

## Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public  
Tuesday 21 November 2023, 10.00am – 1pm  
The Great Hall, Shaw House, Church Road, Newbury, RG14 2DR (West Berkshire Council)

Name	Role	Attendance
<b>Members</b>		
Sim Scavazza	Acting Chair; Non-Executive Director	Present
Aidan Rave	Acting Deputy Chair; Non-Executive Director	Apologies
Margaret Batty	Non-Executive Director	Present
Saqhib Ali	Non-Executive Director	Present
Tim Nolan	Non-Executive Director	Apologies
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	Apologies
Rachael Shimmin	Partner member – Local Authorities	Present
George Gavriel	Partner member – Primary Medical Services	Present
Minoo Irani	Member for Mental Health	Present
<b>Attendees</b>		
Sarah Adair	Director of Communications & Engagement (Acting)	Present
Hannah Iqbal	Chief Strategy & Partnerships Officer	Present
Catherine Mountford	Director of Governance	Present
Victoria Otley-Groom	Chief Digital & Information Officer	Present
Amaan Qureshi	Business Manager, Chair's Office	Present – Minuting
Matthew Tait	Chief Delivery Officer	Present
Sarah Webster	Place Director – Berkshire West	Present for Item 9

4 members of the public attended in person, with 24 online attendees.

<b>Board Business</b>	
1.	<p><b>Welcome and Introductions</b></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, with the Chair noting thanks to West Berkshire Council for hosting this board in Newbury.</p> <p>The following changes to the Board were noted:</p> <ul style="list-style-type: none"> <li>• Victoria Otley-Groom joins as BOB ICB's new Chief Digital &amp; Information Officer (CDIO). <ul style="list-style-type: none"> <li>◦ The board noted thanks to Ross Fullerton, who has since left as Interim CDIO, for all his work.</li> </ul> </li> <li>• Raj Bhamber's secondment as Interim Chief People Officer has ended.</li> <li>• Caroline Corrigan, Frimley ICB's Chief People Officer, was welcomed to BOB ICB, as she will be covering the Interim Chief People Officer role on a part-time basis.</li> </ul> <p>The following additional updates were noted:</p> <ul style="list-style-type: none"> <li>• The meeting agenda continues to follow a revised order, developed with a focus on learning and integration. This meeting is the second to include a resident story and the first to include a Place update, for today's host region West Berkshire. ("Place" refers to the three individual, pre-ICB CCG geographies of BOB.)</li> <li>• Attendees were reminded to unmute their mics and introduce themselves before each contribution, to enable those at home on the livestream to better follow the conversation.</li> </ul>
2.	<p><b>Apologies for Absence</b></p> <ul style="list-style-type: none"> <li>• Tim Nolan, NED</li> <li>• Aidan Rave, NED</li> <li>• Steve McManus, Partner member – NHS Trusts/Foundation Trusts</li> </ul>
3.	<p><b>Minutes from Last Meeting on 19 September 2023 and Matters Arising</b></p> <p>The Chair noted there were no actions from September's Board. The accompanying actions log has been included as a nil return. The minutes are presented in a streamlined format, with the full board papers and the meeting recordings available online for those who would like additional detail.</p> <p><b>The Board approved the minutes of the meeting held on 19 September 2023.</b></p>

4.	<p><b>Declarations of Interest</b></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.</p> <p>The nature of our Board means there are inherent interests because of the organisations members lead/are part of. In particular: Item 07 Chief Executive and Directors Report; Item 08 Addressing the significant financial challenges created by industrial action in 2023/24; Item 09 Berkshire West – Place Update; Item 10 Our approach to 2024/25 strategic, operational and financial planning; Item 11 Primary Care Access and Recovery Plan – Update; Item 12 Digital &amp; Data – Progress against strategy delivery; Item 13 Performance &amp; Quality Report (M5 – August); Item 14 Finance Report Month (M6 – September, FY 2023/24).</p> <p>Items 8 and 10 are for approval. The other items are all for discussion, information or assurance, and not decision. The level of conflict is manageable and as the perspective of all members is important all may participate in discussion and decision.</p> <p>A correction was noted for the previously published registers of interest:</p> <ul style="list-style-type: none"> <li>• Margaret Batty’s relevant interests in ‘AGE International’ was misspelt as ‘APE’. This has been amended in our records and will be reflected correctly in the published registers going forwards.</li> </ul>	
5.	<p><b>Questions from the public</b></p> <p>5 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 related to items 5, 6 and 7. One question was not related to today’s agenda. Written answers to all questions (including those not relating to agenda) will be published within 20 working days of the Board.</p> <p>One question from the public was addressed during this item, about why there is no direct public participation at ICB meetings in Public:</p> <ul style="list-style-type: none"> <li>• The Chair reiterated that this is a meeting in public and not a public meeting and noted the board welcomes all questions submitted in advance and addresses them when related to agenda items, giving full published answers thereafter. Existing mechanisms for the public and stakeholders to engage with the board were noted. The board is also liaising with Local Authorities and looking at ways to further engage with communities and welcomes suggestions on how to further effectively and efficiently engage.</li> </ul>	
6.	<p><b>Resident story – Personalised Care</b></p> <p>Rachael Corser (Chief Nursing Officer) presented two resident stories related to the personalisation of care. The videos of these stories are linked here: <a href="#">Video 1</a> &amp; <a href="#">Video 2</a> – and both show how having more personalised care has led to better outcomes for these residents. The following reflections were noted:</p> <ul style="list-style-type: none"> <li>• Reflecting on the resident story, the CEO acknowledged the need for a mother and baby unit within the system, noting the nearest one is in Winchester, which represented a gap in service provision. The ICB hopes to address this as part of its longer-term planning.</li> <li>• For many, what is now termed ‘personalised care’ would seem very close to expectations around what traditional forms of care looked like.</li> <li>• It was noted these two resident stories demonstrated the real impact that personalised care can have, with both residents coming from the local community in Berkshire West. Both residents are now volunteering with the NHS to support the ongoing development of the personalised care agenda.</li> </ul> <p>One question from the public was addressed, on care not always being personalised:</p> <ul style="list-style-type: none"> <li>• The importance of personalised care was acknowledged, with BOB ICB committed to developing initiatives that meet the unique needs of individuals. It was emphasised that personalised care can take various forms, ranging from social prescribing to more comprehensive care and treatment.</li> </ul> <p><b>The Board noted the impact of personalised care and reaffirmed a commitment to support it further across the system.</b></p>	
<b>Board Reports</b>		
7.	<p><b>Chief Executive and Directors’ Report (Item 7) – and Addressing the significant financial challenges created by industrial action in 2023/24 (Item 8)</b></p> <p>Nick Broughton (Interim CEO) presented Item 7, the Chief Executive and Directors’ report – giving an overview of performance and highlighting the signing of the NHS Sexual Safety Charter. Item 8, where NHS England requested revised operational and financial planning to address the significant financial</p>	

	<p>challenges created by industrial action in 2023/24, was also addressed together with this item. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The board is developing its strategy for the future of primary care – which includes general practice, community pharmacy, optometry and dentistry.</li> <li>○ The strategy aims to build a shared understanding of the current state of primary and community services, build a consensus on the future vision for primary care and its integration, and design the way to deliver this care. The strategy is seen as pivotal to delivering a sustainable model of care that improves access, experience, and outcomes for residents. The ICB has launched an engagement process.</li> <li>• BOB ICB has signed up to the NHS Sexual Safety Charter and is working on developing the right culture within the ICB and to support partners across the system who have also signed up.</li> <li>• The board is actively working on developing a continuous quality improvement culture and methodology across NHS organisations, through the NHS Impact program. The ICB is in the process of considering its role within the system in relation to the NHS Impact programme as part of the operating model development and we will bring a formal paper and recommendations to a future board meeting.</li> <li>• BOB ICB hosted a Leadership Forum on 30 October 2023, attended by many stakeholders including local authority leaders and chief executives from the system. The forum served as a platform to challenge thinking and explore how we can enhance service delivery in the future. The insights from the forum are being used to inform planning for the next financial year, with a focus on enhancing community and primary care services.</li> <li>• The system continues to face significant operational and financial challenges, exacerbated by industrial action. The Financial challenge would be addressed in greater detail in Item 14, however various complications were noted, workforce challenges, inflation, industrial action, unrealised efficiencies in cost improvements plans.</li> <li>• Addressing <b>Item 8</b>, the ICB is working on revising the operational and financial plans for the remainder of the financial year – in line with NHSE guidance issued on 8 November. To enable this work to proceed and the submission be made by 22 November, delegated approval was sought for the CEO, Chief Finance Officer (CFO) and Chair to sign off the final submission on behalf of the board. This was agreed and is noted below.</li> </ul> <p>Two questions from the public were addressed:</p> <ul style="list-style-type: none"> <li>• In response to a question around Primary Care Engagement, the board confirmed that they launched the public engagement on Friday last week. The public is invited to share their views, insights, and experiences of primary care via the engagement website. There will also be a series of engagement events planned, including with Healthwatches and focus groups. The engagement will run until the end of January 2024</li> <li>• In response to a question about better join-up between all primary care, the board noted it values the services provided by community pharmacy, optometry, and dentistry and has introduced a flexible commissioning scheme for patients who have struggled to get NHS dentist care. Community optometrists are now able to make direct referrals to secondary care services.</li> </ul> <p><b>The board noted the update that the ICB has signed up to the NHS Sexual Safety Charter.</b></p> <p><b><u>DECISION</u></b></p> <ul style="list-style-type: none"> <li>• <b>The Board granted delegated authority to the CEO, CFO and Chair for the final submission to NHSE of revised operational and financial plans for the remained of the financial year, in light of financial challenges. (Item 8)</b></li> </ul> <p><b><u>ACTION</u></b></p> <ul style="list-style-type: none"> <li>• <b>A paper will be brought to January's Board in Public with more detail on NHS Impact and the ICB role.</b></li> </ul>	RC
8.	<p><b>Addressing the significant financial challenges created by industrial action in 2023/24</b> This item was taken together with item 7, the Chief Executive and Directors' Report, as noted above.</p>	
9.	<p><b>Berkshire West update</b> Matthew Tait (Chief Delivery Officer) Introduced Sarah Webster (Place Director – Berkshire West), who presented a Place update on Berkshire West. Sarah has been coordinating partnerships at a local level to deliver and improve care, engage with the population, and work with key partners such as local authorities. The following was discussed and presented:</p>	

	<ul style="list-style-type: none"> <li>• The complexities of partnership working as acknowledged, particularly with three separate unitary authorities within Berkshire West’s geographical area. The partnership is focusing on areas where they believe they can make the greatest difference by coming together as partners.</li> <li>• While there are variations between Places, variations within Place were also discussed – and how investment and support is allocated within Place. The variation in the needs within areas, and the importance of tackling these variations and levelling up for the population was noted.</li> <li>• The board discussed the challenges within the local geography and the importance of understanding what is currently happening and making that work at a larger scale.</li> <li>• The Community Wellness outreach model was presented, an initiative aimed at addressing cardiovascular disease and events in the community. This model involves enhanced health checks, signposting, and follow-up services taken into the hearts of the communities.</li> <li>• Evaluating impact is important. There is a challenge on how we can convert meaningful action and data at Place level into system-level insights, and report that better at board level.</li> <li>• The board also discussed the importance of including pharmacy, optometry and dentistry in the local provisioning definitions and diagrams which detail primary care in the paper – ensuring that all teams feel our desired level of integration.</li> <li>• The cost-of-living crisis and its health implications on local populations was discussed, probing if initiatives such as discounted healthy meals were being looked at in co-ordination with the Council. Though not reflected in the paper, it was noted there is a lot of work going on within the Partnership on this issue. Health and wellbeing boards are exploring this issue in particular – working closely with the voluntary and community sector to maximise reach into the most deprived areas.</li> <li>• The board acknowledged the importance of bringing partners together and developing something together in partnership, noting that it takes time to ensure that all partners are working together and moving together.</li> </ul> <p><b>The Board noted the update and reflections in the paper.</b></p>	
10	<p><b>2024/25 ICB Planning Approach</b></p> <p>Matthew Tait, Chief Delivery Officer; Hannah Iqbal, Chief Strategy and Partnerships Officer; Matthew Metcalfe, CFO presented Item 10, the 2024/25 ICB Planning Approach. This presents an opportunity for us to be proactive in our approach and not just respond to the NHSE planning guidance which is yet to be issued. The board is seeking approval for the proposed system goals, which are focused on four objectives that can only be achieved through collaboration across the NHS, local government, voluntary sector and research sectors. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The board acknowledges the financial constraints all organisations are under and the impact this will have on their ability to achieve these goals. However, it is important to remain hopeful and aspirational, to ensure we make progress by being smarter with our collective resources and working together more effectively. This is important to ensure we are continuing to place more emphasis on prevention.</li> <li>• The board is committed to engaging with all system partners in the development and implementation of a smaller set of focused goals.</li> <li>• The goals need to be refined (the devil is in the detail), making them more specific and measurable, and clarifying their alignment with the broader strategy and showing how they address identified risks.</li> <li>• The board requested the language used was made more accessible to a wider audience.</li> <li>• A revised version of the plan will be brought back to the board, and other system boards, for further discussion and approval in the new year.</li> </ul> <p><b>The Board reviewed the proposed 2024/25 system goals for the ICB and partner NHS trusts. It noted the context and arrangements for the operational and financial planning, recognising the national guidance has not been published yet.</b></p> <p><b><u>DECISION</u></b></p> <ul style="list-style-type: none"> <li>• <b>The Board approved the direction of travel. They are aware of the challenges ahead but are committed to making positive changes for the benefit of residents.</b></li> </ul> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>• <b>Revised version of the goals to come back to the January Board in Public.</b></li> </ul>	HI
11	<p><b>Primary Care Access &amp; Recovery Plan</b></p>	

	<p>Rachael de Caux (Chief Medical Officer) presented Item 11, the Primary Care Access &amp; Recovery Plan, which is a comprehensive plan to address the growing pressures on primary care, particularly general practice, and improve patient access. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• This Plan is in the context of NHS England’s national delivery plan for recovering access to primary care, which was published in May 2023, in response to growing pressures impacting patient access. <ul style="list-style-type: none"> <li>○ ‘Primary care’ here refers to general practice. This is unlike (and separate to) our developing system-wide Primary Care Strategy, which will factor in pharmacy, optometry and dentistry.</li> </ul> </li> <li>• The plan aims to address issues by enabling all general practices to implement a modern approach and is aligned with the Joint Forward Plan, as well as our aspirations for the general practice component of the forthcoming primary care strategy.</li> <li>• The plan is split into four main components: Empowering patients; Modernising general practice; Building capacity; Reducing bureaucracy.</li> <li>• There are ongoing efforts to expand community pharmacies, which are an essential part of primary care. Currently there are variations in the ability to effectively recruit pharmacists in certain areas.</li> <li>• There is a focus on reducing bureaucracy, particularly at the primary and secondary care interface.</li> <li>• The additional roles reimbursement scheme has been successful in building capacity, with over 932 full-time equivalents employed across the geography. It was acknowledged there is a need to evaluate the impact of these roles.</li> <li>• The plan includes details on finances to support delivery, communications and engagement, ways of working of the primary care team, use of real-time data and continuous improvement, and addressing health disparities.</li> <li>• There is a need for improvement in communication from primary care to patients, particularly in introducing new apps and platforms.</li> <li>• Video consultation infrastructure still exists within our practices, however, there has been a return to preference for face-to-face or telephone consultations after the pandemic. It was suggested, where possible, as part of the broader personalised care agenda, we should try to offer residents choice.</li> <li>• The primary care estates system development funding of £5 million was discussed – with estate planning to be addressed in more detail downstream as part of the estates strategy, which will be presented to the Board in 2024.</li> <li>• It was discussed how the system can proactively target people who are furthest from healthcare, with a focus on health inequalities – for example through schools, which could be considered a ‘primary’ daily health interface.</li> </ul> <p><b>The Board noted their assurance that the ICB will be able to deliver against the national requirements outlined, providing feedback around the structure and governance for delivery.</b></p>	
12	<p><b>Digital &amp; Data – Progress against strategy delivery</b></p> <p>Victoria Otley Groom (Chief Digital &amp; Information Officer) presented Item 12, an update on the Digital and Data Strategy. The strategy was developed to address several challenges, particularly the lack of a unified strategy and a fragmented landscape of digital and ICT services, data and analytics, and digital-enabled change planning across the regions. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The strategy has three main themes, which are to digitise our providers, connect our care settings, and transform our data foundations – to improve access, experience, and to ensure value for money, as well as identify productivity opportunities.</li> <li>• Significant progress has been made in the past six months, with improvements in governance, engagement, delivery, programme finances and future delivery plans.</li> <li>• A single digital and data steering group has been established, consisting of multidisciplinary leadership from across the system.</li> <li>• There are 16 key programmes under the strategy, and these are being reviewed to ensure they are on track to deliver the required capabilities.</li> <li>• Stakeholder engagement is a continuing focus and has improved – with over 200 individuals attending a recent digital and data summit. We remain focused on efforts to hear the voice of residents and understand their needs and preferences.</li> <li>• The strategy includes efforts to digitise services, such as the digital maturity assessment completed by providers, and the push to digitise adult social care services – with 80% of this digitisation expected to be completed by March.</li> <li>• The strategy also aims to connect services, with work being done on shared records and the inclusion of mental health services.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Work is underway to upgrade common infrastructure and upskill the workforce.</li> <li>• The strategy also includes plans to transform the use of data, with initiatives in place to address direct care and care planning, operational planning, academia and research, and population health management.</li> <li>• Efforts are being made to secure additional investment to accelerate the digital agenda. This includes identifying opportunities for larger bids with partners. The aim is to secure more funding that will enable the acceleration of an ambitious digital and data strategy.</li> <li>• The strategy will be revisited and updated in six months, with a focus on baselining the plan, aligning it with the system, and engaging with partners.</li> </ul> <p><b>The board noted the progress on delivery of the ICS Digital &amp; Data Strategy.</b></p>	
<b>COMFORT BREAK</b>		
13	<p><b>Performance &amp; Quality Report</b></p> <p>Matthew Tait (Chief Delivery Officer) presented Item 13, the Performance &amp; Quality Report, with Rachael de Caux (Chief Medical Officer) and Rachael Corser (Chief Nursing Officer). The discussion focused on the challenges and plans in urgent emergency care, elective care, cancer, diagnostics, mental health, maternity and neonatal services, and quality and safety. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• Urgent and emergency care: There has been some challenge against key performance metrics declining, particularly the 4-hour target. High levels of attendance and flow problems in the system have added pressure. Winter plans are being implemented to manage these challenges effectively and safely.</li> <li>• Elective care: The focus is on reducing the waiting list and protecting elective capacity during winter. There is a focus on outpatient services and theatre productivity. The use of day cases is also being considered.</li> <li>• Cancer: There has been a slow deterioration in performance for long waiters, particularly those over 62 days. There is a renewed focus on matching capacity and driving down numbers as far as possible. The Board noted the strong performance against the faster diagnosis standard.</li> <li>• Diagnostics: There is particular pressure in Buckinghamshire Healthcare Trust in terms of endoscopy. Additional funding and MRI capacity should help to stabilise numbers.</li> <li>• Mental health: There is an increase in demand for services, particularly for children and young people waiting for access to assessments for autism and ADHD diagnoses.</li> <li>• Maternity and neonatal services: New slides have been added to highlight outcomes in these areas. The system is working on improving data and digital systems for reporting on maternity and neonatal services. There is a focus on reducing the number of C-section deliveries – as well as ensuring improved overall safety and quality of live birth support.</li> <li>• Quality and safety: Progress is being made in implementing the Patient Safety Incident Response Framework. There is a focus on risk stratification and segmentation across the three geographies.</li> <li>• GPs and primary care: Discussed a generational and cultural shift in the use of GP services. More people are opting for immediate online GP services, and there is an increasing trend towards private operations and diagnostics due to delays and waiting times. This shift is impacting the dynamics of primary care and should be factored into longer term planning.</li> <li>• Board members discussed the need for assurance from providers, the impact of independent sector on performance, and the need for more metrics on outcome measures to assess the success of population health management initiatives.</li> </ul> <p><b>The Board noted and discussed discuss the contents of the paper.</b></p> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>• <b>The Board will consider a sponsor for the Performance &amp; Quality report development project.</b></li> </ul>	SS
14	<p><b>Finance</b></p> <p>Matthew Metcalfe (Chief Finance Officer) presented Item 14, the M6 Finance Report, which focused on the financial challenges and plans of the ICB. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• At the half-year point, the ICB is £13.5 million off-plan. The ICS has reported a total deficit of £59.1 million. There remains a significant challenge in bringing the system back to a point where it can financially deliver to its planned deficit level (£24.2 million).</li> </ul>	

<ul style="list-style-type: none"> <li>• The report highlights a £39 million gap between the forecast and the ICB break-even position. The main areas of overspend are continuing healthcare, prescribing, and use of the independent sector. There is a considerable action being taken in these areas, including an independent review of the continuing healthcare position, due to the concentration of overspends in Oxfordshire.</li> <li>• The Cost Improvement Programme is showing benefits, with the organisation slightly ahead at the half-year point. However, there is a risk of non-recurrent delivery of savings impacting next year.</li> <li>• The board members discussed the need for assurance from providers and the impact of the independent sector on performance.</li> </ul> <p><b>The Board noted the update and discussed the assurance needed, for the ICB and System’s ability to meet its financial plan – considering year-to-date performance, current forecasts, prospective risks and plans to address overspends.</b></p>
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<b>ICB Development/ Oversight</b>	
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<p>15 <b>Risk – Board Assurance Framework/ Corporate Risk Register Review</b></p> <p>Catherine Mountford (Director of Governance) presented Item 15, the Risk Assurance Report. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The Board Assurance Framework (BAF) and Corporate Risk Register (CRR) has seen continued improvement in process and reporting.</li> <li>• The strategic risks that are red-rated are financial and improvement of operational performance risks. The remainder of the strategic risks are currently amber. It was noted that these risks were covered in earlier agenda items.</li> <li>• Board members agreed to commit to a risk appetite and risk assurance board development session. The target will be to hold this workshop in the final quarter of this year, or first quarter of next year.</li> </ul> <p><b>The Board noted the report, the related risk ratings, and agreed to the facilitation of a Board Risk Development Session.</b></p>
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<p>16 <b>Board Assurance Committee Updates</b></p> <p>The Chair introduced Item 16, Board Assurance Committee Updates, with sub-committee Chairs presenting the following updates:</p> <ul style="list-style-type: none"> <li>• Audit and Risk Committee: The committee is considering a deep dive into continuing healthcare (noting this may be undertaken by the System Productivity Committee). Implementation of the new national finance system would introduce a ‘no purchase order, no pay’ policy, which means more robust controls when suppliers come for payment.</li> <li>• Place and System Development Committee: The committee has continued representation from system partners, including the voluntary sector and conducted a deep dive within Oxfordshire – with Health Innovation Oxford &amp; Thames Valley (formerly Oxford Academic Health Sciences Network – Oxford AHSN) attending to give an update.</li> <li>• Population Health and Patient Experience Committee: The committee has explored the challenges and pressures within special education needs and disability (SEND) and the opportunities which can arise from addressing these through system working. <ul style="list-style-type: none"> <li>○ A correction was noted for the papers: On page 4 of the Board Committees Assurance Report (under the Population Health &amp; Patient Experience Committee update) the text should read that there was 92% compliance noted against the Strategic Control Centre assessment, not against the winter plan.</li> </ul> </li> <li>• System Productivity Committee: The committee had a deep dive on procurement and medicines management. The committee also discussed the need to establish and expand non-NHS partnerships, including with the voluntary sector and local authorities.</li> </ul> <p><b>The Board noted the content of the Committee Escalation and Assurance Reports.</b></p>
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<b>Reports for Information / Assurance</b>	
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<p>17 <b>Forward Plan</b></p> <p>Catherine Mountford (Director of Governance) presented Item 17, the Board Forward Plan for the rest of the financial year. The plan now includes the 2024/2025 board cycle.</p> <p>Board members were encouraged to reflect on the plan and provide any 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.</p> <p><b>The board noted the plan and would highlight future items for inclusion.</b></p>
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<b>Any Other Business</b>	
18	The Chair thanked the board and all NHS and system colleagues and partners, for all their hard work. BOB ICB cannot deliver without their support and collaboration. There being no other business, the meeting was closed at 13:05.
<b>END</b>	<b>Date of Next Meeting:</b> 16 January 2024