Minutes of a meeting of NHS Devon Integrated Care Board held in public on Wednesday 16 November 2022 between 9.30am and 1pm via Microsoft Teams	
Name and initials	*Title and organisation*
Board Members:	
Dr Sarah Wollaston (SW) Chair**	Independent Chair, NHS Devon
Sheena Asthana (SA) **	Non-Executive Member
Graham Clarke (GC) **	Non-Executive Member, Audit and Risk, NHS Devon
Thandiwe Hara (TH)**	Non-Executive Member, People and Culture, NHS Devon
Judy Hargadon (JH)**	Non-Executive Member Primary Care, NHS Devon
Hisham Khalil (HK)**	Non-Executive Member, Quality and Performance, NHS Devon
Kevin Orford (KO)**	Non-Executive Member, Finance and Remuneration, NHS Devon
Jane Milligan (JM)**	Chief Executive Officer and Accountable Officer, NHS Devon
Nigel Acheson (NA)**	Chief Medical Officer, NHS Devon
Darryn Allcorn (DA)**	Chief Nursing Officer, NHS Devon
Bill Shields (BS)**	Chief Finance Officer, NHS Devon
Anthony Fitzgerald	Director of Delivery, NHS Devon
Andrew Millward (AM)**	Chief Communications and Corporate Affairs Officer, NHS Devon
Paul Renshaw (PR)**	Director of Strategic Workforce, NHS Devon
Simon Tapley (ST) **	Chief Transformation & Strategic Planning Officer, NHS Devon
Partner Members:	
Liz Davenport (LD)**	Chief Executive Officer, Torbay and South Devon NHS Trust representing acute trusts
Sarah-Lou Glover (SLG) **	Mental Health Representative
Tracey Lee (TL)**	Chief Executive, Plymouth City Council representing local authorities
Frank O'Kelly (FOK)**	Primary Care Representative
In attendance:	
Helen Braid (HB)**	Head of Governance, NHS Devon
Steve Brown (SB)**	Director of Public Health, Devon County Council
Leanne Coates (LC)**	Business Manager (minutes)
Joanne Green (JG) **	Interim Board Secretary, NHS Devon
Jodie Howland (JHo)**	Governance and Facilities Business Manager, NHS Devon
Cllr James McInnes (JMc)**	Chair Devon Integrated Care Partnership
Apologies for absence	Kate Shields (KS) Chief Executive Officer, Cornwall and Isles of Scilly ICB

Minute number	
1	**Welcome and Apologies for absence** The Chair (SW) welcomed the patient who would be telling his story about his experience in Barnstaple Hospital's A&E department On behalf of the Board, SW extended a warm welcome to Bill Shields (Chief Finance Officer) and Anthony Fitzgerald (Director of Delivery) who had recently joined NHS Devon. Apologies for absence were received from the Chief Executive of Cornwall and Isles of Scilly ICB, Kate Shield. SW advised that the Board would be discussing a proposal for letting a contract for provision of oxygen in the private meeting later in the day, in addition to aspects of the developing primary care strategic framework.
2	**Conflicts and Declarations of Interest** Members noted the Conflicts of Interest Register which had been circulated as part of the meeting pack. No new declarations were made. The amendment of Tracey Lee's job title was noted and would be amended by the Governance Team. The meeting was deemed quorate.
3	**Minutes of previous meeting - 19 October 2022** The chair thanked Kevin Orford for amendments received and included in advance of the meeting. The Minutes of the last meeting were then approved without further amendment.
4	**Citizen's voice** On behalf of the Board, the Chair invited the patient to share his experience of attending the A&E department of Barnstaple Hospital. In summary, in mid-August this year, the patient told the board that he had been fitted with an Implanted Cardiac Defibrillator several years ago and was under ongoing supervision. After suffering a loss of consciousness at home he had been contacted by the hospital's Cardiology Department advising there had been an incident triggered by his ICD asking him to attend the A&E department immediately. He remained in the waiting room for 36 hours, with various tests being completed during this time. During his long wait the coffee machine located in the waiting room did not work and he had not left the room for fear he might miss the doctor. He had a very uncomfortable night, due to lack of space to sleep normally, although he was moved to an area that was not an acute medical room but allowed him to get some rest in the early hours. The following day he was moved to accommodate another patient. The patient was later told that he had suffered a cardiac arrest, as identified by the ICD, which had saved his life. After being discharged from hospital, the patient told the board that he continued to suffer psychological trauma for which he had received counselling and in time, peer support from a local group. When considering his experience, he had been informed that the delay had been due to technicians not working at weekends. On behalf of the Board the Chair thanked the patient for sharing his experience and on behalf of the whole board expressed her apologies that his experience had been totally unacceptable and that it had obviously been extremely upsetting for him. The Chair asked several members to respond to the points raised by the patient's story. In responding, all members apologised for this extremely poor experience. The following key points were made in response, together with the action(s) which should be taken: Chief Nursing Officer (DA) - the treatment received by the patient did not align with the agreed medical pathway and he was working with colleagues to understand the reasons for this. Physical improvements to this department were part of a framework programme of

	improvements and he would also investigate the provision of hotel services in A&E as, for example, patients keeping hydrated was extremely important. The Chief Executive of Torbay and South Devon NHS foundation Trust (LD) - advised this was a timely reminder of the impact of poor flow through the hospital, which identified the need to ensure pathways were efficient and communication between services and staff was effective. She suggested this was part of a wider issue for the acute provider collaborative to deliver sustainable services for communities. The Chief Medical Officer (NA) – considered it encouraging that the ICD had worked well. However, he agreed the pathway required improvement to ensure patients were directed to the right place in a timely manner. He stressed the psychological distress of such an event should not be underestimated. The Mental Health representative (SLG) asked if the patient had sought psychological support and in response the patient advised that two weeks after discharge from hospital, he had received an invite to attend an arrythmia support group which had had found extremely helpful. He had also received support from "Talk Works", and he was now participating in online therapy called "Silver Works". He considered this to be a positive step in confronting his fears and had found talking to non-clinical people about his experience most useful. In recognising the poor experience, members appreciated that front line staff were working extremely hard in difficult circumstances. It was agreed that patient pathways must direct patients in a way that avoided unnecessary waits in emergency departments by making sure they could be seen rapidly in the most appropriate setting. In conclusion, the Chair thanked the patient for telling the Board his story and undertook to advise him about progress being made in addressing the points raised', which also included the unacceptable response to his formal complaint to the Trust. She suggested the Board should ask the Quality and Performance Committee to review the complaint processes of providers to ensure these were fit for purpose. **Action 24 - The Chief Nursing Officer would investigate the points raised above and would advise the patient and Chair of the outcome as soon as possible**
5	**Chair's report** On behalf of the Board the Chair (SW) congratulated Councilor James McInnes on being appointed Chair of One Devon Partnership. The Chair highlighted that, following a ballot of its members, the Royal College of Nursing (RCN) had decided to take industrial action and the impact of that decision on services. The Director of Workforce (PR) advised this would affect all trusts in the ICB's area. He further advised several other unions were currently balloting their members and the British Medical Association had indicated its intention to ballot their members in January 2023. This industrial action would obviously have a major impact across the NHS. The Director of Strategic Workforce (PR) advised members about "Operation Arctic" which was currently happening. And was a three-day exercise testing processes and procedures in the event of strike action. He advised there would also be several exemptions from strike action, with discussions happening across the system to ensure consistency in approach . The dates of the action should be known shortly, with a series of communications being prepared for issue once such clarity was received.
6	**Chief Executive's report** The Chief Executive (JM) advised the Board that Steve Barclay had recently been appointed as Secretary of State for Health and Social Care. She was aware the new ministerial team were working closely with colleagues, with a focus on primary care and ambulance waits and how data was used to ensure collaboration across social care. An announcement regarding future resources was expected, as part of tomorrow's Autumn Statement, with further announcements expected next week. Work continued planning for winter, ensuring clinical and managerial cover over weekends and out of hours. The emergency preparedness team was

	also being prepared to respond to any incidents, which included any caused by the impact of industrial action.
7	**Performance framework – elective care winter plan** The Board was advised of the requirement, by NHS England, for each provider in Devon to self-certify its readiness for the above. It was noted all acute providers had approved their respective statements. Members noted that all areas covered by the self -certification were covered by the planned care programme or diagnostic programme or the cancer plans. It was further noted that productivity required more focus, e.g., theatre productivity and diagnostic delivery remained challenging. The Board was assured that each trust had a clear plan which would be managed through the programme. A Non-executive Member (SA) asked about the approach being taken to patient discharge and whether it was sufficiently creative using for example, alternative forms of provision for the step-down service. In response the Chief Executive (JM) advised that all options were considered, including working closely with voluntary sector organisations. Innovative approaches continued to be actively pursued, in liaison with the local authority to ensure the right model of care was in place for each patient. It was suggested this also related to the patient story told earlier i.e., flow through hospitals. This was a key concern for the Board, and it was agreed it was incumbent on members of the Board to ensure a whole system approach was being taken. The Chief Executive of Torbay and South Devon NHS Foundation Trust (LD) advised that discharge of patients was multi-faceted, and the system must seek to optimise all availability and ensure it was as efficient as possible. She advised that work continued to improve the process, but there was still much to do. In support, the Director of Transformation (ST) agreed that a range of options for discharge were being developed. There had been issues with the "I home first pathway 1 domiciliary care" process however, over the past week there had been considerable reductions in Plymouth, Exeter and Torbay. He advised that Torbay and South Devon NHSFT had performed the best on weekend discharges. He advised there was further work to do on complex discharges, however, those formed a small element of the overall discharges required daily. The target should be to ensure 80% of simple discharges are achieved by 5 pm. He advised this had yet to be achieved by any acute provider in the area. A Non-executive Member (SA) commented on the pressures being experienced already and suggested that while quality should never be compromised, services might need to be organised differently. **Having considered the report and the self-certifications provided by each acute provider, the Board approved the self-certification for submission to NHS England.**
	Review of findings – East Kent Maternity and Neonatal services report The Board was reminded of the background to the investigation and subsequent report into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust. The report had identified four key areas requiring action indicating where the NHS could be much better at: • identifying poorly performing units • giving care with compassion and kindness • teamworking with a common purpose • responding to challenge with honesty Members noted that NHS England (NHSE) had now requested every Trust and ICB to review the findings of this report and for boards to be clear about the action they would take, and how effective assurance mechanisms were at 'reading the signals' It had stressed that the publication of the delivery plan should not delay any actions in response to this report and the actions being taken in response to the report of the independent investigation at Shrewsbury and Telford NHS Foundation Trust.

The Director of Nursing had reviewed the report's recommendations and in the paper before the meeting, summarised how the above-mentioned actions related to NHS Devon. He advised members that Devon Local Maternity and Nursing Services (LMNS) had recently completed a series of insight visits, with the NHSE Regional Team, to review each Trust's self-evaluation of compliance against the interim Ockenden Report. These insight visits formed part of a strengthened approach to perinatal quality surveillance and be part of an annual cycle of onsite reviews by the ICB. There was a well-established safety and governance subgroup within the LMNS programme which provided a monthly Perinatal, Quality Surveillance (PQS) Report to the LMNS Board followed by the regional PQS Systems Group. Further actions to be taken included:

- Appointment of a perinatal quality and safety midwife to coordinate and deliver the strengthened model of surveillance
- Appointment of a lead Obstetrician
- Learning and recommendations from this report would now be factored into the work of the LMNS governance processes.
- Meaningful outcome measures would be developed further through the quality reporting processes, including to the LMNS Board and ICS.

The Board was pleased to note the LMNS was committed to fulfilling its role in ensuring that maternity and neonatal services in Devon were safe and of high quality and that it would work in partnership with maternity and neonatal services, across Devon, to confirm the actions that needed to be taken to meet the four key areas of improvement:

- Monitoring safety performances – earlier warning signs needed before significant harm is caused
- Standards of clinical behavior – instances of harmful lack of professionalism
- Flawed teamworking – the teamwork was found to be dysfunctional
- Organisational behavior – attempting to look good while doing badly

The Board noted the role of the LMNS in implementation of the recommendations included:

- Surveillance and assurance of action implementation
- Sharing good practice
- System wide support
- Acting as a conduit to the regional and national maternity transformation team where clarifications and further guidance are required

Progress with implementation would be reported via the LMNS Safety and Governance meeting and be reported to the Devon LMNS Strategic Board. There would also be work with the Maternity Voices Partnership Chairs to provide support and guidance in response to queries and concerns from women, birthing people and families. A further meeting would be held later this month with Heads of Midwifery to discuss their views, immediate actions and any support required for the initial response whilst further implementation guidance was awaited from NHSE. In the meantime, work continued implementing the actions contained in the Ockenden Report.

In considering the report, members commented that the recommendations could apply across a range of services. There should be a focus on culture, with staff and service users being encouraged to identify concerns. The Board recognised the importance, as part of its assurance process of getting out of the boardroom or bringing the ward into the boardroom,

A Non-executive Member (KO) questioned the ICB role and the importance of capturing patients' views and experiences. He suggested the need to capture this vital information as part of the Board's assurance process and suggested consideration needed to be given as to how best to achieve this. The Chief Medical Officer reminded members about the various national patient surveys, the data from which should be utilised by the Board. He strongly supported patients being partners in their care. In addition, the Chief Nursing Officer reminded members of the strong voice provided by Maternity Voices Partners, with each maternity

	service having an active Chair. He considered the maternity voice to be very strong which was sighted at system level. In response to a question from a Non-executive Member (GC) the Chief Medical Officer advised there was an extensive data set which could be utilised as part of the Board's assurance process, albeit the information could be delayed. He also advised that maternity services had 6 or 7 channels of element which could be checked against. A Non-executive member (JH) noted that actions within the report were for other organisations and requested the Board receive a more explicit report about what the system needed to do rather than simply relying on another organisation's report. In support. A Non-executive Member (SA) stressed the importance of not just focusing on the clinical aspects of maternity care. The Chief Nursing Officer advised that the psychological impact of the reports on maternity teams should not be underestimated and there were ongoing conversations with heads of midwifery about how best to support their teams. In support, the representative for Primary Care (FOK) stressed the importance of developing an open culture with staff feeling able to speak up about any concerns they might have, in addition to development of the formal complaints process. This was supported by the Mental Health representative (SLG) who also stressed the importance of celebrating positive achievements. She was also keen to understand how best to capture patient feedback and involvement them in coproduction of services not just participation. In conclusion the Chief Executive advised that she considered Maternity Voices to be one of the most active and productive patient participation groups group in the country and suggested that a representative be invited to attend a future Board development session. **Having considered the report in detail, including the various comments above, the Board received and noted the national report and requested a further report be submitted to Quality and Performance Committee on how the recommendations related to the NHS Devon area. In addition, a Board development session involving Maternity Voice to be arranged.** **Action 24 – JHo to include a Maternity Voice development session to the forward planner**
9	**Finance report - NHS Devon Month 6 report** The Chief Finance Officer (BS) presented the above-mentioned report which detailed the ICB's financial position for the period ended 30 September 2022, setting out the year to date and forecast financial position as well as the risks to deliver a break-even plan. He was concerned that the information contained within the report was out of date and he undertook to ensure that future reports provided more timely information. The position at month 6 indicated a planned deficit of £18million which had been agreed at the commencement of the year. Members noted there were significant risks within this financial position and that work continued with NHS providers to deliver a better financial position. Members were aware of the significant risks within the financial position in the ICB and each of the providers in the Devon system. Members were advised that NHS England had produced a protocol which had to be complied with by any organisation seeking to change its financial position during the year. It was noted there remained a small window of opportunity to change the ICB's financial position and the protocol had been discussed by BS with each of the provider organisations. BS advised the position reported showed that, while there had been unforeseen circumstances during this year, the fundamental problem had been a failure to deliver cost improvements. This was a long running deep seated issue which needed to be reviewed across the whole system. The Chief Executive (JM) advised of the need to achieve delivery against the cost improvements across the whole Board which would lead into the operational planning approach over the next year or two.

	The Chief Executive of Torbay and South Devon NHS Foundation Trust (LD) accepted the challenge about providing focus on cost improvement planning and advised it should mainly be delivered through more strategic change programmes. In response to a query by a Non-executive Member (HK) BS advised that that each cost improvement programme had to complete a quality impact assessment which was checked to ensure there were no adverse effects on quality of care or clinical safety. The Chair of the Integrated Care Partnership (JMc) advised that local authorities were having very similar conversations and he stressed the importance of collaborative working to minimise the effect on the wider system. He advised the financial settlements for local authorities should be known shortly which would in turn impact budget setting. This work was being completed in liaison with Cornwall.
10	**Working together to deliver service transformation in Devon, Cornwall and Isles of Scilly Peninsula Acute Provider Collaborative - Peninsula Acute Sustainability Programme update** Members were reminded that earlier this year, it had agreed to the establishment of the above-mentioned Collaborative as a vehicle for joint working with other acute trusts across Devon and Cornwall. This provided an oopportunity to deliver innovative and sustainable services for the community based on evidence being data driven and clinically led. The Board considered a paper which had been submitted to all provider organisations in Devon and Cornwall and the ICB in Cornwall. All organisations had been asked to endorse the strategic ambition and design principles of the programme. The paper summarised progress to date and sought endorsement of the workplan to be implemented over the next 3-6 months, aiming to bring forward recommendations for change during 2023/24. The paper included an update on the work being undertaken, the outcome of which strengthened the need to develop out of hospital services and in the longer term, should reduce the need for hospital-based care. With enhanced primary care and community-based services, the ambition would be to support people to keep well and maintain their independence. It suggested the need for acute care would remain, with the right intervention at the right time provided by clinical teams, with the right skills having a direct impact on outcomes for the individual. A Non-executive Member (JH) welcomed this work and highlighted the importance of enhanced primary and community-based services. She stressed the significance of regular consultation with those working in the services. It was noted that a primary care representative would be included once a nominee had been confirmed. This was supported by LD who commented on the good support provided by the ICB's Communications and Engagement Team and from regional colleagues. The Chief Executive (JM) reflected that in speaking with her Cornwall colleagues, she felt there was a need to work with them on this programme and joint commissioning going forward. A Non-executive Member (SA) welcomed the paper and raised a question about data collection, recognising that quality was key and very often enabled services to run more smoothly. However, such data was often difficult to capture and might be better obtained using exchanges and visits etc. SA felt a wider understanding of work being undertaken by the Communications team would be useful. **Action 26 – Communications paper to be added to the forward planner** The paper was also welcomed by a Non-executive Member (KO) who referred to the financial context and the possibility of the ICB being involved in setting the objectives and questioned how much of the financial gap could be addressed through this work and by other means. The Mental Health representative (SLG) questioned if the membership could be extended beyond the NHS and include local authority and voluntary and community services organisations to promote working together as a whole system.

	In response to the above, LD advised that a development session was being held later that day regarding the role of ICB and how best to support this work. She stated there clearly needed to be a link between and health and care strategy and the supporting financial framework needed to be developed and owned by all Boards. She advised there was a difference in view between Cornwall ICB and this Board with three issues remaining to be resolved, including clinical sustainability of services, workforce sustainability and financial stability. Regarding the group, care had been taken to keep its membership as small as reasonable. She stressed the commitment to engage with a broader range of stakeholders in due course. It was noted that planning to date had focused on programme design. **Having considered the paper in detail, the Board endorsed the paper, subject to the comments referred to above relating to closer and joint working where appropriate.**
11	**Integrated Care Strategy update** The Board considered a paper which set out the proposed strategic goals of the Devon Integrated Care Strategy, which had been distilled from the output of the Change Leaders event held on 12 October 2022. Members were reminded the Strategy would be approved by the Integrated Care Partnership (ICP). The Devon Plan would encompass both the Integrated Care Strategy and the 5-Year Joint Forward Plan, which formed the ICB's response to the Strategy. Members noted that a draft version of the Strategy had to be published by 19 December 2022 for consultation and were advised by the Director of Transformation, about the proposed strategic goals and the further refinements which had now been made. In supporting the Strategy , Councillor James McInnes advised he was content with it for consultation purposes, following which he considered further refinement might be required. He stressed the importance of including strategic goals which were both challenging and achievable. Members commented on the Strategy and the need to ensure that resources were available to achieve the goals identified. It was pleasing to see the drive to work on the wider determinants of health, however, more clarity was needed as it was considered expectations could be easily misinterpreted. In response, the Chief Executive stressed the Strategy would be published for consultation, and it was vital the Plan was recognised by local people as being real. She suggested identifying five key priorities to which the ICB could contribute positively, and which should align with health and wellbeing strategy and the Devon plan. **The Board endorsed the Draft Integrated Strategy in readiness for publication for consultation by 19 December 2022.**
12	**Integrated Quality and Performance report (IQPR)** The Board considered the above-mentioned 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 ICS, at both place and system level that issues are being identified and addressed. The Chair advised that as part of the governance review it would review how those concerns were being examined and escalated to the Board so that the committees and board could seek further assurance where necessary on behalf of the public Members noted the One Devon system had submitted its 2022/23 Operating Plan which would include plans to work towards delivery of key elective care targets and address underlying issues that restrict ability to deliver elective activity. However, the financial forecast currently sat at an £18.2m deficit. Operationally the ICS remained under extreme pressure and although Covid inpatient numbers were declining, the summer surge of visitors, elective backlogs and staffing challenges had meant that services continued to compete for resources. This had resulted in a sustained position of increased risk, including delays in urgent care and delayed discharges due to poor community capacity. Emergency Departments ' performance and ambulance conveyancing targets had continued to decline, impacting on operational performance against both urgent and elective care standards across the system. Planned Care 104 week waits continued to reduce, but NHS Devon continued to have significant numbers of patients waiting beyond 104 weeks at the end of July 2022 (target of zero). System wide work was underway to understand the implications of harm in relation to long waits in elective

	pathways. In addition, and in response to ensuring the system addressed the elective care backlog, multiple actions had been put in place to maximise efficiencies, capacity and ensure safe and high-quality care was delivered. The principle remained that elective care was safely, sustainably, and reliably provided as a system. Statistical Process Control (SPC) charts had been introduced into the IQPR to demonstrate the system performance alongside the NSHE accepted standard reporting format. The use of this reporting would be phased in across future iterations of the report. The Chief Nursing Officer (DA) drew out key headlines from the report as follows: • The impact on emergency and urgent care remained exceptionally challenging. This had a high impact on category 2, time critical individuals for ambulance response. • Covid prevalence continued to reduce. This was likely to last until mid-December. Based on the uptake of vaccines the ICB performed well, 80% of the vulnerable population having now received vaccine. • Work continued to ensure primary care was able to play its role of treating patients out of hospital wherever possible • 111 continued to miss its performance but had improved slightly • Out of area placements for mental health patients had reduced with people being brought back into the Devon footprint. • Speech and language therapy and autism waiting lists had seen an increase in referral rates • Turnover in the Devon workforce remained exceptionally high. The Director of Strategic Workforce (PR) advised that regarding the staff turnover figure, several leavers were likely employed in other parts of the system. He advised the actual leaver rate for the ICB stood at 7.7% In response to a query from the Mental Health representative (SLG) concerning out of area placements, the Director of Transformation advised that this figure was closely monitored to check that patients were being placed in the most appropriate area for treatment as it was recognised that on occasion treatment out of area would be the best place for a patient's treatment. Members discussed the risks surrounding this service and the criteria for accessing services which could lead to those patients not meeting the criteria becoming lost. To mitigate against this, the inclusion of some metrics relating to community services would be helpful. The Chair commented that she had met with voluntary and community providers and been advised that such organisations were carrying high levels of risk in getting statutory services to respond when they had concerns about a patient. In turn the ICB might lose these valuable services if the Board did not provide them with the assurance they required. In support the Mental Health representative (SLG) suggested the need to capture the level of risk being held by community services. Work was needed to identify where people were being referred to and whether they were being referred to the correct service. The Chair advised the One Devon Partnership would examine this area in depth in January 2023. The Chair questioned the treatment of patients who postponed their planned care and had been waiting 104 weeks. In response the Chief Nursing Officer advised that any individuals rejoin the waiting list and be assessed according to clinical validation, they would not simply be added to the end of the waiting list.
13	**Assurance Committee updates and escalations** The Board received and noted the following reports from committees of the Board:

	(a) Audit and Risk Committee Internal Audit progress report including revised internal audit plan 2022/23 – the Committee was assured that work continued on the plan which would be reviewed at future meetings to ensure it remained fit for purpose. The draft Risk Management Framework had been considered, with a Risk Seminar happening the day after the meeting which had been most useful in developing the Board's appetite for risk etc. Any changes required would be included in the Framework and submitted again to the Committee for consideration. Unfortunately, the ICB had still not been able to appoint an External Auditor. The Chief Finance Officer advised that he had contacted the regional office of NHS England for advice, and he anticipated the ICB would be referred to the National Audit Office for support in appointing an auditor. A further update would be provided to the next meeting of the Committee. ***(b) Finance*** Due to the Committee meeting the day before the Board, the Chair of the Committee gave a verbal report and highlighted the following issues: • The Committee reviewed the IQPR and finance report presented today in addition to the financial recovery plan. A more complete plan would be considered by the Committee at its next meeting in December 2022. • Discussions continued about the possible establishment of a Health Inequalities Committee. • With regards to planning for 2023/24, the importance of alignment with workforce planning was key. • The Committee had considered a procurement for provision of home oxygen services which would be discussed by the Board in private session. ***(c) Primary Care Transition Committee*** The Committee Chair advised that in terms of primary care funding, Devon was below. While funding had been received from NHS England it was not guaranteed that this would mean the target was achieved. The Mental Health representative (SA) suggested that due to current uncertainty about the Cavell Centre, this should be included on a risk register and was advised that this had been included on the Committee's register as part of the risk around primary care estates. In noting the point about the Cavell Centre, the Chief Executive of Plymouth City Council expressed her gratitude for the Board's support, suggesting this was a good example of joint whole system working. ***(d) Quality and Performance Committee*** The Committee Chair referred to the East Kent Maternity Report which had been escalated (see minute 9 above). He suggested there should be a system wide communication strategy of the actions taken by the system. This was supported by the Chief Communications and Corporate Affairs Officer. The IQPR report had also been considered in detail, with the Committee seeking assurance on the effectiveness of proposed actions. ***(e) People and Culture Committee*** In the absence of the Committee Chair, a Non-executive Member (JH) advised there was nothing to escalate to the Board and further advised the Committee was giving serious consideration to the issues around workforce.
14	**Action log**

	The Board agreed the closure of the items marked request to close and noted the actions which remained in progress. **Questions from members of the public** **The Chair advised that no questions had been received.** **Any Other Business** The Chief Executive (JM) provided an update on Cornwall and Isles of Scilly ICB and advised that arrangements were being made for a meeting of executive directors across Cornwall and Devon. In response a Non-executive Member (SA) suggested the need to increase engagement with patients and in response AM confirmed there was a progarmme of engagement work across the peninsular which could be reported to either a future Board meeting or form part of a Board development session**.**

Minutes approved	Date:	Signed by chair: