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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 21 December 2022 between 10am and 12.15pm	
Name and initials	*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
Jane Milligan (JM)	Chief Executive Officer and Accountable Officer, NHS Devon
Nigel Acheson (NA) *minute 13 only*	Chief Medical Officer, NHS Devon
Bill Shields (BS)	Chief Finance Officer, NHS Devon
Andrew Millward (AM)	Chief Communications and Corporate Affairs Officer, NHS Devon
Paul Renshaw (PR)	Director of Strategic Workforce, NHS Devon
Simon Tapley (ST)	Chief Transformation & Strategic Planning Officer, NHS Devon
Partner Members:	
Sarah-Lou Glover (SLG)	Mental Health Representative
Tracey Lee (TL)	Chief Executive, Plymouth City Council representing local authorities
Frank O'Kelly (FOK)	Primary Care Representative
Steve Brown (SB)	Director of Public Health, Devon County Council
Liz Davenport (LD)	Chief Executive Officer, Torbay and South Devon NHS Trust representing acute trusts
In attendance:	
Helen Braid (HB)	Head of Governance, NHS Devon
Ann Cooper (AC)	External Governance Consultant
Joanne Green (JG)	Interim Board Secretary, NHS Devon
Jodie Howland (JHo)	Governance and Facilities Business Manager, NHS Devon
Cllr James McInnes (JMc)	Chair Devon Integrated Care Partnership
Kate Shields (KS)	Chief Executive Officer, Cornwall, and Isles of Scilly ICB
Apologies for absence	
Sheena Asthana (SA)	Non-Executive Member
Anthony Fitzgerald (AF)	Director of Delivery, NHS Devon
Darryn Allcorn (DA)	Chief Nursing Officer, NHS Devon

Minute number	
1	**Welcome and Apologies for Absence** The Chair, Sarah Wollaston (SW) welcomed those in attendance and in particular Kate Shields, Chief Executive Officer of NHS Cornwall, and the Isles of Scilly Integrated Care Board to the meeting. It was noted that, due to current extreme operational pressures, several items had been deferred to next month's meeting. Apologies for absence were received from the Chief Nursing Officer Darryn Allcorn, the Director of Delivery, Anthony Fitzgerald and the Chief Medical Officer, Nigel Acheson who were all supporting the System with operational pressures due to the current industrial action. Non-executive Member, Sheena Asthana had also submitted apologies for the meeting. It was agreed the Chief Medical Officer would join the meeting for minute 13. SW advised that immediately after this meeting the Board would meet in private session to discuss a confidential financial forecasting report, which would subsequently be presented in public and a report relating to a named individual.
2	**Conflicts and Declarations of Interest** Members noted the Conflicts of Interest Register which had been circulated as part of the meeting pack. No new declarations were made. The meeting was deemed quorate.
3	**Minutes of the previous meeting held on 16 November 2022** The minutes of the above-mentioned meeting were approved as an accurate record.
4	**NHS Devon - Management of Industrial Action** The Director of Strategic Workforce, Paul Renshaw reminded the Board that, for some time, health and social care had been under exceptional pressure and he acknowledged the right of individuals to express their views and be involved in strike action. Staff who remained working during the strikes were also acknowledged, and the increased pressure they would be under as well as the impact this had on patients. ***(a) Nursing*** The Royal College of Nursing (RCN) members strike, on 15 December 2022, had seen 10,000 nurses striking nationally with the Southwest making up 25% of this number. In Devon this was 17% of nurses from the Royal Devon United Hospitals, 12% from Devon Partnership Trust, 11% from University Hospitals Plymouth (UHP) and 5% from Torbay and South Devon NHS Trust. Trusts had prepared well and were operating similar processes which would be in place on Christmas Day, with local derogations being negotiated. It was noted that, unfortunately, UHP had been unable to derogate the Urgent Treatment Centre or Minor Injuries Unit. However, other acute trusts had been able to achieve this which would be helpful. Demand for services continued at a similar level from the population. Members were advised that 530 inpatient procedures and 320 outpatients' appointments had been rescheduled due to the industrial action. The strike held on 20 December 2022 had seen a larger number of nurses taking strike action and the view from the front line was that attitudes were hardening. It was expected that strikes would continue into 2023 and it was likely that just 24 hours' notice of any such strikes would be given. Overall, he considered the NHS Devon Integrated Care System was well prepared, and thanks were extended to all colleagues who had been involved in ensuring emergency preparedness was robust. ***(b) Ambulance*** National derogation for the ambulance strikes had agreed there would be 75% coverage and that all category one calls and category two calls external to the home would be prioritised, together with other significant clinical episodes e.g., strokes and cardiac episodes. It was

	noted that in Devon, Southwest Ambulance Trust had brought in 60 colleagues from the military to provide cover. St John's Ambulance and other local providers were also being brought in to help cover gaps. Performance reported this morning, showed Devon was holding at around a three hour response time. Silver and gold command controls were in place with collaboration across the System in place. However, it was clear that harm could occur today and on 28 December 2022 when the next strike was due to happen. It was also likely this action would continue into January 2023 with resultant continued disruption to services. The Board was also advised that the Chartered Institute of Physiotherapists had balloted for industrial action, however in Devon, the only mandate for this would be Torbay. In addition, it was anticipated that junior doctors would hold a ballot for strike action in the New Year. The Chief Executive, Jane Milligan (JM) extended her thanks to all involved in the work to support services during this time. JM advised there was an industrial action plan in place which coordinated acute trusts, local authorities and other partners and which included colleagues from finance, pharmacy, and human resources. It was noted Devon had been in a critical incident since 17 December 2022 and the System had been identifying how best to use the System at Capacity Protocol, including the triggers for going in and out of a critical incident. The Chief Nurse, Darryn Allcorn, as executive director overseeing emergency preparedness, resilience and response had been working closely with the Local Resilience Forum to support the plans. Communications were in place to ensure people had the information they needed. The Chief Communications and Corporate Affairs Officer, Andrew Millward confirmed that communications with the public were on behalf of medical directors locally and regionally, in addition to national guidance and advised what people should do during industrial action, including how best to look after themselves. There had also been extensive social media communication, paid for advertising and text messaging. The Chief Executive of Torbay and South Devon NHS Foundation Trust, Liz Davenport (LD) commented that the plans set out to manage the demand and capacity across the System and included a coordinated effort with primary care, community services and social care. She advised the discipline of the plans would be key to ensuring risk-based decisions were made to make best use of capacity. LD commended staff within the System who had coordinated the response to protect patient safety, whilst respecting the rights of their colleagues to strike, which she felt was testament to the values of the workforce within Devon. A Non-executive Member, Graham Clarke (GC) referred to possible industrial action taking place within schools, which might impact workforce availability and questioned if the System would be able to cope. In response, PR confirmed that possible school strikes were under review and would form part of the planning for 2023. JM commented that, while the vaccination programme was going well in terms of covid and flu boosters in the over 75 age bracket, there remained challenges in vaccine take up by the younger population and this was being shown by the increasing number of infections. Further work would be undertaken to promote the flu vaccination, with routine vaccinations being offered to all patients during other appointments. A Non-executive Member, Thandiwe Hara, sought assurance about how children and young people were being supported during the ambulance strikes and in response JM confirmed that primary care colleagues were working to support these groups. The Handi App was referenced which was being actively promoted on social media to support children, in addition to the use of primary care hubs. SW added her thanks to all staff who were working through the strike action.
5	**Chair's report** SW shared that she, along with Jane Milligan and Tracey Lee (TL), had recently met with the Minister for Social Care, Helen Whatley, for an introductory meeting as part of a national review of integrated care systems. She considered the meeting had been very constructive, with colleagues being able to set the scene and background to the pressures faced in Devon and the plans for dealing with performance over the next year. TL concurred and commented the Minister had been interested to hear about what was happening within the System. JM

	advised that over the coming weeks, either the Secretary of State or one of the Ministers would be holding introductory meetings with Chairs and Chief Executives of Integrated Care Board across the country. The Chief Executive Officer of NHS Cornwall and the Isles of Scilly ICB, Kate Shields (KS) advised that she had also met with the Minister the day before and considered the meeting had gone well and the Minister had been particularly interested in workforce issues, which she suggested was positive. The Board **noted** the report.
6	**Chief Executive's report** JM referred to the recent celebrating staff event, which had seen exceptional staff being commended for their hard work and expressed her thanks to colleagues who had been instrumental in making the event happen. The Board **noted** the report.
7	**Urgent Care and Winter improvement** In the absence of the Director of Delivery, the Chief Executive presented the report. ***(a) Urgent Care*** Work continued to incorporate urgent and elective care and to address other challenges across the System. Further work was required to identify key actions to be completed over the next 3, 6, and 12 months, to comply with the conditions of the System being removed from System Oversight Framework (SOF) 4. This needed to accurately reflect the actions of organisations on an individual basis and working in partnership, in addition to a review of the financial and infrastructure resources needed to support this. The Board noted the governance requirements of SOF were being finalised with the Regional Director of Improvement which would include a board-to-board meeting held in January 2023 where the plans and positions would be presented. Work continued to develop the improvement plans of individual organisations and the integrated system plan, in terms of primary care and the enablers such as workforce, digital and estates. The meeting would provide the opportunity for the team to reflect on previous meetings and progress achieved to date and to agree any future support required for Devon. JM advised there were a number of national support processes already in place across Devon e.g. ambulances in the Plymouth system and releasing the Chief Transformation & Strategic Planning Officer. Simon Tapley to support discharge and patient flow processes and the national team, comprising a chief executive, chief operating officer and a chief nurse who will also provide support. In addition, a ten week improvement plan was being supported by Michael Wilson. The Chief Executives of the peninsula Systems were working together to ensure the flow for Cornwall patients was coordinated to support University Hospitals Plymouth NHS Trust and ensuring the 10 bedded care hotel in Plymouth was utilised. Members acknowledged the coordination, governance and oversight of all programmes of work needed to be fit for purpose and form part of a longer term plan. JM confirmed that the next iteration of the report would clearly show this alignment and other schemes which would become available. ***(c)Winter Improvement*** JM reminded members about the tactical control process, established in 2021, which had been strengthened with an operating framework and continued to develop. A physical Tactical Control Centre had been established at County Hall with a number of staff appointed to support this resource. Local authority colleagues were also involved to support a local system of escalation, as well as local GP practices. The Board was also advised that Julian Head, the National lead for urgent care would be visiting Devon, Cornwall, and Bristol tomorrow to review plans. KS considered this was happening too early for ICBs and suggested that when this was reviewed this would be clear. She therefore considered this visit and oversight would be challenging and she hoped that Julian Head would see the respective ICBs as a work in progress.

	SLG asked if the mental health data from the voluntary, community and social enterprise groups would be available and was advised by JM that some data was available, and she was keen to draw on the work being undertaken within local care partnerships to strengthen this. She further advised that daily System calls involved representatives from all sectors.
8	**Quality and Performance Committee - update** The Chair of the Committee, Hisham Khalil, provided an oversight of the deep dive undertaken into Children and Young People's access to speech and language therapy and autism services. It was noted that both services had been subjected to a recent service improvement process. This had led the Committee to discuss its approach to deep dives which concluded that assurance could not be provided simply by provider presentations and data from the Integrated Quality and Performance report (IQPR). The Committee agreed it would be helpful for Non- executive Members to undertake ad-hoc visits to services. Development of the approach to be taken would be advised to the Board in due course. The IQPR data had been discussed and members had concluded that there had been no significant improvement in performance on the included metrics. HK asked the Board to consider a suitable time for a set of actions to be proposed to improve areas and when any contingency plans should be considered. The Board **noted** the report.
9	**Integrated Quality, Performance, and Finance report** The Board received and noted the report and acknowledged the report continued to be refined and the answer to the 'so what' question continued to be developed. A Non-executive Member, Judy Hargadon (JH) acknowledged and thanked colleagues for the improvements made to the report. She advised that the manager who presented the report to Quality and Performance Committee was able to draw out conclusions contained in the report, and she suggested this could be included as narrative in the executive summary presented to the Board. JM wished to see the report develop to include accountability for actions arising from the content. She reflected that, during the recent meeting with the Minister, the good performance on discharge had been mentioned and she suggested that should be an area of focus for future improvements.
10	**Finance Committee - update** The Board received and noted the update by the Chair of the Committee a Non-executive Member, Kevin Orford who advised the financial position of the ICB would be covered fully in minute 11. He also referred to the work to align the financial reports to the Integrated Quality and Performance report which he hoped would be presented to the Board next month.
11	**ICS and ICB Month 7 finance reports** The Chief Finance Officer, Bill Shields (BS) shared that the ICS financial plan, which included the provider organisations for whom oversight was provided, continued to project an £18.2m deficit which was in line with the plan submitted to NHS England. The plan was predicated on efficiency savings of £139m. He advised concern about the ability to deliver the plan, the risk of which had been discussed in detail at Finance Committee and identified at the last meeting of the Board. These were of a size and scale which called into question the ability of the ICB to meet the target. Work was in progress within the ICB and each organisation within the System to clarify financial positions, including what actions had been taken and what mitigations had been put into place. These would be considered further as part of the review of the ability to continue to forecast the deficit. If the overall target and individual targets could not be met there was a detailed process, which would be shared with the Board, to change the in-year forecast position. This consisted of a very detailed protocol and required approval by NHS England. This would involve stringent controls and severely limit the ICB's own financial controls, in addition to increased reporting and scrutiny. Members were aware the recovery of the current financial position needed to be achieved as quickly as possible and all efforts would be doubled to ensure the position did not deteriorate further into 2023/24. The board **noted** both finance reports.
12	**Integrated Care Strategy – Final Draft** Chief Transformation and Strategic Planning Officer, Simon Tapley (ST) presented the above to the Board to note. ST advised there had been a robust and collaborative approach to the development of the Strategy, including a detailed review process before the final draft had

	been shared with stakeholders today. He advised the Strategy would continue to be iterative and develop as the Partnership matured. Councillor James McInnes, (JMc) thanked everyone involved in producing the Strategy in such a collaborative way. With regard to highways and transportation not being included, he explained this was due to these services being beyond the immediate scope of health and care. Members noted that positive feedback on the Strategy had been received, in addition to suggestions to further strengthen it for the next iteration. The Chair (SW) confirmed that One Devon Partnership would hold the System to account for delivery of the Strategy. JM advised that the aim was to capture the Strategy as a "plan on a page" and it would therefore be important to identify relevant metrics and shape and hone these collaboratively. Work would continue to promote ownership of the Strategy across the System and to learn from other Systems and their respective strategies. In the longer term the Board would ensure linkages which held all strategies and plans together. The Board **noted** the report.
13	**Memorandum of Understanding (MOU) between NHS Devon and NHS England** The Chief Medical Officer, Nigel Acheson (NA) joined the meeting and presented the MOU which had been submitted for approval and thanked the Board for allowing him to support current operational pressures across the System. NA confirmed that the MOU did not change the statutory roles and responsibilities of either NHS Devon or NHS England, and it did not change the duties or accountabilities of any NHS provider organisations. It would allow the two organisations to work together to discharge their respective duties, thus ensuring the people of Devon had access to high quality and equitable care. NA explained the MOU set out ways of working, system priorities and deliverables at a national, system and place level, health inequalities, together with locality priorities and responsibilities, the operating model and ICS development. The Board **approved** the MOU. *NA left the meeting.*
13	**Assurance Committee - updates and escalations** The Board received and noted the following reports from its committees: ***(a) People and Culture Committee*** The Committee Chair (TH) advised the Workforce Strategy was in development, in addition to the Workforce Development Programme. A Non-executive Member (HK) asked about provision of workforce training and PR confirmed this would be included. ***(b) Audit and Risk Committee*** The Committee Chair (GC) advised the position regarding the appointment of an External Auditor. The regional team was aware that an appointment had not been made and would be approaching the National Audit Office for support. The process for noting approval of single action waivers had been discussed, as these were currently being submitted to both Finance and Audit and Risk committees. The Board was therefore asked to include this in its Governance Review which would include the Terms of Reference of its committees. He further advised the Board Assurance Framework continued to be developed and had been reviewed by the Committee with feedback provided for the next iteration. Finally, the Chair advised he was organising a risk review workshop for the Audit Chairs Forum, which would look at how risk was dealt with across the System. **Action 26 – The Devon Audit Chairs' forum to hold a risk review workshop and feed back to the Board.** ***(c) Primary Care Transition Committee***

	The Chair of the Committee (JH) sought clarity about the cost of locum staff within primary care. She understood the costs were being supported by the ICB which appeared to be causing issues across practices. ***(d) Remuneration and Strategic Workforce Committee*** The Committee Chair (KO) confirmed an extraordinary meeting of the Committee had been convened to approve the pay award for Very Senior Managers
14	**Action log** A correction to action 3 was agreed, which would not be closed. All other actions were **agreed** to be closed.
	Questions from members of the public No questions had been received from members of the public.
	Any Other Business None. On behalf of the Board the Chair (SW) took a further opportunity to thank all staff for their hard work during the year and extend season's greetings to all.

Minutes approved	Date: 18.01.23	Signed by chair: Sarah Wollaston