

Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public
Tuesday 19 September 2023, 10.00am – 1pm
Buckinghamshire Council, Gateway Offices, Gatehouse Road, Aylesbury, HP19 8FF

Name	Role	Attendance
Members		
Sim Scavazza	Acting Chair; Non-Executive Director	Present
Aidan Rave	Acting Deputy Chair; Non-Executive Director	Present
Margaret Batty	Non-Executive Director	Present
Saqhib Ali	Non-Executive Director	Apologies
Tim Nolan	Non-Executive Director	Present
Dr Nick Broughton	Chief Executive Officer (Interim)	Present
Matthew Metcalfe	Chief Finance Officer	Present
Dr Rachael de Caux	Chief Medical Officer	Present
Rachael Corser	Chief Nursing Officer	Present
Steve MacManus	Partner member – NHS Trusts/Foundation Trusts	Present
Rachael Shimmin	Partner member – Local Authorities	Present
George Gavriel	Partner member – Primary Medical Services	Present
Minoo Irani	Member for Mental Health	Present
Attendees		
Raj Bhamber	Chief People Officer (Interim)	Present
Hannah Iqbal	Chief Strategy and Partnerships Officer	Present
Ross Fullerton	Chief Digital & Information Officer (Interim)	Present
Matthew Tait	Chief Delivery Officer	Present
Sarah Adair	Director of Communications & Engagement (Acting)	Present
Catherine Mountford	Director of Governance	Present
Amaan Qureshi	Business Manager, Chair's Office	Present – Minuting
Rob Bowen	Deputy Director of Strategy & Partnerships	Present for Item 9
Heidi Bedell	Director of Midwifery, Buckinghamshire Healthcare Trust	Present for Item 6

8 members of the public attended in person and 56 live viewers tuned in to the broadcast.

Board Business	
1.	<p>Welcome and Introductions</p> <p>The Chair (Sim Scavazza, Acting Chair) opened the meeting and welcomed attendees. It was clarified this is a Board meeting in public, not a public meeting. The meeting is rotated around BOB's geography – noting thanks to Buckinghamshire for hosting today. The Chair asked speakers to introduce themselves before each contribution, to help members of the public follow the meeting. The following new members and attendees were welcomed to their first Board meeting:</p> <ul style="list-style-type: none"> • Raj Bhamber, Interim Chief People Officer, BOB ICB. • Sarah Adair, Acting Director of Communications and Engagement, BOB ICB. • Minoo Irani, Member for Mental Health. • Rachael Shimmin, Partner member for Local Authorities. • Steve McManus, Partner member for Trusts. • Hannah Iqbal, Chief Strategy & Partnership Officer, BOB ICB. <p>Thanks were noted to the following, who have left BOB ICB or are attending Board for their last time:</p> <ul style="list-style-type: none"> • Rob Bowen (Deputy Director of Strategy & Partnerships) and Karen Beech (seconded to NHS England, as Southwest Regional Director of Workforce) who were acting up to the role of Acting Director of Strategy and Partnerships, and Interim Chief People Officer respectively. It was also recognised that Ross Fullerton, Interim Chief Digital and Information Officer will be moving on. • The Board members thanked Rob, Ross and Karen for their valuable contributions to BOB ICBs work and for all their support during the ICBs development. <p>The following additional updates were noted:</p> <ul style="list-style-type: none"> • Victoria Otley-Groom will be joining BOB ICB as Chief Digital and Information Officer in October 2023.

	<ul style="list-style-type: none"> • The agenda order has been re-worked to enable strategic items to be the focus prior to operational delivery items. A resident's story is also now included, to remind the board of their role in improving outcomes for our residents. • Following discussion regarding around fixing the meetings' location or maintaining a rotation, it has been decided the venue of the meeting will continue to rotate to enable residents from across BOB's geography to engage and attend. From the next meeting, a 'Place update'¹ will be included, coordinated by BOB ICBs Place Directors working with wider partnerships. 	
2.	<p>Apologies for Absence</p> <ul style="list-style-type: none"> • Saqhib Ali, Non-Executive Director. 	
3.	<p>Minutes from Last Meeting on 18 July 2023 and Matters Arising</p> <p>The Chair noted the action log has been updated with one new action, which is now marked closed. The minutes continue to be presented in a more streamlined format. This format is designed so the minutes are easier to read. The full board papers and meeting recording will still be available for those who would like additional detail.</p> <p>The Board approved the minutes of the meeting held on 18 July 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: Verdict in the trial of Lucy Letby – initial response to letter from NHS England; Item 9: Joint forward plan; Item 10: Quality Assurance framework; Item 11.1: Performance and quality report; Item 11.2: Operational plan; Item 12: Finance Report; Item 14: Establishment of BOB ICB change programme.</p> <p>These items are all for discussion, information or assurance, not decision, and because the perspective of all members is important, all members may participate in discussion.</p>	
5.	<p>Questions from the public</p> <p>8 written questions were received in advance of the meeting in public. Where they relate to the agenda, presenters have been asked to address these questions during their respective segments. Fuller written answers will be published on the website within 20 working days. Questions received relate to items 7, 8, 11.1 and 11.2.</p> <p>Two questions from the public were addressed, with the Board noting:</p> <ul style="list-style-type: none"> • Minor corrections to the minutes (Item 3) were noted, regarding the correct naming of 'South Reading and Shinfield Group Medical Practice'. A further correction was noted for the Quality report (item 11.1) regarding an acronym missing from the glossary; the acronym LTP (Long Term Plan) appears in a graph legend on slide 5, Learning Disability and Autism. • A question was raised about how the ICB board announces service commissioning work and contract changes. The Board will take this away to decide on the best approach for informing the public about these changes. 	
6.	<p>Resident story</p> <p>The Chair introduced Rachael Corser (Chief Nursing Officer) and Heidi Beddall (Director of Midwifery for Buckinghamshire Healthcare Trust (BHT)). Heidi is due to join the ICB as Deputy Chief Nursing Officer and Director of Quality. Rachael Corser introduced the Board's first resident story – the story of Robin, a mother who experienced the devastating loss of a baby:</p> <ul style="list-style-type: none"> • A video was played with a first-hand account from Robin, who spoke about a very difficult time in her life as she lost their daughter Olivia during childbirth. Robin spoke about her gratitude for the way she was supported and looked after by the midwife and maternity team. She remarked how the team helped to create beautiful memories out of what was otherwise the most difficult moment of her life. Robin then went on to have another baby and said she would not have been able to get through the pregnancy without the support of the Rainbow clinic. <p>The board acknowledged the importance of hearing residents' and patients' voices and being committed to continuous improvement. The Trust was commended for lessons learned from Robin's experience. The Board expressed commitment to providing safe, equitable, personalised, kinder, and sustainable maternity and neonatal services to the local community.</p>	

¹ 'Place' refers to one of the three specific regions within BOB ICB's geography i.e., Oxfordshire, Buckinghamshire or Berkshire West.

Board Reports

7. Chief Executive and Directors' Report

Nick Broughton (Interim CEO) presented Item 7, the Chief Executive and Directors' report. The following points were highlighted and discussed:

- Two corrections were made to the report for accuracy: Second paragraph should say Wednesday not Friday; And paragraph 40 should read item eight, not seven.
- The system is facing challenges due to ongoing industrial action by consultants and junior doctors. The industrial action's impact on service delivery, including waiting lists, multidisciplinary working, and staff-patient relations among other aspects, was discussed and acknowledged.
 - It was estimated strikes have led to a 20 to 25% loss of capacity across the system. Providers are working hard to maintain capacity, access, and keep services safe.
 - The catch-up plan was discussed, and how realistic recovery plans are in the context of industrial action. Meeting the 65-week waiting time standard remains deliverable, but there may be a delay.
- A recognition that we must be realistic about the level of challenge and knock-on capacity issues which will carry forward into 2024/25. BOB ICB is looking at how to recover from the loss of capacity, factoring in financial constraints and workforce issues.
- While mitigating the impact on physical health and wellbeing factors is important, the impact on mental health backlogs was also recognised as something which should not be overlooked.
- Several services in BOB ICB have been shortlisted for the Health Service Journal Awards; The relevant teams and services were congratulated.
- Richard Meddings, Chairman of NHS England, will be visiting services in Oxfordshire next week.
- The new specialist and delegated commissioning agreement with NHS England will be taken through the Place and System Development Committee. Clarification around the implication on local authorities and partner organisations was sought. It was agreed a plain English summary would be brought back to Board at the relevant juncture as part of the CEO update.
- Public information campaigns to support primary care in BOB were discussed, as well as GP workforce recruitment. It was noted more demands are being put on receptionists, and there is a need for better support, training, and supervision for this group. It was noted that GPs are coping with an activity increase of around 13%, which would be very difficult without diversification of the workforce. This includes roles such as paramedic practitioners and physician associates.
- BOB ICB's CEO and Chair have been in discussions with local authority leaders around the Integrated Care Partnership. The ICP Secretariat and ICP Chair have now agreed to dates for meeting in public through to the end of the annual cycle (22/11/23; 17/01/24; 21/03/24; 19/06/24).
- The ICB's assessment on the prevalence of Reinforced Autoclaved Aerated Concrete (RAAC) within BOB ICB was discussed. It is thought only one acute hospital is affected in the BOB geography, with an understanding that the area affected is a non-clinical space. Ongoing surveys are being conducted and the Board will be kept up to date with the findings.

Two questions from the public were addressed, with the Board noting the below – with fuller written responses to be published within 20 working days.

- A question was asked about public involvement in primary care strategy development. Public engagement will be launched in early October 2023, involving patient participation groups and wider engagement across communities and the voluntary sector. It was also noted BOB ICB has undertaken engagement work which it will be using, as well as seeking engagement from our Healthwatch colleagues. A meeting involving over 150 system leaders, stakeholders, and grassroots members is scheduled for 18 October 2023 to discuss the strategy and establish a baseline of good practice, including agreeing the vision and principles for system delivery. It is important this is not a top-down approach, but one which encompasses broad agreed principles, which allow for local nuances and ownership.
- A public question was also received on pay rates for doctors, which necessitates a more detailed response which will be published.

The Board noted the report.

ACTION:

- **Specialist and delegated commissioning agreement with NHS England – It was agreed a plain English summary would be brought back to Board at the relevant juncture as part of the CEO update.**

8.	<p>Verdict in the trial of Lucy Letby – initial response to letter from NHS England (18 August 2023)</p> <p>Rachael Corser (Chief Nursing Officer) presented Item 8, the Board’s response to the letter from NHS England (18 August 2023) following the verdict in the trial of Lucy Letby. A public and statutory inquiry led by Lady Justice Thirlwall is to be conducted. The Board expressed sympathy for the families and loved ones affected by Letby’s crimes. The following was discussed and presented:</p> <ul style="list-style-type: none"> • The ICB has reached out to provider partners to share their work in response to the verdict and ensure that staff have access to appropriate freedom to speak up (FTSU) avenues. • Staff awareness and comfort with accessing FTSU processes was discussed. Existing processes were clarified. The importance of the culture within which the organisation operates was emphasised as key. The ICB is committed to creating an open culture where staff feel comfortable speaking up. • Getting FTSU right alongside a broader cultural shift is vital – but should also not be mutually exclusive to, or distract from, a fundamental underlying focus on patient safety and quality. Getting this right is important. The ICB is working on developing an early warning system for quality assurance. • Annual staff survey has been launched. The ICB expects it to be difficult reading in the context of the pressures the system and colleagues are facing. However, there is a commitment to focusing on culture and accountability which can help address these issues and turn a corner moving forwards. <p>Responding to a question from the public which enquired if BOB ICB believes its most senior members would currently pass an independently conducted fit and proper persons test (FPPT), it was noted:</p> <ul style="list-style-type: none"> • BOB ICB is reviewing and updating processes in light of new guidance from NHS England on the revised fit and proper persons test (FPPT). The new strengthened framework was published on the 2 August 2023. It was clarified that all members of the board have undertaken the FPPT. BOB ICB ensures this process follows NHS England guidelines, which does not currently necessitate an independent process. <p>The Board noted the update.</p>
9.	<p>Joint forward Plan progress reporting</p> <p>Rob Bowen (Deputy Director of Strategy and Partnerships) presented an update on the Joint Forward Plan (‘the Plan’) which sets out a system delivery plan in response to the Integrated Care Strategy. The Plan was published at the end of June 2023 and outlines a five-year journey for significant change across the system, with a focus on partnership and collaboration. This is the first of two bi-annual updates which will be presented to the Board, representing progress made in the first four months of the five-year journey. The following was discussed and presented:</p> <ul style="list-style-type: none"> • The plan comprises two parts: the first part identifies key system-level challenges which need to be addressed, and the other part provides detailed aspirations for specific services. • Different services are at different levels of maturity in terms of collaborative work with partners across the system. System working remains the ongoing aspiration for all services. • Delivery of the plan is handled through existing governance groups. Where system representation is lacking in these groups, adjustments are being made to ensure clear system representation. • Progress has been made across the key four system challenges: health inequalities, integrated data across Buckinghamshire and Berkshire (with Oxfordshire due to join by the end of the calendar year), decisions on service provision based on this integrated data, and use of additional funds for prevention and inequalities. • Some themes have emerged when looking at potential challenges, including data and analytical support, resourcing of people, and system working. Work is underway to address these challenges. • There is ongoing work to map data sources across the whole system, consider how analytical support is currently provided centrally, and develop the public health population management tools. • Clarifying the provision of in-house ECG testing, currently marked as a red alert in the paper, it was corrected that this is now amber, with progress made and actions undertaken to address the issue. • It is important the way we report progress dynamically captures system priorities. For example, it was noted special educational needs and disabilities (SEND) services are not flagged as an alert issue, despite known challenges among partner organisations in this area. <ul style="list-style-type: none"> ○ BOB ICB will continue to reach out to the different teams which have contributed to the development of the plan to ensure the reporting continues to evolve and improve. Learning will be built into subsequent iterations. • Work is underway to refresh the diagnostic strategy, with focus on improving quality and access. • Discussion around acute Electronic Patient Records (EPRs) and the current lack of convergence. For example, BHT does not currently have a centralised EPR. Resource limitations and time constraints

	<p>related to accessing national funding were cited as reasons for the current situation, but it was emphasised that having a converged record is a key part of NHS strategy which BOB ICB aims to deliver in the longer term.</p> <ul style="list-style-type: none"> • The plan’s ambitions should be embedded within the 2024/25 business plan, with a need to unlock some of the acute spend, (c. 50% of the current ICB allocation), to move delivery more upstream into areas of prevention. <p>The Board noted progress on our year 1 ambitions set out in the JFP, noted risks to year 1 JFP delivery and supported recommendations for JFP monitoring and development.</p>	
10.	<p>Quality Assurance Framework</p> <p>Rachael Corser (Chief Nursing Officer) presented Item 10, the Quality Assurance Framework. The framework has been co-designed in partnership with NHS providers and service users. It sets a high-level ambition for the future on how we can quality assure the services we commission and provide. The following was discussed and presented:</p> <ul style="list-style-type: none"> • The framework aims to reduce variation across service provision and improve patient safety. • It is based around definitions from the National Quality Board, incorporates the new Patient Safety Incident Response Framework (PSIRF), and considers the new Care Quality Commission (CQC) system assessment framework and key lines of inquiry. • Work is also ongoing with the National Quality Board on implementing an early warning system. • The ICB will be working more closely with local authorities as this work progresses, acknowledging their expertise in improvements on resource and assurance oversight. • Accountability was discussed as an area where further clarity is still needed – with it currently unclear who is ultimately the named ‘lead’ on assurance in certain areas of work. • BOB ICB will work with providers to provide support to them around CQC assessments, which are an important assurance processes and can have an impact on resources. • Next steps will include a communication plan for the framework. This will tie into broader organisational development work, which will be a key element of the ICB’s cultural shift in how we work with our partners. <p>The Board noted and acknowledged the work undertaken by the ICB and partners in the development of the Quality Assurance Framework and took assurance from the strengthened governance processes in place to seek oversight of quality and safety of care in the services commissioned by the ICB and services received by our population.</p>	
COMFORT BREAK		
11.	<p>Performance & Quality Report / Operational Plan Quarter 1 Review</p> <p>Matthew Tait (Chief Delivery Officer) introduced Item 11, which consists of two elements: the Performance & Quality Report (Item 11.1) and the Operational Plan Quarter 1 Review (Item 11.2). These two elements overlap and are presented together, but the paper for Item 11.2 includes a more focused review of the whole quarter to date. The papers include an overview of performance up until June 2023, with some data from July 2023. The following was presented and discussed:</p> <ul style="list-style-type: none"> • Urgent care, elective care, cancer, diagnostics, and other key areas were addressed. Despite challenges such as industrial action and increased demand, continued efforts are being made to improve performance. • An error in the monthly report was noted, where the table on page 44 states there are zero inadequate care homes in Oxfordshire. It was noted there is one care home rated inadequate. The ICB’s team is currently supporting improvements to this care home. • There has been a significant increase in demand for access to GPs alongside a reduction in the number of GPs and nursing staff. There was a correction noted regarding the percentage of face-to-face appointments in primary care: the correct figure is 62%, not 52.5% as reported. This means that more face-to-face primary care GP appointments are being delivered than pre-pandemic. • Patient experience metrics were noted. Despite some variation and a drop in satisfaction compared to the previous year, the system remains in the upper quartile nationally across all metrics. The board is looking at ways to improve patient satisfaction and is committed to providing public information about the increased activity and face-to-face appointments in primary care. • The board discussed improving the performance of virtual wards. There has been positive progress with virtual wards, with agreed trajectories to reach a 460 capacity for virtual wards and a strong sharing and alignment of models across the system. 	

- There also remains a focus on improving access to mental health services for children and young people, including those with eating disorders/disordered eating. Despite data quality issues affecting our data in these areas due to a cyber incident last year in Oxford Health, efforts are being made to improve access to these services.
- Progress is being made in the local maternity and neonatal system. Ongoing workforce challenges were noted. Infant mortality results were recently published, which will be fed through our governance channels; no Trusts have rated red in this period.
- Continuing Health Care (CHC) resourcing and transformation was discussed. As part of the development of the transformation programme, several metrics are being used to hold the system accountable for improvements in CHC. These metrics will continue to be monitored through sub-committees and the board.
- Patient safety and quality was discussed. Enhanced reporting to the board on serious incidents and 'never events' was suggested, to include an appendix to the papers with a brief summary of every 'never event' in the patch.
- Ongoing challenges in diagnostics were acknowledged, particularly in endoscopy due to increased demand and capacity issues. Despite these challenges, the board is committed to improving diagnostics performance. Efforts are being made to invest in scaling up capacity and exploring other testing modalities.

Responding to a question from the public on the use of Physician Associates, it was noted:

- Physician associates are highly valued members of the workforce across the system, whether they are in providers or in primary care. There are currently 43.9 whole time equivalent (WTE) physician associates across the primary care networks. Each physician associate has one dedicated GP supervisor. While physician associates are responsible for their actions and decisions, the GP is accountable and responsible for the patient. The GP supervisor is required to be available to discuss cases, give advice, and attend to the patient as necessary. Practices seriously consider their capacity to provide the required level of supervision before employing a physician associate.

The Board noted the report.

12. Finance

Matthew Metcalfe (Chief Finance Officer) presented Item 12, the M4 Finance Report. The report provided an overview of the year-to-date financial situation and highlighted areas for attention and improvement. BOB ICB is working closely with partners towards bringing the system collectively back onto plan and forecast. The forecast for the remainder of the year is a break-even position, but with increased risk. The following was presented and discussed:

- The financial position shows a deficit of £47.1 million over the first four months (against a planned deficit of £19 million) – with more recent M5 data showing a £52.8 million deficit. However, the rate of increase in the deficit has now reduced. There are ongoing efforts to control the deficit, including through the efficiency collaboration group and ratcheting up controls within the system.
- The issues underlying the variance at ICB and System level remain similar to previous reporting and include challenges in commissioning for: Prescribing, CHC, Mental Health, and Community services, all showing a larger variance. Over activity at independent sector providers is also a factor, with an additional impact from delays and under delivery against savings plans at provider level – due to industrial action, staff sickness and temporary staffing, and staff turnover and retention.
 - The financial position of Oxford University Hospitals (OUH), in particular, has a significant impact on the system's overall financial situation.
 - There is an ambitious transformation programme in place for CHC, focusing on workforce and procurement of care packages.
 - There are increasing demands and complexity in mental health care, leading to procurement of more expensive care packages external to the local footprint.
- Industrial action is estimated to have cost about £4.5m to £5m for the whole system by the end of the year, with lost activity costing at least £30m. Ongoing industrial action could potentially increase these costs further.
- There is some uncertainty around the Elective Recovery Fund (ERF) position and reimbursement for extra activity. The M5 position does not reflect changes related to ERF, but this does represent a financial risk.
- An extra meeting of the System Productivity Committee is planned for December 2023 to scrutinise these issues further.

The Board noted the YTD position and the contents of the Finance report.

13.	<p>Risk – Board Assurance Framework/ Corporate Risk Register Review</p> <p>Catherine Mountford (Director of Governance) presented Item 10, Risk – the Board Assurance Framework (BAF) / Corporate Risk Register (CRR) review. This document is kept as a living document, allowing us to track where each risk started and where it is now. The following points were presented and discussed:</p> <ul style="list-style-type: none"> • The standard report has been reviewed, with the strategic finance risk now rated as red; Finance and service recovery are noted as red-rated risks. • Deep dives and internal reviews are being conducted on identified risks. • Quality has been re-assessed and is currently rated as yellow, due to some appointments in the team and the implementation of new governance mechanisms. • A review has been completed of all previous Clinical Commissioning Groups (CCGs) risk registers, leading to a more consistent approach to describing and scoring risks. • Discussions are underway with Trust colleagues to align approaches within organisations. • Each individual sub-committee of the board reviews their relevant areas, with the overall process overseen by the Audit and Risk Committee. The executive group also reviews the process to ensure consistency. <p>The Board noted the update.</p>	
ICB Development/ Oversight		
14.	<p>Establishment of ICB Change Programme Board</p> <p>Nick Broughton (Interim CEO) introduced Item 14, on the Establishment of ICB Change Programme Board. The aim is to reshape BOB ICB's operating model, so it remains fit for purpose in the medium to long term. The following items were discussed and presented:</p> <ul style="list-style-type: none"> • A change board has been established to guide this process. The process aims to ensure the organisation is meeting its statutory requirements and can lead system transformation effectively. • The process is responding to national drivers such as the NHS England operating framework and the need to reduce running costs. The approach is seen as a positive strategic evolution, and not just a cost-cutting measure – with view to enhance operations at 'Place' level and better support provider collaboratives. • The board recognised the need for early engagement with provider colleagues. The ICB will engage with partner organisations to help ensure system-wide benefit and alignment, with process and resources. BOB ICB will be moving at pace to scope this work out, so this feedback will be embedded as we move forwards. <p>The Board noted the establishment of the Change Programme Board.</p>	
15.	<p>2022/23 Annual Report and Accounts</p> <p>Catherine Mountford (Director of Governance) and Matthew Metcalfe (Chief Finance Officer) presented the annual report and accounts. A key milestone in 2022/23 was on the safe closure of the three pre-existing Clinical Commissioning Groups (CCGs) and the establishment of the new Integrated Care Board (ICB) for BOB.</p> <p>Four sets of annual accounts and four annual reports were delivered which was a significant task. The results have been published with a clean audit opinion, despite the complex nature of closing off the books of the CCGs. Mental Health Investment Standard figures were also audited and received a clean audit opinion. Thanks was noted for all the Finance, Communications & Engagement and Governance teams work on delivering this to schedule successfully.</p> <p>The report is presented at Board this year, however, there is consideration for having a separate dedicated event to focus on next year's annual report, to pull out highlights for celebration and discussion.</p> <p>The Board noted publication of the Annual Report and Accounts for 2022/23</p>	
16.	<p>Board Assurance Committee Updates</p> <p>Board Committee Chairs highlighted the following areas of update from the papers:</p> <ul style="list-style-type: none"> • Place & System Development Committee – Highlighted the ongoing discussions about the concept of 'place' and its varying interpretations. The importance of the Net Zero plan amid other operational and financial challenges was emphasised. • Population Health & Patient Experience Committee – Discussion around the incentive for GPs and pharmacists to deliver the autumn vaccine campaign, which is delivered at a financial loss (c£8) per 	

	<p>dose. However, despite this issue, the Autumn vaccine campaign across BOB has accelerated and the response has been positive from primary care colleagues.</p> <ul style="list-style-type: none"> • System Productivity Committee – Finance remains an ongoing concern which is being monitored closely. Work in Digital & Data has progressed. It is important we have clarity of purpose and avoid duplication across system governance. The importance of the ICS Efficiency Collaboration Group, a cross-cutting group aiming to change how things are done across different areas, was noted for the System’s development over the next 12 months. • People Committee – The meeting is now divided into two parts: Part A focusing on system-wide workforce and Part B on the ICB workforce. The committee is committed to help drive culture change within the ICB (and system) and oversee the implementation of the NHS People Plan. The People committee annual report was included in the papers and taken as read. • Audit & Risk Committee – Paper taken as read. <p>The Board noted the content of the Committee Updates and the People Committee annual report for 2022/23.</p>	
Reports for Information / Assurance		
17.	<p>Forward Plan</p> <p>Catherine Mountford (Director of Governance) presented Item 17, the Board Forward Plan for the rest of the financial year. The Plan indicates what is expected to be brought to each meeting in line with the business cycle. Board members were encouraged to reflect on the plan and provide feedback. The board was reminded that the plan is a live document and will be iterated to be up to date with ongoing changes and challenges. The following was noted:</p> <ul style="list-style-type: none"> • From next month’s meeting, a forward look for 2024/25 will be added to the plan. • There was a discussion about scheduling the update on delivering the Digital & Data strategy, which is key in moving the system towards the prevention space. It is due to come to board, however, the timing is to be finalised in line with personnel changes and alignment to see where it would best fit in the board cycle in this context. 	
Any Other Business		
18.	<p>The Chair thanked the board and all the colleagues across the system for all their hard work – BOB ICB cannot deliver without their support and collaboration.</p> <p>There being no other business, the meeting was closed at 12:58.</p>	
END		Date of Next Meeting: 21 November 2023