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 30 May 2024 between 09.30am and 1.00pm	
Name	*Title and organisation*
Board Members:	
Dr Sarah Wollaston	Chair, NHS Devon
Dr Nigel Acheson	Chief Medical 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
Dr Ruth Harrell	Partner Member for Local Authorities, Director of Public Health, Plymouth City Council
Dr Frank O'Kelly	Partner Member for Primary Care, GP Partner, Amicus Health
Steve Moore	Chief Executive, NHS Devon
Kevin Orford	Non-Executive Member, Finance and Remuneration, NHS Devon
Bill Shields	Chief Finance Officer, NHS Devon
Penny Smith	Interim Chief Nursing Officer, NHS Devon
Also in attendance:	
Helen Braid	Head of Governance, NHS Devon
Mark Cooke	General Manager, NHS England, South West
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Philippa Harding	Company Secretary and Interim Chief Communications & Corporate Affairs Officer, NHS Devon
Jodie Howland	Senior Governance Officer, NHS Devon
Katy Kerley	Head of Organisational Development, NHS Devon
Molly Marcu	Company Secretary, NHS Cornwall & Isles of Scilly
Piers Tetley	Interim Chief People Officer, NHS Devon
Allison Williams	System Recovery Director, NHS England
Apologies for absence	
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
Cllr James McInnes	Chair, Devon Integrated Care Partnership

Item	Ref	Discussion
1.		**Introductory Items**
1.1	ICB24 - 001	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting, in particular, Mark Cooke (NHS England, South West) and Molly Marcu who was attending on behalf of Kate Shields. Apologies for absence were noted from Donna Manson, James McInnes and Kate Shields. The Chair extended her thanks to Ruth Harrell who was attending her last meeting prior to stepping down from the Board. The meeting was deemed quorate.
1.2	ICB24 - 002	**Declarations of Interest** The Board **noted** the Register of Interests.
1.3	ICB24 - 003	**Minutes of Previous Meeting** The minutes of the meeting in public held on 26 March 2024 were **approved** as a correct record.
2.		**Leadership Reports**
2.1	ICB24 - 004	**Chair's Report** The Chair introduced her report which provided an update on visits and engagements since the last meeting of the Board in public and also the new NHS dental practice planned for Plymouth city centre. On behalf of the Board, the Chair expressed thanks to Nigel Acheson who was attending his last Board meeting prior to his retirement, noting that this expertise and professionalism, together with his warmth and approachability would be missed. The Board **noted** the Chair's Report.
2.1	ICB24 - 005	**Chief Executive's Report** The Chief Executive introduced his report which included Executive and Senior Leadership Team changes, organisational change and the Annual Plan. The following was highlighted: • Phase 2 of the organisational change programme had commenced. Meetings had taken place with staff with the message being that their views were encouraged and would be considered in an open-minded manner. • Following the retirement of the Chief Communications and Corporate Affairs Officer, Andrew Millward, the role was being covered by Philippa Harding on an interim basis. • Hannah Pugliese had been appointed as Director of Women, Children and Young People's Services. • Formal confirmation was awaited that NHS Devon would remain in Segment 4 of the NHS Oversight Framework (NOF4) and what the revised exit criteria would be. Progress had been made however, with improved governance arrangements and a genuine desire for collaborative working across the Devon system. The Chief Executive also extended his thanks and appreciation to Nigel Acheson for his work and wished him well for the future.

		The Board **noted** the Chief Executive's Report.
3.		**National Oversight Framework Segment 4**
3.1	ICB24 - 006	**NHS Oversight Framework (NOF) – Progress Towards NOF4 Exit** The Chief Finance Officer and Deputy Chief Executive Officer, Bill Shields (BS), together with the Chief Delivery Officer, Anthony Fitzgerald (AF), introduced a report which set out NHS Devon's oversight and assurance mechanisms for exiting Segment 4 of the NHS Oversight Framework (NOF4). The report detailed the assurance reporting on progress against exiting NOF4 against the 5 key domains of leadership, clinical strategy, Urgent and Emergency Care (UEC), Elective Care and Finance and covered the key performance data for The following points were highlighted: • Metrics relating to UEC had improved during March 2024 but remained behind trajectory. As the interface between different services sometimes caused challenges a review of the interface between NHS111 and other services was being undertaken. In addition, learning from the Emergency Recovery Fund initiatives such as the Care Co-Ordination Hub was being reviewed and early stage business cases were being developed in respect of out of hospital care. This learning would be taken through the appropriate Board Assurance Committees for review. • Despite being the most improved system across the region, ongoing issues with activity lost as a result of industrial action continued to impact on recovery of elective activity and performance levels. However, there was now the required depth of planning in place with trajectories that could be tracked week on week to enable mitigation action and the input of clinical leadership when required. • There was an improved position with regard to long waiters, with those remaining on the list being complex cases and some patients preferring to stay in Devon rather than be treated sooner elsewhere. Long waiters were reviewed on a weekly basis to establish whether there were alternatives to the current pathway. • The overall picture for exiting NOF4 was positive as there was growing confidence in leadership, joint working and the tone of discussion now reflected the maturity of joint leadership. Good progress had been made on strategic work which was laying foundations for the long term of the system. The two major improvements that could be seen were the integrity of the planning work and the detailed plans that underpinned the UEC and finance improvement agendas. The NHSE Quality and Performance Committee would review the Devon position on 4 June 2024 and at that point a decision would be made regarding any required refinement to the exit criteria. It should be remembered that the advantage of NOF4 was the support provided in terms of finance and expertise, for example a request was being made to NHSE for support in aligning resources to actions within improvement plans. • Governance and delegated authority had not always been clear within the NOF4 framework and NHSE would be taking a different approach to monitoring progress which placed the focus on providing assurance to Boards rather than to NHSE, so that individual organisations within the One Devon Integrated Care System could be held to account, rather than just NHS Devon. • The recovery focus had moved from financial recovery and savings to workforce controls and now would move to delivering outstanding schemes with grip and control being supported by the newly established Programme Management Office. • The impact on staff morale of not exiting NOF4 in Q1 of 2024/25 as planned and the implications of this for selecting a new target exit date - whilst the first target date may have been over-ambitious the system was now in a different place with there being detailed in-depth planning, stronger governance and performance

		management in place, an improved focus on quality and more mature joint working. Any revised exit date would be based on strong evidence. The Board **noted**: • the current performance position against the NOF4 exit criteria; • the process being undertaken for 2024/25 operating planning; and • that the system can currently not provide assurance of meeting the target NOF 4 exit date of Q1 2024/25.
4.		**For Approval and Endorsement**
4.1	ICB24 - 007 ICB24 - 007i	**Delivering the Joint Forward Plan** The Chief Executive introduced this item which set out proposals for the way in which the Joint Forward Plan would be delivered through the development of an Annual Plan which was supported by revised system oversight and co-ordination. **2024/25 Annual Plan Development** It was noted that further work would be undertaken to develop the detailed delivery plans required to underpin the proposed 2024/25 Annual Plan corporate objectives and that these would be discussed with the Board's Assurance Committees and used to inform their workplans. The following was highlighted: • As a point of accuracy, objective 74 should read "Develop the ICB as an Anchor Organisation by March 2025 to strengthen community ties and improve local health and wellbeing." • Challenge regarding the delay in producing the Annual Plan and whether it was supported by a robust resource plan. It was noted that, whilst resourcing remained an ongoing challenge, the move to system collaborative working, including with Localities, increased be confidence across the system as to what was required and the outputs that could be achieved. • Whether the Plan contained too many objectives and if these should be more strategic, also that the structure seemed to indicate separate agendas for different Chief Officers. It was noted that a matrix working approach would be taken with individual Chief Officers identified as responsible for leading on each objective, which should be delivered by teams across the organisation. • As part of the Plan's development each of the objectives would be quantified so that the level of ambition could be understood and monitoring against progress measured. • As the objectives became more refined a mapping exercise could be undertaken so that they were aligned with NOF4 exit criteria and NHS Devon objectives. This would provide one set of smart objectives that fulfilled all purposes. • Where the prevention and equality and diversity agendas sat within the Plan with it being noted that there were co-dependences for both of these agendas which were being worked through as part of the organisational change programme. Once this had been worked through resources would be identified and included within the Plan. The Board: • **Endorsed** the corporate objectives set out above in pursuit of the 2024/25 Annual Plan, noting that these would be developed and brought back to the July meeting for final approval. • **Note and endorsed** the outlined next steps in the Annual Plan development process. • **Agreed** that Board Assurance Committees should review the objectives and underpinning delivery plans set out in the report.

	ICB24 - 007ii	**System Oversight and Co-Ordination** The Company Secretary, Philippa Harding (PH) introduced the report which outlined a proposal for a robust framework for the oversight and co-ordination of the NHS partners within the One Devon Health and Care System, which was designed to support the system to move from NHS Oversight Framework (NOF) Segment 4 to Segment 3 while maintaining the principles of collaboration and delegated authority. The following points were highlighted: • The current governance structure had not supported rapid recovery, with there being too many meetings and insufficient clarity around authority. The proposed structure would be focused upon the actions being taken. • The development of a Compact with system partners was welcomed as, whilst improvements in collaborative working had been made, there had been a lack of clarity around the governance aspect of this. Provider collaborative engagement meetings were also welcomed. • The place-based focus that would be brought through the Locality-focussed approach would be essential to the success of the proposals, as long as the right people were in the room when discussions took place. • The proposed System Planning, Recovery and Delivery Group would hold a great deal of power and its membership should reflect a range of views including those of primary care, community and population health management. • A key driver for the establishment of the People and Organisational Development Committee was the lack of assurance around workforce controls across the system. • The proposed structure would support the engagement of Local Authorities in strategic planning. • Whilst the proposal for stepping down Tier 1 meeting in favour of local assurance arrangements was a good ambition, this was a decision to be made by the NHSE national team. The Board: • **Endorsed** the proposed Terms of Reference for the One Devon System Planning, Recovery and Delivery Group. • Took **assurance** from the planned Locality approach to the delivery of system recovery in 2024/25. • Took **assurance** from the continuing thematic joint system working approach to address NOF4 priority actions in 2024/25. • Took **assurance** from the planned approach to engagement of the Provider Collaboratives within the One Devon Integrated Care System. • Took **assurance** from the planned approach to oversight of planning and performance within NHS Devon • **Approved** the proposed Terms of Reference for the following Board Committees: o Audit and Risk Committee o Remuneration and Internal ICB Workforce Committee o Population Health Improvement Committee o People and Organisational Development Committee o Quality and Patient Experience Committee o Finance and Performance Committee o NHS Devon Executive • Took **assurance** from the development of a Compact between NHS partners within the One Devon Integrated Care System and an NHS Devon Governance Improvement Plan.
4.2	ICB24 - 008	**Organisational Development Plan** The Head of Organisational Development, Katy Kerley, introduced the report which described a long-term organisational development plan for NHS Devon and highlighted the activity that would be prioritised over the next 12 months which included clarifying and agreeing NHS Devon's purpose and function; a Leadership

		Development programme initially focused on the NHS Devon Board and Executive Team; and determining and embedding organisational culture.
		
		The following points were highlighted:
		• The constant changes that had been experienced by staff since the 2019 merger of Torbay and South Devon Clinical Commissioning Group with North, East and West Devon Clinical Commissioning Group and resulting lack of a sense of stability and safety.
		• The focus upon culture rather than just organisational structure was welcomed and that this needed to come from the top. The perception of behaviours was crucial and staff needed to be assured through actions that they were important.
		• Embedding an improved organisational culture was essential for improvement but would be a lengthy process.
		• The starting point would be with NHS Devon with learning being shared with partners across the system at the appropriate time.
		• At this stage in its development, the Plan required further detail in respect of actions to be taken.
		• The report considered by the Remuneration and Internal Integrated Care Board Workforce Committee in respect of Phase 1 of the organisational change programme had highlighted a range of lessons learned in respect of culture, which these proposals were beginning to address.
		• Whilst many elements of the plan could be delivered in-house there were some areas where external support would be required.
		
		Actions:
		• SM/KK to consider how the information in the report could be presented to staff.
		• Consideration to be given to whether the successful delivery of the Organisational Development Plan should be included in NHS Devon's organisational objectives.
		
		The Board:
		• **Approved** the list of identified actions for organisational improvement and timescales.
		• **Approved** the three areas of focus for 2024/25 which included:
		  ○ Clarity of purpose and function
		  ○ Leadership Development – Executives and Board members
		  ○ Embedding a culture to support the delivery of NHS Devon's purpose and function.
		• **Agreed** to engage in and hold others accountable to engage in the work required to deliver the focus as set out in this paper.
		• **Supported** the principles through which the work will be delivered and implemented.

5.		**For Assurance: Fulfilling our statutory and regulatory duties in respect of children and young people**
5.1	ICB24 - 009	**Citizen's Story** PS introduced a film that centred around 19 year old Lachlan and his experiences of a range of children young people's services, particularly his transition from children's services to adult services where there was a two year gap for those aged between 16 and 18. Issues discussed included: • Lachlan was an asset to Devon and had been accepted to train as an occupational therapist. • Poor care was often expensive care and this was a system issue as it related not just to health but also to social care.

		• Lachlan's experience highlighted so many of the issues that arose from siloed services which were expensive and yet did not meet the needs of the individual. If consideration began with what was best for the individual rather than what services were currently available there would be an improved outcome. • Concern as to the described gap in physiotherapy that Lachlan had experienced between 14 and 18 years of age and whether this could be addressed through the commissioning process. • Commissioning interfaces needed to be better managed to ensure that there were no gaps in provision and there was a clear transition between services. • The voice of service users within the commissioning process would be beneficial. • Multi agency working was the best approach; however, NHS Devon did have to focus on its healthcare responsibilities. Therefore, mainstreaming children and young people into the wider Integrated Care System arrangements would ensure that other elements of social care were picked up. • A prioritised approach that was sequenced over time was the way to improve the services available to children and young people. Whilst there were some principles could be agreed, such as the way in which commissioning was undertaken and that health strategies could contribute to the work of the Childrens Services Improvement Boards, it was important to appreciate the numerous interdependencies across the system. • A "lock in" was to take place with stakeholders so that the challenges around services for children and young people could be fully understood as well as the assets that the system had. The outcomes of this session would contribute towards the development of a detailed plan which would be presented to the Board at a future meeting. **Action:** Decision-making structures in respect of commissioning to be clarified. The Board **noted** the Citizen Voice film and extended thanks to Lachlan for sharing his experiences.
5.2	ICB24 - 010	**Structure and Processes Supporting Children and Young People's Services** PS introduced the report which advised of the legal and regulatory context for children including accountabilities and responsibilities for NHS Devon Board Members and Senior Officers; the multi-agency committee structure to deliver and oversee these; and the current position re regulatory compliance and issues arising from a health delivery perspective. The following points were highlighted: • There was a complex structure around the delivery and monitoring of the services for children and young people which would benefit from being more streamlined. • Whilst resourcing was often cited as a contributor towards the challenges being faced, the way in which services were delivered was just as much of an issue and required a review of workforce requirements. • The challenges experienced when national initiatives such were withdrawn and the benefits that should be seen following the introduction of Family Hubs across Devon which would link an individual to all of the services which could be of assistance, including those provided by the voluntary sector. • Primary prevention was key to improving the experience of young people, which was not just about health care but also other socio-economic factors such as housing, poverty and education. • Proposals for the identification of essential resources to take the agenda forward was currently being developed and would be reported to the Board at a future meeting. • Population Health data would support in the targeting of initiatives and preventative actions.

		The Board **agreed** to: • Hold itself to account for ensuring NHS Devon enactment of the legal and regulatory obligations for children and young people; • Proactively seek assurance regarding implementation of the prioritised plan; and • Receive a further paper that identifies essential resources to address health system responsibilities.
5.3	ICB24 - 011	**JTAI Written Statement of Action** PS introduced the report which outlines the planned action to address the findings of the Joint Target Area Inspection (JTAI) that was undertaken in November 2023 in Torbay. It was noted that the Statement of Action had been submitted on time and feedback from the regulator was currently awaited. The Board **endorsed** the plan set out in the Joint Targeted Area Inspection Written Statement of Action.
6.		**Governance, Performance and Assurance Reports**
6.1	ICB24 - 012	**Integrated Quality, Performance and Finance Report (IQPR)** AF introduced the report which provided a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the One Devon Integrated Care System (ICS), at both place and system level that issues were being identified and addressed. It was highlighted that the reliance upon numbers in the report was not the most effective means of presenting performance information due to the mismatch of the timings when data was available. Consideration was being given to using trend analysis but the finessing of the report was limited in the short term due to capacity issues It was acknowledged that Independent Non-Executive Members would also welcome it being highlighted where there were considerable changes in performance and why this had occurred. With regard to the specific issue of significant changes in numbers of children moving from acute to community care, it was noted that the change was as a result of some data not being submitted from providers rather than any changes in service delivery. **Action:** A discussion to take place with Board Members as to the presentation of information within the IQPR. The Board **noted** the current performance position against the Key Performance Indicators measured through the Integrated Quality, Finance and Performance Report.
6.2	ICB24 - 013	**Board Assurance Framework** The Company Secretary, Philippa Harding (PH), introduced the report which provided an update on the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year. It was highlighted that risk appetite should be guiding views as to the actions that are, or are not, taken by the Board and that ongoing discussions around risk appetite and tolerance would develop alongside the content of the BAF. The Board **approved** the content of the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon.

7.		**Working with Partners**
7.1	ICB24 - 014	**Cornwall and Isles of Scilly ICB Update** The Board **noted** the Cornwall and Isles of Scilly ICB Update.
7.2	ICB24 - 015	**One Devon Integrated Care Partnership Update** The Chair introduced the report from the Chair of the One Devon Integrated Care Partnership, Councillor James McInnes who was unable to attend the meeting. The Chair extended her congratulations to the Councillor McInnes on his appointment as Leader of Devon County Council and informed the meeting that due to this appointment Councillor McInnes would be standing down as Chair of the One Devon Integrated Care Partnership. The Chair thanked Councillor McInnes for his work and confirmed that as Deputy Chair she would take over the role of Chair whilst the appointment process for a new Chair took place. The Board **noted** the One Devon ICP Update
8.		**Committee Chair Reports**
8.1	ICB24 - 016	**Committee Chair's Reports: Finance and Performance Committee – 11 April and 9 May 2024** The Chair of the Finance and Performance Committee, Independent Non-Executive Member Kevin Orford (KO) introduced the reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 11 April and 9 May 2024. The following was highlighted: • The work that would be undertaken at the June meeting of the Finance and Performance Committee in respect of the Operational Plan. • Going forward there would need to be a balance struck as to the level of detail provided by way of assurance that the appropriate discussions had taken place. The Board Took **assurance** from the Committee Chair's Reports of the Finance and Performance Committee meetings held on 11 April and 9 May 2024.
8.2	ICB24 - 017	**Committee Chair's Report: Quality and Patient Experience Committee – 11 April and 9 May 2024** The Chair of the Quality and Patient Experience Committee, Independent Non-Executive Member for Citizen and Community Involvement, Thandiwe Hara (TH) introduced the reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 11 April and 9 May 2024. The following was highlighted: • The assurance taken by the Committee in respect of the response made by University Hospital Plymouth NHS Trust to the Section 29A Warning Notice issued by the Care Quality Commission. • The Section 31 Notice issued to Devon Partnership NHS Trust in respect of is Additional Support Unit for people with learning disabilities and the evidence that had subsequently been provided to the Care Quality Commission that patients at the unit were safe and well with it being understood that the concerns appeared to principally relate to the quality of information recorded rather than any concerns as to practice. • The view of the Committee that a Board Development session should be held to consider the issue of Quality Equality Impact Assessments and, in particular the

		information required by the Board to be assured that appropriate assessments have been conducted. The Board **took assurance** from the Committee Chair's Reports of the Quality and Patient Experience Committee meetings held on 11 April and 9 May 2024.
8.3	ICB24 - 018	**Committee Chair's Report: Primary Care Commissioning Transition Committee – 18 April 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 18 April 2024. It was highlighted the Primary and Secondary Care Interface had now been agreed by all relevant Boards. The interface was an important device in supporting quality dialogue between primary and secondary care providers and should be used across a range of discussion includes commissioning and finance. The Board took **assurance** from the Committee Chair's Report of the Primary Care Commissioning Transition Committee meeting held on 18 April 2024.
8.4	ICB24 - 019	**Committee Chair's Report: Audit & Risk Committee – 22 April 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 meeting on 22 April 2024. The following was highlighted: • The external audit of the NHS Devon 2023/24 accounts was underway and on schedule. • The 2023/24 Head of Internal Audit Opinion was expected to be one of limited assurance, despite the improvements that had been made during the year. • The Committee had expressed concern that the Environmental Policy review had been extended so that this policy would not be reviewed until August 2025 and was pleased to learn that resources were to be allocated to the green agenda as a result of an agreement with University Hospitals Plymouth NHS Trust. • As a result of concern regarding the ability of the Nursing and Quality Directorate to undertake audit-related activity a meeting had been held with the interim Chief Nursing Officer and assurance was taken as to the action being taken to ensure Executive oversight of internal audit actions and that action was being to address capacity challenges through Phase 2 of the Organisational Change Programme. It was also noted that an additional meeting of the Committee had taken place on 28 May 2024 where internal audit reports within a limited assurance rating in respect of financial management, HR policy compliance and the governance arrangements in place for the pharmaceutical, dentistry and optometry services that had been delegated to NHS Devon had been received. A full report of that meeting would be presented to the July meeting of the Board. The Board **took assurance** from the Committee Chair's Report of the Audit & Risk Committee meeting held on 22 April 2024.
9.		**For Information only: key sections included within item 6.1**
9.1	ICB24 - 020	**Finance Month 12 Reports** The Board received for information only the NHS Devon and One Devon System Month 12 finance reports which sought to provide assurance on the financial position of NHS Devon and One Devon for the year ended 31 March 2024.

		The Board **took assurance** from the information provided with regard to the NHS Devon and One Devon financial position as at the year ended 31 March 2024.
9.2	ICB24 - 021	**Quality Report** The Board received for information only a report which provided oversight of NHS Devon's quality functions and highlighted areas including the National Quality Board Rapid Quality Review Process at Torbay & South Devon NHS Foundation Trust, Patient Safety and Serious Incidents, Special Educational Needs and Disability, Urgent and Emergency Care and Elective Care. It was highlighted that a thematic analysis had been undertaken in respect of the Care Quality Commission reports on the maternity services provided across the system and that the key issues identified and actions required as a result of this work would be presented to the Board at its July meeting. The Board **noted** the current content of the Quality Report.
10.		**Closing Items**
10.1	ICB24 - 022	**Action Register** In respect of Action 37 it was noted that an independent report into the review of the orthopaedic pathway had now been produced and would be circulated to Board members and presented to the Quality and Patient Experience Committee for review. It was also noted that primary care representation on the Urgent Care Board (Action 68) was being considered as part of the wider governance review and would be reported back to the Board in July. The Board: • **approved** the closure of actions 52, 53, 54, 57, 63 and 66. • **noted** the updates in respect of the remaining open actions.
10.2	ICB24 - 023	**Questions from Members of the Public** No questions had been received.
10.3	ICB24 - 024	**Any Other Business** None
		Meeting Closed: