be picked up by NHS Devon and the impact of this has been highlighted in the report • The Primary Care Committee have reviewed all of the identified risks • The Internal Audit review had confirmed the risks previously identified. The Memorandum of Understanding (MOU) and delegation agreement had been received and a joint submission was being made to NHS England by ICBs across the region. The Chief Medical Officer highlighted that access to services may well be an issue rather than a risk as of 1 April, and that plans would need to be put into place to mitigate. Concerns regarding the delegation were raised by Non-Executive Members Graham Clarke and Sheena Asthana. In response it was confirmed that work had already begun to identify improvements, including greater collaboration across the One Devon System and areas to improve workforce already identified. The Chair confirmed that whilst the delegation is a statutory requirement, the Board had grave concerns around the risk associated with the transfer of these services. **The Board** • **Approved the delegation of Primary Pharmaceutical, Ophthalmic and Dental services to NHS Devon.** • **Delegated to the Chief Executive the final sign off the Memorandum of Understanding.** • **Acknowledged the risks and the continuing work of the team to reduce these** The Team who had worked on the delegation were thanked for their work. *Administrator's Note: Sarah Greep and Melissa Redmayne left the meeting after this item.*
9	**Plymouth Cavell Centre – Options Report** The Director of Primary, Community and MHLDN Commissioning referred the Board to its approval of the business case for the for the Plymouth Cavell Centre in August 2022. Since that time the national funding for the project had been withdrawn and the Board were now being asked to suspend support for the project unless, or until, the national position on Cavell schemes changes. The following points were noted: • The work undertaken to secure national funding for the project, including a meeting with Lord Markham, which had not been successful at this stage. The national business case for the national Cavell programme was due to be considered by the Treasury as part of the next Comprehensive Spending Review; however, even if national funding became available this would not meet the current financial deadlines for the Plymouth centre • Local options for funding had been reviewed, including system capital allocation and a loan from Plymouth City Council, with it being noted that the latter would be ultra vires for NHS Devon.

	• That medium to long term support will be available to the GP practices that had been due to move into the centre. Non-Executive Member, Judy Hargadon questioned the assumption that there is no capital available for the project and asked whether continuing to fund overspending services was at the expense of a project which would provide huge benefits. A request was made to the Executive Team for a further review of options. Non-Executive and Partner Members were supportive of the request to think again given that the centre was well aligned to the strategic objectives around prevention, partnership working and bringing people together and the positive impact that the centre would have within the community. The use of national funding was confirmed and that £2.6m from national funding had already been spent on the project. The Executive Team's position on the Cavell Centre was reiterated and that they had explored all options. There was no national funding and no available local capital outside of that already allocated to other projects. There was no available revenue to fund the extra revenue commitments of this project. The financial position, together with the fact that the One Devon System is in SOF4, means that the project cannot be funded locally. This position could be reassessed following the next NHS England spending review. A vote was taken to support recommendation six set out within the paper. Of the fourteen members eligible to vote, one member voted not to support recommendation six. **The Board** • **Commended the work which all partners had undertaken through the Cavell Project Board to achieve the completion of the Full Business Case.** • **Supported the view of the Executives that, given the change in the national position on capital resources available, at present NHS Devon cannot support any option that takes the Plymouth scheme forward at this stage, unless or until the national position on capital for Cavell schemes changes.** • **Requests that work with the GP practices impacted by this decision should continue to mitigate risks and identify all risks and opportunities as part of the PCN Estates Toolkit process.**
10	**Board Assurance Framework (BAF)** The Strategic Governance Advisor introduced the report which provided a framework of the risks associated with the 14 strategic objectives of the ICB. The following points were noted: • Strategic risks will be regularly presented to the assurance committees for review and consideration. • It was acknowledged that risk scores early stages and further work will be undertaken around the consistency of scoring • Feedback received from the Primary Care Commissioning Transitional Committee to change the wording of a risk had been actioned • The BAF now includes risks around prevention and health inequalities • It is proposed that a Population Health committee be established, and this will be brought back to a future meeting for approval. **The Board approved the Board Assurance Framework**.
11	**Emergency Planning, Resilience and Response (EPRR) Assurance 2022 Outcome** The Chief Nursing Officer introduced the report which forms the annual statutory requirement of a Category One provider, in line with the full Civil Protection duties.

	The following points were highlighted: • NHS Devon is substantially compliant • There are three Amber ratings which include infection prevention control, updating policies beyond the pandemic and the wider element of training • All providers are substantially compliant with amber ratings in all plans • The Emergency Planning team meets monthly to monitor the action plans in place for the amber ratings. **The Board noted the report.**
12	**Update on Urgent and Emergency Care** The Chief Delivery Officer introduced the paper which focused on operational changes and the work of the Strategic Tactical Control Centre, discharge funding evaluation and virtual ward progress. The following points were noted: • System wide load sharing has been taken forward following a pilot regarding ambulance waits. • Escalation management is moving forward using learning from the critical incidents in December • Discharge funding has been evaluated and ongoing discussions with Devon County Council will continue as will the review of other available funding from the last twelve months which would be brought back to a future meeting • Virtual ward work had not achieved the traction wanted despite robust plans. This will feed into subsequent work around Urgent and Emergency care. Non-Executive Member, Judy Hargadon challenged as to whether the target of 227 virtual beds by April 2024 was realistic. The Chief Delivery Officer responded that the revised staffing models and locality based approached to bed management had increased confidence in meeting that target. It was confirmed that virtual wards were designed to support discharge and admission avoidance. **Action 36 – Discharge funding evaluation to be presented at a future meeting of the Board.** **The Board noted the report.**
13	**Finance Reports, NHS Devon and ICS Devon Month 10 Reports** The Chief Finance Officer (CFO) introduced the reports indicating that these would be taken as read. The following points were noted: • There had been an improvement in the financial position to £40.5m partly due to transacting £4.5m transfer to each of the three providers in month 10 • The year-end forecast will continue to be £49.5m which could change if additional monies become available to the ICB • There is growing confidence in the ability to deliver the position with the position reported having been the same for three to four months • That 2023/24 position is required to be no worse than 2022/23 and early indication is that may be better than expected • Significant utilisation non-recurring monies will support the position and it is important there is a system focus on this • The underlying position going into 2023/24 is £242m • System-wide support will support providers to deliver internal Cost Improvement Plans (CIP) and then look at elements where organisations to come together as a system to work on wider savings

	In response to a query as to why the risks for CIP continue across providers, the CFO indicated that previously the CFOs from each organisation had overseen this area, but the successful delivery of the operational plan would require CFOs, CEO, Executives and Board members to work together to deliver greater savings. Initial discussions regarding the possibility of shared business services to align corporate and back-office functions were already taking place and sessions to review the gaps in the operating plan will be held. Non-Executive Member, Graham Clarke challenged the capital management processes. The CFO confirmed the focus for this year was on revenue and that next year capital management will be reviewed. **The Board noted the reports.**
14	**Committee Chair Report – Quality and Performance Committee** Non-Executive Member, Hisham Khalil introduced the report which provided the meeting with an overview of the issues considered by the Committee at its meeting on 1 March 2023. It was noted that the committee had not been assured of the commitment to ensure patients who had waited over 78 weeks for treatment had received an appointment by the end of January, to be seen by the end of March. The Chief Delivery Officer stated that this would be covered within the Integrated Quality, Performance and Finance Report. **That Board agreed that the report of the Chair of the Quality and Performance Committee, including the statements of assurance, be noted.**
15	**Integrated Quality, Performance and Finance Report** The Chief Nursing Officer introduced the report which provided the meeting with an overview of performance. It was noted that there had been a national request from NHS England for patients who had waited 78 weeks to be provided with an appointment by the end of January and seen by end of March and that this was for all patients regardless of whether they had a decision to admit or not. The following points were noted: • Actions had been undertaken by the providers, and there are 227 patients who have not been seen because of either patient choice or cancellations • Weekly scrutiny meetings take place review each patient within each pathway • Neurology appointments are of challenge and make up nearly 50% of the overall number • There are 1,601 patients who have a decision to admit, but who do not have a date for admission or treatment, however the trajectory is improving **The Board agreed that the Integrated Quality, Performance and Finance Report, be noted.**
16	**Committee Chair Report – Audit and Risk Committee** Non-Executive Member, Graham Clarke introduced the report which provided the meeting with an overview of the issues considered by the Committee at its meeting on 8 March 2023. The following points were noted • Work to review system risk had been postponed • The annual Anti-Fraud Plan had been approved, with it being agreed that this would be reviewed as new services are delegated to NHS Devon

	• Assurance had been taken with regard to the process for the production of the Annual Report for both the former CCG and NHS Devon. • The Draft Head of Internal Audit Opinion provided limited assurance, primarily due to the pace at which the BAF and risk management framework had been approved and implemented. • The Committee wished to escalate its concern regarding the delay in an External Auditor being place and the challenge this raised with regard to the sign off of the Annual Accounts. **The Board agreed that the report of the Chair of the Audit and Risk Committee, including the statements of assurance, be noted.**
17	**Committee Chair Report - Primary Care Commissioning Transitional Committee** Non-Executive Member, Judy Hargadon introduced the report which provided the meeting with an overview of the issues considered by the Committee at its meeting on 23 February 2023, indicating that it would be taken as read. No further comments or questions on the report were raised. **The Board agreed that the report of the Chair of the Primary Care Commissioning Transitional Committee, including the statements of assurance, be noted.**
16	**Committee Chair Report - People and Culture Committee** Non-Executive Member, Thandiwe Hara introduced the report which provided the meeting with an overview of the issues considered by the Committee at its meeting on 22 February 2023, indicating that it would be taken as read. No further comments or questions on the report were raised. **The Board agreed that the report of the Chair of the People and Culture Committee, including the statements of assurance, be noted.**
17	**NHS Cornwall & Isles of Scilly Board Update** The Chief Executive of NHS Cornwall & Isles of Scilly Kate Shields (KS) took the report as read. No further comments or questions on the report were raised. **The Board agreed that the report of the Chief Executive of NHS Cornwall & Isles of Scilly be noted.**
18	**Action Log** The Chair referred the meeting to the progress being made in respect of actions arising from previous meetings of the Board. The Board requested that actions remain open until reports have been presented back to a meeting rather than closing when items are added to the forward planner. **The Board agreed that Action 27 and 32 be closed and that Actions 24, 26, 29, 30, 31 remain in progress**.
19	**Questions from Members of the Public** The Chair confirmed that no questions from the public had been submitted prior to the meeting.
20	**Any Other Business** The next meeting of the NHS Devon Board to be held in public will be held on 3 May 2023 at Pomona House, Torquay.

Minutes approved	Date: 03.05.23	Signed by Chair: Sarah Wollaston