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 29 May 2025 between 09:30 and 14:00	
Name	*Title and organisation*
Board Members:	
Kevin Orford	Chair, NHS Devon
Steve Moore	Chief Executive Officer, NHS Devon
Salma Ali	Independent Non-Executive Member, NHS Devon
Kaye Bentley	Independent Non-Executive Member, NHS Devon
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Dr Peter Collins	Chief Medical Officer, NHS Devon
Kirsty Denwood	Interim Chief Finance Officer, NHS Devon
Dr Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon
Sam Higginson	Partner Member for NHS Trusts and Foundation Trusts, Chief Executive of Royal Devon University Healthcare NHS Foundation Trust
Dr Frank O'Kelly	Partner Member for Primary Medical Services Providers, Amicus Health
Penny Smith	Chief Nursing Officer, NHS Devon
Dr Lincoln Sargeant	Partner Member, Local Authorities (Population Health and Prevention), Director of Public Health, Torbay
Also in attendance:	
Councillor Mary Aspinall	Chair, One Devon Integrated Care Partnership
John Finn	Acting Chief Operating Officer, NHS Devon
Katy Ladd	Board Administrator (Minute Taker)
Philippa Harding	Director of Governance and Interim Chief Communications & Corporate Affairs Officer, NHS Devon
Libby Ryan-Davies	Chief Strategic Commissioning and Planning Officer
Allison Williams	System Recovery Director, NHS England
Mark Cooke	Managing Director (Strategy, Oversight & Regulation), NHS England South West
Apologies for absence:	
Piers Tetley	Chief People Officer, NHS Devon
Phill Mantay	Partner Member for Mental Health, Chief Executive, Devon Partnership NHS Trust
Kate Shields	Chief Executive Officer, NHS Cornwall and the Isles of Scilly
Lopa Patel	Independent Non-Executive Member, NHS Devon
Donna Manson	Partner Member, Local Authorities, Chief Executive, Devon County Council

Item	Ref	Discussion
1.		**Introductory Items**
1.1	ICB25-001	**Welcome, Introductions and Apologies** Kevin Orford, NHS Devon Chair welcomed Board members to the meeting. It was noted that apologies for absence had been received from Lopa Patel, Donna Manson, Phill Mantay, Piers Tetley and Kate Shields. Libby Ryan-Davies was welcomed to her first Board meeting as Chief Strategic Commissioning and Planning Officer. A welcome was also extended to members of the public in the room - Mrs Robinson, Mr Wyatt, Helen Walker and Michael Rackham as well as those watching online. The meeting was advised that time was reserved at the end of the meeting to address questions raised in advance by the public. The Chair advised that a meeting in private was being held later in the day to consider proposals relating to the national requirement to reduce Integrated Care Board (ICB) running costs, and this would also be addressed in the reports of the Chair and Chief Executive Officer as part of this meeting in public. It was noted that the Agenda Item 4.2 - Primary Percutaneous Coronary Intervention Services in Devon – had been withdrawn from the agenda for the meeting and would be presented to the Board meeting on 31 July 2025. The meeting was deemed quorate.
1.2	ICB25-002	**Declarations of Interest** Salma Ali informed the meeting that she had been appointed as Vice Chair of Birmingham Community Healthcare NHS Foundation Trust. This update to her declaration of interest was currently being processed by the Governance Team. The Board **noted** the Register of Interests.
1.3	ICB25-003	**Minutes of Previous Meeting** The minutes of the Board meeting in public held on 27 March 2025 were **approved** as a correct record.
1.4	ICB25-004	**Action Register** The Board: • **Agreed** the closure of action ICB24-102i regarding a risk in respect of the required capacity to deliver to the organisational development plan. • **Noted** the updates in respect of actions ICB24-102ii and 111.
2.		**Leadership Reports**
2.1	ICB25-005	**Chairs Report** The Chair introduced his report which included an update on the developments regarding the national requirement to reduce ICB running costs alongside a redesign of their role and purpose; proposed amendments to Committee Terms of Reference to accommodate the appointment of the Chief Strategic Commissioning and Planning Officer; and an urgent decision that had been taken in respect of a Section 75 Deed of Variation. The following points were highlighted:

		• NHS England had approved the proposed amendments to the NHS Devon Constitution, which was considered at the March Board meeting. The approved version was appended to the report.
		
		The Board:
		• **Noted** the content of the report.
		• **Approved** the proposed amendments to the Terms of Reference to the following Board Committees:
		  • NHS Devon Executive
		  • Finance and Performance Committee
		  • Population Health Improvement Committee
		• **Noted** the exercise of powers in respect urgent decisions and ratify the decision to approve a Deed of Variation to the tripartite S.75 Agreement in place between NHS Devon, Torbay and South Devon NHS Foundation Trust and Torbay Council.

2.2	ICB25-006	**Chief Executive Officer's Report** The Chief Executive introduced the report which provided updates on key events that had taken place since the last meeting of the Board. The following points were highlighted: • The draft Model ICB Blueprint that clarified the role and purpose of ICBs had now been published and supported local plans to achieve a way forward that was within the reduced running cost envelope and could be implemented by December 2025. Whilst the ICB running cost reduction was usually referenced as being 50%, this varied between ICBs as it was an average figure which would bring ICBs in line with a required running cost per head of population. NHS Devon and NHS Cornwall & Isles of Scilly ICBs were both already below the national average and so would be required to reduce running costs by 33% and 38% respectively. • Since 2013 there had been a Staff Partnership Forum (SPF) comprised of employee representatives which had been a key element of the consultation undertaken in respect of workforce issues. Whilst the SPF had provided valuable insight, challenge and support, Trade Unions had increasingly advocated for NHS Devon to sign a formal Recognition Agreement, a step which had also been recommended by NHS England. Accordingly, the NHS Devon Executive took the decision at its meeting on 20 May 2025 that a Recognition Agreement should be implemented as soon as possible ahead of any upcoming change processes associated with the "clustering" of NHS Devon and NHS Cornwall and Isles of Scilly. • Since the Board had approved the business cases for the One Devon Shared Collaborative Service (CCS), confirmation had been received from NHS England that it was unable to support the cost of change that had been incorporated within that business case. Work had therefore been undertaken to progress a different commercial partnership model with NHS Shared Business Services which had resulted in a reduction in the total cost of change required to deliver the business case. • The NHS Devon Board was required to approval an Emergency Preparedness, Resilience and Response policy, the implementation of which enabled NHS Devon to integrate its response to emergencies in the community. The currently policy had been reviewed in light of organisational changes and so was being presented for approval. • Whilst the national dispute between primary care and the government was no longer active, Local Medical Committees were maintaining their collective action locally by targeting commissioning gaps. In light of the substantial pressures being managed by local practices, the NHS Devon Primary Care Medical Director continues to meet with them bi-weekly to identify any issues and possible

		mitigations. Liaison was also ongoing with NHS England and other ICBs across the region. **Action:** • The One Devon Collaborative Corporate Service Business Case to be reviewed by the Finance and Performance Committee to enable members to gain assurance in respect of the revised business case. The Board: • **Noted** the content of the report. • **Endorsed** the transition to a formal Trade Union Recognition Agreement to replace the existing Staff Partnership Forum arrangement. • **Approved** Emergency Preparedness Resilience and Response policy.
3.		**National Oversight Framework Segment 4**
3.1	ICB25-007	**Progress on the Requirements of the NHS Oversight Framework – Segment 4** Kirsty Denwood, Interim Chief Finance Officer, introduced the report which sought to provide necessary assurance on the progress against the agreed criteria and metrics required to exit Segment 4 of the NHS Oversight Framework (NOF4) in Q1 of 2025/26. The report detailed the system position on the criteria for strategy, leadership, urgent and emergency care (UEC), elective, and finance recovery, accompanied by a locality position on delivery against trajectory and the key actions to either maintain or improve performance. Issues highlighted during consideration of this item included: • Whilst the UEC position had improved since last month, key indicator trajectories were still not being met and the risks identified by the system remained significant. • Going forward the Delivery Management Framework would ensure appropriate reporting against the objectives set out in the NHS Devon Annual Plan and the System Operational Plan. The Board **agreed** the assurance ratings relating to each of the NOF4 progress positions of the One Devon Integrated Care System, as follows: • Leadership – significant assurance – recommend de-escalation • Strategy – satisfactory assurance – recommend continued support from NHS England • UEC and planned care – satisfactory assurance – recommend de-escalation • Finance – limited assurance – no recommendation at current stage
3.2	ICB25-008	**Self-assessment of Performance against key National Oversight Framework Measures** Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer, introduced the report which provided a summary position, at system level, of the progress made by the One Devon Integrated Care System in relation to the requirements of Segment 4 of the NHS Oversight Framework. The following points were highlighted during consideration of this item: • Whilst self-assessment was not part of the formal decision process to de-escalate a NOF rating, it was an important element of local agreements. • Concern that there would be less focus on the NOF requirements if the was a de-escalation of segmentation and that a performance management regime had been established which would monitor progress to ensure that this did not happen. • The ongoing pressure to meet urgent and emergency care targets and those for planned care should not be underestimated and Board support would be required to ensure these could be delivered.

		• There had been a significant shift in the Recovery Support Programme (RSP) during 2024/25 with the focus initially being on urgent and emergency care at University Hospitals Plymouth NHS Trust (UHP) with the focus then moving to Torbay & South Devon NHS Foundation Trust (TSD). As there was only limited assurance around the position of TSD they would continue to receive RSP support to enable them to achieve their 2025/26 Plan. • Whilst Q1 of the financial year was about ambitions, Q2 would be when there was a sense of the deliverability of its plans for 2025/26. • The timeline for the refresh of the Medium Term Financial Plan needed to be aligned to the delivery of the Health and Care Strategy. • NHS England was developing the new national oversight framework. This would introduce a Segment 5 but would not identify where individual organisations were rated at present due to the current configuration changes; however, capability assessments would take place with ICBs with there being an expectation that Board would maintain their focus upon performance. **Action:** • Mark Cooke to be invited to a future Board Development Session to speak about the new NHS Oversight Framework. The Board: • **Took satisfactory assurance** from the information provided with regard to the One Devon Care System position and the achievements against the agreed NOF4 exit criteria, whilst noting the significant changes still faced by the system in relation to the delivery of the 2025/26 Operational Plan.
4.		**Discharging NHS Devon's responsibilities in 2025/26**
4.1	ICB25-009	**Delivering the 2025/26 NHS Devon Operational Plan** Libby Ryan-Davies, Chief Strategic Commissioning and Planning Officer, introduced the paper set out a new approach to Performance Management that would oversee and assure delivery of the 2025/26 Operational Plan. The following points were highlighted during consideration of this item: • The Operational Plan was underpinned by a Commissioning Plan that detailed NHS Devon's key commissioning priorities in 2025/26, with the focus being on how strategic commissioning capabilities and processes could be further developed to support longer term objectives. • Acute providers were expected to deliver 4% minimum productivity improvements during 2025/26 and so NHS Devon would enter negotiations with all commissioned services to deliver 4% cost saving during the same period. Where a service was provided by the voluntary or community sector this cost saving would be reduced to 2% acknowledging that they were much leaner than NHS organisations. • Delivery was monitored on an ongoing basis with reporting being updated on a weekly basis to enable corrective actions to be taken when required. This reporting would be presented to the Board's Assurance Committees. • The ability to improve the current financial position would be limited by current contractual agreements so a clear understanding of these was required and mitigating actions identified to ensure that ambitions could be met. • The way in which commissioning was undertaken needed to become more strategic with current contracts being assessed as well as contracting gaps being identified and addressed. The process now included the monitoring of unintended consequences, with the EQIA process supporting this work. • It was important that Population Health data and lived experience informed the development of the Strategy and that was an area that was being developed. • Escalation processes needed to be aligned so that duplication was avoided and a single set of data and reporting was utilised.

		• The Performance Management Dashboard would be key in reporting clear information and reconciliation to trajectories and the team was looking at wider connections of data and ensuring that all aligned. • Care Quality Commission data was not being used due to its age and this was an issue that had been subject to discussion at the System Quality Group. • The areas of patient pathways and commissioning hubs was currently being researched so that good practice could be learned from. • The Chief Executive Officer of Royal Devon University Healthcare NHS Foundation Trust (RDUH) offered to support the development of the section within the Strategy in respect of Minor Injury Units and other ways of supporting remote geographies across the system. • The risk with regard to delivering of Cost Improvement Plans (CIPs) was clearly understood and weekly updates were being provided so that shifts could be identified and corrective actions taken where required. Work was being undertaken with the Recovery Support Programme teams and the regional team to test the robustness of reporting. **Actions**: • A session in respect of the Decommissioning Schedule to be included in a future Board Development Session. • A session in respect of Population Health Management to be included in a future Board Development Session. • The Commissioning Plan to be considered at a Board seminar at the same time as the new National Oversight Framework to support understanding of the connections that had been made. The Board: • **Noted** the level of ambition and risk within the submitted Operational Plan for 2025/26 • Took **satisfactory assurance** from the proposed approach to performance management in 2025/26, including confirmation of the metrics that will be included in the performance management dashboard. • **Endorsed** the NHS Devon Commissioning Plan for delivery in 2025/26.
4.2	ICB25-010	**2025/26 Annual Plan Next Steps** Chief Strategic Commissioning and Planning Officer, Libby Ryan-Davies, presented the report which provided an overview of the reporting process, schedule and next steps for the 2025/26 Annual Plan. It also proposed an approach to support delivery and assurance, monitor progress and key risks and support formal assurance by maximising visibility at Board level. Issues highlighted during consideration of this item included: • As a result of the publication of the Model ICB Blueprint and the proposed NHS England and ICB reconfigurations the 2025/26 Annual Plan needed to be revisited and objectives re-prioritised. The outcome of this review would be presented to the Board at its meeting in public on 31 July 2025. • The high-level delivery plans had been informed by insights from the Darzi Review, with the Annual Plan's 17 objectives having been mapped to the three key shifts of moving from hospital to community care, from analogue to digital and from treating sickness to preventing it. • In view of the current position of the system, funding and resourcing would be the key priority with investment in digital processes being scaled back. There had already been considerable investment in digital and the focus should be on using that investment to its full potential. • Consideration should be given to the system's vision around wider digital transformation to understand the short, medium and longer-term ambitions and how these will be delivered.

		• It would be essential that the appropriate engagement was undertaken when developing the NHS Devon Health and Care Strategy including with local government when considering the importance of its scrutiny role and of the Health and Wellbeing Boards. The Board **took satisfactory assurance** from the approach to delivering the 2025/26 NHS Devon Annual Plan as described in the report.
4.3	ICB25-011	**Developing NHS Devon's Health Care Strategy** Chief Strategic Commissioning and Planning Officer, Libby Ryan-Davies introduced the report which provided an overview of the development of a comprehensive Health and Care Strategy which would outline the operational vision for delivering improved, financially sustainable health outcomes for the local population. Issues highlighted during consideration of this item included: • The purpose of the strategy was to set out the strategic intent of NHS Devon, setting out a case for change focused around infrastructure and buildings, digital components and the workforce that would be required in the future end state. • It was anticipated that the Strategy would be presented to the Board for approval in September. • It was noted that the Strategy would be delivered in line with the Medium Term Financial Plan; however, it was anticipated that deficit funding would be either fully or significantly withdrawn in 2026/27 and so a conversation with organisations running deficits was urgently required. • Clinical engagement would be essential for the successful delivery of the Strategy, with a collective discussion across all organisations being required. • The paper covered a range of positive characteristics including insight, understanding the quality dimensions and the triangulation of various complex elements. What also needed to be taken into account was reference to "place", the role of the VCSE and how we could support the local economy through commissioning and procurement decisions. • The Strategy would be based upon a set of prudent assumptions as time pressures did not allow for us to wait until national data was published. Scenarios would be developed based upon potential financial parameters so that groundwork would have been completed once the national picture is known. • Time pressures also raised a risk of the quality of the Strategy not being as of a high quality as would be wished for. • Development of the Strategy would be an ongoing process to look effectively at the long term and it was anticipated that there would be a requirement for it to be meshed with the strategic plans of the Cornwall and Isles of Scilly ICB at some point. The Board: • **Noted** the urgency and need for rapid strategy development. • **Took satisfactory assurance** from the proposed timeline and governance as outlined in the report.
4.4	ICB25-012	**Consolidation of Primary Percutaneous Coronary Intervention Services in Devon** The Board **noted** that this item had been withdrawn from the agenda and would be presented to the Board meeting in public on 31 July 2025.
5.		**Governance, Performance and Assurance Reports**
5.1	ICB25-013	**Board Assurance Framework (BAF)** The Director of Governance and Interim Chief Communications and Corporate Affairs Officer, Philippa Harding, introduced the report provided information in

		respect of the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year. In light of recent changes to the operating context for Integrated Care Boards (ICBs), the report proposed an alternative approach to the BAF in 2025/26 to that which was agreed by the Board at its meeting in public on 27 March 2025. It also proposed the addition of two risks in relation to ICB recent requirements to reduce ICB running costs by 50%. The following points were highlighted during consideration of this item: • The discussions around the BAF that had taken place during April and May had identified the consensus that the first six months of 2025/26 should address the same risks as during 2024/25 whilst further strategic development took place. This would enable consideration of the risk to achieving strategic objectives and the risk appetite to be adopted. The Board: • **Approved** the revised proposed approach to Board Assurance Framework for the first 2 Quarters of 2025/26 • **Approved** the addition of 2 new risks in relation to ICB transition to the Board Assurance Framework to BAF – ICB running costs and business as usual • **Approved** the 2025/26 Board Assurance Framework risks to achieving the strategic objectives of NHS Devon.
5.2	ICB25-014	**NHS Devon 2024/25 Annual Plan – Delivery Assurance Close Down Report** The Chief Strategic Commissioning and Planning Officer, Libby Ryan-Davies, introduced the report which provided a year-end update on the implementation of the 2024/25 Annual Plan, the development of NHS Devon's Performance and Planning Team and the implementation of the new Annual Plan assurance and review process. The following points were highlighted during consideration of this item: • The achievements resulting from the delivery of the 2024/25 Annual Plan. • All 2024/25 objectives had either been achieved, transferred to "Business as Usual" or mapped into the objectives for 2025-26. • The CEO would be using this report as part of the Executive appraisal process. The Board **agreed** the final positions of assurance for each directorate at the 2024/25-year end.
5.3	ICB25-015	**Mental Health Assertive and Intensive Outreach Action Plan Update** The Chief Medical Officer, Peter Collins, introduced this paper which provided an update on the work to progress the action plan developed to address previously identified actions and ensure alignment of actions to themes from the Independent Mental Health Homicide Investigation published in February 2025. The following points were highlighted during consideration of this item: • Clarification was required as to the metrics being measured in respect of the action plan, together with the funding and financial implications. • A greater understanding of this area of work would be welcomed by the Board prior to any further decisions being made. • The way in which NHS Devon and the Mental Health Collaborative were working with adult social care and local authorities on this matter. • The current focus was the development of a Health and Care strategy rather than an Acute Strategy. • The more work that could be undertaken in respect of key measures would result in a greater understanding of performance drivers which would result in a robust performance framework.

		Action: • The metrics contained within the action plan to be discussed with offline with the Independent Non-Executive Member, Salma Ali. The Board: • **Noted** the update on progress against the mental health assertive and intensive outreach action plan, referencing the continuing work on metrics. • Took **satisfactory assurance** from the establishment of mental health planning and delivery meetings. • **Noted** some risks would remain even with enhanced service delivery and workforce capacity aligned to this high risk group of individuals.
5.4	ICB25-016	**Finance Reports – Month 12** The Interim Chief Finance Officer, Kirsty Denwood, introduced the two reports which sought to provide assurance on the financial position of NHS Devon and the One Devon Integrated Care System for the year ended 31 March 2025. The following points were highlighted during consideration of this item: • The reports had been reviewed by the Finance and Performance Committee. • The £37.5m agency spend was against the nationally set cap of £51.1m. • The whole time equivalent workforce figure had breached the target and this was being addressed through the workforce delivery group. The Board: • **Took satisfactory assurance** from the information provided with regard to the NHS Devon financial position at the year ended 31 March 2025 • **Took satisfactory assurance** from the information provided regarding the financial position of the One Devon Integrated Care System and **noted** the financial outturn un-audited yet for the year end 24/25.
6.		**Committee Chair Reports**
6.1	ICB25-017	**Committee Chair's Report: Finance and Performance Committee – 10 April and 8 May 2025** The Chair of the Finance and Performance Committee, Kaye Bentley, presented this item which provided an overview of the items considered by the Finance and Performance Committees at its meetings held on 10 April and 8 May 2025. Issues highlighted during consideration of this item included: • The Committee's concerns that the assurance provided in respect of the delivery of the 2025-26 Annual Plan continued to highlight the same challenges as previously identified, with some of these remaining red as at February 2025. • There was a need to move towards a cyclical planning process rather than it being a time limited annual event. • The view of the Committee that there remained a number of outstanding assurances required before it could endorse the 2025-26 Operational Plan. • The Committee had considered a report in respect of Implied Productivity and as productivity was key to improving performance within available resources and not negatively impacting quality, this was an area it wanted to undertake further work. • The Committee had taken assurance that the National Recovery Support Fund objectives for 2024/25 had been achieved and the funding distributed. • There remained concerns in respect of NOF4 funding and additional valued capacity if it were not available going forward, together with the transition risk associated with this and how it would be managed.

		• The need for the Committee to be very agile and to revisit the 2025/26 Annual Plan at future meetings, particularly given the rapidly changing context of the organisation. • The view of the Committee that there should be a deep dive into contracting, being mindful of the fact that delivery of the current financial year was very much dependent on contracting working as expected. The Board: • **Took assurance** from the Committee Chair's Reports of the meetings of the Finance and Performance Committee held on 10 April and 8 May 2025; • **Noted** the escalations made for information and that NHS Devon needed o ensure that planning was a cyclical process going forward rather than a time limited event each year.
6.2	ICB25-018	**Committee Chair's Report - People and Organisational Development Committee on 9 April 2025** The Chair of the People and Organisational Development Committee, Salma Ali, introduced the report which provided an overview of the issues considered by the Committee discussed at its meeting on 9 April 2025. The following points were highlighted during consideration of this item: • The Committee had concerns that the objectives contained within the 2025/26 NHS Devon Annual Plan could be achieved following the recent announcements regarding the future of ICBs. • Whilst the internal audit review in respect of Equality, Diversity and Inclusion had been rated as satisfactory, there remained some areas of concern and assurance had been received that these would be prioritised and incorporated into the EDI Strategy, with an action plan to deliver the strategy being developed by the EDI working group. The Board **took assurance** from the Committee Chair's Report of the meeting of the People and Organisational Development Committee held on 9 April 2025.
6.3	ICB25-019	**Committee Chair's Report - Quality and Patient Experience Committee on 10 April 2025** The Chair of the Quality and Patient Experience Committee, Thandiwe Hara, introduced the report which provided an overview of the Committee meeting held on 10 April 2025. The following points were highlighted during consideration of this item: • The Quality Framework had now been completed and reflected that the current statutory requirements in respect of quality remained and had not changed in light of the current NHS reorganisation. • The EQIA process continued to develop and be implemented across the system. • The outcome of the Penny Dash Review was likely to inform the future development of NHS ways of working and also require NHS Devon to review its current objectives. The Board: • **Took assurance** from the Committee Chair's Report of the meeting of the Quality and Patient Experience Committee Audit and Risk Committee held on 10 April 2025. • **Noted** that there would be a need to review the current NHS Devon Objectives following receipt of the outcome of the Penny Dash Review.

6.4	ICB25-020	**Committee Chair's Report - Audit and Risk Committee on 6 May 2025** The Chair of the Audit and Risk Committee, Graham Clarke, introduced the report which provided an overview of the work undertaken by the Audit and Risk Committee at its meeting on 6 May 2025. The following points were highlighted: • The Draft Head of Internal Audit Opinion 2024/25 remained in line with previous reports, that being of a "Satisfactory" opening, an improvement on the "Limited" opinion received in 2023/24. • The Committee had noted the content of the Internal Audit Charter and was recommending its approval to the Board. • The initial internal audit work in respect of the Data Protection Security Toolkit had highlighted the need for robust Business Continuity Plans to mitigate against cyber attacks. A number of the issues highlighted by internal audit had already been addressed during the second phase of the review, the outcome of which would be reported to the September meeting of the Committee. The Board: • **Approved** the Internal Audit Charter for implementation during the delivery of the Audit Plan for 2025/26; and • **Took assurance** from the Committee Chair's Report of the meeting of the Audit and Risk Committee held on 6 May 2025.
6.5	ICB25-021	**Committee Chair's Report - Population Health Improvement Committee on 8 May 2025** In the absence of the Chair of the Population Health Improvement Committee, Lopa Patel, the NHS Devon Chair introduced the report which provided an overview of the meeting held on 8 May 2025. The Board **took assurance** from the Committee Chair's Report of the meeting of the Populational Health Improvement Committee held on 8 May 2025.
7.		**Closing Items**
8.1	ICB25-022	**Questions from Members of the Public** Helen Walker had submitted the following questions in respect of ICB Reconfiguration: • *What are your thoughts on the proposed merger of the ICB's?* • *What challenges & benefits would this have? From Helen Walker* It was confirmed that this was a period of great uncertainty for staff, but business as usual must continue to be delivered. It should be recognised that this was only a proposal at this time, but it would be an opportunity to strengthen the organisations across Devon and Cornwall and may smooth things out being able to work across a single footprint. There was already a strong tradition of working together across a whole range of issues such as acute provider sustainability, provider work, which could be built on. Whilst Devon and Cornwall were able to learn from each other, it was acknowledged that organisational change would bring negative outcomes as well. The following questions had been submitted by Netti Pearson: • *The funding for the NHS was traditionally based on meeting clinical need. It now seems to be that the service needs to fit whatever funding is considered appropriate without reference to need. Is there any way that the ICB can challenge the current orthodoxy?*

		It was acknowledged that the NHS had always had to balance the needs of patients and the population with the available funding. As commissioners, NHS Devon had to take into account the needs of local people and the whole population to deliver services that were as equitable, accessible and safe as possible within the budget allocated for its population. • *Re. the downsizing of the ICB: in the clustering of Devon's ICB with that of Cornwall and the Scilly Isles, will Devon County Council be involved in this collaboration? Is this a move towards restructuring the NHS, starting with strategic health authorities? From Netti Pearson* Whilst the clustering only applied to NHS Devon and NHS Cornwall and Isles of Scilly, rather than Devon County Council or other local authorities; ICBs had a number of partner members on their Boards, including representation from local authorities. On NHS Devon's Board, Donna Manson, chief executive of Devon County Council, was the local authority partner member. The generic question regarding restructuring the NHS was for the national team to answer. NHS Devon had been asked to reduce its running costs and priorities in line with the Model ICB Blueprint, which it would do to the best of its ability. Sue Matthews had submitted two questions: • *What role, if any, did – and does the ICB have in the allocation of capital funding for hospital infrastructure? Were you consulted on the need to upgrade Northern Devon District Hospital (NDDH)? Do you have any influence over/with Wes Streeting?* In response it was confirmed that NHS Devon had a role in the distribution of annual system capital, of which a proportion was used by each NHS Trust on its estates backlog maintenance programme and infrastructure upgrades. This capital was distributed on a 'fair shares' allocation basis which was based on metrics, for example, Trust turnover. With regard to the New Hospital Programme (NHP) funding for hospital infrastructure upgrades and redevelopment, this programme was directly between NHP (which sits under the Department of Health and Social Care) and each applicant Trust. NHS Devon was not consulted on the recent funding announcements as this is driven nationally . • *How does the ICB propose supporting the surgical capacity for Devon when NDDH [Barnstaple Hospital] has operating theatres and an ICU not fit for the future?* It was confirmed that in the short-term, work was required on the air handling plant in the current operating inpatient operating theatres at Barnstaple. Completing this work, which would involve two theatres being out of use for a significant period of time, would address the current critical risk of these theatres failing. Royal Devon University Healthcare NHS Foundation Trust (RDUH) had acknowledged that there was insufficient capacity across the system to absorb the level of activity that would be displaced by this work and they were therefore working on a plan to introduce two modular theatres to enable the work to be completed in the main theatre block so the same number of patients could be treated. Once the work was completed, the additional modular theatres would remain, which would allow for the return of the temporary vanguard theatre at the end of its contract, and the other would enable the closure of one of the oldest theatres, so there would be no net loss of theatres. Sufficient funding was required to enact this plan and NHS Devon was supporting RDUH in seeking funding for this work. Fortunately, relatively few elective surgical patients needed ICU support at Barnstaple Hospital.

		It was also highlighted that on a broader note, partner organisations across Devon continued collaborative working, making best use of surgical capacity across all system assets (such as the Nightingale Hospital in Exeter) and seeing a £20m investment in a day case unit in Exeter. NHS Devon was supporting RDUH and Torbay and South Devon NHS Foundation Trust with longer-term plans as part of the national Our Future Hospitals programme, modernising local hospitals to meet the healthcare needs of the local population for years to come. *Rosemary Haworth-Booth had asked what the criteria was for determining if a community warrants a Minor Injury Unit.* It was confirmed that there were a range of criteria including population need, demand on existing services, distance from other services, clinical need, estates, safe staffing and affordability. In line with national NHS guidance, NHS Devon was working towards the ambition of introducing standardised urgent treatment centres (UTCs). This was aimed at reducing the confusing mix of urgent care services including walk-in centres, minor injury units (MIUs) and urgent care centres. UTCs offered a broader range of urgent care, including for some illnesses and injuries that might require additional tests or treatments beyond the scope of a MIU. They also usually had longer opening hours (seven days a week, 12 hours a day as a minimum). *Another member of the public had asked whether NHS Devon was meeting the 'NICE Fertility problems Quality Standard (2014)' for commissioners of fertility treatment in relation to IVF for women under 40 years? If not, how was Devon ICB justifying subquality healthcare provision for local women given the Department for Health and Social Care have stated they expect ICBs in England to use their budgets to commission fertility care in line with NICE guidance?* In response it was confirmed that there were 9 statements within the 2014 Nice quality standard and that NHS Devon met 7 of these standards and partially met the remaining 2.
8.2	ICB25-023	**Any Other Business** It was **noted** that the next meeting of the Board in public would be on 31 July 2025.
		Meeting Closed