

Minutes

BOB ICB Board – Meeting in Public
Tuesday 18 July 2023, 10.00am – 1pm
Kassam Stadium, Grenoble Rd, Littlemore, Oxford, OX4 4XP

Name	Role and Organisation	Attendance
Members		
Sim Scavazza	Acting Chair; Non-Executive Director	Present
Margaret Batty	Non-Executive Director	Present
Saqhib Ali	Non-Executive Director	Apologies
Aidan Rave	Non-Executive Director	Present
Tim Nolan	Non-Executive Director	Present
Dr Nick Broughton	Chief Executive Officer (Interim)	Present
Matthew Metcalfe	Chief Finance Officer	Apologies – Deputised as below:
Kate Holmes	Head of Planning, Capital, Contracts and Place Transformation	Present for Matthew Metcalfe
Dr Rachael de Caux	Chief Medical Officer	Present
Rachael Corser	Chief Nursing Officer	Present
Steve MacManus	Partner member – NHS Trusts/Foundation Trusts	Apologies – Deputised as below:
Neil Macdonald	Chief Executive, Buckinghamshire Healthcare Trust	Present for Steve MacManus
Rachael Shimmin	Partner member – Local Authorities	Apologies
George Gavriel	Partner member – Primary Medical Services	Present
Minoos Irani	Member for Mental Health	Apologies
Attendees		
Nick Samuels	Director of Communications & Engagement (Interim)	Present
Robert Bowen	Director of Strategy and Partnerships (Acting)	Apologies
Ross Fullerton	Chief Digital & Information Officer (Interim)	Present
Karen Beech	Chief People Officer (Acting)	Apologies
Matthew Tait	Chief Delivery Officer (Interim)	Present
Catherine Mountford	Director of Governance	Present
Amaan Qureshi	Business Manager, Chair's Office	Present – Minuting
Claire Zaffin	Head of Workforce Strategy and Intelligence – People Directorate	Present for Item 12

4 members of the public attended in person, with a peak attendance of 19 virtual attendees.

Board Business	
1.	<p>Welcome and Introductions</p> <p>The Chair (Sim Scavazza) opened the meeting, welcoming attendees and clarifying this is a Board meeting in public, not a public meeting. It was noted the camera in the meeting room is fixed, meaning zooming in or panning is not possible. The Chair asked speakers to introduce their name and role before each contribution, to help members of the public follow the meeting. The following updates were provided:</p> <ul style="list-style-type: none"> • Nick Broughton is the new interim CEO of Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB). • Steve MacManus (former Interim CEO) has returned to his role as Partner Member for NHS and Foundation Trusts. • George Gavriel has been appointed Partner Member for Providers of Primary Medical Services, replacing Shaheen Jinah. • Minoos Irani has been appointed Member for Mental Health, following Nick Broughton's appointment to Interim CEO. • Rachael Shimmin is the new Partner Member for Local Authorities, replacing Stephen Chandler as his term of appointment had finished.
2.	<p>Apologies for Absence</p> <ul style="list-style-type: none"> • Matthew Metcalfe, Director of Finance – Kate Holmes covering. • Karen Beech, Interim Director of People. • Steve MacManus, Partner Member for NHS and Foundation Trusts – Neil Macdonald covering. • Rob Bowen, Acting Director of Strategy • Saqhib Ali, Non-Executive Director (NED).

3.	<p>Minutes from Last Meeting on 16 May 2023 and Matters Arising</p> <p>Sim Scavazza (Acting Chair) noted there are no live actions, as reflected in the accompanying Actions Log. The minutes for May are now presented in a more streamlined format which will be carried forwards. This format is designed to capture all key information discussed more concisely, so the minutes are easier to read. The full board papers and meeting recording will still be available for those who want more detail.</p> <p>The Board approved the minutes of the meeting held on 16 May 2023 as an accurate record.</p>
4.	<p>Declarations of Interest</p> <p>Current register included. Where there are any specific interests against the agenda items, where known, this has been reflected on the front sheet of papers with an outline of how these will be managed. The nature of our Board means there are inherent interests because of the organisations they lead/are part of. In particular: Item 08 Performance report; Item 09 Finance report; Item 11 Joint Forward Plan; Item 12 Interim People Plan. Items 8 and 9 are not for decision, and as perspective of all members is important all may participate in discussion. Items 11 and 12 are for approval and all members may participate in decision.</p>
5.	<p>Questions from the public</p> <p>We received two written questions in advance related to agenda items. Where possible, presenters will answer questions during relevant agenda items. Written answers to all questions will be published on our website within 20 working days.</p>
6.	<p>Living our values</p> <p>Tim Nolan (NED) spoke about how he believes BOB ICB's five priorities (Promoting and Protecting Health; Start Well; Live Well; Age Well; Improving quality and access to services) are relevant to everyone and highlighted how they speak to his own lived experience. He stressed the importance of listening to the voices of patients and residents and calling on everyone to work together and get involved in improving the health and care system. The Chair thanked Tim for sharing his impactful story on how our life stories align with the work we are doing.</p>
Board Reports	
7.	<p>Chief Executive and Directors' Report</p> <p>Nick Broughton (Interim CEO) presented Item 7, the Chief Executive and Director's report. He introduced himself as interim CEO and thanked colleagues and the public for their warm welcome. The following points were highlighted and discussed:</p> <ul style="list-style-type: none"> • Balancing the need to focus on managing today's challenges and planning for the future. The ICB is facing a number of challenges, including operational pressures (including ongoing industrial action) and financial constraints – whilst focusing on its mission of both meeting immediate needs and improving population health. Work is ongoing to overcome these challenges by working together with other organisations and by focusing on continuous improvement. • BOB ICB is working to strengthen partnerships – for example, working with BOB's renowned Universities and the Oxford Academic Health Sciences Network (AHSN) to help embed academic best practice, and working with the Voluntary, Social Enterprise and Charity Sector (VSCE); Sharing expertise and resource, will enable us to address common challenges through innovation – developing new ways to deliver care. • Ongoing workforce challenges, including industrial action. BOB ICB is helping ensure the Integrated Care System ('ICS', or 'the System') is well prepared for industrial action. It is also working to recruit new staff to vacancies and improve the morale of the existing workforce. A well-functioning workforce is essential to providing high-quality care and addressing backlogs. The Interim People Plan is being presented for approval at this meeting. • BOB ICB has produced four annual reports and sets of accounts for 2022/23 (one for Q1 each predecessor CCG and one for the ICB). This is an important part of governance but required a lot of time and effort from many people, to whom thanks were noted. • The feedback from NHSE following the annual assessment meeting was noted as a positive and fair reflection of the current position and it was acknowledged that the environment was becoming more challenging. • A Memorandum of Understanding between BOB ICB and the VCSE Sector will be signed after presentation (Annex 1 to the paper) at this Board. The Sector and BOB ICB worked hard together over the last year to get to this point, particularly over the last 6 months. <p>The Board noted the update.</p>

8.	<p>Performance and Quality Dashboard</p> <p>Matthew Tait (Chief Delivery Officer) presented item 8, the Performance and Quality Dashboard, with Rachael de Caux (Chief Medical Officer) and Rachael Corser (Chief Nursing Officer) supporting. The following was presented and discussed:</p> <ul style="list-style-type: none"> • Challenges and progress across the system were discussed in several areas, including updates on Urgent and Emergency Care (performance declined in June with one day seeing the highest number of ED attendances), Elective Care Recovery (target to remove 65-week-waiters before end of the year impacted by industrial action), Cancer Care, Diagnostics, Mental Health, Quality and Assurance, and Maternity Care. There has been improvement in performance in some key areas, with the System working together to address challenges in other areas. • Providers have improvement and recovery plans in place. • In Primary Care, the access and wider indicators need to be considered in the round. It was noted some residents prefer face to face GP appointments, whilst others prefer digital, and practices continue to adapt. The ICB is working with practices to improve access. • 70% of commissioned Dental activity was completed in 2022/23. There has been an increase in NHS contract terminations, and the ICB is working to mitigate impact. Access to secondary dental care is stable, but there have been some challenges. Future reports will include more detail on Dental activity. • Workforce is a key issue in Pharmacy, Optometry and Dentistry. There are some planned closures of Lloyds and Sainsbury's pharmacies within our region, with the ICB working to mitigate impact. • Industrial action has had a financial impact on the system and led to cancelled appointments. The national ambition for elective recovery has been reassessed down (from 107% of pre-pandemic levels) to 105% factoring this in. Workforce resilience is also being affected, which can impact performance. The system is working to mitigate the impacts, but it remains an area of challenge. Providers are being asked to prepare a return of the costs incurred. The system is also working to understand the impact on its goals of reducing waiting times. • Deep dives were conducted into two recent never events (serious incidents) that had been reported relating to surgery and surgical site work, which is an area of challenge not unique to BOB. The deep dive also looked at other past never events reported within the System. The ICB is working with Trusts to address the issues, and follow-up actions will be monitored. <p>Across the areas discussed, BOB ICB is facing challenges, including industrial action, workforce shortages, and increasing demand for services. The ICB is working with partners to address these challenges and mitigate adverse impacts, as well as making good progress in some key areas. However, there is still more work to be done, and the ICB will continue to work hard to improve the quality of care for patients.</p> <p>Addressing a question from the public, BOB ICB is aware of the 2023 GP Patient Survey results for Shinfield Surgery. BOB ICB works with all practices to review their contracts and ensure they are meeting the needs of patients. The practice has undertaken its own patient survey and put in place an action plan, with its Patient Participation Group and staff, to address the results. Appointment capacity has been reviewed and BOB ICB is working with them to improve the patient experience further, by looking at specific areas such as reception, training, and online appointments. The ICB is also reviewing primary care estates needs across BOB, including in Reading, to ensure there is sufficient capacity to meet the needs of patients.</p> <p>The Board noted the contents of the report.</p>
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9.	<p>Finance</p> <p>Kate Holmes (Head of Planning, Capital, Contracts and Place Transformation; Deputising for Matthew Metcalfe, Chief Finance Officer) presented Item 9, the M2 Finance Report. The report provided an overview of the year-to-date (YTD) financial situation and highlighted areas of concern and improvement. The following was presented and discussed:</p> <ul style="list-style-type: none"> • The unqualified audit opinion on four sets of accounts for 2022/23 was noted. • The system is currently £10.9million adrift from the plan position after month two in the financial year. • This distance from our planned deficit position is due to a number of factors, including inflation and industrial action, which is having a major impact on the system – with staff shortages leading to increased costs for temporary staffing, and cancelled appointments (with the potential for clawback from the elective recovery fund). Another key driver is under delivery of planned efficiencies/ savings. <p>The system is monitoring the situation closely and working to mitigate these challenges, by working together to identify savings opportunities, putting in financial controls to manage costs, and working to manage missed efficiency targets. The system is not alone in facing these challenges, with NHS SE</p>
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	<p>providing support. It was noted that there is still time in the financial year to improve the situation, with BOB ICB working with Trusts to get things back on track.</p> <p>The Board noted the YTD position and the contents of the Finance report.</p>	
10.	<p>Risk – Board Assurance Framework/ Corporate Risk Register Review</p> <p>Catherine Mountford (Director of Governance) presented Item 10, Risk – the Board Assurance Framework/ Corporate Risk Register (CRR) review. The following points were presented and discussed:</p> <ul style="list-style-type: none"> • This is the first time the CRR has been presented to the board in detail. The register is still a work in progress, but most Directorates have now completed their systematic risk reviews. The risks are being scored consistently, and the team is working to ensure that the register is comprehensive. The register will be completed in time for September’s board meeting. • The strategic risks are all amber or red, indicating the level of complexity and inherent risk that the system is facing. The areas identified by the risk have been the focus of the Board papers. • The team will be moving more into deep dives into individual risks, to allow the board to get a better understanding of the risks and how they are being managed. • The team will also be considering the time horizons for some of the risks, to help prioritise the management of Risk and ensure they are being managed effectively. <p>The Board noted the update, the red-rated risks in the CRR, and discussed areas for further investigation, as reflected in the action below.</p> <p>Action:</p> <ul style="list-style-type: none"> • Finance Risk to be further reviewed. 	
Comfort Break		
Working together/Developing the System		
11.	<p>Joint Forward Plan</p> <p>Nick Broughton (Interim Chief Executive Officer) presented Item 11, the Joint Forward Plan for approval. Following approval, the aim is to move quickly to implementation. The plan has been widely consulted on, receiving support from Partners, Trusts, Health and Wellbeing Boards across the System supporting it. Feedback has been embedded into the plan. The following was presented and discussed:</p> <ul style="list-style-type: none"> • BOB ICB is focused on supporting people to remain healthy, targeting care as appropriate, and providing integrated and coordinated care – standardising care pathways across providers. • Progress updates will be provided to the Board biannually, with the first update due September 2023. • The plan has been praised for its strategic focus and goals. As we move to implementation, we may need greater clarity on Governance arrangements and aligned financial planning. • The ICB also aims to make sure all patients have access to first contact practitioners across the system – and is continuing to use data to compare productivity and performance levels across Trusts, to focus on improvement across care pathways. <p>Addressing a question from the public, about the assessment, prevalence, and significance of Musculoskeletal (MSK) health conditions, it was noted the plan does not refer to every specialty but defines the approach the ICB is taking to different areas of work. BOB ICB will be working to standardise MSK Care pathways across all providers, working with providers to share best practice. The ICB remains focused on improving performance and reducing wait times, and to improve overall MSK care in the system.</p> <p>The Board approved the final Joint Forward Plan and supporting documents. An easy-read version of the plan will be developed.</p>	
12.	<p>Interim People Plan</p> <p>Claire Zaffin (Head of Workforce Strategy and Intelligence) presented Item 12, the Interim People Plan. This is a live plan, for the System’s workforce for 2023/24 – which will evolve and inform the longer-term BOB ICS People Plan, which will be published in April 2024. The plan is focused on moving towards a more integrated, inclusive, supportive, and accessible system approach for our people. It does not directly address the recently published NHS Long Term Workforce Plan, which will be considered in the development of the longer-term BOB ICS People Plan.</p> <ul style="list-style-type: none"> • The plan focuses on four key areas which provide a broad framework for building a workforce strategy for the System: Recruitment, resourcing, and retention; Culture, inclusion, and equality; Development – careers and learning; and Digital. • Longer term alignment with the priorities of the NHS Long Term Workforce Plan is important – this will be addressed during development of the longer-term BOB ICS People Plan. 	

	<ul style="list-style-type: none"> • The plan was welcomed as well-focused in addressing key issues facing the health and social care workforce, providing an architecture around which the system can develop its workforce strategy. This presents an opportunity to really bring together and develop the System’s workforce – including VCSE. • The plan needs devolved accountability and collective ownership throughout the System. • Deliverability should be a key focus – as well as feasibility, given available resource. • The freedom to speak up should be well embedded at a cultural level: Ensuring staff feel comfortable speaking up about concerns around the quality of care being delivered, or the way the organisation is run – as well as protecting staff who speak from being penalised. • An increased focus on Digital, which has the potential to transform care delivery and support the health and care workforce. <p>The Board approved the Interim People plan. The ICB will start work on the longer-term ICS People Plan.</p>	
13.	<p>Communications and Engagement Strategy</p> <p>Nick Samuels (Interim Director of Communications) presented Item 13, the Communications and Engagement Strategy. The following items were presented and discussed:</p> <ul style="list-style-type: none"> • The need for a strategic framework for communications and engagement, which are two separate but important aspects which should be distinctly reflected; Communications is mainly about broadcasting messages out to audiences – but engagement is more about reaching out to populations, such as through fulfilling our inclusion agenda and developing ongoing dialogue and interaction. • Across these two key elements, the communications and engagement strategy is a key enabler of fulfilling our strategic objectives, through amplifying our messaging, reaching out to populations and partners, and enabling better outcomes. • Its success and delivery will be dependent on close working with our partners and key stakeholders. • The strategy should map and reflect across both the Integrated Care System (ICS) and the Integrated Care Partnership (ICP) in terms of branding and narrative – for their distinct contexts. • The importance of clarity: the term "Place" is not always clear to the public, as a way to refer to BOBs distinct geographies – with similar focused needed on how we convey abbreviations such as ‘BOB’. <p>The board welcomed and supported the communications and engagement strategy, factoring in the feedback and comments in the meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Recognised the unique nature of BOB ICB’s position and the significance of the question ‘<i>what can BOB do that no one else can?</i>’ as a fundamental influence on its communications and engagement strategy. • Recognise the two different groups of audiences, Partners and Participants, with their distinctive relationship characteristics to the ICB. • Approved the strategy and recommendations. • Approved the core narrative and key messages. • Approved Appendix 1, ‘Putting our principles for engagement into practice’. • Noted the Communications and Engagement Activity Report. 	
ICB Development		
14.	<p>Peer Review</p> <p>Rachael de Caux (Chief Medical Officer) presented Item 15, an update on the Peer Review conducted at the end of 2022. The paper sets out the six recommendations from the review and details the significant progress the ICB has made against each area. The following was presented and discussed:</p> <ul style="list-style-type: none"> • BOB ICB’s willingness to undertake a peer review is a good indicator of its commitment to being open to feedback and to continuous improvement. Progress on the recommendations shows BOB ICB is taking the findings of the peer review seriously and making changes to improve its performance. • The findings of the peer review should be integrated into its broader Executive and Organisational Development plans, to sustain the progress and continue improvements over time. • Effective working with Local authorities is key for BOB ICB’s delivery. The role of Place directors in our relationships with Local Authorities was discussed with clarity of their level of authority. • There has been much progress made in addressing these relationship aspects of working within the System since the Review, with Place directors increasingly well-embedded within their geographies and delivering on objectives and priorities. 	

	<ul style="list-style-type: none"> • BOB ICB was encouraged to consider 'stress testing' its relationships in the future, particularly with Local Authorities and GPs – to ensure it is working effectively with partners to achieve collective strategic goals. • The Board recognised the findings reflected a point in time and reflected that significant progress had been made. <p>Peer reviews were welcomed as an important tool to assess progress and identify areas for improvement – providing valuable feedback from partners and other organisations, both from within our system or from peers who have faced similar challenges.</p> <p>The Board noted the six key themes and actions taken System wide to address the recommendations of the Peer Review.</p>	
15.	<p>Board Assurance Committee Reports</p> <p>Updates from across the main Board Assurance Committees. Updates included:</p> <ul style="list-style-type: none"> • Audit & Risk – External Auditors reports helped demystify some of the complexity around the work undertaken by external audit and the range of reports provided. Thanks was noted for the Finance teams work on the annual accounts. • Place and System Development – Changes to political make up of local councils within the system following elections noted. The committee has also looked at provider collaboratives, future prioritisation and specific deep dives. • Population Health & Patient Experience – Pressures facing Pharmacies, GPs, and how we can avoid deflecting pressures from one area to another. BOB was commended nationally for its work in supporting patients who have suffered from Strokes. • System Productivity – Efficiency group now up and running. <p>The Board noted the contents of the Committee Escalation and Assurance Reports.</p>	
16.	<p>Board Assurance Committees – Annual Reports</p> <p>Highlights from the first annual reports of the Board Assurance Committees included:</p> <ul style="list-style-type: none"> • Audit & Risk – A challenging year, but the Audit work has prevailed effectively. New approaches will be more effectively embedded. The year has provided a solid start and a good platform to build on. • Place and System Development – Tried to take a high-level view of both System and Place, with a focus on specific sectors within the system through deep-dives. Ongoing desire to further drill into the details within areas of focus. Aim to engage with the VCSE across our system more productively. An opportunity to consider how we can make the best use of time, factoring in low attendance levels. • Population Health & Patient Experience (PHPE) – Will continue to consider if new voices are needed in the room. Inequalities will remain a central focus and we have made good progress in terms of tackling new issues. Will aim to ensure this PHPE lens is embedded into everything we do. • System Productivity – BOB ICB Finances have been handled well in the context of continuity between three different CFOs. Open questions probed, on how we can address the key financial challenges and manage the day to day better, as well as looking forwards. Looking to minimise overlap with PHPE in the committees' scope. <p>The annual reports are useful conduits to feed into BOB ICBs governance and partnership review. Work to be done on how we can get assurance from partners proactively, as well as how we can secure engagement. The governance review will help us to ensure we have the right people at the table, and how we can keep them engaged.</p> <p>The Board noted the content of the Committee Annual Reports for the financial year 2022/23.</p>	
Reports for Information / Assurance		
17.	<p>Forward Plan</p> <p>A live document which is iterated.</p> <p>The Board Noted the plan and highlighted the following:</p> <ul style="list-style-type: none"> • Primary Care Strategy will now come later in the calendar year. • Estates and Primary Care Estates should be factored into the annual calendar. • The Board agrees to explore the inclusion of Patient & Resident Stories into Board meetings. • A date for the Green Plan to come to the Board is to be agreed. 	
Any Other Business		
18.	<p>The Chair thanked the Board and all the colleagues across the System for all their hard work. There being no other business, the meeting was closed at 1245.</p>	
END		Date of Next Meeting: 19 September 2023