

Integrated Care Board (ICB)
Buckinghamshire, Oxfordshire and Berkshire West (BOB)
Board Meeting (meeting in public)
Minutes

Date: 15 November 2022
 Time: 10.00 – 12.30
 Location: Royal Berkshire Hospital, Reading, RG1 5AN

Members			
Name	Role and Organisation		Attendance
Javed Khan OBE	Chair	JKh	Present
Saqhib Ali	Non-Executive Director	SA	Present
Margaret Batty	Non-Executive Director	MB	Present
Haider Husain	Non-Executive Director (Associate)	HH	Apologies
Aidan Rave	Non-Executive Director	AR	Present
Sim Scavazza	Non-Executive Director	SS	Present
Tim Nolan	Non-Executive Director	TN	Present
Steve McManus	Chief Executive Officer	SM	Present
Jim Hayburn	Chief Financial Officer (Interim)	JH	Present
Dr Rachael De Caux	Chief Medical Officer	RDC	Present
Rachael Corser	Chief Nursing Officer	RC	Present
Neil McDonald	Partner member – NHS Trusts	NM	Apologies
Stephen Chandler	Partner member – Local Authorities	SC	Present
Dr Shaheen Jinah	Partner member – Primary Care	SJ	Present
Dr Nick Broughton	Member for Mental Health	NB	Apologies

Presenters in attendance			
Name	Role and Organisation		Attendance
Rob Beasley	Director of Communications and Engagement (Interim)	RB	Present
Robert Bowen	Deputy Director of Strategy	RBo	Present
Catherine Mountford	Director of Governance	CM	Present
Matthew Tait	Interim Chief Delivery Officer	MT	Present

3 members of the public in attendance in the room.

No	Agenda Item	Actions
1.	<p>Welcome and introductions</p> <p>The Chair welcomed SM as interim Chief Executive Officer (CEO) on behalf of the board, patients, and population, and Jim Hayburn as Interim Chief Finance Officer (CFO) noting the positive impact already made by both.</p> <p>The Chair thanked RDC for stepping in as acting CEO.</p> <p>Prior to appointment as ICB interim CEO SM had been the NHS Trust/Foundation Trust partner member on the ICB Board. With his new appointment, the vacancy created is filled by Neil MacDonald, CEO of Buckinghamshire Health Trust (BHT).</p> <p>The Chair asked the board to read and note the System Workforce paper entered as an agenda item for information only.</p>	
2.	<p>Apologies for absence</p> <p>The board noted apologies from NM and NB.</p>	
3.	<p>Minutes of prior Board meeting and Matters Arising</p> <p>The minutes of the meeting held on 27 September 2022 were accepted as an accurate record.</p> <p>The board noted actions were closed or were on the agenda for today's meeting.</p> <p>Further detail to note:</p> <ul style="list-style-type: none"> • Action item 2 from 1 July 2022 – item closed. CM confirmed that SS was the Freedom to Speak Up Guardian for ICB employees. How this might work with partners across the system was action 3. • Action Item 10 from 27 September 2022 – item closed. A summary section on primary care is included in the performance report and the Population Health and Patient Experience committee (PHPEC) will receive additional detail. The January report will include comparative data. • Action Item 12 from 27 September 2022 (due January 2023) – item open. Draft metrics with local authorities will be generated and be owned from place-based partnerships rather than corporate. • Action Item 14 from 27 September 2022 – item open. Delivering forecast out-turn and working up of full report for the next System Productivity Committee meeting. 	
4.	<p>Declaration of interests</p> <p>The board noted the interests that had been declared for Items 8, 9 and 10 and that for all these items the individuals may participate in discussion and decision.</p>	

5.	<p>Living our values</p> <p>At each public meeting, a board member will be asked to share their ‘values’ and what this means for them in terms of their membership of the ICB.</p> <p>Sim Scavazza shared her personal reflections on her first feelings of identity and how her difference became her asset, excelling in commercial high street retail and bringing her understanding of cultures and that people matter being pivotal in developing into the leader she wanted to be. Being invited to join the NHS as a non-executive director initially feeling an odd request for someone from a commercial background until the realisation that the NHSE is a people business which is the cornerstone of her leadership profile. Sim shared previous experience in promoting equality - Chair of Prevention Charity, unpicking institutional racism in higher education and how to use EDI in an organisational structure. As a local resident, Sim sees her position as an opportunity to connect with the local population and address the deprivation and inequalities in health and education.</p>	
6.	<p>Questions from the public</p> <p>No questions were received from the public in advance nor raised at the meeting.</p>	
Board Reports		
7.	<p>Chief Executive (CEO) and Directors Report</p> <p>SM presented the report and drew attention to key items including:</p> <ul style="list-style-type: none"> • The report format will develop to include a wider system perspective with a focus on work undertaken with our wider partners from voluntary sector, council, and education • The System financial position remains challenging. • SM expressed his privilege to jointly open the inaugural Clinical and Care Professional Leadership event with Stephen Chandler. This event was developed by RC and RDC and 90 clinical and care professionals came together to look at how the leadership community can work together to develop services for our citizens. • SM publicly acknowledged the hard work in finalising the office move from Jubilee House (Oxford) to Sandford Gate (Oxford). • SM welcomed Jim Hayburn who joined as the interim CFO on 24 October and advised the substantive postholder will join in March/April 2023. SM thanked Richard Eley. • Verbal highlight re RCN industrial action – SM advised four organisations in the BOB locality met the threshold for action. The ICB executive team are working closely with providers and the board will be kept apprised of any implications and mitigations to support providers. The ICB did not meet threshold for strike action. • SM highlighted the Thames Valley and Surrey shared care programme providing digital care records for patients and citizens. The programme is expanding into Buckinghamshire for the end of calendar year 2022, and Oxford by the end of financial year 2022/23. • SM highlighted the challenging environment for clinical and care staff. Primary care, care sector, mental health, community, and acute service teams are 	

	<p>impacted by a number of drivers and workforce availability amidst the continuing impact of COVID-19 into our organisations.</p> <ul style="list-style-type: none"> • SM raised the care issues on a particular care provider for our mental health and learning disability citizens where the ICB are working with colleagues on and are committed to assurance. • SM stressed the importance of the Kirkup report (covered in more detail in Item 9) for all to understand and respond to as system leaders. • The enhanced Primary Care Network (PCN) access go live in October is positive for our population as it increases overall primary care capacity and access to services. Work continues with public information and education for service access. <p>In answer to a question, it was confirmed that all the PCNs in BOB had moved to longer hours as part of the enhanced access so there was full population coverage and noted that more education was required on the offer relating to broader primary care staff and not solely access to GPs. Different approaches were being taken by PCNs which would enable learning about what works.</p> <p>Winter preparedness was discussed in terms of success measurement and approach. COVID-19 learnings have supported development of hybrid models to meet citizen demand and support workforce resilience.</p> <p>ACTION (17): The national winter preparedness measurements will be reported to the PHPEC and then to the board. The board agreed that a further review in 12-months would be undertaken to evaluate measurements and achievements at a strategic, patient, partner, and patient level.</p> <p>The board discussed the opportunities for aligning the LGA clinical and care professional peer review to the NHSE annual assessment. It was confirmed that the scope for the LGA review was set and was based on different principles to system priorities and the annual review and that findings could be used as evidence in the annual assessment. The board noted that preparations were underway with regional colleagues for the NHSE quarterly review (of the ICB) on 6 December. A paper will be brought to the board with details and the read across to Well Led and national CQC framework for ICS assessment.</p> <p>The formation of a shadow board was noted. The board discussed the mechanisms by which the shadow board would feed into the board and the principles behind its construction to ensure the maximum value of bringing more thought and opinion into the agenda was met</p> <p>ACTION (18). CM to circulate the draft roles, responsibilities, and scope of the Shadow Board.</p> <p>The board noted the report.</p>	<p>MT</p> <p>CM</p>
<p>8.</p>	<p>Performance Report, Quarter 2</p> <p>MT advised the report covered Quarter 2 (July-September 2022).</p> <p>MT stated it was a challenging operational environment for urgent and emergency care (UEC) services with overall performance varying across services across the system. MT advised there was parity in challenge across the system with increased demand, increased complexity, with ongoing workforce and finance pressures.</p> <p>In elective recovery – good progress being made with our total waiting list and the numbers waiting over 52, 78 and 104 weeks lower than we planned. Cancer remains the most challenged across the system and BOB has the highest number</p>	

	<p>of patients waiting over 62-days. Providers have different areas of challenge making it important for the ICB and Thames Valley Cancer Alliance to be clear on support required to address.</p> <p>RDC shared additional insights with reference to serious incidents and Cancer. A framework for serious incident reporting is being implemented across the system. The ICB have a strong relationship with the Thames Valley Cancer Alliance with weekly executive engagement looking at pathways and opportunities for support.</p> <p>Urgent Care Centre – the Reading urgent care centre pilot (12-18 months) is part of a system model to urgent care across the ICS – Stoke Mandeville and Horton sites working well as primary care urgent care sites. The Reading centre will open in December to serve both walk-ins and emergency department (ED) referrals expected to meet demand on 100 appointment per day to both improve ED flow and ensuring that patients are seen in a more appropriate environment. Data will include an evaluation of walk-ins from different GP practices. Stakeholder engagement was built in as part of the programme and has been completed, with community advertising to follow.</p> <p>The board discussed the pending strike action in the context of ensuring appropriate support to the workforce recognising the difficult socio-economic environment and ensuring health and wellbeing needs are being met. The partner members for providers were unable to attend the meeting, but the ICB felt assured that significant work was undertaken by the provider organisation in terms of health and wellbeing support for staff, which was endorsed by SC from a local government and social care perspective.</p> <p>MB welcomed the report and requested more detail was included on the systemic challenges faced by the NHS, whether recovery trajectories would be delivered and identification of top risks. MT summarised that additional £8million funding would enable 80% target recovery and took an action to provide additional detail.</p> <p>ACTION (19): MT to provide more detail on delivery of recovery trajectories in the Q3 performance report for the January board.</p> <p>The Chair thanked MT for his report.</p>	MT
9.	<p>Initial response to Reading the signals: Investigation into maternity and neonatal services in East Kent by Dr Bill Kirkup</p> <p>RC advised that the immediate actions taken following the Ockenden report had previously been reported at Place level. Trusts have received visits and are working through agreed actions.</p> <p>In terms of next steps, it was noted that RC will present a more detailed report to the PHPEC, outlining the assurance against the actions being taken and areas for improvement across all three providers, before a further report is presented to the board in January 2023. This timescale aligns with provider internal governance processes and the publication of the national delivery plan.</p> <p>The Chair raised the maternity disparity in equality specifically in black woman and received assurance this disparity was included as part of the review and future work. SA agreed to make an introduction between the Barnardo’s work around women from BAME groups and their experiences of maternity services with RC. The Chair was further advised that ‘maternity voices’ was proactively recruiting for a more diverse partnership to better understand and meet the drivers and needs for BOB citizens and Public Health partnership working for access/support for BAME women on the maternity pathway, and that transformation monies were being directed for midwifery resource to promote equity of access.</p>	

	<p>The Chair referred to a recent visit to SCAS ambulance services headquarters in Bicester attended with SM, where midwives from Frimley were available in the call centre for 999 calls. An offer not provided by BOB midwives. The Chair was advised that BOB do buddy with the Frimley system to share best proactive and are separately working with SCAS regarding improvement opportunities and will look to see if this option can be included for BOB midwives too.</p> <p>ACTION (20): Review BOB approach to midwife support at SCAS call centre</p>	RC
10.	<p>Finance Report</p> <p>JH updated on the financial position, which remains challenged and stressed that this is a national picture, and the Southeast is not an outlier. The ICS year to date performance is £38.3million adverse position to plan; mostly driven through overspends on pay costs throughout partner trusts. Efficiency savings are behind plan. JH advised that no Trusts are formally changing forecast out-turn (FOT) from break-even and that a new protocol was issued from NHS England detailing the steps required to be undertaken for any differential to FOT reporting.</p> <p>There will be a reforecast at Month 9 as planned for the ICB and NHS partners within the ICS. The System Productivity Committee will continue to review the detail and a short summary for sharing with the board will follow after each Committee.</p> <p>The board discussed the budgetary challenges for delivering a demand led services with financial pressures in the local authorities and social care with concerns over potential budgetary cuts and council tax increases from the chancellor raised by SC. Budgetary cuts or funding unadjusted for inflationary pressures would have implications for local people and on the pace of the integrated ICS journey.</p> <p>SM highlighted the importance of the ICB ensures it addresses its internal financial pressures; it has an adverse variance of £8.8m at month 6.</p> <p>The board discussed the collective challenges and opportunities for ICB and local government agreeing with the Chair that it was incumbent on all those present to focus on efficiency, scale and integration.</p> <p>The board noted the report.</p>	
Working together / developing the System		
11.	<p>Development of the Integrated Care Partnership and the Integrated Care Strategy</p> <p>CM advised that the local authorities and ICB founder members had continued to work together to finalise arrangements for establishing the ICP. Councillor Jason Brock, leader of Reading Borough Council was selected as ICP chair and Councillor Angela Macpherson, deputy leader for Buckinghamshire Council was appointed as deputy chair. The ICB corporate office will act as secretariat. It is currently proposed that the first full meeting will take place in December.</p> <p>RBo provided an update on the ICP strategy process bringing attention to the change in approach to allow meaningful engagement with partners, public and the community to develop the ICP strategy and Joint Forward Plan in parallel. A draft strategy will be completed in December and be made available to board members.</p> <p>ACTION (21): RBo to present the draft strategy to the board in workshop session in December and to the board meeting in January.</p> <p>The Chair thanked RBo for his report and on the progress made.</p>	RBo
ICB Development		

12.	<p>Communication and Engagement Update</p> <p>RB provided an update on progress against engagement strategy and capacity. He advised on the new engagement system procurement to allow efficient communication push and a consistent effective means to gather views from the population.</p> <p>The board discussed whether the communication and engagement strategy presented was ambitious enough and whether it included sufficient opportunity to hear the voices of BOB citizens from all corners of the ICB/ICS. The solid place-based frameworks and relationships were noted, and it was further noted that this existing architecture should be utilised for a system-wide engagement approach.</p> <p>The report was noted, and as agreed in September, regular updates will be provided to the Board and will be included in the forward plan.</p>	
13.	<p>Changes to the Constitution</p> <p>The audit committee recommended that the board approve the NHS England mandated constitutional changes. The board noted and approved.</p>	
14.	<p>Board Assurance Committees - Audit and Risk, System Productivity System and Place Development</p> <p>The board noted the position of assurance committees, that a framework for committee reporting was being created and that three committees had convened. Summary verbal updates were provided by TN, SA and AR and full reports will be included from January 2023.</p> <p>The Chair thanked committee chairs and lead officers for their work in terms of development and liaison with stakeholders.</p>	
Any Other Business		
15.	<p>Any Other Business</p> <p>No items were raised to the board.</p> <p>The Chair thanked the authors of papers provided and further encouraged them in the pursuit of brevity, helping the board focus in on what really matters.</p>	
16.	<p>Date of next meeting:</p> <p>The next meeting in public is 17 January 2023 10.00 to 13.00</p>	

Summary of Actions – Open

Ref.	Board date	Agenda Item	Action	Responsible	Target Date	Completion Date	Status
03	01/07/22	4 - Confirmation of Board level named roles – Freedom To Speak Up role	SS is taking up the FTSU Guardian role for the board, the role would develop as SS works with other guardians and the Chief People Officer (SW) on best practices, etc.	SS / SW	09/09/22 Update Jan 22 Board	The policy is drafted and requires input from Union representatives and staff groups so will revert to board post this. Update early December for board. representatives to SW to circulate the draft version in the comments.	WIP
11	27/09/22	7 - Operational Planning Performance review, Quarter 1	The board requested alignment with regional performance reports and to add a comparative view in development of this report each month. MT to add to reports.	MT	Jan. 2023		
12	27/09/22	7 - Operational Planning Performance review, Quarter 1	MT to review and SC offered to assist re adding Local Authority data, so as a board all factors can be considered. MT to action and engage SC.	MT	Jan. 2023		
15	27/09/22	10 - Approach to Five Year Forward Plan	JKh advised to elevate primary care voice in our communications. AL will set out Primary Care more	AL	Jan. 2023	AL / RBo met with SJ to update on the strategy and provide assurance re GP involvement RBo has briefed Primary Care Leadership team and BOB Clinical Advisory Group re	WIP

			clearly in papers and ensure SJ is aware of this too.			discussions on the strategy priorities. Opportunities are available for GPs to feedback through the engagement process. RBo working with GP leadership team to agree if specific feedback session is required.	
17	15/11/2022	7 – Chief Executive and Director report	Winter preparedness measurements to be reported to PHPEC and then to the board.	MT	Jan. 2023		
18	15/11/2022	7 – Chief Executive and Director report	CM to circulate the draft roles, responsibilities, and scope of the Shadow board for clarity on connectivity into the board	CM	Dec. 2022		
19	15/11/2022	8 - Performance Report, Quarter 2	MT to provide more detail on delivery of recovery trajectories in the Q3 performance report for the January board	MT	Jan. 2023		
20	15/11/2022	9 – Initial response to Kirkup report	Review BOB approach to midwife support at SCAS call centre	RC	Jan. 2023		
20	15/11/2022	11 - Development of the Integrated Care Partnership and the Integrated Care Strategy	RBo to present the draft strategy to the Board workshop in December and to the board meeting in January.	RBo	Jan. 2023	The Integrated Care Strategy was presented to the ICB Board session in December and is open to the public for comment. Proposed feedback on behalf of the ICB board is scheduled on the agenda for 17th January meeting.	