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 25 July 2024 between 09:30 and 13.25	
Name	*Title and organisation*
Board Members:	
Kevin Orford	Acting Chair, NHS Devon
Steve Moore	Chief Executive Officer, NHS Devon
Professor Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Liz Davenport	Partner Member for NHS Trusts and Foundation Trusts, Chief Executive, Torbay & South Devon NHS Foundation Trust
Dr Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon
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
Bill Shields	Chief Finance Officer, NHS Devon
Also in attendance:	
Helen Braid	Head of Governance, NHS Devon
Mark Cooke	General Manager, NHS England, South West
Dr Alex Degan	Primary Care Medical Director, NHS Devon
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Philippa Harding	Company Secretary and Interim Chief Communications & Corporate Affairs Officer, NHS Devon
Hannah Pugliese	Director of Women & Childrens Commissioning
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
Su Smart	Deputy Director of Commissioning – Out of Hospital
Piers Tetley	Interim Chief People Officer, NHS Devon
John Trevains	Deputy Chief Nursing Officer, NHS Devon
Allison Williams	System Recovery Director, NHS England
Apologies for absence	
Penny Smith	Interim Chief Nursing Officer

Item	Ref	Discussion
1.		**Introductory Items**
1.1	ICB24 - 025	**Welcome, Introductions and Apologies** The Chair welcomed board members to the meeting and also the attendees: Mark Cooke, Managing Director, NHS England South West; Allison Williams, System Improvement Director, NHS England; Alex Degan, Primary Care Medical Director, who would be representing the Chief Medical Officer's Directorate prior to the commencement of Peter Collins as Chief Medical Officer; Su Smart, Deputy Director of Commissioning for Out of Hours Services; and Hannah Pugliese, Director of Women and Childrens Services Commissioning. Apologies for absence had been received from Penny Smith, Interim Chief Nursing Officer and the Chair welcomed John Trevains, Deputy Chief Nursing Officer who would be deputising. The meeting was deemed quorate. The Chair informed the meeting that he had taken on the role on 10 June 2024, when the previous Chair, Dr Sarah Wollaston, stood down from the role. On behalf of the Board, the Chair thanked Sarah for her chairing of NHS Devon since its inception in 2022 and noted that she had been an inclusive and accessible leader and a highly visible champion of the NHS in Devon. Best wishes for her future were extended. The Chair then confirmed that a Board meeting in private would take place later in the day where a commercial in confidence item relating to the public agenda item on the Teignmouth Health and Well Being Centre would be considered, together with the initial work on the System Infrastructure Strategy and a draft communication to NHS Devon from NHS England relating to system performance.
1.2	ICB24 - 026	**Declarations of Interest** The Board **noted** the Register of Interests.
1.3	ICB24 - 027	**Minutes of Previous Meeting** The minutes of the meeting in public held on 30 May 2024 were **approved** as a correct record.
1.4	ICB24 –028	**Citizen's Story** The interim Chief People Officer, Piers Tetley (PT), introduced a short film which focused on the Sexual Safety Charter, a national NHS England scheme that organisations were implementing to help people feel safe and supported at work. The film provided an overview of where the charter came from and what it aimed to do; why it was important for victims that organisations took a trauma informed approach to this issue; and the importance of the response of Human Resources to allegations.
1.5	ICB24 - 029	**Sexual Safety Charter** Following the film, PT introduced a report which sought agreement for NHS Devon to sign up to fulfilling the standards of NHS England's Sexual Safety Charter that had been developed in the context of widespread allegations of sexual harassment and misconduct across the NHS and a lack of robust organisational action to prevent, detect and respond. Issues highlighted during consideration of this item included:

		• As with other organisations, NHS Devon was not immune to issues around sexual safety as there had been two cases reported in the last two years and eight individuals had expressed concerns via the staff survey. • There needed to be a full understanding of the types of discrimination that may arise when implementing the Charter, for example intersectional conflict. • The approach of NHS Devon would to be consider all cases on their own merits and take expert advice where required. Applying the 10 principles of the Charter would enable informed judgments to be made. • The aim was to ensure the safety of all rather than prioritising one group in particular. • The development of a culture of speaking up could be achieved by staff seeing that the organisation had acted responsibly and there was zero tolerance of unreasonable behaviour. • The quality of the training available around the issues raised by the Charter was to be reviewed, with this being connected to the Equality, Diversity and Inclusivity agenda. • Consideration would also be given to including the Charter and expected standards as part of the staff induction process, taking into account cultural differences across the system particularly for those who were international recruits. • The Charter would be launched through a staff briefing where the support available to staff, both in and out of the workplace, would be highlighted. • NHS Cornwall and the Isles of Scilly Integrated Care Board (ICB) was looking to sign up to the Charter and also using the staff survey to identify the current baseline position to enable the measurement of improvements. **Action:** The People and Organisational Development Committee to consider the issues raised during consideration of this item and how the agenda around sexual safety can be taken forward. The Board **approved** that NHS Devon should become a signatory to the Sexual Safety Charter.
2.		**Leadership Reports**
2.1	ICB24 - 030	**Chair's Report** The Chair introduced his report which provided an overview of feedback received from partners during his meetings with leaders of partner organisations and stakeholders. The report also set out membership of the Board's Committees following the refresh of their Terms of Reference. The following points were highlighted: • Discussions were underway as to how additional Independent Non-Executive Member (INEM) capacity could be sourced whilst the INEM for Finance and Remuneration was undertaking the role of Acting Chair. • The Chief People Officer should be in attendance at the Finance and Performance Committee. • The Chief Medical Officer was a member of the Population Health and Heath Inequalities Committee. The Board: • **noted** the content of the Chair's report; and • **approved** the membership of the Board's Assurance Committees, subject to the inclusion of the Chief People Officer as an attendee of the Finance and Performance Committee. .

2.2	ICB24 - 031	**Chief Executive Officer's Report** Prior to introducing his report, the Chief Executive Officer also extended his thanks to Sarah Wollaston for her time as Chair of NHS Devon and to Kevin Orford also for stepping into the role of Acting Chair. The following points in respect of the Chief Executive Officer's report were then highlighted: • The consultation stage of Phase 2 of the organisational change programme had now closed, with over 700 items of feedback having been received. • Peter Collins had been announced as the new Chief Medical Officer. Peter, would be taking up his role on 07 October 2024 had a strong record in strategy and improving organisational culture. • Confirmation was awaited from NHS England's Recovery Support Team as to a secondment to the temporary post of Director of Transformation for Urgent and Community Care. A separate regional agreement had been made for temporary funding support to being in an experience public health specialist as Population Health Delivery Lead for a period of six months. • Now that the 2024/25 Operational Plan had been agreed and plans were in place to deliver this, the Board could begin to consider longer term strategy including the shifting the balance of care towards prevention. The Board **noted** the Chief Executive's Report.
3.		**National Oversight Framework Segment 4**
3.1	ICB24 - 032	**Progress report on the requirements of the NHS Oversight Framework** The Chief Finance Officer and Deputy Chief Executive Officer, Bill Shields (BS), together with the Chief Delivery Officer, Anthony Fitzgerald (AF), introduced a report that set out NHS Devon's oversight and assurance mechanisms for exiting Segment 4 of the NHS Oversight Framework (NOF4). Assurance reporting on progress against the 5 key domains of Leadership, Strategy, Urgent and Emergency Care (UEC), Elective Care and Finance was provided, together with the refreshed exit criteria and measures for 2024/25. The following points were highlighted: • The Annual Plan and Operational Plan provided for the delivery of all requirements of the of the oversight framework. • With regard to the target to achieve financial balance in 2025/26, subsequent discussion had resulted in the expectation that the One Devon Integrated Care System could demonstrate significant improvement, rather than achieving balance. A letter issued by NHS England on 09 July 2024 set out the actions needed in the short and longer term and work was being undertaken on the Medium Term Financial Plan to illustrate a number of financial scenarios between now and 2028/29. • Whilst the financial position was challenging and the plan required high levels of Cost Improvement Plan savings towards the end of the financial year, each organisation was clear of the ask and had been asked to re-confirm their understanding. • Concern that the financial plan appeared to be separated out from risk and assurance was required as to whether the plan was on track or how risks would be mitigated if there was any deviation. It was noted; however, that assurance could be taken from the Integrated Quality Performance and Finance Report together with the Quality Report. • The newly established System Leadership Group would be monitoring progress against the Operational Plan and the One Devon Leadership Compact would hold each organisation to account.

		• The possible impact of the proposed collective action by general practice was challenging to estimate as whilst there were nine potential actions, practices could choose to take all nine or only one or two. An informal meeting had recently been held with the Local Medical Committee and the NHS Devon Executive would be considering the potential risks and mitigations. • Whether there was capacity to implement deliver the requirements of the exit criteria in light of possible industrial action and the collective action which were out of our control. • The scale of the challenge being addressed would create stress and the report needed to capture the human element of how this was impacting the system and how the organisational development programme could support. **Action:** • The next iteration of the progress report should focus upon the implementation of plans and include a summary page. The Board: • **reconfirmed** its commitment to the improvements in patient access to elective, cancer and urgent and emergency care services, which were required to meet the exit criteria of the NOF4 category of the NHS Oversight Framework; • **took assurance** from progress reported to the end of May 2024 that system plans and processes were in place to address the financial and service imperatives of the NHS Oversight Framework; and • **took assurance** that risks to compliance with the NHS Oversight Framework requirements were properly identified and that appropriate monitoring processes were in place to facilitate risk mitigation.
4.		**For Approval and Endorsement**
4.1	ICB24 - 033	**Teignmouth Health and Wellbeing Centre** The Chief Executive Officer introduced a report which provided a background to the delivery of Teignmouth Health and Wellbeing Centre project, together with information about the funding model for the project, the delays that it had experienced, and the implications of those for the system's ability to finance the project. It was noted that a separate paper with a proposal in relation to support for the Channel View Medical Group was to be presented to the Board for consideration at its meeting in private on 25 July 2024. This was due to the confidential commercial information included in that paper. Partner Member for NHS Trusts, Liz Davenport (LD), apologised to colleagues especially to those in primary care on behalf of Torbay & South Devon NHS Foundation Trust. LD confirmed that the project was based on the conviction that integrated care provision was best for the Teignmouth area as it provided better outcomes for service users; it was affordability that was the key issue. Issues discussed during consideration of this item: • Lessons would be learned across all partners relating to events which had led to a position at which the Health and Wellbeing Centre project could no longer be progressed. • The priority now was to secure the short and longer term delivery of primary care in Teignmouth and to support the Channel View Medical Practice who had been very much let down. • The behaviour of Channel View Medical Practice was to be commended and they now needed clarity as to future options and the support of the system to progress the most appropriate option for them.

		• Integrated care remained the right principle and work would continue to find a viable means of delivering this to the population.
		• It was noted that at paragraph 30 of the report, the following technical details as to the role of the Independent Reconfiguration Panel required amending:
		  • It was the Department of Health and Social Care (DHSC) who sought clarification from the Devon Overview and Scrutiny Committee (OSC) between March and November 2021.
		  • It was the Secretary of State who decided on 8 November 2021 to investigate and asked the Independent Reconfiguration Panel (IRP) to advise them.
		  • The IRP delivered its advice to the Secretary of State six weeks later on 23 December 2021.
		  • In March 2022, the Secretary of State announced they had decided to accept the IRP's advice and recommendations.
		
		Action:
		• Report to be updated at paragraph 30 with technical details provided in respect of the IRP.
		
		The Board:
		• **agreed** that there was no viable Devon NHS solution to meet the increased capital requirement for the Teignmouth Health and Wellbeing Centre development;
		• **agreed** that immediate action was required to provide support to the Channel View Medical Group to enable continuity of primary care services in Teignmouth and noted that options in relation to this would be presented to the Board meeting in private on 25 July 2024; and
		• **took assurance** that a comprehensive stakeholder management plan was in place to ensure that that the patients, staff and key stakeholders of the Channel View Medical Group were kept informed of the situation and plans to support the practice.

4.2	ICB24 - 034	**Governance Improvement Plan** The Company Secretary, Philippa Harding (PH) introduced the report which provided the Board with information about the development of a Governance Improvement Plan (GIP) for NHS Devon. The GIP had been developed in light of a self-review against the eight key lines of enquiry (KLOEs) previously set out in the Care Quality Commission's "Well Led Framework", with it being proposed that the self-review, the GIP and the progress made against it should be shared with an external reviewer at the end of the 2024 calendar year. The following points were highlighted: • The GIP sought to align to Annual Plan priorities and provide assurance around deliverability and was the first step to ensuring that capacity and capability was built. It provided a way to step back from the immediate "to do's" to understand and address the strategic challenges faced by the system. • That all of the KLOEs could be considered high priority and had to be delivered in the context of system pressures and organisational change. • Membership stability and partner engagement were high priorities as this would support the leadership and culture required to deliver a number of the deliverables set out in the GIP. • Whilst the deadline for delivery of some actions was not until the end of the financial year, that did not mean that work was not being undertaken towards achieving the aim and a detailed workplan would support the overarching GIP. • It was important that whilst the issues highlighted in the NHS England Annual Assessment Letter should be addressed, there were broader challenges to

		ensure that the system delivered what was required for its population and the GIP should capture these. • Decisions needed to be made around how the changes and improvement needed would be supported in terms of investment, skills and expertise and what was being asked of partners across the system in terms of supporting this work. • The GIP was not just a governance team issue it was for the organisation to deliver and would require the support of the entire Board rather than being considered by a smaller working group. The Board **approved** the proposed Governance Improvement Plan for NHS Devon.
4.3	ICB24 - 035	**Delegation of Decision-Making** PH introduced the report which provided the Board with information about the work that had been undertaken to refresh the NHS Devon Scheme of Reservation and Delegation (SoRD). It set out the principles used to underpin the work and proposed a number of principles to be taken account of when exercising delegated authority. The following points were discussed: • Further clarity was required in respect of the arrangements in place to take account of how the NHS England triple lock requirements interacted with the SoRD. • Whilst there was guidance as to what should be included in the SoRD, it was recognised that there were a range of ways in which Integrated Care Boards (ICBs) wanted to operate and so all SoRDs were different. • Benchmarking had taken place against the NHS Sussex SoRD. • It was envisaged that changes to the document would take place as NHS Devon developed. • PH was in contact with the Company Secretary of NHS Cornwall and the Isles of Scilly around governance issues, including the SoRD. **Action:** • Clarity to be provided to the Board in respect of the arrangements in place for the NHS England triple lock requirements. The Board: • **approved** the proposed revised Scheme of Reservation and Delegation; • **approved** the proposed principles to be taken account of in the exercise of delegated authority; and • **noted** that no changes were being made at this point to the NHS Devon Standing Financial Instructions and Operational Scheme of Delegation, but that further additional work was being undertaken on these documents.
4.4	ICB24 - 036	**2024/25 Annual Plan** The Chief Executive Officer introduced the report which sought approval of the NHS Devon 2024/25 Annual Plan. It was noted that the Annual Plan outlined the NHS Devon corporate objectives for 2024/25, that addressed both local and national requirements and that it aligned with the One Devon Integrated Care Strategy, the NHS Long Term Plan, the NHS England operational planning guidance, and the NHS Oversight Framework. The following issues were highlighted: • The Plan addressed immediate pressures, such as system recovery and exit from NOF4, whilst laying the foundation for future transformation. It included clear deliverables, impact statements and timelines and linked objectives to Chief Officer portfolios, promoting accountability.

		• The details around each deliverable were being finalised for each corporate objective, with each of these objectives being allocated to the appropriate Board Assurance Committee to support detailed formal assurance. • Planning processes for 2025/26 would be brought forward to ensure that plans were agreed ahead of the commencement of the financial year. • The refreshed and formalised NHS Devon System Leadership Forum would monitor performance against this plan and would be where delivery would be driven. • There was commonality between Devon and Cornwall plans around commissioning intentions which might benefit from an alignment of clinical reference groups. • There needed to be a clear understanding of the resources allocated to deliver the plan to provide assurance of deliverability. • The inclusion of safeguarding was welcomed; however, there was no mention of corporate parenting and care leavers were one of the most vulnerable groups within the population. • Whether the way in which the Plan was ordered should be amended to show the Integrated Care Strategy at the top, followed by the Joint Forward Plan and then the Operating Plan. • It would be important to ensure that the delivery of one target did not have negative consequences elsewhere, for example meeting the target of same day GP appointments impacted upon the continuity of care for patients. It was essential that patients' needs were being met and not just NHS targets and the way in which strategy was set, together with the principles that informed that strategy, such as the continuity of care, would ensure that remained the focus. **Actions:** • Updates on the delivery of the Annual Plan to be brought to every Board meeting in public. • Corporate parenting to be included in the next iteration of the Annual Plan. . The Board: • **approved** the 2024/25 Annual Plan, subject to the inclusion of corporate parenting; • **approved** the Annual Plan delivery approach described in the paper; • acknowledged and **agreed** the outlined next steps; and • **noted** the list of objectives not currently included in the Annual Plan that required further consideration and assignment to Chief Officers.
5.		**Governance, Performance and Assurance Reports**
5.1	ICB24 - 037	**Children and Young People's Services Recovery** The Deputy Director of Commissioning – Out of Hospital, Su Smart (SS), introduced the report which informed the Board of the current position with regard to regulatory compliance with Special Educational Needs and Disabilities (SEND) improvement plans and associated issues arising from a health delivery perspective. The report also presented a resource plan and approach to achieve immediate (in-year) targets which had been agreed with inspection regulators. The following points were discussed: • The paper focused upon the health needs and requirements associated with SEND and diagnoses for autism in children, but work was ongoing with local authorities, education departments, the mental health collaborative and the voluntary sector to develop a transformational approach to addressing challenges and also a broader "waiting well" offer for those who were waiting for a diagnosis and for their families.

		• The proposals set out in the paper were a starting point and the development of the detailed delivery plan would be an iterative process as more intelligence was gathered by partners across the system. • The proposed broader approach was welcomed, but it would be very dependent upon workforce and so that strategy needed to be strong to enable the development of a clear local plan. • Utilising the private sector to bring down waiting lists may have implications such as NHS staff moving over to private practice and that not everyone accepted SEND diagnoses if they came from the private sector. • All options for reducing waiting lists were being considered including the use of digital assessment packages. • The conversion rate of those on the waiting list to obtaining a clinical diagnosis was between 70% and 80%; however, this national model required children and their families to go through a process that they might need and only respond to needs once a diagnosis had been provided. A more effective approach would be identify and meet the needs of a child and their family first and then move onto identifying which individuals need to go through the diagnostic pathway so that their lifelong needs can be met. • Whether the patient's right to choose would result in more costly treatments and whether this was at odds with the principle that in its current financial position, the system should not pay more for support than was required. • A strategic discussion was required to agree the future ambitions for children and young people services across the Devon system so that the steps needed to achieve those ambitions could be understood in detail and resourcing requirements identified. • Assurance was required that the financial input required to meet the targets agreed with the Department for Education in respect of SEND would be available; with it being acknowledged that committing to providing the funding required to deliver the proposals would require NHS Devon to find additional savings and de-prioritise other investment commitments which would add to the financial pressures already being faced. • Whilst the funding could be found for 2024/25 there would be a wider need for investment for future years that would have to be clearly understood. **Actions:** • £960,000 of cost savings to be identified or an investment commitment de-prioritised, and confirmation made that the investment required to deliver the proposals was available. • A review of the impact of a patient's right to choose upon costs, waiting lists and the private sector's involvement in this area to be undertaken. • The Quality and Patient Experience Committee to undertake a deep dive into the "waiting well" offer for children awaiting an autism diagnosis. The Board: • **noted** the significant risks outlined in the report relating to SEND service provision to children and young people within the One Devon Integrated Care System. • **took assurance** from the development of system Improvement Plans which would enable system partners, including NHS Devon, to deliver their statutory and regulatory obligations in respect of these services; and • **noted** that there would be **limited assurance** on the deliverability of the Improvement Plans and recovery actions until sources of funding were identified to resource implementation.
5.2	ICB24 - 038	**Local Maternity and Neonatal System Stocktake** The Director of Women and Childrens Commissioning, Hannah Pugliese (HP), introduced the report which provided an overview national picture in respect of maternity services including the increased focus upon regulation and compliance and

		sets out how providers in Devon are progressing to meet the requirements of the national strategy. Issues discussed during consideration of this item included: • There are different maternity service offers across the Devon system and work is ongoing around the level of face to face interactions with parents and babies and the amount of home visits compared with bringing people to outpatient services, with it being acknowledged that following the pandemic it had been challenging for maternity services to revert to a more peripatetic offer. • Workforce was a high priority across the system with there having been significant recruitment and retention programmes delivered by each of the maternity units and the Torbay & South Devon NHS Foundation Trust programme being showcased at a national level. In addition there had been a programme of international recruitment. • Whilst there remained some workforce challenges these were in respect of obstetrics rather than midwifery and that was a focus of the Peninsular Acute Sustainability Programme. • The latest round of Care Quality Commission maternity inspections had been focused on specific issues such as theatre capacity and spare theatre capacity which if you applied them across any size of unit and any context were difficult to manage. • The discussions in respect of merging of services with NHS Cornwall and the Isles of Scilly were at an early stage, but there would be significant benefits to this approach both to Cornwall as it would benefit from being part of a bigger system with peer support and challenge and for Devon as we could learn from the good work being done in the Cornwall system. • Whilst Cornwall had only one hospital and one maternity unit, the principle of choice still applied with there being out of hospital options such as birthing centres. • There was a national Maternity Services Safety Programme (MSSP) and any health and social care system or provider within the Recovery Support Programme was automatically considered for MSSP support and the Devon providers were in the process of joining that programme. This would provide external scrutiny and support to develop a robust improvement plan for each provider the delivery of which could be overseen by NHS Devon. • There would no doubt be costs associated with the successful delivery of the improvement plans which would need to be taken into account in the financial planning for future years, but they could also be a catalyst for more integrated approaches to provision across the peninsula. • This was a high risk area for both patients and staff and situations could develop very quickly so it was important that support was available for staff to prevent them leaving these services. • The commitment of sufficient Business Intelligence resource to the delivery of a maternity systems dashboard was made by NHS Devon. **Actions:** • An update to be presented to a future meeting of the Quality and Patient Experience Committee in respect of the merger between the Devon and the Cornwall LMNS. The Board: • **noted** the Devon ambitions for maternity and neonates in the context of national and local strategy and the current position and challenges within the One Devon Integrated Care System in relation to key national safety ambitions and strategy; • **took assurance** from the arrangements that had been made to enable NHS Devon responsibilities to be discharged through the LMNS for key monitoring and reporting and the strengthened governance and oversight which would result

		from the new LMNS structure following Phase 2 of the NHS Devon Organisational Change Programme; • **noted** the commitment of NHS Devon for sufficient Business Intelligence resource to deliver a maternity systems dashboard; and • **noted** the proposals for the integration of the LMNSs for the Integrated Care Systems of Devon and Cornwall and the Isles of Scilly.
5.3	ICB24 - 039	**Quality Report** The Deputy Chief Nursing Officer, John Trevains, introduced the 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 also outlined quality improvement and transformational work across the county, as well as Devon's contribution to regional and national workstreams. The following points were highlighted: • All providers across Devon had now transitioned to the Patient Safety Incident Response Framework (PSIRF) and NHS Devon was developing new reporting to provide assurance data on incidents at system-level which was currently limited, together with working with providers to overcome data quality issues. • The recent outbreak of cryptosporidium in the Brixham area was resolved with restrictions on water usage now having been lifted. Public Health would be leading a session to gather lessons learned from the handling of the outbreak. • Urgent care pathways at University Hospitals Plymouth NHS Trust remained under review from a quality perspective and support was being provided to the Trust. • This report was reviewed in detail by the Quality and Patient Experience Committee. • The data in respect of fatal incidents indicated that more than half of these were allocated to NHS Devon Partnership Trust; however, it should be noted that the data in this area was developmental and unfortunately mental health was the area of practice where these incidents mostly occurred and it was not outside of previous data or norms. **Action:** • The Quality and Patient Experience Committee to seek assurance around the work being undertaken to improve data quality and whether the current data highlighted any patient experience or clinical effectiveness issues. The Board **took assurance** from the content of the Quality Report.
5.4	ICB24 - 040	**Finance Reports** BS introduced the Month 2 Finance Reports for NHS Devon and for the One Devon Integrated Care System. The following points were highlighted: • The Month 2 position showed the plan signed off with NHS England for an £85.3m deficit but that has now been amended to an £80m deficit which had put an additional £5.3m of additional pressure into the plan. • The plan was heavily back loaded, so as the year progressed into Quarter 3 and then Quarter 4 the requirement each month in terms of Cost Improvement Plan (CIP) delivery increased together with the associated risk of this not being delivered. • Whilst assurance could be taken at the present time in terms of delivery, discussions were ongoing with NHS England at a regional level as to what the consequence might be should delivery against the plan not improve. This could result in what is termed as "intervention and investigation" which would see a

		consultant reviewing what needed to be put in place to get back to a position where the plan could be delivered. • The Integrated Quality, Performance and Finance Report indicated that the system was ahead of its planned headcount target; however, whilst the headcount had reduced workforce expenditure had increased and work was ongoing to account for this difference. • NHS England has written out to the system to set out expectations due to the high level of risk associated with the plan. There were a number of milestones that needed to be met over the coming weeks and months with progress against these being closely monitored. • In light of the back loaded nature of the plan it would be helpful to see a month by month trajectory of planned delivery. **Action:** • The Finance and Performance Committee to review the monthly trajectory of the financial plan to see assurance on delivery by year end and also review the presentations used at assurance meetings with providers that includes the profiling of the CIP. The Board **took assurance** that the financial position of NHS Devon and of the One Devon Integrated Care System was in accordance with its agreed plan and that processes were in place to actively manage risks identified to the delivery of the year end compliance with that plan, subject to acknowledgment of the risks outlined by the Chief Finance Officer.
5.5	ICB24 - 041	**Integrated Quality, Performance and Finance Report** AF introduced the report which sought to ensure that the Board was sighted on key areas of concern in relation to a range of internally and externally set Key Performance Indicators (KPIs). The report also provided a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the Integrated Care System (ICS), at both place and system level that issues were being identified and addressed. It was noted that the continued improvement against the No Criteria To Reside (NCTR) target was a testimony to partnership working and that large components of the Community waiting lists were for adult services. The Board: • **noted** the current performance position against the Key Performance Indicators measured through the IQPR; and • **took assurance** from the proposed approach to future performance reporting.
5.6	ICB24-042	**Board Assurance Framework (BAF)** PH introduced the report which provided the Board with an update on the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives during the current financial year. The following issues were discussed: • Work would be undertaken to ensure that the annual plan objectives were reflected in the BAF and that there was an integrated approach to reporting on delivery against mitigation actions. • The risk rating for Preventing Ill-health and Reducing Health Inequalities had increased as a result of the financial allocation for work in this area, with that having been one of the difficult choices that had to be made to settle the financial plan for 2024/25.

		• The rating for Leadership and Capability had reduced in light of the establishment of the System Leadership Group together with the locality planning and development meetings. • Whether the score of 12 remained appropriate for the risk in respect of Finance and Use of Resources and if a review of the impact element of the score should be undertaken. • Whether a BAF risk should be developed in respect of Children and Young People's Services in light of the issues considered during the Board meeting. The Board **approved** the latest iteration of the 2024-25 Board Assurance Framework risks to achieving the strategic objectives of Devon, subject to: • the Finance and Performance Committee reviewing the scoring for the risk associated with Finance and Use of Resources; and • A risk in respect of Children and Young People's Services being incorporated into the BAF.
6.		**Working with Partners**
6.1	ICB24 - 043	**Cornwall and Isles of Scilly ICB Update** The Chief Executive Officer of Cornwall and Isles of Scilly ICB, Kate Shields (KS) introduced a report which highlighted emerging issues, significant developments and key areas of work happening within the Cornwall and Isles of Scilly Integrated Care System (ICS). The following points were highlighted: • Feedback in respect of the "Caring Where it Matters" document would be welcomed as the document would be used to communicate with residents as to the work being undertaken in Cornwall and the Isles of Scilly. • The reference to 'channel shift' was actually a sector shift with it being around the use of the voluntary and non-statutory services and developing novel and innovative solutions. The Board **noted** the Cornwall and Isles of Scilly ICB Update.
7.		**Committee Chair Reports**
7.1	ICB24 - 044	**Committee Chair's Reports: Quality and Patient Experience Committee – 13 June and 11 July 2024** The Chair of the Quality and Patient Experience Committee, Independent Non-Executive Thandiwe Hara, introduced the reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 13 June and 11 July 2024. The Board Took **assurance** from the Committee Chair's Reports of the Quality and Patient Experience Committee meetings held on 13 June and 11 July 2024.
7.2	ICB24 - 045	**Committee Chair's Report: Finance and Performance Committee – 13 June 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 meeting on 13 June 2024. The Board **took assurance** from the Committee Chair's Report of the Finance and Performance Committee meeting held on 13 June 2024.
7.3	ICB24 - 046	**Committee Chair's Report: Primary Care Commissioning Transition Committee – 20 June 2024**

		The Chair of the Primary Care Commissioning Transition Committee, Independent Non-Executive Member for Primary Care, Judy Hargadon (JH) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meeting on 20 June 2024. The Board took **assurance** from the Committee Chair's Report of the Primary Care Commissioning Transition Committee meeting held on 20 June 2024.
7.4	ICB24 - 047	**Committee Chair's Report: Audit & Risk Committee – 28 May and 27 June 2024** The Chair of the Audit and Risk Committee, Independent Non-Executive Member for Audit and Risk, Graham Clarke (GC) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meetings on 28 May and 27 June 2024. The Board **took assurance** from the Committee Chair's Report of the Audit & Risk Committee meetings held on 27 May and 27 June 2024.
8.		**Closing Items**
8.1	ICB24 - 048	**Action Register** **The Board:** • **approved** the closure of Actions 37 and 24-008b; • **agreed** a target completion date of 30 September 2024 for Action 68 in respect of primary care representation on the Urgent and Emergency Care Board; and • **noted** the updates in respect of the remaining open Actions.
8.2	ICB24 - 049	**Questions from Members of the Public** The Chair informed the meeting that questions had been received in respect of Teignmouth Health and Wellbeing Centre and that a written response to those questions would be published in the minutes of the meeting.
8.3	ICB24 - 050	**Any Other Business** None.
		Meeting Closed: 13.25

Question from Members of the Public

Teignmouth Health and Wellbeing Centre

The following email had been submitted by from Geralyn Arthurs.

"Obviously my interest deals with the abortive plans for the Health and Wellbeing Centre on the Brunswick Street site in Teignmouth and assurances, in the light of the briefing paper for the Stakeholders Group for the Teignmouth Hospital site, that no services will be removed from Teignmouth Hospital that are currently there. Indeed I would be requesting that any service that was formerly there would be returned, but that is for a higher authority as we both are aware.

I, like many, would like to know that having spent £1.1m on the two planning applications, how much money the Trust/ICB still has from/for this project?
The problem is twofold:
firstly if the original application had been reduced in scale it would have been approved, as proved with the second submission which did not impeded in the same way within a conservation area as it was not overbearing, and therefore construction would have already started and depending on the developer could have been completed by now;
secondly the mismatch of expectations from the start.
(There are many points here but if you had gone for your original preferred site, the lower section of Teignmouth Hospital instead of a flood plane again that building would already be completed enhancing the Health and Wellbeing Centre that was established in the hospital in 2016 with the grand opening in 2017)

Seeing that we all know that the NHS has no money of its own, as it comes through taxation and donations, the public has a right to know exactly how much of the money that Jo Turl claimed it had still exists. Originally we were informed that this project would cost around £8.3m. Obviously costs have risen since then not just because of Covid as the war in Ukraine has played a major part in this. However last June (2023) the Chair of the Health and Adult Care Scrutiny Committee asked Jo Turl directly whether the NHS (please not not the developers, partners, etc.) had the finances to build the Hub then and there. She claimed that it (NHS) did.
Was this correct?
If this was accurate how much money does it still have?

The reason is that depending on which figure she was using there is still over £7m, £10m, £13m and £16m.

Therefore would you kindly inform the public which of the above is accurate.

Perhaps the moral of this saga is that the NHS works best when there is real transparency and everyone works together.

I look forward to hearing answers to all the questions I have posed, but what I would really love to know is who thought of this grand plan and why did he/she change the original favoured site for a flood plane especially in the light that in 2012 the National Policy Planning Framework stated clearly that essential services were not to be situated/built on flood plans. I know that I will never get that answer but it has intrigued me for the last four/six years."

A copy of the response made to Geralyn Arthurs is attached.

NHS Devon
Aperture House
Pynes Hill
Rydon Lane
Exeter
EX2 5AZ

12 August 2024

Dear Geralyn,

Thank you for submitting questions to the meeting of the NHS Devon Board on 25 July. I am sorry we were not able to address them at the meeting itself, but, as promised, I am writing to provide you with answers to the questions. A record of the questions and the answers will also be included in the minutes of the Board meeting.

As regards services located at Teignmouth Community Hospital, we have been in touch with colleagues at Torbay and South Devon NHS Foundation Trust, as the organisation responsible for providing the services.

As we said in the briefing for stakeholders, which I understand you have received, the decisions of Devon Clinical Commissioning Group's (CCG) Board, made in 2020, still stand. That means the NHS can relocate services from Teignmouth Community Hospital. In the case of the services that were approved to move to the health and wellbeing centre, this is clearly not possible at present. However, the CCG also approved the relocation of certain outpatient clinics and the day case procedures to Dawlish Community Hospital.

It is TSDFT's intention that, in line with this, some services will move to Dawlish Community Hospital as originally planned, however a date for the move has yet to be agreed and the proposed move will be subject to the availability of the funds required to effect it.

In relation to your questions regarding capital funding available to the trust now that the project has effectively been stood down, I would like to reaffirm the intended funding model for the proposed building.

The plan was for the upfront capital funding needed to build the centre to be provided by the developer. This means that the trust was not going to provide the majority of the upfront capital required to build the centre, regardless of the estimated cost of the building. The plan was then for the developer to grant a head lease to TSDFT and the developer would see a return on their capital investment over the term of the lease through the rent paid by the occupants. TSDFT would sub-let part of the building to Channel View Medical Group and a local voluntary sector group.

Part of the funding model was to use £1.1 million that was received from NHS England's Estates and Technology Transformation Fund. As you acknowledge, this has now been spent.

Under the original funding model, a small amount of capital funding was due to come from the trust through the sale of community assets with a small amount from NHS Devon to help with the purchase of the land.

Questions of affordability and value for money centred on whether TSDFT and NHS Devon could pay the rent on the building - the estimated level of which went up in line with the increase in the capital funding required by the developer to build the building. A number of different cost estimates were given over time – these increased due to the ever-rising cost of construction due to the effect of the pandemic, the war in Ukraine and changes in the cost of borrowing. As we said in the stakeholder briefing, an increase in the GP practice's rent, compared to the cost of the rent in their current premises, was budgeted for, but, over time, the building went from affordable to unaffordable.

As a complicating factor, even though the NHS was effectively going to pay for the building through rent over many years – a cost which is often viewed in accounting terms as a revenue cost – accounting rules mean that the majority of the overall estimated cost of the building (about £9 million) would have to have been accounted for as capital expenditure. Capital spending in all local NHS systems is strictly controlled and to 'spend' this large amount on the centre would have meant diverting it from a limited pot that is designated for urgent remedial work across the NHS estate in Devon.

Given that the majority of the upfront capital funding was not going to be provided by TSDFT, there is no available pot of money allocated to the provision of new health facilities in Teignmouth. TSDFT's capital budget is highly constrained and subject to significant competing demands – for example, for essential repair and maintenance, medical equipment, and IT infrastructure. Monies may be allocated from national pots, but these are tied to specific investments such as Electronic Patient Records or the New Hospital Programme. Following a decision not to proceed with the Teignmouth Health and Wellbeing Centre, TSDFT has said it will review options for the delivery of integrated care in the Coastal Locality, including the use of existing assets. This will be factored into TSDFT's forward capital programme.

As regards the chosen location of the proposed health and wellbeing centre in Brunswick Street, the preferred option identified through public engagement was a town centre site. The Post Consultation Business Case considered by the Board of Devon CCG in December 2020 states:

During the 2018 public engagement […] the issues of limited parking and the hospital's location up a steep hill on the edge of town were highlighted. Support for a new centre for many was conditional on finding a flat site, which people can access by car, public transport or on foot. Most respondents thought that a town centre site was the best option.

The Brunswick Street plots were chosen from a limited selection available further to the public engagement.

Plans for the building on the original plot in Brunswick Street were developed by TSDFT through a long engagement process with the planning authority and landowner – Teignbridge District Council – in 2020. Significant work was undertaken to reduce the size of the building as part of this process but, of course, a minimum amount of space was required to house the services intended for the building. It was, effectively, the smallest it could be to fulfil its function.

Flood mitigation measures were also included in the design of the building on the second plot in Brunswick Street and planning permission was secured. The Environment Agency was a statutory consultee in the planning process, and it made no objection to the scheme.

Throughout the long-running project to build the health and wellbeing centre, the NHS has worked closely with local people, conducting numerous public involvement exercises and maintaining strong links with, and participation in, the Coastal Engagement Group. During this period, we have been open about the reasons for the project and have frequently shared information with local people and stakeholders as the project progressed. The stakeholder briefing issued in July sets out some of the challenges beyond the control of the NHS that have beset the project and led to delays.

At the meeting on 25 July, members of NHS Devon's Board maintained that the integrated care model is the right one. This endorses the vision that was developed for health and care services in Teignmouth and Dawlish – *to provide excellent integrated services*.

We had planned to deliver that vision through the creation of the health and wellbeing centre, but, of course, we will now need an alternative solution.

We would like to reiterate our regret that we have not been able to deliver the planned health and wellbeing centre, but we have a legal duty to ensure local people have access to general practice services and we remain committed to finding a sustainable solution to the challenges now faced.

I trust this information is helpful.

Yours sincerely

Steve Moore
Chief Executive Officer
NHS Devon