NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

# Agenda – Board Meeting (Meeting in Public)

**Date/Time:** 19 March 2024, 1000 – 1300
**Location:** POWIC Conference Room, Warneford Hospital site, Oxford OX3 7JX

| *No* | *Timing* | *Agenda Item* | *Purpose* | *Lead* |
|---|---|---|---|---|
| 1. | 10.00 | Welcome and Introductions | - | Chair |
| 2. | | Apologies for absence: | | |
| 3. | | Minutes from meeting held on 16.01.24 and Matters Arising | Approval | |
| 4. | | Declaration of interests | Assurance | |
| 5. | 10.05 | Questions from the public | Discussion | |
| 6. | 10.10 | Resident's story – We Can't Wait | Discussion | Rachael Corser, Chief Nursing Officer |
| **Overview** | | | | |
| 7. | 10.20 | Chair's Report | Discussion | Sim Scavazza, Chair |
| 8. | 10.25 | Chief Executive & Directors Report | Discussion | Nick Broughton, Chief Executive |
| **Working together / Developing the System** | | | | |
| 9. | 10.40 | Oxfordshire – Place Update | Discussion and Impact | Matthew Tait, Chief Delivery Officer; Daniel Leveson, Oxfordshire Place Director |
| 10. | 10.55 | Primary Care Strategy development | Discussion | Rachael de Caux, Chief Medical Officer |
| 11. | 11.10 | 1) Joint Forward Plan update<br><br>2) Approach to System Planning, Transformation and Recovery 2024/25 | Approval | Hannah Iqbal, Chief Strategy and Partnerships Officer; Matthew Tait, Chief Delivery Officer; Matthew Metcalfe, Chief Finance Officer |
| | **11.30** | **Comfort Break** | | |
| 12. | 11.40 | Public Sector Equality Duty Annual Report | Approval | Sandra Grant, Deputy Chief People Officer |
| **Operational Delivery** | | | | |
| 13. | 12.00 | Performance and Quality Report | Assurance | Matthew Tait, Chief Delivery Officer; Rachael Corser, Chief Nursing Officer; Rachael de Caux, Chief Medical Officer |
| 14. | 12.20 | Finance Report | Assurance | Matthew Metcalfe, Chief Finance Officer |
| 15. | 12.40 | Risk Report | Assurance | Catherine Mountford, Director of Governance |
| **ICB Development / Oversight** | | | | |
| 16. | 12.45 | Board Assurance Committee Updates:<br>- Audit & Risk<br>- People<br>- Place and System Development<br>- Population Health & Patient Experience<br>- System Productivity | Assurance | Committee Chairs |
| **Reports for Information / Assurance** | | | | |
| 17. | 12.55 | Board Forward Plan | Information | Catherine Mountford, Director of Governance |
| **Any Other Business** | | | | |
| 18. | 12.58 | Any Other Business | - | Chair |
| | 13.00 | **END** | | |
| | | | | Next meeting: 21 May 2024 |

Please send apologies to: bobicb.corporatecalender@nhs.net.

# Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public
Tuesday 16 January 2023, 10.00am – 1pm
**Paralympic Room, 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 | Present |
| 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 | Apologies |
| **Attendees** | | |
| 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 |
| Matthew Tait | Chief Delivery Officer | Present |
| Philippa Baker | Place Director – Buckinghamshire | Present for Item 9 |

4 members of the public attended in person, with 56 online attendees.

| | **Board Business** | |
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| 1. | **Welcome and Introductions**<br>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 Buckinghamshire Council for hosting this board in Aylesbury.<br>The following additional updates were noted:<br>• A new addition to the agenda was noted, the Chair's report, which aimed to provide more information about system-wide matters and engagement.<br>• 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. | |
| 2. | **Apologies for Absence**<br>The Chair noted apologies from:<br>• Minoo Irani, Member for Mental Health – Minoo was due to be deputised by Grant Macdonald (Chief Executive Officer, Oxford Health NHS FT), who has sent his apologies. | |
| 3. | **Minutes from Last Meeting on 21 November 2023 and Matters Arising**<br>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.<br>The Chair noted there were three actions from September's Board, which are now marked closed in the accompanying actions log.<br>**The Board approved the minutes of the meeting held on 21 November 2023 as accurate.** | |
| 4. | **Declarations of Interest**<br>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.<br>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 09 Buckinghamshire | |

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| | – Place Update; Item 11 2024/25 planning approach; Item 13 Performance & Quality Report (M5 – August); Item 14 Finance Report Month (M8 – November, FY 2023/24).<br>The reports are for assurance or discussion, not decision. The level of conflict is manageable and as the perspective of all members is important, everyone may participate in discussions. | |
| 5. | **Questions from the public**<br>• This is a meeting in public not a public meeting. Where possible, presenters will answer questions during the relevant agenda items.<br>• Four questions from the public were received before the deadline. One question relates to Item 8, two relate to Item 13 and one to Item 16.<br>• Written answers to all questions will be published within 20 working days of the Board. | |
| 6. | **Resident story – Onward Care**<br>Rachael Corser (Chief Nursing Officer) presented a resident story related to Onward Care. The video is linked here. Onward Care is a non-clinical, non-social care support offer that reduces unplanned hospital readmissions by using technology and remote monitoring. A video was shown featuring Jack, a resident in Buckinghamshire, who shared his experience of Onward Care and how it helped him to regain confidence and independence at home after being discharged from hospital.<br>The Onward Care programme works with local hospital data, over 400 charities, and remote monitoring devices to identify and support patients at high risk of readmission, addressing their social isolation, nutrition, hydration, and behaviour changes. The programme was set up as a proof of concept and completed in December 2022, and is continuing to expand and evaluate its impact on clinical and financial outcomes.<br>The board members praised the programme and its benefits for the residents, the system, and the integrated care system, and asked questions about the cost, safeguarding, the counterfactual, and the scalability of the programme.<br>**The board noted the update and potential impact of how Place-based partnerships and expansion of data collection can positively affect the onward care of our population.** | |
| **Board Reports** | | |
| 7. | **Chair's Report**<br>The Chair presented a new item on the agenda, the Chair's report, which will focus on the role of the Chair in fostering systems' engagement and workstreams, including an update on the Integrated Care partnership (ICP) – a joint committee of NHS and local authorities. The following are some highlights from what was presented and discussed:<br>• Councillor Jason Brock (Leader, Reading Council) was re-elected to continue as Chair for the ICP – with Councillor Angela Macpherson (Deputy Leader, Buckinghamshire Council) also re-elected as Deputy Chair for a further year. The next ICP meeting is Wednesday 17 January, and the workshop session will consider how other ICPs around the country have been developing.<br>• BOB ICB's Chair and the CEO will present at each provider Trust's board meeting over the next two months, to foster an understanding about the work of the ICB, as the statutory body responsible for commissioning healthcare services in the system.<br>• There is a BOB Governance Summit being planned by the ICB, for March – bringing together all NEDs from the ICB and providers, as well as CEOs, Chairs, and Governance Leads. The session will examine governance as a whole system and how this fits with the governance of sovereign organisations.<br>• The Chair, CEO and other representatives from BOB ICB will attend the BOB Joint Health Overview and Scrutiny Committee meeting in Aylesbury on 24 January.<br>• The Chair emphasised the importance of working with the broader South-East region.<br>• BOB ICB strives to get better at talking to the public and the people who use the services, and better holding themselves accountable to them.<br>• The board members asked questions about the Chair's engagement with primary care, the common themes emerging from meetings, and engagements with local authority executives:<br>○ The Chair engaged with GP leadership groups and discussed the role and value of the ICB. The Chair and the CEO offered to attend the place-based GP boards and engage with the primary care leaders. They also invited them to the system leadership forum, which would focus on transformation, innovation, research and development for system-wide issues and challenges. | |

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| | ○ Common themes emerging included a lack of clarity and understanding about the ICB and how decisions were made.<br>○ Following on from the engagements with provider Trust Boards, the Chair planned to organise a similar engagement programme with local authorities and their political executives – with a view to better align the health and social care agendas across the system and within the ICB's remit. | |
| 8. | **Chief Executive and Directors' Report**<br>Nick Broughton (Interim CEO) presented Item 8, the Chief Executive and Directors' report, which gives an overview of performance, and covers various topics and initiatives related to the BOB ICB and its system partners. The following was presented and discussed:<br>• The draft primary care strategy was launched for consultation on 10 January, with a variety of engagement events planned to involve stakeholders, residents, and health inclusion groups. The strategy aims to transform primary care services and improve outcomes for the population. Discussions focused on how the strategy interacted with the NHS England's focus on general practice, and how it included other aspects of primary care such as community pharmacy, dentistry, and optometry.<br>• The ICBs change programme was progressing, with a draft operating model expected to be ready by the end of February. The programme also included a focus on equality, diversity and inclusion. The launch of a new LGBTQ+ staff network was noted.<br>• Industrial action by junior doctors had a significant impact on the system, with thousands of appointments and procedures cancelled, and patient safety mitigation requests declined. System partners worked together to address the challenges and support the services. The financial and operational implications of the industrial action were noted. The Chair thanked the system partners for their support during the industrial action.<br>• The Federated data platform was an opportunity to accelerate the connection and transformation of services using operational information. The platform was sponsored and funded by NHS England, and the system partners were scoping out gaps in our current systems to identify where use of the new platform would add most value. Board members discussed the impact of the platform on the residents, the interconnection with other digital platforms, and the role of digital as an enabler of service transformation. Discussing IT investment costs, it was emphasised there is a need to demonstrate real-world benefits, not just theoretical ones.<br>• The joint targeted area inspection of the multi-agency safeguarding hubs in Buckinghamshire was about to commence, with the CQC and Ofsted involved. The system partners were prepared for the inspection and were well sighted on the areas of strength and improvement. Members discussed how feedback would be addressed and actions from the inspection taken forward.<br>• The board noted the revised financial and operational plans that were submitted by the CEO and the CFO, in line with the delegated authority granted by the board at the last Board meeting. The plans assumed there would not be any further industrial action, which was not the case, and therefore the end of year financial position would be affected.<br>Sarah Adair (Acting Director of Communication and Engagement) addressed the question from a member of the public about engaging with Patient Participation Groups (PPGs) on the Primary Care Strategy. She confirmed that PPGs had been included in the work to date and are key stakeholders. Healthwatch Oxfordshire have hosted an engagement session for PPGs locally. Another five sessions are being planned (another in Oxfordshire, one in Buckinghamshire and three in Berkshire West).<br>**The board noted this update and the revised financial and operational plans that were submitted by the CEO, CFO and Chair in line with the delegated authority granted.** | |
| 9. | **Buckinghamshire – Place Update**<br>Philippa Baker (Buckinghamshire Place Director) presented Item 8, the Buckinghamshire Place update, covering the challenges, opportunities, and priorities of working in partnership across health and social care in Buckinghamshire. The following was presented and discussed:<br>• Buckinghamshire has a growing and ageing population, growing housing developments, financial pressures at a local level, healthcare estates issues, as well as pockets of deprivation in some urban and rural areas. Issues related to primary care estates were raised as a barrier to moving more care closer to people's homes.<br>• Buckinghamshire also has an integrated acute and community trust, a unitary local authority, a primary care federation, a levelling up programme, and an academic partner, which create | |

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| | opportunities for collaboration and innovation. The Bucks Health and Social Care Academy was praised as a model for integrated workforce development.<br>• Deprivation data was used to identify the 10 Opportunity Bucks wards for focus, which are the wards with the highest levels of deprivation across the county, and which have poorer health outcomes, experiences, and access to services.<br>• Buckinghamshire Executive Partnership, which consists of representatives from the local authority, health partners, primary care, and mental health, set three priorities for 2022/23: Transforming the provision of special educational needs and disabilities (SEND); Joining up care; And tackling health inequalities. The importance of power and working together to achieve change in these areas was commented on.<br>• Two case studies were shared to demonstrate the impact of partnership working: one on reducing the waiting times and improving the support for children and young people with SEND, and another on reducing the number of 'discharge to assess' beds and improving the care home hubs with multidisciplinary teams. The recruitment of multidisciplinary teams, the involvement of the voluntary sector, and the impact on the finances were discussed as important factors to keep sighted on.<br>• Future plans included focusing on prevention, proactive care, out of hospital settings, and a focus on governance arrangements.<br>**The Board noted the update and the partnerships impact and role.** | |
| 10. | **NHS IMPACT – Building Continuous Improvement**<br>Rachael Corser (Chief Nursing Officer) presented Item 10, NHS IMPACT – Building Continuous Improvement. This is a strategic plan for the NHS BOB ICB to improve patient care and establish a culture of improvement within the organisation. The following key points were presented and discussed:<br>• A development session is planned for May to stimulate further debate and discussion.<br>• The ICB intends to work alongside partners across the NHS and the voluntary care sector to undertake two roles:<br>○ Determine the approach the ICB will take with its own staff in terms of improving and the culture it wants to set and the leadership behaviours it wants to establish.<br>○ Agree on key things that only the system can collaborate on if it comes together, and then use the components of the framework to build on a culture of improvement.<br>• Work that partners and providers have already done around improving cultures for improvement within their organisations was acknowledged.<br>**The Board noted the update.** | |
| 11. | **2024/25 Planning Approach**<br>Matthew Tait (Chief Delivery Officer), Hannah Iqbal (Chief Strategy and Partnerships Officer), and Matthew Metcalfe (Chief Finance Officer) presented Item 11, the 2024/25 Planning Approach. The discussion focused on the planning process for the upcoming year in the absence of published guidance, the financial challenges faced by the system, and the focus on six system goals. The following key points were presented and discussed:<br>• The process has started early, in the absence of published guidance from NHS England. The planning position has been based on an understanding of the situation – for example, an anticipation the guidance will support the continuation of the post-pandemic recovery journey, with a focus on improving performance, elective recovery, and reducing waiting times. Reviews have started with all service functions within the ICB, to understand the emerging priorities for next year, within the context of the financial environment surrounding.<br>• Bilateral discussions have also started with Trusts, to understand where they are in their planning process. The team expects to submit an update at the end of February and a more formal draft during March.<br>• The system is not financially sustainable as it currently stands, and changes will need to be made in how care is delivered. This includes the need for structural changes and shifting more resources into the community sector. The ICB is focusing on six system goals, which we believe will contribute to sustainability, increase service resilience, and deliver measurable outcomes for the population.<br>• Limited resources mean difficult decisions are needed, including the prioritisation of certain areas over others. There will be the need for clear communication with the public about these strategic priorities and the role they play in achieving our system goals. | |

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| | **The Board reviewed and provided guidance on the proposed approach with a partners and the system goals.** | |
| 12. | **Communications and Engagement Update**<br>Sarah Adair (Acting Director of Communications and Engagement) presented Item 12, the Communications and Engagement Update. The paper was taken as read and included detail around the wide variety of work undertaken by the ICB team and the key relationships they have developed. The following was presented and discussed:<br>• The ICBs Comms team works closely with Healthwatch, for independent scrutiny and constructive challenge – the Healthwatches are supporting BOB in delivering key engagement work. The team also has a strong relationship with the BOB VCSE Health Alliance leveraging their insight and feedback to inform our work. The team also works closely with local authorities, but there is potential for further development of these relationships.<br>• Working in collaboration, research and engagement activities across BOB are being mapped out, with the goal of identifying gaps and developing a plan to encourage participation in engagement and research of communities that are not already engaged or are underrepresented.<br>• Last week, a new BOB-wide newsletter was launched, which was a deliverable from the communications and engagement strategy agreed at Board last year. The newsletter is written in collaboration with NHS trusts and local authority partners, covering news relevant to health and care<br>**The Board discussed and noted the update.** | |
| **COMFORT BREAK** | | |
| 13. | **Performance & Quality Report**<br>Matthew Tait (Chief Delivery Officer), Rachael Corser (Chief Nursing Officer) and Rachael de Caux (Chief Medical Officer) presented Item 13, the Performance & Quality Report. The discussion revolved around operational performance, quality, challenges faced by the system, and the strategies in place to address these challenges. Highlights from what was presented and discussed include:<br>• The system continues to struggle against some of its key target deliveries. In the urgent emergency care space, we remain well below our trajectories. Good recovery plans are in place and all trusts are committed to reaching the year-end target of 76% patients being seen within 4 hours by the end of March.<br>• Elective care recovery has been impacted by the industrial action and the system is still working to recover the cancer 62-day targets.<br>• The Oxford University Hospital Trust (OUH) has moved into what's known as Tier 2 for cancer and elective care, which means that performance oversight has stepped up to a regional level.<br>• In relation to autism and ADHD, the number of children and young people waiting is high. There are a number of programmes underway to address this issue, including the use of digital platforms and a successful pilot in schools to help with supporting children with neurodiversity.<br>• Providers are currently in the process of finalising their submission against the maternity incentive scheme ahead of the end of January deadline.<br>• The transformation of the all-age continuing healthcare (CHC) programme is being actively supported, which faces financial and operational challenges.<br>• OUH has been the first in rolling out the new patient safety incident response framework. This will start to play out in a different way of reporting incidents, both in terms of actual harm and near misses.<br>• With respect to general practice, the percentage of appointments within 14 days is at 79.2%, which still remains above both national and Southeast regional average. In October, they delivered a million appointments, the highest number ever delivered, despite activity being up 10.3%.<br>• Optometry direct referrals into secondary care have been facilitated, which is much better for patients and residents. The system went live at the end of last year, with over 8,200 referrals by 20 December 2023.<br>• In response to a question from a member of the public Rachael de Caux (Chief Medical Officer) highlighted the ICB welcomes the introduction of Pharmacy First and the rollout of the national scheme from 1 February. This allows community pharmacies to see and treat patients with one of seven clinical conditions that meet nationally defined criteria – this provides alternative access for patients and relieves some pressure on general practice. | |

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| | **The Board discussed and noted the update.** | |
| 14. | **Finance Report Month (M8 – November, FY 2023/24)**<br>Matthew Metcalfe (Chief Finance Officer) presented the M8 Finance Report. Points discussed include:<br>• The ICB had made a loss of £14 million to then end of November. Overall, the system had a deficit of £44.8 million, which is £8 million over the planned deficit at that point in time.<br>• A submission was made to NHS England on an informal basis of a forecast to year-end across the system of a deficit of £44.3 million. This was a slight improvement on the previous forecast, and of that £26.3 million was for the ICB.<br>• The ICB specific areas that are driving the pressures are CHC, prescribing and acute care.<br>• The capital spend is underspent in the period to end of November by £33 million. There is active work going on within the system to reallocate capital expenditure limits.<br>• The ICB needs to make a formal submission of the revised financial plan in February. delegated approval was sought for the CEO, Chief Finance Officer (CFO) and Chair to sign off the final submission on behalf of the board.<br>• A deficit plan means the ICB will not achieve the statutory financial targets. This would result in a Section 30 report which goes to the Secretary of State and would affect the value for money audit opinion.<br>• There is clear governance within the ICB through the System Productivity Committee, where deep dives are done into areas of greatest pressure, such as prescribing and CHC.<br>**The Board noted the update and discussed the assurance needed, for the ICB's ability to meet its revised forecast, considering year-to-date performance, prospective risks and plans to address overspends; And the system's ability to meet its revised forecast considering year-to-date performance, and prospective risks.**<br>**DECISION**<br>• **The Board granted delegated authority to the CEO, CFO and Chair to sign off the revised financial plan for submission to NHS England.** | |
| **ICB Development/ Oversight** | | |
| 15. | **Risk – Board Assurance Framework/ Corporate Risk Register Review**<br>Catherine Mountford (Director of Governance) presented Item 15, Risk – Board Assurance Framework/ Corporate Risk Register Review. The key points presented and discussed were:<br>• Risk: The system and processes are running well, with strong Directorate ownership of their risks.<br>• A chart was introduced in the paper showing the change in the Risk score over time, which was discussed at audit and risk committee about how it should be used to support the organisation.<br>• The key takeaway is to shift from passively observing a "red flag" risk to actively understanding its implications, exploring potential actions, and embedding risk management into daily practices. The upcoming risk workshop in March will further delve into this focus.<br>**The Board noted the report, the Board Assurance Framework, the Corporate Risk Register and related, red-rated risks.** | |
| 16. | **Governance and Partnership review**<br>Catherine Mountford (Director of Governance) introduced Item 16, the Governance and Partnership review. The Chair led the Board through the findings and proposed actions. The discussion focused on the internal governance of the ICB and how it can adapt to changes while ensuring effective functioning. The following was presented and discussed:<br>• The board have had ongoing discussions and workshops focusing on how the ICB works and the skills and experience required for its effective functioning. The board needs to continually adapt its operating model in response to changes.<br>• Discussions have started to consider the need for decision making across the broader six ICBs in the Southeast region.<br>• Discussions focused on the representation of local authorities and primary care sectors on the board and whether there had been consultation with partners about the membership proposals. The Director of Governance and Chair confirmed that we were a unitary board not a board of | |

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| | representatives and it was for the organisation to ensure it had a balanced membership and the rights skills and experience.<br>• There was a wide-ranging discussion on the potential changes to eligibly carriers for NEDs highlighted in the paper. Members concurred that it was important for ICB Board members to be visible but did not agree that this would be delivered through changing eligibility criteria. It was agreed that the Chair would consider this further.<br><br>**The Board:**<br>• **Approved the recommendations of the Chair that:**<br>○ **The Board membership to remain as currently stated in the ICB constitution with 14 Board members but that this would be kept under review.**<br>○ **All executive directors who report directly to the CEO should be confirmed as participants.**<br>• **Agreed to the removal of Place partnerships being described as ICB subcommittees and confirmed that with this change our committee structure would remain as is.**<br>• **The board noted the discussions among the six ICBs in the Southeast region.**<br>• **The board agreed to the action plan and timeline.**<br><br>**ACTION**<br>• **The Director of Governance will lead implementation of the action plan and report back to the Board in accordance with the timeline.**<br>• **The Chair to consider approach to increasing board member/ICB visibility in the system.** | **CM**<br><br>**SS** |
| 17. | **Board Assurance Committee Updates**<br>The Chair introduced Item 17, the Board Assurance Committee Updates. The following was presented and discussed:<br>• Audit and Risk: The committee is assured that internal audit topics are focused on areas for improvement rather than on delivering well-scoring results. It was acknowledged that as the system matures, they will increasingly find areas to improve in. They also noted it's going to be a busy time moving into budget forecasts and audit programmes, in the broader financial context.<br>• Place and System Development: There is a recognised challenge in better engaging local authority partners. There was also a discussion on the notion of 'Place' and how difficult it is to define, given the complexity in some areas.<br>• Population Health & Patient Experience: Performance is a key focus. There was a discussion on ADHD diagnoses and the fact that there are 11,000 children and young people on waiting lists, waiting up to two years on average.<br>• System Productivity: The committee gave assurance on the Digital programme being well managed. They also had deep dives into CHC and prescribing, both of which remain large challenges but are being well worked through by their respective teams.<br>• People: A new structure has been implemented, with an ICB-focused people committee looking at the change management programme, EDI, Freedom to Speak Up, and all the relevant occupational and well-being work around the ICBs own set of people. Then there is a separate system-focused System workforce programme board, with providers and partners' workforce leads joining.<br>**The Board noted their assurance from committees on delivery of delegated functions.** | |
| **Reports for Information / Assurance** | | |
| 18. | **Forward Plan**<br>Catherine Mountford (Director of Governance) presented Item 17, the Board Forward Plan for the rest of the financial year. Key points discussed include:<br>• Due to the longer engagement over the primary care strategy, the Primary Care Access and Recovery Plan will be brought to the March public board. A broad development workshop on the primary care strategy will also be held. The Primary Care Strategy will come for sign-off in the May public board.<br>• Given the changes to how the joint forward plan and the system goals are being handled, the Director of Governance and Chief Strategy and Partnership Officer will work together to bring updates on the joint forward plan to every board meeting.<br>• In relation to the March agenda, it was agreed that a paper in relation to the Equality, Diversity, Inclusion Improvement Plan would be brought forward. | |

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| | 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.<br><br>**The board noted the plan and would highlight future items for inclusion.** | |
| **Any Other Business** | | |
| 19. | The Chair addressed a question raised by a member of the public regarding the representation of patient and public opinion at board meetings. The question asked if the board would appoint or designate one of the non-executive directors as responsible for representing patient public opinion. The Chair acknowledged this was a good challenge and would reflect on the best way to ensure that a patient/public perspective was embedded in the board discussions.<br><br>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 further business, the meeting was closed at 13:15. | |
| **END** | | **Date of Next Meeting:** 19 March 2024 |

Item 3.1

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

# Summary of BOB ICB Board Meeting Actions

Version: 19 March 2024 – Board in Public

## 1. OPEN ACTIONS

Two currently open actions.

| Ref. | Board | Item | Action | Owner | Update | Target / Status |
|---|---|---|---|---|---|---|
| 1. | 16/01/24 | 16 – Governance & Partnership Review | The Director of Governance will lead implementation of the action plan and report back to the Board in accordance with the timeline. | Catherine Mountford | An update will be presented to the May Board meeting. | Ongoing |
| 2. | 16/01/24 | 16 – Governance & Partnership Review | The Chair to consider approach to increasing board member/ICB visibility in the system. | Sim Scavazza | Approach developing; Event on 15 March is part of this. | Ongoing |

## 2. CLOSED ACTIONS

Actions which were marked closed in previous registers are no longer included.

| Ref. | Board | Item | Action | Owner | Update | Target / Status |
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| 1. | | | | | | |
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| 3. | | | | | | |

**BOB ICB Board Members - Declarations of Interest**
**12 March 2024**

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

| Name | Current position(s) held in the ICB | Declared Interest (Name of the organisation and nature of business) | Type of interest | Is the interest direct or indirect (including details of the relationship with the person who has the interest where indirect) | Nature of Interest | Date of interest From | Date of interest To | Action taken to mitigate risk | Last Review/ Update | Audit & Risk Committee | People Committee | Population Health & Patient Experience Committee | Place & System Delivery Committee | System Productivity Committee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ALI Saqhib | Non-Executive Director and Chair of the Audit & Risk Committee | 1. Northamptonshire Healthcare NHS Foundation Trust | Financial | Direct | 1. Non-executive Director Audit Chair | Jan-22 | Current | | 19-Dec-23 | Chair | | | | Member |
| | | 2. NHS Cambridgeshire and Peterborough ICB | Financial | Direct | 2. Non-Executive Director and Audit Chair | Jul-22 | Current | | | | | | | |
| | | 3. NHS Buckinghamshire, Oxfordshire & Berkshire West ICB | Financial | Direct | 3. Astra Zeneca shares (£200) | 2020 | Current | | | | | | | |
| | | 4. ZeroPA Madad UK Ltd. | Financial | Direct | 4. Chief Executive Officer and Founder | 1997 | Current | | | | | | | |
| | | 5. National Zakat Foundation | Financial | Direct | 5. Chief Finance Officer | 20-Sep-23 | Current | | | | | | | |
| | | 6. ZM Technology Ltd. | Financial | Direct | 6. Chief Executive Officer (Shareholder) | 2021 | Current | | | | | | | |
| | | 7. ZeroPA Madad CIC | Financial | Direct | 7. Chief Executive Officer (Shareholder) | 2021 | Current | Standing declarations – actions to be taken as deemed appropriate if conflict identified | | | | | | |
| | | 8. The Interest Free Loans Company Ltd | Financial | Direct | 8. Chief Executive Officer (Shareholder) | 2022 | Current | | | | | | | |
| | | 9. SA Consulting Services Ltd | Financial | Direct | 9. Chief Executive Officer (Shareholder) | 1994 | Current | | | | | | | |
| | | 10. Berkeley Square Investment Co Ltd | Financial | Direct | 10. Chief Executive Officer (Shareholder) | 1999 | Current | | | | | | | |
| | | 11. Wixams Parish Council | Non-financial personal | Direct | 11. Chair and Parish Councilor | 2015 | Current | | | | | | | |
| | | 12. Lakeview Village Hall, Wixams | Non-financial personal | Direct | 12. Chair and Hall Councilor | 2021 | Current | | | | | | | |
| | | 13. Wixams Newsletter | Non-financial personal | Direct | 13. Editor | 2023 | Dec-23 | | | | | | | |
| | | 14. Houghton Conquest Parish Council | Non-financial personal | Direct | 14. Parish Concilor | 2023 | Current | | | | | | | |
| | | 15. Bedford Credit Union | Non-financial personal | Direct | 15. Director | 2021 | Current | | | | | | | |
| | | 16. Our Future Health | Indirect | Indirect | 16. Brother is CEO and Chief Medical Officer | 2022 | Current | | | | | | | |
| BATTY Margaret | Non-Executive Director and Chair of the Population Health & Patient Experience Committee (Quality & Performance) | 1. South West Ambulance Service NHS Foundation Trust | Financial | Direct | 1. Non-Executive Director | Sep-21 | Current | Standing declarations – actions to be taken as deemed appropriate if conflict identified | 10-Jan-24 | Member | | Chair | | |
| | | 2. AGE International | Non-financial personal | Direct | 2. Trustee of the Charity | 2017 | Current | | | | | | | |
| BROUGHTON Nick | Interim BOB ICB Chief Executive Officer (as of 01.07.2023) | 1. Oxford Health NHS Foundation Trust | Financial | Direct | 1. Chief Executive | 12-Jun-20 | | | 04-Jan-24 | | | | | |
| | | 2. University of Oxford | Non-financial professional | Direct | 2. Honorary Fellow of the Department of Psychiatry | 01-Jul-20 | 30-Jun-23 | | | | | | | |
| | | 3. Oxford Academic Health Partners (formerly Oxford Academic Health Science Centre) | Non-financial professional | Direct | 3. Board Member | Jun-20 | | | | | | | | |
| | | 4. Oxford Academic Health Partners (formerly AHSN) | Non-financial professional | Direct | 4. Board Member – Oxford Academic Health Partners (AHSN) | 2023 | | Standing declarations – actions to be taken as deemed appropriate if conflict identified | | | | | | |
| | | 5. Oxfordshire Health & Wellbeing Board | Non-financial professional | Direct | 5. Member | Jun-20 | | | | | | | | |
| | | 6. Buckinghamshire Health & Wellbeing Board | Non-financial professional | Direct | 6. Member | Jun-20 | | | | | | | | |
| | | 7. Thames Valley Academic Health Science Network | Non-financial professional | Direct | 7. Member | Jun-20 | | | | | | | | |
| | | 8. Action for Families Enduring Criminal Trauma (AFFECT) | Non-financial personal | Direct | 8. Patron | Jun-20 | | | | | | | | |
| | | 9. Charlie Waller Trust (mental health charity) | Non-financial personal | Direct | 9. Trustee | 2023 | | | | | | | | |
| | | 10. Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care Board (ICB). | Non-financial professional | Direct | 10. Partner Member for Mental Health. | Jul-22 | | | | | | | | |
| | | 11. Unloc Advisory Board for 2023 | Non-financial professional | Direct | 11. Member | Apr-23 | | Working alongside industry professionals to apply knowledge and experience to advise Unloc (an education non-profit helping schools, colleges and organisations inspire and empower young people through programmes in entrepreneurship, leadership, career pathways and student voice). Not a remunerated position. Will not be part of commissioning decisions involving the Trust procuring any work or services from Unloc whilst a member of their Advisory Board. | | | | | | |
| | | 12. Green Templeton College | Non-financial professional | Direct | 12. Associate Fellow | Jan-24 | | Standing declarations – actions to be taken as deemed appropriate if | | | | | | |

| Name | Current position(s) held in the ICB | Declared Interest<br>(Name of the organisation and nature of business) | Type of interest | Is the interest direct or indirect<br>(including details of the relationship with the person who has the interest where indirect) | Nature of Interest | Date of interest<br>From | <br>To | Action taken to mitigate risk | Last Review/ Update | Audit & Risk Committee | People Committee | Population Health & Patient Experience Committee | Place & System Delivery Committee | System Productivity Committee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 13. University of Oxford | Non-financial professional | Direct | 13. Member of the Department of Psychiatry | Jan-24 | | conflict identified | | | | | | |
| de CAUX Rachael<br>(see note below) | Chief Medical Officer | 1. Royal Berkshire NHS Foundation Trust | Non-financial professional | Direct | 1. Substantive Emergency Medicine Consultant | Feb-12 | Current | Standing declarations – actions to be taken as deemed appropriate if conflict identified | 16-Jan-23 | **Attendee** | **Member** | **Member** | | |
| | | 2. NHSE SE | Non-financial personal | Indirect | 2. Husband is Director of Performance | Nov-22 | Current | | | | | | | |
| CORSER Rachel | Chief Nursing Officer | 1. The Grange School, Aylesbury | Non-financial personal | Indirect | 1. Associate Governor | Mar-23 | Current | Standing declaration- actions to be taken if deemed appropriate | 10-May-23 | | **Member** | **Member** | | |
| | | 2. Burdett Nursing Trust | Non-financial professional | Direct | 2. Trustee | Sep-21 | Current | Standing declaration- actions to be taken if deemed appropriate | | | | | | |
| GAVRIEL George (Dr) | *Primary Medical Services Partner Member, BOB ICB Board* | 1. The Swan Practice - Buckinghamshire | Financial | Direct | GP Partner | Sep-15 | Current | Standing Declaration - actions to be taken as deemed appropriate if conflict identified | 04-Aug-23 | | | | | |
| | | 2. The Swan Network | Financial | Direct | Accountable Clinical Director | Apr-21 | Current | As above | 04-Aug-23 | | | | | |
| | | 3. Buckinghamshire GP Provider Alliance | Financial | Direct | Director | Jul-22 | Current | As above | 04-Aug-23 | | | | | |
| | | 4. Gavriel Professional Services Ltd | Financial | Direct | Director | Oct-22 | Current | As above | 04-Aug-23 | | | | | |
| | | 5. League of Friends, Bucks Community Hospital | Non-financial professional | Direct | GP Member | Apr-21 | Current | As above | 04-Aug-23 | | | | | |
| | | 6. RCGP - Thames Valley Leaderhip and Management Course | Non-financial professional | Direct | Course Organiser and Facilitator | Nov-17 | Current | As above | 04-Aug-23 | | | | | |
| | | 7. Thames Valley Professional Support and Wellbeing Service | Indirect Interest | Indirect | Spouse - Associate Director | Sep-21 | Current | None | 04-Aug-23 | | | | | |
| IRANI Minoo | Member for Mental Health, BOB ICB Board | 1. Royal College of Paediatrics and Child Health Invited Reviews Programme | Financial | Direct | 1. Clinical Reviewer | Jan-23 | Current | Standing Declaration- actions to be taken as deemed appropriate if conflict identified | 03-Jan-24 | | | | | |
| | | 2. Berkshire Healthcare NHS Foundation Trust | Financial | Direct | 2. Medical Director | Nov-15 | Current | | | | | | | |
| | | 3. Health Innovation Oxford and Thames Valley *(previously Oxford AHSN)* | Non-financial professional | Direct | 3. Board member; Co-Chair, Community Involvement and Workforce Innovation Group | 2016 | Current | *N/A Term ended* | | | | | | |
| | | | | | *Chair Mental Health Steering Group* | *2016* | *Nov-23* | | | | | | | |
| | | 4. NHS England | Non-financial personal | Indirect | 4. Spouse is employed by NHSE & currently on secondment as Neonatal Programme Manager in the National team. | Mar-22 | Current | | | | | | | |
| | | 5. Medico-Legal and Expert Witness providers | Financial | Direct | 5. Medico-Legal and Expert Witness instructed work. My work for various expert witness providers. | 02-Jan-24 | Current | | | | | | | |
| *KHAN Javed LEFT BOB ICB 29/02/2024)*<br><br>*(extended leave of absence from 03/04/2023 to 29/02/2024)* | *Chair BOB ICB*<br><br>*(extended leave of absence from 03/04/2023 to 29/02/2024)* | *1. BABBU Limited (technology start-up company)* | *Financial* | *Direct* | *1. Non-Executive Director* | *Jan-22* | *Current* | *Standing declaration – actions to be taken as deemed appropriate if conflict identified* | *22-Jun-22* | | ***Member*** | | ***Member*** | |
| | | *2. Guy's and St Thomas NHS Foundation Trust* | *Financial* | *Direct* | *2. Non-Executive Director* | *Jan-22* | *Current* | | | | | | | |
| | | *3. New Day* | *Financial* | *Direct* | *3. Non-Executive Director* | *Mar-22* | *Current* | | | | | | | |
| | | *4. Grosvenor HART Housing Association* | *Financial* | *Direct* | *4. Non-Executive Director* | *Jan-22* | *Current* | | | | | | | |
| | | *5. Buckinghamshire Mental Health Service* | *Non-financial personal* | *Indirect* | *5. Daughter is a service user of mental health support in Buckinghamshire* | *Dec-21* | *Current* | | | | | | | |
| *MACDONALD Neil* | *Chief Executive Officer, Buckinghamshire Healthcare NHS Trust (Partner Members - NHS Trusts)* | *1. Buckinghamshire Healthcare NHS Trust* | *Financial* | *Direct* | *1. Chief Executive Officer,* | *Jan-19* | *Current* | *Standing declaration – actions to be taken as deemed appropriate if conflict identified* | *17-Jan-23* | | | | | |
| | | *2. Marlow Medical Group* | *Non-financial personal* | *Indirect* | *2. Spouse is Managing Partner* | *Jan-16* | *Current* | | | | | | | |
| | | *3. FedBucks ( Bucks Primary Care Federation)* | *Non-financial personal* | *Indirect* | *3. Spouse is Chair* | *Jan-16* | *Current* | *Standing delcaration- COI management letter on file* | | | | | | |
| | | *4. Wooburn Green Primary Care Network* | *Non-financial personal* | *Indirect* | *4. Spouse is Accoutable Clinical Director* | *Apr-19* | *Current* | | | | | | | |
| McMANUS Steve | NHS Trust/Foundation Trust Partner Member | 1. Royal Berkshire NHS Foundation Trust (RBFT) | Financial | Direct | 1. Chief Executive | | | Standing declaration – actions to be taken as deemed appropriate if | 01-Oct-22 | | | | | |

| Name | Current position(s) held in the ICB | Declared Interest (Name of the organisation and nature of business) | Type of interest | Is the interest direct or indirect (including details of the relationship with the person who has the interest where indirect) | Nature of Interest | Date of interest From | Date of interest To | Action taken to mitigate risk | Last Review/ Update | Audit & Risk Committee | People Committee | Population Health & Patient Experience Committee | Place & System Delivery Committee | System Productivity Committee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Partner Member | 2. Oxfordshire Academic Health Science Network (AHSN) | Non-financial professional | Direct | 2. Chair | | | conflict identified | | | | | | |
| | | 3. Oxfordshire AHSN Board | Non-financial professional | Direct | 3. Member | | | | | | | | | |
| | | 4. Cogentis Ltd | Non-financial professional | Direct | 4. Member | | | | | | | | | |
| | | 5. League of Friends, RBFT | Non-financial professional | Direct | 5. Vice President | | | | | | | | | |
| METCALFE Matthew | Chief Finance Officer | None | N/A | N/A | N/A | N/A | N/A | N/A | 10-May-23 | | | | | |
| NOLAN Tim | Non-Executive Director and Chair of the System Productivity Committee (Finance & Resources) | 1. Royal Marsden NHS Foundation Trust | Non-financial professional | Direct | 1.Governor | May-19 | Current | Standing declarations – actions to be taken as deemed appropriate if conflict identified | 09-Jul-23 | | **Member** | | | **Member** |
| | | 2. Labour and Co-operatives political parties | Non- financial personal | Direct | 2. Member | Jul-23 | Current | | | | | | | |
| RAVE Aidan | Non-Executive Director and Senior Independent Director and Chair of the Place & Organisational Development Committee | 1. Bell Paul Ltd | Financial | Direct | 1. Shareowner (50%) | Aug-14 | Current | Standing declarations – actions to be taken as deemed appropriate if conflict identified | 04-Oct-23 | **Member** | | | **Member** | |
| | | 2. Ernst & Young | Financial | Direct | 2. Ad hoc consultancy role (none undertaken since March 2020) | Aug-14 | Current | | | | | | | |
| | | 3. Good Governance Institute (professional services LLP) | Financial | Direct | 3. Principle Consultant | Jul-22 | Current | | | | | | | |
| | | *4. Zest Ltd (EV Charging infrastructure)* | *Financial* | *Direct* | *4. Advisor* | *Jul-22* | *31/07/2023* | | | | | | | |
| | | 5. Royal Society of Arts | Non-financial professional | Direct | 5. Fellow | 2010 | Current | | | | | | | |
| SCAVAZZA Sim | Non-Executive Director and Acting Chair of BOB ICB. | 1. Imperial College Healthcare Trust | Financial | Direct | 1. Non-Executive Director and Chair of People Committee | Oct-20 | Current | Standing declarations – actions to be taken as deemed appropriate if conflict identified | 13-Sep-23 | | **Chair** | **Member** | **Member** | |
| | | 2. London North West University Hospital | Financial | Direct | 2. Non-Executive Director (as part of the NWL Acute Provider collaborative) | Oct-20 | Current | | | | | | | |
| | Chair of People Committee ICB Freedom to Speak Up (FTSU) Guardian | 3. NHS Providers | Financial | Direct | 3. Advisor on Race Equality | Jun-21 | Current | | | | | | | |
| | | 4. Newcross Healthcare (Private) | Financial | Indirect | 4. Partner is CIO/CTO. They supply the NHS with some agency staff) | Jan-21 | Current | | | | | | | |
| | | 5. Seacole Group | Non-financial personal | Direct | 5. Member (NHS black Asian and minority ethnic Non-Executive Director) | Mar-20 | Current | | | | | | | |
| | | 6. Royal Society of Arts | Non-financial personal | Direct | 6. Member/Fellow | 2018 | Current | | | | | | | |
| | | 7. Smart Works, registered UK Charity | Non-financial personal | Direct | 7. Trustee | May-22 | Current | | | | | | | |
| | | 8. National Saturday Club, registered UK Charity | Non-financial personal | Direct | 8. Trustee | Jul-22 | Current | | | | | | | |
| | | 9. Office of the Independent Adjudicator for Higher Education, England and Wales | Financial | Direct | 9. Chair | Oct-23 | Current | | | | | | | |
| SHIMMIN Rachael | Local Authority Member, BOB ICB ( Local Government CEO Representative) | 1. Buckinghamshire Council | Financial | Indirect | 1. Chief Executive Officer, Buckinghamshire Council | Apr-20 | Current | | 11-Jul-23 | | | | | |
| | | 2. Helena Kennedy Trust | Non-financial professional | Indirect | 2. Trustee | 2022 | Current | | | | | | | |
| | | 3. ALACE | Non-financial professional | Indirect | 3. Board Member | 2020 | Current | | | | | | | |

**NOTES:**

From 2016 to 2017 Rachel de Caux was Executive Medical Director at Four Eyes Insight Ltd. Due to this previous association, should a procurement exercise take place involving Four Eyes, the Chief Medical Officer would not participate.

**A conflict of interest is defined as "a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.**

**BOB ICB Non-Board Member Directors - Declarations of Interest**

**12 March 2024**

| Name | Current position(s) held in the ICB | Declared Interest (Name of the organisation and nature of business) | Type of interest | Is the interest direct or indirect (including details of the relationship with the person who has the interest where indirect) | Nature of Interest | Date of interest From | Date of interest To | Action taken to mitigate risk | Last Update | Audit & Risk Committee | People Committee | Population Health & Patient Experience Committee | Place & System Delivery Committee | System Productivity Committee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ADAIR Sarah | Acting Director of Communications & Engagement | None | N/A | N/A | N/A | N/A | N/A | N/A | 20/11/2023 | | | | | |
| *BHAMBER Raj- (LEFT BOB ICB Nov 2023)* | *Interim Chief People Officer* | *Commenced role 14/08/2023 DOI requested. LEFT BOB ICB Nov 2023* | | | | | | | *N/A* | | *Member* | | | |
| CORRIGAN Caroline | Interim Chief People Officer | 1.NHS Frimley Integrated Care Board | Financial | Direct | 1. Employed (substantively) as Chief People Officer | 1. 01/11/2023 | Current | Standing declration | 06 November 2023 | | | | | |
| IQBAL Hannah | Chief Strategy & Partnerships Officer | None | N/A | N/A | N/A | N/A | N/A | N/A | 11 August 2023 | | | | | |
| MOUNTFORD Catherine | Director of Governance | 1. Bouygues UK<br>2. Mitie - Oxford University NHS Foundation Trust | Non-financial personal<br>Non-financial personal | Indirect<br>Indirect | 1. Daughter is employed by Boygues as a helpdesk advisor at the Oxford University Hospitals NHS Foundation Trust.<br>2.Daughter is employed by Mitie (via an agency) as Quality and Compliance at the Coordinator Oxford University Hospitals NHS Foundation Trust | Oct-20<br>Aug-23 | Aug-23<br>Current | Standing declarations – actions to be taken as deemed appropriate if conflict identified | 31 January 2024 | **Attendee** | | | | |
| OTLEY-GROOM Victoria | Chief Digital & Information Officer (CDIO) | 1. Cricket Green Medical Practice<br>2. East Merton Primary Care Netwrok (PCN)<br>3. SWL ICS Mental Health Commissioning<br>4. Ernst and Young UK and I | Indirect<br>Indirect<br>Indirect<br>Indirect | Indirect<br>Indirect<br>Indirect<br>Indirect | 1. Spouse is a partner<br>2. Spouse is chair<br>3. Spouse is Clinical Commissioning Lead for Adults and CAMHS<br>4. Sister is a director | 1. 1995<br>2. 1995<br>3. 2000<br>4. 2005 | Current<br>Current<br>Current<br>Current | Standing declaration – actions to be taken as deemed appropriate if conflict identified | 10-Nov-23 | | | **Member** | | **Member** |
| TAIT Matthew | Chief Delivery Officer | 1. Cyclability- recieves funding from Active Oxford | Indirect | Indirect | 1. Spouse is Director of "Cyclability" which is a CIC providing inclusive cycling services in Oxford. The organisation has a relationship and receives funding from Active Oxford. There is a relationship between Active Oxford and the ICB in terms of health inequalities priorities and potential funding.<br>As we start to work through planning priorities for 2024/25. I have taken the view that this should be a declared potential conflict from the 05/02/2024. My wife has been a director since 13/02/2023. | 1. 13/02/2023 | Current | Standing declaration – actions to be taken as deemed appropriate if conflict identified | 05 February 2024 | | | | **Member** | **Member** |

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

# BOB ICB BOARD MEETING

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|---|---|---|---|
| **Title** | Patient Story – We Can't Wait | | |
| **Paper Date:** | 29 February 2024 | **Meeting Date:** | 19 March 2024 |
| **Purpose:** | Information and Discussion | **Agenda Item:** | 06 |
| **Author:** | Nick Hanson-James, Quality Improvement Manager LD & Autism Programme; Niki Cartwright, Director of Vulnerable People's Services. | **Exec Lead/ Senior Responsible Officer:** | Rachael Corser, Chief Nursing Officer |

## Executive Summary

**My Life, My Choice** is an Oxfordshire based Learning Disability self-advocacy organisation.

My Life My Choice will present a video called 'We Can't Wait'. This video serves to underline health inequalities experienced by people who have a learning disability.

Experts by Lived Experience will describe the difficulties of waiting for ongoing health care while living with the considerable challenges of already experiencing health inequalities because of living with a Learning Disability.

**Link to video**: We Can't Wait - My Life My Choice

## Action Required

The Board are asked to:

- Listen to the voices of our service users and their lived experience.
- Reflect on the challenges faced by a group of people who are recognised as being subject to considerable health inequalities.
- Discuss how the ICB can work with system partners to minimise the challenges and reduce health inequalities for people with a Learning Disability.

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| **Conflicts of Interest**: | No conflict identified. |

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| **Date/Name of Committee/ Meeting, Where Last Reviewed:** | N/A |

# We Can't Wait

## Context

1. The median age of death for people with learning disabilities is 60 for men and 59 for women. This is significantly less than the 83 for men and 86 for women in the general population: the difference in age of death between people with a learning disability and the general population is 23 years for men and 27 years for women, constituting a large health inequality for people with a learning disability.

2. People with a learning disability are four times more likely to die of a preventable or avoidable cause (e.g. aspiration pneumonia or constipation) than members of the general public.

3. Access barriers also prevent people with a learning disability from getting good quality healthcare. These include:
   - A lack of *accessible* transport links.
   - Patients not being identified as having a learning disability.
   - Staff having little understanding about learning disability.
   - Failure to recognise that a person with a learning disability is unwell.
   - Failure to make a correct diagnosis.
   - Anxiety or a lack of confidence for people with a learning disability.
   - Lack of joint working from different care providers.
   - Not enough involvement allowed from carers.
   - Inadequate aftercare or follow-up care.

4. The Oxfordshire self-advocacy organisation for people with a learning disability, **My Life My Choice** have made a video to highlight these challenges from a lived-experience perspective, and to raise awareness of their current campaign **We Can't Wait**.

## We Can't Wait

5. The **We Can't Wait** campaign raises awareness about these existing difficulties for people with learning disabilities, with the additional challenges of increased post-pandemic waiting lists for services. The campaign is proposing that people with a learning disability should be prioritised on waiting lists to access treatment earlier and reduce health inequalities.

6. The campaign has already received the backing of Oxfordshire County Council (who funded the making of this video) several NHS providers and Learning Disability England**. My Life My Choice** are currently developing the campaign, along with several other advocacy groups, to be launched at national level.

## Asks of the Board

- How can the ICB support this initiative as an element of wider work to reduce health inequalities for people with health inequalities in BOB?
- How can the ICB use this campaign to assist wider system working and co-production around <u>all</u> health inequalities in the ICB.

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# BOARD MEETING

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|---|---|---|---|
| **Title** | Chair's Report | | |
| **Paper Date:** | 6 March 2024 | **Board Meeting Date:** | 19 March 2024 |
| **Purpose:** | Discussion | **Agenda Item:** | 07 |
| **Author:** | Sim Scavazza, Acting Chair | **Exec Lead/ Senior Responsible Officer:** | Sim Scavazza, Acting Chair |

**Executive Summary**

This new report aims to provide an update for the Board on the engagement and work undertaken by the Chair of BOB ICB. The Chair plays a key role within the Integrated Care System alongside the CEO. This update is intended to be more systems-focused as opposed to the ICB alone. The report will incorporate reflections on Board effectiveness and any major updates on ICB and systems' Governance.

**Action Required**

The board is asked to note this update.

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| **Conflicts of Interest**: | Conflict noted: conflicted party can remain and participate in discussion. |

This report contains information relating to organisations that partner members of the Board lead/are employed by. The perspective of these members is an important aspect to enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.

# Chair's Report

## Convening and Engaging

1. We were delighted to sign the BOB Smoke Free pledge in Aylesbury on 26 February 2024, signalling our commitment to the programme across our geographies.

### *Integrated Care Partnership*

2. The Integrated Care Partnership (ICP) meeting took place in Aylesbury on 17 January 2024 the day after the last ICB Board Meeting (the papers are available here). We have organised the diary to allow both meetings take place after one another, to ensure cohesion and a good flow of relevant detail between the Boards.
3. The development of the ICP continues and we facilitated a presentation from the NHS Confederation which shared best practice and learnings from around the country. Some of the recommendations will be considered at the next meeting.
4. The system goals were discussed and presented with good feedback on their relevance and focus.
5. The call for patient and citizen engagement was raised and the ICB will lean heavily on the Local Authorities for their guidance in reaching our population.
6. We also had a presentation from Rachael de Caux, our Chief Medical Officer, on the Primary Care strategy which was welcomed. The fact that that Primary Care (GP, Pharmacists, Dentists, Optometrists) is *not* run by the NHS, but rather is a conglomeration of private businesses contracted by the NHS, is not always clear to everyone. Whist the strategy is being driven by the ICB the delivery and implementation relies on the goodwill and agreement of those private businesses.

### *Voluntary, Community and Social Enterprise (VCSE)*

7. I had a one-to-one meeting with William Butler, Chair of the BOB VSCE Alliance where we discussed ensuring that the MOU is fit for purpose going forward, and that it dovetails with the current 2024/5 System Goals. We agreed there were good working relationships at ICB level, with the Alliance Director, Stephen Barnett attending both the System People and Population Health Board sub committees.
8. An area of focus needs to be at Place/Neighbourhood level where there is a variance in working practices and true collaboration.
9. These meetings with the VCSE Chair will take place monthly to ensure the development and continued success of the working partnerships.

### *NHS England networks*

10. I attended an NHSE Chair event in London on 28 February which was a gathering for all ICB and Trust Chairs. The focus was very much on productivity, the financial position and operational targets, improvement (NHS Impact), patient safety, and leadership with a clear emphasis on the Acute sector. Very little attention given to ICSs, prevention, mental health, community or children and young people.
11. Recruitment is under way for a national medical director for mental health, which suggests growing focus for NHSE.
12. The two greatest issues for the public cited as co-ordination of care and the continuity of care.

13. The most uplifting presentation was given by Dr Vin Diwaker, National Director of Transformation who talked about the future and how automation will drive capacity and improve capability for our workforce. Interesting points to note:
    a. By 2026 all Acute Providers will have an Electronic Patient Record system in place.
    b. The Federated Data platform will be revolutionary, as it sits above all our other Trust systems, bringing more transparency and data to enable improvement operationally.
    c. 75% of the UK population has downloaded the NHS App. We need to continue to promote the uptake since it is the gateway to many services and future care co-ordination. It will eventually provide screening for primary care and triage for secondary care.

### *Engagement*

14. At the end of February, I did an interview with BBC Radio Berkshire discussing my background and the role of ICSs. I mentioned the Primary Care Strategy consultation taking place and directed people to our website for more information.

15. I was part of a three three-person panel webinar hosted by the Good Governance Institute (GGI) and Chaired by ICB NED Aidan Rave: "Forget the Structure- it's the People". A write up/reflection of the discussion is available here.

## Development and Learning – Effective Governance

16. The ICB Board members attended the last of three Board development sessions at Henley Business School in February. The outputs have helped us to focus on the key issues and we will continue to make improvements in focus and communicating the value add and role of the ICB both internally and externally.

## System Governance

17. Nick and I attended the private Board sessions of each of our six Provider Trusts over the course of January and February. This is the first time the ICB had addressed any of the Boards. We used the short time to introduce ourselves and the ICB to the independent NEDs and other Executives, with enough time for a few questions.

18. This also presented an opportunity to remind colleagues about the Governance in System development session taking place on 15 March. This is a new event where Board colleagues from across the Provider Trusts will gather to explore how Provider NEDs can contribute to system working and governance. ICB NEDs will attend with Provider Chairs, NEDs, CEOs, Lead Governors and Governance directors. Andrew Corbett Nolan from the GGI will make a keynote speech and we will use GGI methodology to work through some Governance scenarios. We have had excellent take up of the invitation so far with the event taking place in Reading.

19. The bi-monthly Provider Chair meeting took place at the end of January where we discussed the slow development of the Acute Provider Collaborative. We agreed that there is still work to be done on the structure of the Collaborative and the culture of trust before meaningful outcomes can be relied upon.

20. I wrote to the Chairs of the Acute Providers this month due to a deteriorating performance in urgent and emergency care (ED waits) and 78 week waits.

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# BOARD MEETING

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|---|---|---|---|
| **Title** | Chief Executive and Directors Report | | |
| **Paper Date:** | 8 March 2024 | **Meeting Date:** | 19 March 2024 |
| **Purpose:** | Information | **Agenda Item:** | 08 |
| **Author:** | Executive Team; Dr Nick Broughton, Interim CEO | **Exec Lead/ Senior Responsible Officer:** | Dr Nick Broughton, Interim CEO |

**Executive Summary**

This report provides an update for the Board on key topics and items for escalation since the meeting in public on 16 January 2024 that are not covered in other items on the agenda.

**Action Required**

The board is asked to note this update.

| | |
|---|---|
| **Conflicts of Interest**: | Conflict noted: conflicted party can remain and participate in discussion. |

This report contains information relating to organisations that partner members of the Board lead/are employed by. The perspective of these members is an important aspect to enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.

# Chief Executive and Directors' Report

## Context

1. This report aims to update the Board on key topics of relevance in the Integrated Care System (ICS) and items for escalation. The main emphasis will be on areas that are not covered in other items on the agenda or those that focus on the importance of our work in convening partners.

## Integrated Care Board – our people

### *Change Programme*

2. In January we shared our plans to revise the ICB's operating model to ensure that the ICB continues to maximise the benefits of scale and operates as efficiently and effectively as possible. Since then, we have developed the detail of the activities our functional areas will complete, and the skills and capabilities we need to do this. This has informed the design of the team structures we need in the ICB, and we are currently in the process of finalising these.
3. The ICB's future operating model will require us to work more closely with partners, ensuring functions are delivered in the right place to meet the needs of patients and residents. Therefore, alongside regular communications with staff, we have also been engaging with our system partners on the proposed model and their role in it.
4. To gather feedback on the new operating model, the ICB expects to consult with its staff during the first quarter of the new financial year, with the launch of the new model planned for the third quarter.

### *ICB Leadership Forum*

5. A fantastic team of enthusiastic volunteers from across the ICB ran a leadership development day on 26 February for senior ICB staff as part of the leadership strand of the ICB's organisational development programme. The aim of the day was to connect, develop and shape the ICB's culture together as leaders.
6. The theme was Emotionally Intelligent (EI) leadership. The morning focussed on internal reflection and personal development with contributions from the Chair and me, a session on Goleman's theory of EI in Leadership, and an address by Maggie Woods from NHS England regarding the importance of compassionate leadership.
7. Feedback so far following the day has been very positive. The team hope to run further events to support and develop our staff in the complex work of system leadership.

### *Staff Survey 2023*

8. The results of our Staff Survey were released on 7 March. The headline findings unfortunately indicate that staff experience in BOB ICB has not seen significantly improvement over the last 12 months.
9. We are currently in the process of reviewing the detailed findings for the organisation and by directorate. We will discuss these with our Staff Partnership Forum, in directorate meetings and at the ICB People Committee.
10. The survey highlights the need for us to re-energise the existing Organisation Development and Wellbeing (WILD) action plan in collaboration with managers, staff networks and the staff partnership forum with the expectation that this will generate the improvements in staff experience required over the next 12 months.

### *Freedom to Speak Up*

11. Through the executive team and ICB People Committee we have agreed our approach to appointing and supporting Freedom to Speak Up guardians for the ICB. We asked current staff to express an interest in the guardian roles and I am delighted to report that we have now appointed three members of staff to be guardians, namely:
    - Asela Ball, Quality Manager Social Care
    - Alison Chapman, Head of Safeguarding & Designated Nurse for Children and LAC (Oxfordshire)
    - Zo Woods, BOB ICS All Age Palliative and End of Life Care, Care Homes and Community Services Programme Lead
12. All three have undertaken the required national training and are working with our executive lead, Catherine Mountford, Director of Governance, to develop their approach and ensure they have the required support in place. As CEO I will now meet with the three guardians, alongside Catherine, on a regular basis.
13. Our Chair has agreed that she should not continue in the role of NED lead for Freedom to Speak Up whilst she is Acting Chair. This role is now being covered by our Acting Deputy Chair, Aidan Rave.

### *Thames Valley Cancer Alliance (TVCA)*

14. Following an options appraisal process, and in line with the revised operating model at a national level, the ICB has agreed to host the TVCA. The alliance supports cancer delivery and improvement across BOB and also covers the Great Western Hospital. It is presently formally part of NHSE.
15. This is likely to result in the transfer of 13 staff from NHSE and the function will be hosted within the delivery directorate. The posts are funded by ring fenced money held as part of the BOB ICB's service development funding allocations.

## System working – Overview

### *Industrial action*

16. Since the last meeting of the board junior doctors have undertaken a further period of industrial action. This ran for five days from 7am on Saturday 24 February 2024. The action by BMA members ended at 11.59pm on Wednesday 28 February. Members of the smaller Hospital Consultants and Specialists Union ended their action at 7am on Thursday 29 February 2024.
17. The NHS trusts affected by this five day walk out in our area were:
    - Buckinghamshire Healthcare NHS Trust (BHT)
    - Oxford University Hospitals NHS FT (OUH)
    - Oxford Health NHS FT (OH)
    - Royal Berkshire NHS FT (RBFT)
    - Berkshire Healthcare NHS FT (NHFT)
    - South Central Ambulance Service NHS FT (SCAS)
18. No patient safety mitigations were submitted.
19. Data on rescheduled activity indicates that across the BOB system 2,641 acute outpatient appointments, 341 inpatient and day case procedures, and 5 community appointments had to be rescheduled. It must be highlighted, however, that these figures are an underestimate of the full impact as they do not include the appointments and operations that were not booked at the point strike dates were announced.

### *Month 10 2023/24 Financial Plan submissions to NHSE*

20. As agreed by the Board at its meeting in January the Chair, CEO and CFO were given delegated authority to sign off our M10 financial submission.

21. The ICB position submitted (which is covered in more detail in Item 14) highlighted:
    - A deficit of £18.5m for the ten months that ended 31 January 2024.
    - Forecast deficit for the full year is £40m, with recent pressures related to TVCA funding, Continuing Healthcare/Mental Health, and elective recovery funding.
    - This compares to a £26.3m deficit plan submitted to NHSE in November last year.

22. As a system we:
    - Reported a deficit of £47.6m (before the cost of industrial action) for the ten months up until the end of January 2024.
    - Forecast deficit for the full year is now £62.9m (before the cost of industrial action).
    - Industrial action costs of have been estimated at £10.3m, this includes both direct costs and those relating to lost clinical activity.

23. This is clearly an unacceptable position and not one we wish to occupy both from an organisational and system perspective. I have agreed with all Trust CEOs that we must adopt a different approach to how we both manage and lead the system to ensure financial sustainability. The approach to this is outlined in Item 11.

### *Quality and Safety*

24. **A Joint Targeted Area Inspection (JTAI)** of our Multi-Agency Safeguarding Hub (MASH) and provision of 'front door' safeguarding services across Buckinghamshire took place over a week at the end of January.

25. Feedback from the week was encouraging and several of our services were highlighted as exemplary in terms of safeguarding processes and their approach to 'think family' including Child and Adolescent Mental Health Services (CAMHS) and the adult mental health service. There are areas of improvement which inspectors highlighted, which our partner organisations were already aware of, and plans are in place to address them.

26. We have thanked our Trusts, partners and teams for all their hard work in responding to the inspection and welcome the formal feedback from the inspectors in due course. Once we receive the final letter from the inspectors, we will share this via the usual governance routes.

27. **The National Care Quality Commission (CQC) Maternity Patient Survey on Maternity Services** was published at the end of February. This survey looked at the experiences of women and other pregnant people who had a live birth in early 2023.

28. Headlines are consistent across our three providers. Women reported:
    - Care during labour and birth and the immediate post birth period was good, women felt listened to and well cared for.
    - Their experience of antenatal care was generally good, with good access to midwives and clinics as well as being able to contact their midwife and maternity services when they needed to.
    - Post natal care in hospital was flagged as a concern, with respondents reporting call bells taking a long time to be answered and services being short staffed and very busy.
    - Delays in discharge from hospital were an issue in all 3 hospitals on account of waits for paperwork and medications.
    - A partner's ability to stay with the mother at times and for periods outside of visiting (e.g. overnight) was also flagged as a concern. Women felt they wanted their partners to be able to stay overnight to help with the care of the baby.

29. All three trusts are looking in detail at their own results and liaising with their Maternity and Neonatal Voices Partnerships (Service user groups) to use this information in tailoring service user involvement and service improvements.
30. The **CQC maternity reviews** for RBH and Horton Hospital (OUH) have recently been published.
31. Maternity services at the RBH have been rated as 'Good'. The CQC highlighted the commitment by staff in maintaining a good rating, and in particular the rating for safety which has increased from 'requires improvement' to 'Good'. The inspectors recognised the level of service provided, ensuring that women can access the service when they need it, using services such as the Trust's new 24-hour Maternity Assessment Unit.'
32. Maternity services at the Horton have been rated as "Requires Improvement". There were several areas that the inspectors noted as good practice including provision of mandatory training for all staff, the control of infection risks, protecting our most vulnerable women from abuse and staffing level. Areas of further focus that the trust must address include safety checks of emergency equipment, safety and security of medicines and adherence with policies and procedures.
33. **Martha's Rule** will be implemented from April 2024. The intention of Martha's Rule will be to ensure that patients, families, carers and staff will have round the clock access to a rapid review from a clinical care team if they are worried about a patient's condition.
34. The rule will require all NHS trusts to have 24/7 access to a rapid review from a critical care outreach team and where this is not in place, trusts must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance this will cover all inpatients in acute and specialist trusts.
35. Following the publication of the Phase 1 report into the issues raised by the **David Fuller case** in November 2023, trusts have been asked to complete a questionnaire in readiness for the next phase of the Inquiry. Responses will be collated and themed at a national level.

## Strategic system landscape

### *2024 Budget*

36. As part of the 2024 government budget the chancellor announced investment of £3.4 billion in NHS digital and technology. The funding is being spread over three years from 2025/26 and is being targeted at AI, app improvements and electronic patient records.
37. With this investment the NHS is expected to deliver productivity gains of around 2% per year (more than double the recent average). Related to this local NHS bodies, including ICBs, will be required to publish new productivity metrics.
38. We are awaiting more detail about the additional investment that would come to BOB and the attached productivity requirements.

### *BOB Joint Health Overview and Scrunty Committee (BOB JHOSC) meeting*

39. The Chair and I, with several ICB colleagues, attended the BOB JHOSC meeting on Wednesday 24 January. The papers are available here.
40. We provided an overview of the ICB, recent developments and our priorities and then took questions regarding a range of related topics.
41. Rachael De Caux (Chief Medical Officer), Abid Irfan (Director of Primary Care) and Louise Smith (Deputy Director of Primary Care) presented the draft Primary Care Strategy. This generated wide discussion, reflecting the importance of these services. Access and estates provision featured strongly in the comments. There was also positive feedback regarding the flexible dental commissioning the team have implemented to maximise access for our residents.
42. Sarah Adair (Director of Communication and Engagement) provided an update on our communications and engagement activity.

### *Visit from the Department for Levelling Up, Housing and Communities (DLUHC)*

43. At the beginning of February, we hosted a visit by the Director of the Social Housing and Resettlement Directorate of DLUHC.

44. The purpose of the visit was to show and discuss the system challenges and opportunities that exist within BOB ICB and are likely to be mirrored elsewhere. The focus was on system and organisational challenges rather than case specific issues.

45. Following a scene setting discussion with the ICB the visit included
    - Dispersed Accommodation Visit – including a housing provider led discussion.
    - GP Practice Visit – including Primary Care / Mental Health / Women's Health - Clinically led discussion with both local authority and VCSE input.
    - Kassam Hotel Accommodation – including lunch and discussion with the Local Authority and voluntary sector.

46. We then held a wrap up session with ourselves and partners. The feedback we received was very positive.

### *Recognition for BOB Pathway for Eating disorders and Autism*

47. The BOB PEACE service (the Buckinghamshire, Oxfordshire and Berkshire Pathway for Eating disorders and Autism developed from clinical experience) has been accredited by the National Autistic Society, alongside (CAMHS) eating disorder services in Buckinghamshire, Oxfordshire and Berkshire.

48. The accreditation means that the eating disorder services have been recognised as supporting and caring for autistic people in a way which supports and respects their individual autistic needs and follows a period of evaluation and assessment in late 2023.

### *Wantage Community Hospital*

49. Community inpatient beds at the hospital were temporarily closed in 2016 to patient safety concerns on account of a risk of Legionnaires Disease. In 2021 a range of pilot outpatient services at the hospital were developed. Over the past year, the ICB has worked with Oxford Health, other NHS partners and the local community to co-produce proposals to agree the future of the hospital. The Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) met on 16 January 2024 to review our proposals developed through the co-production process and provided unanimous support for the recommendations to permanently close inpatient beds and access funding to expand the range of clinic-based services in the future.

50. Building on the support from OJHOSC, Oxford Health is committed to continuing to work with the community and NHS partners to implement plans to refurbish the ground floor of the hospital through applying for community infrastructure levy funding to expand the range of clinic-based services. This will enable us to confirm the outpatient services that have been running as pilots from the hospital and develop a long-term plan for more clinics.

51. We would like to thank all staff and their families who participated in the wider public and community engagement phase of the project during Autumn 2023 which directly helped to inform and shape these final recommendations. Further updates will follow throughout the year as we progress with next steps.

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

# BOARD MEETING

| | | | |
|---|---|---|---|
| **Title** | Oxfordshire Update | | |
| **Paper Date:** | 7 March 2024 | **Board Meeting Date:** | 19 March 2024 |
| **Purpose:** | Information | **Agenda Item:** | 09 |
| **Author:** | Dan Leveson, ICB Place Director for Oxfordshire | **Exec Lead/ Senior Responsible Officer:** | Matthew Tait, Chief Delivery Officer |

**Executive Summary**

This presentation provides a brief overview of:

- The Oxfordshire context including demographics and foundations for success.
- Details about the partnership and priority populations.
- A focus on our urgent and emergency care programme and health inequalities and prevention.
- Emerging focus areas for 2024/25 and a summary of key risks and issues.

**Action Required**

The board are asked to:

- Discuss the update.
- Consider 2024/25 priorities, risks and issues as well as consider the impact and role of the partnership.

| | |
|---|---|
| **Conflicts of Interest**: | Conflict noted: Conflicted party can remain and participate in discussion. |
| Our interim CEO is seconded from a Trust within Oxfordshire. This paper is not for decision and the perspective of this member will be valuable to the Board in understanding how the partnership is developing. | |

| | |
|---|---|
| **Date/Name of Committee/ Meeting, Where Last Reviewed:** | Executive Management Committee and Place & System Development Committee receive regular Place updates. |

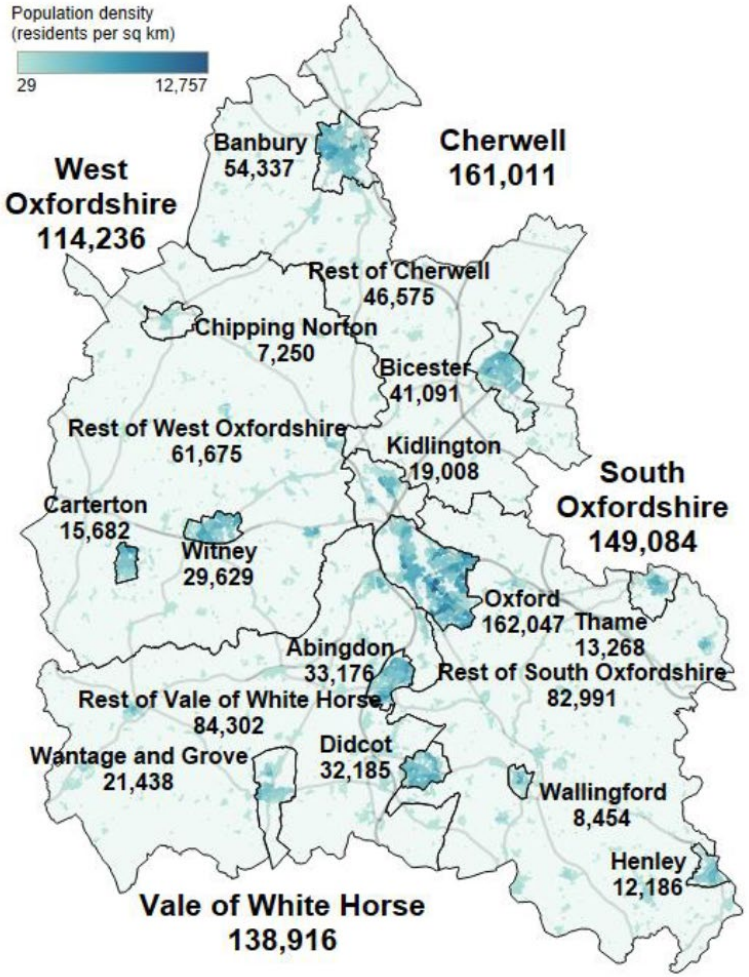
# Oxfordshire Place-based Partnership

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

Daniel Leveson
Place Director for Oxfordshire

# Oxfordshire

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System




Oxfordshire 'usual resident population', 21st Mar 2021

**725,294**

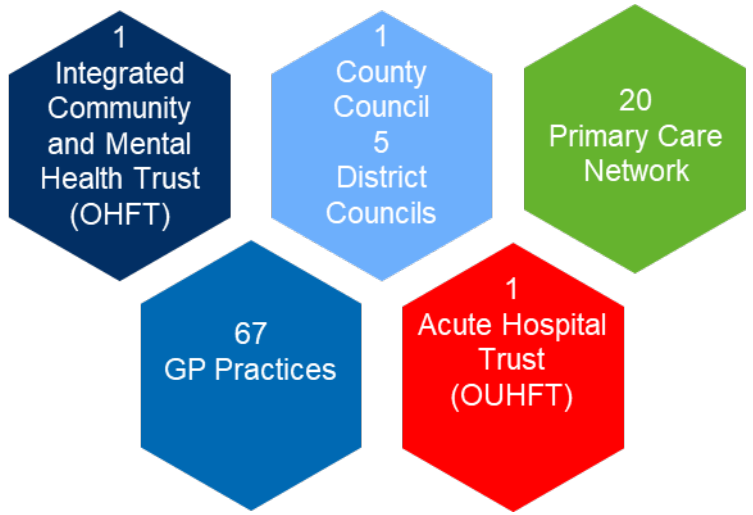
| | Census 2021 | *Urban %* |
|---|---|---|
| Cherwell | 161,011 | *71%* |
| Oxford | 162,047 | *100%* |
| South Oxfordshire | 149,084 | *44%* |
| Vale of White Horse | 138,916 | *39%* |
| West Oxfordshire | 114,236 | *46%* |
| **Oxfordshire** | **725,294** | ***62%*** |

## Oxfordshire Population

Oxfordshire is the most rural county in the South-East region and is relatively healthy compared to national averages.

However, Oxfordshire contains 17 LSOAs (Lower Layer Super Output Areas) within the two most deprived deciles nationally. These are mostly contained within 10 wards – one in Abingdon, three in Banbury and six in Oxford.

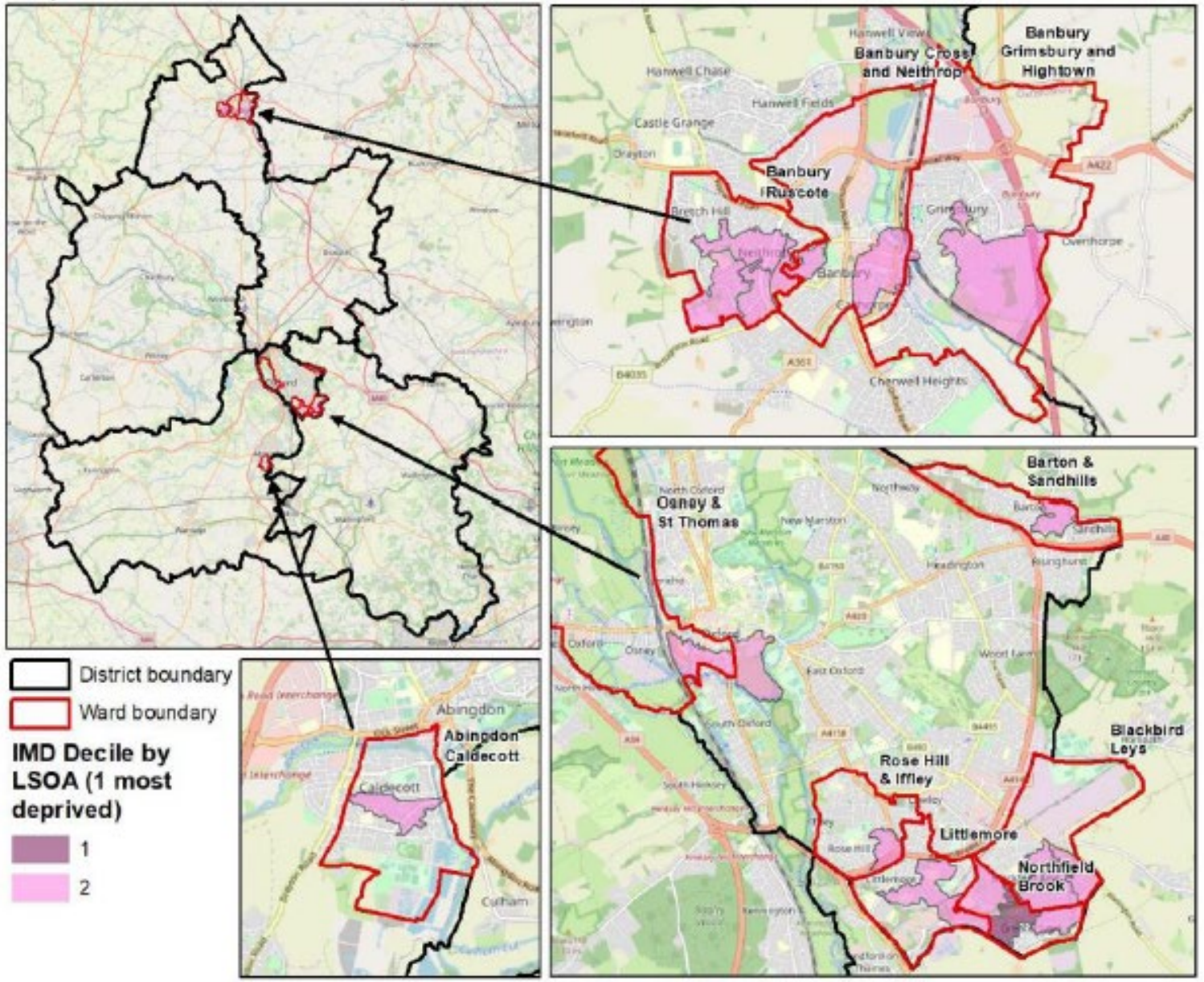
## Our Health and Care System



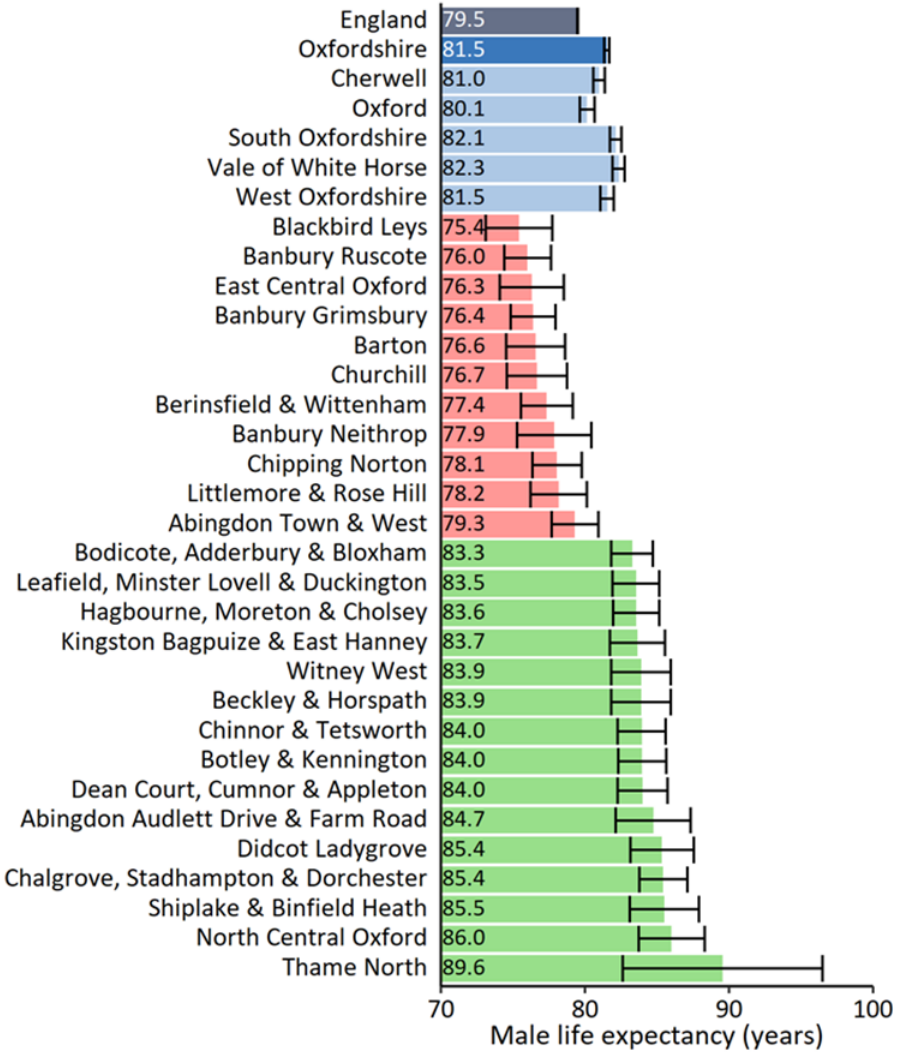
# Deprivation

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

**Map of Oxfordshire's 10 most deprived wards**




**Life expectancy at birth for males, 2016-20**
MSOAs significantly worse and better than Oxfordshire



# Oxfordshire's foundations for success

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

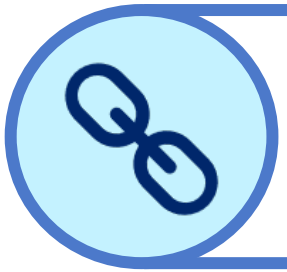
- Longstanding Section 75 Agreement between Integrated Care Board (ICB) and Oxfordshire County Council (OCC).
- Approximately £400m in pooled budget for Live Well and Age Well (including Better Care Fund).
- Health, Education and Social Care (HESC) joint commissioning team established in 2021.
- Extensive experience of leading provider collaboratives e.g. Adult Oxfordshire Mental Health Partnership between Oxford Health NHS FT (OHFT) and voluntary sector partners, specialist mental health provider collaboratives (low/medium secure; eating disorders and CAMHS tier 4) and BOB Mental Health Provider Collaborative.
- A memorandum of understanding between Oxford University Hospitals NHS FT (OUH) and OHFT is in-place outlining areas of close collaboration.
- Place-based Partnership (PBP) established as a consultative forum* with senior representation from across the health and care system.
- Leading significant changes especially in urgent and emergency care (Urgent Care Centres, Transfer of Care Hub, Hospital at Home) and Health Inequalities.

** To inform and align decisions by relevant statutory bodies in an advisory role. In this arrangement the decision of statutory bodies should be informed by the consultative forum.*

# Oxfordshire's Place-based Partnership

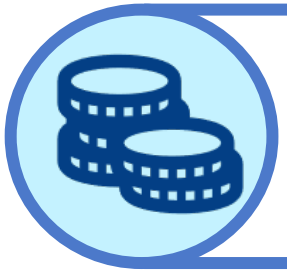
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

As leaders of health and social care we can agree how assets and resources in our system can deliver the best value care (outcomes per £). Our purpose is:



Join-up Services (simple, seamless, innovative)

Reduce Inequalities (Deprived Areas & Minority Groups)



Create a Sustainable System (best use of resources, costs & carbon)

# Maturity Matrix Self-assessment survey findings

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

| | Responses | | Percentage | |
|---|---|---|---|---|
| Rating | Nov-22 | Dec-23 | Nov-22 | Dec-23 |
| Emerging | 121 | 51 | 76% | **27%** |
| Developing | 38 | 102 | 24% | **54%** |
| Maturing | 1 | 37 | 1% | **19%** |
| Thriving | 0 | 0 | 0% | **0%** |

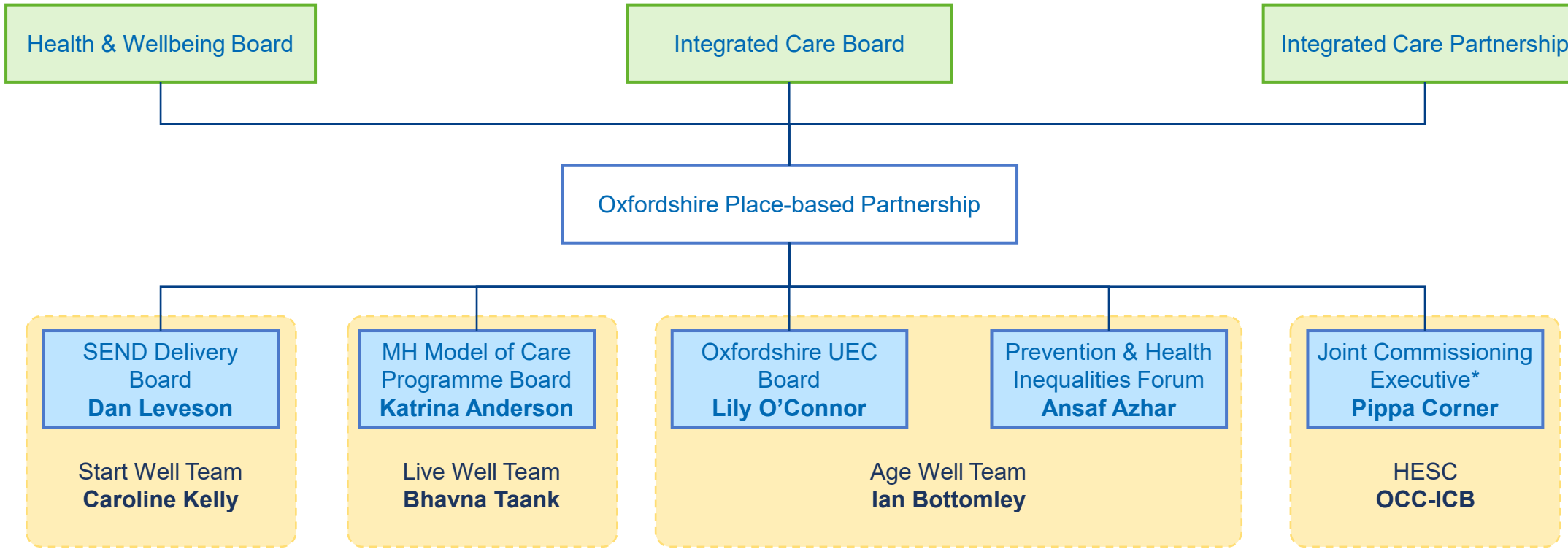
System and partnership working takes time, is deliberate and requires us to develop high levels of trust and transparency as we move from a transactional to transformation and from competitive to collaborative.

In November 2022, 76% of responses to all questions, were for ratings of "**emerging**".

In December 2023, the percentage of "emerging" responses reduced, shifting to "**developing**" (54% of all responses) and "**maturing**" (19% of all responses).

# Our *emerging* governance structure

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System




**Proposal:**

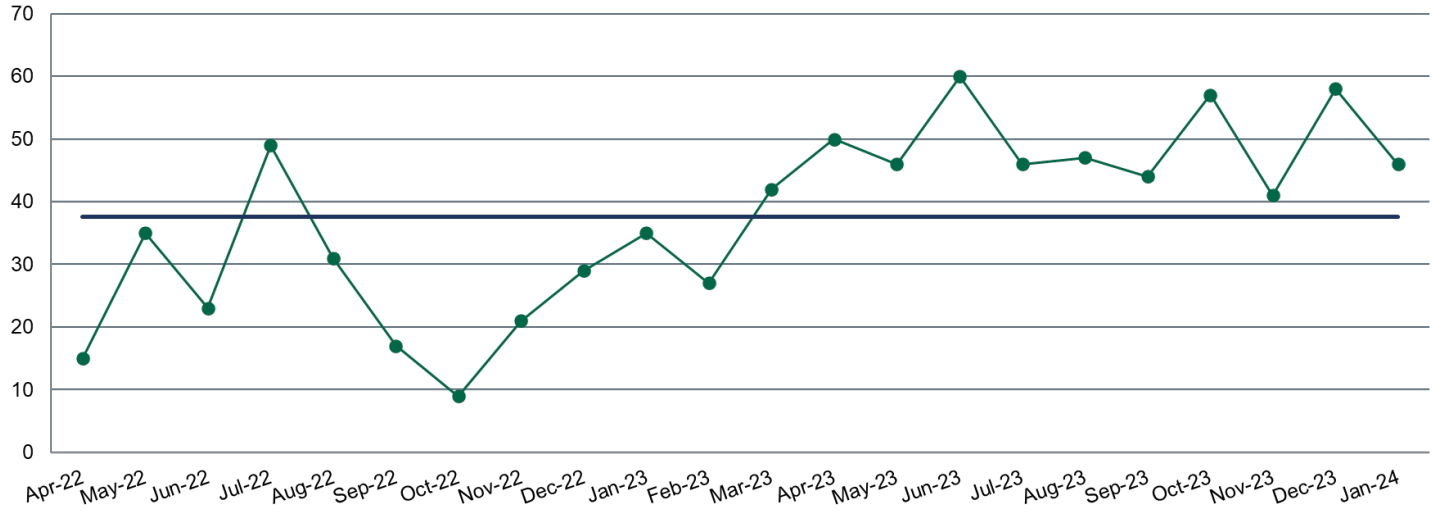
- From April extend meetings to 3-hours per month. Should consider whether we want/need development time as well (e.g. quarterly).
- Papers for discussion or decision for each of the 4 priority areas alongside JCE report. Circulated no less than 5 working days before meeting.
- AOB as required/requested.

** The Joint Commissioning Executive (JCE) is responsible for overseeing the delivery of commissioning arrangements across OCC and BOB ICB for health, education, social care commissioning for areas it holds decision-making authority and delegated responsibility. The s75 agreement governs the deployment of resources delegated to HESC by the Partners however, the scope of HESC is broader than the s75 (further information in appendix).*

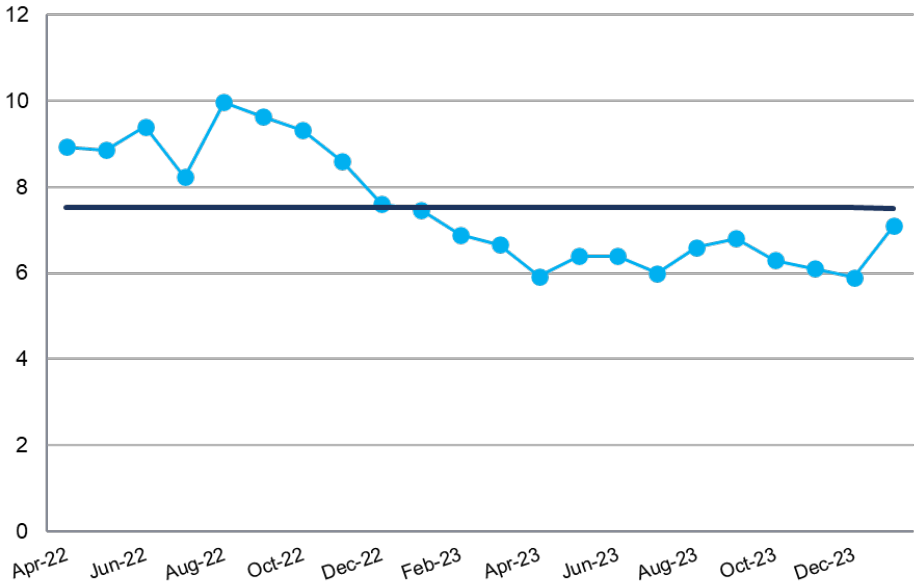
# Example UEC Impact

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

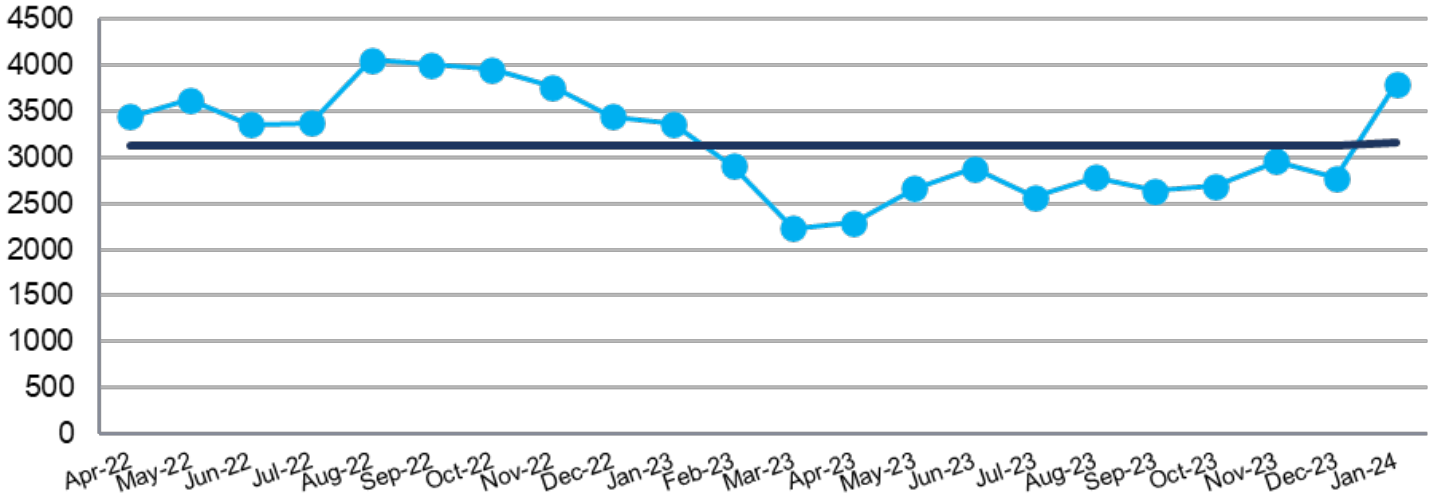
**Total number of set ups for Reablement from community referrals by Home First**




**Average days away from home for MOFD patients in acute inpatient wards**




**The total number of Acute bed days lost to patients who were medically optimised for discharge but whose discharge was delayed**

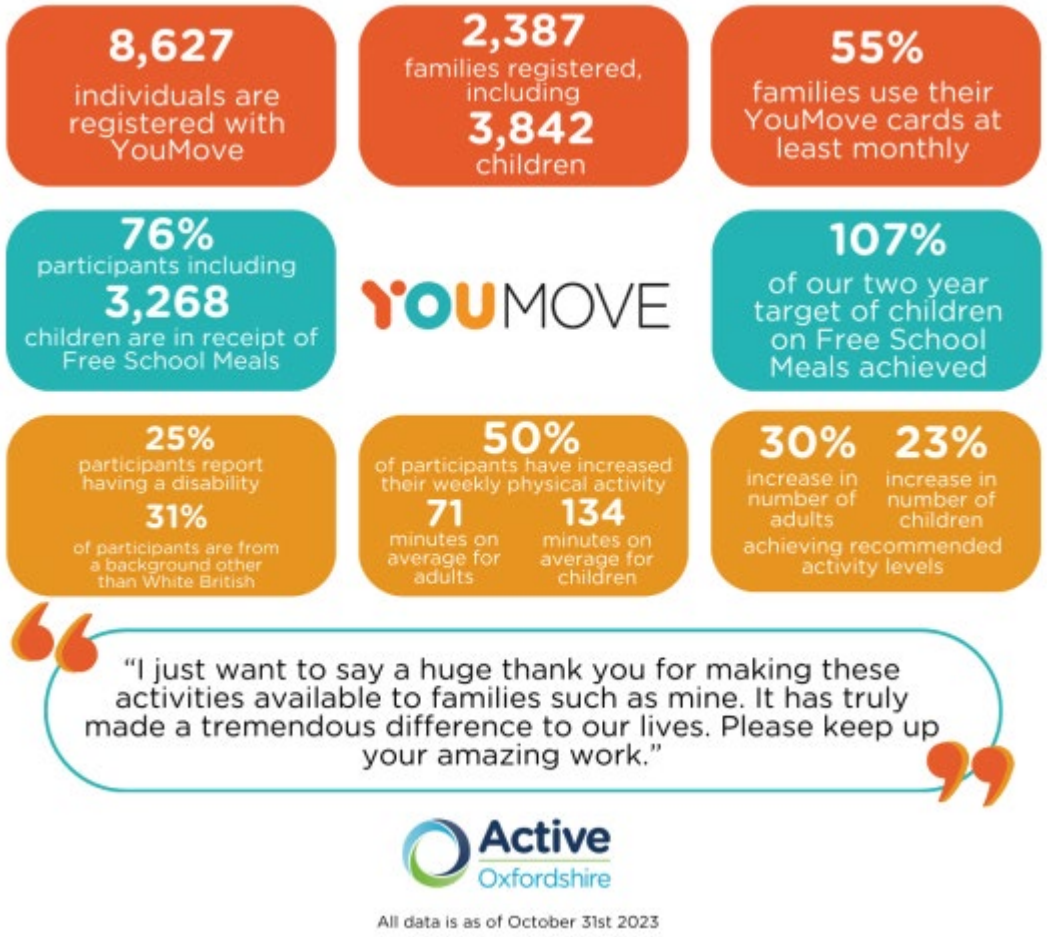



UEC system partners working well together.

Following introduction of Transfer of Care Hub (Nov 2022) and OCC engagement of care market and focus on supporting safe discharges to home/place of residence (Discharge to Assess) we continue to see good progress.

# Example: Active Oxfordshire Impact Reports

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

# 2024/25 Priorities

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- **SEND improvement**: systemwide programme to improve how we work together as system partners and involve parents, carers and young people. Health focus on neurodiversity pathway and access to integrated therapies.
- **Children and Young People Integration:** recent key appointments present an opportunity to continue to improve system working and focus on school readiness and emotional health and wellbeing.
- **Urgent and Emergency Care**: build on successful home first model and support Transfer of Care Hub and Discharge to Assess. Further development of integrated Hospital at Home (OUH & OHFT), Urgent Care Centres in city and north, Integrated Neighbourhood Teams (Bicester, Banbury, City +). Simplify services for residents and colleagues working in system.
- **Mental Health**: develop integrated adult and older adult mental health model of care and prepare to procure long-term, transformational contract (next phase of outcomes-based contract).
- **Health Inequalities and Prevention**: incorporate project for people with Learning Disabilities and evaluate impact of current investments (community impact and social capital).
- **Public Health and Prevention Integration**: work with system partners, led by Director of Public Health to agree population health management approach, long-term commitment to prevention and reducing health inequalities.
- **Partnership Development:** develop our partnership and how we provide oversight and assurance as well as enabling trust and transparency between partners to help make decisions about how we allocate resources in our system to deliver best outcomes.

# Key Risks and Issues

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- **Ways of working**: crucial to develop an operating model that enables and resources place-based partnerships and provider collaboratives to co-exist alongside ICB within ICS.
- **Performance and Quality**: continued issues with performance (access) and quality concerns continue to be a focus for public, elected members and key stakeholders.
- **Analytics capability**: limited capacity and capability to enable us to effectively segment, stratify and assess impact of interventions (PHM). Makes re-allocation of resources difficult.
- **Financial risks**: as financial stress experienced across whole system risk of 'cost shunting', need to ensure transparency of financial challenges and how to address together.
- **Short-termism**: several current initiatives (including UEC and prevention) are funded non-recurrently and need to find ways of supporting recurrently and thinking longer-term.
- **OD and culture**: require investment (time, people, money) in developing system leadership behaviours that enable collaboration.
- **Silo-working**: continue to work and regulate in silos which makes incremental changes to re-allocate resources or develop new models of care difficult. Still have winners and losers.

# Thanks …

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

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Integrated Care Board

# BOARD MEETING

| | | | |
|---|---|---|---|
| **Title** | Primary Care Strategy Development | | |
| **Paper Date:** | 5 March 2024 | **Board Meeting Date:** | 19 March 2024 |
| **Purpose:** | Discussion | **Agenda Item:** | 10 |
| **Author:** | Louise Smith, Deputy Director, Primary Care | **Exec Lead/ Senior Responsible Officer:** | Rachael de Caux, Chief Medical Officer |

## Executive Summary


Since July 2023 BOB ICB has been developing its Primary Care Strategy informed by research, analysis and engagement. The document in draft form sets out details of the ambition for a new model of primary and community-based care also outlined in our Integrated Care Strategy (published in March 2023) and the Five Year Joint Forward Plan (published in July 2023). This is set in the context of a clear national and global direction of travel for Primary Care, including the Fuller Stocktake, which describes how primary care should streamline access, provide continuity of care and focus more on prevention.

In developing the Primary Care Strategy, many stakeholders across the system (professionals and the public) were engaged in a variety of ways including focus groups, surveys, and workshops. The wealth of insights from this engagement as well as supporting documents such as the Current State Report and Good Practice Report have informed the current version of the Strategy that was published on the ICB engagement portal on 10 January 2024.

Moving towards a more community-based and preventative health and care system will require a fundamental shift of activity, resource and funding, and the changes in the strategy are intended to support that shift.

Following feedback that there had not been adequate time for engagement and for all voices to be accurately reflected, the ICB committed to a structured programme of further engagement that came to an end for the public on 29 February and mid-March for professional groups. The paper below provides further assurance regarding the scope and reach of that activity. It also outlines some of the emerging key themes from our engagement.

Informed by the feedback, it is intended that the final strategy document will come back to Board in May 2024 for sign off.


## Action Required

The board are asked to:

- Note the work undertaken by the ICB and Partners to develop the Primary Care Strategy, and particularly the level of subsequent engagement.
- Discuss the emerging themes from the engagement and any further points for consideration and/or of concern.
- Note the next steps.

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| **Conflicts of Interest**: | Conflict noted: conflicted party can remain and participate in discussion. |
| One of our Partner members works within primary care. The paper is not for decision and the perspective of all board members is important in developing the strategy. | |

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| **Date/Name of Committee/ Meeting, Where Last Reviewed:** | The draft Strategy has been considered at Executive Management Committee and at meetings with system partners. |

# Primary Care Strategy Development

## Context

1. Since July 2023 BOB ICB has been developing its Primary Care Strategy informed by research, analysis and engagement. The document in draft form sets out details of the ambition for a new model of primary and community-based care also outlined in our Integrated Care Strategy (published in March 2023) and the Five Year Joint Forward Plan (published in July 2023). This is set in the context of a clear national and global direction of travel for Primary Care, including the Fuller Stocktake, which describes how primary care should streamline access, provide continuity of care and focus more on prevention.
2. In developing the Primary Care Strategy, many stakeholders across the system (professionals and the public) were engaged in a variety of ways including focus groups, surveys, and workshops. The wealth of insights from this engagement as well as supporting documents such as the Current State Report and Good Practice Report have informed the current version of the Strategy that was published on the ICB engagement portal on 10 January 2024.
3. The resulting draft strategy introduced new ways of working with integration at the heart of the model and the high-level priorities below.
   - Everyone who lives in BOB to be able to receive the right support when it is needed and with the right health and/or care professional. Our communities are finding it difficult to get an appointment in General Practice or with an NHS dentist, and this needs to change.
   - Integrated Neighbourhood Teams (INTs) to care for those people who would benefit most from proactive, personalised care from a holistic team of professionals, for example those at most risk of emergency hospital admissions.
   - To help communities stay well with an initial targeted focus on our biggest killer and driver of inequalities, cardiovascular disease.
4. Moving towards a more community-based and preventative health and care system will require a fundamental shift of activity, resource and funding, and the changes in the strategy are intended to support that shift.
5. Although not new concepts it was considered essential to ensure a full understanding of the strategy and its potential to change the way care is delivered both with system partners and the public. Following feedback that there had not been adequate time for engagement and for all voices to be accurately reflected, the ICB committed to a structured programme of further engagement that came to an end for the public on 29 February and mid-March for professional groups.

## Public Engagement

6. As part of this programme of work, we launched the ‘Primary Care Conversation’ on 17 November asking people to share their views and experiences about these services. The draft strategy for engagement was published on 10 January 2024.
7. The draft strategy was hosted on our engagement website, along with an executive summary, an easy read version and word version to support access to the information to those who are visually impaired or would like to translate into a different language. People could complete a survey associated with the draft strategy or give general feedback in several ways.
8. Engagement continued until the end of February. We were keen to take the time to listen to the voice of all our stakeholders and population so that these views shape the final strategy.
9. The ICB and partner organisations hosted events and focus groups, with key stakeholders across primary care and local people, to inform our thinking. The focus groups enabled us to engage with our under-served communities.

10. We developed a toolkit to support raising awareness of the engagement work. This was shared with our NHS partner trusts, local authority communications colleagues plus Healthwatch and the community and voluntary sector organisations to help spread the word about the engagement.

11. Partner and provider engagement has been on-going across primary care and with Health and Wellbeing Boards, local authority colleagues, NHS Trusts and the voluntary sector. The strategy was also presented for discussion and feedback at the Integrated Care Partnership and BOB Joint Health Overview and Scrutiny Committee.

## Early Stage Emerging Themes

12. At the time of writing this Board report the full analysis of feedback from the public and professional groups was not available. The initial analysis suggest that the prevalent themes are as below:

### Strategy development and implementation

- The direction of the strategy and the focus on the four pillars of primary care (General Practice, Pharmacy, Optometry & Dentistry) has been generally accepted.
- We could be more ambitious, particularly around focusing primary and community care around continuity and prevention.
- Feedback has highlighted the importance of communication with patients regarding the implementation of the strategy, how things will change, staff roles and how they can help patients e.g. pharmacy first.
- Joint working and good collaboration are key to implementation.
- There was recognition of the importance of working with the voluntary sector and local communities and the knowledge, insight, and networks that they bring.
- ICB provider and place-based partners do not want a one-size fits all model, especially with same day access.
- It was raised that there would be a need to ensure that care was not fragmented, and continuity was maintained as best as possible in implementing the new model.
- We need a whole system approach (not just primary care) to deal with issues like same day access and ensuring partners will come to the table to work on INTs together so that this work doesn't just fall on one provider.
- Having a strategy that includes pharmacy, optometry and dentistry alongside general practice has been welcomed, but more detail is required about how to work better together.
- There was feedback about ensuring that there are clearly defined system outcomes when delivering the strategy.

### Finances and sustainability of primary care

- Current financial challenges: how will providers be supported through the next few years particularly considering the current financial climate?
- Further detail is required in the delivery plan on how the resilience of providers is supported.
- Questions were raised regarding:
  - The capacity of different primary care providers and professionals to support each other.
  - How system providers can better use the collective resource.
  - How the system will enable delivery of the strategy.

### Workforce

- Acknowledgement of the system workforce which is under significant pressure including capacity required to meeting demand as the population grows and staff age and retire.

- Ensuring continuity of staff was paramount to participants, to give them the opportunity to build a consistent and trusting relationship.
- Participants welcomed a more accessible face-to-face appointment with a single point of contact for complex conditions.

**Raising awareness and working with our patients and the public**

- Robust, meaningful, and timely communication was considered paramount for patients and the public.
- There was often a lack of awareness from patients about the wider pathways of care and different provider offers.
- The importance of using co design to meet the needs of the patient was voiced particularly around INTs.
- There appeared to be a lack of understanding across the system regarding how funding works for different providers.
- It was recognised that a communications plan would be required alongside the strategy delivery plan to ensure any changes to the model of care were fully understood.
- The public wanted to better understand how care might change and what it would look like in the future including what that would mean to them as the patient.

**Cardiovascular disease (CVD) focus**

- A focus on CVD prevention has been met with mixed reviews.
- There is some support of the focus on CVD because it also touches on many other disease states, has the general infrastructure development to support, and would be a true system focus with involvement of public health initiatives and others.
- Conversely there was a challenge from healthcare professionals and the public about focussing on one area. What about other key areas that require early prevention including diabetes and obesity?

**Better interoperability across digital systems**

- The importance of the ability to share care records and not just summaries was recognised to enable better patient care.
- The need to ensure data sharing between different providers to maximise care efficiency.
- The need to ensure digital inclusion in all communities was highlighted.

**Engagement process**

- Suggestions were made on how to improve the engagement process including ensuring documents are accessible - the strategy documents were thought to be complex in some parts.
- There was feedback that perhaps the ICB could have included patients earlier on in the development process.
- Patients are eager to get involved in the design of services and implementation of the strategy.

## Ask of the Board

The board are asked to:

- Note the work undertaken by the ICB and Partners to develop the Primary Care Strategy, and particularly the level of subsequent engagement.
- Discuss the emerging themes from the engagement and any further points for consideration and/or of concern.
- Note the next steps below.

## Next Steps

The board is asked to note the proposed next steps.

- There will be a whole system workshop including action planning to progress key areas on 20 March at which it is also hoped the emerging themes can be shared.
- The feedback will be analysed, and pertinent themes acknowledged and used to inform a final iteration of the strategy which will come to the May Board for sign off.
- The deliverables of the Primary Care Strategy align to the developing BOB ICB system goals for 2024/25 as per the below and will continue to be developed to ensure system ownership and delivery.
    - Help people with non-complex needs access the support they need through expanded at-scale triage and navigation to appropriate same-day care.
    - Provide more joined up, proactive and accessible care, by bringing together teams and resources across organisations into Integrated Neighbourhood Teams.
    - Extend healthy life expectancy by preventing strokes and heart attacks, through working together to improve CVD pathways and prevention and targeting action where it will have most impact.

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

# BOARD MEETING

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| **Title** | **Delivering the Joint Forward Plan – ICB Board Update March 2024** | | |
| **Paper Date:** | 07 March 2024 | **Board Meeting Date:** | 19 March 2024 |
| **Purpose:** | Approval | **Agenda Item:** | 11.1 |
| **Author:** | Robert Bowen, Deputy Director Strategy | **Exec Lead/ Senior Responsible Officer:** | Hannah Iqbal, Chief Strategy & Partnerships Officer |

## Executive Summary


At the end of June 2023 our first NHS Joint Forward Plan (JFP) for the Buckinghamshire Oxfordshire and Berkshire West (BOB) ICB and partner NHS Trusts was published.

The published JFP sets out detailed delivery plans to improve services and outcomes for people who live and work in BOB, and how we deliver the ambitions set out in the Integrated Care Strategy.

This paper will:

- Remind colleagues of the assurance proposals documented for JFP delivery– noting that the detailed ambitions of the service delivery plans will be assured through existing governance groups with progress included in regular reports and updates, alongside other items as necessary.
- Provide an update on delivery progress of the priority areas: Tackling Inequalities; Transforming Primary Care; Improving our users' experience and Creating a Sustainable System
- Explain our approach to updating the JFP priority areas by developing a small number of 'System Goals', targeting recovery and transformation, that will have an impact across the BOB system (noting additional details are included in Item 11.2).


## Action Required

The Board are asked to:

- Note the progress made with delivering the priority areas of the Joint Forward Plan ambitions.
- Agree the proposed approach to updating the Joint Forward Plan by focusing on a small number of strategic priorities ("System Goals").

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| **Conflicts of Interest**: | Conflict noted: conflicted party can participate in discussion and decision |
| The Joint Forward Plan informs the prioritisation of the use of NHS resources. This will have an impact on organisations that members of the board lead/work for. The perspective of these members remains an important aspect to development and delivery of our priorities and plans. | |

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| **Date/Name of Committee/ Meeting, Where Last Reviewed:** | N/A |

## Delivering the Joint Forward Plan – Update for ICB Board
## March 2024

### Overview

1. At the end of June 2023 our first NHS Joint Forward Plan (JFP) for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB and partner NHS Trusts was published.
2. In line with national guidance the JFP set out detailed delivery plans to improve services and outcomes for people who live and work in BOB, and how we will deliver the ambitions set out in the Integrated Care Strategy, agreed by the Integrated Care Partnership in March 2023.
3. The final version of the JFP is available on the BOB ICB website.
4. This paper aims to:
   a. Remind colleagues of the proposed assurance proposals for the JFP
   b. Provide a high-level update on progress, specifically of the identified priority areas outlined in Section 2 of the published plan.
   c. Explain our approach to updating the JFP priorities, and aligning with the updated national guidance, published in December 2023.

### Assurance of the JFP

5. As explained in the JFP documentation, to avoid the creation of additional layers of governance, the primary mechanism for reporting and assuring progress of JFP delivery was confirmed as being through already established governance groups.
6. Many of these groups have wide system representation, which allows for visibility and accountability to be maintained across partners organisations. In most cases the ambitions of the JFP have been developed or included into wider service work plans and are being reported as a part of these activities.
7. As such reporting on progress will be included in regular reports and updates, alongside other items, provided to relevant meetings, committees and Boards.

### Delivery progress

8. The JFP set out priority areas for delivery, linked to areas of identified system challenge. These activities were proposed as priorities for system wide working because they would set a foundation for longer term change. These four areas relate to an Inequalities Challenge, Primary Care challenge, User experience challenge, and a sustainability challenge (focussing on financial and workforce sustainability).
9. **Tackling inequalities** – The JFP recognised that a more consistent approach to identifying and addressing inequalities would be significantly strengthened through the development of a robust approach to population health management (PHM). In 2023/24 we made strong progress on the creation of an Integrated Data Set across our providers to support decision making. This progress, together with an alignment to Frimley ICB's analytical capabilities and experience, has allowed for a robust approach to PHM to be rolled out in a phased way across BOB. We have now established Population Health Analytics tools utilising integrated linked data for Berkshire West. This this will be achieved for Buckinghamshire by the end of March 2024 and Oxfordshire following soon after. We continue to expand the scope of this dataset and the tools available. Specific funding has been provided to Primary Care Networks (PCNs) in the most deprived areas of the ICS to support Population Health interventions. Ten pilot projects have been established targeting defined population cohorts using PHM. The Population Health Analytics tool is being used for multiple other PHM interventions too, including cardiovascular and diabetes interventions, improving same-day access, and continuity of care in General Practice.

10. **Transforming Primary care** – To support people live healthier lives for longer in their communities, the JFP recognised the need to change the way our primary and community care services operate across the system and committed to the development of a Primary Care Strategy for BOB which would describe key elements of this change. From July to December 2023 a draft strategy was developed with input from a broad range or stakeholders which built on the recommendations of the 2022 Fuller Stocktake, including priorities for improving same day access, developing integrated neighbourhood teams and focussing more on prevention. Since December, there has been an intense period of engagement to share the proposals and listen to the views of our partner organisation and communities across BOB (as described in Item 10). The feedback will continue to shape the final direction of the strategy, with final publication expected in May 2024.
11. **Improving our user experience** – Across BOB, we continue to experience issues with the accessibility of some our services because of long waiting times. These challenges can negatively impact the experience of those who use our services. The JFP recognised the role of the Acute Provide Collaborative (APC) in addressing this challenge. The APC has committed to reviewing the demand and capacity plans from the three acute providers and to focus on challenged pathways where we have the longest waits (including ENT, urology, orthopaedics, and diagnostics). The role of the APC will continue to be refined into 2024/25 through the development of our acute provider collaborative programme which will allow for shared resources and collective focus on delivering system wide productivity and efficiency improvements.
12. **Creating a sustainable system –** Recognising the collective challenges of the financial environment and ambition to do more to support our staff and volunteers, the JFP committed to developing joined up, longer term plans.
13. **People –** In July, an Interim People Plan for 2023 was agreed by the ICB Board which focussed on Recruitment, resourcing, and retention; Culture, inclusion, and equality; Development– careers and learning; and Digital. The publication of a longer-term plan remains a priority and is currently in development through a collaborative approach with system partners. This builds on the work to establish a system-wide Health and Wellbeing group that identifies ways in which we can make our system more attractive to work in, specifically focussing on challenges relating to cost of living. We have also established a Scaling Peoples Services programme, aiming to evaluate opportunities for system wide working, including in relation to recruitment and retention.
14. **Finance –** From a finance perspective, the BOB position has been challenging all through 2023/24, requiring an increasing focus on recovery of our in-year position and the 2024/25 forecast. This pressure has constrained our ability to develop longer terms plans with local partner organisations. Earlier in the year, the Integrated Efficiency Collaboration Group (IECG) was launched with a view to identifying system wide workstreams that could drive productivity or efficiency and therefore improve our forecast position.
15. For additional detail on these and other priorities in the JFP, including the detailed service delivery plans, Board members should refer to Appendix A which sets out by service plan the ICB Senior Responsible Executive and the governance forum in which progress will be reported to.

## Updating the Joint Forward Plan for 2024/25

16. For 2024/25, updated guidance on the publication of Joint Forward Plans was published in December 2023. This guidance reiterates the purpose of the JFP to describe how the "*ICB will meet its population's health needs. As a minimum, it should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of their population. This should include the delivery of universal NHS commitments, address ICSs' four core purposes and meet legal requirements."*

17. Systems continue to have the same flexibilities to determine the JFP scope and structure and it is expected that for most systems, plans will reflect a continuation of those published in 2023.
18. In BOB, for the purposes of 2024/25 planning, the published JFP and Integrated Care Strategy continue to provide the strategic framework for our long-term ambition.
19. However, building on the delivery progress of the 2023/24 priority areas (above), and recognising that the system continues to face several significant financial and operational pressures, our refresh activity has focussed on defining a small number of priorities where we believe the greatest benefits will be seen from cross-system working – Our System Goals.
20. Prioritising these Goals in the context of the operational and financial sustainability challenges may result in some areas of the original JFP ambition being deprioritised as teams balance competing pressures to maintain the highest quality of service and support across our BOB populations. Where necessary, this will be reported through the relevant assurance groups.
21. The details of these goals, their ambition to drive both Recovery and Transformation, and the process by which they have been developed with partners, shared across the system, and refined can be found in the accompanying item (11.2 – Our approach to System Planning, Transformation and Recovery for 2024/2025).

## Action Required

22. The Board is asked to:

- Note the Progress made with delivering the priority areas of the Joint Forward Plan ambitions.
- Agree the proposed approach to updating the Joint Forward Plan by focusing on a small number of strategic priorities (“System Goals”).

**Appendix A:** Joint Forward Plan – Assurance detail

| No | Theme | Service Delivery Plan | ICB Exec Lead | Governance and Reporting Structure |
|---|---|---|---|---|
| 1 | Promote and Protect Health | Inequalities & Prevention | Rachael de Caux | Prevention, Pop. Health and Reducing inequalities |
| 2 | Promote and Protect Health | Immunisations & Vaccinations | Rachael Corser | Vaccine Oversight Board |
| 3 | Start Well | Maternity | Rachael Corser | LMNS Stakeholder & Assurance Group |
| 4 | Start Well | CYP Mental Health | Rachael Corser | ICB MH Partnership Board |
| 5 | Start Well | CYP Neurodiversity | Rachael Corser | Learning Disability and Autism Board |
| 6 | Start Well | Learning Disabilities | Rachael Corser | Learning Disability and Autism Board |
| 7 | Live Well | Adults Mental Health | Rachael Corser | ICB MH Partnership Board |
| 8 | Live Well | Adults Neurodiversity | Rachael Corser | Learning Disability and Autism Board |
| 9 | Live Well | Adults Long Term Conditions | Rachael de Caux | ICB Clinical Programme Board |
| 10 | Live Well | Integrated Cardiac Delivery Network | Rachael de Caux | ICB Clinical Programme Board |
| 11 | Live Well | Integrated Diabetes Delivery Network | Rachael de Caux | ICB Clinical Programme Board |
| 12 | Live Well | Integrated Respiratory Delivery Network | Rachael de Caux | ICB Clinical Programme Board |
| 13 | Live Well | Integrated Stroke Delivery Network | Rachael de Caux | ICB Clinical Programme Board |
| 14 | Live Well | Cancer Services | Matthew Tait | Thames Valley Cancer Alliance Executive Board |
| 15 | Age Well | Age Well Services | Rachael Corser | ICB Clinical Programme Board |
| 16 | Improving Quality and Access | Urgent and Emergency Care | Matthew Tait | BOB UEC Programme Board |
| 17 | Improving Quality and Access | Planned Care | Matthew Tait | Elective Care Board |
| 18 | Improving Quality and Access | Primary Care | Rachael de Caux | Primary Care and Community Care transformation Board |
| 19 | Improving Quality and Access | Palliative & End of Life Care | Rachael Corser | ICB Palliative and End of Life Care Board |
| 20 | Supporting and Enabling Delivery | Workforce | Caroline Corrigan | ICS People Board |
| 21 | Supporting and Enabling Delivery | Digital & Data | Victoria Otley-Groom | Digital & Data Delivery Oversight Group |
| 22 | Supporting and Enabling Delivery | Estates | Matthew Metcalfe | Executive Management Committee |
| 23 | Supporting and Enabling Delivery | Finance | Matthew Metcalfe | Executive Management Committee and System Productivity Committee |

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| 24 | Supporting and Enabling Delivery | Quality | Rachael Corser | Prevention, Population Health & Reducing Health Inequalities Group |
| 25 | Supporting and Enabling Delivery | Safeguarding and CIC/LAC | Rachael Corser | ICS Safeguarding and LAC Committee |
| 26 | Supporting and Enabling Delivery | Infection Prevention and Control | Rachael Corser | Infection Prevention and Control Committee |
| 27 | Supporting and Enabling Delivery | Personalised Care | Rachael Corser | Infection Prevention and Control Committee |
| 28 | Supporting and Enabling Delivery | Research, Innovation & Quality Improv. | Hannah Iqbal | Executive Management Committee |
| 29 | Supporting and Enabling Delivery | All Age Continuing Care | Rachael Corser | Executive Management Committee |
| 30 | Supporting and Enabling Delivery | Delegated Commissioning | Matthew Tait | Place and System Development Committee |
| 31 | Supporting and Enabling Delivery | Net Zero | Hannah Iqbal | Net Zero Programme Board |

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

# BOARD MEETING

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| **Title** | **Our approach to System Planning, Transformation and Recovery for 2024/2025** | | |
| **Paper Date:** | 12 March 2024 | **Board Meeting Date:** | 19 March 2024 |
| **Purpose:** | Information/Discussion | **Agenda Item:** | 11.2 |
| **Author:** | Robert Bowen, Deputy Director Strategy and Partnerships; Ben Gattlin, Head of Planning & Performance; Kate Holmes, Head of Planning, Contracts, Capital & Place Transformation | **Exec Lead/ Senior Responsible Officer:** | Hannah Iqbal, Chief Strategy & Partnerships Officer; Matthew Tait, Chief Delivery Officer; Matthew Metcalfe, Chief Finance Officer |

## Executive Summary


Ahead of the 2024/25 financial year, the executive planning leads have been providing the Board with regular updates on our approach to 2024/25 system planning This paper builds on discussions in January 2024 and provides updates on:

1. The national 2024/25 operational planning context and priorities, as currently understood, including the requirement to make a draft system submission from all Integrated Care Boards and NHS Trusts on 21 March 2024.
2. How we have been working with system partner colleagues to ensure appropriate input to the planning and priority setting through ongoing comprehensive engagement.
3. The development of an approach to planning that balances the need for both system recovery and a continued focus on longer term transformation.
4. The detail and next steps for each of our system goals including information on the proposed scope of work and expected impact of the transformation goals.


## Action Required

The Board are asked to:

- Note the system's approach to meeting the national planning expectations, despite the additional operational guidance not being published (at time of writing).
- Agree delegation of draft plan submission to the CEO, CFO and Chair (for 21 March submission).
- Agree to the proposed System Goals, recognising the shift towards balancing transformation with recovery.
- Note the proposed System Recovery and Transformation Board as the mechanism to oversee delivery of these programmes.

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| **Conflicts of Interest**: | Conflict noted: conflicted party can participate in discussion and decision |
| The goals outlined in this paper inform the prioritisation of the use of NHS resources. This will have an impact on organisations that members of the board lead/work for. The perspective of these members is an important aspect to development and delivery of our priorities and plans. | |

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| **Date/Name of Committee/ Meeting, Where Last Reviewed:** | The development of this approach has been discussed previously at Board and regularly by the Executive Management Committee. |

## Our approach to System Planning, Transformation and Recovery for 2024/2025

### Overview

1. Ahead of the start of the new financial year 2024/2025, the executive planning leads have been providing the Board with regular updates on our approach to 2024/25 system planning.

2. This paper builds on discussions in January 2024 and provides:
   a. A short update on the national 2024/25 operational planning context and priorities, as currently understood.
   b. An update on how we have been working with system colleagues to ensure appropriate input to the planning and priority setting.
   c. An update on the development of a system approach to transformation and recovery
   d. An update on the detail and next steps for each of our system goals

### National Planning Process

3. As described in January, NHS England wrote to the ICB on 22 December outlining that discussions with Government on operational guidance remain live, and NHSE would therefore not be able to publish the 2024/25 priorities and planning guidance until the new calendar year. Systems have not yet received additional guidance and it is expected that operational priorities on urgent and emergency care, primary care access, and elective and cancer care will not fundamentally change.

4. Within this context, systems were asked to submit a summary planning return on 29 February 2024. We worked with system partners to complete this, setting out an indicative financial position for 2024/25 in addition to our planned performance on key operational metrics including:
   a. Accident and Emergency department waiting times.
   b. Elective care waits
   c. Value weighted activity compared to 2019/20
   d. Cancer 62-day treatment target
   e. General and acute bed numbers
   f. Workforce numbers

5. A draft system submission will be required from all Integrated Care Boards and NHS Trusts on 21 March 2024. This paper seeks delegated authority for the Chief Executive Officer, Chief Financial Officer and Chair to sign off and submit the draft ICB plans.

### Local Planning Discussions

6. In January, we set out our process for 2024/25 system planning, ensuring wide engagement with partners through Integrated Care Partnership discussions, Trust planning meetings, regular BOB ICS CEO calls (NHS & Local Authority), discussions at Place Partnerships and with Provider Collaboratives, alongside NHS planning meetings.

7. These discussions have focussed on a small number of priorities (“System Goals”), and the expected operational deliverables for 2024/25. The System Goal ambitions build on those articulated in the Integrated Care Strategy and the Joint Forward Plan (JFP) by focusing on a small number of priorities.

8. Since January, we have built on our engagement by undertaking further discussions to agree priorities within:
    - **System Board Discussions** – Themed discussions on system goals within forums such as the BOB Mental Health Partnership Board; Primary and Community Transformation Board; BOB Children and Young People's Board.
    - **BOB Joint Health Overview and Scrutiny Committee** – Discussions held with scrutiny representatives from across our three places to provide input and challenge into our system goal priorities.
    - **NHS Leaders System Workshop** – Workshop held with NHS leaders to discuss our shared financial context for 2024/25 and explore how we might need to work differently together given the challenges of system financial sustainability.
    - **NHS Leaders planning calls** – Regular CEO discussions, in addition to functional working groups of NHS system operational and financial leaders to develop approach and ensure alignment on planning assumptions.
    - **Place level discussions** – An update at place partnership meetings and other place level discussions to discuss alignment with local planning priorities.
    - **Internal ICB Planning Discussions** – Several planning workshops within the Integrated Care Board to evaluate investment requirements for the next year and identify key choices to make, once statutory and mandatory requirements have been met.

## Our approach to System Recovery and Transformation

9. Through the discussions outlined above, it has become increasingly clear that our system is not yet working in a way that is operationally or financially sustainable. Whilst it is too early to set out our system financial position for the next year, the system looks set to forecast a deficit position with significant unmitigated pressures across partners. Given the need for system operational and financial sustainability, we need to ensure we are doing all we can as a system to mitigate this through our approach to planning, priority setting and resource allocation for the next financial year.
10. In addition to our financial situation, it is also clear that we are not yet fully maximising the benefits of system working to improve outcomes and transform the way we deliver healthcare. Shifting our focus to prevention, using data to segment our population and target resource, and drawing together multi-professional teams around pathways will allow us to improve outcomes, manage demand and release efficiencies. However, the operational challenges of today are currently driving out our ability to fundamentally transform our system in ways which will have lasting benefits.
11. To achieve the level of transformation that we require, we will need to develop greater clarity about our shared direction, followed by closer alignment and coordination of our total £3.5bn NHS system resource to achieve our priorities. We will also need to be clearer on how, within a challenging operational environment, we maintain the leadership headroom, capability and capacity required to drive change across the system, keeping track of our progress as we go.
12. Taking these together, we will need to adopt a dual focus on system recovery and transformation over 2024/25 and likely beyond. To support this, it is proposed that from April 2024, we set up a new System Recovery and Transformation Board to oversee the delivery of the BOB System Goals, focusing on driving both system recovery and transformation. The original goals will be strengthened to provide a more robust approach to driving financial efficiency and operational improvement. In addition, the first goal will be broadened to include a wider focus on transforming primary care through Integrated Neighbourhood Teams and the addition of Same Day Access, reflecting the Primary Care Strategy. The implementation of this will be held until the final strategy is approved (expected Spring 2024).

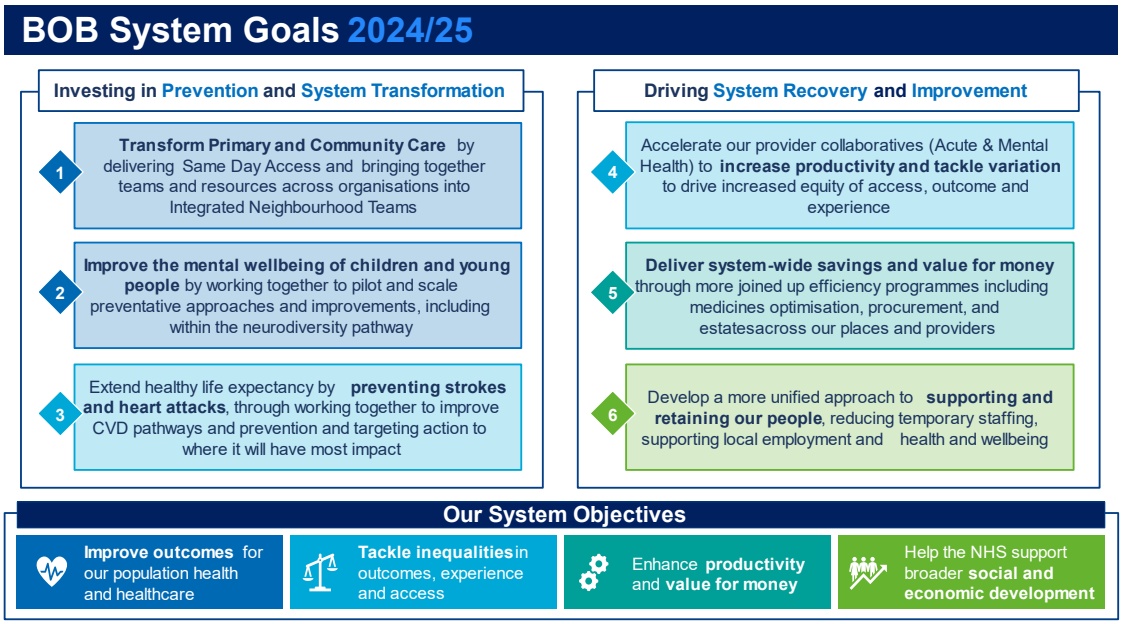
13. Driving transformational changes in a complex and operationally challenged system will require a level of skilled and dedicated resource. We are therefore looking to set up a System Delivery Unit, which will be hosted by the ICB and will support the System Recovery and Transformation Board by ensuring effective implementation of the System Goals and constituent programmes of work.

14. We are also exploring further resourcing opportunities such as how we might work differently with partners including across NHS, Local Authorities and the VCSE sector underpinned by a social investment approach. These discussions are ongoing but would bring potential investment funds into BOB which could be used to pump prime preventative initiatives.

## Updated System Goals 2024/2

15. Considering the context described above, our System Goals, have now been deliberately separated into those focused on *Prevention and System Transformation* and those focused on *System Recovery and Improvement*. This is shown in the diagram on the next page.

16. This separation aims to ensure that across our system, we can hold the tension of addressing the immediate need to deliver improved performance and financial sustainability, with the need to make longer term changes that support our populations be healthy and well in their communities for longer. Over time, these goals will also all play a role in reducing demand and ensuring a better use of system resources.




17. Since January, each of the transformation focussed System Goals has been developed to include additional detail on the rationale for its inclusion, the proposed scope of the programme and the expected outcomes that will be achieved, including how success will be measured. Additional details of the *Prevention and System Transformation* goals can be found in Appendix 1.

18. The *System Recovery and Improvement* goals will continue to be refined in March through discussions with partners in preparation for the first Recovery and Transformation Board on 12 April 2024. Given the ongoing discussions relating to the System Recovery approach and the system financial position heading into next year, this paper only includes indicative detail of these. This is also due to ongoing work to reset our approach to system efficiency from next financial year, including how we utilise and build on the work of the ICS Efficiency Collaboration Group.

## Asks of the Board

19. The Board is asked to:
    - Note the system's approach to meeting the national planning expectations, despite the additional operational guidance not being published (at time of writing).
    - Agree delegation of draft plan submission to the CEO, CFO and Chair (for 21 March submission).
    - Agree to the proposed System Goals, recognising the shift towards balancing transformation with recovery.
    - Note the proposed System Recovery and Transformation Board as the mechanism to oversee delivery of these programmes.

## Next steps

20. A draft system Operating Plan submission is required to be made by the ICB and Partner NHS Trusts on 21 March 2024.This will be coordinated by the ICB Chief Delivery Officer and Chief Finance Officer, working closely with the system executive teams, the ICB Chief Executive and Chair.
21. The strategy and partnerships team will continue to work closely with leads to refine the System Goals and the process for monitoring delivery progress. This will be in alignment with any final requirements identified from the operational planning process and agreed changes resulting from engagement on the Primary Care Strategy.
22. Reporting on delivery progress will be made at subsequent public meetings of the ICB Board.

## Appendix 1: additional detail on each of the proposed 2024/25 System Goals

| BOB SYSTEM GOALS | | | |
|---|---|---|---|
| **Goal** | | **Rationale** | **KPIs** |
| **Transform Primary and Community Care** by delivering improved Same Day Access and bringing together teams and resources across organisations into Integrated Neighbourhood Teams | **Integrated Neighbour-hood teams (INTs)** | **Rationale**<br>• Over 50% people have at least one longstanding health condition. Over a quarter of the adult population live with more than two.<br>• Long-term conditions associated with older age such as dementia will increase in prevalence with our aging population.<br>• Early detection and coordinated management of these conditions is critical. Population Health Management (PHM) allows for development of targeted early interventions to proactively improve outcomes and address health inequalities.<br>• Improving proactive out-of-hospital care for priority groups keeps more people in their communities longer, reducing acute care demand. | |
| | | **Scope of Work**<br>• Rollout new INTs in the place geographies with a multi-disciplinary and cross-organisational model, targeting early interventions and proactive care for patients with complex support / care needs.<br>• Confirm common BOB-wide INT principles and model.<br>• Stocktake of current best practice and learning.<br>• Create a reliable model for risk-based population segmentation using PHM methods. | |
| | | **Outcomes / KPIs**<br>• At least 3 INTs operating in each BOB Place by end of March 2025<br>• % of identified (high risk cohort) patients cared for by an INT by Q4<br>• Reduction in avoidable admissions (% reduction from defined cohort) | |
| | **Same Day Access** | **Rationale**<br>• Population growth and shifting demographics are driving up demand for primary care. Without a care model change, a 55% increase in GP appointments will be required within a decade.<br>• Since 2021, accessing primary care has become more difficult. Positive responses relating to appointment booking have decreased by 19%.<br>• Around 70% of population health needs are low complexity, accounting for roughly half of GP activity. These needs can often be directed to other primary care services like community pharmacies or virtual/physical access hubs.<br>• In the BOB ICS GP National Survey, it was reported that 10% people went to A&E when they couldn't get a GP appointment and 30% attended when the practice was closed. | |
| | | **Scope of Work**<br>• Support rollout of Same Day Access model and develop new plans for ongoing implementation.<br>• Clarify and share the PHM offer to segment our relevant populations.<br>• Agree common features, principles and enabling support based on good practice and shared learning. | |
| | | **Outcomes / KPIs**<br>• Improved patient experience.<br>• Released capacity in General Practice.<br>• Enhanced staff satisfaction in PCNs where model has been implemented.<br>• Increased referrals to alternative pathways | |

| | | |
|---|---|---|
| **Support our children and young people (CYP) who are accessing Neurodiversity or mental health support services** | **Develop a system-wide needs led approach to supporting children and young people with a diagnosis of or suspected autism/ ADHD** | **Rationale**<br>• In December 2023, BOB had over 11,000 CYP on the neurodiversity waiting list with an average assessment wait time of 92-102 weeks, exceeding the national average.<br>• 80% of CYP inpatients have autism or suspected autism.<br>• 70% of Neurodivergent children and young people have comorbid mental health difficulties |
| | | **Scope of Work**<br>• Improved support offers for children and young people in our clinical pathways waiting for an (ASD /ADHD) assessment.<br>• Implement the THRiVE framework including piloting and evaluating schemes to introduce more early needs-based support in BOB working with system partners including VCSE and education providers.<br>• Deep dive into avoidable inpatient admissions that informs proactive planning to prevent avoidable admission |
| | | **Outcomes / KPIs**<br>• Increased number of people accessing preventative early intervention support<br>• % reduction in avoidable hospital admissions<br>• Targeted mobilisation of Hospital at Home Model for children and young people with moderate to severe Learning Disability/Autism |
| | **Improve the emotional mental wellbeing of children and young people** | **Rationale**<br>• Demand for CYPMH services has grown by 32% since 2017, with greater acuity and complexity of need.<br>• Around one in five CYP aged 8 to 25 years had a probable mental disorder in 2023.<br>• Over 17,000 CYP have received support or treatment for a Mental health issue in the last 12 months.<br>• Waiting times for CAMHS services vary significantly across BOB |
| | | **Scope of Work**<br>• Scale up preventative early needs-based support and intervention in schools, focussing on inequalities, working collaboratively with system partners.<br>• Identify and support regular users of our urgent/emergency MH and Acute services who often have complex support needs.<br>• Strengthen our Mental Health Support Team (MHST) coverage across BOB |
| | | **Outcomes / KPIs**<br>• Increased number of people accessing preventative or early intervention support including MHSTs / counselling in schools<br>• % reduction in avoidable hospital admissions by 2025/26<br>• Reducing waiting times for specialist MH Treatment (CAMHS services) |

| | |
|---|---|
| Extend healthy life expectancy by **preventing strokes and heart attacks,** through working together to improve CVD pathways and prevention and targeting action to where it will have most impact | **Rationale**<br>• CVD accounts for 25% of UK deaths, with over 72,000 people living with relevant conditions in BOB.<br>• CVD significantly increases premature deaths in deprived areas, with mortality rates four times higher compared to affluent communities.<br>• Approximately 11% of BOB's population are active smokers and 3 in 5 adults are overweight or obese.<br>• CVD prevention primarily involves lifestyle changes and community engagement, which can effectively reduce health disparities and are cost-efficient in preventing cardiovascular events. |
| | **Scope of Work**<br>• Enhance early detection of CVD risk by widely implementing NHS Health Checks.<br>• Address blood pressure control disparities in primary care by aligning practices with NICE guidance. Boost blood pressure checks in community pharmacies and encourage consistent self-monitoring.<br>• Increase % of at-risk patients on lipid lowering therapies and optimisation treatments in line with NICE guidance. Prioritise lipid management within stroke and cardiology pathways (inpatient/outpatient/rehab).<br>• Acute trusts to target and improve smoking cessation support in stroke and cardiac wards.<br>• Focus on Patient Empowerment and Community Engagement to target approaches to smoking cessation, tackling obesity, increasing activity, healthy diets and alcohol consumption. |
| | **Outcomes / KPIs**<br>• Over 77% of people with known hypertension are treated to age specific thresholds.<br>• Increase lipid target achievement in CVD patients. Improve lipid management for people with QRISK >20%<br>• NHS health checks available for staff in all trusts<br>• More than 65% of people with SMI / LD access an annual Health Checks<br>• Increased uptake of smoking cessation programmes from cardiac and stroke inpatients. |

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

# BOARD MEETING

| | | | |
|---|---|---|---|
| **Title** | Public Sector Equality Duty Annual Report | | |
| **Paper Date:** | 7 March 2024 | **Board Meeting Date:** | 19 March 2024 |
| **Purpose:** | Approval | **Agenda Item:** | 12 |
| **Author:** | Yasmin Mahmood, Senior EDI Programme Lead | **Exec Lead/ Senior Responsible Officer:** | Caroline Corrigan, Interim Chief People Officer |

## Executive Summary

1. Under the Equality Act 2010, BOB ICB is required to publish information demonstrating compliance with the General Equality Duty ('equality information') – as part of an annual Public Sector Equality Duty (PSED) report.
2. The PSED aims to integrate equality considerations in the day-to-day business of public sector organisations, requiring organisations to proactively consider ways to tackle systemic discrimination and disadvantages and promote equality for people sharing particular protected characteristics.
3. Under the Specific Duties, ICBs are expected to publish:
   - Information on staff and service users - analysed by protected characteristics.
   - One or more Equality Objectives
   - Gender Pay Gap Report
4. This information must be published annually on our website by 30 March. This report compiles this information under 4 headings:
   - Section 1 – Legal context, including Draft Equality Objectives based on key work being undertaken (page 15);
   - Section 2 – Health Inequalities – including key projects on Prevention, Population Health, Core20PLUS5, Maternity Equity, Health Inclusion Groups and Asylum Seeking and Migrant population;
   - Section 3 – Workforce Information – including workforce profile by protected characteristics, equality benchmarking using national standards, improving staff experiences – mapping progress using the six national High Impact Actions, staff engagement and BOB ICS Inclusion Group and Partnership Projects;
   - Section 4 – BOB ICS Inclusion Group and Partnership Projects and Programmes.
5. The report focuses primarily on the ICB's role as an employer, against the wider strategic context of its role as a convenor of partnerships. Its sets out progress made over the past year internally, using improvement tools such as the Equality Delivery System (EDS) and Workforce Race and Disability Equality Standards and the Gender Pay Gap Disclosure. As part of this exercise, the ICB's performance has been compared with ICS partners and to a limited degree with the ICB sector average (using the staff survey results for March 2023).
6. Actions emerging from the EDS and the ICB's first Gender Pay Gap report will contribute to improving staff experiences internally as the ICB organises itself through the change management programme over the coming months.
7. The report includes information on ICS projects which the ICB staff have benefitted from, as they support the organisational objectives to support collaborative working, reduce health inequalities and improve value for money.

*Note: The report is being reviewed by the Executive Management Committee on 11 March and feedback will be provided to the Board members at the meeting.*

| **Action Required** |
| --- |
| The board are asked to:<br>• Approve the Public Sector Equality Duty report for publication.<br>• Discuss and agree the Equality Objectives set out on page 15 – as this is a distinct legal requirement. |

| | |
| --- | --- |
| **Conflicts of Interest**: | No conflict identified. |

| | |
| --- | --- |
| **Date/Name of Committee/ Meeting, Where Last Reviewed:** | 11 March 2024 – Executive Management Committee. |

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

# Public Sector Equality Duty 2023/24

March 2024

# Contents

Section 1



Section 2

# Contents

# Introduction – Legal Context

**Equality Act 2010: This act consolidated and replaced previous anti-discrimination legislation for England, Scotland and Wales. It covers discrimination because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation – known as 'protected characteristics'. The act introduced the Public Sector Equality Duty, which supports related legislation, namely the Human Rights Act and the Health and Care Act 2022**

**Public Sector Equality Duty:** Section 149 of the Equality Act requires all public bodies to show due regard to the three aims of its General Duty to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity, and
- promote good relations between people sharing a protected characteristic and those who do not.

To meet the General Duty, the ICBs has a Specific Duty to publish by March 30 annually:

- Gender Pay Gap information
- Information on its staff and service users/populations, analysed by protected characteristics.
- One or more specific and measurable Equality Objectives, refreshed at agreed intervals.

The General Equality Duty, also known as the Public Sector Equality Duty (PSED), applies to the nine protected characteristics under the Act. Its purpose is to integrate equality considerations into everyday business practices and accelerate progress for all.

**The Health and Care Act 2022** formally established Integrated Care Boards (ICBs) as statutory bodies responsible for planning and arranging healthcare provision within a designated area in collaboration with provider Trusts, social and primary care partners, who collectively form the Integrated Care System (ICS).

They are responsible for the following four aims:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS support broader social and economic development.

The Act requires ICBs to establish an Integrated Care Partnership (ICP) with local authorities, bringing together representatives from partner organisations from the public and voluntary sector. The ICP will lead the development of the Integrated Care Strategy – which partners will have to show due regard to when making decisions.

**Human Rights Act 1998** sets out the fundamental rights and freedoms that everyone in the UK is entitled to.

The Public Sector Equality Duty uses the same definition of functions of a public nature as the Human Rights Act 1998 and therefore, supports and complements it.

Under this Act, human rights are set out in 13 Articles which give people the right to seek justice in a court of law.

# Scope of Report

This report fulfils the Specific Duties required to show due regard General Equality Duty as it provides information on the following:

- The Joint Forward Plan and Strategic Goals for the ICB in 2024/25.
- Draft Equality Objectives
- Key ICS Partnerships
- Workforce analysis by protected characteristics for the ICB as an employer.
- Findings on the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap benchmarking for the ICB and ICS for 2022/23 .
- Equality Delivery System Action Plans for the ICB workforce
- The ICB's OD programme to improve staff experiences
- Sexual Safety Charter
- BOB ICS Inclusion Group and Partnership projects and programmes
- BOB ICS WRES and WDES results 2023 - Highlights.
- Case Studies

# About BOB ICB

**Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)** exists as a statutory organisation responsible for planning, arranging and meeting the health and care needs of close to two million people living in Buckinghamshire, Oxfordshire and Berkshire West.

BOB ICB replaced Buckinghamshire, Oxfordshire and Berkshire West Clinical Commissioning Groups (CCGs) on 1 July 2022, following the passage of the Health and Care Act 2022. It took over the commissioning responsibilities of the CCGs and established an Integrated Care Partnership (ICP) to bring health and social care partners closer to form an Integrated Care System.

**The four main aims of the ICS are:**

- improving outcomes in population health.
- tackling inequalities in health outcomes, experience and patient outcomes
- enhancing productivity and value for money, and
- supporting broader social and economic development.

# BOB ICS – Demographic Profile

The Buckinghamshire Oxfordshire Berkshire West Integrated Care System (BOB ICS) serves a population of nearly 2 million, across the five local authorities of Buckinghamshire, Oxfordshire, Reading, West Berkshire and Wokingham. Located in the heart of the Thames Valley, the ICS serves a disparate geography – from sparsely populated rural areas to the more populous towns and cities of High Wycombe, Oxford and Reading.

**Population growth:** The ICS has a growing and aging population – with population expected to grow by 5% (by approximately 89,000 people) by 2042, accompanied by housing and infrastructure development. The growth masks the changing age profile - with the numbers aged 65 or over expected to rise by 37% (increasing by 122,000) and young people (aged under 18) reduce by 7% (approximately 26,000) over the same 20-year period.

**Ethnicity:** The ethnic profile for the BOB ICS area mirrors the national average – but varies by local authority. People who responded that they were White British make up 73% of residents overall, similar to the national average, but this ranges from 53% in Reading to 85% in West Berkshire. The ethnic diversity of our population tends to be higher in our larger towns and cities, like Reading and Oxford.

**Long-term conditions:** Levels of long-term conditions, such as heart disease or diabetes, are generally lower than the national average, but tend to increase with age, with an estimated 60% of people over 60 having one or more long term condition.

**Deprivation**: BOB ICS ranks 11.23 on the Indices of Multiple Deprivation score – highlighting its relatively low ranking on the deprivation scale. However, it has pockets of deprivation, with 3% of its population (57,000 people) living in 20% of the most deprived areas in England.

**Life expectancy at birth**: For males, this is 79.4 years in most local authorities in BOB, which is higher than the national average, except Reading, where it is comparable with it (79 years). For females, life expectancy iat birth is higher than the England average (83.1 years) for most of the local authority areas, except Reading, where is it is lower at 82.3 years.

## Integrated Care Partnership (ICP) Priorities

**Promoting and protecting health –** to support people to stay healthy, protect people from health hazards and prevent ill health

**Start well –**to help all children achieve the best start in life

**Live well –** to support people and communities to stay healthy for as long as possible

**Age well –** to support older people to live healthier, independent lives for longer

**Improving the quality of and access to services –** to help people access our services at the right place and right time

Our Integrated Care Strategy was published in March 2023. You can read it in full here:

(Source: BOB Integrated Care Strategy and BOB: Data Summary for ICS Strategy development, November 2022, Office for Health Improvement and Disparities)

# BOB ICS Population – Protected Characteristics, Census 2021 1/2

| Protected characteristics | Oxfordshire | Buckinghamshire | Berkshire West |
|---|---|---|---|
| Ethnicity | **86.9%** identified as White<br>6.4% as Asian/Asian British,<br>2.1% as Black(British/African/Caribbean) and<br>1.6% as Other. | **79.9%** identified as White,<br>**3.5%** as Mixed,<br>**2.6%** as Black (British/African/Caribbean),<br>**12.4%** as Asian/Asian British<br>1.6% - Other | **91.9%** identified as White,<br>**2.4%** as Mixed,<br>**1.3%** as Black (British/African/Caribbean),<br>**3.7%** as Asian/Asian British<br>**0.7%** as Other |
| Disability (day-today activities limited a lot) | 5.1% | 5% | 5.1% |
| Religion | 47% - Christian<br>40% - no religion,<br>3% - Muslim<br>1% - Hindu<br>1% - Buddhist<br>1% - Other,<br>7% - Not answered | **47.2%** identified as Christian,<br>**34.2%** - no religion<br>**7%** - Muslim<br>**2.7%** - Hindu<br>**1.6%** - Sikh<br>**0.5%** - other religions<br>6% - Not answered | **49%** identified as Christian<br>**41.1%** - no religion<br>**1.3%** - Muslim<br>**1.3%** -Hindu<br>**0.3%** - Buddhist<br>**0.2%** Sikh<br>**0.1**% -Jewish,<br>**0.4%** - follow other religions<br>6% Not answered |
| Sexual Orientation | **88.4%** identified as heterosexual<br>1.48% - Gay or Lesbian<br>1.68% - bisexual<br>0.44% - all other sexual orientations<br>**7.9% -** undeclared. | **90.7%** identified as heterosexual,<br>**1%** - Gay or lesbian,<br>**0.9%** - bisexual,<br>**0.3%** - other,<br>**7.1%** - undeclared. | 1.1% gay or lesbian<br>1% bisexual |

Source: Equalities | Oxfordshire Insight, Census 2021,

# BOB ICS Population – Protected Characteristics, Census 2021 2/2

| Protected characteristics | Oxfordshire | Buckinghamshire | Berkshire West |
|---|---|---|---|
| Marriage and Civil Partnerships | 47% of Oxfordshire residents were married or in a registered civil partnership.<br>Of those, 0.8% are in same-sex relationships. | 31.5% - Not married or in a civil partnership<br>52.2% - Married or in a civil partnership | Of West Berkshire residents, 51.6% were married or in a registered civil partnership, 51.4% - married and 0.1% were in a registered civil partnership (0.1% opposite sex and 0.1% same sex). |
| Gender Identity | 93% had a gender identity that was the same as their sex registered at birth<br>0.1% identified as Trans Man,<br>0.9% as Trans woman<br>0.10% - Non Binary<br>0.05% - Other Gender Identity | Data unavailable | 0.1% identified as trans women<br>0.1% as trans men |

Source: Equalities | Oxfordshire Insight, Census 2021,

# Governance and Oversight

The Board of the ICB is led by the Chair and Chief Executive of the ICB, supported by five Non-Executive Directors, three Executive Directors and four partner members. The board is responsible for system oversight and assurance around planning and progress against key population health and workforce indicators and building accountability through the ICB.

The Board is supported by the following committees:

Audit and Risk
People
Place and System Development
Population Health & Patient Experience
Remuneration
System Productivity

The decision-making process is set out within the Governance Handbook, which can be found here

All decisions related to Equality Diversity and Inclusion are made by the Board, based on recommendations received from the People and Population Health and Patient Experience Committees. The Executive Management Committee receives all reports and progress updates. A forward plan for all statutory reports has also been developed to strengthen and accountability and assurance process and all key reports will be monitored by the Governance team to ensure equality risks are analysed to support board decisions.

# Joint Forward Plan on a Page

The Joint Forward Plan is the NHS delivery vehicle for the BOB Integrated Care Strategy. The summary plan, developed with partners in June 2023 is set out below. This is updated annually with refreshed goals agreed by partners.

**Our System Vision and Partnerships** 01

Everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed

Place based partnerships, Provider Collaboratives, Clinical Networks, VCSE, Communities

**Addressing Our Biggest System Challenges** 02

1. An **inequalities** challenge
2. A **model of care** challenge
3. An **experience** challenge
4. A **sustainability** challenge

A reduction in inequalities in outcomes and experience
People are better supported in their communities to live healthier lives
Improved accessibility of our services and elimination of long waits
A sustainable model of delivery across the BOB system

**Delivering Our Strategy – Our Service Delivery Plans** 03

| **Promote and protect health:** Keeping people healthy and well | **Start Well:** Help all children achieve the best start in life | **Live Well:** Support people and communities live healthy and happier lives | **Age Well:** Stay healthy, independent lives for longer | **Quality and access:** Accessing the right care in the best place |
|---|---|---|---|---|
| 1. Inequalities<br>2. Prevention<br>3. Vaccination and Immunisations | 1. Women's, maternity and neonatal services<br>2. Children and Adolescent Mental Health Services<br>3. Learning Disabilities<br>4. Children's Neurodiversity | 1. Long Term Conditions (stroke, cardiovascular disease, diabetes, respiratory)<br>2. Adult Mental Health<br>3. Adult Neurodiversity<br>4. Cancer | 1. Ageing well services (e.g., frailty – community multidisciplinary teams) | 1. Primary care<br>2. Urgent and Emergency Care<br>3. Planned care<br>4. Palliative and End of Life Care |

**Supporting and Enabling Delivery** 04

Workforce, Finance, Digital, Estates, Research & Innovation, Net Zero, Quality, Safeguarding, Infection Prevention and Control, Personalised Care, Continuing Healthcare, Delegated Commissioning

# Our Inequalities Challenge

**Outcome goal: Reduction in inequality of access, experience and outcomes across our population and communities**

**Where are we now and what action are we already taking?**

Across our BOB partnerships, there are already numerous examples of collaborations focused on reducing inequalities in access, experience and outcomes. Reducing these inequalities is a central ambition of our partnership as set out in the BOB Integrated Care Strategy. In 2023/24 we have activity planned that will accelerate and grow our support to people and communities with greatest needs. These activities include:

- ***Increased investment for place-based initiatives*** – A £4 million new annual investment for 2023/24 & 2024/25 will be directed towards populations who face the largest health inequalities in access, experience, and outcomes. The funding, devolved to Place, will focus on key ill health prevention reflecting local needs and includes:
  - ✓ Reducing premature mortality though **community outreach programmes** in Berkshire West with local, targeted actions including increasing health checks, BP monitoring and promoting 'active medicine' .
  - ✓ Supporting Buckinghamshire's **Opportunity Bucks** programme targeting the 10 most deprived areas in Bucks – actions including health checks for people with severe mental illness, preconception and maternity support for highest risk ethnic communities .
  - ✓ In Oxfordshire supporting specific communities including people who are **homeless**, building partnerships and **increasing community capacity** with VCSE and local partners to deliver local core20plus5 initiatives.
- ***Core20Plus5*** – An ongoing focus on the priorities identified through our core20plus5 analysis. For example: smoking cessation – Further investment of £835,000 in Tobacco Advisory Services in acute in-patient, maternity and mental health inpatient.

We have places where Population Health Management is working successfully already on a small scale (for example, in the Reading West PCN and Banbury Cross Health Centre). We are improving our understanding and outcomes in relation to people with diabetes in our Nepalese community and our most deprived housebound patients. Further detail on these plans are available in the relevant service delivery plans.

**Service Plans Reference:**

Tackling inequalities is a theme running through all delivery plans. Most actions included in:

- Inequalities & Prevention
- CYP and Adult Mental Health
- Maternity and Neonatal
- Long Term Conditions
- Personalised care

**Our longer-term transformation approach – Unlocking population health management**

We recognise that a more consistent approach to identifying and addressing inequality challenges will be significantly strengthened through the development of a robust approach to **population health management**. Although we have examples across BOB where PHM is used to make decisions, this could be strengthened and spread across the system. We commit to progressing this in 23/24 through the following actions:

- Create an **integrated data set** across our providers, with data available for analysis to identify opportunities for targeting support to communities and people in BOB.
- Establish the right **analytical capability and decision-making infrastructure** to clearly understand where the areas of greatest inequalities exist and analyse the causes .
- Utilise the Population Health data and analysis to **target activity** in the areas which have the greatest need and where the most impact will be made, with initial rollout in targeted clinical areas.

**2023/24 Priority Transformation Milestones**

| | | | |
|---|---|---|---|
| • Form an ICS Data Leadership and Governance Group with clinician and patient input.<br>• Completed stock-take of data sets, collection and reporting.. | • Define and establish Centre of Excellence for Data including learning and community of practise.<br>• ICS Data Charter established.. | • Build a team that can work with local teams and produce proof of value analysis.<br>• Agree shared responsibility between ICS and local system functions. | • Finalise development of a common ICS data architecture.<br>• Embed culture of data driven transformation as part of PHM approach. |

# System Context: Our Key Challenges

## As a system we face a number of significant challenges

### Our Financial position

| | |
|---|---|
| **Position** | **The BOB NHS budget for 2023/24 was £3.3bn**, with a large share (40%) allocated to acute services.<br><br>We are forecasting a **significant deficit (£26-40m)** this financial year beyond what we planned for. Any system overspend will have to be repaid in future years, adding to the challenge moving forwards. |
| Efficiencies | There are **significant opportunities to make efficiencies** across our estates, back-office functions and clinical pathways if we work more closely together. |
| Sustainability | The overall financial position highlights the need for our system to make significant changes if we are to get to a **more sustainable position** and for us to realise the benefits of pooling resource and economies of scale |

### Our System Performance

| | |
|---|---|
| Acute | **Circa 6,000 patients waiting over 52 weeks for treatment**, **with considerable variation** in waiting times and access across specialties and the system. Limited use of mutual aid at present. |
| Urgent and Emergency Care | Our **urgent care systems are under significant pressure**, with increased attendances and a deterioration in performance against national targets. |
| Mental Health | We are often reliant on **adult acute mental health out of area placements** and are seeing **growing waiting lists** for many services (children and adults), with demand outstripping capacity. |
| Primary Care | People report **a worsening experience of accessing primary care** and there is a significant mismatch between supply and demand |

# BOB System Goals 2024/25 - to be finalised in Quarter 1 of 2024

**Improve outcomes** for our population health and healthcare

1. Provide more **joined up, proactive and accessible care,** by bringing together teams and resources across organisations into Integrated Neighbourhood Teams

2. **Improve the mental wellbeing of children and young people** by working together to pilot and scale preventative approaches and improvements, including within the neurodiversity pathway

**Tackle inequalities** in outcomes, experience and access

3. Extend healthy life expectancy by **preventing strokes and heart attacks**, through working together to improve CVD pathways and prevention and targeting action to where it will have most impact

4. Accelerate our provider collaboratives (Acute & Mental Health) to **tackle variation** to drive increased equity of access, outcome and experience

Enhance **productivity** and **value for money**

5. Deliver savings through **adopting a system-wide approach to procurement and estates (One Public Estate)** across our places and providers

Help the NHS support broader **social and economic development**

6. Develop a more unified approach to **supporting and retaining our people**, reducing temporary staffing, supporting local employment and supporting the health and wellbeing of our people

**Enabled by System Digital & Data Programmes**

- **Digitise:** Reaching a core level of digitisation across the system.
- **Connect:** Connecting care settings across organisations and sectors
- **Transform:** Targeting our resource through population health management to better meet the needs of our population

# Draft Equality Objectives 2024/25

The following Equality Objectives have been identified based on the ICB's Equality Delivery System (EDS) review, ICS WRES and WDES results for 2022/23 and key involvement and engagement programmes underway in the ICS. They will be supported through actions underway in their respective work streams over 2024/25:

**Public Engagement:**

1. Publish findings of study commissioned to inform the BOB ICS Research Engagement Network and Citizens Panel to ensure there is an inclusive approach to community involvement in healthcare research and planning.

**Maternity Equity:**

1. Ensure data submitted to Maternity Services Data Set (MSDS) contains valid postcode for mother/birthing parent at booking in 95% of women booked in the month.
2. Ensure data submitted to MSDS/dashboard/score cards includes a valid ethnic category for at least 90% of the women booked in the month.

The dataset will help us monitor take-up of screening and post-natal services, by protected characteristics and area, and address variations in outcomes and experiences more effectively.

**Workforce (internal) equality objectives for BOB ICB:**

1. Promote NHS Health checks through staff networks, All Staff Forum and internal communications channels to ensure all have access to support to manage health conditions and wellbeing.
2. Implement the Agile, Flexible and Hybrid Working Policy to support flexible working.
3. Ensure ICB Change Programme includes inclusive recruitment and compassionate leadership workshops for managers.
4. Improve intelligence and reporting on Employe Relations to address any disproportionality by protected characteristics.

**We will work with our partners to agree our ICS equality objectives for 2024/25, related to:**

1. Supporting career progression for ethnic minority staff to address the race disparity ratio identified in 2023/24.
2. Rolling out the Cultural Intelligence Programme to build staff capabilities to work within diverse teams.
3. Implementing the NHS Sexual Safety Charter actions (ICB and provider Trusts) in 2024/25.
4. Commissioning a reasonable adjustments toolkit for all partners.

# ICS Partnerships

BOB ICB supports a range of partnerships to support collaborative working. This section identifies some of the key arrangements, including:

- Place Based Partnerships
- Acute and Mental Health Provider Collaboratives
- Voluntary and Community Sector Alliance
- Workforce Partnerships

For more information on our Place Based, Acute and Provider Collaboratives see the Joint Forward Plan

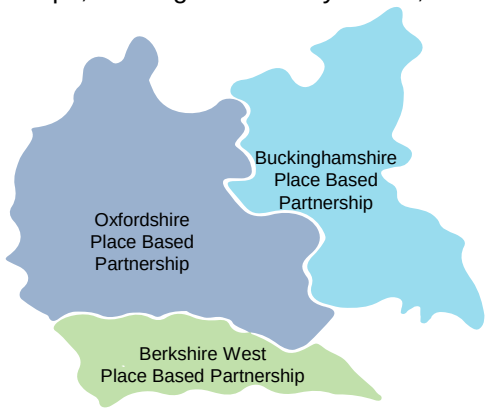
# Our Place Based Partnerships

Our model for system working has thriving places at its heart. Across our ICS we want to empower, support and challenge our places to deliver for the people they serve. Decisions about the delivery of services are normally best taken close to the people who use those services. If we are to succeed in supporting people to live healthier and more independent lives, we need a nuanced understanding of the issues facing different people and communities. This Joint Forward Plan will be delivered in partnership with leaders and staff working closely with our populations at every level across the system, through our Place Based Partnerships, as integrated locality teams, or extending beyond our ICS borders when that is what is needed.

## Our Place Based Partnerships (PBPs)

Within BOB we have three strong and distinct Places – Buckinghamshire, Oxfordshire, and Berkshire West – that are broadly co-terminus with local authorities and the catchment for district general hospital services.

Each place is establishing a place-based partnership (PBP) which will be leading delivery at a local level, driving transformation and integration, and ensuring the plan delivers improvements in outcomes and experiences for the people living in each place.




## The role of PBPs in delivering local priorities

Our PBPs and their wider local arrangements can bring together system partners to deliver the outcomes that really matter to each “Place”, in support of the Joint Local Health & Wellbeing Strategies (JLHWSs).

Each place will design its own partnership, which may include local government, primary care and VCSE organisations. In BOB, we see the role of our PBPs as critical to shaping how services are delivered locally, and a maturing partnership approach across BOB will be important in how we best shape services that meet the needs of local populations. We already have a strong history of working at place-level across the BOB system and will build on this existing strength through our new formal partnerships to ensure local priorities are delivered. We also see our PBPs as vital in driving the integration of services “on the ground”, which make a genuine difference to quality and accessibility for local people.

PBPs will focus on the following populations:

- **Children and young people** including improving school readiness, child and adolescent mental health (CAMHS), special educational needs and disability (SEND).
- **Adult mental health** and learning disability (LD) and neurodiversity (ND).
- **People with urgent care needs** including children, adults and older adults with multiple illnesses and frailty.
- **Health inequalities and prevention** including healthy lifestyles, wider determinants of health and our role as anchor institutes.

## The principle of subsidiarity

We are committed to the principle of subsidiarity which means decision-making and delivery will still be taken as close to local communities as possible. System leaders that are working closest to their local populations are best placed to make decisions and lead activity. Therefore, our partners are central to delivery in BOB and have the accountability and support within a clear governance framework. Where significant benefits can be realised through system co-ordination, we will work at a larger scale across the system to deliver activity.

## Developing our PBPs

To support the development of strong places and based on learning and experiences from other Place-Based Partnerships, we will be reviewing progress against a few common characteristics we want our places to have. These will be used to help set an initial baseline and to support ongoing continuous improvement as Partnerships.

A priority for 2023/24 is to further develop our ways of working to define how accountability and responsibly is shared between the ICB and our PBPs, supporting the principle of subsidiarity. Over the next five years we anticipate the level of delegated responsibility and budgets to our PCPs will grow as our partnership approach matures.

## Health and Wellbeing Boards

Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. In BOB, we have five Health and Wellbeing Boards (HWBs) closely aligned with our Place Based Partnerships.

Each of our Health and Wellbeing Boards has developed a Joint Local Health and Wellbeing Strategy – with Wokingham, Reading and West Berkshire co-producing a single strategy covering “Berkshire West”.

# Our Provider Collaboratives

Along with Place Based Partnerships, our emerging Provider Collaboratives will be central to delivery of the BOB ICS vision, recovering core services and productivity, and meeting operational planning requirements each year. These collaboratives are early in their development, and we expect their roles to grow and evolve over the period of this plan.

## BOB Acute Provider Collaborative

The Acute Provider Collaborative is a developing partnership between our three acute/integrated trusts: Buckinghamshire Healthcare NHS Trust, Oxford University Hospitals NHS Foundation Trust and Royal Berkshire NHS Foundation Trust.

The Collaborative is built on a set of principles that have been agreed in a Memorandum of Understanding between the three organisations.

Our Acute Provider Collaborative is committed to:

- Working openly and transparently, sharing knowledge and intelligence to inform aligned solutions where appropriate and possible to do so.
- Being informed by the health needs of the population of BOB ICS, work together where there is opportunity to reduce health inequalities and improve equity of access.
- Supporting the exploration and identification of mitigations to service or performance challenges, where working together will improve delivery outcomes.
- Reducing costs by doing things once across the three Parties where possible.
- Encouraging improved recruitment and retention within the system through the exploration, alignment and adoption of innovative staffing models.

In 2023/24, the Acute Provider Collaborative aimed to deliver on the following priorities, aligned with the strategic themes and enablers of our Joint Forward Plan Base.

- Quality and access – Deliver the **Elective Care Recovery Programme** for 2023/24 and meet the target of **eliminating 65 week waits,** on the way to eliminating 52 week waits, and embedding the diagnostics strategy.
- Digital and data – Support **digitisation and alignment** between the three acute providers and the **procurement of an EPR system for Buckinghamshire Healthcare NHS Trust.**
- Finance – Work with the ICB **to identify and deliver efficiency opportunities for 2023/24.**

## BOB Mental Health Provider Collaborative

The mental health provider collaborative is between Oxford Health NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust. Our aim is to improve the mental health of our population by leading a transformation approach of mental health services at scale, linking with and supporting the work of our Place-Based Partnerships. Our first areas of focus for transformation will be:

- CAMHS – where we can build on the collective work done to date to tackle system wide challenges.
- Addressing health inequalities, in line with the Advancing Mental Health Equalities Strategy. This includes improving the use of data and insights to strengthen our equalities strategy at scale and a focus on workforce transformation.
- Embedding a culture of quality improvement. We will use the Provider Collaborative to learn from each other and scale best-practice across both of our trusts, engaging with the ICB to embed learnings from quality improvement work at system level.
- Engagement work with our clinicians, people with lived experience of mental health services and wider stakeholders will help us identify further priorities for our collaborative.

It is recognised that as individual organisations we may not be able to achieve our ambitions and the scale of transformation we require. Our BOB mental health provider collaborative will therefore enable us to systematise joint working for the benefit of our population.

Our collaborative has recently been selected as one of the national “Provider Collaborative Innovators” in recognition of the importance of developing our joint ways of working. Through this scheme, we will work closely with NHS England who will provide support to accelerate the benefits in the quality and efficiency of patient care across our populations.

## Developing our Provider Collaboratives

Throughout 2023/24 we strengthened our approach to joint system working through the Provider Collaboratives, including the establishment of proportionate governance and agreement of our strategic priorities for the next five years.

# VCSE Alliance

**The VCSE Health Alliance brings together the Voluntary Community and Social Enterprise sector organisations across BOB** to ensure they play an equal role in the planning and design of health services.. The Alliance represents and fosters collaboration between the VCSE Sector and healthcare. It has aimed to ensure services are accessible and inclusive and health inequalities are minimised through partnership working.

**Key achievements of the alliance over the past year include**:

- Agreeing four shared values and eight partnership actions between the VCSE sector and the NHS in BOB ICS.
- Supporting allocation of £4m of Health Inequalities funding in Oxfordshire and Berkshire West.
- Securing the addition of Dying Well as one the Integrated Care priorities for BOB ICS.
- Helping to draft the Ageing Well Integrated Care priority.
- Ensuring VCSE representation into eight formal or semi-formal BOB ICS committees or groups.
- Raising awareness of the Alliance and its role in championing and supporting the sector.

**The Alliance represents**:

- 7,500 registered organisations
- 44,500 employees
- 162,300 volunteers
- Valued at £2.2 billion

More information is available here.

# Public Engagement 1/2

As the ICB implements its **Working with People and Communities Strategy,** we aim to create an ICB built on effective engagement and partnerships to successfully serve people across BOB. It is recognised there continues to be much to do to develop our work with communities and people within BOB. Below outlines some examples of work to develop inclusivity through public engagement.

**Working with our local communities and Community Connectors Programme:**

There is a wide network of GP patient participation groups across BOB. Locally based groups work with their practice and with the ICB through a variety of practice-based meetings and wider place meetings. These meetings are regularly attended by ICB colleagues to share news and updates on developments within their area, receive feedback and discuss ways of widening their engagement within their communities.

The **ICB is Wave 4 CORE20PLUS Connectors site** and are working with the five Healthwatch organisations, our delivery partners, to develop a network of Community Connectors. The Connectors work with parents and carers of children in more deprived areas to capture their experiences of oral health and we will use these insights to drive improvements.  Through the Connectors programme, we have been successful in bidding for support from the Health Creation Alliance to conduct an appreciative inquiry workshop with a focus on turning insights into action. The workshop is being planned for February 2024 and will drive the development of an ICB wide action plan.

There are also three **Community Participation Action Research** projects ongoing across BOB on the Cost-of-Living Crisis exploring the inequalities faced by marginalised communities. Our community researchers are halfway through their training and in the data collection phase of their work. We expect that each organisation will analyse their data around January when they start to refine their research:

1. **Caribbean Community Lunch Club** – 3 community researchers are using interviews and focus groups to investigate issues around the cost-of-living crisis and mental health of the Black community in Aylesbury.
2. **St Vincent & the Grenadines 2nd Generation,** High Wycombe - 3 community researchers are using a survey and interviews to explore links between the cost of living and health inequalities among African, Caribbean, and Indian communities with an additional focus on maternal health.
3. Healthwatch Oxfordshire working with researchers from **Oxford Community Action -** 2 community researchers are exploring the reasons why people attend their foodbank service and whether it suits their needs. They plan to use the learning to improve their service as well as taking it to organisations which supply the foodbank. They are using a questionnaire and planning to develop a video.

# Public Engagement 2/2

**Developing a Research Engagement Network**

Across BOB we (the ICB, the BOB VCSE Alliance, Health Innovation Thames Valley and Oxford and local research organisations – the NIHR Applied Research Collaboration Oxford and Thames Valley and the Clinical Research Network Thames Valley and South Midlands) have been given money to develop a network to support better ways of working with local communities.

The idea of the network is to help make sure that the views of all communities are included in health and care research and healthcare planning. Working with research organisations and the voluntary sector, the ICB wants to make sure research and planning becomes more equitable. Great work is already happening but may not always be shared with everyone who could act on it. The ICB also know that the views of all communities are not included, and that, at times, communities can feel overburdened by requests, particularly if they do not receive feedback.

The Research Engagement Network project wants to understand better what is happening already so that it can improve things for everybody. A mapping exercise has been undertaken to understand what research and engagement is happening across BOB with local communities via a survey being shared across the NHS, local authorities, research networks and the voluntary and community sector. Feedback will be analysed and a report produced with the aim of developing an action plan to develop a network as outlined above and develop an action plan to ensure wider participation of communities in research and engagement.

**Future work**

- To progress the development of a citizen's panel to ensure we engage with a representative group of residents across BOB.
- To develop an advisory panel which will bring together representatives from across the ICS to help develop and guide our approach to engagement. This group will provide an independent "review, check and challenge" function, and we will seek a representative membership from across our partners. The Research Engagement Network project will help inform the development of this panel.
- To further develop evaluation processes so we can measure our reach and impact of communications and engagement across the system

# Workforce Partnerships

The ICB facilitates the System People Board to plan and work on system workforce priorities. The board includes Chief People Officers and Directors from:

•Primary Care
•Public Health & Community Safety, Oxfordshire County Council
•Buckinghamshire Healthcare Trust
•Oxford Health Foundation Trust
•Royal Berkshire Foundation Trust
•Allied Health Professionals
•People, Berkshire Health Foundation Trust
•Public Health, Buckinghamshire Council
•Public Health Director
•Education and Quality (Workforce)
•South Central Ambulance Service
•Oxfordshire County Council
•Buckinghamshire Council
•Buckinghamshire Council
•BOB VCSE Health Alliance
•Oxford University Hospitals
•Public Health for Reading Borough, West Berkshire & Wokingham Borough Council
•BOB ICB

Partnerships set up to support the BOB System People Board include:

- BOB ICS Inclusion Group
- BOB ICS Apprenticeship Leads Forum
- BOB ICS Workforce analytics forum

# Health Inequalities

This section sets out the programmes and projects to address health inequalities across the three Places – Buckinghamshire Oxfordshire and Berkshire West. It covers information on:

- Governance arrangements around Health Inequalities and Population Health Management
- Progress update on Prevention
- Devolution of Prevention and Health Inequalities Funding
- Community Engagement
- CORE20 Plus 5 Projects
- Support for Inclusion Health Groups
- Support for Asylum Seekers and Vulnerable Migrants

# Progress in 2023/24 Summary

BOB ICB established a new Prevention and Health Inequalities Team in 2023 to embark on a programme of work to prevent ill-health and reduce inequality of access, experience and outcomes across our population and communities. Our five-year ambition is to reduce health inequalities within our population, ensuring that everyone has equal access to the right care and support. We want to keep people healthier for longer through increased primary and secondary prevention activities.

**Highlights of the past year include:**

- Setting up inpatient and maternity tobacco dependency treatment services in all our provider Trusts, with 5 out of 8 being fully established.
- New Prevention networks set up across the priority areas of drugs and alcohol, weight management and physical activity.
- New and improved governance arrangements set up to oversee the prevention and health inequalities agenda at a system and place level.
- A continued focus on population health management as an essential approach to tackling health inequalities.
- £4million in Prevention and Health Inequalities Funding utilised by Places for locally-developed schemes to meet local needs, including:
    - Alignment of Buckinghamshire schemes with the pre-existing Opportunity Bucks programme which focuses on the 10 most deprived wards in the area. Projects span the priority areas of Starting Well, Living Well and Ageing Well.
    - A suite of grassroots-led projects in Oxfordshire which enables investment in locally designed solutions to neighbourhood level problems.
    - A large Community Wellness Outreach programme in Berkshire West which will deliver 9,000 health checks to our most vulnerable communities by the end of June 2025.
- Engagement with our most vulnerable communities including 6 focus groups with socially excluded communities.
- A new Asylum Seeker and Vulnerable Migrant Oversight Forum which has already delivered practical support to healthcare professionals working with these communities through a new toolkit.

Next year the team will develop their approach in line with the Inclusion Health framework.

# Governance Arrangements - Health Inequalities

BOB ICB's approach on Health Inequalities in 2023/24 focussed on developing our governance, population health approach, resourced activities and engagement. It has also been informed by national frameworks such as Core20PLUS5 and Inclusion Health.

**Governance**

- **The Prevention, Population Health and Reducing Health Inequalities Group** held its inaugural meeting in January 2023. It has provided governance and oversight to the prevention and health inequalities work programme. In addition to scrutinising reports, the group has focussed on smoking, asylum seeker health, screening and immunisations, women's health and the inclusion health framework. To support the work, Prevention networks and Place-based partnerships have maintained oversight over local initiatives and collaborations within Buckinghamshire, Oxfordshire and Berkshire West.
- In **Oxfordshire,** the Prevention and Health Inequalities Forum is co-chaired by the Place Director for Oxfordshire and the Director of Public Health. The group aims to reduce avoidable and unfair differences in health outcome among residents of Oxfordshire. To achieve this, it brings together key leaders from the health system in Oxfordshire to ensure primary, secondary and tertiary prevention initiatives are effective and move forward new initiatives and collaboration where there are gaps. The forum uses the Core20PLUS5 framework to help structure its work and will also focus on issues specific to the Oxfordshire context.
- In **Buckinghamshire**, the Buckinghamshire Executive Partnership (BEP) has identified tackling health inequalities as one of its three key priorities. BEP members have stated their ambition to embed preventative approaches and proactive work to tackle inequalities into all work at every level, developing a more sophisticated understanding of the opportunities to improve access, experience and outcomes for all through outreach, engagement and data. Recent discussions have reflected a desire to review the current governance arrangements for Health Inequalities in Buckinghamshire and widen the BEP Health Inequalities focus. The revised governance will be developed through the partnership during February, ready for implementation in April 2024.
- **In Berkshire West,** University of Reading has been facilitating an inequalities forum prior to the establishment of the ICS Health Inequalities Team. This forum is well attended by partners and NHS organisations; however, it is not focussed on health inequalities alone. It meets quarterly and has covered issues such as, food poverty, which is a major focus for University of Reading researchers, and improved data to support research into inequalities. The next meeting, which will take place in Reading in March, will focus on drafting priorities for the group.

# Governance Arrangements- Population Health Management

**Population health management** is an essential approach to tackling health inequalities – to support professionals to design proactive models of care which meet the needs of their local population and address the wider determinants of health.

**In 2023/24, the ICB set up a Population Health Management Collaboration Group** which brings together colleagues from a variety of disciplines across the organisation and our key local authority partners. Focusing on the four "I"s - Intelligence, Infrastructure, Incentives and Interventions, this forum has been helped to keep abreast of developments with our analytics platform and share best practice relating to effective targeted interventions.

In our three Places, we have also supported the development and refresh of Joint Strategic Needs Assessments, particularly relating to socially excluded Inclusion Health groups. This work will be ongoing as we continue to utilise and triangulate data to better understand the needs of the population.

We continue to advocate for a population health management approach across all services as a key mechanism to tackle health inequalities.

# Progress highlights on Prevention 1/2

The BOB Joint Forward Plan ambitions around prevention focus on four key areas: smoking, weight management, alcohol and drugs and physical activity. This is in keeping with its commitment to enhance primary and secondary prevention work to keep people healthy for as long as possible. Progress highlights over the past year and future plans in these areas are outlined below.

## Smoking

**To reduce smoking and increase access to tobacco dependency services**, the Prevention and Health Inequalities team successfully:

- established a monthly Tobacco Dependency Multi-Agency Steering Group, including the ICB, NHS England, providers and local authorities, to refresh tobacco control alliance action plans and progress stop smoking initiatives.
- started tobacco dependency treatment services in all our acute and mental health inpatient settings and within maternity services with full coverage for all patients in contact with these services. Anyone admitted to hospital overnight, or receiving care from a midwife will get specialised support from a tobacco dependency advisor to stop smoking while in hospital and beyond. In 2023/24 five out of the eight services will be fully established.
- signed the NHS Smoke Free Pledge on 26 February 2024 which strengthened our commitment to help smokers quit and provide smokefree environments – which will support No Smoking Day campaign in March 2024.

In 2024/25, key plans include:

- Supporting staff to talk to patients about their smoking and increasing referrals to local stop smoking services by health professionals.
- Building closer ties with community pharmacies to support patients being discharged from hospital and promote healthy behaviours closer to where they live and work.

## Drugs and Alcohol

**To reduce harmful drinking, drug behaviours and drug use** (and increase referrals to Drug & Alcohol services), the team has:

- Developed a new system-wide network with Public Health partners with a focus on Drug & Alcohol as commissioners or Public Health practitioners. The network is in its infancy running monthly, with initial focus to share good practice, provide peer support and identify opportunities to collaborate. Initial topics discussed include the importance of referrals from Primary Care, sharing of dual diagnosis good practice and the impact of opioid prescriptions. As the network evolves, an action plan will be developed to reduce the proportion of harmful alcohol consumption.
- On-going work also includes mapping the current status on Alcohol Care Teams and Local Drug Information System (LDIS) across the system.

Plans for 2024/25 include:

- Increasing the number of people receiving support to tackle their alcohol & drug misuse. With more people identified and supported in higher risk groups such as, people living in more deprived areas, people with mental health conditions, Armed Forces veterans, offenders, homeless and
- reducing the impact on others, for example, children and young people.

# Progress highlights on Prevention 2/2

| Physical activity | Weight Management |
|---|---|
| **To address the risks of** 50% of children not meeting the recommended levels of physical activity within BOB ICS, the following areas of work are being progressed:<br><br>• Working closely with Local Authorities and the voluntary and community sector to increase access to activities and foster healthy environments – through developing local networks.<br>• Sustaining existing partnerships in Buckinghamshire and Oxfordshire that are supporting residents to be physically active and focussing on work underway in Berkshire West to re-launch a network alongside Get Berkshire Active.<br>• We have also undertaken a specific piece of work in Reading to support the leisure provider GLL to unblock barriers to increased referrals by primary care on behalf of children and young people.<br>• We have helped expand the service offer to Core20PLUS5 groups and inclusion health groups including refugees, children with Type 2 diabetes and poor mental health and wellbeing.<br><br>Next year we will conduct further work to develop our work programme, aligning to our Joint Forward Plan and local Health and Wellbeing Strategies | Progress in 2023/24 include:<br><br>• Successfully establishing an ICB Weight Management Steering Group which improved collaboration inside the ICB of colleagues supporting different elements of the weight management pathway.<br><br>• Setting up a Partners Group, comprising representatives from Local Authorities who commission Tier 2 lifestyle management services and promote a whole system approach to a healthy weight across the life course. The group aims to clarify the relationship between services offering the different tiers of weight management support so that people receive support earlier before risky and costly surgical interventions might be needed.<br><br>• Release of two NICE technology appraisals to offer patient Semaglutide and Liraglutide for weight loss, and further drugs likely to be approved soon, has required the group to work on an options appraisal to propose a pathway for weight loss medication across BOB as a priority. |

# Devolution of Prevention and Health Inequalities Fund 1/5

In 2023/24 the ICB devolved £4m to Places to develop local initiatives to tackle health inequalities in targeted local populations. Projects in the three places are set out below:

**Buckinghamshire:** A variety of projects spanning the priority areas of Starting Well, Living Well and Ageing Well have been funded in Buckinghamshire. These  focus on the Core20Plus5 clinical areas and target Opportunity Bucks areas, which include the 10 most deprived wards in Buckinghamshire. These are part of Buckimghamshire Council's flagship programme with the same name and include:

- **Maternity: Pre-Conception** - A research-informed community engagement project targeted towards Opportunity Bucks wards, younger people and ethnic minority groups who experience higher maternal risk factors. The project aims to improve pre-conception health and service awareness/access for women of childbearing age. It is led by Buckinghamshire Council until March 2025.
- **Healthy Lifestyles: Pre-habilitation** pilot utilising proactive PHM to identify high risk patients who would benefit from early intervention during surgical waiting times focused on two Primary Care Networks (PCNs). Support delivered through dedicated Health Coaches to improve surgical outcomes, prepare for appointments, and understand waiting times and expectations. Pilot Lead is also overseeing the acute and maternity inpatient smoking provision and provides management time to the Stop Before the Op scheme; both supporting cardiovascular disease (CVD) prevention. As of January, 1,318 members of Buckinghamshire Health Trust staff have completed 'Very Brief Advice' for smoking cessation training. Pilot led by Buckinghamshire Healthcare Trust.
- **Severe Mental Illness (SMI):** A nurse-led outreach model to deliver SMI physical health checks in the community to those that have not had one in the last 1-5+ years. Working alongside the 5 PCNs covering the Opportunity Bucks areas and informed by a PHM audit of the cohort, this project prioritises those with 3+ years since their last check. Research to understand who and why people are not attending health checks is also taking place to inform systemwide outreach. Training on awareness of SMI to all sectors in Buckinghamshire is being rolled out in February and March. This is being led by Oxford Health NHS Foundation Trust (OHFT) and will run until March 2025.

# Devolution of Prevention and Health Inequalities Fund 2/5

**Buckinghamshire continued:**

- **Mental Health:** £120,000 grants programme was delivered to support 11 voluntary sector organisations and activities to support communities that through intersectionality suffer poorer health outcome and poor access to mental health services including: Support and advocacy groups for Asian women, Gypsy, Roma and Traveller group, Muslim communities, SMI carers and Lesbian Gay Bisexual Transexual+ SMI Safe Spaces. Co-produced training is being offered to mental health teams within OHFT to improve access to and outcomes for Gypsy, Roma and Traveller people who have mental health needs. This is being co-ordinated by Oxford Health NHS Foundation Trust.

# Devolution of Prevention and Health Inequalities Fund 3/5

**Oxfordshire place-based funding** has been committed with a key focus on our Core20Plus5 Clinical areas to support the streamlining of current projects and projects focussing on populations experiencing greatest health inequalities in access, experience, and outcomes. These include:

- **Out of Hospital Care Team;** Establishment of a multi-agency team providing step-up care and support for homeless residents in Oxfordshire. With the aim to prevent discharges to street and associated readmissions, avoid hospital attendance and admissions and support an improvement in an individual's health and wellbeing; and prevent rough sleeping and homelessness.
- **Oxfordshire Community and Voluntary Action (OCVA):** We have supported OCVA who have initiated a 'Well Together Programme', working with anchor agencies in the 10 most deprived wards to coordinate grassroots VCSE groups to develop initiatives that address the Core20Plus5 principles and priorities.
- **Active Oxfordshire**: In partnership with Oxfordshire County Council, we have been able to support the 'Move Together' and 'Move Medicine Programme'. The programmes provide a supportive pathway for people across Oxfordshire to become more active. It is co-ordinated by Active Oxfordshire in partnership with Oxfordshire's District Councils. Key achievements includes:

  - A total of 2,156 referrals received during 2023.
  - 54% participants reported improved health after 3 months.
  - A 28% reduction in 111/ Out of Hours demand and 12% reduction in falls.
  - 36% fewer GP appointments in the 4 weeks prior to their 3-month review following being part of Move Together, compared to in the 4 weeks before their initial assessment, representing a saving of 4 GP appointments per participant per annum.

  Quote from resident*; "I have cancer and am experiencing more symptoms of this over time, but MoveTogether is helping me to get out, be more active and help with a sense of purpose. I started Yoga Therapy online (last week) and am really pleased about this. I attend two weekly group walks and attended walk leader training, and this has helped with a sense of purpose."*

# Devolution of Prevention and Health Inequalities Fund 4/5

**Oxfordshire:**

**Early Lives, Equal Start**: We have been able to contribute to the project of Early Lives, Early Start, delivering a maternity advocacy service via the Local Maternity Network in Oxfordshire for vulnerable families in deprived areas with the aim to:

- Improve the access, experience and outcomes for women and birthing people in Oxford, using Asset Based Community Development approach.
- Coproduce targeted and effective community based antenatal education and support for minorities communities in the OX4 PCN.
- Coordinate place- based social prescribing with an anti-poverty, legal literacy lens.
- The Project has supported 47 women, including women facing language barriers, homelessness, extreme poverty, domestic abuse and immigration challenges (see Case Study)

**Community Health and Wellbeing Workers:** Funding of Community Health and Wellbeing Workers, with the overall aim of improving the health and wellbeing of identified deprived communities through an integrated approach - augmenting the impact of council-based community health development officers and social prescribers within GP practices. The project will take place over a two-year period, setting up teams and links with general practices in two PCNs in Oxford City (OX3+ and SEOX).

**Asylum Seeker Care Co-ordinator**: To support the Asylum-seeking population within BOB, the ICB has undertaken a study to identify their support needs. The study highlighted that clinical time is being spent on non-clinical activities and support. To address this the team has been able to commit to supporting a Fixed Term Asylum Seeker Care Co-ordinator post. The role will provide dedicated support for Asylum Seekers and Refugees. The aim of the project includes:

- Reduced pressure on clinical teams, ensuring this population group is seen by the most appropriate health care professional, reducing inefficiencies.
- Improving clinical outcomes for this group, with a focus on Children and Young People and pregnant women through a sustainable service.

# Devolution of Prevention and Health Inequalities funding 5/5

**Berkshire West**

- The Community Wellness Outreach Service will deliver the NHS Health Check pathway in Berkshire West. This is a nationally mandated secondary prevention programme, to priority population groups in the community setting.
- The service will adopt a PHM approach, and data and intelligence from BOB ICS, will ensure provision to populations disproportionately affected by inequalities in access, experience and health outcomes.
- The programme will also recruit a Public Health Analyst in each borough to support this programme amongst other priorities within the Core20Plus population. Approximately 9,000 residents are projected to benefit from a health check by the end of the programme.
- The Programme will last for 18 months, running till June 2025.

# Community Engagement Activities in 2023/24

| Buckinghamshire | Oxfordshire | Berkshire West |
|---|---|---|
| **Black History Month (October 2023)** – Event organised by the Local Maternity Neonatal System (LMNS) team to have a 'safe space' discussion around health issues disproportionally affecting Black women. The team attended to raise awareness of the Prevention and Health Inequalities team and meet local partners and communities.<br><br>**Attendance at the launch of Buckinghamshire Community Wellbeing Hub**, a joint project between Buckinghamshire Health and Social Care Academy (BHSCA) and Buckinghamshire New University (BNU) (December 2023) in High Wycombe to promote the Primary Care Strategy and raise awareness of team.<br><br>**Participation in a Community Action Day (December 2023**) in Chesham organised by Buckinghamshire Council, to raise awareness of the Health Inequalities team and connect with partners supporting Opportunity Bucks communities.<br><br>**Focus group with One Recovery Bucks (January 2024**) to gain insights from those with lived experience of drug and alcohol dependency.<br><br>Attended and networked with partners at the **Wellbeing Wednesday (February 2024**) to support the new Be Healthy Bucks smoking cessation session in Buckinghamshire Community Wellbeing Hub in Aylesbury. | **Facilitation of two focus groups** with representatives from our Inclusion Health groups including: Asylum Seekers and Refugees, Drug and Alcohol and Homeless populations, to gather insight to inform our draft primary care strategy, listening to lived experiences and barriers experienced when accessing health services within Oxfordshire.<br><br>**Partnership working with NTAF, a consultancy commissioned by NHS England** to organise a Make Every Contact Count (MECC) Health Day in Oxford on 8 March 2024. The aim is to provide health awareness to underrepresented groups, with a key focus on the Black African community. The event took place in Blackbird Leys, which in the top 20% of most deprived areas in the Country, where 19% have a limited long-term illness.<br><br>**Representing ICB at Black History Month as part of Oxford City Council Community Champions event within Oxford.** Working in partnership with Oxfordshire Community Champions and residents, to improve diverse communities' experiences with services provided by GP practises.<br><br>**Representing ICB at key grassroots community gatherings** to listen to experiences and barriers to health services, and promoting awareness for NHS online weight management programme | **Asylum Seekers Event days in Reading** – promoting and attending with the Primary Care team to network with colleagues, provide information to stakeholders present and hear about health issues and barriers experienced by service users.<br><br>**Participation in the Equality Delivery System (EDS) engagement event** with the maternity commissioners and their service user group.<br><br>**Promoting the Access & Inequalities Covid Vaccination Funding.**<br><br>**Participating in Protected Learning Time with GP Practices in Berkshire West** to talk about the Community Wellness project, Inclusion Health Groups and Vulnerable Migrants.<br><br>**Organised two focus groups (for Homeless/ Drug Abuse organisations and Ukrainian refugees)** to support and inform the Primary Care Strategy engagement. |

# Core20PLUS5 Programme 1/2

Core20PLUS5 is a national approach to inform actions to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. In BOB ICB we continue to align our priorities to the Core20PLUS5 approach.

**Action on the Core20PLUS5 Clinical Priorities include:**

**Maternity** – A continuity of care team has launched in the Northfield Brook area of Oxford, the only Index of Multiple Deprivation (IMD) 1 area in Oxfordshire. 11.92% of ethnic minority women and birthing people are offered continuity of care in Berkshire West. ED&I and transformation midwives are now in post at Royal Berkshire NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust and Oxford University Hospitals.

**Severe Mental Illness** - Three pilots to drive up performance of health checks have started focussing on interventions with harder to reach groups; one focused on primary care and one focused on community hubs (including the VSCE sector). There has also been investment in Buckinghamshire to increase provision through a nurse-led pilot.

**Chronic respiratory disease** – a project was launched aligned to the winter vaccination programme which aimed to improve COVID, Flu and pneumococcal vaccine uptake in high-risk individuals. The project involved contacting people directly and offering pop-up clinics to support access and its impact will be evaluated

**Early cancer diagnosis –** we have worked with Thames Valley Cancer Alliance to launch an awareness campaign. Work has also started on the Targeted Lung Health Checks with the specific aim to target those areas/groups identified by CORE20+5 criteria. This is a united aim across BOB and will also collaborate with smoking cessation work.

**Hypertension case-finding and optimal management and lipid optimal management** – There has been a huge focus on hypertension management in primary care to achieve 77% target by end of March 2024. CVD Clinical Champions are in place across BOB, supporting priority focus on hypertension and Lipid optimisation. In Berkshire West there has been investment in a community outreach model to deliver health checks to communities in greatest need. In Buckinghamshire, a Locally Commissioned Service is delivering ECG provision across the county with weekly clinics to cover all areas of deprivation.

# Core20PLUS5 Programme 2/2

Other projects under the Core20PLUS approach have included:

**Core20PLUS Ambassadors**

- We have brought together a network of eight local nominees to the Core20PLUS5 Ambassadors programme, as well as the Health Finance Managers Association (HFMA) Finance Fellows. Ambassadors are people working within the NHS who are committed to narrowing healthcare inequalities and ensuring equitable access, excellent experience, and optimal outcomes for all. The network will continue to mature and identify development opportunities which can be enabled by the Prevention and Health Inequalities Team and local partners.

**Core20PLUS Connectors (see also section on Research Engagement Network)**

- BOB ICB was successful in its bid to form part of the Core20PLUS Connectors programme, which has developed and mobilised the model of Core20PLUS Connectors locally through partnerships with the five local Healthwatch organisations. The Healthwatch organisations have recruited, trained and mobilised 14 Connectors who worked with parents and children in more deprived areas and are supporting system-level action to drive improvements around oral health. Reports for each Place will be provided at the end of April 2024, with a system-wide report due to be presented to the Prevention, Population Health and Reducing Health Inequalities Group in July 2024.

**Resourced activities to address inequalities PCNs:**
As part of our JFP commitment to develop a systemwide prioritised, resourced, coordinated and focused approach to health inequalities, the ICB provided the 10 PCNs with the highest levels of deprivation funding to take forward small projects in their areas to address Core20Plus5 aligned Health Inequalities projects following a population health methodology. This work is supported by Health Innovation Oxford who are coordinating learning and evaluation over 2024-25.

Projects focus on small specific populations and include work to improve diabetes understanding in local Nepalese community, improving cancer screening for those with a mental illness, increasing childhood immunisation rates and support for people with asthma living in housing that exacerbates their condition. The evaluation of these project is ongoing, and reports will be available in May 2024.

# Support for Inclusion Health Groups

**Inclusion Health** groups include communities who are socially excluded, experience multiple overlapping risk factors for poor health and are often not accounted for in electronic records. This includes people who are homeless, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, those with drug and alcohol dependence and victims of modern slavery.

People in inclusion health groups often face barriers to accessing primary and preventative care, relying on emergency services to manage acute health needs. This can both further exacerbate health inequalities, but also puts pressure on emergency services, with subsequent financial cost.

In BOB we have started to understand better the needs of these groups, identify good practice across the system and seek to build on this by coordinating and sharing information, skills and understanding.

in Oxfordshire, the Prevention and Health Inequalities Forum have established an Inclusion Health Task and Finish Group that is mapping commissioned services and partnerships supporting inclusion groups, allowing for greater awareness and opportunities to identify gaps and key areas of focus.

**Consultations on the Primary Care Strategy**

In Buckinghamshire discussions are taking place to have a focused Joint Strategic Needs Assessment (JSNA) chapter on inclusion heath groups, as well as to facilitate coordination of inclusion health group work. A particular focus has been the Gypsy, Roma and Traveller communities. To improve their access primary care, the BOB Primary Care team has been working closely with the Margaret Clitherow Trust to:

- develop guidance for practice staff and protected learning sessions for 29 primary care staff with the Personalised Care team in February 2024 to understand barriers faced by this community.
- gather insights from 60 individuals (from nine families) across the three Counties/ Places between January and February 2024 to inform the BOB Primary Care Strategy and commissioning of services overall.
- Focus groups have also taken place in Berkshire West and Buckinghamshire with people with lived experience of drug and alcohol dependency as part of the strategy consultations.

# Support for Asylum Seekers and Vulnerable Migrants

- The Asylum Seeker & Vulnerable Migrant Group brings together partners from across BOB and seeks to better support the needs of those who are accommodated across BOB. The number of vulnerable migrants in BOB have increased over the last 16 months, with asylum seekers being placed in temporary accommodation.
- Current safe and legal routes managed within BOB support include support for families from Afghanistan, Ukraine and Hong Kong. This has required coordination with Primary Care services, such as General Practice and Dentists, Mental Health Services, Women's Health Services as well as with Local Authority Partners to support the wider social and housing needs.
- We have produced a Toolkit for Health Care Professionals to make them aware of the needs and challenges for these people and help link them to the wide range of support they may wish to access. We coordinate with local general practices to ensure that asylum seekers and vulnerable migrants are getting access to services and have also provided dental outreach services.

# Primary Care strategy – engagement

BOB ICB have worked with system partners to develop a strategy and implementation plan for the future of primary care across BOB. we consulted on a draft Primary Care Strategy through a series of engagement events across the three Places (see also Health Inequalities section). The strategy aims to address the local challenges facing primary care and improve the integration between all primary care services and forge better partnership working with community services. The engagement process, which launched in November 2023, closed end of February.

**Process & Engagement Activity:**

The engagement process for the strategy launched in November 2023, with a survey ahead of the draft Primary Care Strategy launch, on the ICB engagement site *'Your Voice in Buckinghamshire, Oxfordshire and Berkshire West',* inviting people to share their experiences of Primary Care, in particular, access to services and continuity of care. A new survey was launched on 9 January 2024, inviting public views on the draft Primary Care Strategy, for which nearly 160 responses were received in February. People have also been offered the option to comment an 'ideas board' for people under the question: 'What do you think the NHS should consider as we plan this new approach to primary care services?', email BOB, or write to the BOB Communications and Engagement team. The full draft strategy has been made available on the site along with a an easy-read version and a summary.

A series of virtual public events were held through January and February 2024, in the form of focus groups aimed at hard-to-reach communities and presentations/discussions with public participation groups such as Patient Participation Groups. The draft strategy was also be presented to the ICP, BOB Joint Health Overview and Scrutiny Committee, Governors and Trust Boards. The sessions are designed to share information about the strategy and for participants to give feedback and ask questions

**Patient group meetings held in 2023/24:**

- West Berkshire Patient Panel – 18 January
- Wokingham Patient Panel – 25 January
- Buckinghamshire Healthwatch – 30 January
- South Reading & North West Reading patient groups – 6 February,
- BOB ICB wide webinar – 21 February

Focus groups were also held with 14 community groups through February, including:

- Three maternity/Parents Groups
- Oxfordshire Community Champions
- Oxfordshire Asylum welcome
- Age Well Service/Carers in Oxfordshire
- Ukrainian refugees
- One Recovery Bucks
- Homeless Berkshire West
- Age Well Services / Carers – Buckinghamshire
- Young People
- Gypsy Roma Traveller's professionals and advocates
- Chiltern Neuro Centre and advocacy groups for people with learning disabilities

# Maternity Equity

The BOB ICS Maternity and Transformation Team are undertaking a range of work to promote equity of outcomes and experiences for women and birthing parents in partnership with Acute providers. The BOB Local Maternity and Neonatal System (LMNS) Equity and Equality Action Plan has a number of actions - key highlights for 2023-25 are given below:

| Priority areas | Progress in 2023/24 |
|---|---|
| **Restore services inclusively:** Continue to implement the COVID-19 actions:<br>- Increase support for at-risk pregnant women and birthing people<br>- Reach out and reassure pregnant BAME women and birthing people with tailored communications.<br>- Ensure hospitals discuss vitamins, supplements and nutrition in pregnancy with all women and birthing people. | Maternity vaccine champions programme improving access to COVID, flu and pertussis. Healthy Start vitamins procurement for distribution to seeking sanctuary populations.<br>Development of postnatal videos translated into 6 different languages.<br>EDI Midwives employed in all acute Trusts.<br>Equality Delivery System (EDS) at RBFT stakeholder event successful and action plan produced-for Maternity (access/experience/outcomes for antenatal screening and postnatal care). - See also Equality Delivery System Section<br>Developing translation cards. |
| **Digital Inclusion**: Ensure personalised care and support plans (PCSPs) are available in a range of languages and formats, including hard copy PCSPs for those experiencing digital exclusion. | LMNS Personalised Support Care Plans co-produced in hard copy and being distributed. Feedback from service users at 3 touchpoints and now translated to 17 different languages in electronic format. |
| **Ensure datasets are complete and timely**: on maternity information systems continuously improve the data quality of ethnic coding and the mother's and parents' postcode. | Work in the LMNS to align provider dashboards to avoid variance in metrics data and include wider equity metrics such as breastfeeding. Maternity project undertaken to explore social determinants of health data capture in routine care. |
| **Accelerate preventative programmes that engage those at greatest risk of poor health outcomes:** Intervention 1: implement maternal medicine networks to help achieve equity.<br>Intervention 2: implement a smoke-free pregnancy pathway for mothers and their partners<br>Intervention 3:ork with system partners and the VCSE sector to address the social determinants of health.<br>Intervention 4:: roll out multidisciplinary training about cultural competence in maternity and neonatal services | Maternal Medicines Network (MMN) has produced an ongoing patient survey in a range of different languages to support the service user led improvement.<br>Tobacco dependency in house services continue across all 3 provider trusts and working towards full establishment.<br>Asset Based Community Development programme Early Lives Equal Start (ELES) has been running successfully for one year and have engaged women and birthing people. NIHR evaluation underway and shared learning event on 8 March. Royal visit February 2024.<br>Black History Month events in each area with Maternity and Neonatal Voices Partnerships (MNVPs) and wider community assets (including Caribbean Lunch Club). MNVPs new 'engagement and equity leads' and neonatal representatives.<br>Seeking sanctuary services continue.<br>Delivered inclusive language workshops in perinatal services and have further funding from national LGBT team to deliver further classes. Cultural competency training evaluated. |

# Equality Delivery System

- The Equality Delivery System (EDS)  is a performance improvement framework developed by NHS England to support healthcare organisations meet their Public Sector Equality Duty.
- Implementing it involves reviewing 11 outcomes grouped under three domains: Commissioned/provided services, workforce health and wellbeing and inclusive leadership with the support of independent stakeholders.. Under this framework, stakeholder for each domain score the organisation as being either Excelling, Achieving, Developing or Undeveloped.
- EDS reviews are meant to take place annually to promote continuous improvement around ED&I and a culture of transparency and accountability.
- The ICB completed its first Equality Delivery System (EDS) review between September 2023 and January 2024.
- For Domain 1 – Commissioned services: The ICB reviewed Ante Natal screening and Post Natal Care in partnership with Royal Berkshire NHS Foundation Trust.
- Domain 2 – Workforce Health and Wellbeing: was reviewed with the support of staff network and trade union representatives.
- Domain 3 – Inclusive Leadership:  was reviewed in partnership with staff network and trade union representatives and South Central Ambulance NHS Trust
- The ICB scored ‘Developing’ overall.
- A summary of the review is included on the following page.

# EDS Review 2023/24 - summary

| Domain 1: Commissioned Service | Domain 2: Workforce Health and Wellbeing | Domain 3: Inclusive Leadership |
|---|---|---|
| **Service pathways reviewed: Maternity – Ante Natal Screening and Post-Natal Care**<br><br>**Partner:** Royal Berkshire NHS Foundation Trust (RBFT)<br><br>Evidence used: Take up of services, promotional information, service user feedback.<br><br>**Stakeholder Panel:** RBFT maternity and neonatal staff (managers, healthcare assistants and consultants), representatives from Healthwatch, Maternity Voices Partnership, BOB ICB (from the Health Inequalities, Maternity Equity and Workforce ED&I teams)<br><br>**Two stakeholder engagement events** were held on 13 September and 6 December to agree scores and action plans.<br><br>**Score:** Developing | **Stakeholder panel**: 15 staff, including representatives from three staff networks (CARE, Diverse Ability and LGBT+ networks), safeguarding, HR and OD teams and trade unions.<br><br>**Evidence used:** NHS Staff survey results for 2022/23, policies and projects delivered.<br><br>**Engagement event:** held virtually through a briefing session on 4 December and a survey to score domain. The action plan will be discussed and agreed as part of ICB change process.<br><br>**Score:** Developing | **Stakeholder panel:** Trade union and staff network representatives. External peer review with South central Ambulance Trust.<br><br>**Evidence:** Plans related to equality objectives set by Board and VSMs to be finalised by March 2024, a selection of 15 board papers and committee forward plans on ED&I and Health Inequalities.<br><br>**Engagement**: Undertaken virtually and by email<br><br>**Score**: Developing |

For the full EDS Report and Action Plan, see websiteLINK

# EDS summary actions for Maternity pathways for 2024/25

| Ante Natal Screening | Post Natal Care |
|---|---|
| • Easy Read leaflets 'How to book your pregnancy'- including visuals and who professionals are and what their roles and responsibilities entail – for example, Midwives'.<br>• Review location and times of clinics- alongside 'How to get here' guides.<br>• Posters in pharmacies, supermarkets on 'Book before 10 weeks'.<br>• Cultural competency training for healthcare staff<br>• Leaflet/information to explain importance of screening tests and time limits<br>• Improve links with service users from different protected characteristics or representatives.<br>• Improve links with service users from different protected characteristics/or representatives.<br>• Early signposting to screening services and promote information on importance of screening tests and time limits. | • To provide information at discharge in visual/ easy read formats with 'safety netting' contact numbers, in addition to access to interpreters as necessary.<br>• Provide family/partners good quality information to empower them if concerned about birthing parent/baby, including mental health.<br>• To offer of a 'Buddy system' – community champion/Link Worker/befriender role at discharge for birthing parents.<br>• To provide MNVP befrienders on wards and consider other volunteer services that birthing parents can have access to.<br>• Specialist support for still births and raising awareness of talking therapies, parental groups.<br>• Signpost-online services e.g. education and council (address stigma associated with Children's services)<br>• More face-to-face postnatal care and care for supporting baby. |

# Workforce Information

This section provides information on the ICB's workforce as of 31 March 2023, drawing data from the Employee Staff Records (ESR) and NHS Staff Survey Results for 2022/23. It includes information and trends on the following:

- Workforce profile analysed by protected characteristics to the extent possible.
- Starters and Leavers, analysed by protected characteristics.
- Gender Pay Gap disclosure results.
- Equality Delivery Service (EDS) reviews for Domain 2 and 3
- Analysis on race and disability equality using the Workforce Race Equality Standard (WRES) and Workforce Disability Equality standard (WDES) frameworks.
- Comparisons with the ICS healthcare providers.
- Staff experiences, as reported through the NHS Staff Survey – in particular relating to Equality Diversity and Inclusion.
- Progress against the National NHS Equality Diversity and Improvement Plan SIx High Impact Actions
- Staff Engagement
- ICS Inclusion Partnerships and BOB ICS WRES and WDES results - Highlights

# Workforce analysis by protected characteristics

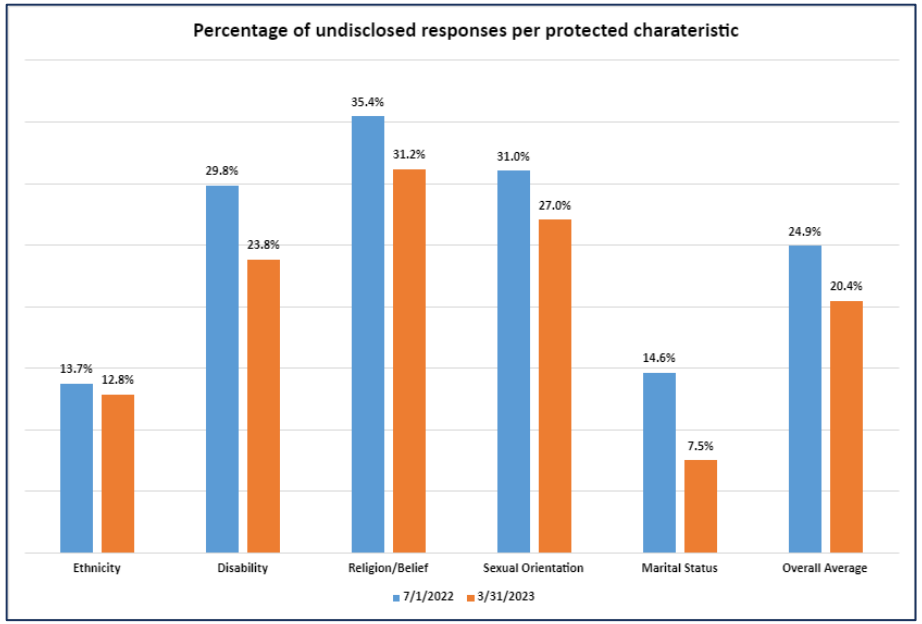
At 31 March 2023 BOB ICB employed 366, a 13.6% increase since the last Public Sector Equality Duty (PSED) report published 1 July 2022. The dataset for this report includes all assignments, including permanent, bank, honorary and non-executive directors.

The workforce analysis by protected characteristics highlights that disclosures on gender and age were complete, whereas gaps remain for other protected characteristics.

Since the last PSED report, we have promoted the need to update personal information through All Staff Briefings, the monthly newsletter and staff network meetings. This will continue in 2024/25 to encourage staff to feel confident about their identities and help the ICB develop an intersectional understanding of its workforce.

| Year | Total workforce | % Undisclosed protected characterists | | | | | |
|---|---|---|---|---|---|---|---|
| | | Ethnicity | Disability | Religion or belief | Sexual Orientation | Marital Status | Overall average |
| 1 July 2022 | 322 | 13.7% | 29.8% | 35.4% | 31% | 14.6% | 24.9% |
| 31 March 2023 | 366 | 12.84% | 23.8% | 31.15% | 27% | 7.45% | 20.4% |

Table 1: Workforce Profile: Analysis on undisclosed data by protected characteristics




Disclosure rates have improved since July 2022, with the percentage of undisclosed data reducing by 4.5%.

# Workforce profile: Gender

Of the total workforce of 366, 74% were female and 26% male.

The majority of female staff were in administration and clerical roles (200), followed by Nursing and Midwifery (27) and Scientific and Technical roles (22).

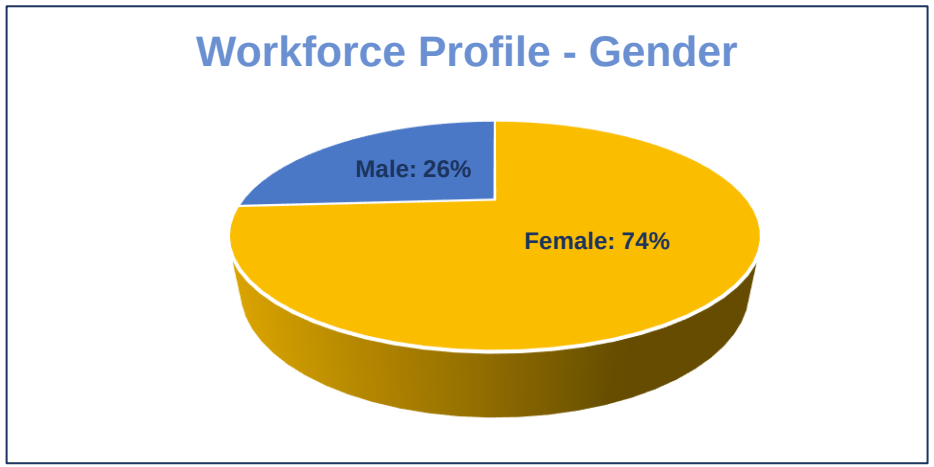



*Chart 1: Workforce Analysis: Gender*

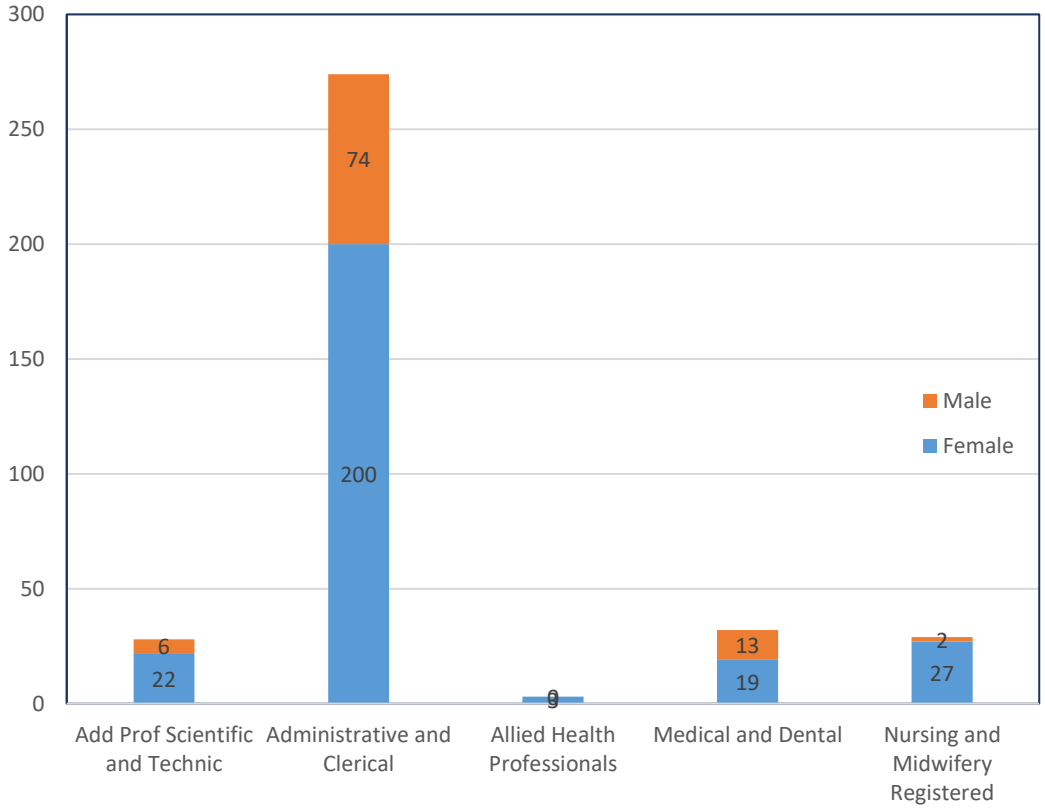
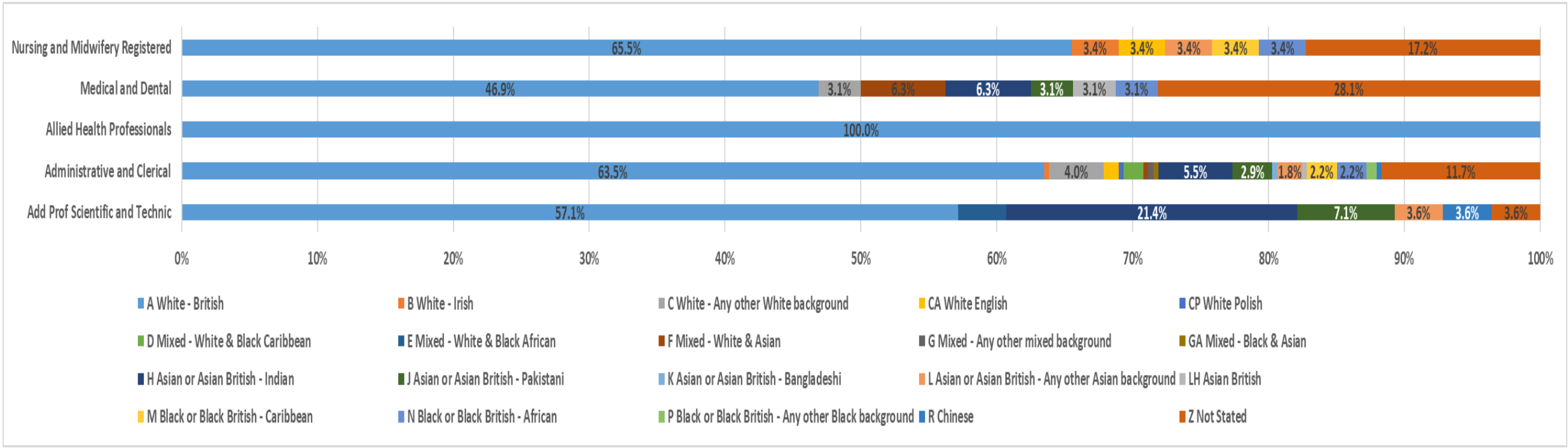



Chart 2: Workforce analysis by gender and professional group

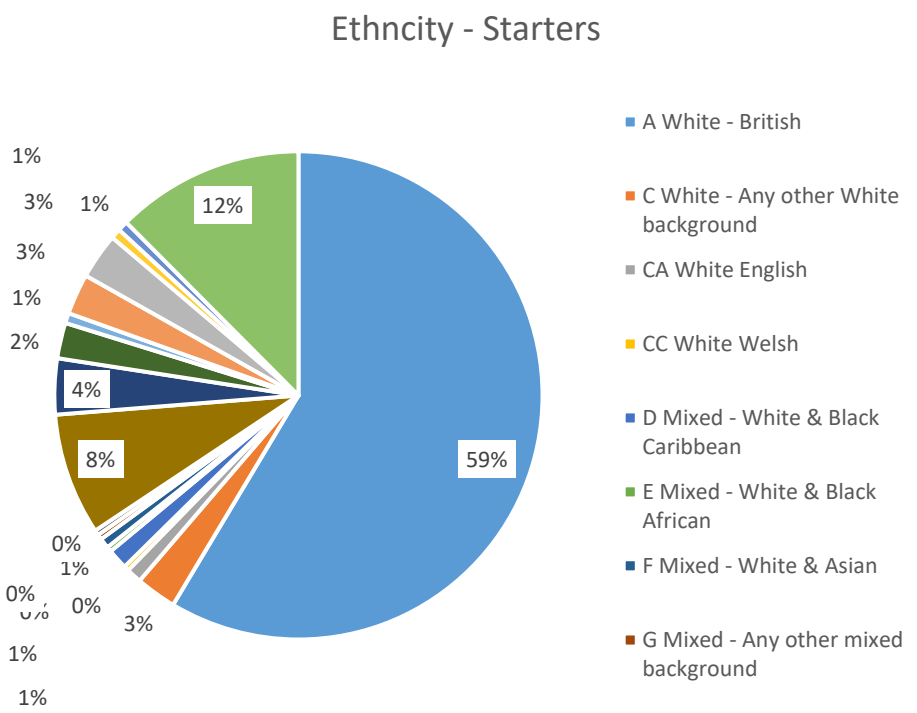
# Workforce profile: Ethnicity 1/2

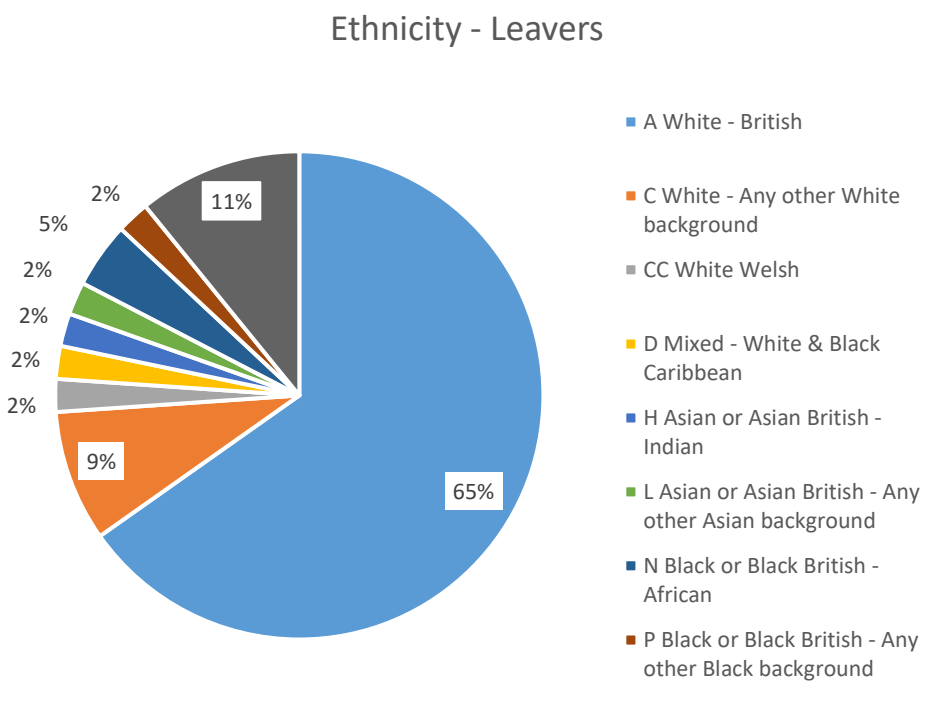
In terms of ethnicity, 67.48% of the workforce identified as White, 2.72% identified as Mixed, 12.02% as Asian, 4.65% as Black, 0.55% as Chinese and 12.48% did not state their ethnicity. The proportion who did not declare as white was 19.8%, which is in line with the NHS average of 19%. The proportion of BME staff drops from Band 7 and above , as seen in the Workforce Race Equality data on Slide 55.

The proportion of ethnic minority representation was highest in Professional and scientific roles (35.7%). Medical and dental professions had the highest proportion of undeclared ethnicity (28.13%).
Majority of starters and leavers were White British (59% and 65% respectively), followed by those who did not state their ethnicity (12% and 11% respectively – see charts overleaf).



# Workforce profile: Ethnicity 2/2

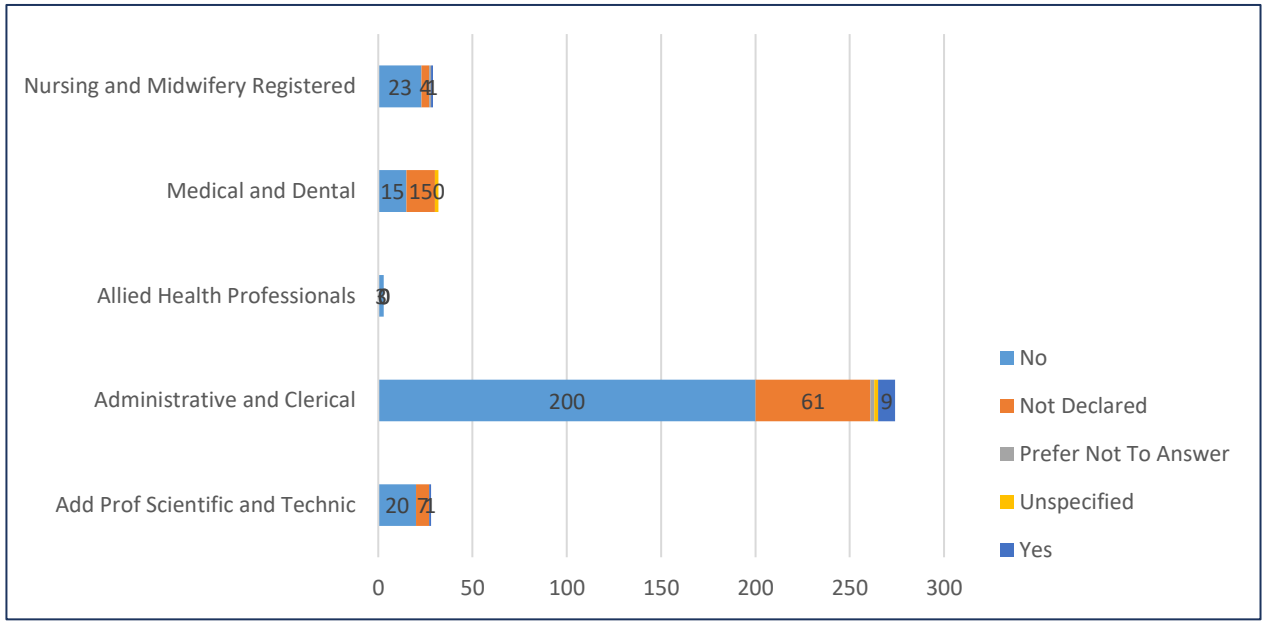


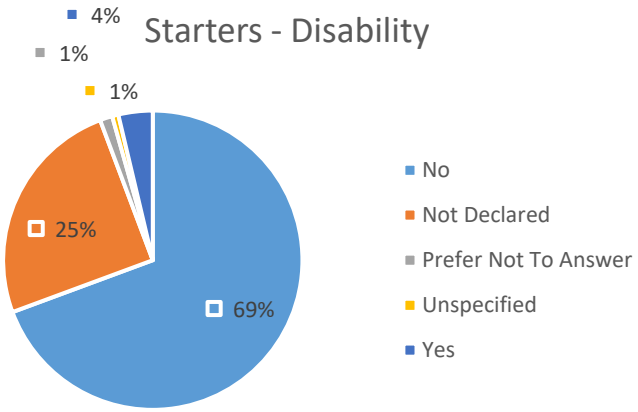
# Workforce profile: Disability

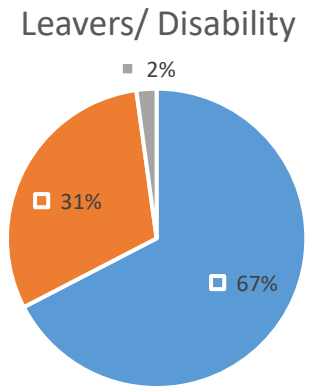
- 71% (261) said they did not have a disability
- 3% (11) declared a disability
- 24% (87) did not declare
- 1% (3) Preferred not to say
- 1% (4) Did not specify

4% of starters declared their disability, compared with 2% of leavers.



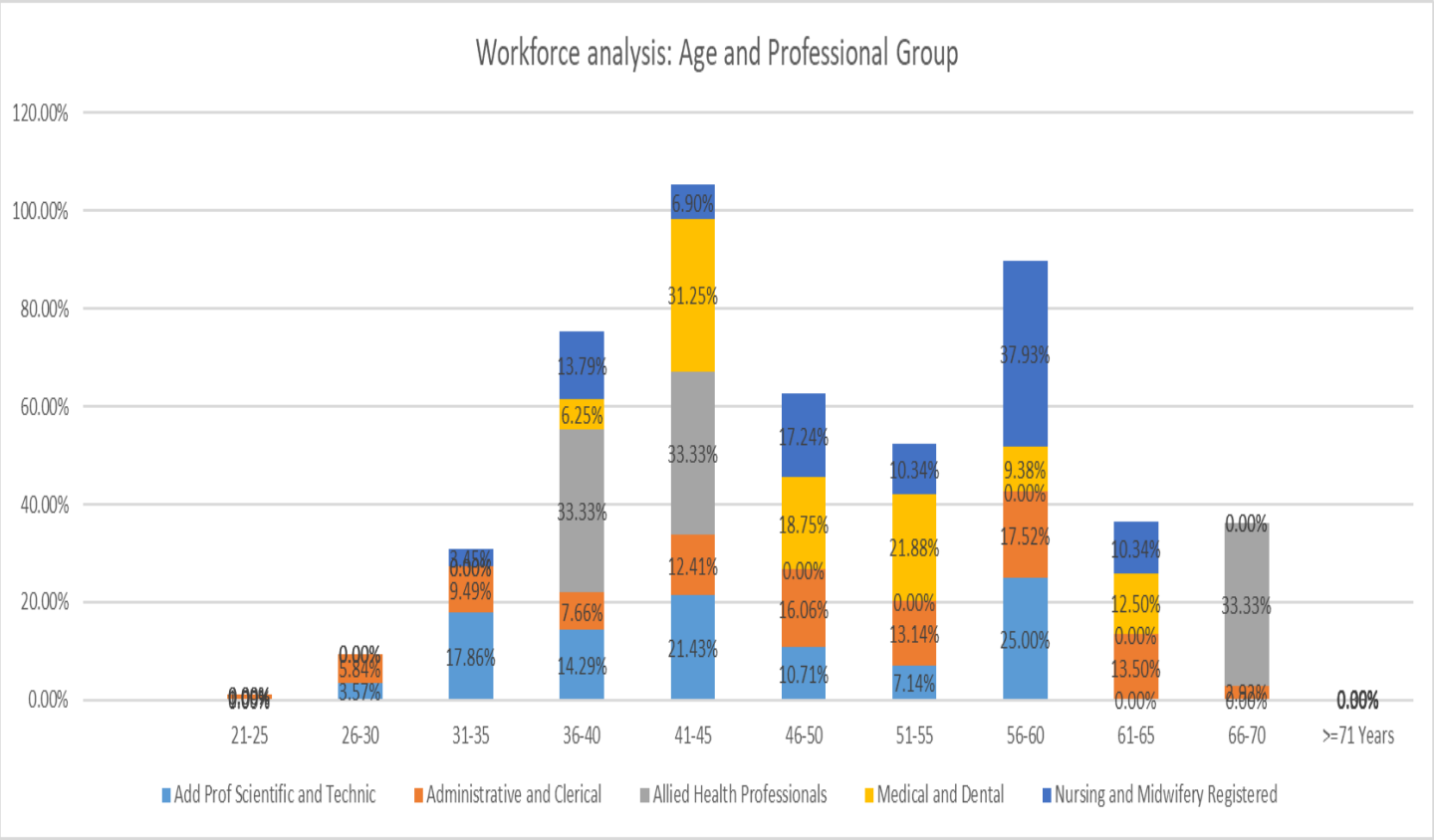

Workforce analysis: Disability and professional group

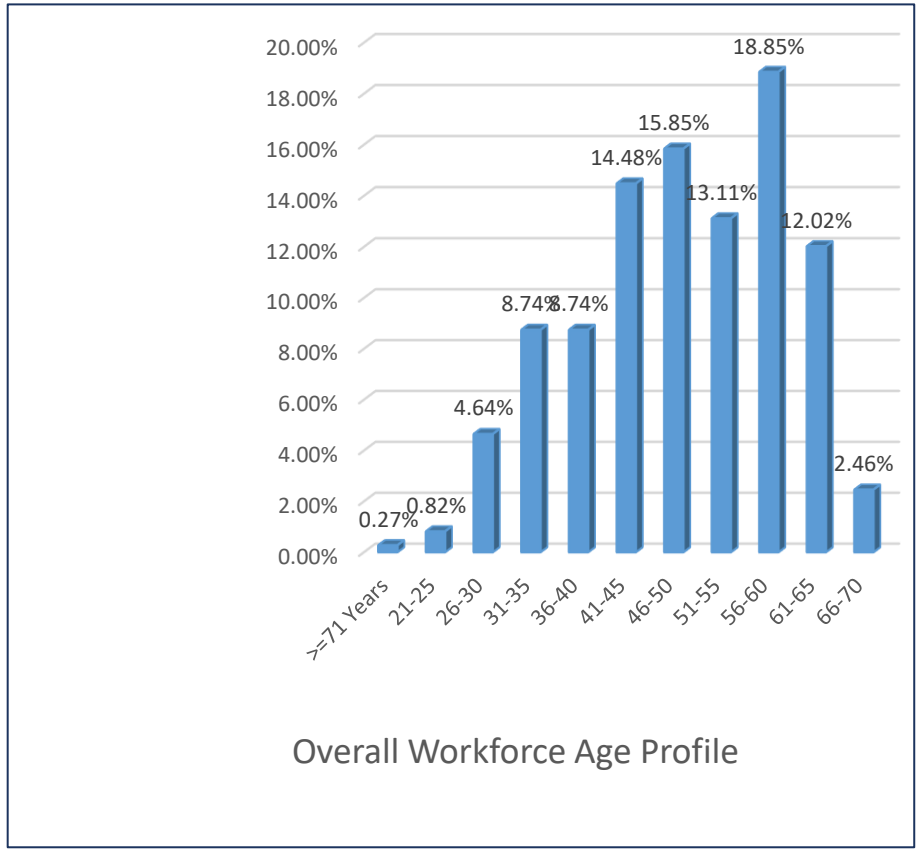


# Workforce profile: Age

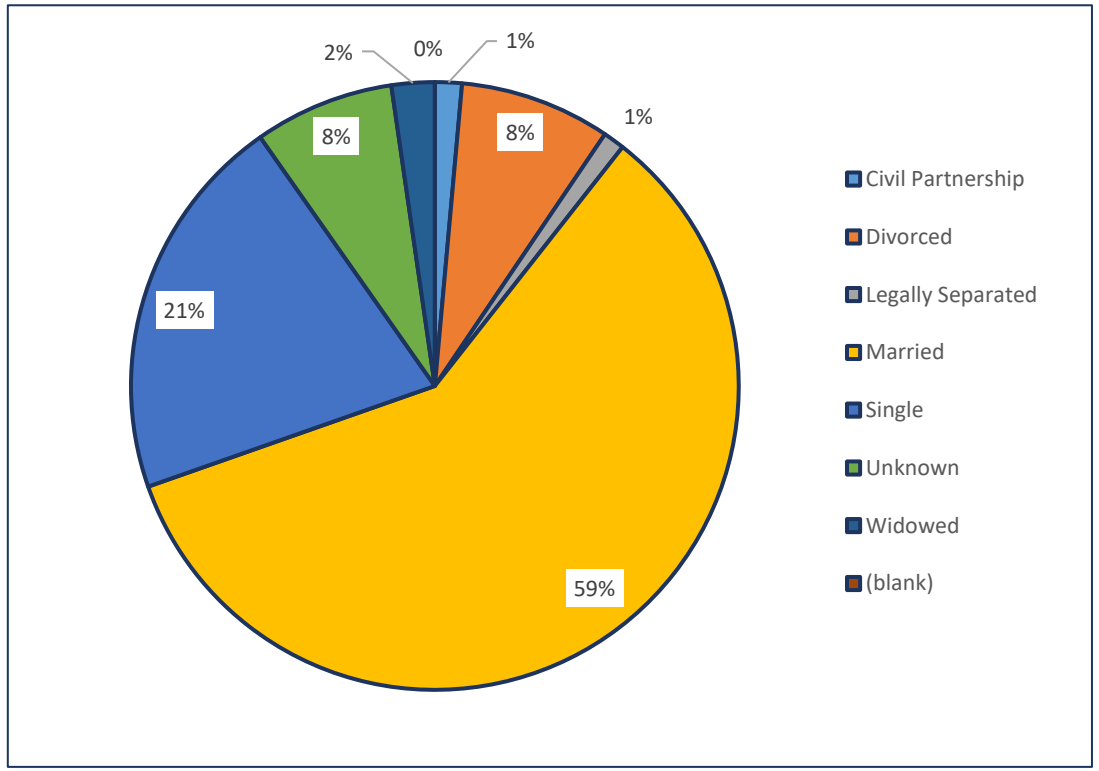
- Largest group (18.8%) of the workforce are in the 56-60 age cohort, followed by the 46-50 age band (15.8%).
- The medical and dental group and allied health professional groups had no staff below the age of 36.
- The administration and clerical group and Nursing and Midwifery professional groups were the most age diverse – with representation in all age bands.



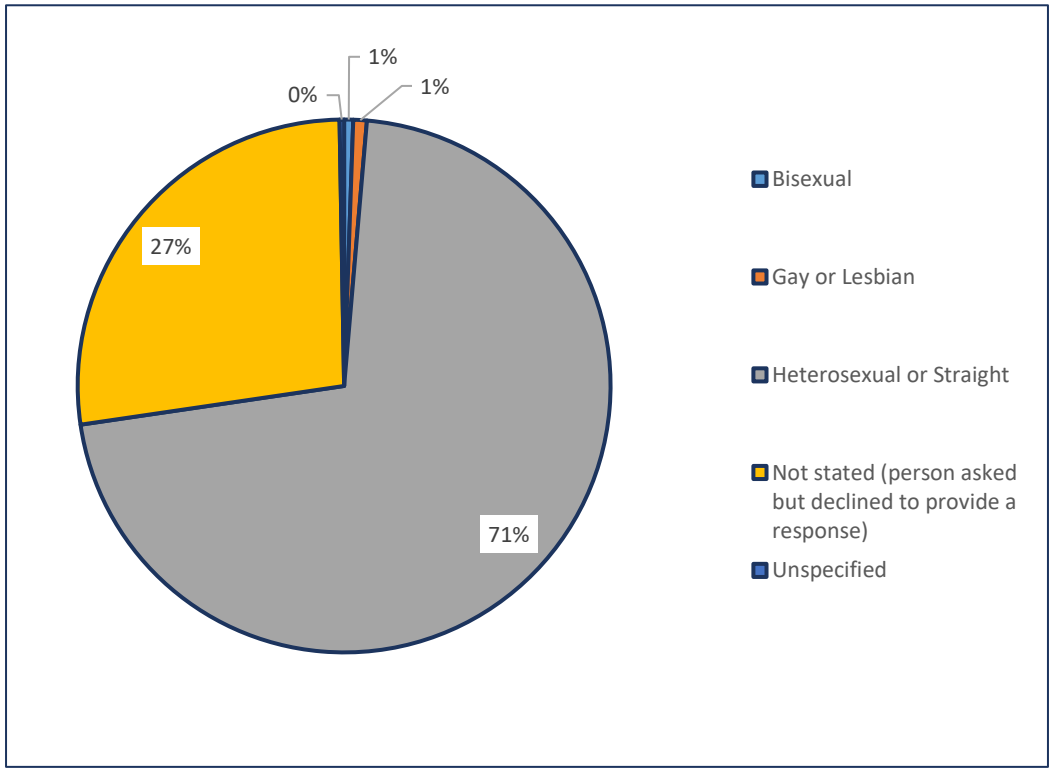



# Workforce profile: Sexual orientation and marital status

- 71.31%  of the workforce identified as heterosexual, while 27% did not state their sexual orientation and 1% identified as gay or lesbian
- 59.03%  said they were married, followed by 21% who said they were single and 1.43%  were in a civil partnership.



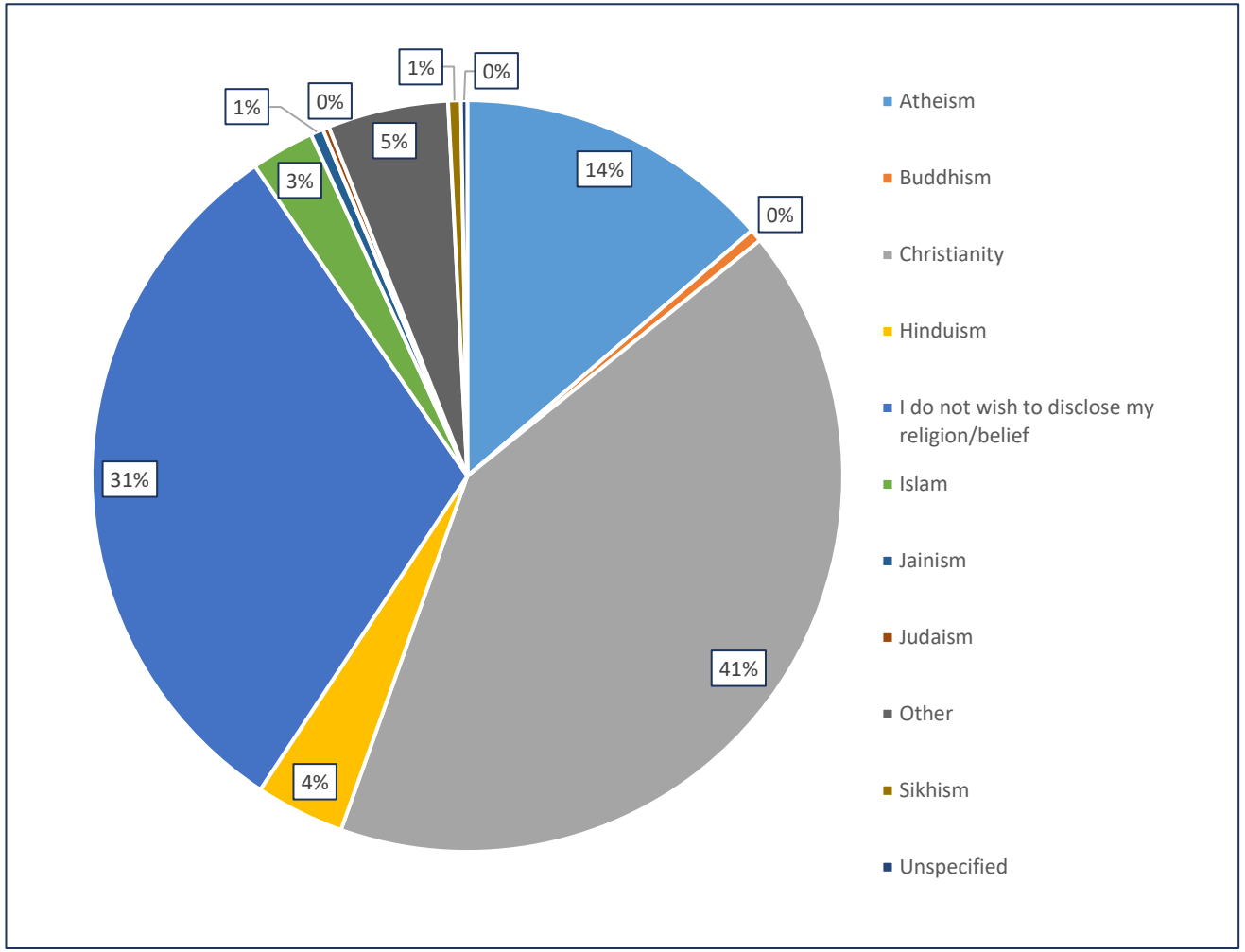

Workforce analysis: Marriage and Civil partnership




Workforce analysis: Sexual orientation

# Workforce profile: Religion

| Religion/Belief | % Religious Belief |
|---|---|
| Atheism | 13.66% |
| Buddhism | 0.55% |
| Christianity | 41.26% |
| Hinduism | 3.83% |
| I do not wish to disclose my religion/belief | 31.15% |
| Islam | 2.73% |
| Jainism | 0.55% |
| Judaism | 0.27% |
| Other | 5.19% |
| Sikhism | 0.55% |
| Unspecified | 0.27% |
| Grand Total | 100.00% |




Workforce Analysis: Religion

# Workforce Equality Benchmarking Reports

This section includes information on our workforce benchmarking results, including:

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap (GP)
- Equality Delivery System (EDS – Domains 2 and 3 – focusing on workforce health and wellbeing and Inclusive Leadership)

It compares the ICB's equality performance against those of Trusts within the ICS, with regional and national averages where data was available. The comparisons are more for reference and may not be an accurate assessment, as the ICB is at early stage on its equality improvement process.

In 2024/25 we hope to benchmark the ICB's results with comparator ICBs.

# Key trends for BOB ICB

- Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) benchmarking for 2022/23 has been undertaken voluntarily.
- 19% of staff identified as Black, Asian or of a minority ethnic group, which is the national average for NHS organisations, but lower than the ICS average of 29%. The average population identifying as ethnic minority in the BOB ICS geography was approximately 14%.
- **WRES** – White staff 1.3 more likely to be appointed and overall have better experiences compared with BME staff, based on the staff survey results for 2022/23. Experiences of BME staff around bullying and harassment from public and colleagues and discrimination was significantly higher than white staff (by approximately 10% for each of the 3 indicators).
- **WDES** – Staff without disabilities were 2. 5 times more likely to be appointed compared with disabled staff. Disability declaration for the ICB was 2.5%, which is lower than the ICS and national declaration rate of 4.4% and 4.9%. Proportion of undeclared disability status was highest for Medical and Dental staff.
- Twice as many disabled staff (14%) experienced bullying and harassment from the public compared with non-disabled staff (7%)
- Gender Pay Gap – the ICB's median pay gap of 13.6% was higher than the national average of 7.7%. The ICB's female representation at Quartile 4 (highest pay quarter) was 57.3%, third lowest in the ICS, after SCAS (48.8%) and Berkshire Healthcare (17.95%).

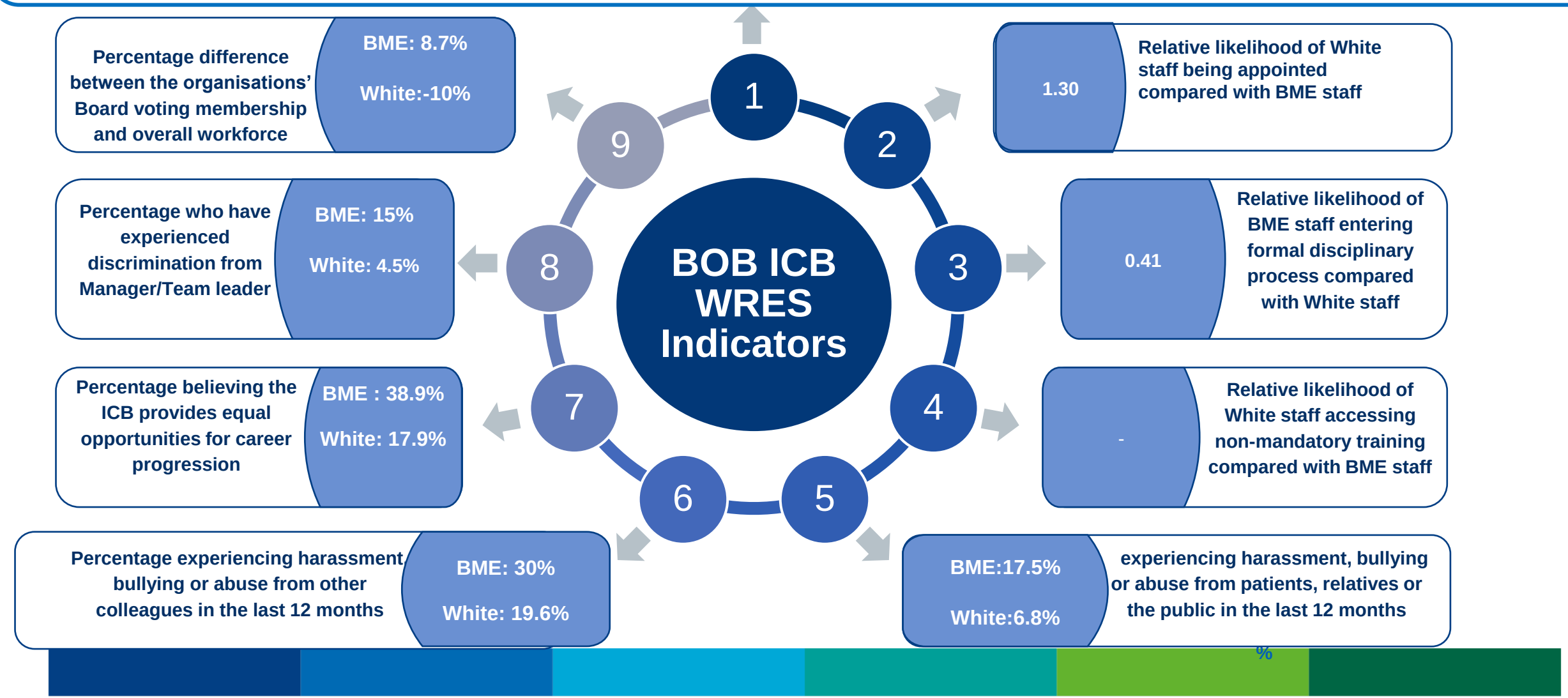
***Total Workforce = 362***

***White = 243 ; BME = 72 , Not stated = 47***

***(Source: ESR March 2023)***

| AFC Bands/VSM | BME | White | Not Stated |
|---|---|---|---|
| 1-4 | 7 | 14 | 4 |
| 5-7 | 20 | 68 | 15 |
| 8a-9 | 13 | 27 | 3 |
| VSM | 7 | 15 | 9 |

| Board Rep | BME | White | Not Stated |
|---|---|---|---|
| Executive | 11.1% | 66.7% | 22% |
| Non Exec | 60% | 40% | Nil |
| Voting | 50% | 37.5% | 12.5% |



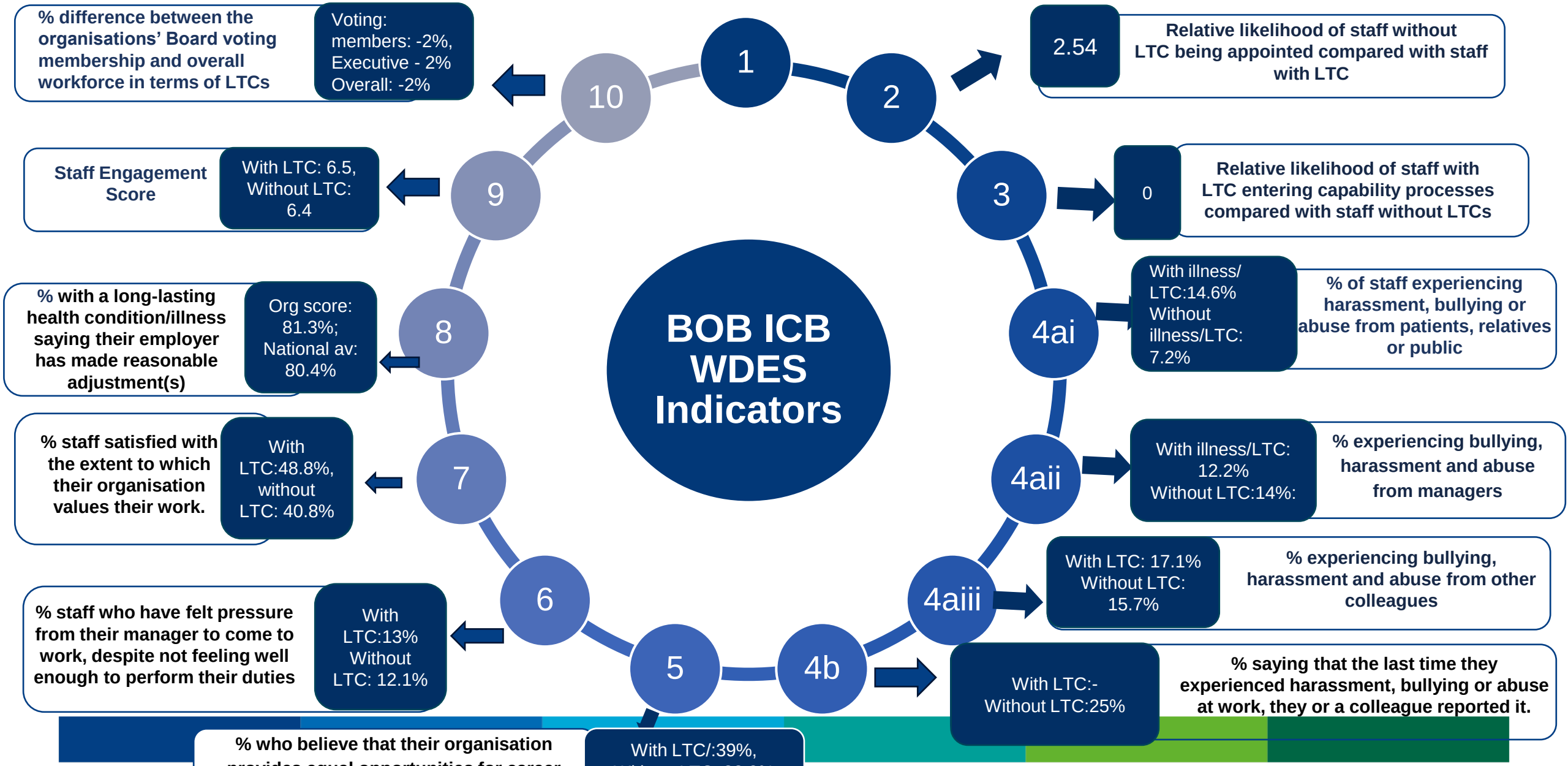
# WRES - Comparisons with ICS, region and national

| Indicator Description | BOB ICB | BOB ICS | Regional | National |
|---|---|---|---|---|
| 1. BME staff representation in workforce overall | 19.9% | 29.4% | 26.4% | 26.4% |
| 2. Relative Likelihood of White Staff being appointed compared to BME | 1.30 | 1.28 | 1.63 | 1.59 |
| 3. Relative likelihood of BME staff entering formal disciplinary procedure compared to White | 0.41 | 1.29 | 1.04 | 1.03 |
| 4. Relative likelihood of White staff accessing non-mandatory training | - | 0.79 | 1.03 | 1.12 |
| 5. %experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months | BME/White: 17.5%/6.8% | BME/White: 28.5%/24.9% | BME/White: 31.2%/27.2% | BME/White: 30.4%/26.8% |
| 6. %experiencing harassment, bullying or abuse from staff in the last 12 months | BME/White: 30%/19.6% | BME/White: 24.6%/19.6% | BME/White: 25.7%/21.1% | BME/White: 27.7%/22% |
| 7. % believing the ICB provides equal opportunities for career progression | BME/White: 49.9%/62.4% | BME/White: 49.8%/60.2% | BME/White: 46.4%/59.1% | BME/White: 46.4%/59.1% |
| 8. % who have experienced discrimination from Manager/Team leader | BME/White: 15%/4.5% | BME/White: 15.1%/6.2% | BME/White: 15.2%/6.5% | BME/White: 16.6%/6.7% |
| 9. BME representation on the board minus BME representation in the workforce* | Overall % 8.7% | Overall: -1.0% Voting:-1% Executive: -6.9% | Overall: -8.8% Voting:-10.2% Executive: -12.8% | Overall:-10.9% Voting: -11.1% Executive: -15.7% |

# Workforce Disability Equality Standard – Workforce Representation

| | Disabled | Not Disabled | Undeclared |
|---|---|---|---|
| **Non Clinical** | **3%** | **72.7%** | **24.3%** |
| **Clinical** | **1.6%** | **76.6%** | **21.9%** |
| **Medical and Dental** | **0%** | **45.16%** | **54.84%** |
| **Total** | **2.49%** | **71%** | **26.5%** |

| Agenda for Change Salary Band | Non Clinical | | | Clinical | | |
|---|---|---|---|---|---|---|
| | Disabled | Not Disabled | Not Declared | Disabled | Non Disabled | Undeclared |
| Bands 1-4 | 8% | 64% | 28% | 0% | 0 | 0 |
| Bands 5-7 | 3.9% | 74.8% | 21.4% | 3.7% | 66.7 | 33.3% |
| Band 8a-8b | 2.6% | 76.6% | 20.8% | 0 | 81.5% | 14.8% |
| 8c-VSM | 0 | 63.8% | 36.2% | 1.6% | 80% | 20% |




*Illness/Long Term Condition (LTC): People who have long terms limiting conditions that affect their day-to-day activities or disabled

# BOB ICB WDES – Comparisons with regional and national average

| | Indicator Description | BOB ICB | BOB ICS (providers) * | South East | National |
|---|---|---|---|---|---|
| 1. | % Declaring disability | 2.5% | 4.4% | 5.5% | 4.9% |
| 2 | Relative likelihood of non-disabled staff being appointed compared with disabled | 2.54 | 0.99 | 0.85 | 0.99 |
| 3 | Relative likelihood of disabled staff entering capability processes compared with non-disabled | 0 | 3.18 | 1.43 | 2.17 |
| 4a | % of staff experiencing harassment, bullying or abuse from patients, relatives or public | With LTC**:14.6% Without LTC: 7.2% | 32.3% | 33.6% | 33.2% |
| 4b | % experiencing bullying, harassment and abuse from managers | With LTC: 12.2%; Without LTC: 14%: | 14.7% | 15.9% | 16.1% |
| 4c | % experiencing bullying, harassment and abuse from other colleagues | With LTC: 17% Without LTC:15.7%: | 22.7% | 23.4% | 24.8% |
| 4d | % saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it | With LTC: Nil Without LTC: 25% | 50.1% | 50.9% | 51.3% |
| 5 | % who believe that their organisation provides equal opportunities for career progression or promotion | With LTC: 39% Without LTC: 33.9% | 55.3% | 54.3% | 52.1% |

*disability data only, ** LTC – refers to people with long-term disabilities

# BOB ICB WDES – Comparisons with regional and national average

| | Indicator Description | BOB ICB | BOB ICS | Regional | National |
|---|---|---|---|---|---|
| 6 | **% staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (Presenteeism)** | **With LTC: 13%<br>Without LTC 12%** | **27.6%** | **26.6%** | **27.7%** |
| 7 | **% staff satisfied with the extent to which their organisation values their work** | **With LTC: 48.8%<br>Without LTC: 40.8%** | **42.6%** | **37.7%** | **35.2%** |
| 8 | **% with a long-lasting health condition/illness saying their employer has made reasonable adjustment(s)** | **With LTC: 81.3%<br>Without LTC: 80.4%** | **75.5%** | **75.6%** | **73.4%** |
| 9 | **Staff engagement score** | **With LTC:6.5<br>Without LTC: 6.4** | **6.73** | **6.52** | **6.42** |
| 10 | **% difference in board representation compared with overall workforce(people with disabilities/LTCs)** | **Overall: 0%<br>Voting: 0%<br>Executive: 0%** | **Overall: 6%<br>Voting: 4.4%<br>Executive: 4.5%** | **Overall: 4.46%<br>Voting: 4.4%<br>Executive:4.5%** | **Overall:5.8%<br>Voting: 5.6%<br>Executive: 5.5%** |

*Staff survey metrics for ICS, regional and national given only for disabled staff,

# Gender Pay Gap – BOB ICB: Key findings

**1.Percentage of men and women in each hourly pay quarter or quartile:** The data in Chart 4 suggests that female staff are over-represented in Quartiles 1-3. Female staff have highest representation in Quartile 3 (78.65%). Male staff have the highest representation at Quartile 4 (42.7%) and lowest at Quartile 1 (13.92%). Quartile refers to pay quarter – where 1 is the lowest pay quarter and 4 the highest.

**2. The mean (average) gender pay gap for hourly pay is 24.92%:** This means the average hourly pay for women is 24.92% less than men. When monetised, this means average pay gap is £24.92. For every £1 that the average male earns, the average female colleague earned 75.08p. (See Table 2).

**3. Median Gender Pay Gap for hourly pay is 13.6%:** This means the hourly pay gap at the median or 'middle' of the salary bands is 13.6% less for women compared with men. (See Table 2).

4. **Bonus Pay**: No bonus payments were declared through ESR.

**Chart 4: % representation of male and female staff by pay quartile**

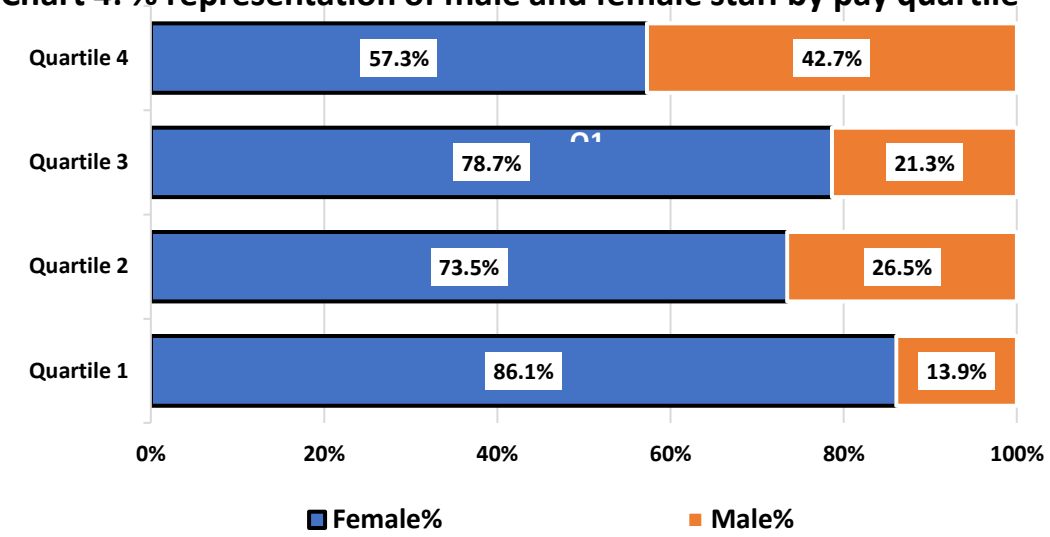



**Table 2: Mean and Median Gender Pay Gap**

| Gender | Avg/Mean Hourly Pay | Median Hourly Pay |
|---|---|---|
| Male | £ 39.29 | £ 28.72 |
| Female | £ 29.50 | £ 24.82 |
| Difference | £ 9.79 | £ 3.91 |
| **Pay Gap %** | **24.92%** | **13.6%** |

# Gender Pay Gap – comparison with ICS Trusts March 2023

| Trusts | Mean Pay Gap % | Median Pay Gap% | Bonus Gap% (Mean) | Bonus Gap % (Median) |
|---|---|---|---|---|
| BOB ICB | 24.92% | 13.6% | 0 | 0 |
| Berkshire Healthcare NHS Foundation Trust | 16.96% | 16.46% | 29.58% | 0 |
| Buckinghamshire Healthcare | 26.9% | 15.5% | 25.5% | 0% |
| Oxford University Hospitals | 28.7% | 13.6% | 47.2% | 4.2% |
| Oxford Health Foundation Trust | 20.3% | 8.7% | 30.6% | 0 |
| Royal Berkshire NHS Foundation Trust | 21.19% | 10.9% | 28.0% | 0 |
| South Central Ambulance | 5.8% | 0.5% | 0 | 0 |
| National Average (ONS) | | 7.7% | | |

Information available as at February 2024, highlights that with the exception of South Central Ambulance Trust, he median pay gap for all Trusts and the ICB was higher than the national average of 7.7%.

Berkshire Healthcare NHS Foundation Trust had the highest median Gender Pay Gap in the ICS..

# Female representation by quartile – BOB ICS comparisons

| Trusts | Quartile 1 | Quartile 2 | Quartile 3 | Quartile 4 |
|---|---|---|---|---|
| BOB ICB | 86.1% | 73.5% | 78.7% | 57.3% |
| Berkshire Healthcare | 25.8% | 14.0% | 15.8% | 18.0% |
| Buckinghamshire Healthcare | 83.0% | 82.0% | 85.0% | 67.0% |
| Oxford University Hospitals | 73.3% | 81.6% | 77.9% | 61.4% |
| Oxford Health Foundation Trust | 84.0% | 82.1% | 85.2% | 72.7% |
| Royal Berkshire NHS Foundation Trust | 76.1% | 81.8% | 82.2% | 66.0% |
| South Central Ambulance Trust | 47.2% | 60.5% | 57.6% | 48.8% |

# ICB Staff Survey Results 2022-23 – Key highlights

**Overall experiences related to ED&I:**

- 37.5% of staff felt the organisation took positive action on health and wellbeing, which is 30.9% lower than the sector average of 68.4%.
- 71.8% felt their immediate manager took a positive interest in their health and well-being, which is 8.4% lower than the sector average of 80.2%.
- 15.8% of staff experienced bullying and harassment, which from colleagues, which was 5.5% higher than the sector average of 10.3% .
- 31% of staff said they would report bullying and harassment, which is 12.5% lower (worse than) the benchmark score of 43.5%. A higher score for this question is sign of a safe work culture.
- 39.6% said they would recommend the organisation as a place of work, which is 22.5% lower (worse than) the benchmark average of 62.1%.
- 34.5% felt their organisation offered them equal opportunities for career progression regardless of ethnicity, gender, disability, sexual orientation or age - which is 21% worse than the national average (55.9%).

The results highlighted a need to promote health and wellbeing, respect at work, morale and advocacy and equal opportunities to career progression for all.

**WRES results:**

- 6.8% of White staff said they experienced bullying and harassment from patients, relatives or the public, compared with 17.5% of all other ethnic groups (or BME groups). Experiences of BME staff was 9.2% higher (worse than) the national average of 8.3% for BME staff and 10.7% worse than White Staff.
- 19.6% of White staff experienced bullying, harassment or abuse from colleagues, compared with 30%.of BME staff, highlighting that the experiences of BME staff were disproportionately worse than White staff (-10%), and the national average for BME staff (20%).
- 38.9% of White staff felt the organisation provided equal opportunities for career progression, compared with 17% of BME staff. The national averages for White and BME staff was 59.3% and 38.3% respectively.
- 4.5% of White staff experienced discrimination from their manager or team leader, compared with 15% of BME. The national average for BME staff was 13.3% and White staff 4.5%.

The results showed experiences of BME staff were disproportionately worse than White staff and the national average on all WRES indicators. On career progression – scores for both groups were worse than the national average.

*For the purposes of this report, the term BME is used for all ethnic groups that are not White.

**WDES results highlighted:**

- 14.6% of staff with a disability* said they had experienced bullying and harassment from patients or the public, which is 3.9% higher (worse than) the national average of 10.7% and 7.3% higher (worse than) non-disabled staff.
- 12.2% of staff with a disability experienced harassment and bullying from their managers, which is 3% lower (better) than the national average of 15.2%.In comparison, 14% of staff without a disability experienced harassment from their managers, which is 6.4% higher (worse) than the national average of 7.6%.
- 17.1% of staff with a disability said they experienced harassment from colleagues, compared with 15.7% of staff without a disability. The national average for disabled staff is 15.5%.
- 39% of disabled staff said they believed the organisation offered equal opportunities for career progression, compared with 33.9% of non-disabled staff. The scores for both groups are lower (worse than the national average of 50% and 57.6% respectively).
- 81.3% of disabled staff said their organisation had made reasonable adjustments, comparable with the sector average of 80.4%

*The term disabled is being used for staff with a Long-Term Condition or illness..

# EDS Review Summary actions for Domain 2 and 3 in 2024-/25

## Overall score: Developing

| Workforce Health and Wellbeing | Inclusive Leadership |
|---|---|
| • Raising awareness of mental health and wellbeing support available to staff and scope plan for webinars on managing COPD, diabetes, asthma.<br>• Updated guidance on reasonable adjustments (including budgets), with latest information on Access to Work Grants, as part of ICB change process.<br>• Scope feasibility of providing Staff MOT/Health Checks.<br>• To consider multiple avenues of promotion of flu vouchers along with other benefits through staff handbook, intranet and line managers.<br>• Strengthen and promote values and behaviour framework.<br>• Continued support for staff networks.<br>• ED&I learning and development offer for staff.<br>• Scope equitable talent management initiatives for ICB<br>• Reinforce positive behaviours through awareness raising.<br>• Regular promotion of full range of support services available for staff (Employee Assistance Helpline, Trade Union representatives, Staff Networks and Freedom To Speak Up Guardian).<br>• Promote flexible working – update hybrid and flexible working policies<br>• Improve staff advocacy through reward and recognition schemes.<br>• Implement Gender Pay Gap Action Plan as part of ICB Change process | • All Board Members (Executives and Non Executives) to set Equality Objectives by March 2024. Senior managers with line management responsibilities to set ED&I objectives through appraisal process.<br>• Executive sponsors to attend staff networks and external meetings with local groups to inform Board discussions.<br>• Board seminar topics to incorporate EDI and health inequalities.<br>• Governance team to ensure all relevant Board and committee papers need to reflect analysis done equality/health inequalities, key findings and proposals to address them.<br>• All key committees to have a forward plan identifying timeline for key reports on health inequalities and workforce ED&I reports. |

For the full EDS Report, see LINK

# Gender Pay Gap Report – Summary Actions for ICB

BOB ICB has completed its first Gender Pay Review and is working to implement actions identified as part of it through the ICB Change process. Key actions identified are set out below.

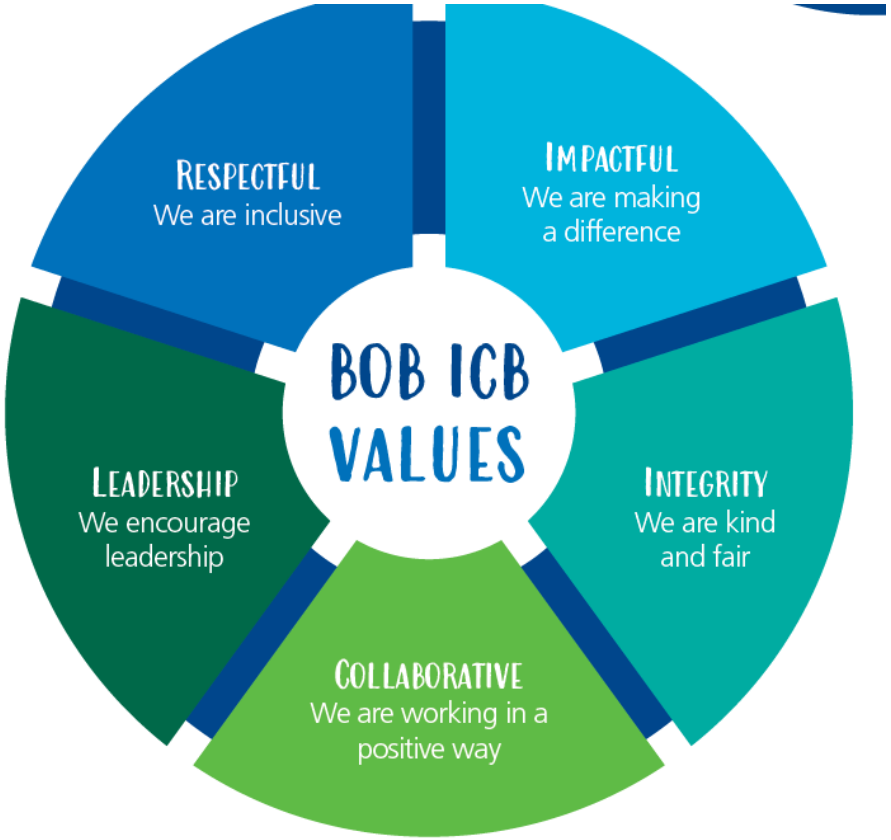
- Benchmarking the ICB's Gender Pay Gap results with other ICBs in the region.
- Promoting the ICB's Flexible, Hybrid and Agile working policy to support work life balance in a manner that minimises pay gaps.
- Inclusive recruitment training for managers to attract a wide talent pool across all bands.
- Mentoring, coaching and leadership development opportunities to improve female representation in leadership roles
- Ensure job evaluations continue to be undertaken to ensure posts are benchmarked fairly.
- Work with providers to implement Mend the Gap Report recommendations
- Implement the Sexual Safety Charter within the ICB.
- Review appraisals process to ensure all staff have career conversations and are supported to develop personal development plans.
- Encourage staff to update their personal information on ESR to support an accurate analysis for Ethnicity and Disability Pay Gap reports for March 31 2024 snapshot.

The report and action plan has been considered by the ICB's Executive Management, Remuneration and People Committees. It will be reported through the Government Equalities Office website by March 30 2024 and promoted through the ICB's website.

# Improving Staff Experiences – BOB OD Programme mapped against Six High Equality Impact Actions

# Building a Better BOB Organisational Development Programme

- As part of an Organisational Development programme for the emerging ICB, through 2022/23 all staff had an opportunity to identify its values through a series of online workshops.
- The ICB Values: **RESPECTFUL, IMPACTFUL, INTEGRITY. COLLABORATIVE AND LEADERSHIP** emerged because of this engagement. Behaviours associated with these values were integrated into a new staff appraisal which was launched in 2023.
- As part of appraisals, all staff are expected identify how they are meeting the ICB's Values, including values related to Inclusivity and Respect. The appraisal framework will be refreshed and updated as the ICB matures over the coming months.
- In June 2023, as part of an ICB Staff Away Day to celebrate 1 year of the ICB's existence, over 200 staff participated in a workshop to inform the four Pillars of the OD Change Programme – Wellbeing, Inclusion, Leadership and Development.
- The commitment to the four pillars of the OD programme will continue through 2024/25 as part of the ICB Change Programme to ensure staff feel safe, supported and are able to participate in a fair equitable and inclusive manner.



# Objectives of the four pillars of the ICB OD Programme

Objectives of the four pillars of OD Programme, which staff have helped to develop over the past year are set out below:

- **Wellbeing: To pr**ovide access to wellbeing support services, networks and representation.
- **Inclusivity: To e**nhance organisational culture through staff networks, awareness raising, supported conversations, developing leadership behaviours on inclusion, equality benchmarking and improvement programmes.
- **Leadership: To d**evelop skills and competencies through leadership development.
- **Development:** Integrating the principle of development with an emphasis on improving communication.

Whilst Inclusivity is a distinct pillar with specific areas of work informed by benchmarking and insight, the principles of ED&I are woven through the other three pillars as well.

The four OD pillars focus on values, behaviours and competencies will support the ICB deliver on their statutory equality duties as an employer and facilitator of partnerships. These have been aligned to the PSED Plan on the next page and progress is being reported using the framework of the Six High Impact Actions of the National Equality Diversity and Improvement  Plan.

This is being done separately for the ICB and ICS as their scope is different.  It will also help synthesise the multiple frameworks being used to benchmark and monitor progress, with a view to streamlining them over the coming year.

# BOB ICB – PSED Action Plan (internal) mapped with National EDI Plan (High Impact Actions)

## 6 High Impact Actions

**HIA 1 &3 – Equality objectives for Board& VSMs and Eliminating pay disparity – (BOB OD Pillar – Leadership)**

**Governance**

- Internal ED&I Steering group to be set up established and board/VSM objectives
- PSED Reporting timetable– Gender Pay Gap, Equality objectives/EDS and annual report
- Improve workforce ESR data (protected characteristics and non-mandatory training)
- Finalise Equality Policy and common Equality Impact Assessment template
- Finalise Value and Behaviours framework
- Complete EDS Domain 3 baseline and external peer review to cover the above

**HIA 2 & 5- Overhaul recruitment, embed talent management process (for local and international staff) –**

**(BOB OD Pillar – Development)**

**Recruitment**

- End-to-End review of ICB internal recruitment and onboarding practices to embed inclusion
- Widen recruitment pool from local communities
- Governance on international Recruitment for ICS – induction, onboarding and development prog

**Talent management**

- Learning & Development Plan – to cover compassionate leadership, ED&I and Health Inequality modules
- Review new appraisals process and identify managers' support needs on PDPs
- Scope targeted initiative to address under-representation in senior roles.

**HIA 4&6 Tackle health inequalities at workplace and Eliminating conditions in which bullying and harassment occurs**

**(BOB OD Pillars on Inclusivity and Wellbeing)**

**Engagement**

- Set up and strengthen four staff networks by March 2024 (CARE, Diverse Ability, LGBT+ and Women).
- Scope plans for additional networks on Age, Pregnancy/maternity
- Identify Development/pastoral support for network representatives .
- Awareness raising of diverse cultures, identities, intersectionality and health inequalities through heritage webinars, staff stories and related workshops.

**Health & wellbeing of staff and communities**

- Inclusive Wellbeing webinars (EDS Domain 2)
- Promote empowerment Passports for disabled staff.
- Build psychological safety – FTSU reporting processes and awareness-raising.
- Support for staff affected by bullying, harassment, domestic abuse or humanitarian crises
- Review practices to support respectful, informal resolution of conflict.
- Providing staff access to health checks and vaccinations.
- Create links with VCSE, education providers to create employment/procurement opportunities. (Anchor role)

# Six High Impact Equality Action 1

| | High Impact Action 1 | Progress in 2023/24 | Plans for 2024/25 |
|---|---|---|---|
| 1. | Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.<br><br>(Link with OD Pillar on Leadership) | The Board (Executive and Non-Executive Directors are in the process of finalising their ED&I Objectives. VSMs, senior managers and line managers will also set equality objectives through the appraisal process.<br><br>All Statutory Equality Reports are approved by the Executive Management Committee (EMC), People Committee and Board for assurance on the ICB's ED&I performance. An ED&I Forward Plan for the committees and Board has been prepared.<br><br>Launched three staff networks to support ethnic minority, disabled and LGBT+ staff. All three staff networks now have executive sponsors. Sponsors have started attending meetings with staff networks and external partners to understand the experiences of minoritised staff and local communities inform Board discussions.<br><br>The Chief Executive has promoted compassionate leadership through his blogs and the All Staff Forum, including support for staff affected by war and humanitarian crises, spotlight on staff networks and celebratory history months and attendance at staff network meetings.<br><br>A Leadership Forum has been established, sponsored by the Place Director for Buckinghamshire. The Forum has been meeting monthly and is supported by a working group, which includes staff network representatives. The Forum organised its first Leadership Network Development Day in February 2024 for all staff in leadership roles (Band 8a and above) – and included workshops on Servant Leadership, Goleman's Model of Emotional Intelligence and developing leadership competencies on ED&I through Lived | Board seminars to incorporate topics on ED&I and health inequalities.<br><br>ED&I steering group TBC.<br><br>Appraisal process to be reviewed in Q1 of 2024/25 and additional guidance provided as necessary.<br><br>Board members to receive updates on staff survey results and how ED&I is being integrated into the ICB change process in Q1 of 2024/25<br><br>Governance team to ensure all relevant Board and committee papers reflect analysis undertaken on equality/health inequalities, key findings and proposals to address them. |

# High Impact Equality Action 2

| | High Impact Action 2 | Progress in 2023/24 | Plans for 2024/25 |
|---|---|---|---|
| 2 | Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.<br><br>(OD Pillar – Leadership) | The ICB has access to NHS Elect - a non-profit membership organisation that supports NHS organisations to improve their performance. Staff have access to 150 new development opportunities Includes access to over 120 webinars, a range of online courses, over 200 resources, and a number of specialist networks.<br><br>Approximately 25 webinars have been accessed since it launched in November 2023.<br><br>ICB has launched a new appraisal process which includes a section on personal development for all staff. | Offer ICB staff spaces on the ICS Cultural Intelligence Programme.<br><br>360 appraisal to be considered as part of developing talent pipeline.<br><br>Provide recruitment managers at all levels training on Inclusive Recruitment as part of ICB Change Process.<br><br>Review and update BOB ICS Inclusive Recruitment Governance framework, update managers' guidance and test new selection methods to debias<br><br>Review a selection of appraisals to identify whether staff have personal development plans<br><br>Widen recruitment pool from local communities through apprenticeship and widening participation scheme. |

# High Impact Equality Action 3

| | High Impact Action 3 | Progress in 2023/24 | Plans for 2024/25 |
|---|---|---|---|
| 3 | Develop and implement an improvement plan to eliminate pay gaps.<br><br>OD Pillar – Leadership and Development | ICB has completed its first Gender Pay Gap review and is on track to publish its report by March 30. The report has been reviewed by the Executive Management, Remuneration and People Committees.<br><br>Staff briefings on the Gender Pay Gap review have been promoted through BOB Buzz, All Staff Forums and Staff Networks.<br><br>All staff have been encouraged to update their personal information on Disability and Ethnicity to support future Pay Gap reviews on Ethnicity and Disability. | Gender Pay Gap Action Plan to be integrated into ICB Change Programme. Hybrid working Policy currently being developed to support flexible working at ICB. Action Plan includes oversight of implementation of Mend the Gap recommendations at Trust level.<br><br>Campaign to encourage staff to update personal data on ESR to improve future pay Gap analyses on Ethnicity and Disability. |

# High Impact Equality Action 4

| | High Impact Action 4 | Progress in 2023/24 | Plans for 2024/25 |
|---|---|---|---|
| 4 | Develop and implement an improvement plan to address health inequalities within the workforce.<br><br>OD Pillar – Wellbeing and Inclusivity | Completion of EDS review workforce health and wellbeing in December 2023 to map progress on supporting staff health and wellbeing and achieved Level 1 of DWP Disability Confidence Scheme. Completed WDES benchmarking.<br><br>VCSE Alliance now part of ICS People Programme Board to strengthen links with the sector.<br><br>Staff have been offered the following:<br><br>• Access to the CARE, Diverse Ability and LGBT+ Networks.<br>• ICS Heritage Webinar series to gain awareness of diverse cultures across celebratory History Months.<br>• Virtual Empowerment Passports to document reasonable adjustment requirements (to prevent repeat disclosures).<br>• Three Inclusive Wellbeing webinars were held and attended by 170 staff.<br>• REACT Mental Health Training for ICB and primary care<br>• Employee Assistance Helpline with access to a range of support including, telephone and structured counselling, line management support, medical information service and mediation services.<br>• Access to a Freedom to Speak Up Guardian for Primary Care and ICB staff and a new FTSU Policy. There are nominated executive and non-executive leads for the FTSU service.<br>• Access to a range of resources, links and contact details through a Health and Wellbeing Page on the Intranet to manage change and uncertainty. Support on holding wellbeing conversations. | • NHS Health checks for ICB staff (TBC).<br>• Raise awareness of FTSU Guardian role and reporting processes.<br>• Review practices to support respectful, informal resolution of conflict.<br>• Employment opportunities internally with VCSE sector through widening participation scheme.<br>• Continue to develop line manager capabilities. |

# High Impact Equality Action 5

| | High Impact Action 5 | Progress in 2023/24 | Plans for 2024/25 |
|---|---|---|---|
| 5 | Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.<br><br>OD Pillar: Development and Leadership | The ICB does not recruit international healthcare staff but has responsibility for oversight over recruitment, onboarding and development of international staff through the BOB LMNS Workforce & Education Partnership Lead and the BOB LMNS Board.<br><br>All BOB Acute Trusts have Maternity and Transformation leads who share resources and good practice on support for Internationally recruited staff. | Develop intelligence base on support for internationally recruited staff within BOB.<br><br>Promote Cultural Intelligence Training to managers of internationally-recruited staff. |

# High Impact Equality Action 6

| | High Impact Action 6 | Progress in 2023/24 | Plans for 2024/25 |
|---|---|---|---|
| 6. | Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.<br><br>OD Pillar: Wellbeing and Inclusivity | EDS review on Domain 2 complete – included a review of staff survey results for 2023 on bullying, harassment and discrimination and action plan now part of ICB OD Plan.<br>To promote respect and belonging, the ICB is:<br>• Developing a FTSU service –FTSU Guardians have been recruited to support ICB staff. The Non-executive lad and People Committee are maintaining oversight and assurance over the FTSU process.<br>• Insights from the staff survey and three staff networks are helping to inform its OD programme on Inclusivity and Wellbeing.<br>• The ICB has signed the National Sexual Safety Charter and has officers to maintain oversight on the Sexual Safety and Domestic Abuse across the ICS through the BOB ICS Safer Spaces Forum.<br>• Staff Networks offer confidential space for staff who have been affected by poor behaviour through closed sessions after meetings.<br>• Chairs of all three Staff Networks now represent the networks at the Staff Partnership Forum, and along with trade unions representatives are working to ensure the ICB Change process is taking place in a fair and inclusive manner.<br>• Staff have access to an Employee Assistance programme, which includes a professional mediation service – all details of which are on the intranet.<br>• Discussions with managers on promoting inclusive workplaces through the Leadership Forum | Develop respect at work through discussion and awareness. |

# Sexual Safety Charter

BOB ICB is a signatory to the NHS Sexual Safety in Healthcare Organisational Charter and is playing an active role in supporting its adoption across the ICS. To raise awareness of the charter and ten commitments associated with it, the ICB has taken several steps set out below.

Key steps taken within the ICB:

- The Head of Adult Safeguarding (Oxfordshire) is leading on the implementation of the charter and has raised awareness of it through the ICB All Staff Forum.
- The presentation included the 10 commitments associated with Zero Tolerance of sexual harassment and abuse, key definitions and good practice examples.
- A toolkit is being developed in partnership with the People Directorate, Trade Unions, staff networks and providers to be made available to ICB staff and ICS partners.
- An intranet page has been created with information and resources that staff can access, including contact details for the Safeguarding team.
- Discussions are being held with the People Directorate on areas such as: including a question on Domestic Abuse in return-to-work forms, membership of the Employers' Initiative on Domestic Abuse and allegations management.
- A webinar is being held on 19 March 2024 to mark International Women's Day with the Assistant Chief Constable of Thames Valley Police, Katy Barrow-Grint, who will share her research on Violence Against Women and Girls.
- The ICB is working closely with NHS England and ICS partners to support the implementation of the Charter (see also Safer Workplaces section under Partnerships).

**Ten commitments of the Sexual Safety Charter:**

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

# Staff Engagement

# Staff Networks 1/2

In 2023/24, the ICB strengthened its network for ethnic minority staff, the Cultural Awareness and Race Equality (Care) Network and launched two networks: Diverse Ability for staff with disabilities and long-term conditions and a network for  Lesbian Gay Bisexual and Transgender Staff.

All three networks are supported by Executive Sponsors, have Terms of Reference and are supported by working groups. The networks are playing an active role in promoting equality diversity and inclusion and advocating for positive change within the workplace and influencing decision making. They have worked hard over the months in championing the voice of their members, gaining allies and raising awareness of the lived experience of members. They have done this by hosting webinars related to identity and heritage and representing members through the ICB Change process. Key highlights are given below and overleaf: All networks now have access to development and stretch opportunities through participation in the OD Programme.

**Cultural Awareness and Race Equality Network:** Launched as the Black and Minority Ethnic Members Network in October 2021, this network rebranded itself as the CARE Network. As of September 2023, it had 74 members, meets bimonthly and is supported by a working group called, CARE Plus, which agrees the agenda and workplan for the network. The network has focussed on creating a safe space and sense of belonging for ethnic minority staff within the organisation. It has raised awareness on the cultural and religious diversity of staff within BOB ICB through presentations by its members on a range of topics, including, festivals and diverse cultures, health and workplace inequalities, current affairs and the ICB change programme. The priority has been on vocalising the lived experiences of members.

Members have contributed with presentations on a range of topics including:
History of the Caribbean Carnival, Chinese New Year, Diwali, Ramadan and Eid both at network meetings and at All Staff Forum meetings.

- Staff stories on their cultural heritage as part of Black History and South Asian History Months.
- Raising awareness of how to prevent Type 2 Diabetes.
- Informing the Maternity Equity Programme
- Championing Inclusive recruitment and embedding ED&I in all areas of work.
- Championing training opportunities for BAME staff, which led to the commissioning of NHS Elect programme.
- Participating in the ICS Heritage Webinars as part of South Asian Heritage and Black History Month.

By promoting the sessions to all staff, the network has helped raise awareness of diverse cultural traditions, intersectionality and promoted a sense of belonging to its staff, while also helping to build cultural understanding and cohesion among allies.

# Staff Networks 2/2

**Diverse Ability Network**:

This network launched in July 2023 and is sponsored by the Chief Finance Officer. It has actively campaigned for improving the reasonable adjustment process within the ICB. The network is supported by two co-chairs and a communications lead. Its meetings have focussed on a range of physical, mental health and long-term conditions that limit the day-to-day lives of ICB staff through their stories. The network has 24 members.

The network has since developed its work plan and promoted its work as part of Disability History Month through a video at All Staff Forum and participated in the ICS Heritage webinars organised for the month.

Other topics the network has championed: :

- Oliver McGowan Learning Disability and Autism Awareness Training for staff.
- Central budget for reasonable adjustments.
- Disability Confidence training and awareness raising through staff stories,
- Promoting FTSU Guardian/champions and key contacts for networks and reasonable adjustments through new starter packs.

**Lesbian Gay Bisexual Transgender+ Network:**

Launched in February 2024 as part of LGBT History Month, this network has two co-chairs and is sponsored by the Chief Medical Officer/Deputy Chief Executive and Chief Delivery Officer. The newest network of the ICB, it has 10 members and has led the way in raising awareness of LGBT+ inclusion at the workplace and in the design and delivery of healthcare.

The network led the LGBT History Month webinar with a presentation on Pink News, the largest LGBT+ media platform in the world – and the role it is playing in raising awareness on LGBT+ issues globally, including health inequalities.

It also participated in the LGBT History Month Webinar on Inclusive Rugby on 28 February 2024 with Reading Renegades RFC – a Rugby Club striving to tackle barriers to participation in rugby among the LGBT community in Reading.

# Staff Partnership Forum

- The BOB ICB Staff Partnership Forum (SPF) has been established to provide a regular and formal means of information, consultation and negotiation between managers, staff representatives and elected trade union representatives.

- The inaugural meeting of the forum took place on 23 January  2024.

- The forum will be the primary platform for formal consultation for staff and their representatives and the ICB Change Programme.

- The Chairs of all the three staff networks will represent their members, along with all the recognised Trade Union representatives, at this forum.

- The SPF will also review key policies related to equality, diversity and inclusion, including: the Hybrid Working and Equality policies.

- They will participate to ensure decisions are made in a fair and inclusive manner and will offer independent, impartial advice and challenge to the decision-making process on the change programme. This includes reviewing equality impact assessments on the change process.

# BOB ICS Inclusion Group and Partnership Projects

This section sets out key forums, projects and programmes underway to promote collaborative working around ED&I in BOB ICS.

# BOB ICS Inclusion Group

BOB ICB facilitates the BOB ICS Inclusion Group to promote partnership working among health and social care partners and improve overall performance on Equality Diversity & Inclusion as a system. Since the group was formed in June 2021, it has been meeting fortnightly to share information, policy updates, resources and good practice.
Membership of the group began with ED&I leads and staff network representatives from the six partner Trusts of the ICS. Since 2022, it has included representatives from five local authorities, professional groups such as Maternity and Transformation nurses and midwives and health inequality leads. The Inclusion Group is now an established forum, which feeds into the work of the System People Board as it has evolved. It offers peer support to colleagues, opportunities for joint learning and development between health and care partners and sharing resources, contributing to the ICB's partnership infrastructure and overall improvement in equality performance.

Members of the BOB ICS Inclusion Group helped co-design of the BOB ICS ED&I Strategy 2021-25 which was published in December 2021. The strategy included projects that helped to develop the collaborative working culture of the partnership through 6 workstreams:

- Inclusive Recruitment
- Equitable Talent Management
- Wellbeing at Work
- Safer Workplaces for all
- Voice and Engagement and
- Health  Inequalities at the workplace

The baseline for this strategy was drawn from the WRES, WDES and related information such as the Six High Impact Actions on recruitment and talent management from our Trusts. The process has helped interventions to support levelling up of performance – which would support providers within the ICS meet national policy objectives. Outputs and outcomes are identified overleaf.

To facilitate the sharing of resources and information between partners, a shared platform was set up on NHS Futures, called the BOB ICS ED&I Strategy Hub. Through the workspace we have been able to share resources and information relevant to the six workstreams and other information contributed by members.

This forum and the ED&I strategy have helped to start developing a community of practice and support tangible outcomes for staff and organisations across the ICS.

The work on the BOB ICS ED&I strategy complements the framework of the National ED&I Improvement Plan and has enabled partner Trusts to demonstrate progress against the Six High Impact Actions of the plan. Progress from our Trusts will be reported every six weeks to the NHS England regional team from April.

# Outputs and outcomes of BOB ICS ED&I strategy in 2023/24

**Key outputs in 2023/24 include:**

- **Inclusive recruitment** – The inclusive recruitment toolkit produced in 2022/23 has been adopted at all Trusts who participated in the pilot and customised (and developed further) as necessary. The pilot included an inclusive recruitment training module, train the trainer sessions 6 facilitators, a guidance framework and a 7-minute video for partners. These have been adopted and developed further by partners who took part in the pilot.
- **Equitable Talent Management** – The Ethnic Minority Secondment programme at RBFT and Scope for Growth and Developing You:Developing Me Reciprocal Mentoring programmes at Buckinghamshire Healthcare were shared with partners. To develop managerial competencies, the ICS will be rolling out the Cultural Intelligence programme in 2024/25.
- **Wellbeing at Work: - Commissioning** Kindness at Work Programme to promote Respect at Work.
- **Safer Workplaces for All: Established** Setting up an ICS Multi-Disciplinary forum to address violence and aggression from public.
- **Voice and Engagement:** Lunch and Learn webinar Promoted Staff Network Development Toolkit in partnership with Kent and Medway ICB., the BOB ICS Heritage Webinar series 2023/24 and Inter-Trust Sports Fest led by the Filipino Nurse network.
- **Health Inequalities at the workplace**: Partners had access to 500 licences of Disability Confidence E-Learning Pilot till early 2023 and 300 licences of the Virtual Empowerment Passport. The virtual Empowerment Passports continue to be made available through Buckinghamshire Healthcare NHS Trust.

**Key outcomes for the ICS because of the EDI strategy include the development of three additional forums to strengthen the development of inclusive workplaces. These include:**:

:

- **Bimonthly Inclusive Recruitment working group** – with recruitment and ED&I leads. The scope and sustainability of this group will be reviewed as part of the ED&I strategy refresh in 2024/25.
- **Monthly Safer Workplaces** forum with representatives from security, patient safety and ED&I teams. This group has grown in strength and scope over the past 18 months and is emerging a strong community of practice. The forum is playing a key role in supporting the implementation of the sexual safety charter across partners. (see next page).
- **Bimonthly Staff Networks Peer Support group** – this group has held 4 meetings over the past year. Frequency of this network will be reviewed with current and new members..
- **Task and Finish Groups** on reasonable adjustments and management of disciplinaries..
- **EDS Peer reviews between Partners** – as part of the reviewing Domain 3 – Inclusive Leadership. The EDS improvement tool has been implemented at 3 partner Trusts.
- Improved performance on BOB ICS WRES 2023 indicators.

# Partnerships: Safer workplaces

The BOB ICS Safer workplaces working group is a key forum that has emerged from the ED&I strategy. It includes representatives from all BOB ICS NHS Trusts.- who meet monthly to discuss bullying, harassment and abuse experienced, in particular by women, ethnic minority and disabled staff. The forum has a multi-disciplinary membership, including representatives from Security, Patient Safety, Safeguarding, Wellbeing and ED&I teams.

**Since the forum began in June 2022:**

- Four of the six partner Trusts have adopted the NHS England Violence Prevention Reduction (VPR) Framework to support a public health approach to violence prevention and reduction. The NHS England VP&R Team has worked closely with the forum to advise and support work in this area and promote learning and networking opportunities nationally. One member from the forum in currently on the Violence Reduction Train the Trainer programme.
- Partner organisations have shared resources and learning from key projects and initiatives related to violence prevention and reduction, including policies, job descriptions, practices related to governance, risks, reporting and training.
- The forum has provided opportunities to share policy updates, such as the letters from the Health and Safety Executive on managing violence and aggression and Muscular Skeletal Disorders among NHS Staff.
- Members have participated in the design of the new National Violence Prevention and Reduction Toolkit. The group have access to a shared platform to share resources on the BOB ICS EDI Hub on the NHS Futures Platform. Since September 2023, the forum has focussed on the implementation of the NHS Sexual Safety Charter.

**Topics discussed at the meetings include:**

- Developing the confidence of staff to report incidents through improved reporting channels, team huddles and communications.
- Royal Berkshire Hospitals - Red and Yellow Card Zero Tolerance programme and their Training Needs Analysis on violence reduction.
- South Central Ambulance – Implementation of Operation Cavell with Thames Valley Police and Sexual Safety Campaign.
- Oxford University Hospitals – Introduction of Bodyworn cameras and No Excuses Campaign (shortlisted twice for the national Communicate Award
- Berkshire Healthcare NHS Foundation Trust – VPR standard and strategy, training on risk management and wellbeing support for staff.
- The forum is working closely with the regional Specialised Ccommissioning Team NHS England and ICB Safeguarding teams to promote the sexual safety programme.
- In January 2024, the forum received a presentation and learning resources the national Mental Health Sexual Safety Collaborative.
- In March 2024, the group will discuss Allegations management related to sexual misconduct.

# Other partnerships

- **Bi-Monthly staff Networks' Peer support group** – this forum was set up to strengthen the voice and impact of staff networks by bringing together chairs and key representatives of networks from across the ICS. Members who attend these lunchtime meetings have shared Terms of Reference, workplans and opportunities and challenges with sustaining networks. In 2023/24, ICS staff network representatives have helped inform the content of the Heritage Webinar series. Around 15 representatives from BOB ICS Trusts and local authorities participated in the Lunch and Learn session on the Staff Networks Development Toolkit led by Kent and Medway ICB.
- **Bimonthly Inclusive Recruitment Leads forum** – Three meetings were held with recruitment leads in the past year to share information and good practice around inclusive recruitment. This network will be reviewed as part of the strategy refresh.
- **Task and Finish Groups**: Two Task and Finish Groups were held in 2023/24 to discuss management of disciplinaries and reasonable adjustments.
- **The Task and Finish group on disciplinaries** was organised to address variation in performance between ICS partner Trusts. Representatives participated in four meetings to share challenges and opportunities, including those related to informal resolution of conflict. These included: Use of pre-disciplinary panels, debiasing the disciplinary process through use of checklists and anonymised forms and respectful resolution practices. The Restorative Just Culture Programme, which was rolled out among ICS Trusts in 2022/23, has significantly contributed to the improvement in the BOB WRES scores on disciplinaries for March 2022/23.
- **The Task and Finish Group on reasonable adjustments** held one meeting with representatives from the 6 Trusts and Buckinghamshire Council. Information was shared on policies, toolkits and budgets. This area of work will be considered as part of the refresh of the ED&I strategy in 2024/25.
- **Equality Delivery System (EDS) Peer Reviews**: – The Equality Delivery System improvement framework requires organisations to undertake peer reviews when assessing their progress on Inclusive Leadership (Domain 3). In 2023/24, through discussions with Inclusion Group member, peer reviews were organised for BOB ICB, SCAS and OUH.
- BOB ICB and SCAS undertook a peer review on Domain 3 of the EDS as a reciprocal arrangement.
- Oxfordshire County Council, Oxford Health NHS Foundation Trust and Buckinghamshire Healthcare NHS Foundation Trust offered peer feedback to Oxford University Hospitals.

# Partnership Projects in 2023/24 - Highlights

**Inter Trust Sports Fest – September 2023**: Filipino nurse representatives across BOB, took the lead to plan and organise an Inter Trust Sports Fest in September 2023 to develop closer working relations between nursing teams between partners. Supported by BOB ICB, the fest, which was held at Stoke Mandeville Stadium, saw teams participate from Royal Berkshire Hospitals and Buckinghamshire Healthcare. Feedback from the event has been very positive as members felt it helped build trust, stronger ties and celebrate inclusion through sport.

**Participation in the Southeast Global Majority Programme for BME Nurses and Midwives** – including a virtual conference in May, a face-to-face conference in October and a Senior BME Nurses' Network. Take up from the ICS has been good – and the programme now includes Allied Health professionals.

**Participation in the Southeast Cultural Intelligence Programme** – This is a regional flagship programme, led by the Southeast Leadership Academy in partnership with the Cultural Intelligence Centre.

As part of this, five facilitators from BOB ICS have been trained to deliver programme in BOB in 2024/25 – including one from BOB ICB. A working group has been established to finalise administrative arrangements and test the training material. The ICS will receive 150 licences as part of the funding agreement and a delivery plan is being developed for 2024/25.

# Heritage Webinar Series 1/2

A highlight of the year has been the BOB ICS Heritage Webinar series. Co-designed and delivered in partnership with the BOB ICS Inclusion Group, this series included a range of webinars and discussions to celebrate South Asian Heritage Month, Black History Month, Disability History Month, LBGT+ History Month and International Women's Day. The series focussed on topics of local interest, place-based initiatives and lived experiences.

A key theme through the series was understanding culture and identity through sport and publications– with authors, activists and academics sharing their work. The series was made more special as it showcased talent within BOB ICS, with staff from partner organisations offering to host, moderate and share their personal stories. The series has been recorded and audio files and links to publications shared with all partners as learning resources.

**South Asian Heritage Month:** Two webinars were held in August and September 2023 with reputed authors from the Indian sub-continent who shared with staff how cricket came to be closely associated with identity, pride and belonging among South Asians.

Through book ***You Must Like Cricket: Memoirs of an Indian Cricket Fan,*** **Indian Author, literary critic and podcaster, Soumya Bhattacharya,** explained how the sport was part of popular culture on the sub-continent, helping to bridge diplomatic, social and class barriers.

**Professor Prashant Kidambi from University of Leicester, author of *Cricket Country: An Indian Odyssey in the Age of Empire*** explained the socio-cultural history of the sport on the sub-continent through an extraordinary story about the first 'All India' tour of Great Britan and Ireland - which was supported by an unlikely coalition of colonial and local elites.

**Black History Month Webinars:** Three webinars were held to celebrate Black imagination, showcasing the literary heritage and stories of people from the African and Caribbean diaspora. The webinars also gave an opportunity to showcase local talent.

**Andrew Mutandwa, a member of the ED&I team at Oxford Health Foundation Trust, shared his book, *A Temporary Inconvenience,*** which documents the lived experiences of people escaping political turmoil and relocating to another country under duress. Through stories and poems, it describes the lasting impact of brutality and despotism.

**Onyekachi Wambu, Editor of Empire Windrush: 75 Years On –** discussed this collection of the best and most significant writing from the 75 years following the arrival of Empire Windrush. Moderated by Karla Innis, Head of Inclusion, OD and Organisational Experience at Berkshire Healthcare NHS Foundation Trust, the discussion generated lively conversations on the journey through the British past, present and future through the prism of Black imagination.

**Shanice Akinyombo, ED&I Midwife at Oxford University Hospitals,** shared a presentation on Hair Heritage, titled: *What is About Hair?* – which highlighted the socio-cultural and historical significance of hair styles among African communities.

# Heritage Webinar Series 2/2

**For Disability History Month** two webinars were held showcasing a leadership development programme aimed at developing disability advocacy at the workplace and a place-based initiative at Buckinghamshire. **In November, Dr Ossie Stuart, presented the Calibre Leadership Development programme for disabled staff –** and the impact it has had for staff in the NHS. **In December, Buckinghamshire Council showcased the work of WheelPower, a national charity promoting wheelchair sport**. Based at Stoke Mandeville Stadium in Buckinghamshire, the charity has helped thousands of physically disabled people lead active lives. Presented by its Chief Executive and Paralympian, Martin McEllhatton, the webinar highlighted the crucial role Stoke Mandeville Stadium has played in the Paralympic Movement.

**As part of celebrating LGBT+ History Month, BOB ICB launched its internal LGBT+ Network in February 2024 – and invited the Chief Operating Officer of Pink News, Dr Anthony James, as guest speaker.** Dr James shared the history of PinkNews, a global leader as an LGBT+ media platform. He discussed the health inequalities experienced by LGBT+ people – highlighting how Primary Care could address barriers experienced by them.

**Also in February BOB ICB hosted a panel discussion with Reading Renegades RFC, a rugby club working to remove barriers to participating in rugby (and sport in general) for LGBT+ people.** The panel, which included Thomas Snipe, Chairperson of the club and ED&I Manager at Oxford University Hospitals, Joel Roach, Treasurer, and Alex Holdsworth the club's Director for Recruitment and Retention, discussed how the club had developed since 2016 and the positive impact it has had on the health and wellbeing on the community. It also highlighted the challenges experienced by Transgender people with recent policy developments which have affected their participation in competitive sport.

**International Women's Day:** to mark this occasion, the ICB will be hosting a webinar with Katy Barrow-Grint, Assistant Chief Constable at Thames Valley Police. She will share her career journey within the police force, focussing on her work to address violence against women and girls.

# BOB ICS WRES – Key Highlights 2023

| Priority areas for improvement | Areas of best performance |
|---|---|
| Indicator 1 – Career progression in non-clinical roles (lower to middle levels)<br><br>Indicator 1 - Career progression in clinical roles (middle to upper levels) and lower to upper levels) | Indicator 10 – Board representation (overall, voting members, and executive members)<br><br>**BOB ICS in the top 10% nationally for this indicator (provider Trusts only)** |

# BOB ICS WDES – Key Highlights 2024

| Priority areas for improvement | Strengths |
|---|---|
| Indicator 1: Disability Declaration – workforce and boards<br>Indicator 4 = Bullying and harassment (colleagues, public and reporting) | Board Disability Representation (OUH)<br>Presenteeism<br>Workplace Adjustments |

The above findings are from the analysis by National WRES and WDES Implementation Teams. A more detailed analysis will be completed for the BOB System People Board.

# BOB ICS WRES Scores 2022-23: regional and national comparisons

| WRES Indicator | BOB ICS | South East | National |
|---|---|---|---|
| 1. BME representation in workforce | 29.4% ↑ | 26.4% | 26.4% |
| 2.Likelihood ratio of appointment from shortlisting (White/BME) | 1.28 ↑ | 1.63 | 1.59 |
| 3. Likelihood of entering formal disciplinary proceedings (BME/White) | 1.29 ↓ | 1.04 | 1.03 |
| 4. Likelihood of undertaking non-mandatory training (White/BME) | 0.79 ↑ | 1.03 | 1.12 |
| 5.Harassment, bullying or abuse from patients, relatives or the public in last 12 months | BME: 28.5% ↑ | BME: 31.2% | BME: 30.4% |
| | White: 24.9% ↑ | White: 27.2% | White: 26.8% |
| 6. Harassment, bullying or abuse from patients, relatives or the public in last 12 months | BME:24.6% ↔ | BME: 25.7% | BME: 27.7% |
| | White: 19.6% ↑ | White: 21.1% | White: 22% |
| 7. Perception that organisation provides equal opportunities for career progression | BME:49.9% ↔ | BME: 49.8% | BME:46.4% |
| | White: 62.4% ↑ | White: 60.2% | White: 59.1% |
| 8. % staff personally experienced discrimination at work from Manager/team leader or other colleague | BME 15.1% ↔ | 15.2% | 16.6% |
| | White 6.2% ↔ | 6.5% | 6.7% |
| 9 % difference between the organisations' Board membership and its overall workforce | Overall: -1% ↑ | -8.8% | -10.9% |
| | Voting -1% ↑ | -10.2% | -11.1% |
| | Exec: -6.95 ↑ | -12.8% | -15.7% |

Overall BOB ICS has scored higher than the regional and national averages on Indicators 2, 4, 5, 6 and 9.

The ICS is in the top 10% nationally for board representation.

Indicator 3, although lower (worse) than regional and national scores, is an improvement from last year (2022 score: 1.4 times).

Staff survey metrics (indicators 5-8), whilst better than regional and national averages – show poorer outcomes for BME staff compared with White.

# BOB ICS Partners - Progress against Six High Impact Actions

All BOB ICS partners have started monitoring and reporting progress against the Six High Impact Actions of the National ED&I Improvement Plan.

From April six-weekly progress updates will be shared with the NHS England Southeast Team and a reporting cycle agreed with the BOB System People Board.

# Case Studies

This section includes a selection of case studies which provide a closer insight into initiatives and interventions underway at place, organisational and system level to improve outcomes for staff and communities.

# Case Study: Inclusive language in Perinatal Services MDT training

Reproductive healthcare services can be complex to navigate especially for trans and non- binary populations. Services are predominantly heteronormative, and gendered to ‘women’, such as maternity buildings being known as ‘women’s centres’.

Evidence demonstrates experiences and outcomes of trans and non-binary birthing people is significantly worse than cisgender populations. Many trans and non- binary birthing people do not access perinatal care and services, when compared to other population groups, thus increasing poorer outcomes overall. Racism and transphobia which contribute to poorer outcomes (LGBT Foundation 2022).

To increase understanding of the experiences of trans and non -binary service users and staff, BOB LMNS commissioned Inclusive Language Training in 2023/24. The benefits of this training were intended to contribute to improving equity for all populations/health inclusion groups though access, experience and outcomes.

In August and September 2023, the BOB LMNS ran a pilot series of 3 hour interactive workshops for our maternity and neonatal workforce and our local Maternity and Neonatal Voices Partnership. The workshops were facilitated by Ash Bainbridge, who has delivered national, regional and local training. The workshops were advertised via Eventbrite with secure sign up.

53 attendees across the LMNS attended the training programme representing a diverse range of disciplines, including midwifery, obstetrics, service user voice, and commissioners.

Feedback from the sessions.
*“Thank you – this was such a brilliant day - I thoroughly enjoyed it and learnt so much at the same time. It has generated so many ideas!”*
*“This training was excellent!”*
*”I found the inclusive language training very interesting and helpful”*
*“A fantastic session, facilitated by an amazing trainer...so needed, feel energised”.*

We have secured further funding to deliver training for the maternity and neonatal system workforce via NHSE LGBTQ team and have met with our training provider to explore development and aim for an early summer roll out (2024).

# Maternity Case Study: Early Lives Equal Start

This project launched late 2022, in response to local and national research. In 2021, Omotunde Coker, a community researcher with HealthWatch, collaborated with mothers from Oxford's Black and ethnic minority communities and Oxford Community Action (OCA) to create a film discussing their views on maternity care. Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries 2023 (MBRRACE) continues to show stark inequalities in maternity outcomes especially those women and birthing people from global ethnic majority groups and those living in deprivation.

**Working within the current system**: "The model is predicated on people coming to us, not us to them. " Services Based on numbers not need. Significant resource constraints. Barriers to staff engagement and tendency to adopt Silo-ed approaches

**Were there other/better ways of working? What could we learn from elsewhere?**

Neighbourhoods can be primary units of change and critical starting points for efforts to improve health inequalities. Early Lives Equal Start is place-based working in action; improving the way organisations work together and with families, to shift attitudes and resources towards preventing problems that can start in early life.

**Why OX4?**

- This is one of most deprived areas in Oxfordshire and home to our most ethnically diverse community. Community Midwifery services already located in OX4, Flos at the Park. Flos- a social enterprise at heart of OX4 community life.

**Aim:**

- To support mothers and birthing people from the diverse migrant population of OX4, who are at greater risk of adverse outcomes to thrive in pregnancy and early parenthood.

**Specific objectives:**

- Better Access, Experience and Outcomes for women and birthing people in OX4
- Co-produced targeted and effective community based antenatal education and support for minoritized communities in OX4
- Coordinated place based social prescribing with an anti-poverty, legal literacy lens

**What do we do?**

Place-based co-produced innovation which builds on existing partnerships, relationships & networks.

**Maternity Advocates and Community Organisers (MACOs):**

**Maternity Health Justice partnership in action**

Referral pathway to MACO team created

Worked with over 100 families (January 2023 to present)

**Antenatal classes**

Co-produce community-based antenatal education and culturally-appropriate health literacy information with relevant interpretation

Training in community outreach, peer-to-peer support and advoca**cy**

Advocacy and empowerment (Equal Start Maternity Advocates - ESMAs) – stories for change)

Peer to peer support (Equal Start Community Outreach - ESCOs)

**What has been achieved one year on...**

- Improved access & experience for pregnant women in OX4: including obstetric outreach clinic for Timorese women and birthing people

- Social prescribing with an anti-poverty, legal literacy lens MACO casework- over 100 families
- Coproduction of community based antenatal education and support
- New maternity advocates peer support network
- Shared Learning Event in March for International W[illegible]
- Case study in NHSE postnatal care guidance (to be
- NIHR Theory of change workshop, NIHR logic moc

# Oxford University Hospitals - No Excuses Campaign 1/2

In November 2020, there were **80** reported incidents of violence and aggression at Oxford University Hospitals. By November 2021, this had more than doubled to **180**. Staff, so revered during the early days of the COVID-19 pandemic, were now regularly subjected to aggressive and abusive behaviour from patients and public. In tabloid parlance, claps on the doorsteps had turned to slaps in our A&E Departments. This needed to stop.

OUH's  Chief Nursing Officer and Executive lead for Health and Safety commissioned a communications campaign with strong, impactful messaging to support the Trust's vision of OneTeamOneOUH and make it clear that there was no excuse for physical or verbal abuse of NHS staff. Following detailed discussions with frontline staff directly impacted by this rise in violent and aggressive behaviour, the communications Team designed the No Excuses Campaign.

The campaign supported a trial of body cameras in the Trust's A&E Department at the John Radcliffe Hospital in Oxford– which had experienced high instances of aggression. The Communications Team worked with in-house designers, Oxford Medical Illustration, to produce hard-hitting, eye-catching materials for social media, digital screens on four hospital sites, and posters displayed across our hospitals.

Phase 1 of the campaign launched in January 2022, starting with internal communications to all OUH staff from our Chief Nursing Officer, followed by a press release and social media.

Along with a public campaign, the Communications Team developed guidance material for staff on what to do when incidents of aggressive or abusive behaviour occur – including tailored documents for different staff groups such as, community nurses, home-visiting teams, telephone call handlers and Complaints teams.

In 2023, Phase 2 of the No Excuses campaign was launched.  Following discussions with the multi-disciplinary Violence and Aggression Reduction Group, it was agreed that the next phase should be more personal.  The Communications team interviewed members of staff who had been on the receiving end of abusive and aggressive behaviour – to give the campaign a real and authentic voice, as well as portray the impact of such behaviour.  The stories were anonymised and shared – with staff consent – on our social media channels and through a press release.

Phase 3 began in February 2024, focussing on staff sharing stories of racist and sexual abuse.

When launched in January 2022, the campaign received extensive national and local coverage – including the Nursing Standard; Nursing Times; BBC South Today; ITV Meridian; GB News; Banbury Guardian; Heart FM, and That's TV Oxfordshire. The campaign has been shortlisted twice for the National Communicate Award.

# Oxford University Hospitals – No Excuses Campaign 2/2

**Impact of the campaign:**

In a post-trial survey, **96%** of staff from the A&E Department at the John Radcliffe Hospital said that they felt the body cameras were positive, needed, and felt well-supported by the No Excuses campaign. Staff feedback at all stages of the campaign has been immensely positive. While reports of abusive behaviour have increased over the past 12 months, this has partly been because of staff feeling empowered to do so.

At the start of the campaign, many staff saw this kind of behaviour as part of the job – throughout the No Excuses campaign, staff have been supported to understand that this is not – and should not – be the case. Through the campaign, the Communication Team were able to help staff feel listened to, supported, and publicly speak out on unacceptable behaviour.

The campaign has received positive feedback from NHS Trusts across BOB ICS and NHS Trusts across the country. The OUH Communications team has been in discussions with several organisations who are keen to adopt the format. Through the campaign, the Trust was able to help staff feel listened to, supported, and able to publicly speak out on unacceptable behaviour.

# References

https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers

https://www.closeyourpaygap.org.uk/pay-gap-guide/#rlslider_1

https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers/making-your-calculations#:~:text=Take%20the%20mean%20(average)%20hourly,Multiply%20the%20result%20by%20100.

# Contact Us

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

If you have any questions about this report or would like it in a different format, please contact us at: Bobicb.enquiries@nhs.net

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OX4 6LB

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

# BOARD MEETING

| | | | |
|---|---|---|---|
| **Title** | Performance & Quality Report – Month 9 (December) | | |
| **Paper Date:** | 5 March 2024 | **Meeting Date:** | 19 March 2024 |
| **Purpose:** | Assurance | **Agenda Item:** | 13 |
| **Author:** | Ben Gattlin, Head of Planning & Performance | **Exec Lead/ Senior Responsible Officer:** | Matthew Tait, Chief Delivery Officer; Rachael Corser, Chief Nursing Officer; Rachael de Caux, Chief Medical Officer |

## Executive Summary


The report focuses on the following metrics which were agreed as priorities for 2023/24 and includes updates on the broader range of performance and quality metrics overseen by the Integrated Care Board (ICB).

These metrics will be updated as the ICB develops and confirms 2024/25 priorities.

**Urgent and Emergency Care – 4 Hour standard –** *target 76% by end of March 2024*

- Performance across Buckinghamshire, Oxfordshire, Berkshire (BOB) marginally deteriorated to 69.5% in January from 70.3% in December and remains below national and Southeast average but above last year's performance.
- Unvalidated data shows performance has remained static during February.
- All geographies have system improvement / winter plans in place.
- System discharge and virtual ward performance remains some of the best in the Southeast.
- There is a national focus on delivery of 76% for March. To demonstrate improvement the ICB team have been working with providers to update plans to deliver this and put in place increased assurance mechanisms.

**Elective – Long Waits -** *target zero over 65 week waits by March 2024*

- BOB providers reported 1,880 patients waiting longer than 65 weeks at the of December.
- Industrial action in January and February has impacted delivery. Despite this, unvalidated data shows 1,380 patients waiting over 65 weeks at the end of February. Just 300 over plan (2023/24 plan assumed no industrial action).
- Latest estimates suggest BOB may have 500 patients still waiting over 65 weeks at the end of March.
- Given industrial action the national focus for the end of March is removing all 78-week waiters. The latest forecasts are that the BOB system may have 41 at this point (excluding patient choice) although work continues to reduce these.

**Neurodiversity Waits –** *target improvement in wait times.*

- Data not updated in this report, related to the ongoing work by the recently established data quality group set up to standardise data collection and reporting.
- Average wait time to assessment for Autism and attention deficit hyperactivity disorder (ADHD) for children and young people (CYP) remains challenged. Between 92 weeks for ADHD in Berkshire West and 102 weeks for Autism and ADHD combined in Buckinghamshire.

**Cancer waits –** *target reduction in patients waiting over 62-days for treatment.*

- At the end of December there was 657 patients waiting over 62 days for treatment
- Oxford University Hospitals (OUH) entered Tier 2 for cancer at the end of November 2023 with the Trust over 50% away from target (266 vs 171). At the end of December there were 215 patients waiting over 62 days for cancer treatment just 26% away from target.

- Recent industrial action has caused delays in cancer pathways. All three Trust are committed to improvement trajectories which should further reduce the numbers of patients waiting.

**Primary Care access-** *target maximise appointments within two weeks.*

- December 2023 was the third straight month seeing an improvement in performance 84.6% vs 79.2% in October.
- BOB remains above Southeast and national averages.

**Workforce –** *target reduction in vacancies and workforce establishment in line with plans*

- The overall BOB vacancy rate has increased by 0.1% in M9 but remains on a downward trend since April 2023.
- Establishment has remained static for Buckinghamshire Healthcare Trust; all other Trusts are showing increases in their establishment.

| **Action Required** |
|---|
| The board are asked to:<br>• Note and discuss the contents of the report and mitigating actions in place |

| | |
|---|---|
| **Conflicts of Interest**: | Conflict noted: Conflicted party can participate in discussion and decision. |
| This report contains information including the performance of organisations led by members of the Board. The perspective of these members is an important aspect to enable the Board to focus on where the ICB and system contribute to improvement. | |

| | |
|---|---|
| **Date/Name of Committee/ Meeting, Where Last Reviewed:** | Previous reports have been reviewed at the Performance & Assurance Group, Executive Management Committee and Population Health and Patient Experience committee |

# NHS Performance and Quality Report
## M9 – December 2023

Matthew Tait – Chief Delivery Officer

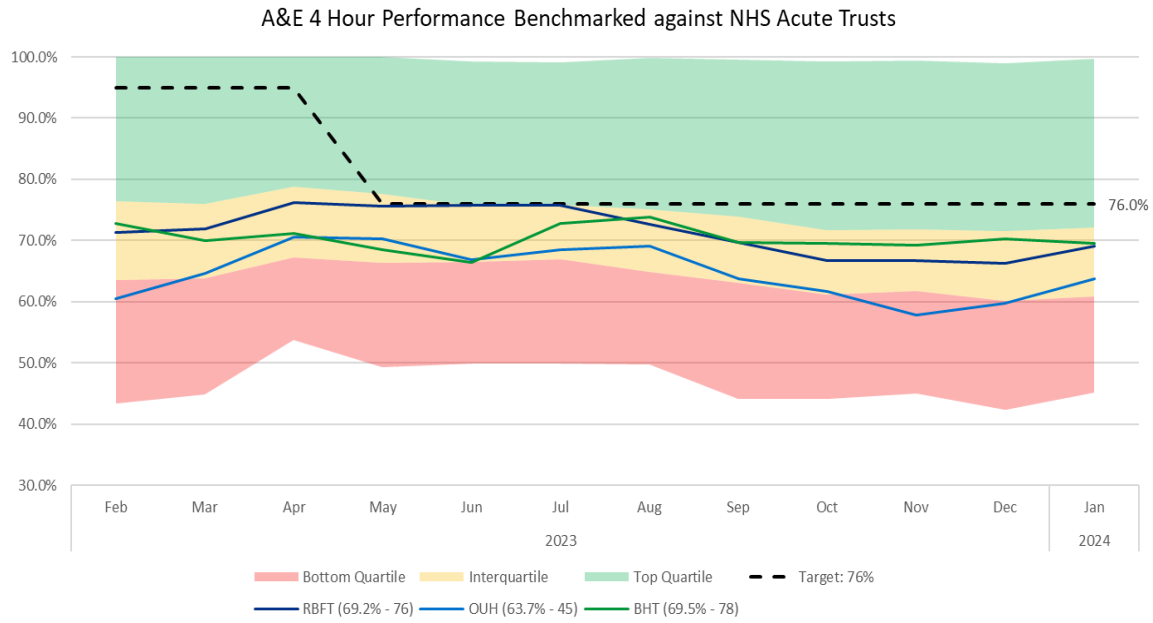
Rachael Corser – Chief Nursing Officer

Rachael De Caux – Chief Medical Officer

# 1. Urgent and Emergency Care (UEC)

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

**SRO:** Matthew Tait




**This metric measures:**
Our objective is to reduce the number of patients experiencing excess waiting for emergency services. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of arrival. Delivering against this standard requires cooperation across both the hospital and with partners in the wider health and care system. While the constitutional standard remains at 95%, NHSE has set Trusts a Target of consistently seeing 76% of patients within 4 hours by the end of March 2024

**How are we performing:**
**A&E 4 hour:**

- Buckinghamshire Healthcare (BHT) – January All types performance 69.50% marginally down from 70.30% the previous month (December).
- Oxford University Hospitals (OUH) – January All types performance was 63.74% high from 59.83% the previous month (December).
- Royal Berkshire (RBFT) – January All types performance 69.16%, remained almost the same as 69.21% the previous month (December).
- Across England January All type's performance was 70.28% marginally higher than 69.44% in December. In December, the Southeast was 72.90% marginally higher than 72.38% in December.

Whilst performance remains challenged against the operating plan requirement, all three Trusts are showing an improvement against performance for the same period last year, despite an increase in ED attendances at all sites. The ICS remains in Tier 3 for UEC which means oversight and assurance of UEC performance and improvement remains at system level with no support or intervention from SE Region or the National team.

**Actions:**

- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards
- Alternatives to ED continue to be promoted to reduce the pressures on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online and Urgent Care Centres (UCCs/UTCs).
- Whilst all three Trusts remain committed to delivering 76% against the 4 hour A&E standard in March, this is looking increasing challenging given current demand combined with Industrial Action, however Trusts continue to make progress against their improvement plans and exploring additional actions available to support 76% delivery at year end including; commencement of the ED navigator role at the OUH exploration of providing both minor injuries and minor illnesses services at the RBFT Minor Injury Unit and community in-reach to ED at BHT.
- Discharges remain a key area of concentration – data quality continues to improve; work remains ongoing to ensure compliance with Discharge Ready Date reporting ahead of the March 2024 deadline..
- An ambulance handovers workshop will be convened with SCAS and acute partners to ensure clarity on the improvement actions available to support timely handovers and consequently Cat 2 performance
- Additional Primary Care and UCC capacity is being sought to mitigate the impact of Industrial Action

**Risks:**

- Unmet demand in primary care/community resulting in higher ED attendances
- Increase in acuity resulting in more complex patients attending ED
- Ongoing disruption to services and demand profiles resulting from Industrial Action and exceptional weather conditions
- Staff sickness compounding UEC pressures

# 2. Planned Care

**SRO:** Matthew Tait

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

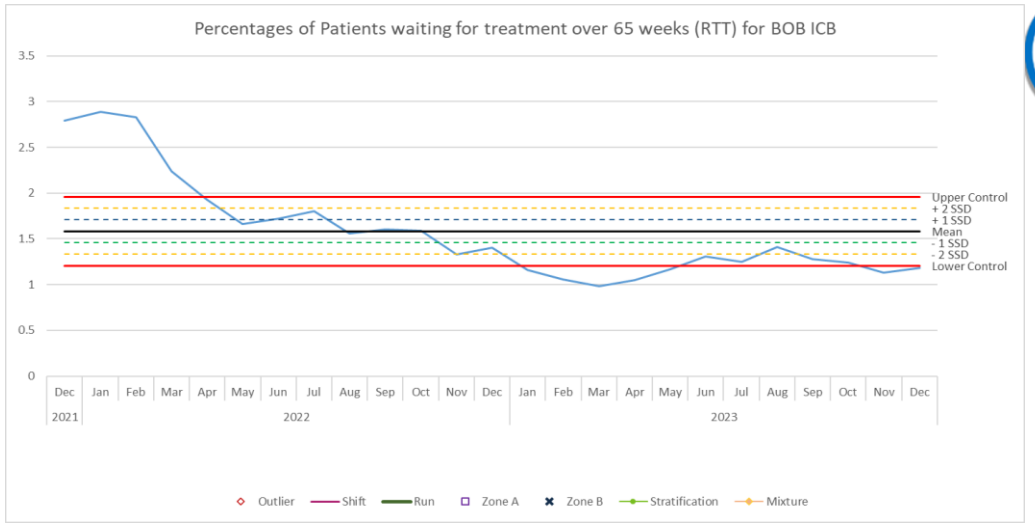



*Fig.1*

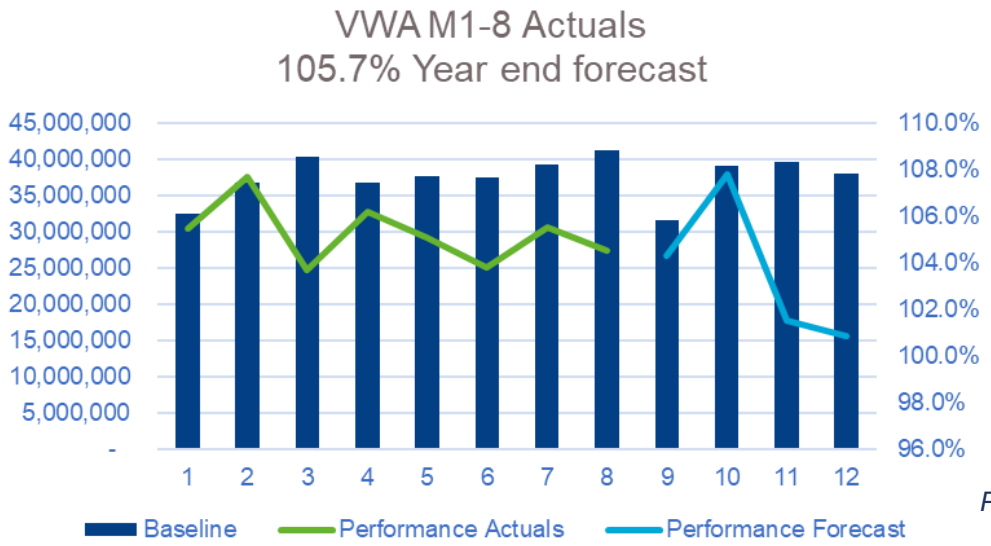



*Fig.2*

**This metric measures**
Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time (RTT) standards. The target to eliminate all >65-week waits is the end of March 2024.

**How are we performing**
- At the end of December 302 patients were waiting over 78 weeks against a target of zero.
- BOB NHS Providers reported 1,841 patients waiting > 65 weeks against an end-December target of no greater than 456. The target is to reduce this to zero by the end of March 2024.
- BOB reported 5,599 patients waiting > 52 weeks against an end-of-December target of no greater than 4,323.
- The total number of NHS Provider open pathways was 159,062 against the end of December plan of 135,880.
- Fig.1 Statistical process control (SPC) chart, introduced last month shows a decreasing trajectory which indicates improvement – this is driven by BHT and RBFT, whilst OUH have had 4 consecutive points above the upper control limit indicating concern. Provider-specific SPC charts can be found on page 19.
- Fig.2 Value Weighted Activity (VWA) - National workbook displays BOB at 105% YTD (Apr-Nov). The full year submitted plan for BOB was 104.4%.

**Actions:**
- Revised diagnostics strategy agreed at the Oversight Group and presented to the Elective Care Board for review. Focus in 2024/25 will be on Endoscopy, MRI and Non-Obstetric Ultrasound where there are challenges across the system
- Finalising bids for the 2024/25 Community Diagnostic Centre Pathway Development Fund.
- Patient-initiated follow up for outpatient appointments has increased by 1.3% thanks to work of the outpatient transformation group.
- "E-meet and greet" planning to go live for cataract referrals in March-24. It is a digital tool to automate patient communication through the referral process, improving patient engagement and experience.
- RBFT trialling new app to improve the triage process – starting with Cardiology and Dermatology.
- Elective Care Board focused on operational planning for 2024/25 and provider trajectories to get to 65 weeks by expected deadline of September 2024.

**Risks:**
- Ongoing industrial action continues to be a risk to delivery of national targets on elective performance and diagnostics.
- Patient choice; patients choosing to be seen after 65 weeks/78 weeks.



**VWA forecast does not include December or January industrial action impact*

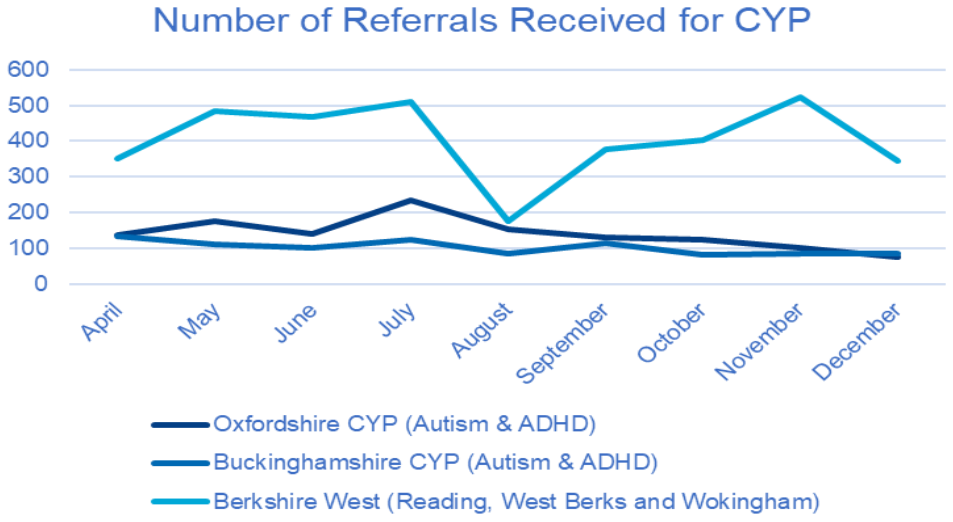
# 3. Autism and ADHD - CYP

**SRO: R**achael Corser

*Data validation and alignment underway figures subject to change

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

| Latest number of CYP waiting for assessment (waiting list) | |
|---|---|
| Oxfordshire CYP (Autism & ADHD) | 3,060 (Dec 2023) |
| Buckinghamshire CYP (Autism & ADHD) | 2,923 (Dec 2023) |
| Berkshire West (Reading, West Berks and Wokingham) | 5,089 (Dec 2023) |




| Average (Mean) waited time to assessment for CYP seen | |
|---|---|
| Oxfordshire CYP (Autism & ADHD) | 94 weeks (Dec 2023) |
| Buckinghamshire CYP (Autism & ADHD) | 102 weeks (Dec 2023) |
| Berkshire West (Reading, West Berks and Wokingham) | Autism – 93 weeks (Dec 2023) |
| Berkshire West (Reading, West Berks and Wokingham) | ADHD - 92 weeks (Dec 2023) |

**This metric measures**

This measure seeks to highlight the number of patients referred for assessment for autism or ADHD. The number of children and young people currently awaiting an assessment and the mean waiting time to assessment. The data here relates to children and young people (CYP) only.

**How are we performing:**

- The top table outlines the number of patients currently waiting for an assessment it displays 11,072 on the waiting list across BOB when using end-of-December 2023 figures for Buckinghamshire, Oxfordshire and Berkshire West.
- The chart provides an overview of the numbers of referrals received by month from April 2023 to December 2023. A reduction is seen in August 2023 as expected due to the school summer holidays
- The final table highlights the mean wait time to assessment across BOB. This metric is of high importance as an indicator of demand and capacity across the System.
- Patient and carer experience here is challenged as it is unclear what level of support is required by individuals on the waiting list, there will be a differential in quality of experience whilst on the waiting list.

**Actions:**

- A data quality group has been established across BOB to standardise data collection and reporting
- We are continuing to engage in the NHSE regional All Age neuro-diversity work programme which is developing a framework for best practice for strengths and needs-led support, waiting list prioritisation and commissioning third party providers .
- Further work ongoing to align reporting across Buckinghamshire, Oxfordshire & Berkshire West.
- Continue to collect mean waiting time to assessment monthly, to track improvements & impacts of increasing resource and transformational work.
- Rollout and expansion of BOB Support Hope and Recovery/Resource Online Network (SHaRON) pilot which provides support whilst waiting. Go live date April 2024. In addition, investment proposals being developed using Service Development Funds to support CYP waiting for assessment.
- SPENCER3D pilot in 20 schools across Berkshire and Buckinghamshire to promote informed strengths and needs lead support approach.
- 2 projects developing automated clinical decision-making tool and using AI for Autism & ADHD Assessment being explored and implemented.
- Partnerships for Inclusion of Neurodiversity in Schools (PINS) pilot agreed to begin in Reading in partnership with Brighter Futures for Children and Berkshire Healthcare (BHFT). Developing service model with delivery in schools to commence September 2024.
- Programme Board for Neurodiversity workgroups being formalised within BOB ICB arrangements.

**Risks:**

- Inequality of experience whilst on waiting list.
- Non-continuation of funding for SHaRON Pilot after the 2-year period.

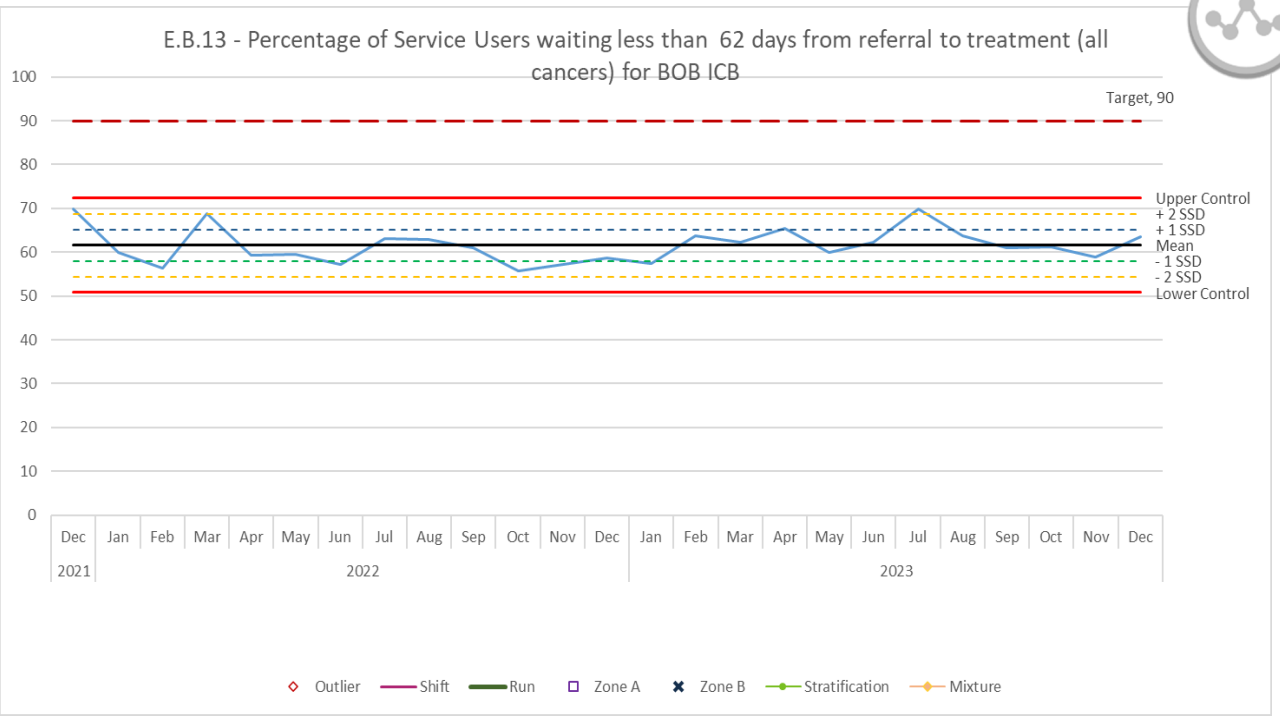


[1]*Spencer is a web-based application for the assessment, intervention and management of mental health, developmental and learning difficulties in primary and secondary schools.*

# 4. Cancer

**SRO:** Matthew Tait

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board




**These metrics measure**
The 62-day referral to treatment standard (85%). We will continue to track the number of patients waiting over 62 days at any one time through 2023/24 with the aim of achieving pre-pandemic levels (500). Due to the delay in processing the cancer waiting times data the opportunity has been taken to introduce an SPC chart here. The process control shows common cause variation, latest data point is above the mean, 5 of the last 6 data points are within 1 standard deviation. This does statistically indicate that BOB providers are unlikely to achieve the national standard at the next data point. Provider specific SPC charts can be found on page 22.

**How are we performing:**
- The percentage of patients meeting the faster diagnosis standard in December across BOB was 75%, which is on the target and above national and regional averages.
- BHT (71.6%) did not meet the target standard in December. OUH was 76.6% RBH 77.3%
- At the end of December 657 patients were waiting over 62 days for treatment (286 at RBFT, 215 at OUH, 216 at BHT). This is slightly improved from previous month.

**BHT** Skin, urology, and lower gastrointestinal (LGI) remain the biggest challenges. Delays at the start of the skin pathway impact the position with skin 1/3 of the overall patient tracking list (PTL). Workforce pressures in dermatology. MRI and CT capacity causing issues in urology.

**OUH** Main areas of challenge are skin, gynaecology, and urology, position driven by high numbers of referrals and staffing capacity affected by more industrial action, which is having the most impact on the 31-day target . Skin delays with pathology reporting times, surgical capacity, and difficulties in recruitment. Increased gynaecology referrals caused delays at the front of the pathway and long-term sickness of 2 consultants causing the biggest impact. Appointed locum gynaecology consultant. Diagnostic reporting delays increasing

**RBFT** LGI, gynaecology and head and neck remain the biggest challenges. Improvements have been seen at the start of the urology pathway however now seeing delays at the end due to surgical capacity issues due to the industrial action and annual leave. Major capacity issues with hysteroscopies for gynaecology pathway, 4+ weeks wait. Impact of reduced RATE card

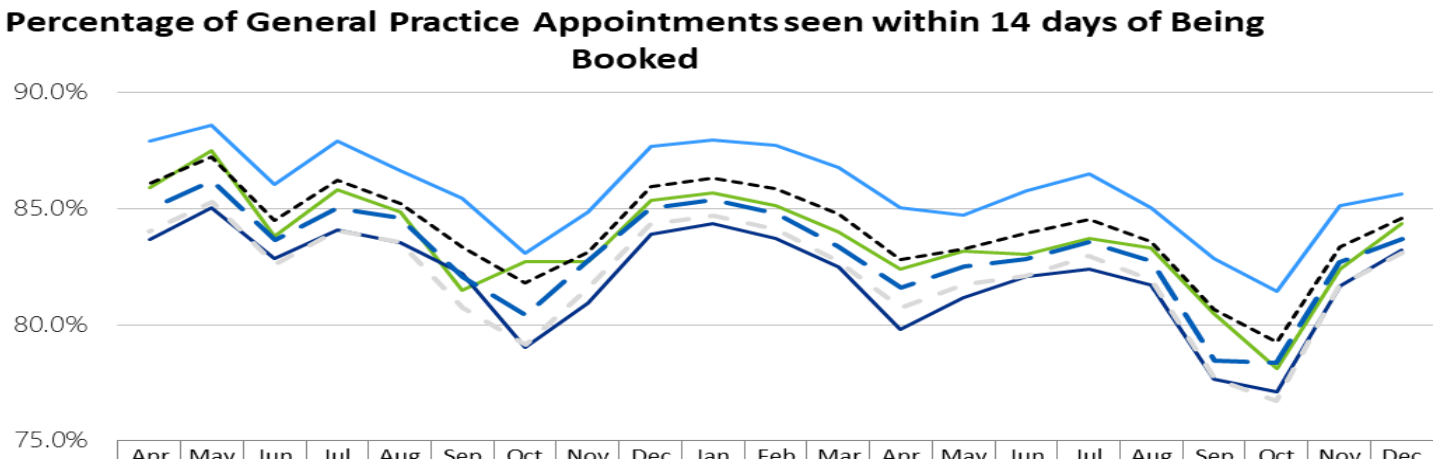
**Actions:**
- RBFT – Super Saturday clinics set up. Straight to test pathways for GI, Urology, Lung and Breast. 1 Stop outpatient appointment for skin. Fifth endoscopy room being built
- OUH – additional flexi-lists to support prostate biopsy and extra CT biopsy slots to support renal pathway. Extensive cancer improvement plan in place. Inter provider transfers are proving challenging so a new pathway is being developed. Benign capacity transferred to cancer until end of M12.
- OUH Deep dive into suspected cancer appointments and urgent appointments to look at triage and getting the appropriate pathways first time, this work is now with Local Medical Committee for approval.
- BHT – 2 more skin speciality doctors starting. Extra capacity approved for CT, MRI and radiology for reporting.
- Ongoing Thames Valley Cancer Alliance/Trust meetings via various forums to support oversight of issues and required mitigations

**Risks:**
- Increase referral trends continue to be seen
- Diagnostic capacity across all trusts remain, driven by hysteroscopy, MRI and radiology
- Diagnostic and staffing capacity driving some pathway positions across the three trusts
- Workforce challenges also driving the position
- Industrial action impacted all pathways
- Targeted lung health checks (TLHC) funding unresolved.
- Cancer Alliance capacity is challenged now with long term sickness and a high vacancy rate.

# 5. Primary Care Access

**SRO:** Rachael De Caux

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2022/23 | | | | | | | | | | | | 2023/24 | | | | | | | | |
| Buckinghamshire | 85.9% | 87.5% | 83.8% | 85.8% | 84.9% | 81.5% | 82.7% | 82.7% | 85.4% | 85.7% | 85.1% | 84.0% | 82.4% | 83.2% | 83.1% | 83.7% | 83.3% | 80.5% | 78.1% | 82.4% | 84.4% |
| Oxfordshire | 87.9% | 88.6% | 86.1% | 87.9% | 86.6% | 85.4% | 83.1% | 84.8% | 87.7% | 88.0% | 87.7% | 86.8% | 85.0% | 84.7% | 85.8% | 86.5% | 85.1% | 82.8% | 81.5% | 85.1% | 85.7% |
| Berkshire West | 83.7% | 85.0% | 82.9% | 84.1% | 83.5% | 82.2% | 79.0% | 81.0% | 83.9% | 84.4% | 83.7% | 82.5% | 79.8% | 81.2% | 82.1% | 82.4% | 81.7% | 77.7% | 77.1% | 81.7% | 83.2% |
| BOB ICB | 86.1% | 87.2% | 84.5% | 86.2% | 85.2% | 83.4% | 81.8% | 83.1% | 85.9% | 86.3% | 85.9% | 84.8% | 82.8% | 83.3% | 83.9% | 84.5% | 83.6% | 80.6% | 79.2% | 83.3% | 84.6% |
| South East | 84.0% | 85.3% | 82.6% | 84.1% | 83.6% | 80.7% | 79.2% | 81.6% | 84.3% | 84.7% | 84.1% | 82.8% | 80.7% | 81.7% | 82.1% | 83.0% | 81.9% | 77.7% | 76.7% | 81.7% | 83.1% |
| England | 85.0% | 86.2% | 83.7% | 85.0% | 84.6% | 82.0% | 80.4% | 82.8% | 85.0% | 85.4% | 84.8% | 83.4% | 81.6% | 82.5% | 82.9% | 83.5% | 82.7% | 78.4% | 78.4% | 82.7% | 83.7% |

**This metric measures**

Our objective is to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or the next day according to clinical need.

**How are we performing:**

- The percentage of general practice appointments seen within 14 days during December 2023 was 84.6%. This is marginally lower than the same period last year (December 2022) when 85.9% of patients were being seen within 14 days.
- For the 14-day metric, BOB continues to track well compared to national (83.7%) and regional peers (83.1%). A Berkshire West decline in performance seen during September / October improved in December but a review is being conducted to understand this better.
- SPC charts on page 25 show a downward trend in the percentage seen within 14 days however additional analysis also shows the total number seen within 14 days to be at its highest.

**Actions:**

- Review being conducted into Berkshire West practices 14-day target position. Two practices initially have been asked to respond on their access position. One practice being supported with mapping of appointments on General Practice Appointment Data (GPAD).
- ICB's approach to the national 'Primary Care Access & Recovery Plan' (PCARP) has been defined. An action plan is in place to deliver with regular touchpoint meetings scheduled, all workstreams are considered on track and a comms strategy is being worked-up to support awareness of new approaches to improving access.
- 'Practice / PCN capacity & access improvement plans' (CAIP) which aim to improve access and address inappropriate variation are now subject to mid-year review/discussion with the ICB. This is to understand the challenges to delivery and what additional action and support may assist further.
- Principles to target and encourage 'at risk' practices to join the General Practice Improvement Programme (GPIP) have been designed to support those that need it most.
- Draft primary care strategy has an access focus and new ways of working outlined are intended to help manage increases in demand. Engagement on strategy currently taking place.

**Risks:**

- Variation in the quality of the data extracted makes interpretation challenging. Better practice mapping of appointments on national GPAD system and introduction of a consistent demand and capacity tool will mitigate this. The BOB Primary Care and Digital teams are currently proactively working with region to ensure that an appropriate tool is in place by end March 2024.
- ICB's approach to the national 'recovery and access to primary care programme management plan' and 'practice / PCN capacity & access improvement plans' may not deliver the required change. Strong programme management and governance including a task and finish group, monitoring and intervention and board reporting will mitigate this.

# 6.Workforce - Summary

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

SRO: Caroline Corrigan

**Summary:** Please see the individual data slides (36-39) in this pack for more detailed information.

Whilst Oxford Health remains an outlier in terms of high vacancy rates, its establishment growth appears to have stabilised, its turnover shows a steady downward trend over the past 12 months, and its temporary staff usage has fallen slightly in M9.

Temporary staff usage as a % of total workforce FTE, is consistently lower for BOB than for the SE overall.

More detail is provided on each metric in the pack, alongside key actions and risk mitigations, and there is an awareness of the additional pressures that the winter season will present for providers. There are also emerging system-wide workstreams to tackle the underlying challenges underpinning performance on these metrics.

## Establishment and Vacancy Rate

**How we are performing**

- In M9 Funded Establishment increased for all BOB Provider trusts except for BHT, increases . Ranging from 0.1 – 1.7%
- OUH now has the highest % of establishment growth since M1 at 3.7%
- The overall BOB vacancy has risen slightly in M9, but the overall downward trend continues.
- Oxford Health's (OHFT) vacancy rate remains an outlier, as it is significantly higher than any of the other BOB trusts. However, it continues to fall in M9.
- Vacancy rates rose very slightly at OUH, and BHT, and by 1% at RBFT.

## Workforce Composition – Substantive, Bank and Agency usage

**How we are performing**

- Overall staffing composition for the SE compared to BOB is broadly similar, although BOB has a slightly higher % of substantive workforce, and slightly lower reliance on temporary staffing.
- Temporary staffing usage for BOB overall (sum of NHS Provider trusts) has fallen by 0.5% in M9.
- Agency usage has fallen slightly for all BOB trusts in M9.
- Bank staff usage in M9 has risen slightly for BHFT and has fallen slightly for the other 4 trusts.

## Absence

**How we are performing**

- The rolling 12-month absence rate for the system is on a downward trend and is 0.8% lower in December 2023 than in December 2022.
- The system's in-month absence rate has risen by 0.2% to 4.5% in December 2023. This is 0.7% lower than the in-month rate for December 2022.
- For individual provider trusts, the in-month absence rate has been on an overall downward trend in the period December 2021 – December 2023. However, rates rose slightly for all trusts except OHFTh in December.2023.

## Turnover

**How we are performing**

- BOB Turnover has fallen steadily over the past 12-month period from 14.7% in November 2023, to its current value of 10.8%, a fall of 3.9%.
- The individual BOB Trusts display a similar downward trend over the same period.
- OHFT's turnover remains the highest value for a BOB trust, at 15.4% in November 2023, however it remains on a steady downward trend. OUH has the lowest turnover rate for an individual Bob trust, having a turnover rate of 10.5% as at November 2023.

**Please note – Turnover data is usually 1 month behind other data sources**

# 7. Quality

**SRO:** Rachael Corser

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

| Indicator | Target | BHT | OUH | OH | RBFT | BHFT | BOB |
|---|---|---|---|---|---|---|---|
| CQC rating | Good/ outstanding | Good | Requires improvement | Good | Good | Outstanding | NA |
| Oversight Framework support category | <2 | 3 | 2 | 2 | 2 | 1 | 2 |
| **SAFE** | | | | | | | |
| Never events (month) | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Safety alerts open | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **EFFECTIVE** | | | | | | | |
| SHMI | Lower is better | 0.9464 | 0.9707 | | 0.9703 | | NA |
| **CARING** | | | | | | | |
| FFT (Inpatient) recommend | Higher is better. England avg. 94.3% | 90.1% | 96.3% | NA | 99.4% | NA | NA |
| A&E FFT | | 62% | 80% | 81% | | | 77% |
| Mixed Sex Accommodation (MSA) Breaches | | 0 | 74 | 256 | 0 | 0 | 309 |

# 8. Wider Performance Oversight Measures

# Executive Summary

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

| | | OF Flag | Month | Standard | BHT | OUH | RBFT |
|---|---|---|---|---|---|---|---|
| UEC | A&E Performance (All Types) | | Jan 24 | 95% | 69.5% | 63.7% | 69.2% |
| Planned Care | Incomplete Pathways over 52 weeks at month end | S009a | Dec 23 | Rated against plan | 2207 | 3381 | 11 |
| Planned Care | Incomplete Pathways over 65 weeks at month end | S009a | | | 681 | 1158 | 2 |
| Planned Care | Incomplete Pathways over 78 weeks at month end | S009a | | | 30 | 272 | 0 |
| Cancer | Percentage meeting faster diagnosis standard | S012a | Dec 23 | 75% | 71.6% | 76.6% | 77.3% |
| Cancer | Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer | | | 85% | 51.7% | 65.2% | 71.9% |

| | Indicator | OF Flag | Report Period | Standard | BOB ICB | Bucks | Oxon | Berks W |
|---|---|---|---|---|---|---|---|---|
| Mental Health | Talking Therapies - Total Accessing in Period | S081a | Rolling 3 months to Dec 23 | | 5.4% | 6.0% | 5.1% | 5.2% |
| Mental Health | Talking Therapies - Moving to Recovery | | Dec 23 | 50% | 50.2% | 52.6% | 49.5% | 48.0% |
| Mental Health | Dementia Diagnosis Rate | | Dec 23 | 67% | 62.0% | 58.8% | 62.9% | 64.4% |
| Mental Health | Severe Mental Illness (SMI) 6 Health Checks | S085a | 2023/24 Q3 | 60% | 51.8% | 51.6% | 47.9% | 58.8% |

# Urgent and Emergency Care

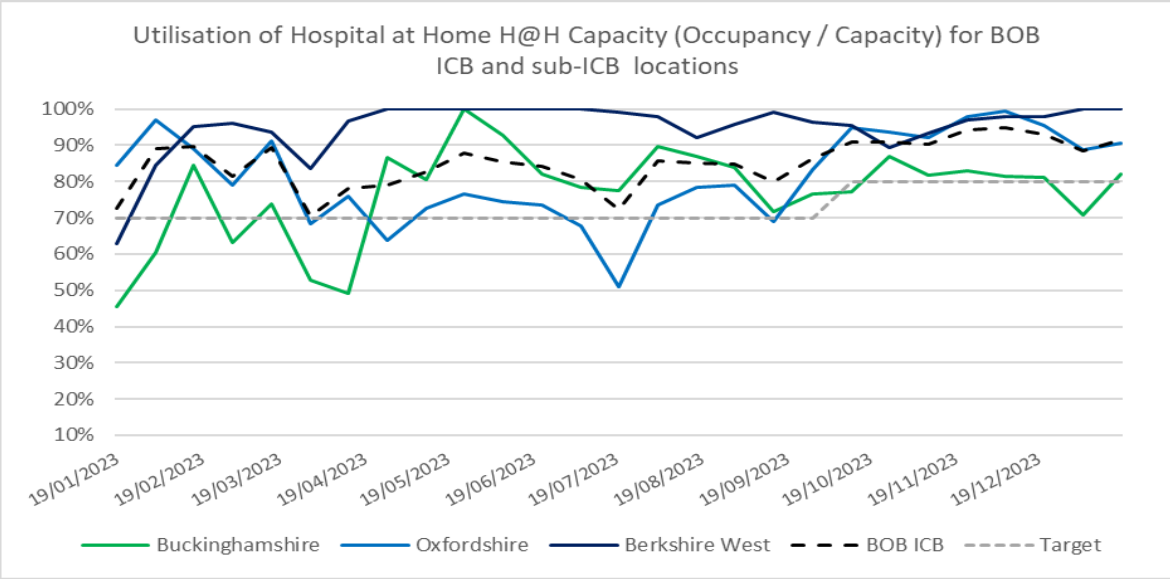
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

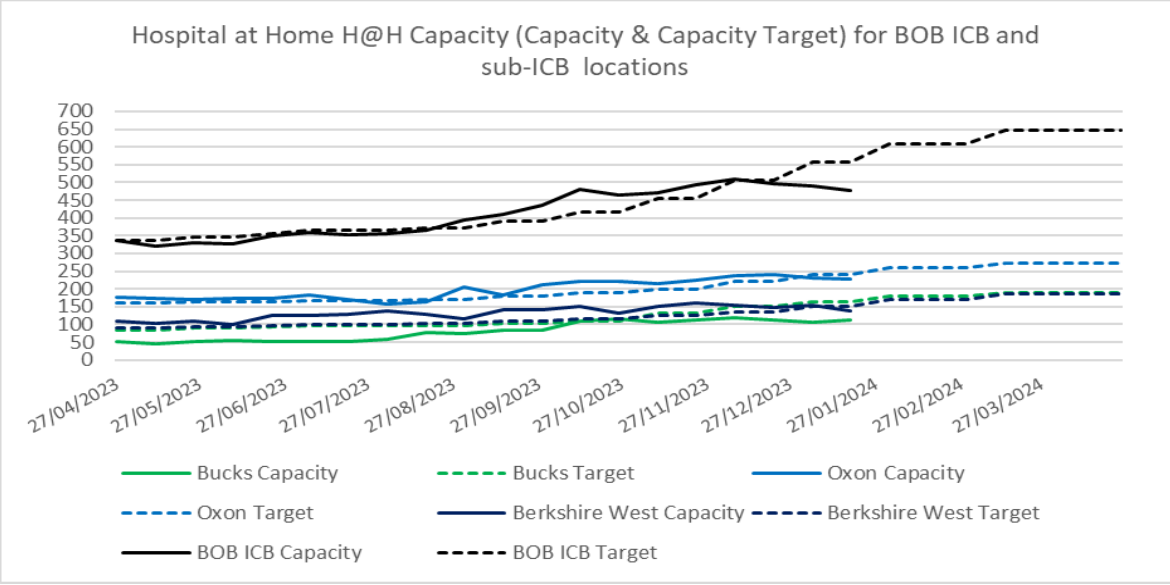
| Indicator | OF Flag | | Standard | England | South East | BOB Acutes | BHT | OUH | RBFT |
|---|---|---|---|---|---|---|---|---|---|
| A&E Performance (All Types) | | Jan 24 | 95% | 70.28% ↑ | 72.90% ↑ | 67.39% ↑ | 69.50% ↓ | 63.74% ↑ | 69.16% ↑ |
| A&E Attendances | | | | 2,225,035 ↑ | 330,935 ↑ | 44,801 ↑ | 14,628 ↑ | 15,599 ↑ | 14,574 ↑ |
| Breaches | | | | 661,243 ↓ | 89,677 ↓ | 14,611 ↓ | 4,461 ↑ | 5,656 ↓ | 4,494 ↓ |
| Emergency Admissions | | | | 556,258 ↑ | 85,884 ↑ | 18,582 ↑ | 6,129 ↑ | 8,974 ↑ | 3,479 ↑ |
| Over 12 hour waits from dta to admission | | | 0 | 54,308 ↑ | 5,964 ↑ | 538 ↑ | 538 ↑ | 0 → | 0 → |

| Ambulance Response Time (hours:minutes) | OF Flag | | Standard | England | South East | SCAS |
|---|---|---|---|---|---|---|
| Ambulance Response Times (Category 1 Incidents Mean) | S020a | Jan 24 | 0:07:00 | 0:08:26 ↓ | 0:08:28 ↓ | 0:08:56 ↑ |
| Ambulance Response Times (Category 1 Incidents 90th Percentile) | | | 0:15:00 | 0:14:59 ↓ | 0:15:23 ↓ | 0:16:11 ↑ |
| Ambulance Response Times (Category 2 Incidents Mean) | S020b | | 0:18:00 | 0:40:06 ↓ | 0:32:42 ↓ | 0:42:11 ↑ |
| Ambulance Response Times (Category 2 Incidents 90th Percentile) | | | 0:40:00 | 1:27:27 ↓ | 1:06:14 ↓ | 1:25:59 ↑ |
| Ambulance Response Times (Category 3 Incidents Mean) | S020c | | | 2:12:48 ↓ | 2:18:12 ↓ | 3:06:19 ↑ |
| Ambulance Response Times (Category 3 Incidents 90th Percentile) | | | 2:00:00 | 5:17:19 ↓ | 5:16:40 ↓ | 7:27:09 ↑ |
| Ambulance Response Times (Category 4 Incidents Mean) | S020d | | | 2:42:39 ↓ | 2:56:11 ↓ | 3:39:23 ↑ |
| Ambulance Response Times (Category 4 Incidents 90th Percentile) | | | 3:00:00 | 6:37:26 ↓ | 6:49:48 ↓ | 8:41:37 ↓ |

# Virtual Wards(VW)/Hospital at Home

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board




**This metric measures**
Increase the number of virtual ward beds available in line with trajectories submitted to NHSE and the utilisation of those beds from 70% to 80% by September 2023.

**How are we performing:**

- BOB ICB has exceeded the 80% occupancy since the beginning of August 2023. Most recent data indicates 88% occupancy.
- BOB ICB are significantly below the bed capacity target we set locally (109 beds fewer). All areas are below target, Buckinghamshire most significantly (56 fewer beds than planned), followed by Oxfordshire (38 fewer), followed by Berkshire West (15 fewer).

**Actions:**

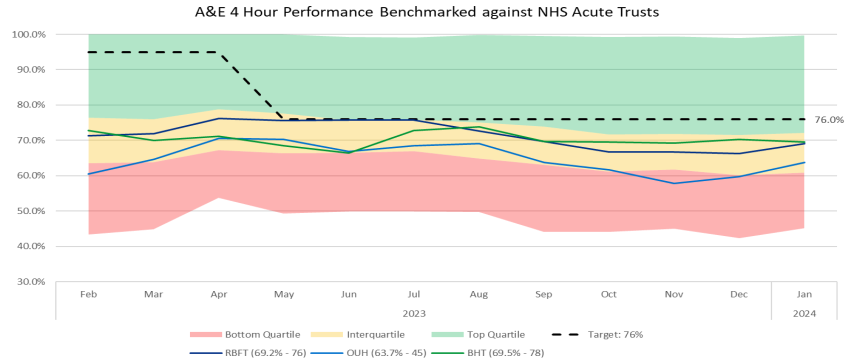
- **Buckinghamshire-** New pathway development, recruitment to increase caseloads on existing pathways, integration of existing pathways and single point of access (SPoA) development.
- **Berkshire West -** citing higher acuity, so unable to see as many individuals at any one time. Palliative end of life pathway development and increased frailty capacity.
- **Oxfordshire-** citing higher acuity and so unable to see as many individuals at any one time. Admissions into beds remain high in Oxfordshire as focus moves to increasing numbers of patients by reducing length of stay. Quality Improvement team supporting alignment of processes to increase productivity further to single operating model implementation between OUH and OHFT.

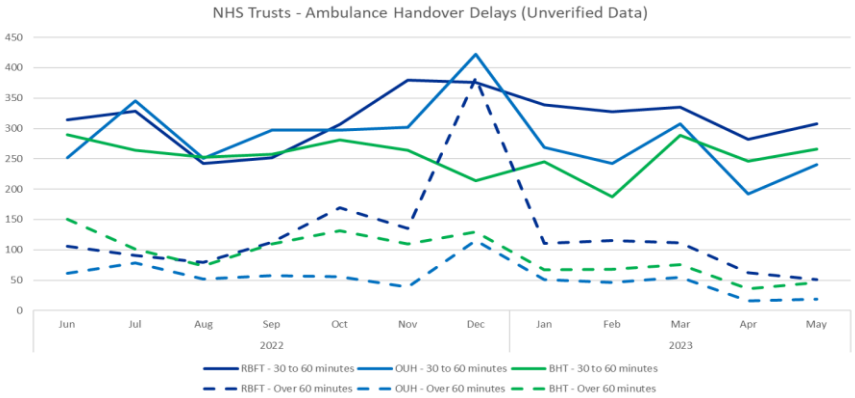
**Risks:**

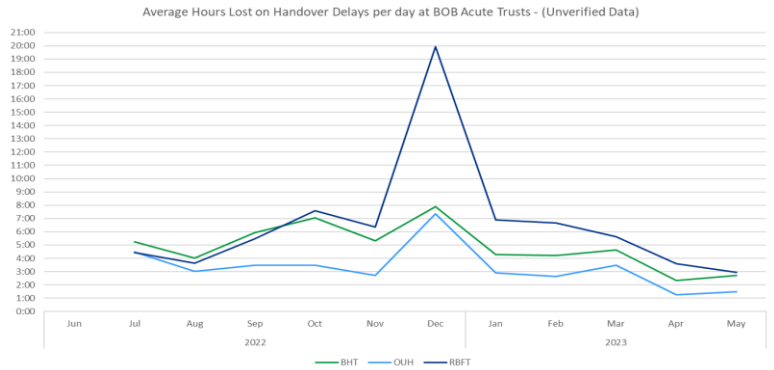
- There is a risk of non-compliance against the core offer by the end of March 2024– eg consistency, at home provision, expected bed numbers and access to all referrers through single point of access.
- There are quality and safety risks associated with i) not being able to see if an individual is currently under the care of a hospital at home service; ii) not being able to view or input into a shared Comprehensive Geriatric Assessment, plan of care or a 'recommended summary plan for emergency care and treatment' (RESPECT) form; iii) not being able to see diagnostics results, where undertaken by a clinician from another service.

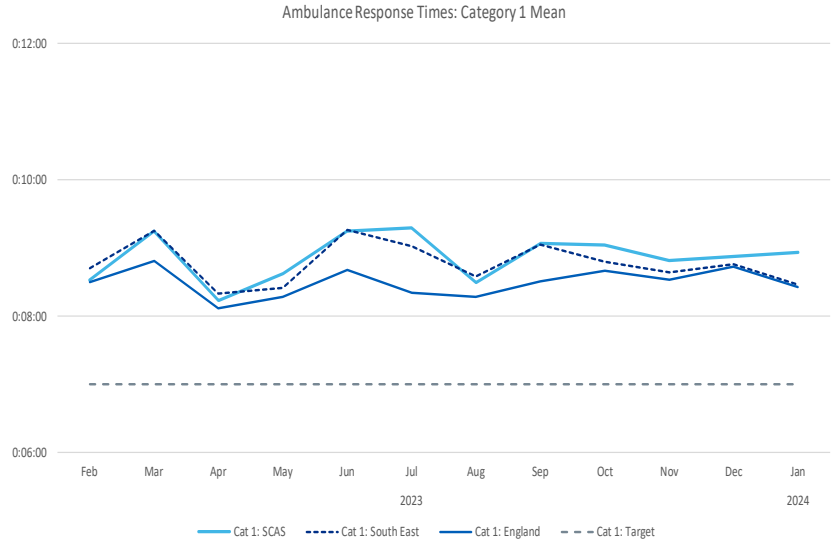
# Urgent and Emergency Care - Charts

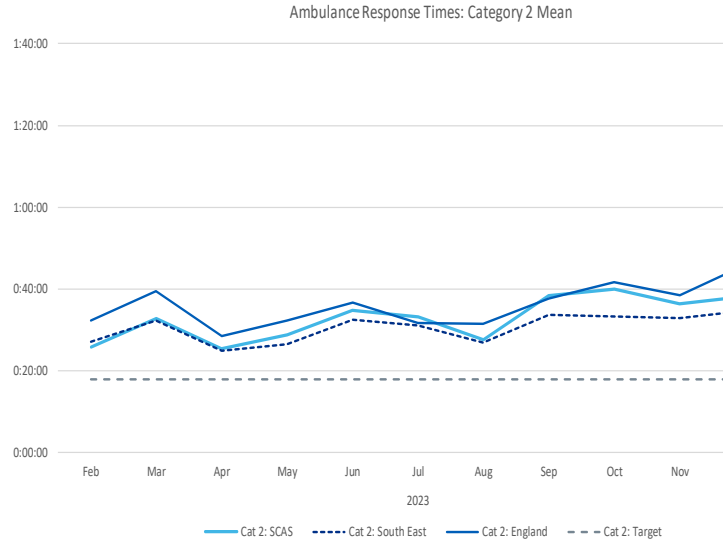
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

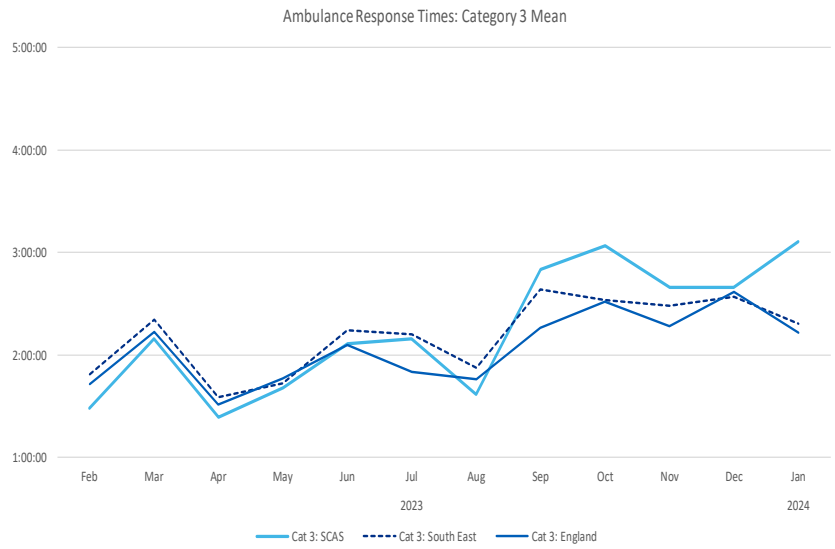


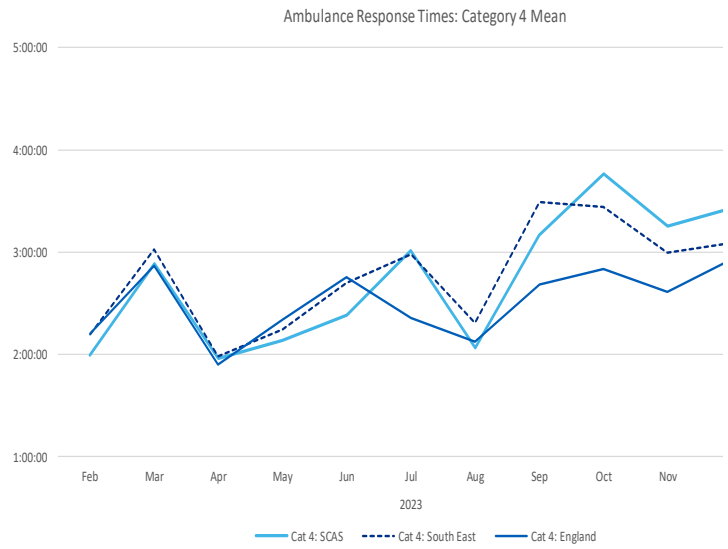



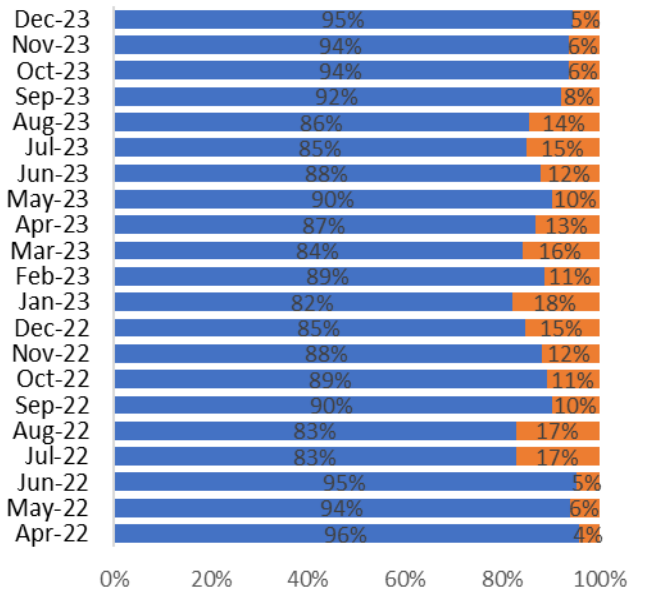



# Urgent Community Response (UCR)

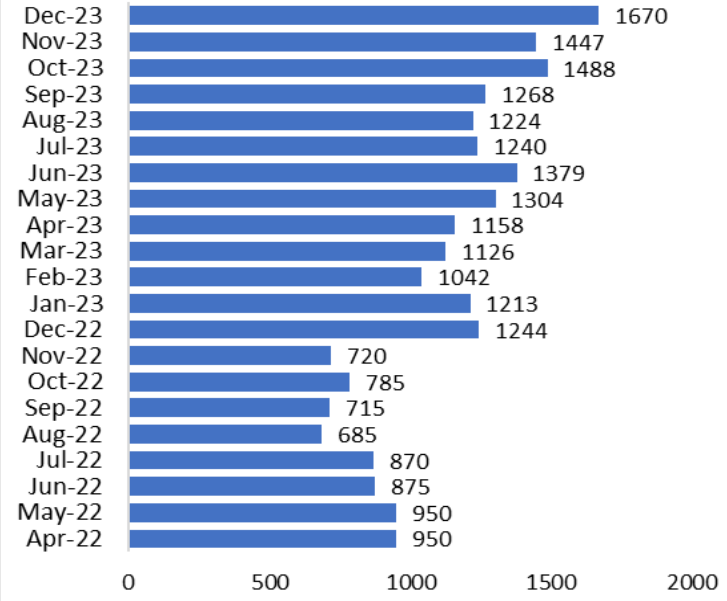
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

| 95% | 1,670 |
|---|---|

**Percentage of 2hr standard UCR referrals achieved at the end of the reporting period**




**Number of 2hr standard UCR referrals achieved within the reporting period**




**Oxford Health have started to provide the Number of 2hr standard UCR referrals, having not submitted them since July 2022. As a result, the values from December 2022 onwards have increased. Percentage achieved data does not include Oxford Health data. Oxford Health are planning to resume submissions to populate the National Dashboard, at which point their % achieved will be included in the above figures, this may not be for another few months.*

**UCR key measure**

- Meeting UCR 2-hour First Care Contact trajectory. Numbers seen on the 2-hour pathway (target for 2023/24- 14,416; 3,604 per quarter).
- Consistently meet or exceed the 70% 2-hour UCR standard

**How are we performing:**

- BOB has exceeded UCR trajectories for quarters 1, 2 and 3 and is currently on track to exceed Q4. BOB continues to exceed the 70% 2-hour standard

**Actions:**

- Deliver missed opportunities audit to understand which patients are still being conveyed or attending EDs who could have been seen by UCR. Point of Care testing review. Develop place based Single Points of Access for Urgent Care to support streamlined and rapid access to UCR and VW's.

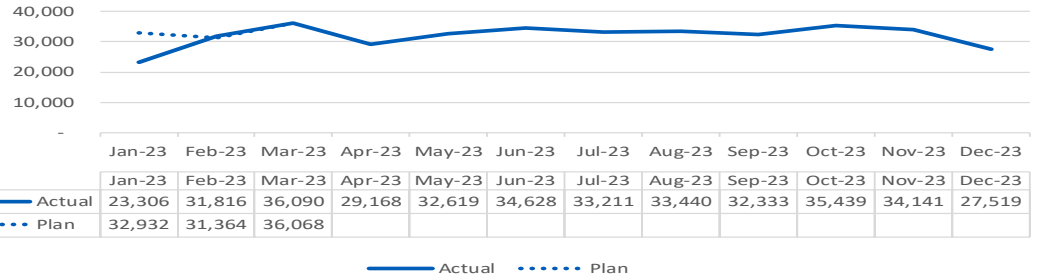
**Risks:.**

- Without a streamlined Single Point of Access in place for Urgent Care, patients will continue to reach same day emergency care or ED when they could have been assessed and treated in the community.

# Planned Care

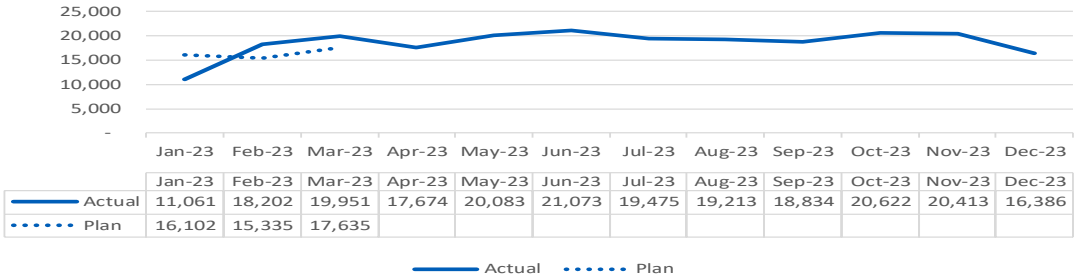
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

BOB ICB - GP referrals



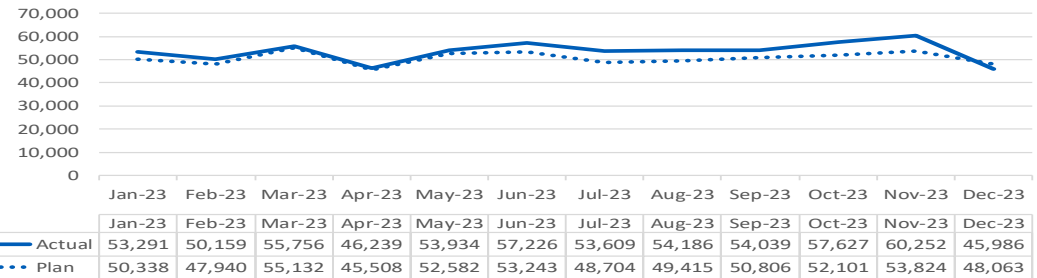

| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 23,306 | 31,816 | 36,090 | 29,168 | 32,619 | 34,628 | 33,211 | 33,440 | 32,333 | 35,439 | 34,141 | 27,519 |
| Plan | 32,932 | 31,364 | 36,068 | | | | | | | | | |

BOB ICB - Other Referrals



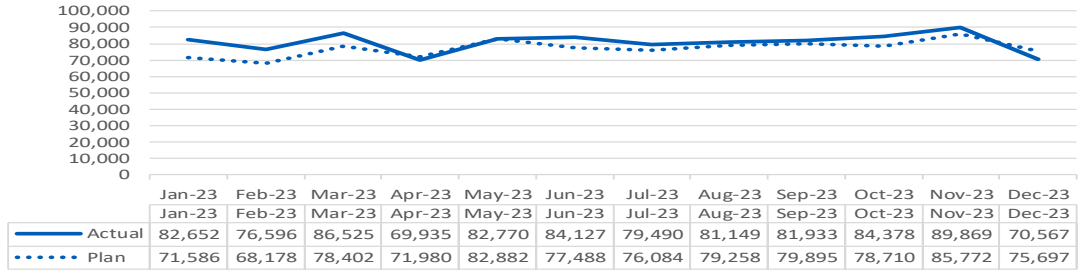

| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 11,061 | 18,202 | 19,951 | 17,674 | 20,083 | 21,073 | 19,475 | 19,213 | 18,834 | 20,622 | 20,413 | 16,386 |
| Plan | 16,102 | 15,335 | 17,635 | | | | | | | | | |

BOB ICB - Consultant-led first outpatient attendances (Spec acute)



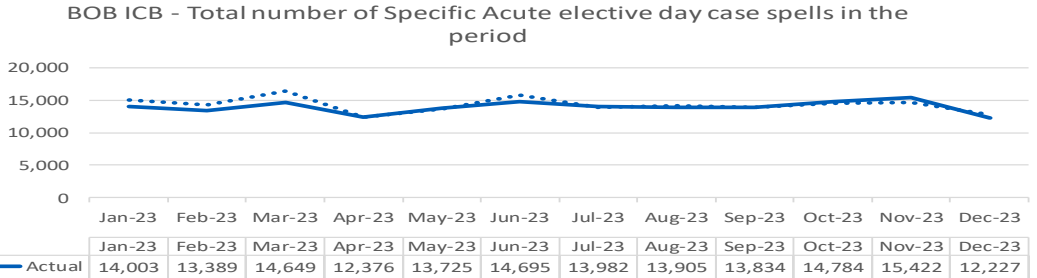

| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 53,291 | 50,159 | 55,756 | 46,239 | 53,934 | 57,226 | 53,609 | 54,186 | 54,039 | 57,627 | 60,252 | 45,986 |
| Plan | 50,338 | 47,940 | 55,132 | 45,508 | 52,582 | 53,243 | 48,704 | 49,415 | 50,806 | 52,101 | 53,824 | 48,063 |

BOB ICB - Consultant-led follow-up outpatient attendances (Spec acute)



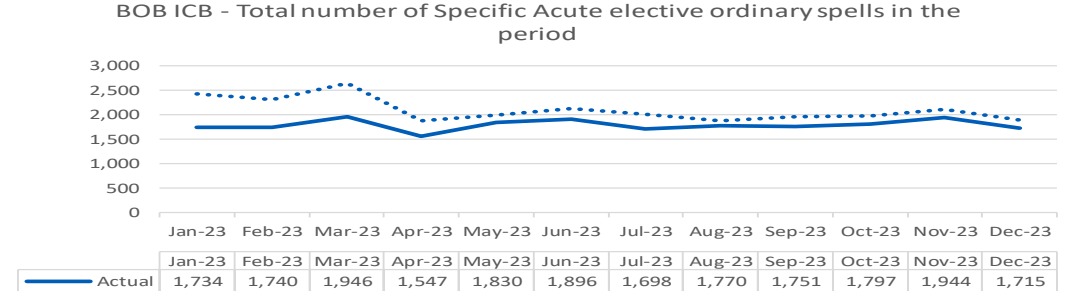

| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 82,652 | 76,596 | 86,525 | 69,935 | 82,770 | 84,127 | 79,490 | 81,149 | 81,933 | 84,378 | 89,869 | 70,567 |
| Plan | 71,586 | 68,178 | 78,402 | 71,980 | 82,882 | 77,488 | 76,084 | 79,258 | 79,895 | 78,710 | 85,772 | 75,697 |

BOB ICB - Total number of Specific Acute elective day case spells in the period




| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 14,003 | 13,389 | 14,649 | 12,376 | 13,725 | 14,695 | 13,982 | 13,905 | 13,834 | 14,784 | 15,422 | 12,227 |
| Plan | 14,996 | 14,293 | 16,401 | 12,432 | 13,585 | 15,718 | 13,926 | 14,143 | 13,943 | 14,558 | 14,649 | 12,713 |

BOB ICB - Total number of Specific Acute elective ordinary spells in the period




| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 1,734 | 1,740 | 1,946 | 1,547 | 1,830 | 1,896 | 1,698 | 1,770 | 1,751 | 1,797 | 1,944 | 1,715 |
| Plan | 2,413 | 2,301 | 2,639 | 1,865 | 1,992 | 2,122 | 1,997 | 1,865 | 1,960 | 1,976 | 2,105 | 1,879 |

# Planned Care

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

| Indicator | OF Flag | Month | ICB BOB Activity | ICB BOB Plan | Sub ICB Bucks Activity | Sub ICB Oxford Activity | Sub ICB Berks W Activity | NHS Trust OUH Activity | NHS Trust OUH Plan | NHS Trust BHT Activity | NHS Trust BHT Plan | NHS Trust RBFT Activity | NHS Trust RBFT Plan |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Incomplete pathways at month end | S008a | Dec 23 | 159,062 | 135,880 | 59,118 | 63,037 | 36,907 | 80,723 | 84,979 | 47,235 | 38,650 | 31,938 | 25,000 |
| Incomplete Pathways over 52 weeks at month end | S009a | | 5,900 | 4,516 | 2,785 | 2,699 | 416 | 3,381 | 1,684 | 2,207 | 2,589 | 11 | 50 |
| Incomplete Pathways over 65 weeks at month end | | | 1,880 | 479 | 831 | 945 | 104 | 1,158 | 158 | 681 | 288 | 2 | 10 |
| Incomplete Pathways over 78 weeks at month end | S009a | | 304 | | 66 | 219 | 19 | 272 | | 30 | | 0 | |
| Total GP Referrals against 2019/20 | | | 99.6% | | 84.0% | 114.5% | 94.8% | 109.2% | | 74.5% | | 92.2% | |
| Total Other Referrals against 2019/20 | | | 118.4% | | 108.0% | 110.7% | 131.9% | 92.4% | | 82.5% | | 130.7% | |
| Total All Referrals against 2019/20 | | | 105.9% | | 91.9% | 113.4% | 109.5% | 102.1% | | 76.9% | | 108.3% | |
| Total First Attendances against 2019/20 | | | 109.5% | 114.4% | 120.8% | 111.9% | 96.5% | 107.7% | 112.5% | 122.5% | 113.6% | 94.5% | 107.4% |
| Total Follow-up Attendances against 2019/20 | S101 | | 105.3% | 112.9% | 101.7% | 109.8% | 104.0% | 108.8% | 110.0% | 100.4% | 102.7% | 96.1% | 108.1% |
| Total Attendances against 2019/20 | | | 106.9% | 113.5% | 108.6% | 110.6% | 101.1% | 108.5% | 110.9% | 108.7% | 106.8% | 95.5% | 107.8% |
| Percent Day Case Admissions against 2019/20 | | | 93.9% | 97.7% | 101.0% | 93.2% | 86.3% | 88.7% | 93.2% | 96.0% | 97.6% | 79.9% | 86.1% |
| Percent Ordinary Elective Admissions against 2019/20 | | | 87.8% | 96.2% | 84.3% | 81.6% | 98.8% | 90.8% | 88.8% | 86.0% | 87.5% | 86.1% | 91.6% |
| Percent Total Elective Admissions against 2019/20 | | | 93.1% | 97.5% | 98.9% | 91.7% | 88.0% | 89.1% | 92.4% | 95.0% | 96.6% | 80.6% | 86.7% |

(Includes all APC except Regular Attenders)

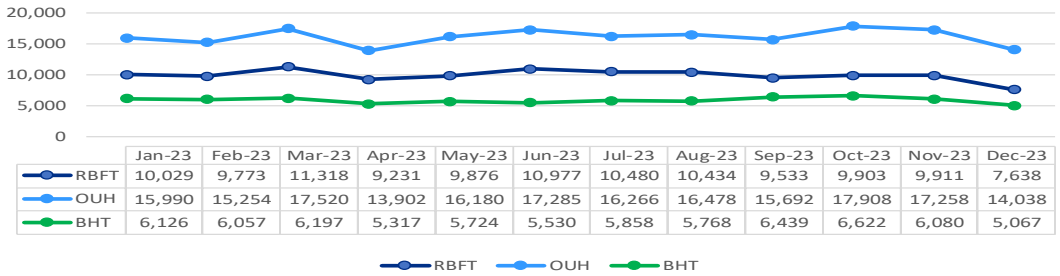
| Indicator | OF Flag | Month | ICB BOB Activity | ICB BOB 2019/20 | Sub ICB Bucks Activity | Sub ICB Oxford Activity | Sub ICB Berks West Activity | NHS Trust OUH Activity | NHS Trust OUH 2019/20 | NHS Trust BHT Activity | NHS Trust BHT 2019/20 | NHS Trust Royal Berkshire Activity | NHS Trust Royal Berkshire 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Proportion of patients discharged to usual place of residence | S105a | Dec 23 | 91.1% | 91.8% | 93.5% | 90.3% | 89.9% | 90.2% | 91.9% | 94.5% | 94.9% | 91.2% | 92.5% |

| Indicator | OF Flag | Month | ICB BOB Activity | ICB BOB Plan | Sub ICB Bucks Activity | Sub ICB Oxford Activity | Sub ICB Berks West Activity | NHS Trust OUH Activity | NHS Trust OUH Plan | NHS Trust BHT Activity | NHS Trust BHT Plan | NHS Trust Royal Berkshire Activity | NHS Trust Royal Berkshire Plan |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Diagnostic activity levels – Imaging | S013a | Dec 23 | 44,407 | 43,268 | 15,899 | 19,393 | 9,115 | 21,876 | 22,081 | 10,710 | 11,593 | 8,659 | 6,820 |
| Diagnostic activity levels – Physiological Measurement | S013b | | 2,927 | 2,397 | 1,023 | 1,537 | 367 | 2,022 | 1,635 | 317 | 428 | 260 | 279 |
| Diagnostic activity levels – Endoscopy | S013c | | 3,270 | 3,157 | 897 | 1,650 | 723 | 1,317 | 1,330 | 575 | 382 | 629 | 775 |
| Diagnostic activity levels – CT (Imaging) | | | 18,136 | 18,100 | 5,520 | 8,153 | 4,463 | 9,554 | 9,579 | 4,212 | 4,292 | 4,447 | 2,635 |
| Diagnostic activity levels – MRI (Imaging) | | | 10,103 | 8,910 | 4,021 | 3,809 | 2,273 | 4,833 | 4,328 | 2,770 | 2,535 | 2,059 | 1,891 |
| Diagnostic activity levels – Non-Obstetric Ultrasound (Imaging) | | | 16,168 | 16,258 | 6,358 | 7,431 | 2,379 | 7,489 | 8,174 | 3,728 | 4,766 | 2,153 | 2,294 |
| Diagnostic activity levels – Echocardiography (Physiological Measurement) | | | 2,927 | 2,397 | 1,023 | 1,537 | 367 | 2,022 | 1,635 | 317 | 428 | 260 | 279 |
| Diagnostic activity levels – Colonoscopy (Endoscopy) | | | 1,491 | 1,238 | 361 | 835 | 295 | 773 | 563 | 207 | 97 | 253 | 279 |
| Diagnostic activity levels – Flexi Sigmoidoscopy (Endoscopy) | | | 278 | 576 | 107 | 61 | 110 | 1 | 236 | 67 | 130 | 100 | 217 |
| Diagnostic activity levels – Gastroscopy (Endoscopy) | | | 1,501 | 1,343 | 429 | 754 | 318 | 543 | 531 | 301 | 155 | 276 | 279 |

# Planned Care

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

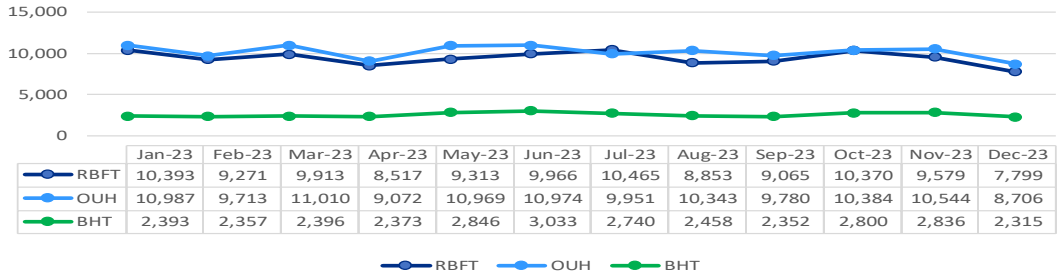
## NHS Trusts - GP referrals




| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 10,029 | 9,773 | 11,318 | 9,231 | 9,876 | 10,977 | 10,480 | 10,434 | 9,533 | 9,903 | 9,911 | 7,638 |
| OUH | 15,990 | 15,254 | 17,520 | 13,902 | 16,180 | 17,285 | 16,266 | 16,478 | 15,692 | 17,908 | 17,258 | 14,038 |
| BHT | 6,126 | 6,057 | 6,197 | 5,317 | 5,724 | 5,530 | 5,858 | 5,768 | 6,439 | 6,622 | 6,080 | 5,067 |

RBFT OUH BHT

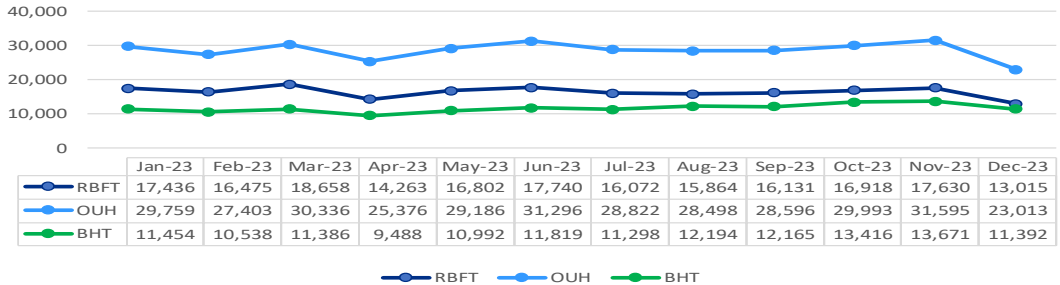
## NHS Trusts - Other Referrals




| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 10,393 | 9,271 | 9,913 | 8,517 | 9,313 | 9,966 | 10,465 | 8,853 | 9,065 | 10,370 | 9,579 | 7,799 |
| OUH | 10,987 | 9,713 | 11,010 | 9,072 | 10,969 | 10,974 | 9,951 | 10,343 | 9,780 | 10,384 | 10,544 | 8,706 |
| BHT | 2,393 | 2,357 | 2,396 | 2,373 | 2,846 | 3,033 | 2,740 | 2,458 | 2,352 | 2,800 | 2,836 | 2,315 |

RBFT OUH BHT

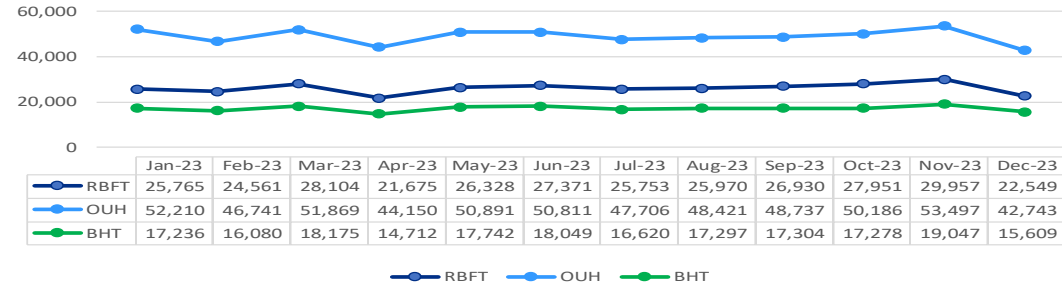
## NHS Trusts - Consultant-led first outpatient attendances (Spec acute)




| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 17,436 | 16,475 | 18,658 | 14,263 | 16,802 | 17,740 | 16,072 | 15,864 | 16,131 | 16,918 | 17,630 | 13,015 |
| OUH | 29,759 | 27,403 | 30,336 | 25,376 | 29,186 | 31,296 | 28,822 | 28,498 | 28,596 | 29,993 | 31,595 | 23,013 |
| BHT | 11,454 | 10,538 | 11,386 | 9,488 | 10,992 | 11,819 | 11,298 | 12,194 | 12,165 | 13,416 | 13,671 | 11,392 |

RBFT OUH BHT

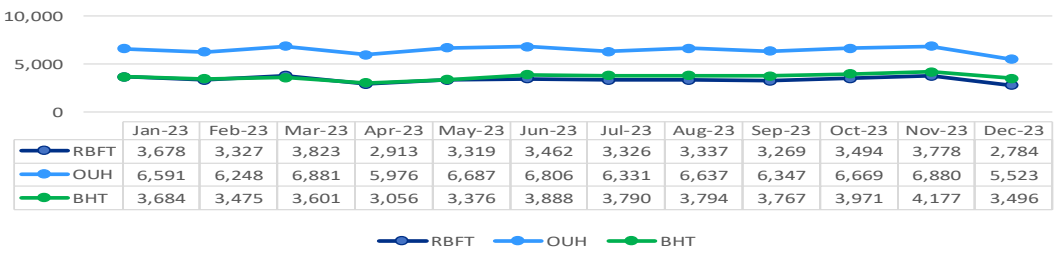
## NHS Trusts - Consultant-led follow-up outpatient attendances (Spec acute)




| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 25,765 | 24,561 | 28,104 | 21,675 | 26,328 | 27,371 | 25,753 | 25,970 | 26,930 | 27,951 | 29,957 | 22,549 |
| OUH | 52,210 | 46,741 | 51,869 | 44,150 | 50,891 | 50,811 | 47,706 | 48,421 | 48,737 | 50,186 | 53,497 | 42,743 |
| BHT | 17,236 | 16,080 | 18,175 | 14,712 | 17,742 | 18,049 | 16,620 | 17,297 | 17,304 | 17,278 | 19,047 | 15,609 |

RBFT OUH BHT

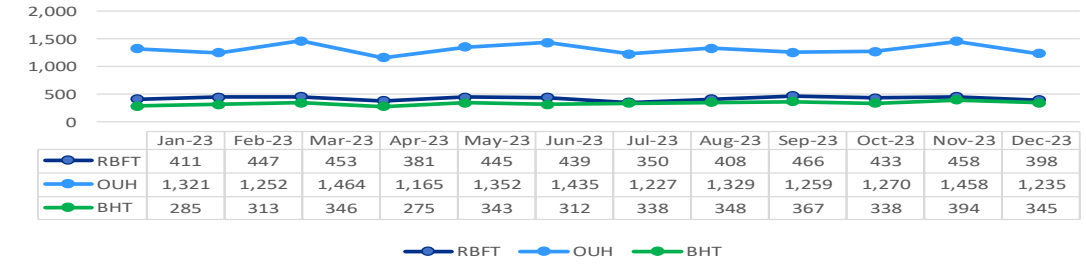
## NHS Trusts - Total number of Specific Acute elective day case spells in the period




| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 3,678 | 3,327 | 3,823 | 2,913 | 3,319 | 3,462 | 3,326 | 3,337 | 3,269 | 3,494 | 3,778 | 2,784 |
| OUH | 6,591 | 6,248 | 6,881 | 5,976 | 6,687 | 6,806 | 6,331 | 6,637 | 6,347 | 6,669 | 6,880 | 5,523 |
| BHT | 3,684 | 3,475 | 3,601 | 3,056 | 3,376 | 3,888 | 3,790 | 3,794 | 3,767 | 3,971 | 4,177 | 3,496 |

RBFT OUH BHT

## NHS Trusts - Total number of Specific Acute elective ordinary spells in the period



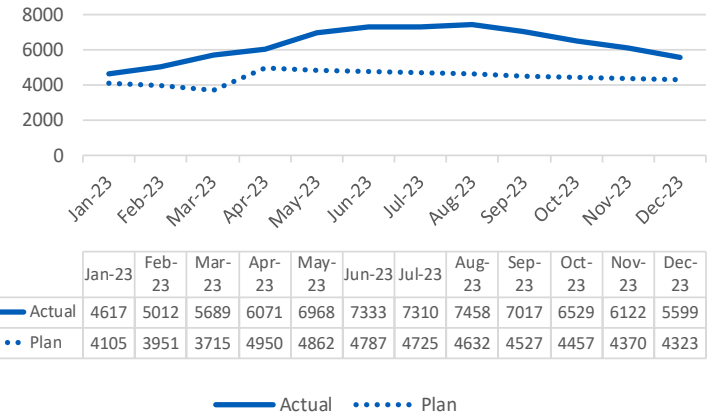

| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 411 | 447 | 453 | 381 | 445 | 439 | 350 | 408 | 466 | 433 | 458 | 398 |
| OUH | 1,321 | 1,252 | 1,464 | 1,165 | 1,352 | 1,435 | 1,227 | 1,329 | 1,259 | 1,270 | 1,458 | 1,235 |
| BHT | 285 | 313 | 346 | 275 | 343 | 312 | 338 | 348 | 367 | 338 | 394 | 345 |

RBFT OUH BHT

# Planned Care – RTT (Referral To Treatment)

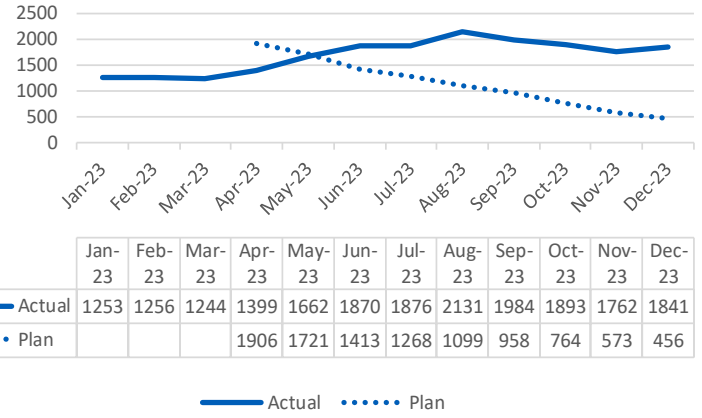
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

## BOB (3 main NHS trusts) - 52 Week Waits



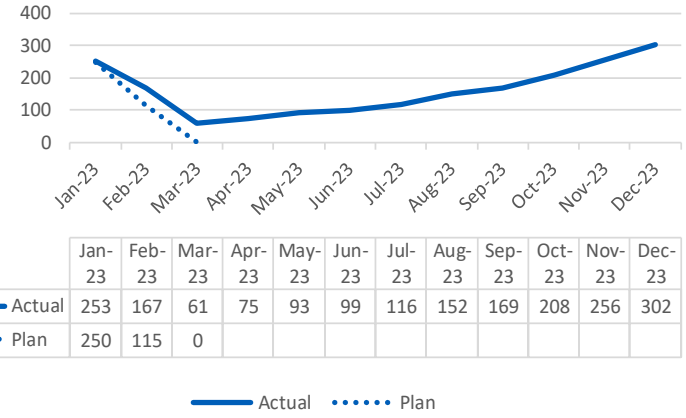

| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 4617 | 5012 | 5689 | 6071 | 6968 | 7333 | 7310 | 7458 | 7017 | 6529 | 6122 | 5599 |
| Plan | 4105 | 3951 | 3715 | 4950 | 4862 | 4787 | 4725 | 4632 | 4527 | 4457 | 4370 | 4323 |

## BOB (3 main NHS trusts) - 65 Week Waits




| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 1253 | 1256 | 1244 | 1399 | 1662 | 1870 | 1876 | 2131 | 1984 | 1893 | 1762 | 1841 |
| Plan | | | | 1906 | 1721 | 1413 | 1268 | 1099 | 958 | 764 | 573 | 456 |

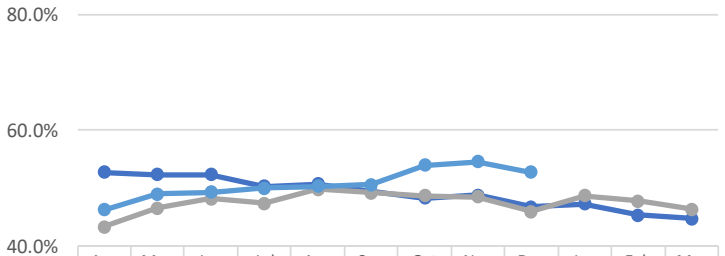
## BOB (3 main NHS trusts) - 78 Week Waits




| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 253 | 167 | 61 | 75 | 93 | 99 | 116 | 152 | 169 | 208 | 256 | 302 |
| Plan | 250 | 115 | 0 | | | | | | | | | |

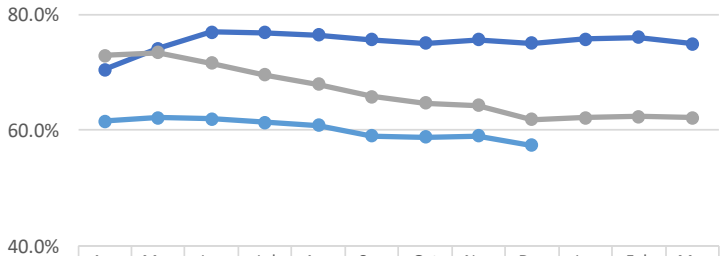
*Please note:- The above charts give the combined position for Buckinghamshire Healthcare, Oxford University Hospitals and Royal Berkshire Foundation Trusts (whole provider - all commissioner)*

## BHT - RTT Incomplete Pathways (% within 18 Weeks)



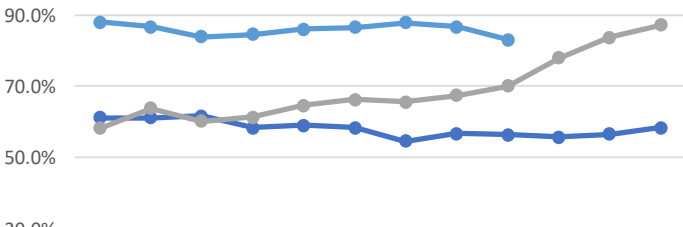

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 52.7% | 52.3% | 52.3% | 50.3% | 50.7% | 49.4% | 48.3% | 48.7% | 46.7% | 47.2% | 45.3% | 44.7% |
| 2022-23 | 43.2% | 46.5% | 48.2% | 47.3% | 49.7% | 49.1% | 48.7% | 48.5% | 45.9% | 48.6% | 47.8% | 46.4% |
| 2023-24 | 46.2% | 49.0% | 49.3% | 49.9% | 50.2% | 50.6% | 54.0% | 54.5% | 52.7% | | | |

## OUHFT - RTT Incomplete Pathways (% within 18 Weeks)




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 70.4% | 74.1% | 76.9% | 76.8% | 76.4% | 75.6% | 74.9% | 75.5% | 74.9% | 75.7% | 76.0% | 74.9% |
| 2022-23 | 72.9% | 73.4% | 71.5% | 69.5% | 67.9% | 65.7% | 64.6% | 64.3% | 61.9% | 62.1% | 62.4% | 62.2% |
| 2023-24 | 61.5% | 62.1% | 61.9% | 61.3% | 60.8% | 59.0% | 58.8% | 58.9% | 57.3% | | | |

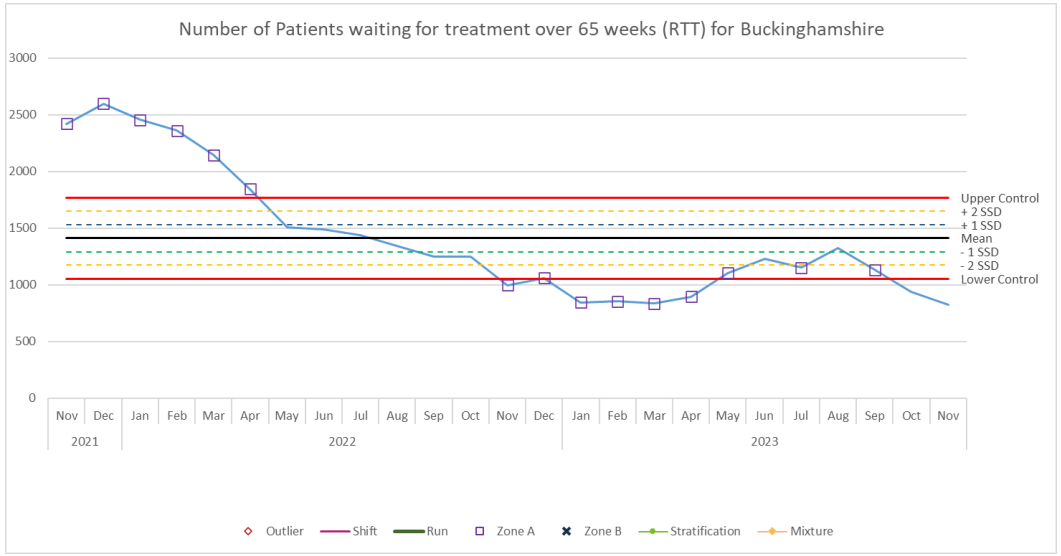
## RBFT - RTT Incomplete Pathways (% within 18 Weeks)




| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 61.1% | 61.3% | 61.7% | 58.4% | 59.0% | 58.4% | 54.6% | 56.7% | 56.3% | 55.8% | 56.6% | 58.3% |
| 2022-23 | 58.2% | 63.8% | 60.1% | 61.3% | 64.7% | 66.2% | 65.7% | 67.5% | 70.0% | 78.0% | 83.7% | 87.2% |
| 2023-24 | 88.0% | 86.7% | 83.9% | 84.6% | 86.0% | 86.5% | 87.8% | 86.8% | 83.1% | | | |

# Planned Care – +65 Weeks (SPC)

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

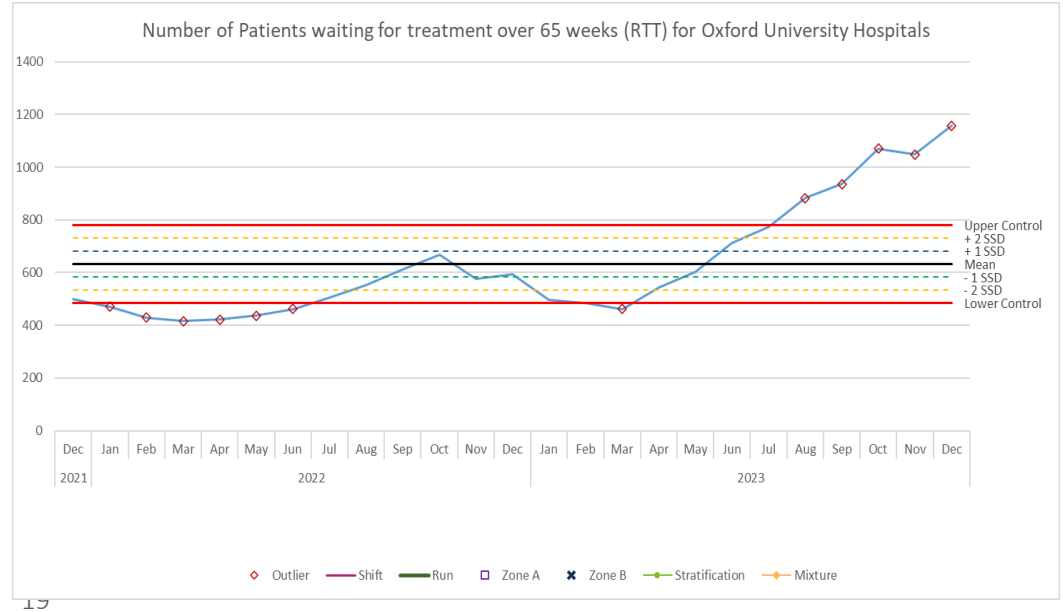



**Assurance Status**

Not possible to comment

**Performance Status**


Metric decreasing - indicates improvement

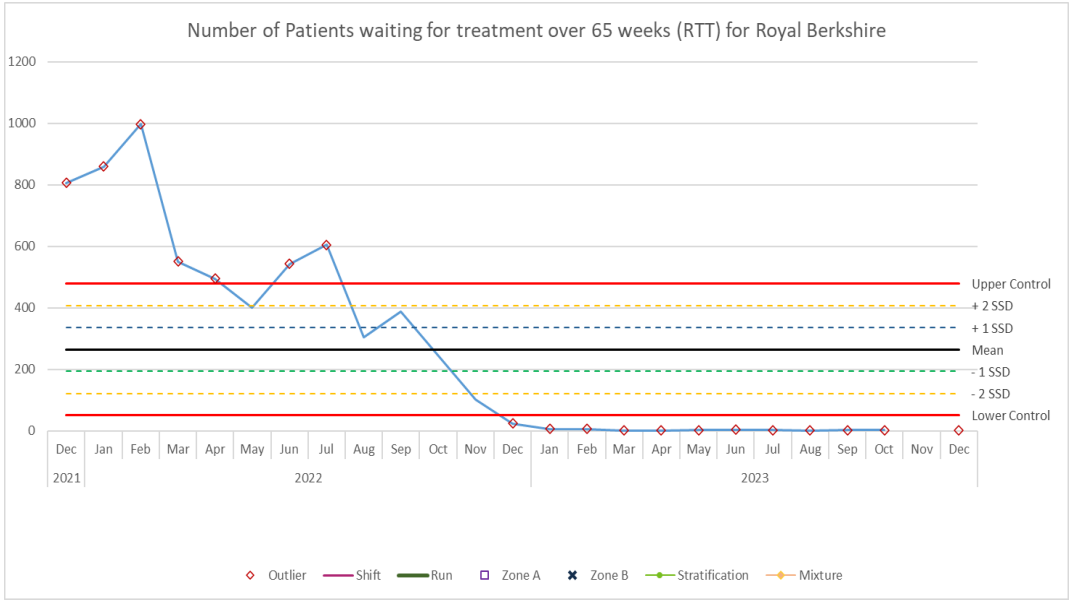



**Assurance Status**

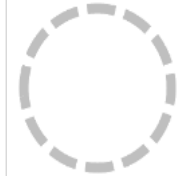
Not possible to comment

**Performance Status**


Metric increasing - indicates concern




**Assurance Status**



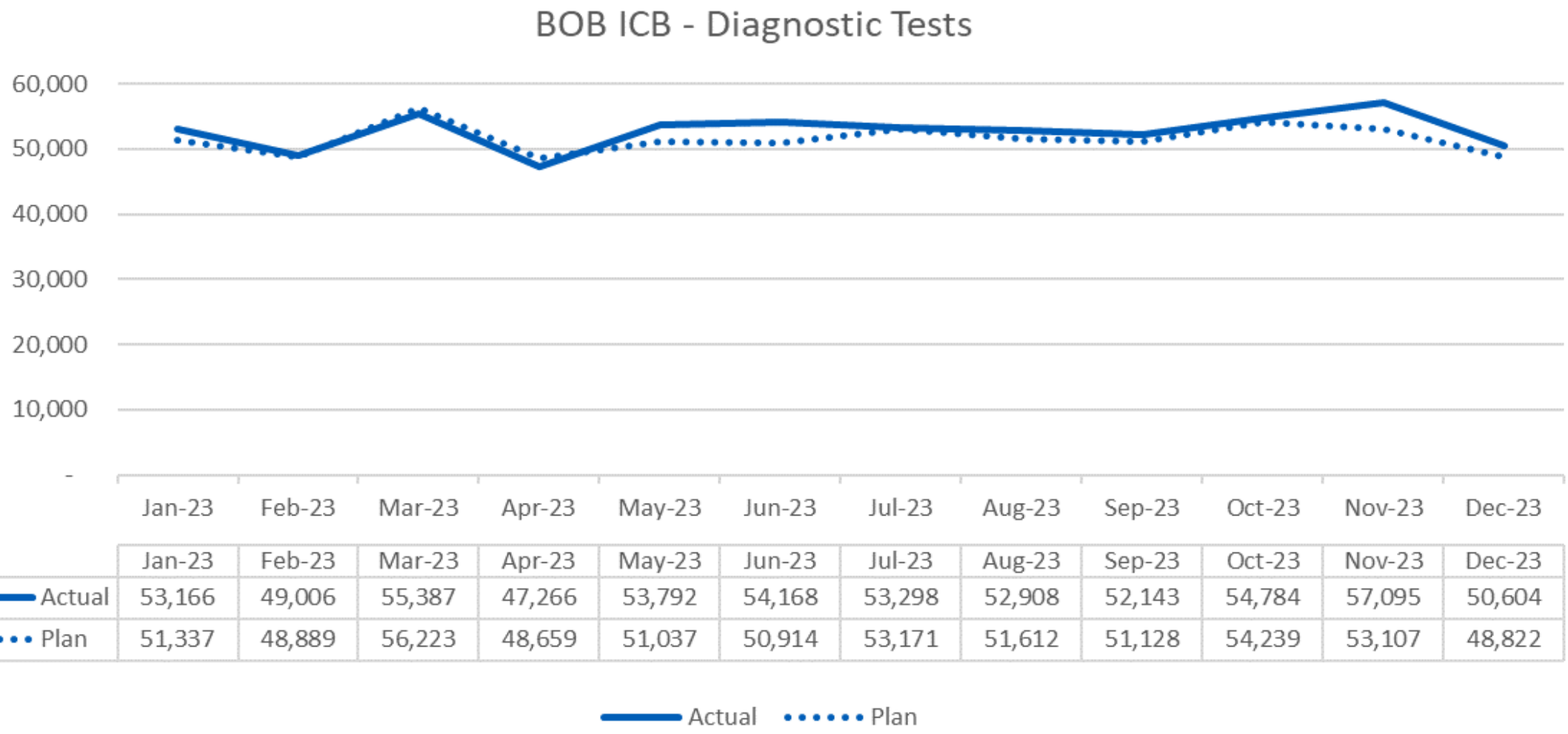
Not possible to comment

**Performance Status**


Metric decreasing - indicates improvement

# Overall Diagnostic Tests – Actual v Plan

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board




| | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 53,166 | 49,006 | 55,387 | 47,266 | 53,792 | 54,168 | 53,298 | 52,908 | 52,143 | 54,784 | 57,095 | 50,604 |
| Plan | 51,337 | 48,889 | 56,223 | 48,659 | 51,037 | 50,914 | 53,171 | 51,612 | 51,128 | 54,239 | 53,107 | 48,822 |

# Cancer

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

| Code | Indicator | OF Flag | | Standard | England | | South East | | BOB Acutes | | BHT | | OUH | | RBFT | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E.B.27 | Percentage meeting faster diagnosis standard | S012a | Dec 23 | 75% | 74.2% | ↑ | 75.5% | ↑ | 75.3% | ↑ | 71.6% | ↑ | 76.6% | ↓ | 77.3% | ↑ |
| E.B.8 | Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') | | | 96% | 91.6% | ↑ | 92.3% | ↑ | 88.3% | ↑ | 86.6% | ↓ | 84.8% | ↑ | 96.3% | ↑ |
| E.B.12 | Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer | | | 85% | 59.9% | ↑ | 66.2% | ↑ | 63.6% | ↑ | 51.7% | ↑ | 65.2% | ↑ | 71.9% | ↑ |
| E.B.30 | Cancer - urgent referral seen | S010a | | | 0 | → | 0 | → | 0 | → | 0 | → | 0 | → | 0 | → |
| E.B.31 | Cancer - first treatments | S010b | | | 26012 | ↓ | 4324 | ↓ | 809 | ↓ | 164 | ↓ | 429 | ↓ | 216 | ↓ |
| E.B.9 | Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery | | | 94% | 80.0% | ↑ | 83.6% | ↑ | 74.8% | ↑ | 72.9% | ↑ | 74.2% | ↑ | 78.6% | ↓ |
| E.B.10 | Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen | | | 98% | 98.3% | ↑ | 97.2% | ↓ | 88.7% | ↓ | 87.0% | ↓ | 84.3% | ↓ | 98.5% | ↑ |
| E.B.11 | Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course | | | 94% | 89.0% | ↑ | 84.3% | ↑ | 91.6% | ↓ | | | 93.7% | ↓ | 86.7% | ↓ |
| E.B.13 | Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service | | | 90% | 68.5% | ↑ | 75.9% | ↑ | 78.0% | ↑ | 84.8% | ↑ | 60.9% | ↓ | 88.7% | ↑ |
| E.B.14 | Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status | | | 86% | 78.6% | ↑ | 83.6% | ↑ | 75.5% | ↑ | 85.3% | ↑ | 65.8% | ↓ | 84.3% | ↑ |

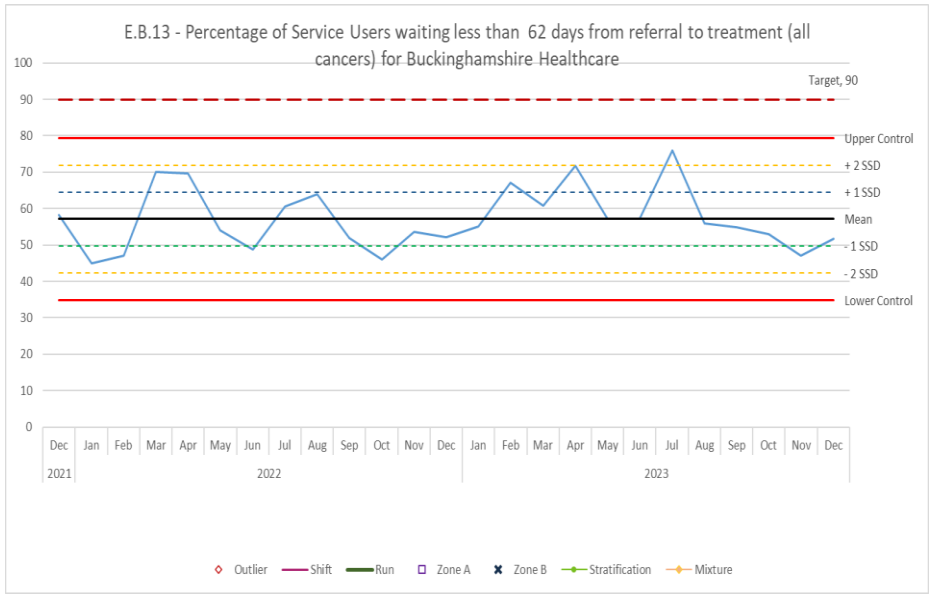
*Following the publication of guidance from NHS England that focusses on 3 of the above metrics these have been moved to the top of the table and highlighted for clarity.*

*Please note that the arrows in the tables above indicate the numerical change against the previous month and not necessarily the change in performance.*

*The following metrics have been hidden, as there are no longer published E.B.6 and E.B.7.*

# Cancer - treated within 62 days (SPC)

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

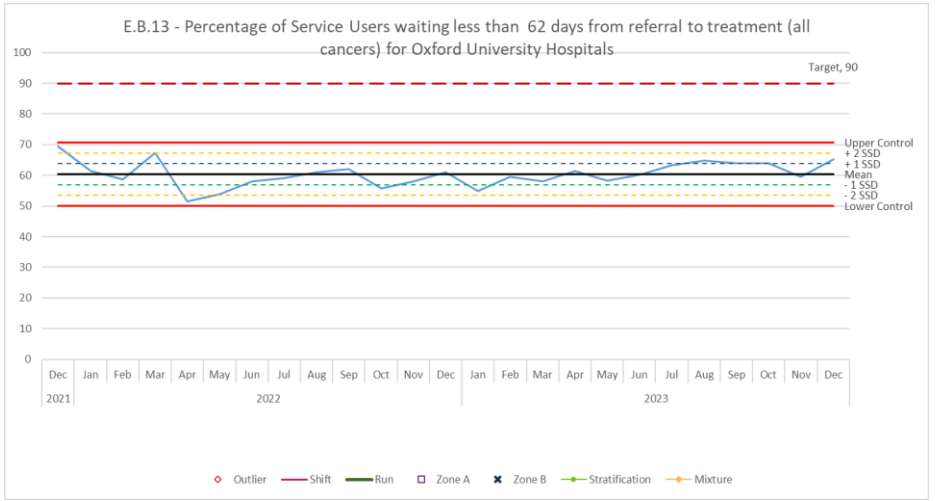



**Assurance Status**

Hit or miss

**Performance Status**

Common cause variation

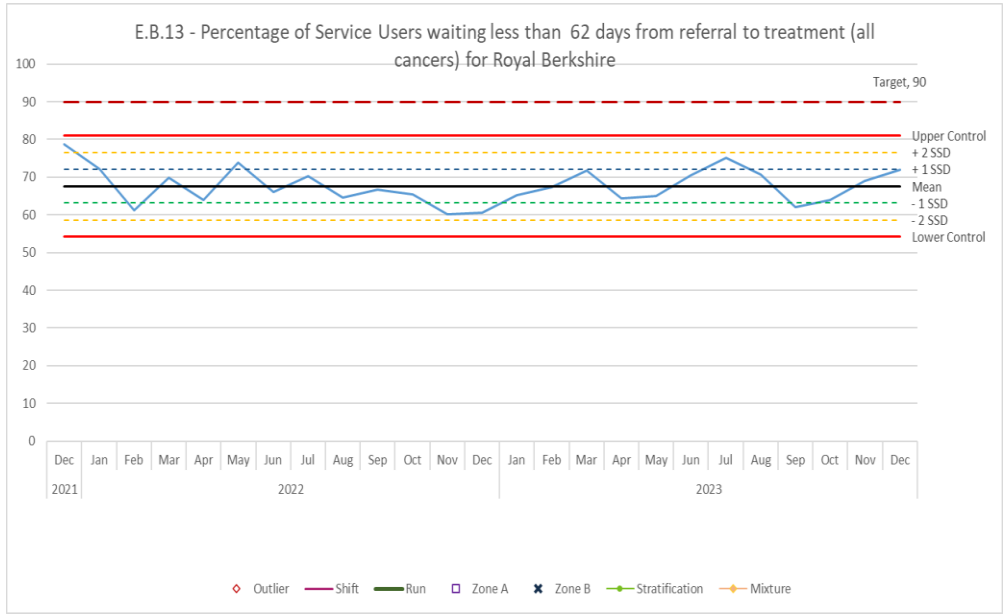



**Assurance Status**


Metric will fail target

**Performance Status**

Common cause variation




**Assurance Status**

Hit or miss

**Performance Status**

Common cause variation

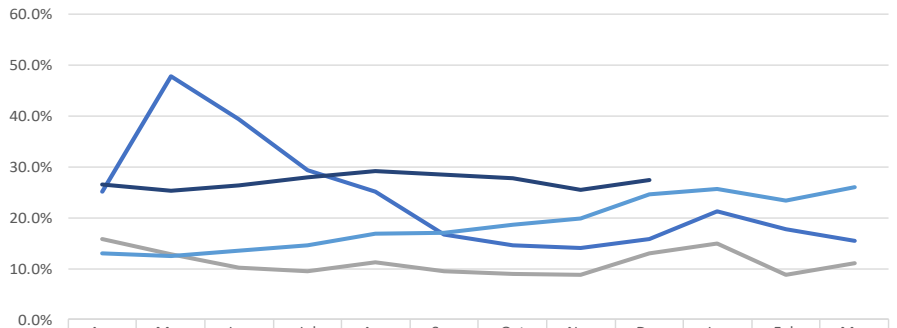
# Planned care – Diagnostics

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

| Indicator | SOF Flag | Month | ICB BOB Activity | ICB BOB Plan | Sub ICB Bucks Activity | Sub ICB Oxford Activity | Sub ICB Berks W Activity | NHS Trust OUH Activity | NHS Trust OUH Plan | NHS Trust BHT Activity | NHS Trust BHT Plan | NHS Trust RBFT Activity | NHS Trust RBFT Plan |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Percent of Diagnostics Waiting list 6 weeks or more | | Dec 23 | 31.4% | 1.0% | 40.8% | 26.0% | 27.0% | 23.5% | 1.0% | 38.5% | 1.0% | 25.6% | 1.0% |
| Percent of Diagnostic Tests against 2019/20 | | | 113.5% | | 112.5% | 116.6% | 109.1% | 108.1% | | 107.5% | | 119.7% | |
| Percent of Current MRI list waiting 6 weeks or more | | | 30.4% | 1.0% | 51.5% | 14.7% | 8.3% | 13.7% | 1.0% | 62.5% | 1.0% | 3.6% | 1.0% |
| Percent of MRI Tests against 2019/20 | | | 128.9% | | 141.5% | 134.0% | 105.4% | 105.3% | | 171.8% | | 114.8% | |
| Percent of Current CT list waiting 6 weeks or more | | | 10.7% | 1.0% | 24.9% | 0.8% | 7.5% | 0.1% | 1.0% | 26.5% | 1.0% | 3.6% | 1.0% |
| Percent of CT Tests against 2019/20 | | | 125.7% | | 121.1% | 117.6% | 151.7% | 109.2% | | 123.7% | | 163.4% | |
| Percent of Current Non-obstetric Ultrasound list waiting 6 weeks or more | | | 29.8% | 1.0% | 38.7% | 28.4% | 13.1% | 24.7% | 1.0% | 16.1% | 1.0% | 3.0% | 1.0% |
| Percent of Non-obstetric Ultrasound Tests Against 2019/20 | | | 102.4% | | 99.6% | 115.0% | 80.6% | 112.9% | | 86.0% | | 95.1% | |
| Percent of Current Colonoscopy list waiting 6 weeks or more | | | 45.5% | 1.0% | 42.2% | 27.8% | 62.5% | 33.9% | 1.0% | 46.1% | 1.0% | 66.1% | 1.0% |
| Percent of Colonoscopy Tests Against 2019/20 | | | 121.3% | | 175.2% | 117.9% | 93.7% | 133.5% | | 166.9% | | 80.8% | |
| Percent of Current Flexi sigmoidoscopy list waiting 6 weeks or more | | | 56.5% | 1.0% | 55.3% | 35.1% | 71.8% | 28.1% | 1.0% | 60.6% | 1.0% | 76.2% | 1.0% |
| Percent of Flexi sigmoidoscopy Tests Against 2019/20 | | | 32.3% | | 55.2% | 15.8% | 39.3% | 0.3% | | 38.7% | | 42.7% | |
| Percent of Current Gastroscopy list waiting 6 weeks or more | | | 39.5% | 1.0% | 36.8% | 26.7% | 59.9% | 33.4% | 1.0% | 38.5% | 1.0% | 64.8% | 1.0% |
| Percent of Gastroscopy Tests Against 2019/20 | | | 110.0% | | 154.9% | 98.6% | 98.8% | 93.3% | | 149.8% | | 112.7% | |
| Percent of Current Echocardiography list waiting 6 weeks or more | | | 25.8% | 1.0% | 26.4% | 11.0% | 49.2% | 5.0% | 1.0% | 9.2% | 1.0% | 62.4% | 1.0% |
| Percent of Echocardiography Tests Against 2019/20 | | | 116.8% | | 108.0% | 117.7% | 144.5% | 125.4% | | 57.5% | | 133.3% | |

### Diagnostic performance year on year

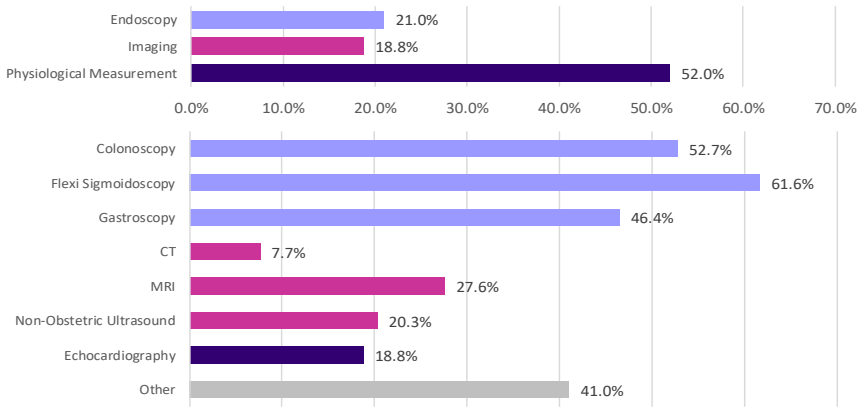
**Percentage of patients on the waiting list at a BOB ICS Acute NHS Trust who have been waiting six weeks or more**



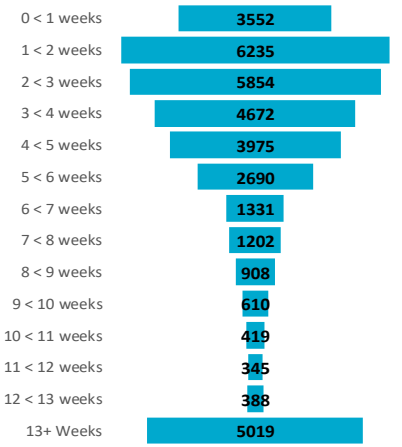

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 202021 | 25.1% | 47.8% | 39.3% | 29.4% | 25.1% | 16.7% | 14.6% | 14.1% | 15.7% | 21.2% | 17.8% | 15.5% |
| 202122 | 15.8% | 12.9% | 10.1% | 9.4% | 11.2% | 9.5% | 9.0% | 8.7% | 12.9% | 14.9% | 8.8% | 11.0% |
| 202223 | 13.0% | 12.4% | 13.5% | 14.5% | 16.8% | 17.1% | 18.7% | 19.8% | 24.7% | 25.6% | 23.3% | 25.9% |
| 202324 | 26.5% | 25.3% | 26.4% | 27.9% | 29.2% | 28.4% | 27.8% | 25.4% | 27.5% | | | |

### Latest diagnostics performance by test for December 2023

**Percentage of patients on the waiting list at a BOB ICS Acute NHS Trust waiting six weeks or more**

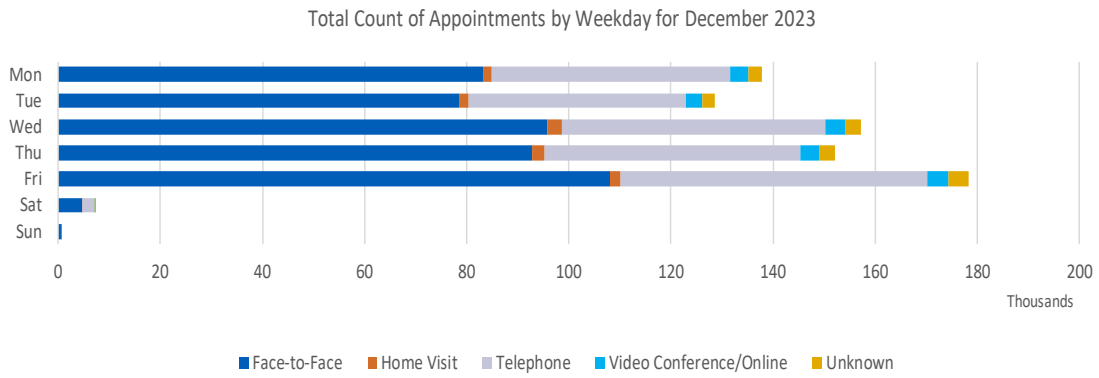



### Waiters by weeks waited for December 2023



# Primary Care - GP

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board



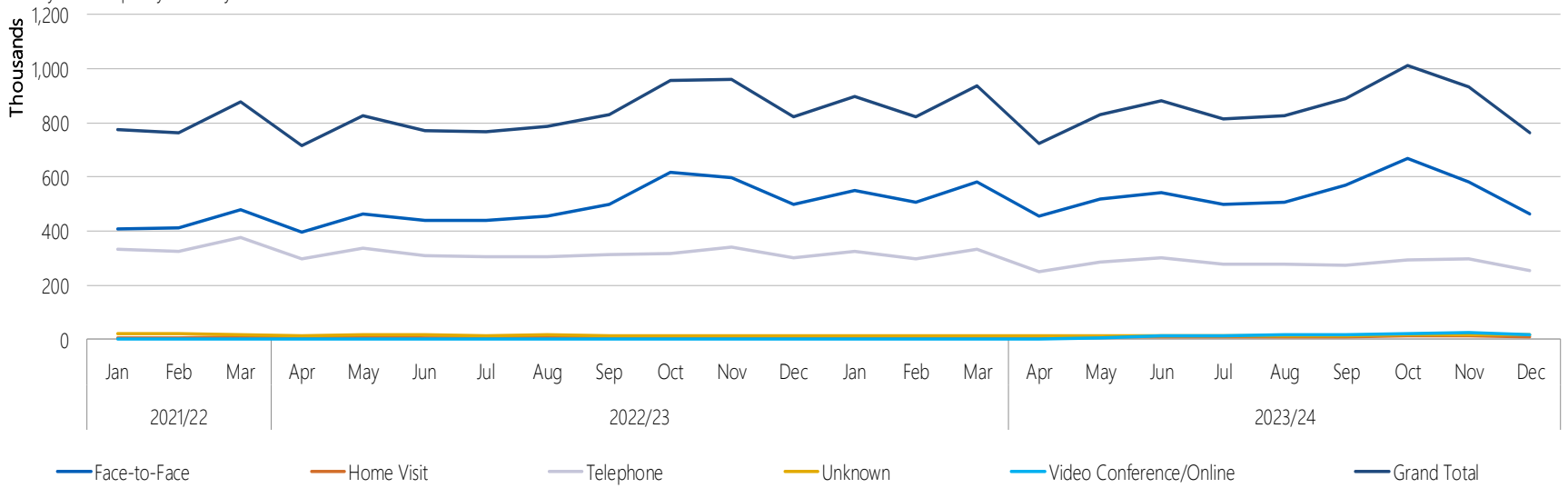

| Face to Face | Home Visit | Telephone | Video / Online | Unknown |
|---|---|---|---|---|
| 464K | 11K | 254K | 19K | 15K |

Appointments for December 23

- Data shows the total number of GP practice appointments delivered in Dec 2023, including by weekday and the 2-year trend in mode.
- The trend line shows a decrease in overall appointments between October and December 2023.
- 7% fewer appointments in December 2023 compared to December 2022.
- There is a very gradual move to more appointments being delivered face to face. 60.8% of appointments took place face-to-face in December 2023 compared to 60.6% December 2022. Prior to the pandemic 72.5% of patients were being seen face-to-face. Given new ways of working the pre-pandemic proportion of face-to-face may not be returned to.
- All PCNs have enhanced access arrangements in place ensuring appointments are available in the evenings and at weekends. Audit of utilisation rates conducted in October 2023 showed that more appointments are being used (3,047 clinical hours, compared to 1,853 commissioned across BOB).

**Overall Consultation Levels**

GP Appointments by Month split by modality



# Primary Care – Appointments within 14 days (SPC)

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

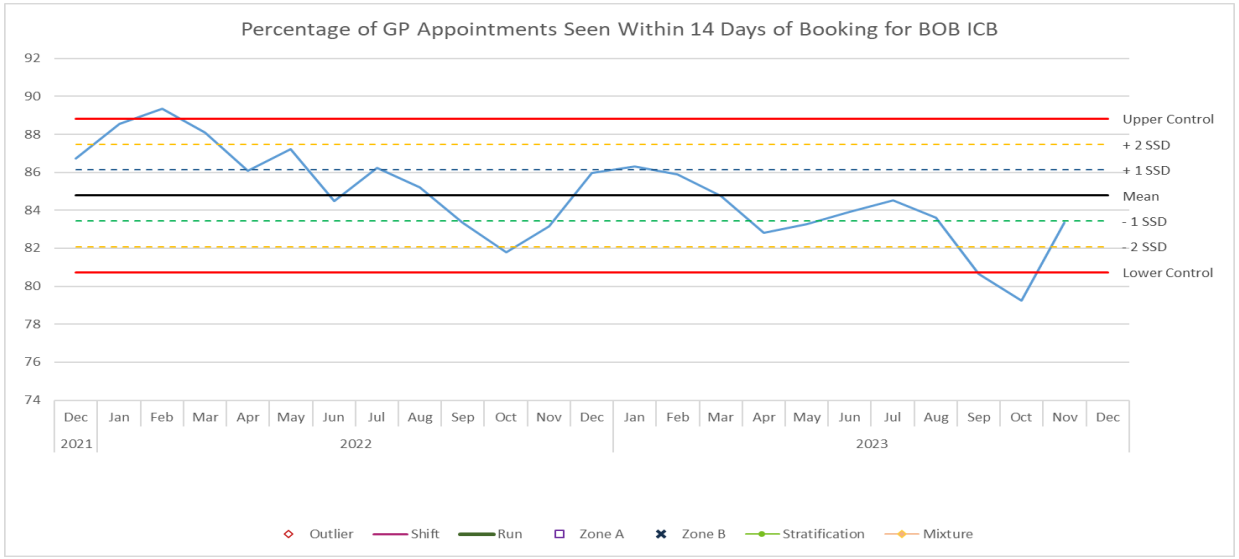



*Fig.1*

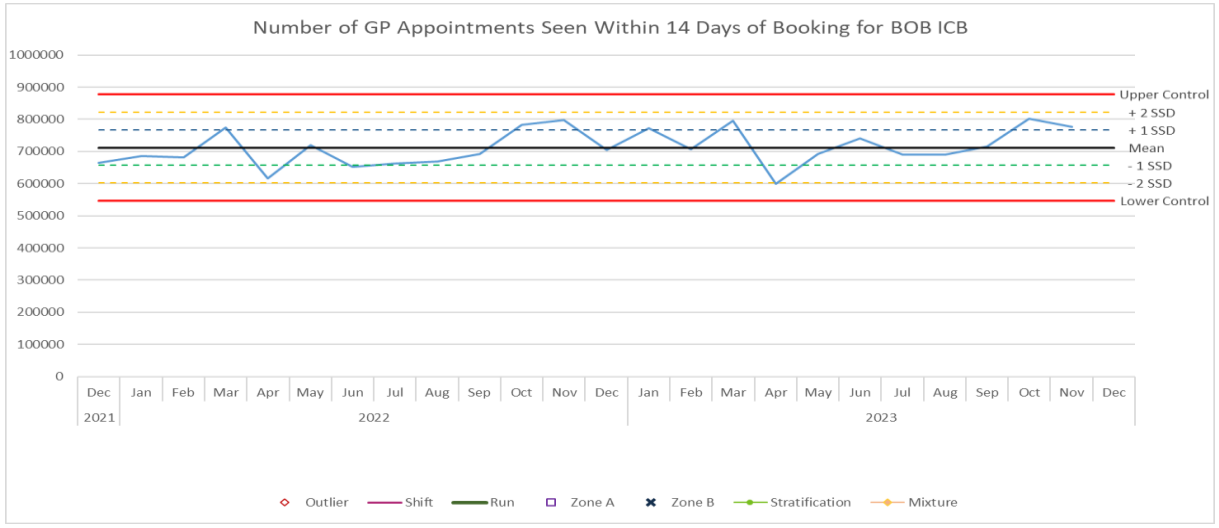



*Fig.2*

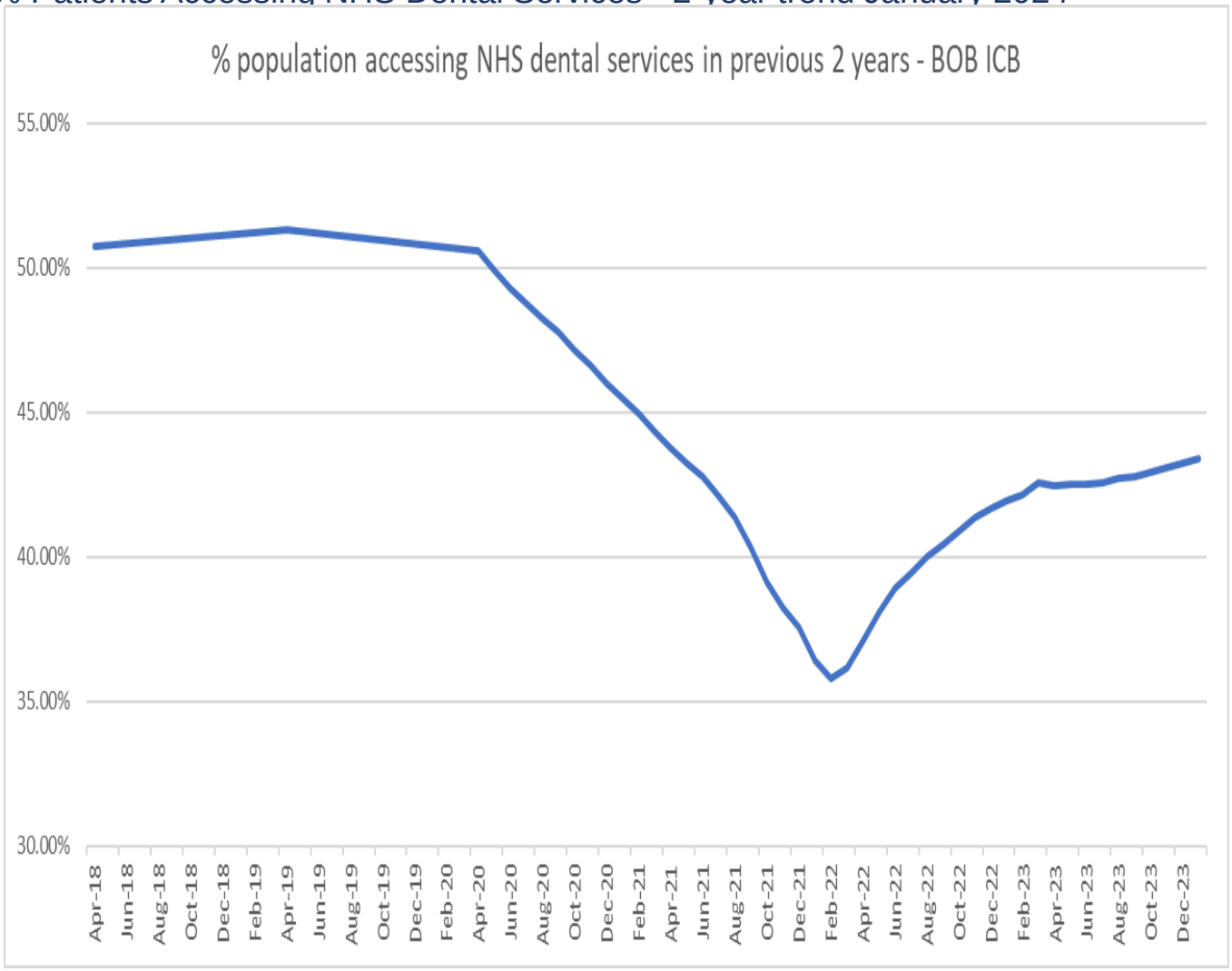
Despite the SPC chart for percentage seen within 14 days (Fig. 1) showing a downward trend and therefore a possible cause for concern (highlighted by the icon) this must be taken alongside the total number of appointments seen within 14 days (Fig. 2) which is consistently tracking above 700,000 rather than below.

The special cause is produced by the October % dip under lower control limit, October saw the highest number of GP appointments ever. The percentage in December jumped back to within 1 standard deviation from the mean.

# Pharmacy. Optometry and Dentistry (POD)
# High street dental services – Access 2023-24

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

% Patients Accessing NHS Dental Services - 2-year trend January 2024




**Delivery against activity plan**

Dental access stands at 43.42% of the BOB population in January 2024; an increase of 14,794 patients (+2.02%) since the end of 2022/23.

There are ongoing challenges for patients who have found it more difficult to access dental care, particularly those who have not attended a local practice in recent years.

Mitigations in place include:

- Temporary units of dental activity (UDAs) offered to practices in areas where contracts have been handed back for the period to 31 March 2024.
- Two practices are providing Additional Access sessions to support patients with urgent treatment needs
- Dental practices advised of ICB approval for them to be paid for up to 110% of contract performance for the period to 31 March 2024. Practices have been approached to advise whether they plan to overperform. 26 practices have advised of such plans.
- The Flexible commissioning pilot provides access for the most vulnerable patients with 33 practices taking part in the scheme. In the period to January 2024, over 2,200 sessions have been provided with 7,500 new patients seen and 10,200 patient attendances in total. The service has been evaluated with high levels of patient and provider satisfaction reported
- The ICB has agreed to extend the service into 2024/25

# High Street Dental Services – Recovery Plans

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Number of UDAs to be re-commissioned to replace activity handed back

| Health system | Number of UDAs approved | Locations |
|---|---|---|
| Buckinghamshire | 18,055 | Haddenham, Aylesbury, Denham, High Wycombe, Chalfont St Peter |
| Oxfordshire | 18,896 | Thame, Henley, Oxford, Witney, Bloxham, Banbury |
| Berkshire West | 32,097 | Reading, Wokingham, Woodley, Twyford, Thatcham, Newbury |
| Total BOB | 69,048 | |

Since April 2021, 17 dental practices have handed back their contracts and 7 have reduced their NHS commitment. This has resulted in the loss of 105,566 UDAs (c.4.75% of capacity). The ICB is following a 2-stage process to replace lost activity. The first stage has been completed in February 2024. Local practices were invited to apply to provide additional UDAs from 1 April 2024. 26 practices have submitted successful applications to provide an additional 69,048 UDAs. The table details the number per health system in BOB.

The practices have been advised of the outcome of their applications with formal contract offers to be made during March.

There are still gaps in provision, particularly in Oxfordshire. The second stage will be formal open market procurement.

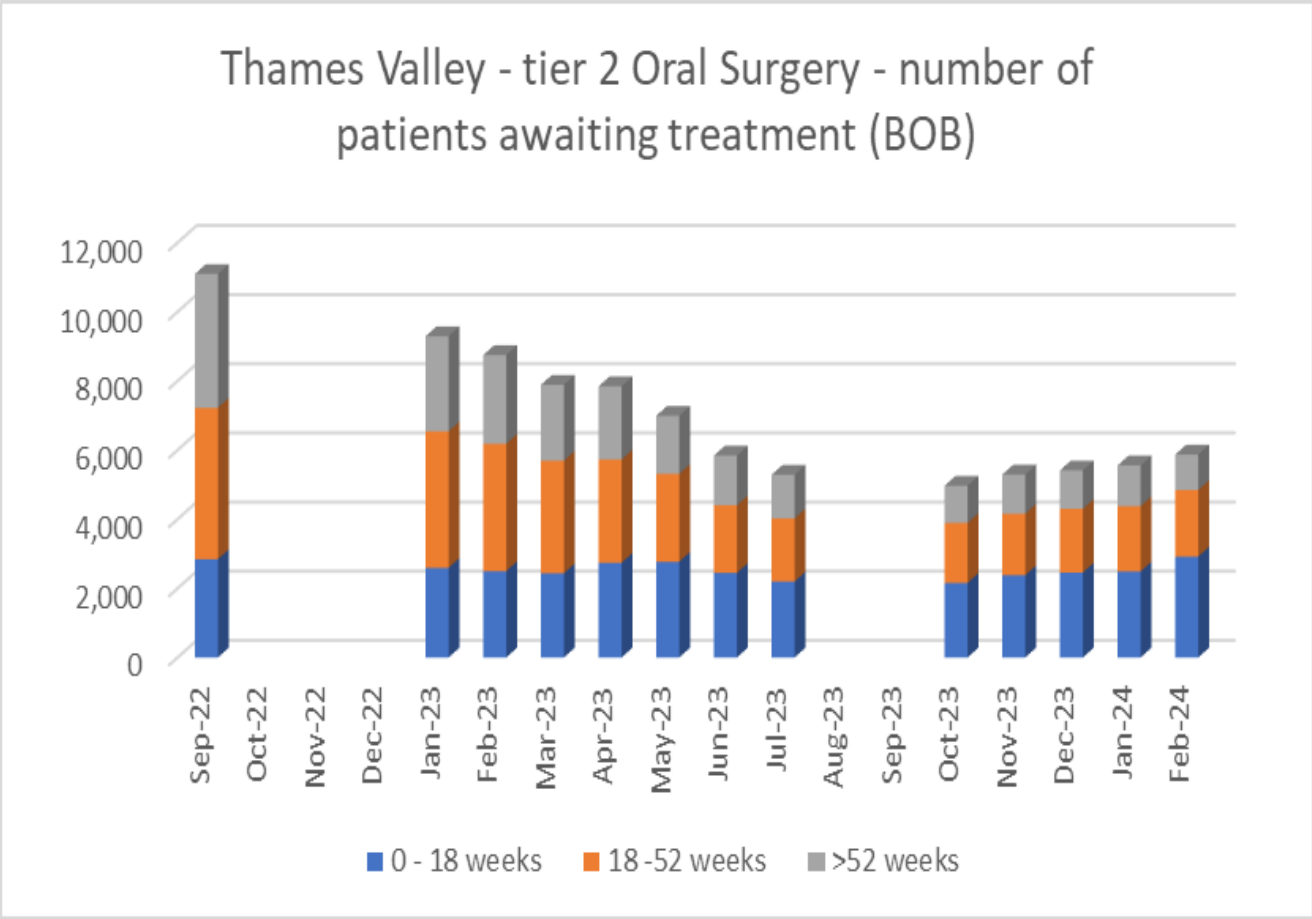
The ICB is also investigating other interim solutions whilst the second stage is completed.

In February 2024 there was a national announcement about changes to the NHS Dental contract to help address access challenges. These included:

- A new patient premium to encourage practices to take on new patients for the period March 2024 to March 2025
- An increase in the minimum UDA price from £23 to £28
- Incentives for Dentists to work in more geographically remote areas
- Dental Vans for areas with the greatest access challenges
- The implementation of a national 'Smile for Life' programme to increase provision of oral health promotion and prevention services for children.

# Tier 2 Oral Surgery services






## Backlog recovery

About 13,000 referrals per annum are made to Oral Surgery services in BOB. Of these about 5,000 (38%) go to tier 3 services in hospital and 9,000 (62%) to tier 2 community-based services. Services are provided from sites in each of the three counties in BOB.

Waiting list backlogs built up because of the pandemic, with over 11,000 patients awaiting treatment in September 2022. Of these 8,252 patients have been waiting for more than 18 weeks.

Restoration and Reset monies have been invested to address the backlogs. The waiting list for treatment in February 2024 stands at 5,871. This is an increase of 316 compared to January 2024. There has been a growth of 431 in the number waiting less than 18 weeks. The number waiting more than 18 weeks has fallen by 115 from 3,067 to 2,952.

As part of the agreement to extend the contracts for this service to 31 March 2025 it has also been agreed that the Restoration and Reset monies should be built into recurrent baselines.

**Gaps in data are due to reports not received from the provider in those months*

# Community Pharmacy Transformation

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

**Pharmacy First**

97% of BOB Pharmacies have signed up to deliver Pharmacy First which went live 31 January 2024. A few small Distance Selling Pharmacies have declined provision, but all others have been followed up to ensure the sign-up deadline is not missed. BOB currently has the highest % sign up across the SE region.

The new Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions:

- sinusitis
- sore throat
- acute otitis media
- infected insect bite
- impetigo
- shingles
- uncomplicated urinary tract infections in women.

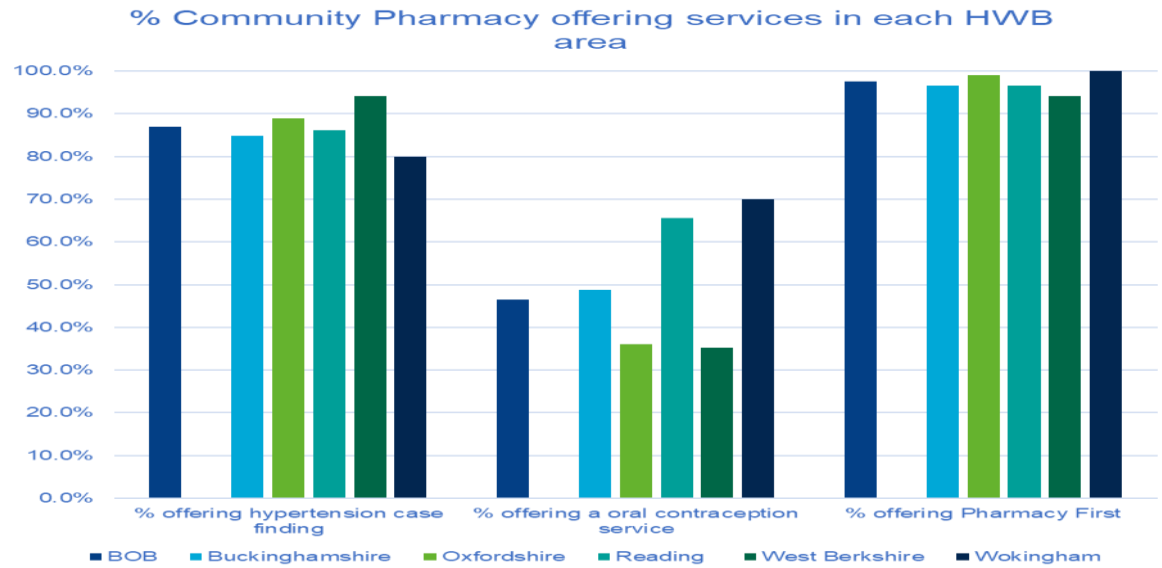
Whilst the full digital functionality is not yet in place, processes used for Community Pharmacy Consultation Service (CPCS) are currently being used. The national expectation is that this will be in place by the end of March 2024.

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, general practices, and others.

The service will incorporate the existing elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following a referral from NHS 111, general practices, and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without a referral).

The first release of data, on the number of Pharmacy First referrals and claims, is expected imminently. National media campaign was launched on 19 January 2024

There has been a relaunch of the Hypertension case finding and oral contraception service.




**Community Pharmacy Consultation Service (January 23 data)**

- Three components of the service
  - Urgent medicine supply (US) continues to rise
  - Minor illness advice (MI)
  - GP referral to CPCS service
- 126 (78%) BOB practices are 'Live' and referring their patients to community pharmacists via CPCS,
- Across BOB 23,624 referrals have been made since April 2023, which equates to approximately 2,111 hours of saved general practice appointment time.
- There was a 15% decrease in the number of referrals that were made across BOB in January
- BOB continues to have the second highest number of referrals across the SE region, achieving the third highest number of referrals comparative to population (76 per 100k)
- From 31 January, CPCS will be part of the Pharmacy First scheme and will no longer be reported separately

# Optometry Services

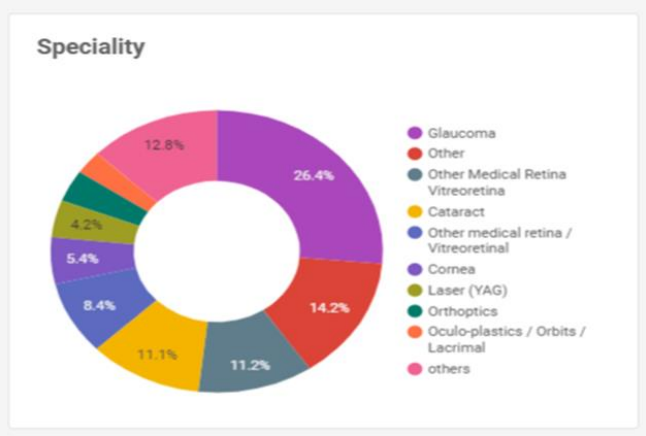
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

**Direct Optometry Referral:**

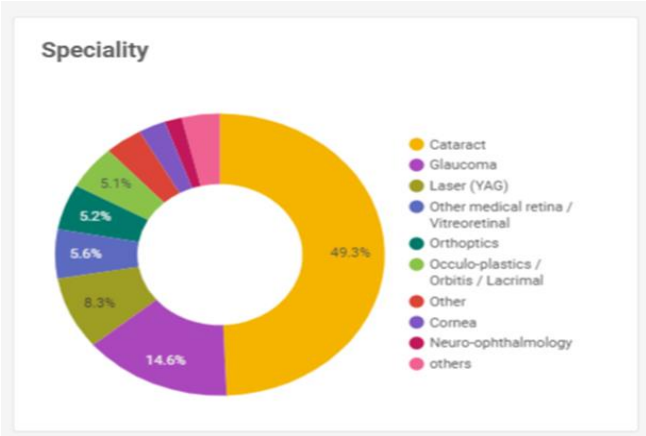
**2023/24 Operating Target:** *By September 2023 systems are asked to put in place-direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations*

- Implementation of the optometry to secondary care direct referral process continues.
  - The routine referral pathway is well established.
  - Implementation of the urgent referral pathway is underway. The variation of acute IT infrastructure has resulted in delay in confirming a 'go live' date whilst ensuring safe and efficient processes are in place. It is anticipated that the urgent referral pathways will be in place by March 2024.
  - The ICB are working with the Frimley Hub team to embed the REGO electronic referral process as standard at point of issue of future General Optometry Service (GOS) contracts
  - The implementation process has identified opportunities to enhance/standardise referral pathways across the system. These work is being led by the BOB System Ophthalmology Steering Group.
- The next stage development will be implementation of a Single Point of Access for management of cataract referrals, using the Ufonia Dora platform (clinical voice assistant). This will provide enhanced patient choice to include both shared decision making and choice of patient location for surgery, by contacting patients at point of referral, linked to the REGO electronic platform.
- The goal will be to deliver scalable patient choice, advanced screening of referrals for suitability to high value low complexity (HVLC) settings and collect pre-assessment information to streamline referrals- increasing visibility of referrals by the ICB and optimising patient choice.

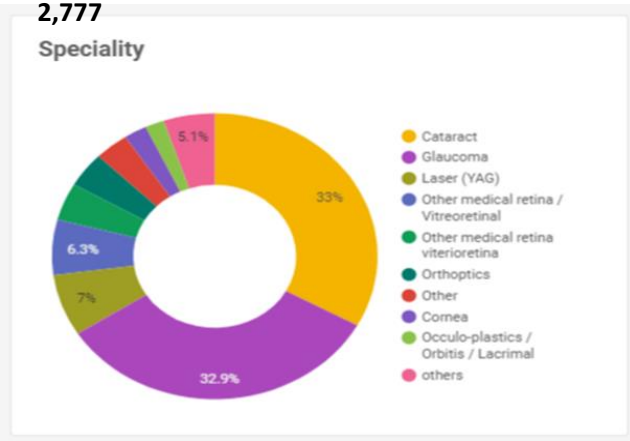
**Buckinghamshire total number of referrals 3,958**




**Oxfordshire total number of referrals 4,843**




**Berkshire West total number of referrals 2,777**



# Mental Health Services

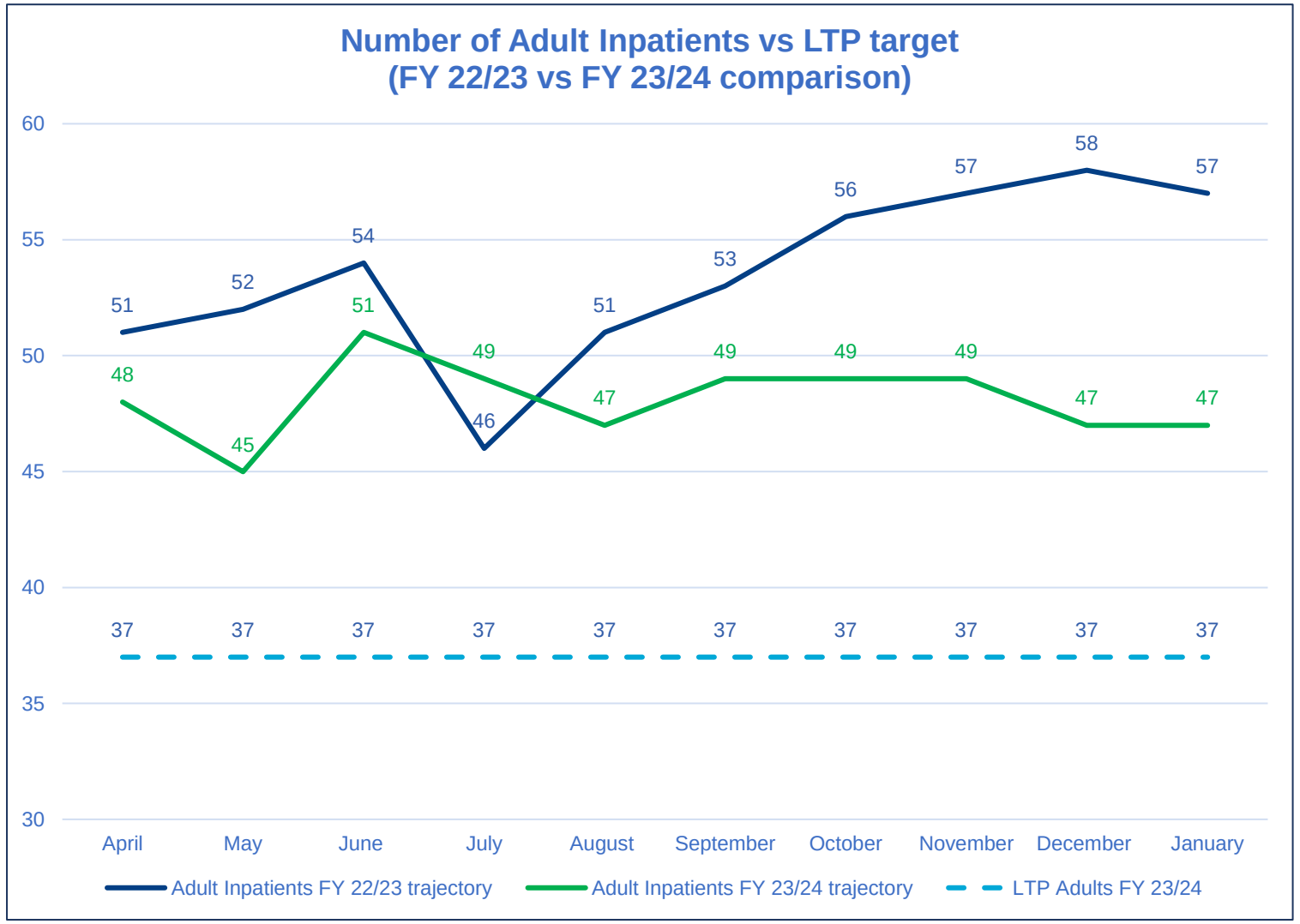
NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

| Indicator | OF Flag | Period | Standard | Plan | BOB ICB | Bucks | Oxon | Berks. West | Berkshire Healthcare | Oxford Health |
|---|---|---|---|---|---|---|---|---|---|---|
| Total access to Talking Therapies services | | Rolling 3 months to Dec 23 | | 9490 | 8210 | 2615 | 3105 | 2490 | 4565 | 5680 |
| Talking Therapies - Access Rate | | | 6.25% | | 5.4% | 6.0% | 5.1% | 5.2% | | |
| Talking Therapies - Moving to Recovery | | Dec 23 | 50% | | 50.2% | 52.6% | 49.5% | 48.0% | 46.3% | 51.0% |
| Talking Therapies - Treated within 6 Week | | | 75% | | 95.4% | 98.1% | 99.1% | 86.9% | 88.4% | 98.7% |
| Talking Therapies - Treated within 18 Week | | | 95% | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Dementia Diagnosis Rate | | Dec 23 | 67% | 64% | 61.96% | 58.8% | 62.9% | 64.4% | | |
| Severe Mental Illness (SMI) 6 Health Checks completed Percent of Register | | 2023/24 Q3 | 60% | | 51.76% | 51.6% | 47.9% | 58.8% | | |
| People with severe mental illness receiving a full annual physical health check and follow up interventions | S085a | 2023/24 Q3 | 100% | | 77.7% | | | | | |
| Inappropriate adult acute Mental Health Out of Area Placement (OAP) bed days | S086a | Three Months to Nov 23 | 0 | | 1955 | 365 | 545 | 1045 | 1945 | 1000 |
| Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses | S110a | Dec 22 | 100% | | 82.6% | | | | | |

# Learning Disability Programme - Adult Inpatients

**SRO:** Rachael Corser

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board



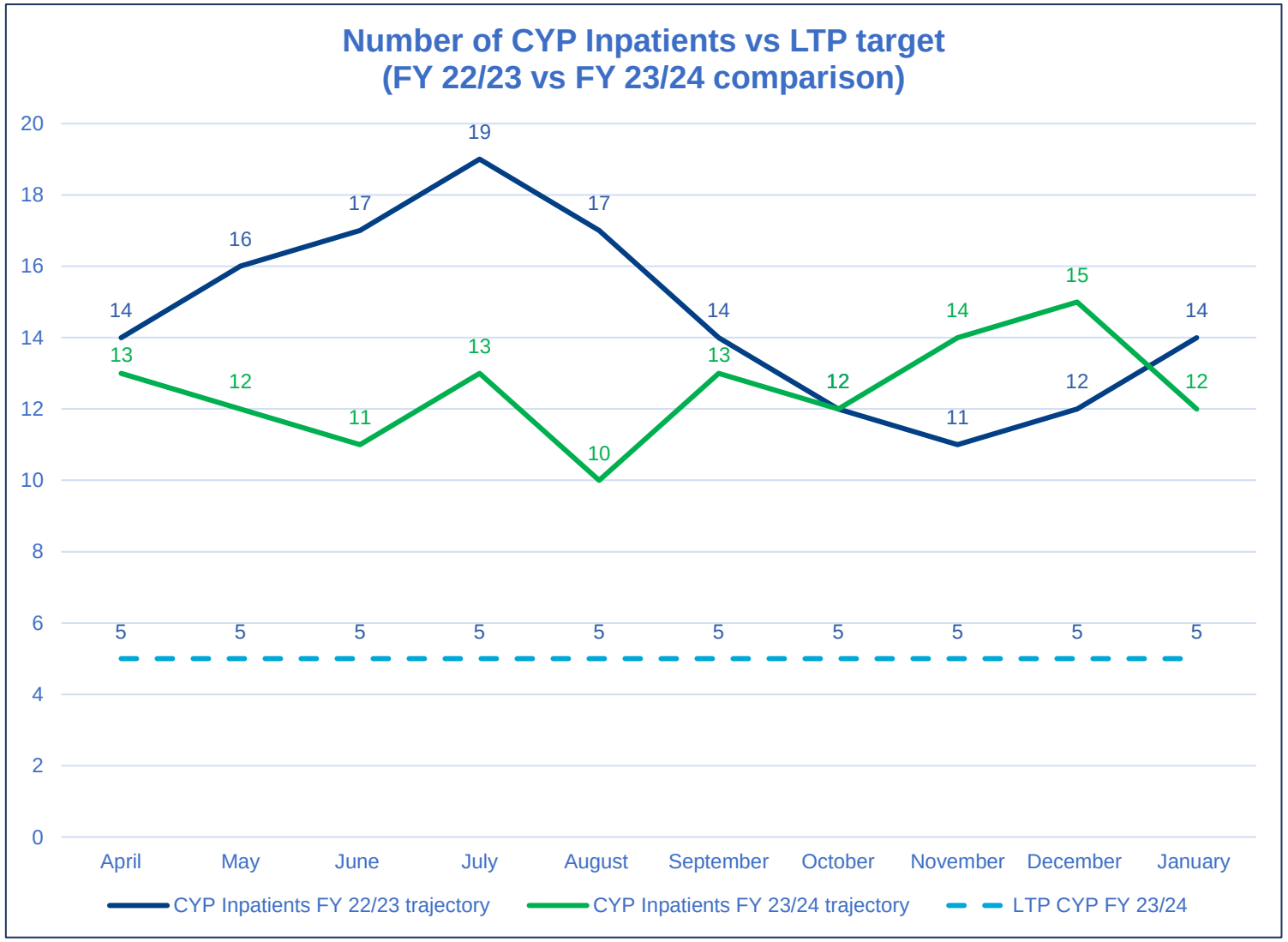

**BOB ICB LDA Adult Inpatients**

- The graph shows the number of Adult inpatients in BOB with a learning disability or autism for 2022/23 and 2023/24 ; and against the national ambition for 2023/24.
- There were 47 adult inpatients recorded in January and 16 of these were Specialist Commissioning inpatients. This is above the NHS SE trajectory target (37 by the end of Q4).
- We are in an improved position with adult inpatients this year (47 in January 2024) compared to the last year (57 in January 2023)
- There were 24 new admissions of all LDA Adult inpatients in 2023/24 with Autism (16) as the most prevalent condition, followed by Learning disability and Autism dual diagnoses (4); and Learning disability (4).
- Transformation programme underway to share best practice and standardise practice across BOB in the management of Dynamic Support Registers (DSRs) and Care (Education) and Treatment Reviews (CETRs) and quality assurance programmes. This includes joint training session to be delivered in Q2 2024/25 across the ICB to be delivered with NHSE Regional Team.

# Learning Disability Programme - CYP Inpatients

**SRO:** Rachael Corser

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board



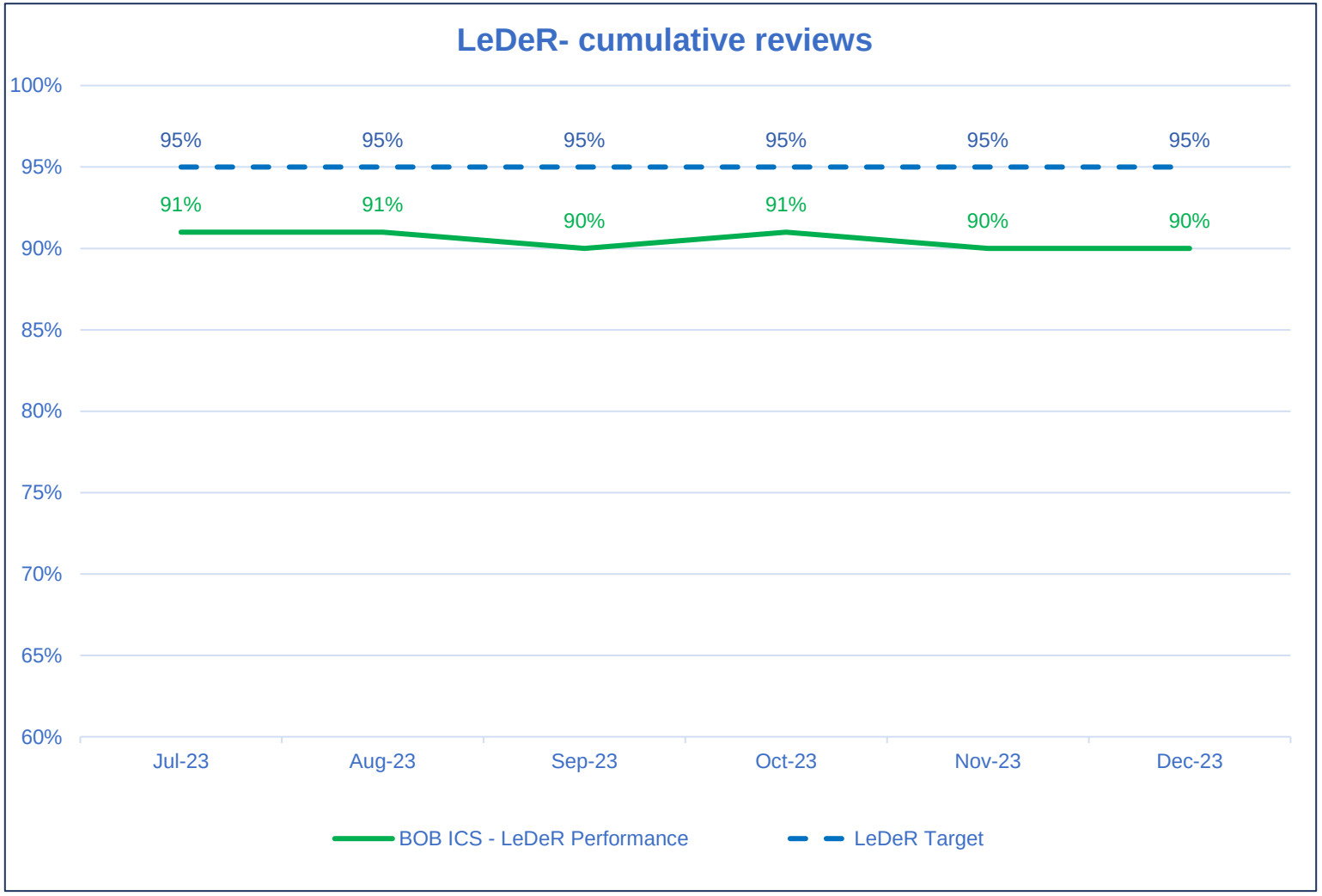

## BOB ICB LDA CYP Inpatients

- The graph sows the number of CYP inpatients in BOB with a learning disability or autism for 2022/23 and 2023/24 ; and against national ambitions for 2023/24.
- There were 12 CYP inpatients recorded in January 2024, which is above the NHS SE trajectory target (5 by the end of Q4)
- We have a lower number of CYP inpatients this year (12 in January 2024) compared to the last year (14 in January 2023)
- There were 19 new admissions of all LDA CYP inpatients in 2023/24 with Autism (17) as the most prevalent condition
- Root cause analysis commenced in December to establish causes of admissions and identify any learning.
- Transformation programme underway to share best practice and standardise practice across BOB in management of DSRs and CETRs and quality assurance programmes. This includes a joint training session to be delivered in Q2 2024/25 across the ICB to be delivered with NHSE Regional Team.

# Learning Disability Programme- LeDeR

**SRO:** Rachael Corser

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board



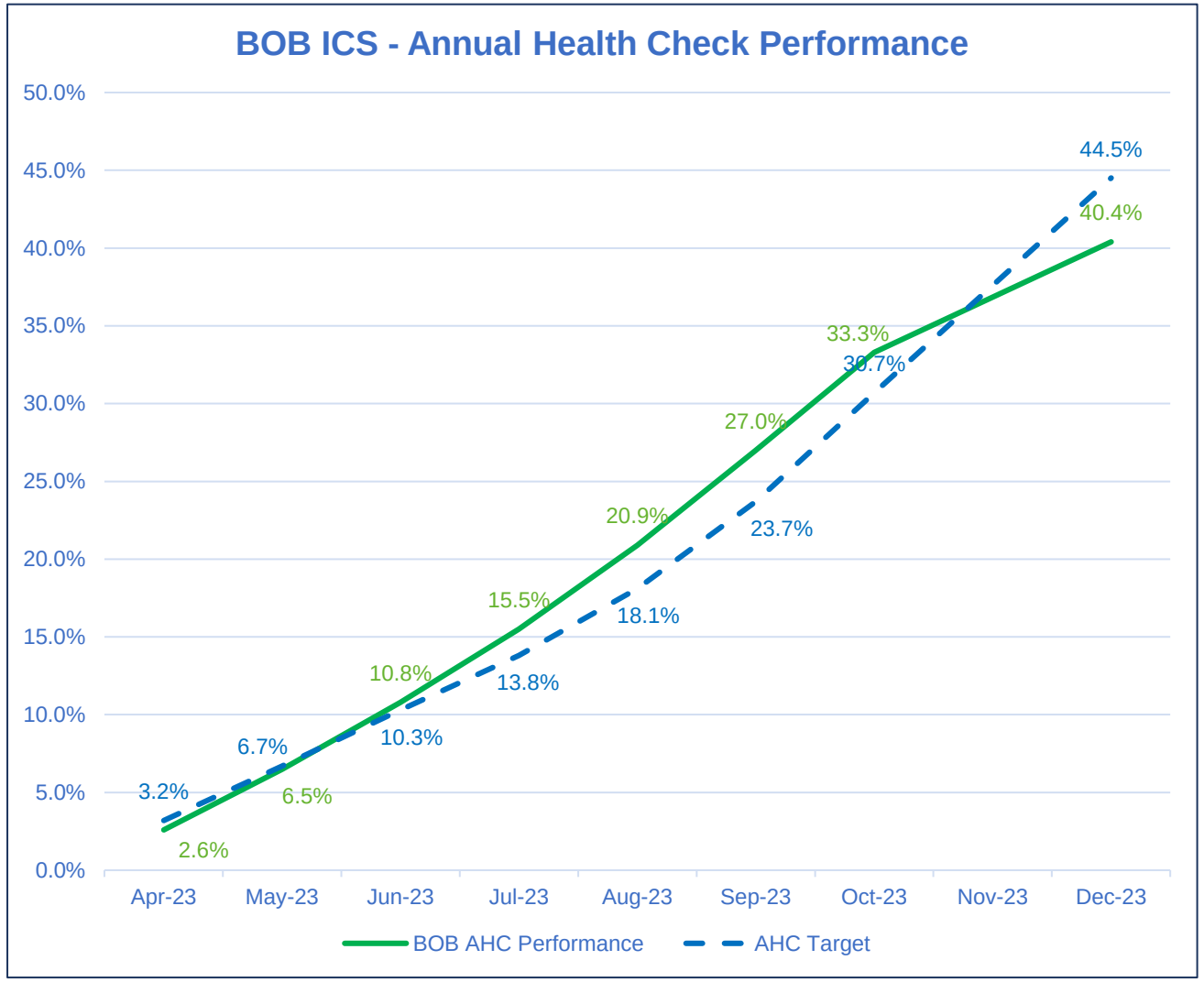

**Learning from Lives and Deaths (LeDeR)**

- Work on the LeDeR programme is focused on transitioning to a single, ICB-wide function. There is currently a backlog of approximately 70 cases caused by the unfilled Local Area Coordinator (LAC) roles and rising demand.
- A recovery plan has been implemented and a BOB LAC is now in post. Work has begun on reducing the backlog while current reviews are being treated as a separate BAU workstream to maintain KPI integrity. The QA oversight panel will commence in Q1 2024/25. Monthly BOB LeDeR operational meetings are in place. The ICB is fully engaged with national and regional NHSE teams as well as other ICBs in the region.
- The final place-based Annual LeDeR Reports have been agreed by SQG. They highlighted areas of strong performance across the ICB as well as areas for further improvement, including identifying more BAME cases and an increase in early dementia in the LD cohort. From 2023/24 onwards, BOB will submit a single Annual Report to cover the whole ICB.
- The learning from the Annual Reports form the basis for bimonthly LD Health webinars around LD specific issues including health inequalities, constipation and early onset dementia. The first was held 1 February 2024. The learning that needs to inform commissioning and delivery of services will be shared by the BOB ICB Oversight Panel with place-based commissioning teams.

# Learning Disability Programme- AHC

**SRO:** Rachael Corser

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board



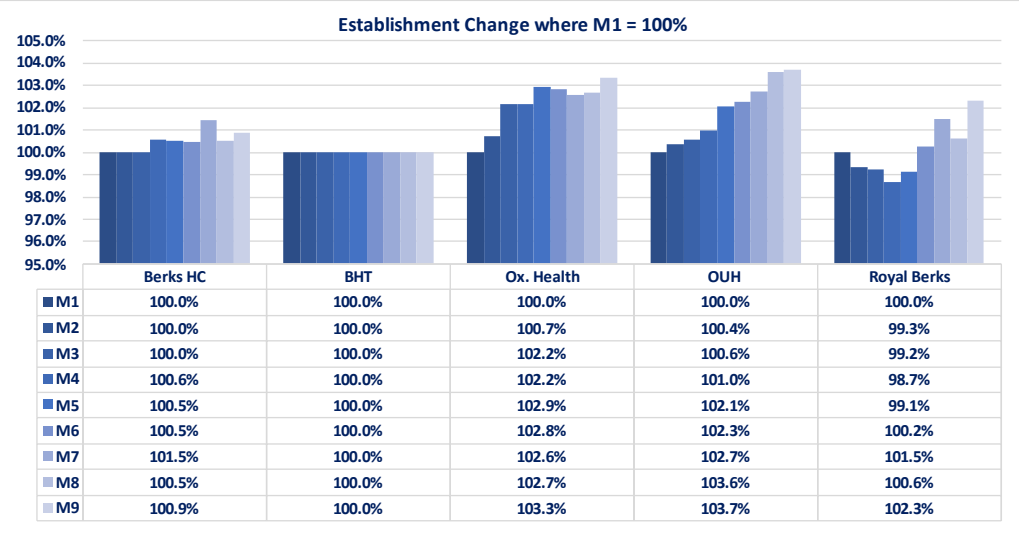

**Annual Health Checks**

- The national refresh of the SNOMED codes has adversely impacted on the LD database and created data issues affecting the reporting of completed annual health checks (AHCs) and payment for GPs. The date for rectifying this is unknown.
- This has impacted BOB performance delivering AHCs (40.4% December 2023) against the trajectory target- 44.5%.
- Actual delivery in December 2023 increased by 385 cases compared to December 2022. However national NHSE work on patient records has created a 4.5% inflation in the number of patients on the LD register. This has created a risk around meeting AHC targets and GP payments. Work is underway to rectify the issue, but not yet resolved- no timescale currently.
- To reduce health inequalities, BOB is taking part in a national pilot of the Medii app in 9 GP surgeries. The app allows LD patients to track their health, encourages healthier lifestyle choices, and promotes engagement with AHCs. Results are available to the patient, carers, and GPs. The pilot runs over the winter with an evaluation of patients' experience in Spring 2024. BOB were issued a further 20 licenses by NHSE in January 24 to meet demand.
- BOB ICB has supported the development of the All About Health website for LD patients. Presented in an Easy Read format, this is a valuable resource for patients and carers, and is hosted and maintained by Oxford Family Support Network, https://allabouthealth.oxfsn.org.uk/
- The LD&A team worked with the ICB LDA Clinical Lead to develop a series of bi-monthly webinars for GPs around LD-specific issues including health inequalities, constipation, and early onset dementia. They started 1 February 2024 with good system uptake.

# Workforce - Vacancies

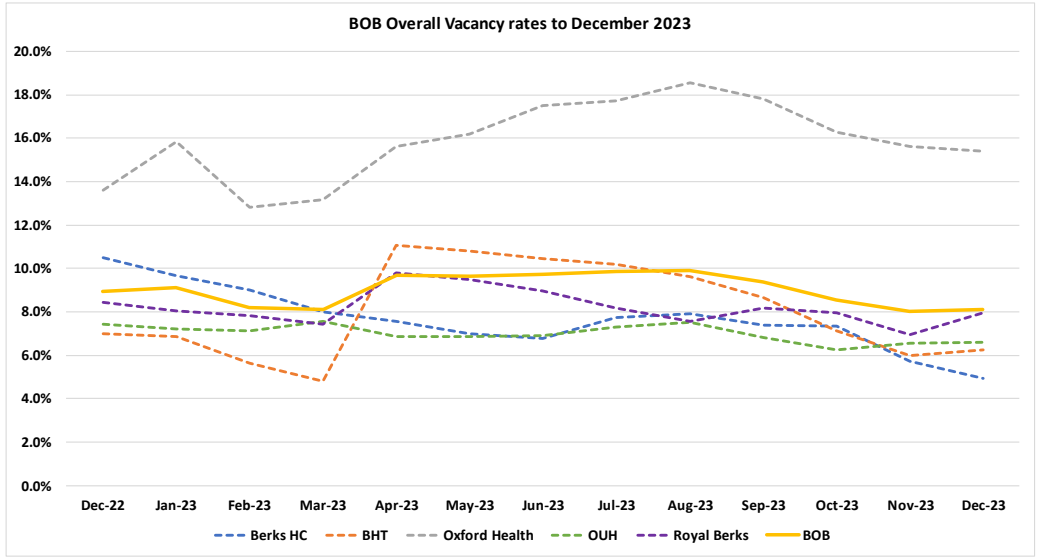
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

**Establishment % change by Organisation**




| | Berks HC | BHT | Ox. Health | OUH | Royal Berks |
|---|---|---|---|---|---|
| M1 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| M2 | 100.0% | 100.0% | 100.7% | 100.4% | 99.3% |
| M3 | 100.0% | 100.0% | 102.2% | 100.6% | 99.2% |
| M4 | 100.6% | 100.0% | 102.2% | 101.0% | 98.7% |
| M5 | 100.5% | 100.0% | 102.9% | 102.1% | 99.1% |
| M6 | 100.5% | 100.0% | 102.8% | 102.3% | 100.2% |
| M7 | 101.5% | 100.0% | 102.6% | 102.7% | 101.5% |
| M8 | 100.5% | 100.0% | 102.7% | 103.6% | 100.6% |
| M9 | 100.9% | 100.0% | 103.3% | 103.7% | 102.3% |

**Vacancy Rate by Organisation**




**This metric measures**

- Percentage change in establishment by organisation since April 2023.
- Vacancy rate by organisation since the same period last year as of December 2023.

Source M9 Provider Workforce Returns (PWRS) from the "1.WTE" and "2.KPI" tabs.
2022/23 Vacancy data from SDSP Monthly Excel Data Files "2. Vacancies" file.
Total Funded Establishment for all staff groups. Establishment variation is calculated where M1 = 100% and change is shown as % variance from M1 per Trust. .

**How we are performing**

- Apart from BHT, which has remained static, in M9 establishment has increased from M8 for all BOB Trusts, ranging from a 0.1% increase for OUH, to a 1.7% increase for Royal Berks.
- OUH has the highest % change in establishment over the whole period at 3.7%.
- The overall BOB ICS footprint vacancy rate has increased by 0.1% in M9 but remains on a downwards trend in the current fiscal year.
- Vacancy rates have fallen at BHFT (-0.8%) and OHFT (-0.2%), risen very slightly at OUH (0.04%), BHT (0.25%) and by 1% at RBFT.

**Actions**

- **Supportive interventions:** There are several System People priorities and workstreams which focus on the various factors which impact on vacancy rates: The Health and Well-being workstream focuses on recruitment and retention, health and well-being and cost of living pressures; complemented by Leadership, Education and Training and the Temporary Staffing workstreams.
- Localised interventions are continuing at pace and are being aligned to the System People workstreams
- **Shared learning:** Benefit in sharing workforce plans and actions across Trusts, particularly considering BHT's unchanging establishment.

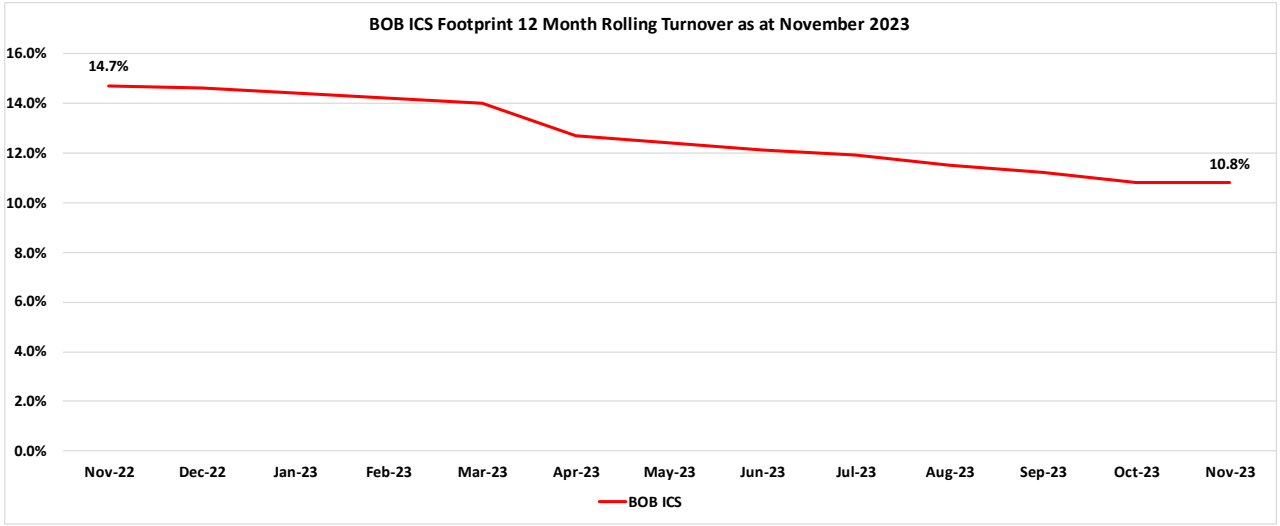
**Risks:**

- Vacancy rates remains a risk on the BAF and Trust Risk Registers.
- These risks are being mitigated by provider initiatives to promote health and well being and to target recruitment and retention activities for the areas most impacted by high turnover, and the trend is starting move in the right direction, but Trusts are mindful of the upcoming winter season and the negative impact this is known to have on retention.

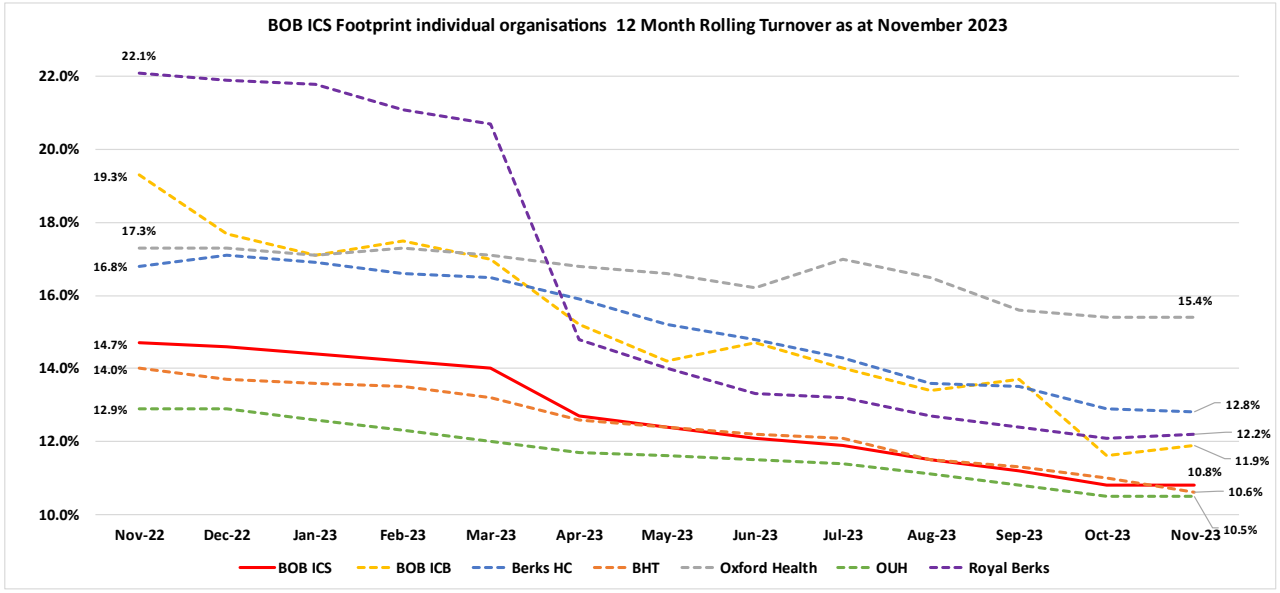
# Workforce - Turnover

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

## Turnover by System




## Turnover by Organisation




### This metric measures

- Turnover by System, with further breakdown by organisation. Source SDSP "Joiners, Leavers and Turnover Dashboard" as of November 2023.

This rate includes all staff except for doctors in training. These staff are traditionally excluded from turnover calculations, as normal staff movement, due to the rotational nature of their posts, distorts turnover data.

### How we are performing

- BOB Turnover has fallen steadily over the past 12-month period from 14.7% in November 2023, to its current value of 10.8%, a fall of 3.9%.
- Turnover for all organisations within the BOB ICS Footprint, including the ICB, has been on a downward trend since mid 2022.
- During the latest reporting month (October – November 2023), the 12-month rolling turnover rate has risen at BOB ICB (0.3%) and at RBFT (0.1%), remained static for the BOB ICS system, OUH and OHFT and fallen at BHFT (-0.1%), and BHT (-0.4%). .
- Turnover at RBFT, appears to have fallen steeply over the past 12 months. However closer examination of the data suggests that this trend may not be due to a substantial reduction of the number of staff leaving per month, but rather a steady increase in the WTE of the overall workforce during the period.

### Actions

- **Supportive interventions:** A workstream has been set up to identify initiatives to retain staff, specifically focusing on staff health and well-being and financial health (the cost of living). This workstream will start to develop initiatives for Q4 2023/24.
- Localised interventions are continuing at pace; A retention team has been put in place in OHFT since May 2023 and support has been provided which is specific to areas with high turnover.

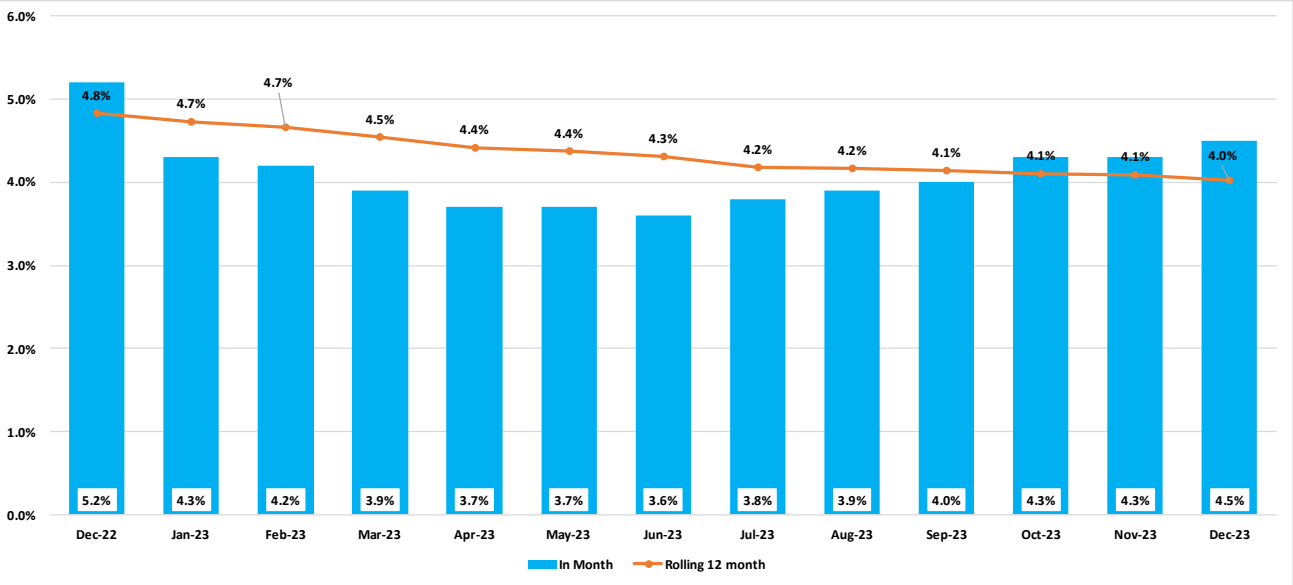
### Risks:

- Turnover remains a risk on the BAF and Trust Risk Registers.
- These risks are being mitigated by provider initiatives to promote health and well-being and to target retention activities for the areas most impacted by high turnover. These initiatives are supported by the System-wide workstreams focusing on retention, and the Winter plan initiatives.

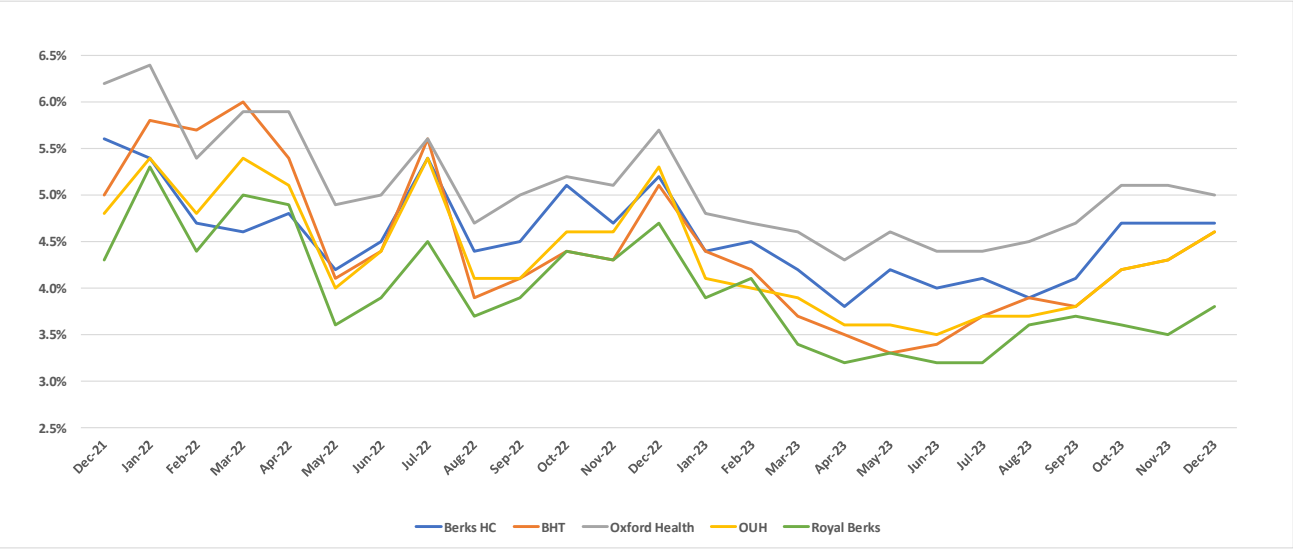
# Workforce - Absence

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

## Absence Rate by System




## In-Month Absence Rate by Provider Trust




### This metric measures

- 12 month rolling and in month absence rate by system, December 2022-2023 – all staff groups
- In-month absence by organisation December 2021-2023 all staff groups

In-month absence rate is the % absence rate for each month
12 month rolling absence rate – each monthly data point is the average % absence rate for the previous 12 months e.g. December 23 is the average of absence rates for January-December 2023
*Source SDSP "South East Absence DEC 2023" dashboard as of December 2023.*

### How we are performing

- The rolling 12-month absence rate for the system is on a downward trend and is 0.8% lower in December 2023, then in December 2022.
- The in-month absence rate for all individual provider trusts, from December 2021 to 2023. has been on an overall downward trend. This should be treated with caution, as the trendlines begin at the end of the pandemic. Trends are seasonal, with peaks during the winter months. There was also a spike in absence rates during July 2022, with several possible contributory factors, for example the increase in positive COVID-19 tests in the Southeast and nationally during July and August, and the first Level 4 Heat-Health Alert (HHA), as well as long period of Level 3 HHAs during the summer.

### Actions

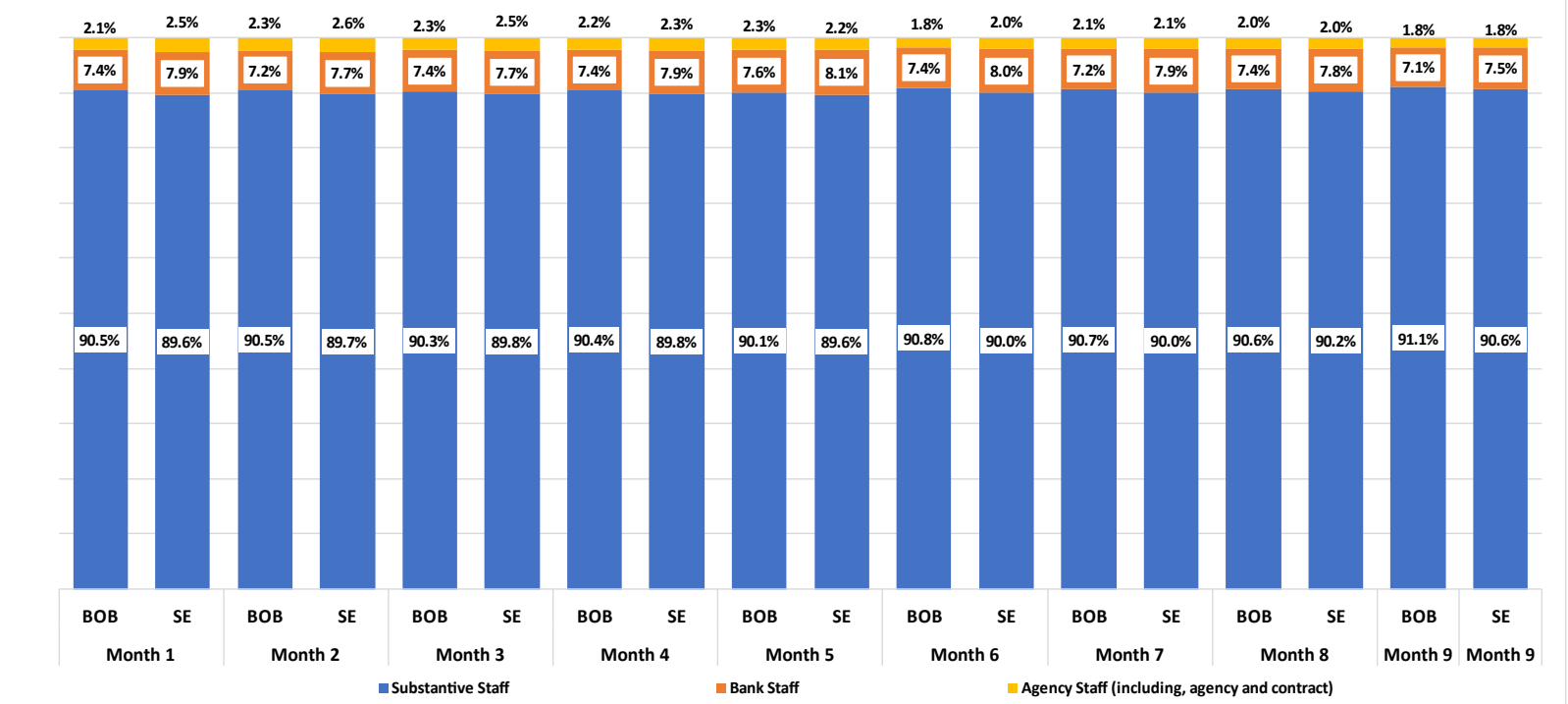
- **Further investigation and discussion:** The trend for the current year will continue to be monitored, given that this measure is subject to significant fluctuations month by month and as we move tthrough the winter period where organisations generally experience greater levels of absence.
- **Supportive interventions:** The workstream focusing on staff health and well-being and financial health will also specifically focus on addressing sickness absence.
- All organisations have had their winter plans reviewed at a regional level and providers are revisiting their winter plans, and the workforce elements of these plans, in response to the feedback received from the region.

### Risks:

- Absence rates remains a risk on the BAF and Trust Risk Registers for organisations within the System.
- These risks are being mitigated by provider initiatives to promote health and well-being and to target these initiatives to better understand and alleviate the impact of stress for the workforce.

# Workforce Composition

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board




**Temporary and Substantive Staff Usage (% Total FTE) by System compared to SE, Month 1 – 9**

**This metric measures**

- Temporary v Substantive staff usage by system by % of total FTE staffing. This compares workforce composition of BOB ICS Footprint (sum of NHS Provider Organisations within BOB) to the workforce composition of the SE (sum of all NHS Provider Organisations within SE).
- Month 9 Temporary v Substantive staff usage by individual BOB NHS Provider Organisation, compared to Month 8.

*Source M09 South East Region - Pay and WTE report*
Provider Workforce Returns (PWRs)

**Temporary and Substantive Staff Usage (FTE) by Trust – Month 9**

| | | Month 8 | Month 9 |
|---|---|---|---|
| Berks HC | Substantive Staff | 88.7% | 88.6% |
| | Bank Staff | 9.8% | 10.0% |
| | Agency Staff (including, agency and contract) | 1.5% | 1.4% |
| BHT | Substantive Staff | 90.8% | 91.8% |
| | Bank Staff | 7.5% | 6.7% |
| | Agency Staff (including, agency and contract) | 1.7% | 1.4% |
| Oxford Health | Substantive Staff | 86.8% | 87.1% |
| | Bank Staff | 8.0% | 7.7% |
| | Agency Staff (including, agency and contract) | 5.3% | 5.2% |
| OUH | Substantive Staff | 91.9% | 92.2% |
| | Bank Staff | 6.8% | 6.8% |
| | Agency Staff (including, agency and contract) | 1.3% | 1.0% |
| Royal Berks | Substantive Staff | 93.0% | 93.9% |
| | Bank Staff | 5.8% | 5.1% |
| | Agency Staff (including, agency and contract) | 1.2% | 1.0% |

**How we are performing**

- Overall staffing composition for the SE compared to BOB is broadly similar, although BOB has a slightly higher % of substantive staff, and slightly lower reliance on temporary staffing over the fiscal year. In M9 BOB has a slightly higher proportion of substantive staff, a slightly lower proportion of bank staff, and similar agency staff usage.
- For BOB, in M9 temporary staff usage has fallen by 0.5%, 0.3% for bank, and 0.2% for agency usage.
- Looking at the individual Trusts in M9 compared to M8, agency usage has fallen slightly for all BOB trusts. Bank usage has risen slightly for BHFT, and fallen slightly for BHT (-0.8%), OH (-0.3%), OUH (-0.1%) and RBFT (-0.7%).

**Actions**

- **Supportive interventions:** A workstream is being set up to identify initiatives to build on the existing temporary staffing collaborative. Initiatives are being evaluated to identify where these can have further effect across the System.
- Local plans remain in place to continue to monitor and respond to this situation.

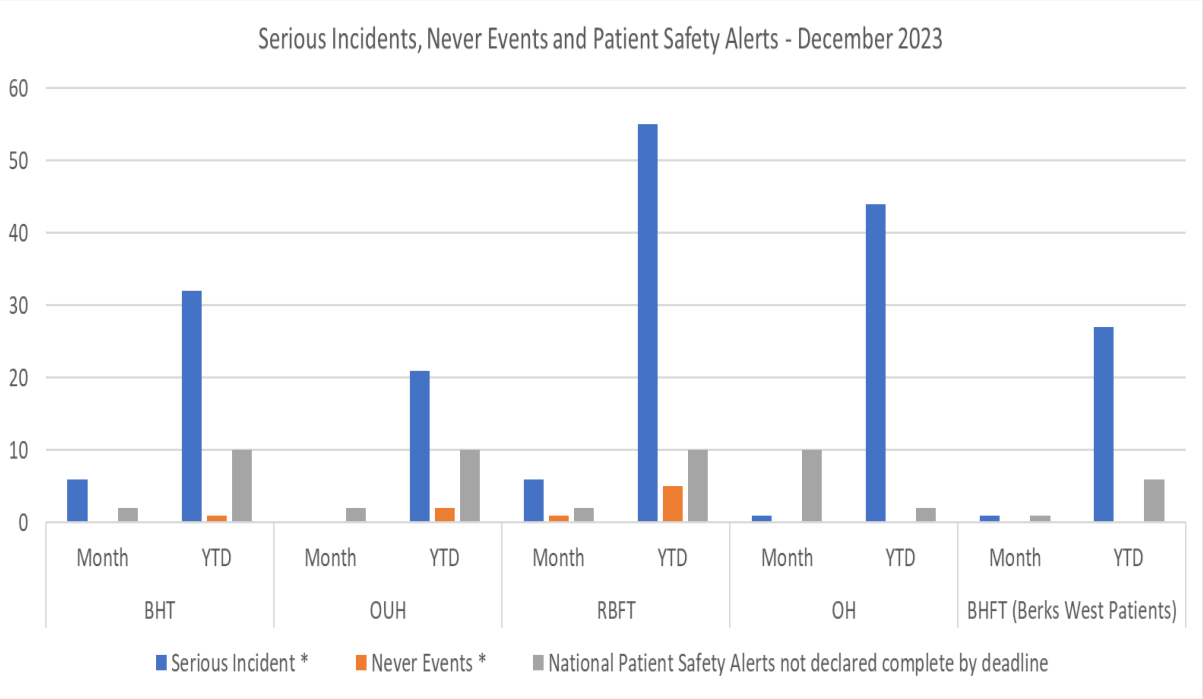
**Risks:**

- Use of bank and agency staffing remains a risk on the BAF and Trust Risk Registers.
- Local mitigations to reduce impact of high vacancy rates and high agency use include induction for agency staff to enable familiarisation with ways of working, clear handovers and where feasible, management of beds enabling number of beds open being flexed according to staff availability.

# 9. Quality Oversight Measures

# Patient Safety

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board




**Quality**

| Indicator | Period | BHT | | OUH | | RBFT | | OH | | BHFT (Berks West Patients) | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Month | YTD | Month | YTD | Month | YTD | Month | YTD | Month | YTD |
| Serious Incident * | Dec 23 | 6 | 32 | 0 | 21 | 6 | 55 | 1 | 44 | 1 | 27 |
| Never Events * | Dec 23 | 0 | 1 | 0 | 2 | 1 | 5 | 0 | 0 | 0 | 0 |
| National Patient Safety Alerts not declared complete by deadline | Dec 23 | 2 | 10 | 2 | 10 | 2 | 10 | 10 | 2 | 1 | 6 |

**Transition from Serious Incident Framework (SIF) to Patient Safety Incident Response Framework (PSIRF):**

- In December 2023 OHFT began operating under PSIRF; BHFT commence under PSIRF from January 2024. OUH transitioned away from the SIF to PSIRF in October 2023. RBFT, BHT and SCAS are all operating under the SIF during December 2023.
- Once a provider has transitioned, they will no longer be declaring Serious Incidents; each Patient Safety Incident will be assessed for the potential for learning and improvement, in line with each provider's Patient Safety Incident Response Plan (PSIRP).

**This metric measures:**

Our objective is to reduce avoidable harm across all our services. The definition of a Serious Incident allows for subjectivity. Low reporting does not necessarily mean no harm and may be indicative of the reporting culture instead. As providers transition to the Patient Safety Incident Response Framework, Serious Incident reporting will become obsolete.

**How are we performing:**

In line with the requirements of the National Patient Safety Alert (NPSA) regarding the prescription of Valproate, a plan coordinated with local providers has been developed; the ICB has also met with colleagues from the charity Sudden Unexpected Death in Epilepsy (SUDEP) Action, to hear directly from those affected by the changes to ensure this is managed safely.

Providers shared Patient Safety Incidents relating to the application of Police welfare checks following the Right Care Right Place programme; examples of this have been shared with the working group involving Health & Police.

ICB has reviewed a handful of Patient Safety Incidents looking at how patient care can be made safer when multiple organisations are involved in patient care under Urgent Care pathways.

Buckinghamshire Healthcare demonstrated some recent learning from Patient Safety Incidents with trust-wide improvement work relating to the tracking of patient care pathways to ensure patients progress with the care they need.

**Actions:**

- Providers working towards implementation of Patient Safety Incident Response Framework
- Integrated Care System working towards implementation of the NPSA regarding Valproate

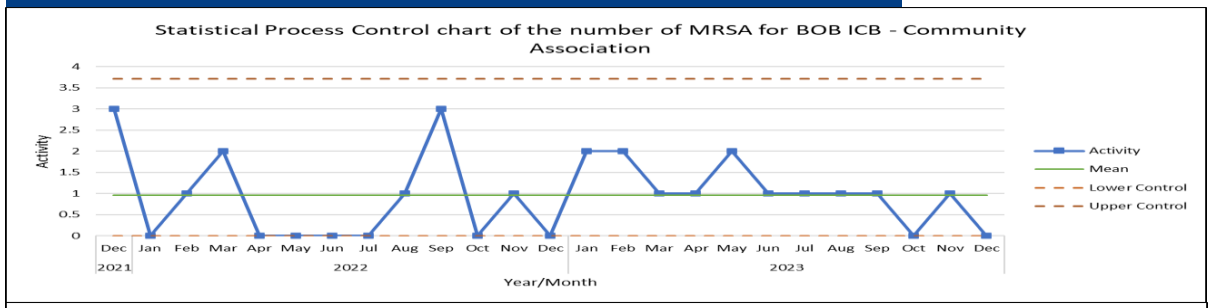
**Risks:**

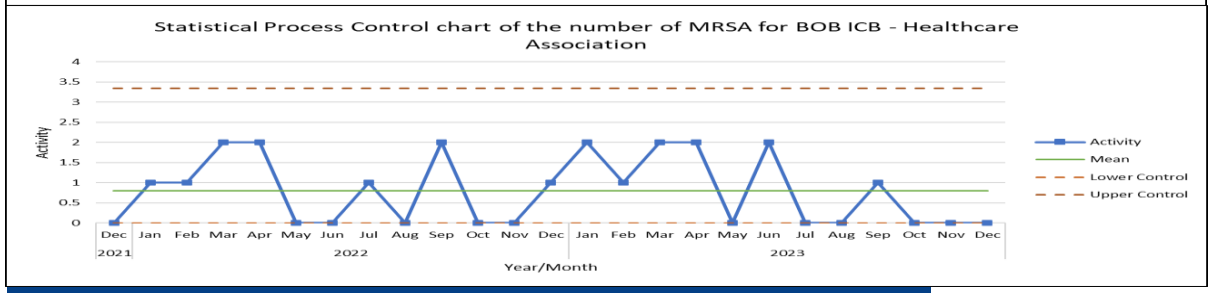
- Risk that in the transition to PSIRF that key quality and safety assurance may be missed; this is being reviewed and mitigated by a supportive oversight approach to encourage sharing of patient safety incidents and challenges.
- Demand and capacity pressures continue to have a significant effect on patient care, including patients being lost to follow up, or experiencing delays in timely care.
- Impact of industrial action on patient harm is difficult to quantify, due to the nature of it being difficult to link specific delays with illness progression. Roles are not always clear for staff during industrial action, which can lead to less coordinated care and patient harm.
- The regulatory changes to Valproate highlight potential risks to patient safety; in both being prescribed Valproate, but also in having sub-optimised epilepsy prevention.

# Statistical Process Control (SPC) Charts Staphylococcus

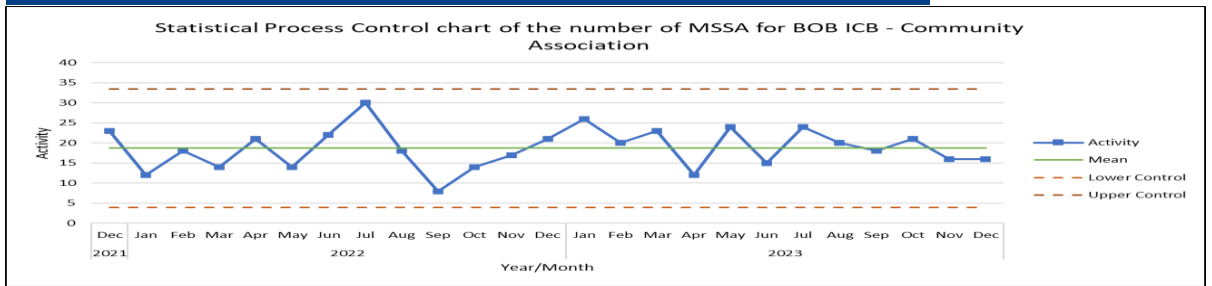
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

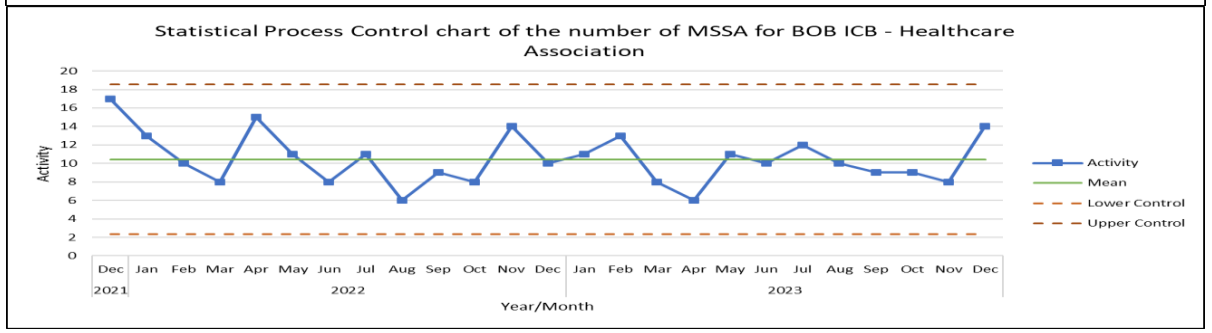
## Meticillin Resistant Staphylococcus Aureus (MRSA)




## Meticillin Sensitive Staphylococcus Aureus (MSSA)




**Infection Prevention and Control Overview and key risks:**

- There are increasing concerns regarding the resurgence of measles, due to sub-optimal uptake of Measles Mumps and Rubella (MMR) vaccine in London. This risk has been highlighted to GP practices, with an increase in communication to stakeholders across the system
- Emergence of a new strain of Clostridioides difficile ribotype (955), key message for prescribers to align with Antibiotic stewardship and South-Central Antimicrobial Network (SCAN) guidance.
- An increase Respiratory syncytial virus (RSV) cases across BOB which increased winter pressures on the acute trusts
- In December 10 care homes across BOB were supported with outbreak management (including influenza, COVID-19, norovirus, scabies)

**Staphylococcus**
**How are we performing:**
**MRSA**: There were 0 cases of MRSA bacteraemia reported in December.
**MSSA**: A total of 30 cases of MSSA bacteraemia were reported in BOB in December; 16 community associated and 14 healthcare associated, of those cases by place:

- 8 cases in Buckinghamshire; 5 community associated and 3 healthcare associated. Buckinghamshire is seeing a decreasing trend in total cases over a 12-month period.
- 13 cases in Oxfordshire; 6 community associated and 7 healthcare associated. Oxfordshire is seeing an increasing trend in total cases over a 12-month period.
- 9 cases in Berkshire West; 5 community associated and 4 healthcare associated. Berkshire West are seeing a decreasing trend in total cases over a 12-month period.

Main source reported across BOB were skin and soft tissue in line with national findings.
43% cases had no source reported.

**Actions:**

- Webinars were held in February for care homes on MRSA decolonisation protocols and consequences of non-compliance
- SCAN guidance is under review to clarify decolonisation protocols for primary care
- Plan to hold MRSA webinar for primary care IPC leads once SCAN guidance is updated

**Risks:**

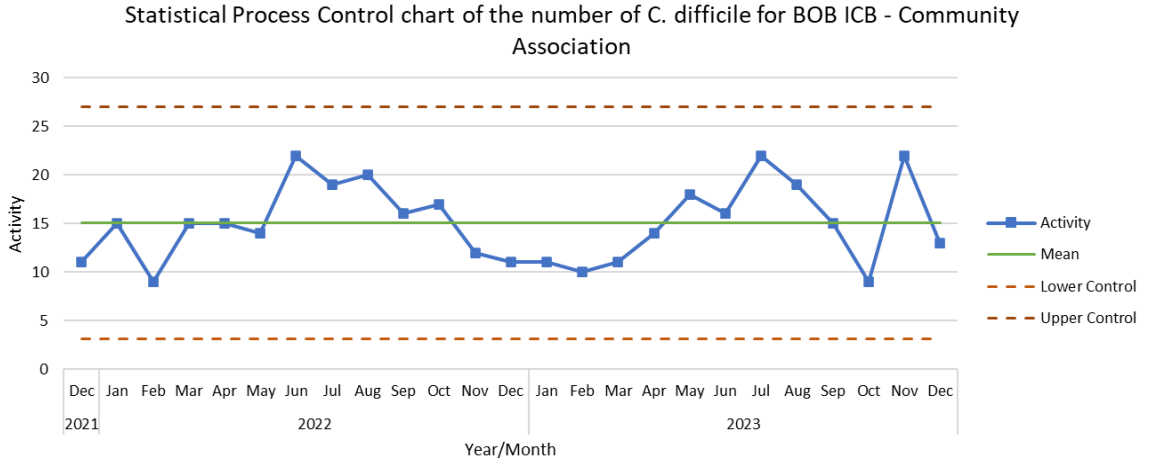
- Although there have been 0 cases of MRSA in December, BOB has a total of 13 cases to date against a zero National target
- 4 reported sources of MSSA across BOB were line or intravascular device related
- Current SCAN guidance available to Primary Care is unclear regarding decolonisation treatment, especially in children

# Statistical Process Control (SPC) Charts C. difficile (CDI)

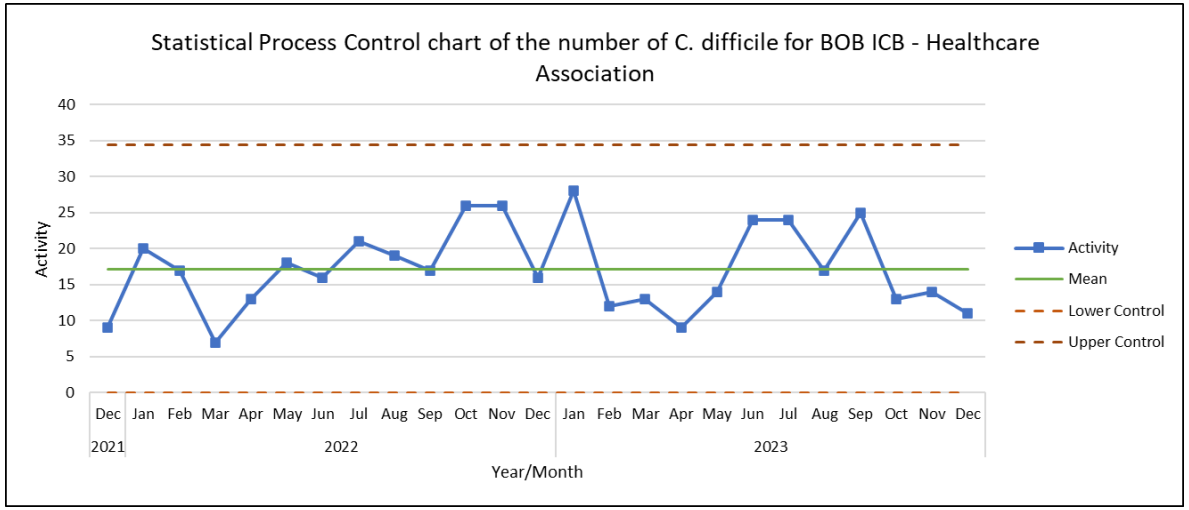
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

CDI

## Community




## Healthcare




**This metric measures:**
These charts provide data over a 12-month period on Community Associated and Healthcare Associated cases of Clostridioides difficile (CDI) infections in BOB.

**How are we performing:**
There were a total of 24 cases of CDI in BOB in December; 13 community associated and 11 healthcare associated, of those cases by place:

- 11 cases in Buckinghamshire; 6 community associated, and 5 healthcare associated. Buckinghamshire is seeing an increasing trend in total cases over a 12-month period.
- 7 cases in Oxfordshire; 4 community associated, and 3 healthcare associated. Oxfordshire is seeing a decreasing trend in total cases over a 12-month period.
- 6 cases in Berkshire West; 3 community associated, and 3 healthcare associated. Berkshire West are seeing a static trend in total cases over a 12-month period.

**Actions:**

- Review of CDI information gathering tool in primary care to improve data collection, for identification of themes and history of any healthcare interactions leading up to the CDI result. Data gathering will utilise MS Forms to gather maximum data with minimal input from GPs This will allow for more accurate analysis to enable the IPC team to provide targeted education within BOB.
- A care home educational webinar covering CDI and Norovirus: infections and outbreak management was delivered by the BOB IPC team in December.
- One-Health Antimicrobial Stewardship Group for BOB ICS will commence in March 2024,with the aspiration to be an exemplar system in Antimicrobial Stewardship (AMS), the overarching goal of containing, controlling, and mitigating the development and spread of antimicrobial resistance (AMR). The aim of this group is to establish a system-wide partnership for the BOB ICS to identify priorities, share examples of best practice, and provide collaborative suggestions to drive improvement for all aspects of AMS using a One-Health approach.

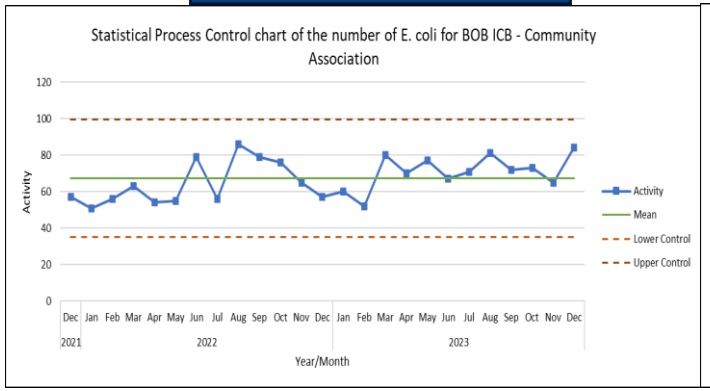
**Risks:**

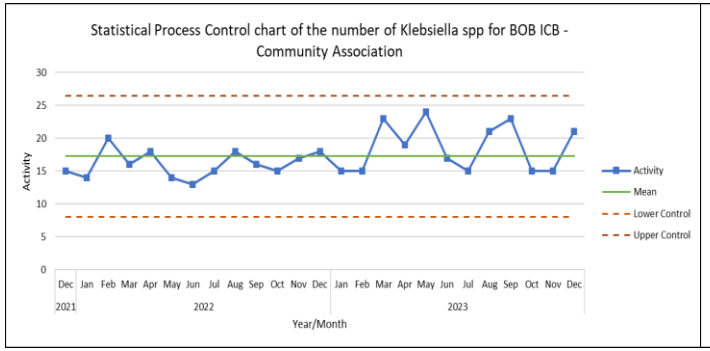
- BOB currently sits above the NHS England set trajectory in all areas to meet the target thresholds, currently at a total of 305 cases in December above the set trajectory of 288 cases to fall within target.
- Buckinghamshire is seeing an increasing trend over a 12-month period.
- UKHSA is investigating a newly evolving ribotype (955) which has emerged in England over the last 2 years (total 48 cases). This new ribotype is concerning, as it has caused 2 large hospital clusters, appears to transmit readily and may present with severe disease or as a recurrence and has caused significant mortality.

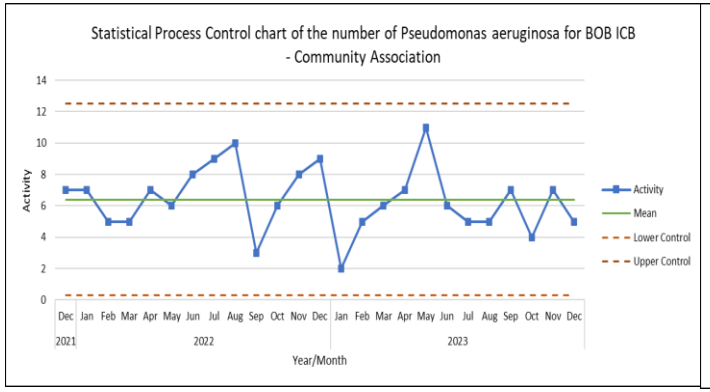
# Statistical Process Control (SPC) Charts
# Gram Negative Bloodstream infections (GNBSI)

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

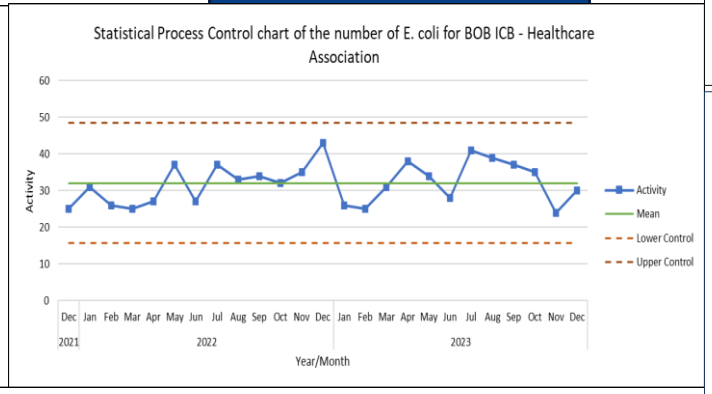
## Community

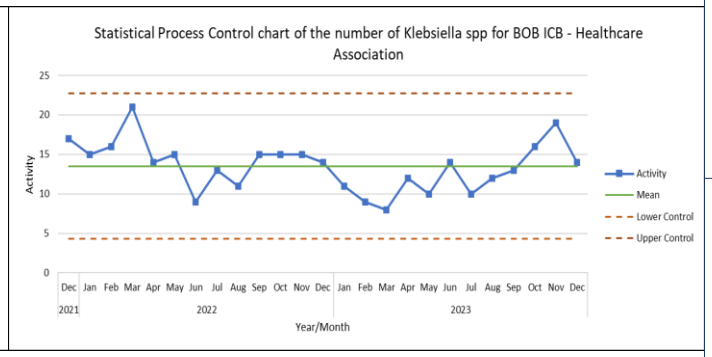


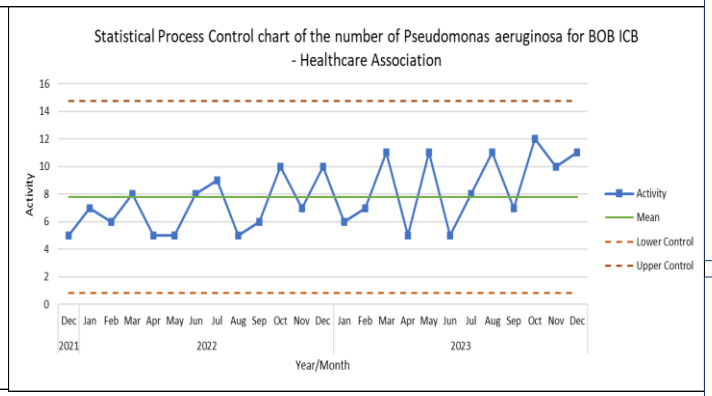




## Healthcare




**This metric measures:** National ambition to reduce healthcare associated Gram-negative bloodstream infections (BSIs) by 50% by 2023/24.These charts provide data over a 12-month period on Community Associated and Healthcare Associated cases of GNBSIs.

**How are we performing:** BOB currently sits above trajectory to meet thresholds set by NHSE for *Klebsiella* spp. and *Escherichia Coli* Bloodstream Infections and exceeded the 2023/24 threshold for *Pseudomonas aeruginosa.*

**E Coli:** All areas in BOB ICB are seeing an increasing trend in E.coli BSIs, over a 12-month period. In December Buckinghamshire saw a total of 32 cases, Oxfordshire a total of 53 cases and Berkshire West 38 cases. All areas saw an increase in cases compared to the previous month.

**Klebsiella spp:** There is a decreasing trend in cases in Buckinghamshire over a 12-month period although a large spike of cases in December;15 total cases. Oxfordshire and Berkshire West have seen a slight increasing trend in cases over a 12-month period and both areas saw a total of 10 cases in December.

**Pseudomonas aeruginosa:** Buckinghamshire has shown a static trend in cases over a 12-month period, with 4 cases in December. Oxfordshire had 9 cases and is seeing an increasing trend, whereas Berkshire West is seeing a decreasing trend with 3 cases in December.

**Actions:**

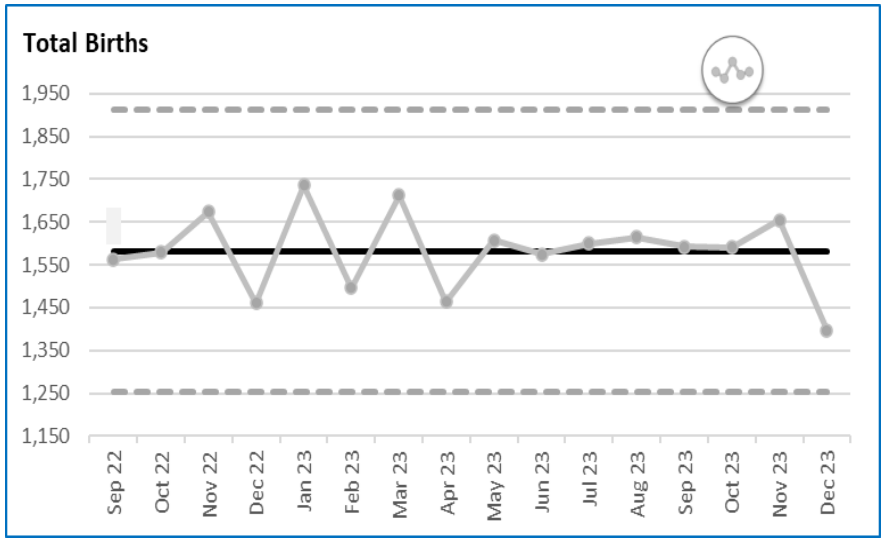
- A GNBSI reduction plan focuses on urinary catheter management and improving hydration.
- Planning in place to implement a BOB wide catheter passport, which will aim to improve catheter care, decrease length of stay of catheters and reduce catheter associated urinary tract infections and associated GNBSIs with continued monitoring for themes.
- BOB IPC team aim to implement a hydration project to apply quality improvement methodology to improve understanding/awareness of hydration benefits and dehydration risks for people aged 65+ in their own homes. A pilot study will be undertaken in Reading, Berkshire West, a proposal is under review by the R&D team.
- Aseptic non-touch technique (ANTT) train the trainer session in Jan that will allow Primary Care staff to become competent to train colleagues in a standardised Aseptic Technique that will improve patient safety and reduce the risk of Healthcare Associated Infections.

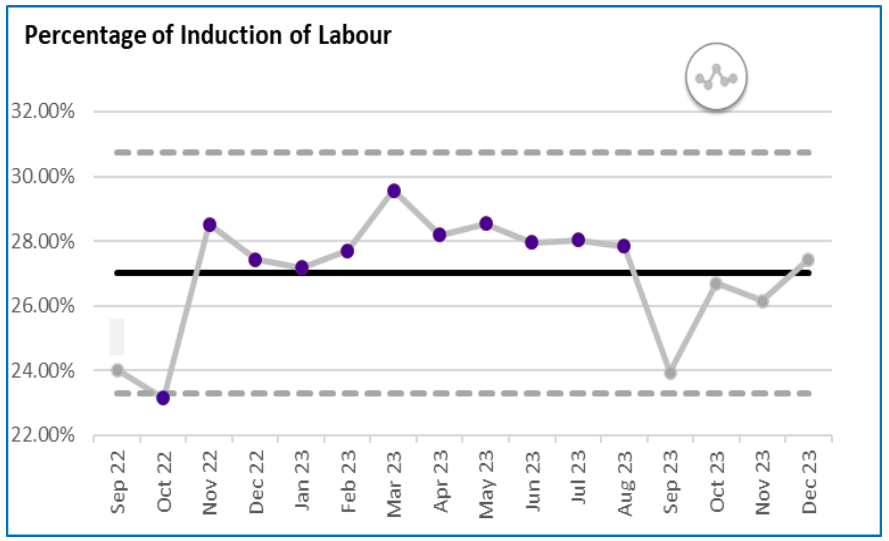
**Risks:**

- BOB ICB is unlikely to meet thresholds set by NHSE for E Coli or Klebsiella spp GNBSIs and has not met the set threshold target for Pseudomonas aeruginosa.
- A high proportion of GNBSIs had no reported source, making it difficult to analyse themes to target appropriate education and interventions.

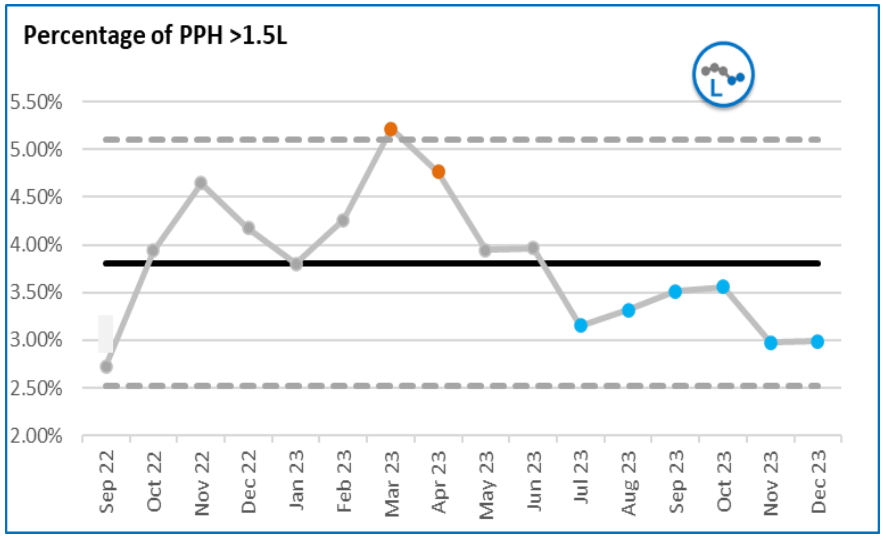
# Maternity and Neonatal - December Update

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

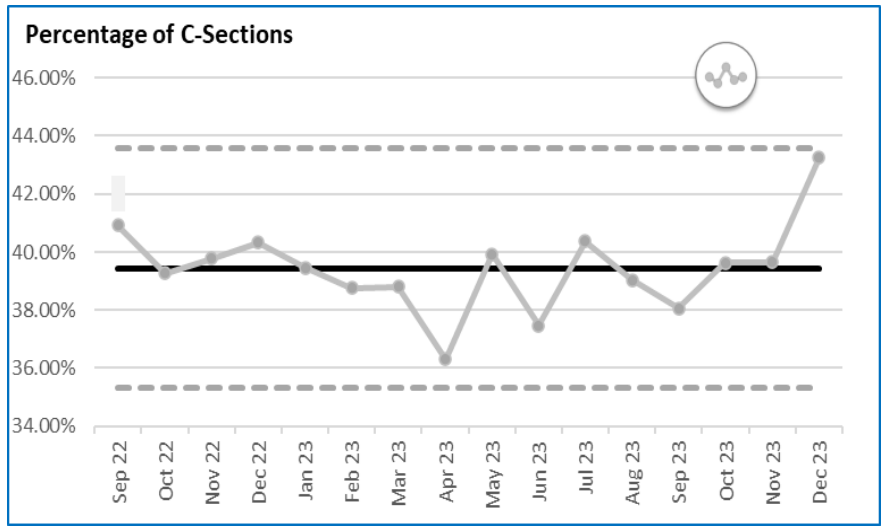



***All trusts are not yet reporting percentage of induction of labour the same – RBH exclude elective c-sections from this number.***




***PPH – Post-partum Haemorrhage of more than 1.5L***



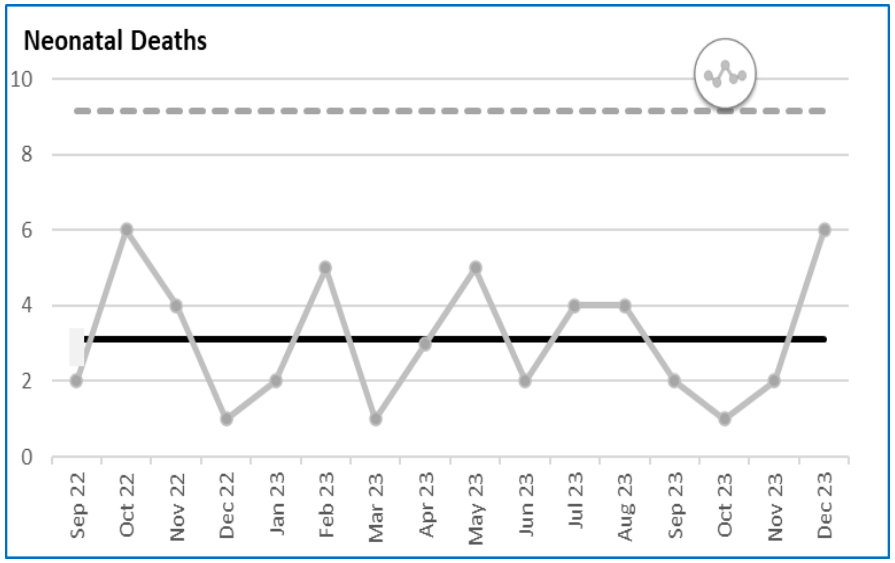

All three trusts continue to report and record data differently across BOB. A set of metrics has been agreed in the LMNS and will be presented to the trusts next month.

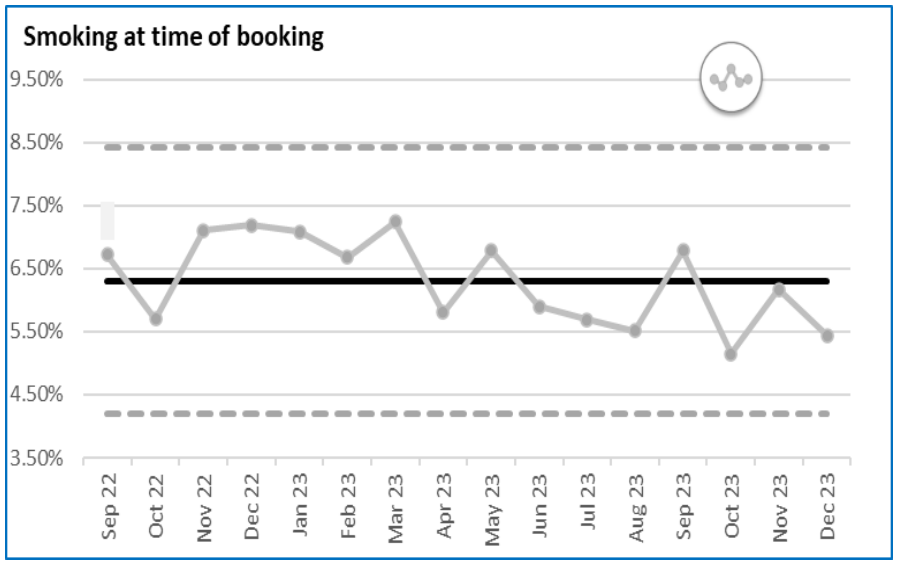
**The percentage of post-partum haemorrhage more than 1.5L**
This is improving special cause variation across BOB. Recent learning from several cases at OUH showed the importance of calculating shock index and calculation of Modified Early Obstetric Warning Score (MEOW'S) chart with appropriate escalation to improve this.

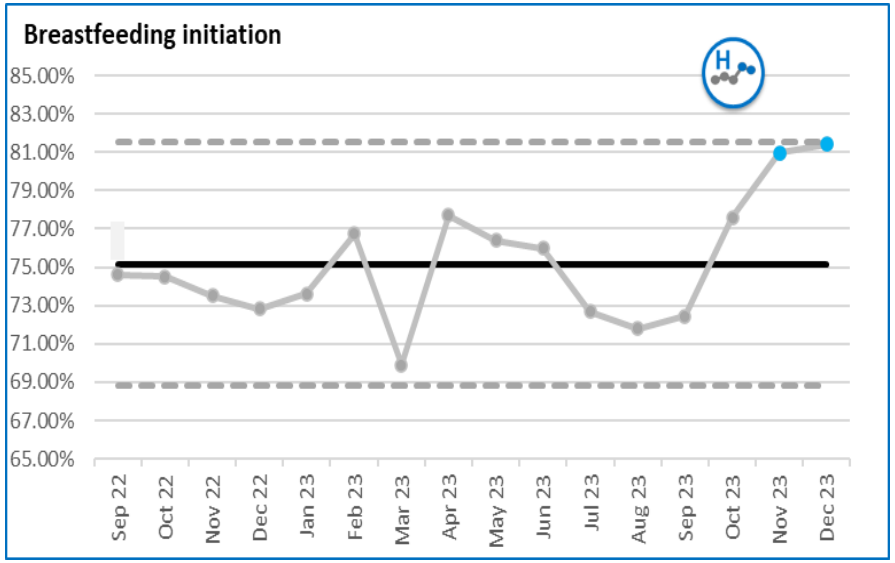
**Percentage of induction of labour and total c-sections**
These two indicators have common cause variation. An upward trend in these indicators is neither an improvement or concern. Both these indicators do however give an indication of workload across the system.

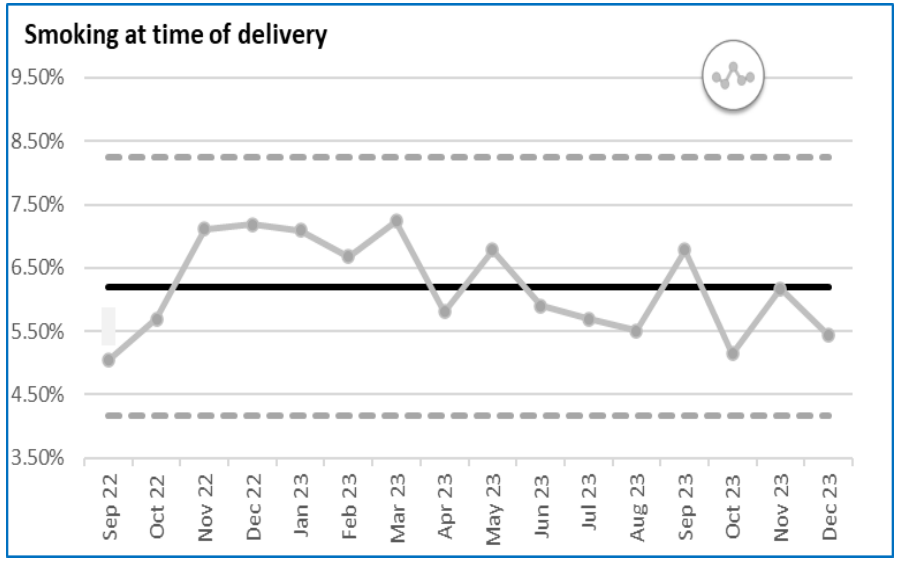
# Maternity and Neonatal - December Update

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board




**Neonatal deaths**
This indicator shows common cause variation, with most neonatal deaths occurring in OUH. This is affected by OUH being a tertiary level 3 neonatal unit. RBFT's last death was in August and BHT's last death was in May.

**Breastfeeding Initiation**
Breastfeeding initiation rates are showing special cause improving variation. Work has been done in all three trusts with the infant feeding team to try and improve this measure.

**Smoking at booking and delivery**
Both these indicators show common cause variation and usually the number of women or birthing people smoking at delivery compared to booking is reduced. This is an area for improvement across BOB to achieve national targets.

***All trusts are not yet reporting breastfeeding initiation the same – this will be rectified on April 24'.***

# Internal performance CHC

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

| Indicator | Target | National position 2022/23 Q4 | Locality | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| % CHC referrals completed in 28 days | 80% | 75% | Buckinghamshire | 62% | 63% | 61% | 48% | 81% | 65% | 59% | 38% | 57% | 71% | 83% | 69% | 55% | 40% | 42% | 45% |
| | | | Oxfordshire | 30% | 16% | 10% | 11% | 38% | 24% | 14% | 15% | 16% | 29% | 8% | 26% | 42% | 61% | 46% | 44% |
| | | | Berkshire West | 79% | 80% | 85% | 55% | 98% | 88% | 86% | 92% | 95% | 94% | 91% | 94% | 97% | 97% | 90% | 100% |
| % DSTs completed in acute hospitals | Fewer than 15% | 3% | Buckinghamshire | | | 0% | 0% | 4% | 0% | 0% | 0% | 3% | 0% | 7% | 4% | 4% | 0% | 0% | 10% |
| | | | Oxfordshire | 0% | 0% | 0% | 0% | 0% | 2% | 0% | 3% | 6% | 9% | 3% | 3% | 0% | 8% | 7% | 4% |
| | | | Berkshire West | | | 4% | 0% | 1% | 1% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 3% | 8% | 0% |
| Standard CHC assessment conversion rate | n/a | 21% | Buckinghamshire | 17% | 15% | 13% | 24% | 41% | 24% | 10% | 15% | 17% | 6% | 19% | 17% | 9% | 4% | 10% | 11% |
| | | | Oxfordshire | | | 57% | 43% | 38% | 32% | 32% | 50% | 51% | 29% | 37% | 65% | 21% | 31% | 32% | 24% |
| | | | Berkshire West | 11% | 16% | 7% | 14% | 6% | 12% | 11% | 2% | 6% | 4% | 9% | 13% | 3% | 12% | 16% | 10% |

**Buckinghamshire:**
28 days – Slight increase but KPI remains below the national position and below the target. This is related to limited LA availability for DST assessments. On-going discussions are taking place.
% DSTs in acute – Increase in KPI percentage above the national position but within target.
Standard CHC conversion rate – Slight increase from last month and KPI remains below the national position. KPI remains to be monitored. No trends have been identified.

**Oxfordshire:**
28 days - Slight decrease to KPI remains below the national average.
% DST in acute – Slight decrease and remains above the national position but within the target of fewer than 15%.
Standard CHC conversion rate – Slight decrease to KPI and remains above the national position. Work continues to ensure the conversion rate moves towards the national average with BOB wide training taking place to ensure Oxford maintain the same threshold as the other CHC departments. All checklists and assessments are subject to a two-level ratification process.

**Berkshire West:**
28 days – Increase to KPI and showing that all cases were completed within 28 days. KPI remains above national position and the target.
% DST in acute – Decrease to no assessments being completed in the acute. KPI is now below the national position but above the target.
Standard CHC conversion Rate – Slight decrease to KPI and remains below the national position. The reason for low conversion rate continues to be explored through an external audit conducted by NHSE SE Region. External scrutiny of DST process indicates that decision making is not unduly strict.

# Residential and Nursing Home CQC ratings

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

| BOB | CQC Rating | | | | | |
|---|---|---|---|---|---|---|
| Place | Good | Inadequate | Outstanding | Requires Improvement | Unknown Rating | Grand Total |
| Berkshire West | 97 | 1 | 8 | 16 | | 122 |
| Buckinghamshire | 78 | 2 | 6 | 35 | 2 | 123 |
| Oxfordshire | 104 | 1 | 12 | 11 | | 128 |
| Out of Area* | | | | 2 | | 2 |
| Grand Total | 279 | 4 | 26 | 64 | 2 | 375 |
| | | | | | | |
| *Unknown is due to not yet inspected by CQC | | | | | | |

**Narrative:**

CQC are currently inspecting settings which present immediate safety risks, therefore several settings have long-standing ratings which are not a true reflection of current quality standard. The new inspection framework commenced 4 December 2023.

- Alma Barn (Oxfordshire) – Regular Serious Concerns meetings with Oxfordshire County Council regarding traction on Action Plan. (10 residents supported by ICB funding)
- Austen House (West Berkshire) – Regular Serious Concerns meetings regarding traction on Action Plan ( 6 CHC residents).
- Windsar Care*(Frimley ICB) – Continuing serious concerns and lack of engagement by Provider. Decant commenced of 23 LA, S.117 and joint funded residents back to Bucks.

# Primary Care - Patient Experience

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

## National GP Patient Survey

- Following the publication of the July 2023 National GP Survey results below, work continues to:
- Identify GP practices where the review of performance may be appropriate – outside of the 'Practice / PCN capacity & access improvement plans' which aim to improve access and address inappropriate variation, 3 further practice reviews have been conducted of the 10 lowest performing practices with 1 further review taking place.
- Development of the ICB's approach to the national 'recovering and access to primary care programme management plan' and 'practice / PCN capacity & access improvement plans' to have a positive impact on improving access and patient experience position and address inappropriate variation.
- Work with practices to improve the use of technology associated with cloud-based telephony such as the callback facility and encourage other ways of contacting general practice through online consultations and use of the NHS app to book appointments, order prescriptions, and view results.
- The 2024 GP patient survey will be the start of a new series. Changes have been made to the questions to give a stronger focus to the patient experience of modern general practice access.

| Question | ICB ave. | National ave. |
|---|---|---|
| Overall experience of GP practice | 73% | 71% |
| Ease of getting through to GP practice on the phone | 53% | 50% |
| Helpfulness of receptionist at GP practice | 83% | 82% |
| Overall Experience of making an appointment | 55% | 54% |
| Given enough time by healthcare professional at last appointment | 85% | 84% |
| Listened to by Healthcare professional at last appointment | 87% | 85% |
| Treated with care and concern by healthcare professional at last appointment | 85% | 84% |
| Mental Health needs recognised or understood by healthcare professional at last appointment | 83% | 81% |
| Involved in decision about care and treatment at last appointment | 92% | 90% |
| Confidence and trust in healthcare professional at last appointment | 94% | 93% |

# Primary Care - Quality

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

## GP Practice CQC ratings

| | Inadequate | RI | Good | Outstanding |
|---|---|---|---|---|
| BW | 0 | 1 | 40 | 1 |
| Bucks | 0 | 0 | 45 | 2 |
| Oxon | 0 | 1 | 60 | 4 |
| BOB | 0 | 2 | 145 | 7 |

- **Berkshire West practices rated Requires Improvement**: One practice rated RI was previously rated inadequate (London Street Surgery). Primary Care and Medicines Optimisation Teams have been engaging with the Practice and will continue to do so to address remaining CQC actions; last meeting with practice held on 13 December 2023 and next meeting scheduled for 20 March 2024.
- **Newbury Street Practice rated Requires Improvement**: CQC reinspected week commencing 12 June 2023 with an improvement to the rating from inadequate to requires improvement. Support to the practice is being provided by the primary care team. A further visit from CQC team is expected imminently.
- **CQC**: Ability to Access GP services is a high priority for the CQC. Consideration is being given to using the results of the GP Patient Survey as criteria to Inspect previously rated 'Good' Practices with a view to making changes to the Practice rating.

# Glossary

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

## Terms

| | |
|---|---|
| AHC | Annual Health Check |
| CAS | Clinical Assessment Service |
| CHC | Continuing Healthcare |
| CPCS | Community Pharmacy Consultation Service |
| C(E)TR | Care Education and Treatment Review |
| CTR | Criteria to Reside |
| CYP | Children and Young People |
| DSR | Dynamic Support Register |
| DSTs | Decision Support Tool |
| DTA | Decision to Admit |
| ED | Emergency Department |
| ICB | Integrated Care Board |
| LeDeR | Learning from lives and deaths – people with learning disabilities and autistic people |
| LGI | Lower Gastrointestinal |
| LTP | Long Term Plan |
| MMR | Measles, Mumps, and Rubella |
| NEL | Non-Elective |
| OAP | Out of Area Patient |
| PTL | Patient Tracking List |
| QOF | Quality Outcomes Framework |
| TAT | Turnaround Time |
| UCC | Urgent Care Centre |
| UCR | Urgent Community Response |
| UEC | Urgent and Emergency care |
| UTC | Urgent Treatment Centre |
| VW | Virtual Ward |

## Organisations

| | |
|---|---|
| BOB | Buckinghamshire, Oxfordshire & Berkshire West |
| BHFT | Berkshire Healthcare NHS Foundation Trust |
| BHT | Buckinghamshire Healthcare NHS Trust |
| LMNS | Local Maternity & Neonatal System |
| NHSE | National Health Service England |
| OUHFT | Oxford University Hospitals NHS Foundation Trust |
| OH | Oxford Health NHS Foundation Trust |
| RBFT | Royal Berkshire NHS Foundation Trust |

# Statistical Process Control (SPC) Icons

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

- Within this report SPC charts have been introduced for a small number of indicators
- Below is a description of what each of the SPC icons indicates. For the assurance icons the pass & fail symbols will only be relevant if there is a target related to the SPC where there is no target the 'not possible to comment symbol will be used. The performance icons should always be relevant. The indicators for performance charts are related to the data points within the chart and additional commentary should be considered.
- Over the coming months more SPC charts will be developed

## Assurance

| | | | |
|---|---|---|---|
|  |  |  |  |
| Metric likelyto pass target | Hit or miss | Metric likely to fail target | Not possible to comment |

## Performance

| | | |
|---|---|---|
|  |  |  |
| Metric increasing - indicates improvement | Common cause variation | Metric decreasing - indicates concern |
| | | |
|  |  |  |
| Metric decreasing - indicates improvement | Common cause variation | Metric increasing - indicates concern |

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# BOARD MEETING

| | | | |
|---|---|---|---|
| **Title** | Finance Report Month 10 (January) 2023/24 | | |
| **Paper Date:** | 26 February 2024 | **Meeting Date:** | 19 March 2024 |
| **Purpose:** | Assurance | **Agenda Item:** | 14 |
| **Author:** | Jenny Simpson, Finance – Head of Reporting | **Exec Lead/ Senior Responsible Officer:** | Matthew Metcalfe, Chief Finance Officer |

## Executive Summary

This paper sets out the financial position of the Integrated Care Board (ICB) and the wider Integrated Care System (ICS) at the end of January (M10) 2023/24.

The ICB has overspent by £18.5m year to date (YTD). This is due to pressure in prescribing, continuing healthcare, mental health placements and independent sector activity for ophthalmology.

The ICS has reported a YTD deficit of £57.9m (M9 £49.0m).

The M10 forecast for the ICS of £73.2m year-end deficit reflects:

- The system reforecast exercise undertaken in November/December i.e. £44.3m deficit.
- Industrial action (IA) costs incurred in December and January of £10.3m.
- Worsening of the forecasts for Oxford University Hospitals and the ICB by £4.6m and £14.0m respectively.

Royal Berkshire Foundation Trust is expected to revise its forecast in M11 which will further worsen the position, as will the IA taking place in February.

## Action Required

This report has been reviewed by the System Productivity Committee which has reported the outcome of its meeting. The Board is asked to consider the latest forecast deficit and to consider the level of assurance that pertains to the following:

- The ICB's ability to meet its revised forecast considering year-to-date performance, prospective risks and plans to address overspends.
- The ICS's ability to meet its revised forecast considering year-to-date performance and prospective risks.

| | |
|---|---|
| **Conflicts of Interest** | Conflict noted: conflicted party can participate in discussion and decision |

This report contains information including the financial performance of organisations that partner members of the Board lead/are employed by. ICB funding contributes to the pooled budgets with Buckinghamshire Council and the contract held by GP practices, so the local authority and primary care partner members of the board are potentially conflicted. The perspective of these members is an important aspect to enable the Board to focus on where the ICB and system contribute to improvement.

| | |
|---|---|
| **Date/Name of Committee/ Meeting, Where Last Reviewed:** | System Productivity Committee, 5 March 2024 |

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Integrated Care Board

# Finance Report

## Month 10 2023/24

# Background



**ICB**

- The most likely forecast outturn (FOT) is for a deficit of £40.3m (M9 £26.3m) although the ICB will continue to work to improve upon this forecast.
- The ICB will not achieve its statutory financial target for 2023/24 of breakeven by year end. It will likely receive a qualified value for money opinion as a result. The External Auditors have issued a S30 report to the Secretary of State giving notification.

**ICS**

- A forecast of £44.3m deficit was submitted on 8 December to NHSE for BOB ICS. The expectation was that the ICS would move to reporting a forecast in line with this (plus the impact of IA taken by Junior Doctors in December and January as per national guidance) at M10.
- In the event, the ICS forecast moved out to £73.2m deficit, reflecting IA action of £10.3m for December/January and further worsening of the Oxford University Hospitals (OUH) and ICB forecasts by £4.6m and £14.0m respectively. Royal Berkshire Foundation Trust (RBFT) are expected to revise their forecast at M11 which is likely to further worsen the forecast.
- Industrial action by junior doctors in February will also further worsen the forecast.
- Any system overspend must be repaid in future years which will add to the planning challenge going forward.

**NHSE provided an additional £20.4m funding (equivalent to the original planned deficit for the ICS) in M11 and it has been agreed to distribute this to the system acute providers. This funding must be applied to improve the system forecast by an equivalent amount; it will not be considered by NHSE in determining achievement against the business rules and must be repaid in future years.**

# Executive Summary

NHS
Buckinghamshire, Oxfordshire and Berkshire West
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## ICB

The ICB reported a YTD deficit at M10 of £18.5m (M9 £13.8m) and a forecast outturn of £40.3m deficit i.e. £14.0m worse than the original £26.3m System reforecast submitted in November/December 2023.

- The drivers of the deterioration in the forecast from M9 to M10 were related to Thames Valley Cancer Alliance funding for providers, refinement of assumptions around Elective Recovery Fund (ERF) and High-Cost Drugs payments to providers and some deterioration in forecasts for ICB spend on Continuing Health Care (CHC) and Mental Health.
- The executive review of further mitigations as part of the national System reforecast submission during November has delivered £17.7m against an initial challenge of £44m.
- The deterioration in the Acute forecast is driven mainly by ERF impacts. The CHC FOT worsened by £1.7m from M9 due to assumptions for savings for the remainder of the year in Oxfordshire place being revised down. The Community forecast worsened by £1.7m due to crystallised risks from the Berkshire West Better Care Fund and an endoscopy contract increase. The Prescribing year-on-year growth rate has again improved and the forecast remains stable from M9.
- The dashboard on slide 4 shows that the ICB has not delivered its main financial target i.e. the ICB has a YTD variance to plan and is forecasting a deficit at year end compared to a breakeven plan.

## ICS

- BOB ICS reported a M10 YTD deficit of £57.9m and an adverse variance to plan of £23.6m (M9 £17.2m ). The FOT deficit of £73.2m is worse than the System reforecast submitted in November/December 2023 (after taking account of industrial action) by £4.6m for OUH and £14.0m for the ICB. RBFT expect to submit a revised reforecast at M11 which will increase the forecast deficit further.
- The system submitted an estimate of the impact of Industrial action for December and January of £10.3m (M9 £8.9m).
- Savings delivery - at M10 £130m of savings were delivered YTD against a planned £125m.
- Net Risk (after mitigations) for the system now totals £60.9m (M9 £48m). OUH net risk has increased to £46m (M9 £20.3m) reflecting the ongoing run rate risk. Oxford Health (OHFT) have flagged a new risk related to the impact of terminating their PFI contract for the Oxford Clinic in Littlemore. Further industrial action in February will also impact on the forecast.

# ICB Dashboard M10

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## Table 1 – ICB Dashboard of key financial duties as required by NHSE

| Indicator | Target | RAG |
|---|---|---|
| Actual Year to Date | Breakeven | X |
| Reported Forecast outturn/System reforecast Nov 2023 | Breakeven | X |
| Running costs Actual Year to Date | Breakeven | ✔ |
| Running Costs Forecast Outturn | Breakeven | ✔ |
| ICB Capital outturn vs allocation | Breakeven | ✔ |
| Cash balance less than 1.25% of cash drawdown for month | <1.25% | ✔ |
| Mental Health Investment Standard Achieved | 9.19% | ✔ |
| Better Payment Practice Code - Non NHS (by value) | 96% | ✔ |
| Better Payment Practice Code - NHS (by value) | 95% | ✔ |
| | | |
| Note: Cash draw down as % of Cash Drawdown Requirement | 83.33% | X |

- The ICB has reported a YTD variance of £18.5m (M9 £13.8m) and is therefore rated as red YTD.
- The forecast outturn at M10 is £40.3m deficit compared to £26.3m at M9.
- The running cost FOT is now underspent against plan by £806k and there is an underspend of £1.1m YTD. There is some uncertainty regarding additional costs for consultancy and for stranded costs of in-housed services. An establishment control panel continues to be in place and all permanent appointments are now on hold until the outcome of the organisational development work. This work is planned to address the national requirement for reductions to running costs in 2024/25 and 2025/26.
- The ICB achieved the Better Payment Practice Code targets by value this month with both payments to NHS providers and Non-NHS providers hitting the 95% target.
- Cash drawdown to M10 was in excess of the Cash Drawdown Requirement by 2% (£67.4m)

# ICB Position M10

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

**Table 2 – Financial position – ICB Overview by service line**

| BOB ICB OVERALL by Service Line Monthly Performance Report | YTD Budget Month 10 £'000 | YTD Actual Month 10 £'000 | YTD Variance Month 10 £'000 | Annual Budget Month 10 £'000 | Forecast Outturn Month 10 £'000 | Forecast Variance Month 10 £'000 | Forecast Variance Month 9 £'000 | Movement in Forecast Variance £'000 |
|---|---|---|---|---|---|---|---|---|
| Acute | 1,463,340 | 1,476,413 | (13,073) | 1,753,400 | 1,786,823 | (33,424) | (13,035) | (20,388) |
| Community Health Services | 320,764 | 324,792 | (4,028) | 385,957 | 391,636 | (5,679) | (3,886) | (1,793) |
| Continuing Care | 159,581 | 176,540 | (16,959) | 191,795 | 211,401 | (19,606) | (17,871) | (1,735) |
| Mental Health | 276,333 | 276,586 | (253) | 331,230 | 338,907 | (7,677) | (7,120) | (556) |
| Other Programme | 14,848 | (8,639) | 23,486 | 25,433 | (1,865) | 27,298 | 44,651 | (17,353) |
| Primary Care | 36,131 | 35,873 | 258 | 43,915 | 42,924 | 991 | 252 | 739 |
| Prescribing, Central Drugs and Oxygen | 225,451 | 234,248 | (8,797) | 270,541 | 279,766 | (9,226) | (9,190) | (35) |
| Pharmacy, Optometry and Dentistry (POD) | 110,118 | 104,951 | 5,167 | 135,425 | 129,225 | 6,200 | 6,200 | 0 |
| Delegated Co-Commissioning | 273,233 | 278,688 | (5,454) | 319,517 | 319,517 | 0 | 0 | 0 |
| **Total Programme Costs** | **2,879,799** | **2,899,453** | **(19,654)** | **3,457,212** | **3,498,333** | **(41,121)** | **0** | **(41,121)** |
| ADMIN Costs | 29,355 | 28,240 | 1,115 | 34,988 | 34,182 | 806 | 0 | 806 |
| **NET SURPLUS / (DEFICIT) before CIP** | **2,909,154** | **2,927,692** | **(18,539)** | **3,492,200** | **3,532,515** | **(40,315)** | **0** | **(40,315)** |
| Unidentified CIP target | (5,833) | (5,833) | 0 | (7,000) | (7,000) | 0 | 0 | 0 |
| **NET SURPLUS / (DEFICIT)** | **2,903,320** | **2,921,859** | **(18,539)** | **3,485,200** | **3,525,515** | **(40,315)** | **0** | **(40,315)** |

- The main drivers of the change from M9 YTD variance of £13.8m to £18.5m is Primary Care additional roles payments (ARRS) where funding to cover them is expected in M11 but national guidance is to report deficit YTD i.e. not to anticipate the funding. This has no impact on the FOT as funding has been notified.
- The FOT now includes all risks and mitigations previously included in the waterfall in M9 but not on the ledger, as well as the changes set out in slide 5.

# ICB Risks & Mitigations to Forecast M10

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- Most risks have been built into the forecast this month so that the reported ledger position reflects the most likely year end position.

- There is still potential for movement to this position related to:
  - Payments for elective overperformance (“ERF”) and high-cost drug use where final impacts will not be known until close to the year end and will depend on national methodologies for transacting ERF.
  - Finalisation of some outstanding funding issues with in-system providers.

- However, the ICB considers it has sufficient mitigations to cover this (including Prescribing, ARRS, dental clawback assumptions and System Development Fund (SDF) where schemes are slipping).

# System wide under/(overspend) by organisation

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The overall financial position of the ICS is shown below.

The forecast reflects the system reforecast exercise undertaken in November along with subsequent updates and IA costs incurred in December and January.

It does not reflect:

- An estimate for known strike action in February or any other strike action before the end of March.
- The impact of the additional £20.4m system funding due to be received in M11.

The RBFT FOT was not agreed by their Board before national submission deadlines at M10 and is subject to further change in M11.

**Table 3 – System under/(overspend) by organisation –**

| ICS Body | In Month (M10) | | | Year to Date | | | Forecast Outturn | | |
|---|---|---|---|---|---|---|---|---|---|
| | Plan | Actuals | Variance | Plan | Actuals | Variance | Plan | Actuals | Variance |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| Berkshire Healthcare | 0.5 | 0.9 | 0.4 | 0.1 | 2.3 | 2.1 | 1.3 | 3.7 | 2.4 |
| Buckinghamshire Healthcare | (0.7) | (1.4) | (0.7) | (15.2) | (16.4) | (1.2) | (12.1) | (14.7) | (2.5) |
| Oxford Health | 0.3 | 1.2 | 1.0 | 2.8 | 4.6 | 1.8 | 3.3 | 4.5 | 1.2 |
| Oxford University Hospitals | (1.5) | (1.1) | 0.4 | (12.8) | (16.0) | (3.2) | (2.9) | (15.3) | (12.5) |
| Royal Berkshire Hospital | (1.1) | (3.8) | (2.7) | (9.3) | (13.8) | (4.6) | (10.1) | (11.1) | (1.1) |
| **ICS Providers** | **(2.5)** | **(4.1)** | **(1.6)** | **(34.3)** | **(39.4)** | **(5.0)** | **(20.4)** | **(32.9)** | **(12.5)** |
| BOB ICB | 0.0 | (4.8) | (4.8) | 0.0 | (18.5) | (18.5) | 0.0 | (40.3) | (40.3) |
| **BOB ICS** | **(2.5)** | **(8.9)** | **(6.4)** | **(34.3)** | **(57.9)** | **(23.6)** | **(20.4)** | **(73.2)** | **(52.8)** |

# System Wide Under/(overspend) by expenditure type

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**Table 4 – System under/(overspend) by type of expenditure**

| Expenditure Category | In Month (M10) | | | Year to Date | | | Forecast Outturn | | |
|---|---|---|---|---|---|---|---|---|---|
| | Plan | Actuals | Variance | Plan | Actuals | Variance | Plan | Actuals | Variance |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| **Income** | **300.9** | **326.9** | **26.0** | **3,001.9** | **3,133.0** | **131.1** | **3,614.4** | **3,719.9** | **105.5** |
| Pay | (181.4) | (195.6) | (14.2) | (1,817.3) | (1,895.6) | (78.3) | (2,175.8) | (2,252.6) | (76.8) |
| Non - Pay | (115.6) | (129.5) | (13.8) | (1,155.4) | (1,228.6) | (73.2) | (1,382.9) | (1,446.0) | (63.2) |
| Non - Operational Expenditure | (6.4) | (5.9) | 0.5 | (63.5) | (48.2) | 15.3 | (76.2) | (54.1) | 22.0 |
| **Total Expenditure** | **(303.4)** | **(331.0)** | **(27.6)** | **(3,036.2)** | **(3,172.4)** | **(136.1)** | **(3,634.8)** | **(3,752.8)** | **(117.9)** |
| **NHS Providers** | **(2.5)** | **(4.1)** | **(1.6)** | **(34.3)** | **(39.4)** | **(5.0)** | **(20.4)** | **(32.9)** | **(12.5)** |
| BOB ICB | 0.0 | (4.8) | (4.8) | 0.0 | (18.5) | (18.5) | 0.0 | (40.3) | (40.3) |
| **BOB ICS** | **(2.5)** | **(8.9)** | **(6.4)** | **(34.3)** | **(57.9)** | **(23.6)** | **(20.4)** | **(73.2)** | **(52.8)** |

# Key points per body



**Berkshire Healthcare :**

- The Trust continues to report better than plan i.e. £2.1m better than plan YTD (M9 £1.7m). The Trust has agreed additional ERF funding for overperformance above target with the ICB and this has enabled an improvement in the forecast from the planned £1.3m surplus to £3.8m.
- Pay award pressures have been offset by the fact that Trust has not been able to recruit to all posts in the plan. Utilities costs in PFIs have been lower than expected and interest receivable is ahead of plan.

**Buckinghamshire Healthcare (BHT):**

- The Trust have a YTD deficit of £16.4m (M9 £13.1m) which is worse than plan by £1.2m (M9 £0.1m). IA costs for Dec and January are included in this forecast. Excluding IA impacts, the Trust would have had a relatively good month.
- BHT forecast is to deliver the financial plan deficit of £12.1m plus IA costs incurred. BHT are still trying to ramp up elective activity to year end.
- Remaining risk is around ERF mechanism for year-end which will be driven by national guidance and latest data available.
- Further industrial action will result in additional costs incurred and lost margin on activity that cannot be delivered.

**Oxford Health :**

- The Trust is £1.8m better than plan YTD. There are several issues that will increase costs in Q4 and reduce the positive run rate back to the System reforecast position – these include new services taking time to deliver, maintenance work profiled to latter part of the year and SEND assessment response.
- Work continues to reduce agency costs specifically around medical staff. There will be some benefits in Q4 resulting from review of accruals in the early part of the year which may have been over-stated. Trajectories for all types of agency, apart from Medical, are good. OHFT have identified the need for additional controls in this area as some are being circumvented.
- OHFT have a risk remaining due to the termination of a PFI contract (£5-10m). The accounting treatment for this has yet to be confirmed but could impact on their revenue position in 2023/24.

**Oxford University Hospitals:**

- The Trust have a YTD deficit of £16.0m (M9 £14.9m) this month with a worsening of the underlying FOT. This was driven by increased pay costs associated with additional beds open in January including escalation beds.
- The FOT has deteriorated by £4.6m from the previous reforecast mainly driven by the worsening of the underlying run rate in month.
- The underlying deficit is predominantly due to excess inflation cost rises, continued high usage of temporary staffing and savings that have not been sufficient to offset these effects.

**Royal Berkshire Hospitals :**

- RBFT reported £4.6m behind plan YTD (M9 £1.8m). The worsening position prompted an internal review of costs at the Trust and culminated in the approval of an increased FOT post submission of the M10 figures to NHSE.
- RBFT reported a FOT of £11.142m at M10 including Industrial action of £1.092m.
- The revised forecast is likely to be for a £15.1m deficit including IA i.e. £4.4m worse than the original plan and the reforecast position reported in M10 subject to RBFT Board approval.
- The Trust continues to work to improve on this reforecast position by year end.

# Common themes by type of expenditure



**Provider Income :** A YTD overachievement of £131m (M9 £105.1m) is reported. The drivers for this include additional system funding from NHS E for IA, assumptions around ERF/API income, A4C pay award paid in M3, Medical pay award in M6 and other Commissioner SDF/Pass through funding.

**Provider Pay Costs :** A YTD overspend of £78.3m (M9 £64m) is reported. Agency and Bank spend drives this, some of which is linked to industrial action and recovery work. Table 5 shows providers have spent £66.5m (M9 £60.0m) on agency/locums for the year to date (excluding Bank staff), £9.2m in excess of plan. The system forecast at M10 does not exceed the agency cap.

**Non-Pay Expenditure :** Overall non-pay expenditure is overspent by £73.2m at M10 (M9 £59.3m).

**Table 5: Agency spend against plan and as a % of cap is shown below:**

| Provider | M10 Year To Date | | | Forecast Outturn | | |
|---|---|---|---|---|---|---|
| | Plan | Actual | Variance | Plan | Actual | Variance |
| | £m | £m | £m | £m | £m | £m |
| Berkshire Healthcare | 4.3 | 7.0 | (2.7) | 5.1 | 8.3 | (3.2) |
| Buckinghamshire Healthcare | 13.6 | 8.7 | 4.9 | 16.3 | 10.0 | 0.0 |
| Oxford Health | 19.7 | 30.9 | (11.3) | 23.6 | 33.7 | (11.8) |
| Oxford University Hospitals | 8.4 | 13.3 | (4.9) | 10.0 | 16.0 | (4.3) |
| Royal Berkshire Hospital | 11.0 | 6.6 | 4.4 | 13.1 | 9.7 | 4.3 |
| **ICS Providers** | **56.9** | **66.5** | **(9.6)** | **68.1** | **77.6** | **(15.0)** |
| System Level Agency Cap | | | | 83.8 | | |
| Agency spend as % of agency cap | **67.9%** | **79.3%** | | **81.2%** | **92.6%** | |

Oxford Health is the main driver of the ICS variance to plan both YTD and FOT.

**Table 6 Provider pay costs variance by organisation**

| Provider | M10 Variance To Plan | |
|---|---|---|
| | In Month | YTD |
| | £m | £m |
| Berkshire Healthcare | (1.1) | 0.2 |
| Buckinghamshire Healthcare | (3.6) | (21.4) |
| Oxford Health | (1.2) | (9.7) |
| Oxford University Hospitals | (5.4) | (34.3) |
| Royal Berkshire Hospital | (2.9) | (13.0) |
| **ICS Providers** | **(14.2)** | **(78.3)** |

**Table 7 Non-Pay spend analysis by provider**

| Provider | M10 Year To Date | | |
|---|---|---|---|
| | Plan | Actual | Variance |
| | £m | £m | £m |
| Berkshire Healthcare | 68.8 | 72.3 | (3.5) |
| Buckinghamshire Healthcare | 181.0 | 200.2 | (19.2) |
| Oxford Health | 190.0 | 199.9 | (9.9) |
| Oxford University Hospitals | 519.1 | 547.6 | (28.5) |
| Royal Berkshire Hospital | 196.5 | 208.6 | (12.1) |
| **ICS Providers** | **1,155.4** | **1,228.6** | **(73.2)** |

# Efficiencies

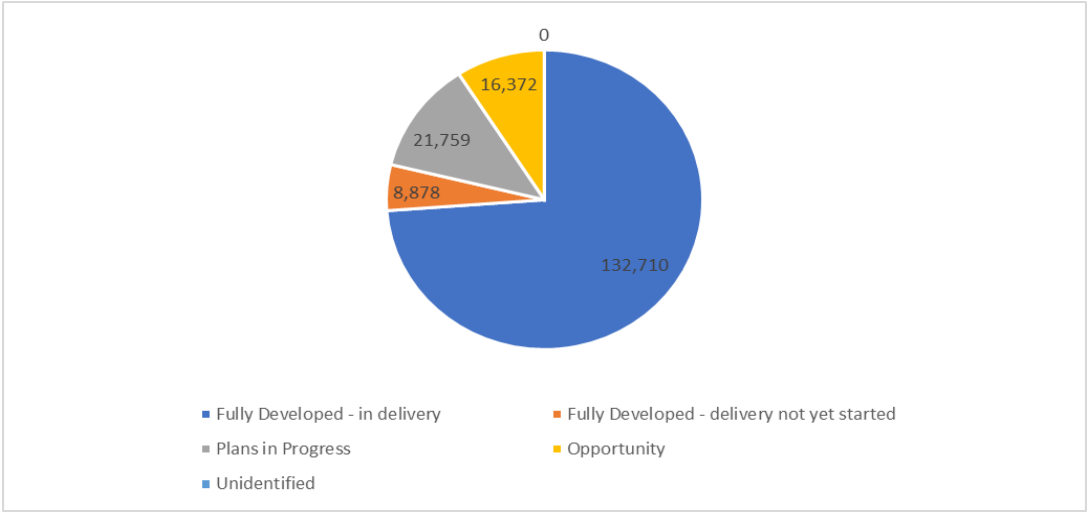


- The ICS has a planned total of £171.2m (£143.3m in 2022/23) of savings to be delivered by year end.
- Of this £129.7m (M9 £115m) has been delivered to date against a plan of £125.2m.
- The total savings planned are split £124.9m Recurrent and £46.3m Non-Recurrent.
- £69m recurrent savings have been delivered to date by providers £32m behind the plan; and £61m Non-Recurrent savings have been delivered £36m ahead of plan.

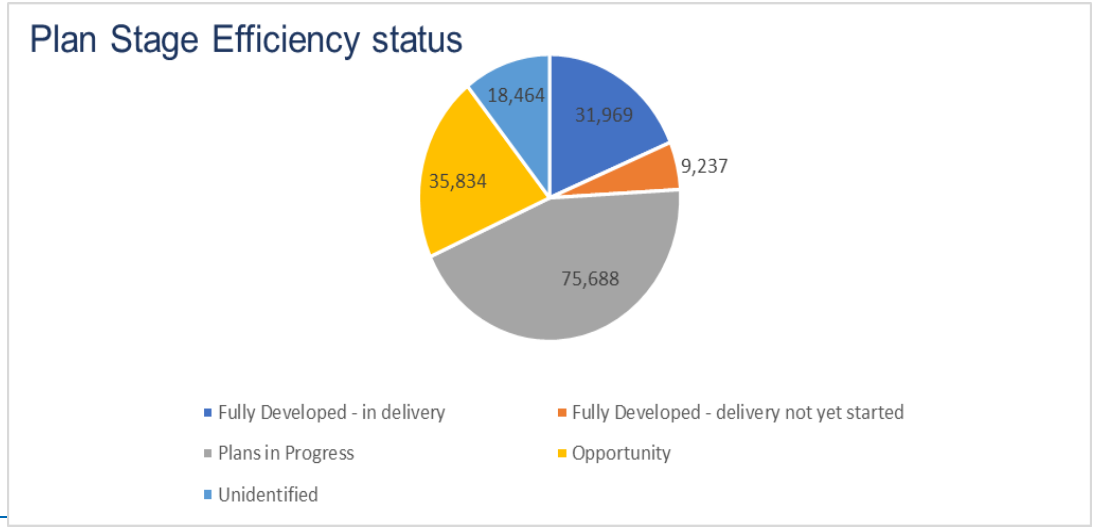
**Table 8 – Status of Provider efficiency plans:**

| Provider Efficiency Status | Change in status - M10 from M9 | % Split M10 | % Split M9 | % Split M8 | % Split M7 | % Split Plan | M10 | M9 | M8 | M7 | Plan |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | £m | £m | £m | £m | £m |
| Fully Developed - In Delivery | ↑ | 71.16% | 57.62% | 62.11% | 46.11% | 0.00% | 116,010 | 87,590 | 94,424 | 78,917 | 0 |
| Fully Developed - Delivery not yet started | ↓ | 5.45% | 11.13% | 11.17% | 9.36% | 27.11% | 8,878 | 16,916 | 16,984 | 16,020 | 0 |
| Plans In Progress | ↓ | 13.35% | 13.07% | 16.06% | 23.65% | 41.78% | 21,759 | 19,869 | 24,415 | 40,486 | |
| Opportunity | ↓ | 10.04% | 15.02% | 7.49% | 16.21% | 20.21% | 16,372 | 22,838 | 11,389 | 27,746 | |
| Unidentified | ↓ | 0.00% | 3.17% | 3.17% | 4.66% | 10.90% | 0 | 4,813 | 4,813 | 7,984 | |
| **Total** | | | | | | | **163,019** | **152,026** | **152,026** | **152,026** | **152,026** |

M10 Efficiency FOT status




Plan Stage Efficiency status



# System Risks

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**Table 9a and b – System risks are shown below by provider and by risk category**

| Provider | Forecast at M10 | | |
|---|---|---|---|
| | Gross risk | Mitigation | Net risk |
| | £m | £m | £m |
| Berkshire Healthcare | (1.3) | 0.6 | (0.7) |
| Buckinghamshire Healthcare | (24.7) | 24.7 | 0.0 |
| Oxford Health | (11.6) | 11.6 | 0.0 |
| Oxford University Hospitals | (59.1) | 13.2 | (45.9) |
| Royal Berkshire Hospital | (11.4) | 9.7 | (1.7) |
| **ICS Providers** | **(108.1)** | **59.7** | **(48.3)** |
| ICB | (15.2) | 2.6 | (12.6) |
| **ICS Total** | **(123.2)** | **62.3** | **(60.9)** |

| Risk category | Gross Risk | Mitigations | Net Risk |
|---|---|---|---|
| | £m | £m | £m |
| Additional costs - winter pressures/capacity | (30.7) | 25.2 | (5.6) |
| Efficiency delivery risk | (45.3) | 10.0 | (35.3) |
| ERF clawback | (14.2) | 3.5 | (10.7) |
| Income risk | (20.2) | 20.4 | 0.2 |
| Contract risk | (2.6) | 0.0 | (2.6) |
| Underfunding of pay awards - A4C and Medical | (0.6) | 0.0 | (0.6) |
| Additional costs of industrial action | (9.4) | 3.1 | (6.3) |
| Delegated co-commissioning | 0.0 | 0.0 | 0.0 |
| GP Dispensing charges | 0.0 | 0.0 | 0.0 |
| **ICS Providers** | **(123.2)** | **62.3** | **(60.9)** |

- Gross risks have increased to £123.2m at M10 (M9 £119.2m) and net risks have increased to £60.9m (M9 £48m).
- The ICB net risk has decreased to £12.6m (M9 £26.6m) as risks have now either crystallised into the FOT on the ledger or been mitigated.
- OUH net risk has increased to £45.9m (M9 £20.3m) as they have added several new risks around commissioner/ERF income, further industrial action, new business cases, inflation and JR Theatres Capital Expenditure write offs.

# Capital

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**Table 10 – System capital position – total charge against capital allocation (before impact of IFRS 16)**

| Organisation | Plan | Actual | Variance | | Plan | Forecast | Variance | |
|---|---|---|---|---|---|---|---|---|
| | YTD | YTD | YTD | YTD | FOT | FOT | FOT | FOT |
| | £m | £m | £m | % | £m | £m | £m | % |
| Berkshire Healthcare | 8.1 | 5.9 | 2.2 | 26.8% | 11.5 | 9.2 | 2.3 | 20.2% |
| Buckinghamshire Healthcare | 17.5 | 11.0 | 6.5 | 37.2% | 21.3 | 21.3 | 0.0 | 0.0% |
| Oxford Health NHS Foundation Trust | 9.3 | 5.0 | 4.2 | 45.8% | 12.1 | 12.9 | (0.8) | -6.8% |
| Oxford University Hospitals NHS Foundation Trust | 20.9 | 8.3 | 12.5 | 60.1% | 28.5 | 33.1 | (4.5) | -15.9% |
| Royal Berkshire NHS Foundation Trust | 22.8 | 8.6 | 14.2 | 62.3% | 27.4 | 27.4 | 0.0 | 0.1% |
| **ICS Providers** | **78.5** | **38.9** | **39.7** | **51%** | **100.9** | **103.9** | **(3.0)** | **-3%** |
| ICB | 0.6 | 0.5 | 0.0 | 0.1% | 3.4 | 3.4 | 0.0 | 0.0% |
| **ICS Total** | **79.2** | **39.4** | **39.7** | **50%** | **104.2** | **107.3** | **(3.0)** | **-3%** |

- ICS providers have underspent against ICS capital plan by £39.7m YTD at M10 (M9 £35.6m).
- OUH is expecting an allocation adjustment of £3.3m relating to approved funding for RAAC (concrete) mitigation works, they have included the forecasted spend of £3.29m into their M10 forecast, with the expectation of national funding. This has been notified by NHSE as approved and is expected that a M11 or 12 adjustment in capital allocation will be made.

# Glossary of Terms

| Term | Explanation |
|---|---|
| 2023/24 | Financial Year from 1 April 2023 to 31 March 2024 |
| ALOS | Average Length of stay |
| API | Aligned Payment and Incentive - Payment mechanism covering almost all NHS provider activity and comprises fixed and variable elements. Almost all elective activity, and all activity which forms part of the ERF, is included in the variable element and is paid for using NHS Payment Scheme unit prices. |
| ARRS | Additional Roles Reimbursement Scheme fo Primary care. NHS E reimburse costs of additional roles such as Pharmacists, Paramedics, MH workers retrospectively ie after the additional costs have been incurred. |
| BOB | Buckinghamshire, Oxfordshire and Berkshire West |
| Break even | Where actual costs are the same as planned |
| Capital | Property, plant or equipment held for use in delivering services that are expected to be used for more than one financial year |
| Category M drugs | Multiple source and widely available generic drugs |
| CCG | Clinical Commissioning Group - predecessor organisations to the ICB |
| CHC | Continuing Healthcare - free social care for people with long term complex health needs that is funded solely by the NHS |
| Deficit | Expenditure in excess of resources |
| ERF | Elective Recovery Funding |
| Fast-Track | NHS Continuing Healthcare Fast-Track pathway for those where health is deteriorating quickly or nearing the end of life |
| FNC | Funded Nursing Care - for people not eligible for CHC but assessed as requiring nursing care in a care home. NHS pay a contribution towards the cost of registered nursing care. |
| FOT/Forecast | Forecast Outturn - forecast spend at end of the financial year |
| ICB | Integrated Care Board |
| ICS | Integrated Care System - consists of ICB and provider organisations in Buckinghamshire, Oxfordshire and Berkshire West. |
| Mitigations | Actions taken/to be taken to reduce impact of risks |
| NCA | Non-contracted activity |
| NCSO | "No cheaper stock obtainable" - generic drug not available at tariff price, higher cost items need to be used |
| Overspend/Adverse | Actual costs are more than planned |
| POD services | Pharmacy, Opthalmology and Dental services delegated to ICBs from NHS E regional teams from 2022-23 |
| Under spend/Favourable | Actual costs are less than planned |
| Variance | Difference between actual expenditure and plan |
| YTD | Year to date |

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# BOARD MEETING

| | | | |
|---|---|---|---|
| **Title** | Board Assurance Framework (BAF) | | |
| **Paper Date:** | 7 March 2024 | **Meeting Date:** | 19 March 2024 |
| **Purpose:** | Assurance | **Agenda Item:** | 15 |
| **Author:** | Lynn Casey-Sturt, Governance Manager (Corporate Governance) | **Exec Lead/ Senior Responsible Officer:** | Catherine Mountford, Director of Governance |

## Executive Summary

The Board Assurance Framework (BAF) sets out the principal risks to the achievement of the ICB's strategic objectives and is a practical means through which the Board can assess controls against delivery of these. In doing so, the BAF is also a primary source of evidence in describing how the ICB is discharging its responsibilities for internal control.

The BAF (Appendix 1) comprises eight strategic risks as defined by the Board and sets out the controls BOB has in place to manage these risks and the assurances applied to support judgements as to whether the controls are having the desired impact. It additionally describes the actions to reduce/mitigate each risk, whilst providing assurance that organisational risk reviews have been carried out.

**BAF (Risk Score Map Report – Red Rated Risks) – High Level Review**
The Board is notified of those risks which retain a residual score/rating of ≥ 15 RED; these are currently risks related to: Financial Sustainability and Access to Services, and shows that there has been no residual movement (Sep 2023 – Feb 2024)

BOB ICB Strategic Risks/Board Assurance Framework (BAF)

| Prefix | Risk Title | Aggregated Control Score | Inherent Score | Residual Score | Target Score | Residual Direction of Travel | Residual 02/24 | Residual 01/24 | Residual 12/23 | Residual 11/23 | Residual 10/23 | Residual 09/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BOB0002 | Risk Title: Financial Sustainability Risk Owner: Matthew Metcalfe Directorate Lead: Jenny Simpson | Adequate | Very High | Very High | High (12) | ↔ | Very High (16) | Very High (16) | Very High (16) | Very High (16) | Very High (16) | Very High (16) |
| BOB0004 | Risk Title: Access to Services Risk Owner: Matthew Tait Directorate Lead: Ben Gattlin | Substantial | Very High | Very High | High (12) | ↔ | Very High (16) | Very High (16) | Very High (16) | Very High (16) | Very High (16) | Very High (16) |

To support Board assurance, the Audit and Risk Committee has oversight of the full BAF and CRR generic heat map report which monitors residual movement across all risks. This supports identification of any risk(s) requiring a 'deep dive' or intervention.

**CRR**
The Corporate Risk Register (CRR) is the mechanism to manage high level risks facing the organisation from a strategic, clinical, and business risk perspective, and comprises operational risks arising from the ICBs day-to-day activities.

The Board is notified of those risks on the CRR which retain a residual score/rating of ≥ 15 RED; these are currently risks related to: Financial Sustainability (in-year) and Financial Sustainability (long-term) and shows there has been no residual movement (Sept 2023 – Feb 2024). A new

risk has been identified in relation to All Age Continuing Care (AACC) Funded Nursing Care, with an Inherent and Residual Score of 20.

BOB Corporate Risk Register (CRR)

| Prefix | Risk Title | Aggregated Control Score | Inherent Score | Residual Score | Target Score | Residual Direction of Travel | Residual 02/24 | Residual 01/24 | Residual 12/23 | Residual 11/23 | Residual 10/23 | Residual 09/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CHC0009 | Risk Title: AACC Funded Nursing Care Risk Owner: Niki Cartwright Directorate Lead: Liz Hodgkinson | Limited | Very High | Very High | Medium (6) | ↔ | Very High (20) | | | | | |
| SP0001 | Risk Title: Financial Sustainability (in year) Risk Owner: Matthew Metcalfe Directorate Lead: Jenny Simpson | Adequate | Very High | Very High | High (12) | ↔ | Very High (16) | Very High (16) | Very High (16) | Very High (16) | Very High (16) | Very High (16) |
| SP0002 | Risk Title: Financial Sustainability (Long Term) Risk Owner: Matthew Metcalfe Directorate Lead: Jenny Simpson | Limited | Very High | Very High | High (12) | ↔ | Very High (16) | Very High (16) | Very High (16) | Very High (16) | Very High (16) | Very High (16) |

**Audit and Risk Committee (ARC) - Feedback**

The Committee, as part of its internal review process, systematically reviews all updates provided in relation to risk management, acknowledging and seeking assurance of the controls and assurances the ICB has put in place. For Board awareness the following has been provided and discussed at ARC which is supported by the Audit Chairs report:

- Risk Management Deep Dive Standard Operating Procedure (SOP), to assist in the embedding of new ways of working across the organisation.
- Concerns in relation to risk around financial sustainability, and the requirement to tighten internal controls and regular monitoring.
- The reporting of new/emerging risks to provide visibility and assurance around current and future processes and procedures.
- The embedding of risk reports to all committees of the Board

**Next Steps – Board Development Session (Risk Appetite)**

This will be facilitated by our internal auditors (RSM) on 19 March 2024. In preparation, BOB ICB has been working with RSM to finalise the content so that it will bring together all the necessary perspectives for developing a forward-looking risk appetite that is useful for strategic decision-making.

## Action Required

The Board is asked to:

- **Note** the report.
- **Note** the BAF (Appendix 1) and CRR 'Red Rated Risks' detailed in this report

| | |
|---|---|
| **Conflicts of Interest**: | No conflict identified |

| | |
|---|---|
| **Date/Name of Committee/ Meeting, Where Last Reviewed:** | Executive Management Committee: 8 January 2024<br>Audit and Risk Committee: 27 February 2024 |

# APPENDIX 1 - BOB ICB Strategic Risks/BAF

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

| | |
|---|---|
| **Generated Date** | 07-Mar-24 |
| **Risk Criteria** | |
| **Project** | ICB Board Assurance Framework (BAF) |
| **Risk Area** | BOB ICB Strategic Risks/Board Assurance Framework BAF |

## Very High

| Ref | Risk Title and Ownership | Risk Description | Inherent Score | Residual Score | Target Score | Directorate / Governance Group / Assurances | BOB ICB Core Objectives | Risk Area | Risk Review: Review Status | Risk Review: Current Review Period End Date | Controls: Detail | Controls: Score | Controls: Score Text | Actions: Detail |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1154 | Risk Title: Financial Sustainability Risk Owner: Matthew Metcalfe Directorate Lead: Jenny Simpson Created: 17 Nov 2022 | If: the BOB Integrated Care System is unable to manage its expenditure within its available resource Then: it will not deliver its financial plan and financial targets Resulting in: reputational damage and inability to deliver high quality services for patients | Very High | Very High | High | Directorate: Finance Primary Responsible Governance Group: System Productivity | Improve outcomes, Tackle inequality, Enhance productivity, Social and economic development | BOB ICB Strategic Risks/Board Assurance Framework BAF | Open | 03 Feb 2024 | NHSE financial controls implemented across all organisations within the system. All new expenditure by ICB approved by Executive Team, establishment of recovery plan, monitoring of actions by Productivity Committee.<br>ICS Efficiencies Collaborative Group established and work in progress | 0.5<br>0.5 | Adequate<br>Adequate | In-year financial recovery plans being developed for discussion with NHSE.<br>IECG to add additional focus to short term delivery in light of current financial pressures<br>System reforecast submitted to NHSE on 22/11/2023 with forecast deficit for the System of £47.6m, £27m worse than plan. |
| 1156 | Risk Title: Access to Services Risk Owner: Matthew Tait Directorate Lead: Ben Gattlin Created: 17 Nov 2022 | If: the BOB health and care system is unable to achieve the restoration of NHS services in line with 2023/24 priorities and operational planning guidance Then: the populations of BOB will wait longer for clinical appointments and treatment Resulting in: poorer health outcomes for people across BOB | Very High | Very High | High | Directorate: Delivery Primary Responsible Governance Group: Population Health and Patient Experience Committee | Improve outcomes, Tackle inequality | BOB ICB Strategic Risks/Board Assurance Framework BAF | Open | 15 Aug 2023 | NHSE assurance and oversight processes<br>Review at PHPE Committee<br>System Wide Boards<br>SOF Processes with Trusts<br>Board Performance Reports | 1<br>1<br>0.5<br>1<br>1 | Substantial<br>Substantial<br>Adequate<br>Substantial<br>Substantial | Additional UEC recovery plans requested for BHT & OUH<br>Revised trajectories for waiting lists requested from all 3 Trusts |

## High

| Reference | Risk Title and Ownership | Risk Description | Inherent Score | Residual Score | Target Score | Directorate / Governance Group / Assurances | BOB ICB Core Objectives | Risk Area | Risk Review: Review Status | Risk Review: Current Review Period End Date | Controls: Detail | Controls: Score | Controls: Score Text | Actions: Detail |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1155 | Risk Title: Resilience Risk Owner: Matthew Tait Directorate Lead: Alexander Thompson Created: 17 Nov 2022 | If: the BOB health and care system lacks resilience to respond to significant incidents, events and emergencies Then is the risk of: services to the population of BOB will be affected Resulting in: poorer health outcomes for people across BOB | High | High | Medium | Directorate: Delivery Primary Responsible Governance Group: Audit and Risk Committee | Improve outcomes, Tackle inequality, Enhance productivity | BOB ICB Strategic Risks/Board Assurance Framework BAF | Open | 15 Aug 2023 | NHSE EPRR Standards and Review<br>Review through Audit and Risk Committee<br>Production of Annual Report to Board<br>Robust risk and capability management in partnership with stakeholders - LRF and LHRP<br>EPRR work programme developed against risks<br>Internal Business Continuity Management System | 0.5<br>0.5<br>0<br>0<br>0<br>0 | Adequate<br>Adequate<br>Limited<br>Limited<br>Limited<br>Limited | |
| 1157 | Risk Title: Transformation Risk Owner: Nick Broughton Directorate Lead: Catherine Mountford Created: 17 Nov 2022 | If: the ICB is unable to establish and lead a system-wide approach and culture of transformation Then: it will fail to achieve the four core purposes set out by NHS England. Resulting in: non-compliance of statutory requirements | Very High | High (3:3=9) | Medium | Directorate: Strategy and Partnerships Primary Responsible Governance Group: System and Place Development Committee | Improve outcomes, Tackle inequality, Enhance productivity, Social and economic development | BOB ICB Strategic Risks/Board Assurance Framework BAF | Open | 09 Dec 2023 | Integrated Care Strategy agreed.<br>Joint Forward Plan agreed<br>Acute Provider Collaborative/Elective Care Programme with agreed work programme<br>Urgent and Emergency Care system wide priorities<br>Quarterly ICB/NHSE oversight and Trust tri-partite sessions<br>Developing Suite of BOB system strategies (gap)<br>System Leadership Forum established - meeting frequently twice year (met 6 Nov 23) | 1<br>1<br>0.5<br>0.5<br>0.5<br>0.5<br>0.5 | Substantial<br>Substantial<br>Adequate<br>Adequate<br>Adequate<br>Adequate<br>Adequate | Further development of provider collaboratives and delegation of some agreed functions<br>Development of Place moving to agreed level of delegated resources with LA Partner e.g., Health Inequalities<br>Developing system Q1 approach. Whole system education even in June. |
| 1159 | Risk Title: Working in Partnership Risk Owner: Matthew Tait Directorate Lead: Matthew Tait Created: 17 Nov 2022 | If: BOB does not develop effective partnerships across place, system and beyond Then: it will be unable to respond to the needs of patients and public across BOB Resulting in: lost opportunities to deliver the right care at the right place and at the right time to address the full range of people's needs | High | High | Medium | Directorate: Delivery Primary Responsible Governance Group: System and Place Development Committee | Improve outcomes | BOB ICB Strategic Risks/Board Assurance Framework BAF | Open | 01 Jun 2024 | NHSE assurance and oversight<br>Review at SPD Committee<br>SOF Processes with Trusts<br>Board Reports & Updates<br>Implementation of new Operating Model | 1<br>1<br>1<br>1<br>0.5 | Substantial<br>Substantial<br>Substantial<br>Substantial<br>Adequate | Specific agenda item on Quarterly NHSE Review meetings to look at Partnership Development<br>Update at SPD Committee meetings on Partnership working / Acute Provider Collaborative and Mental Health Collaborative.<br>Tripartite agenda prompt to be added to discuss parternship working at meetings<br>Single Place focus at every Board meeting<br>Board development sessions to be held on Acute Provider Collaborative and Mental Health Provider Collaborative.<br>Produce structures to support teh new operating model and agree with partners |
| 1160 | Risk Title: Workforce Risk Owner: Caroline Corrigan Directorate Lead: Dailshad Cunnan Created: 17 Nov 2022 | If: the BOB health and care system is unable to attract and retain a suitably qualified workforce Then: there is a possibility that there will be an inability to deliver key ICB business objectives due to the potential failure to retain capacity and expertise at ICB workforce level as we go forward with the development of ICS working at place and within the wider system. Resulting in: Impact upon the deliverability of the People Plan and potential impact on the quality and continuity. | High (3:3=9) | High (3:3=9) | Medium | Directorate: People Primary Responsible Governance Group: People Committee | Improve outcomes, Tackle inequality, Enhance productivity | BOB ICB Strategic Risks/Board Assurance Framework BAF | Open | 29 Feb 2024 | System projects to be put in place to support our most challenged workforce<br>1. Collaborative absence management<br>2. Collaborative health and care recruitment<br>3. Managing our agency and bank temporary staffing<br>4. Collaborative staff turnover<br>These projects are set out in our Joint Forward Plan and People Strategy | 0.5 | Adequate | System projects to be put in place to support our most challenged workforce. |

## Medium

| Reference | Risk Title and Ownership | Risk Description | Inherent Score | Residual Score | Target Score | Directorate / Governance Group / Assurances | BOB ICB Core Objectives | Risk Area | Risk Review: Review Status | Risk Review: Current Review Period End Date | Controls: Detail | Controls: Score | Controls: Score Text | Actions: Detail |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1153 | Risk Title: Health Inequalities Risk Owner: Rachael Decaux Directorate Lead: Steve Goldensmith Created: 17 Nov 2022 | If: the ICB is unable to integrate and lead effectively with its system partners in relation to improving health outcomes and reducing health inequalities Then: the population of BOB will continue to experience inequalities and suboptimal outcomes and experience. Resulting in: poor outcomes and failure to support broader social and economic development | High (3:3=9) | Medium | Medium | Directorate: Medical Primary Responsible Governance Group: Population Health and Patient Experience Committee | Improve outcomes, Tackle inequality | BOB ICB Strategic Risks/Board Assurance Framework BAF | Open | 17 Dec 2023 | The putting in place of agreed priorities as defined in JFP & Integrated Care Strategy to tackle health inequalities through Place and clinical programmes | 0.5 | Adequate | Place development of plans for use of HI funding |
| 1158 | Risk Title: Quality and Safety Risk Owner: Rachael Corser Directorate Lead: Heidi Beddall Created: 17 Nov 2022 | If: the ICB does not have the correct quality assurance mechanisms in place Then: it may fail to maintain or improve the quality and safety of patient services Resulting in: poor patient care and experience and potential harm | Very High | Medium | Medium | Directorate: Nursing Primary Responsible Governance Group: Population Health and Patient Experience Committee | Improve outcomes, Tackle inequality | BOB ICB Strategic Risks/Board Assurance Framework BAF | Open | 07 Sep 2023 | a) Additional interim support in place<br>b) Restructure proposal of team to support strengthening oversight underway<br>c) Aligning of quality processes across Place<br>d) System wide quality workshop undertaken<br>e) New quality group in place to support oversight of internal quality processes | 0.5 | Adequate | a) Redesign of monthly quality Dashboard - April 2023 - 1st draft completed<br>b) Development of quarterly thematic reports - May 2023 - now in place<br>c) Restructure consultation outcome implementation commences - March 2023 - restructure completed<br>d) Quality Assurance framework developed - First draft March 2023 - approved July 23<br>e) Quality Strategy developed - May 2023 |

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Integrated Care Board

# BOARD MEETING

| | | | |
|---|---|---|---|
| **Title** | Board Committees Assurance Report | | |
| **Paper Date:** | 11 March 2024 | **Meeting Date:** | 19 March 2024 |
| **Purpose:** | Assurance | **Agenda Item:** | 16 |
| **Author:** | Ros Kenrick, Business Manager; Catherine Mountford, Director of Governance – on behalf of Committee Chairs | **Exec Lead/ Senior Responsible Officer:** | Catherine Mountford, Director of Governance |

## Executive Summary

Each Committee will provide an Escalation and Assurance Report to the Board with a summary of key points and to inform the Board of the extent to which the Committee was able to take assurance from the evidence provided and where additional information was required. A report will be provided for every meeting, although due to timing of meetings and publication dates for Board papers, there will be occasions where a verbal report will be provided with the written report presented to the subsequent Board meeting.

The focus for these reports is:

- To what extent are we assured we understand the position?
- To what extent are we assured by the ICB/Provider mitigations presented?
- To what extent are we assured by the System response to the issue?

The following reports are attached:

- Audit and Risk Committee meeting held on 27 February 2024
- Place and System Development Committee meeting held on 13 February 2024
- Population Health & Patient Experience meeting held on 27 February 2024
- System Productivity Committee meeting held on 05 March 2024
- ICB People Committee meeting held on 09 January 2024
- Terms of Reference for the ICB People Committee

## Action Required

The Board is asked to:

- Note the content of the Committee Escalation and Assurance Reports.
- Approve the Terms of Reference of the ICB People Committee.

| | |
|---|---|
| **Conflicts of Interest**: | No conflict identified. |

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# Board Committees Assurance Reports

| Committee Escalation and Assurance Report – Alert, Advise, Assure | |
|---|---|
| Report From: | Audit and Risk Committee |
| Date of Meeting: | 27 February 2024 |
| Committee Chair: | Saqhib Ali |

**Key escalation and discussion points from the meeting**

**Alert:**

- External audit commended the finance team for their good engagement to achieve the audit plan and highlighted key areas of testing for the next few weeks will be in relation to the significant risks around finance and sustainability and Ofsted CQC.

**Advise:**

- The Internal Audit progress report contained four final reports; two had a positive substantial opinion (Population Health Management and Governance), two had a partial opinion in relation to Place and Transformation. The Committee requested that the relevant executive and/or subject matter expert attend future committee meetings to support presentation.
- As part of the financial statements a comprehensive paper was presented in relation to treatment of community equipment. The committee requested a deep dive to seek further assurances around systems of control in relation to how the ICB is administering our assets and to use as an opportunity to address any variation across the geography.
- A comprehensive report on continuing healthcare and complex cases was presented. This outlined context in relation to the current internal controls and management and the need to review and align budget and sign off processes. The committee recognised that this would require Executive support due to the operational nature, and it was noted that an escalation process for high-cost packages should be progressed through to the System Productivity Committee at its next meeting for assurance.
- Five single tender waivers had been approved since the last committee meeting. The committee requested guidance and assurance in understanding how the process is managed around single tender waivers and that relevant procurements are progressed through appropriate committees of the Board, and where we are working collaboratively with our partners.

**Assure:**

The Committee received reports providing assurance in the following areas:

- The framework to manage BAF and CRR has been strengthened further to provide additional assurances including, risk assurance reports to each committee of the Board and deep dives across the organisation to embed risk management in all that we do.
- The draft Annual Governance Statement (AGS) was presented to provide assurance that it reflects the known governance arrangements and systems of internal control at a point in time ahead of embedding within the draft Annual Report (AR) which will be presented to committee in April 2024 in line with NHSE Annual Report and Accounting timelines.
- The final accounts timetable and accounting policies were presented based on financial statements from 2022/23 whilst the template from NHSE is awaited.

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| Committee Escalation and Assurance Report – Alert, Advise, Assure | |
|---|---|
| Report From: | Place and System Development Committee |
| Date of Meeting: | 13 February 2024 |
| Committee Chair: | Aidan Rave |

**Key escalation and discussion points from the meeting**

**Alert:**

The delegation of specialised commissioning was discussed. Concern was raised around being able to reach out to Southeast colleagues on joint decision making if the internal support architecture was not in place and the requirements for the ICB to be ready for 2025. There were queries around the worth in terms of funding, the delegation of immunisations and screening, whether the BOB ICB change programme had been factored into the delegation preparation work, key milestones, and how political change might affect delegation.

Key challenges to delegation included not being able to breakdown the ICB resource and the need to share resource between ICBs with shared decision making.

**Advise:**

The committee reviewed its terms of reference and felt these needed strengthening. The committee agreed that this would be undertaken in conjunction with the broader ICB governance review.

The committee also considered the ICB operating model and the need to support the development of provider collaboratives and place partnerships whilst ensuring the work was aligned to board discussions.

**Assure:**

The committee considered its forward plan for the coming twelve months, with the intention of setting out a programme of oversight and development focused on both system partners and service users. When complete, the programme will be shared with the board.

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| Committee Escalation and Assurance Report – Alert, Advise, Assure | |
|---|---|
| Report From: | Population Health and Patient Experience Committee (PHPEC) |
| Date of Meeting: | 27 February 2024 |
| Committee Chair: | Sim Scavazza (deputy chair of the PHPEC) |

**Key escalation and discussion points from the meeting**

**Alert:**

The Committee were alerted to one new and emerging risk (noted below) and were updated on the work underway across the system to address the increasing demand for ADHD referrals for assessment and treatment.

The Committee were alerted to the recent media coverage of the role of Physicians Assistants (PA), with a particular focus on the Royal Berkshire Hospitals NHS Foundation Trust. The Committee were informed of the actions underway across the trust, the region and nationally to support the PAs and this work.

**Advise:**

The Committee were informed of the BOB ICB Primary Care Strategy publication that has promoted robust engagement with stakeholders to feedback observations from a diverse network.

The Health Inequalities Lead highlighted our responsibilities in analysing and publishing information by adopting population health management approaches, noting our data analytic resource challenges, and delivering on priorities within a reducing financial envelope.

The Committee were advised of the work underway to strengthen our approach to

Patient Experience and the plans to increase the reporting of the experience of our population in receiving our services and how this informs our commissioning decisions.

The Committee were advised of the work underway to support the Regulatory inspections across the System and noted to plan to bring back more details on the Key Lines of Enquiry relating to System inspection by the CQC.

**Assure:**

The Committee were assured by the information presented in the Cancer and Diabetes deep dives, which highlighted the progress made in the workstreams, the plans and priorities for the next year.

The Committee were also assured of the Clinical Effectiveness delivery of ICB duties and related strategic developments.

The Committee were assured by the work being done across all the Clinical Programmes reporting into the Committee, noting the points for alerting, advise and assurance from each programme.

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| Committee Escalation and Assurance Report – Alert, Advise, Assure | |
|---|---|
| Report From: | System Productivity Committee |
| Date of Meeting: | 05 March 2024 |
| Committee Chair: | Tim Nolan |

**Key escalation and discussion points from the meeting**

**Alert:**

- The financial position of both the ICB itself and the System as a whole remains very challenging.
  - The ICB reported a YTD deficit at M10 of £18.5m (M9 £13.8m) and a forecast outturn of £40.3m deficit i.e. £14.0m worse than the original £26.3m System reforecast submitted in Nov/Dec 2023.
  - The ICB is projected to not deliver its main financial target i.e. the ICB has a YTD variance to plan & is forecasting a deficit at year end compared to a breakeven plan.
  - At the System level, the BOB ICS reported a M10 YTD deficit of £57.9m & an variance to plan of £23.6m (M9 £17.2m ). The Full Year Out Turn (FOT) forecast deficit of £73.2m is worse than the System reforecast submitted in Nov/Dec 2023 (after taking account of industrial action) by £4.6m for OUH and £14.0m for the ICB.
  - The position of the TVCA was discussed at length with some key learnings about how this position was managed.
  - There remain several significant risks to the forecast including PFI challenges at OH (£10m) and OUH (£5m) & a forecast deterioration at RBFT of a further £5m by M11.
  - A discussion is required for the forthcoming year about how funds are allocated and where deficits are held within the System.
  - The CFO will give a more detailed and up to date analysis at the next Board meeting.

- Operating Plan – a verbal update was given.
  - Still awaiting NHSE guidance for the year but plans suggest we will be able achieve all operational targets except A&E 4-hour waiting time.
  - Operational & financial challenge to deliver this performance however remains incredibly difficult with a larger deficit being projected for 2024/25.
  - Some SPC members remain uncomfortable about how credible the level of efficiencies & process change required within 12 months to deliver this performance is.

- Acute Provider Collaborative
  - Presentation showed what is already up & progressing (e.g. Elective Care Board).
  - But as a key enabler the APC can and must do more to support & deliver System goals.
  - The newly agreed focus at CEO level is both welcome & necessary.

**Advise:**

- Cyber Risk around old servers needs to be noted by the Board.
  - Pro-active patching is continuing & none of these servers are publicly accessible.
  - But the SPC wants to understand & expedite the full replacement cycle of this equipment.

- System Digital Priorities – the revised format of the reporting was presented.
  - Costs and scope are green and on track with good reporting in place.
  - However, 4 of the 7 projects have the key milestones showing as amber – SPC to carry out a deep dive into the Programme.

- ICS Efficiencies Collaboration Group (IECG).
  - The regular in-depth report continues to show improvements and gains.
  - But as with the APC the Committee's sense is that we can and must do more.
  - Engagement and resourcing remains key – not only at a senior level but also in the middle tier of team members who actually do the work and make the difference but have multiple competing commitments.
  - Board support across the System is required drive more significant benefits.

**Assure:**

- IT performance – the comprehensive regular report shows a generally positive performance (with the known exception of the Ardens system reporting).
- SP Committee Annual report – received and approved with minor amends.

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| Committee Escalation and Assurance Report – Alert, Advise, Assure | |
|---|---|
| Report From: | ICB People Committee |
| Date of Meeting: | 9 January 2024 |
| Committee Chair: | Sim Scavazza |

**Key escalation and discussion points from the meeting**

**Alert:**

**Advise:**

- This was the first meeting of a renewed ICB People Committee. It was deemed important that, during the change programme for the ICB, there was a dedicated committee focused solely on ICB staff matters. This reestablished committee may be time limited as the internal processes in the ICB were strengthened and embedded; this would enable greater assurance to be given through the executive. The committee agreed to review role and scope after a year.
- It was proposed that the Committee members would be two NEDs, the Chief Executive Officer, Chief People Officer, Chief Finance Officer, and Director of Governance. Other people could be invited to attend as required. The revised terms of reference are attached for **Board approval.**
- The Committee noted the work in hand to strengthen our arrangements for Freedom to Speak Up and that Guardians for the ICB were in the process of being appointed.

**Assure:**

- The proposed process for undertaking the FPPT assessments was reviewed by the Committee, and they were assured that this would ensure the ICB met the requirements of the guidance.

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# Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

## People Committee – DRAFT Terms of Reference (ToR)

### Table of Contents

# 1. Establishment

The People Committee is a committee, established by the Integrated Care Board (ICB). These Terms of Reference set out the remit, responsibilities, delegated authority, membership, and reporting arrangements of the Committee.

## 1.1 Terms of Reference:

- **Definition:** The terms of reference for People Committee is defined by the ICB.
- **Review:** The terms of reference will be reviewed and approved on an annual basis by the People Committee prior to submission to the ICB Board.
- **Publication:** The terms of reference are published in the Governance Handbook, which is accessible on the ICB website.

## 1.2 Purpose

The purpose of the committee is to provide assurance to the board on the delivery of the functions of the ICB relating to the organisation's people (workforce) strategy, planning and delivery.

# 2. Roles and responsibilities

The ICB is accountable for ensuring the organisation meets its statutory and mandatory duties and obligations with regards to the people the ICB employs. In meeting these obligations, the ICB is responsible for ensuring effective systems of governance and internal controls are in place that ensure:

- Management of activities in accordance with statutory regulations; mandated policy and guidance; the ICB Constitution, standing orders and other corporate policies; and formal contracts and partnership agreements.

- Assurance that resources are appropriately safeguarded and prioritised to maximise outcomes, avoid waste and inefficiency and that value for money is continuously sought.

- Risks relating to the delivery of services and associated achievement of strategic and operational priorities are identified in a timely manner and effectively mitigated.

## 2.1 Duties

The Committee's duty is to assure the ICB Board with regards to:

- The ICB People Strategy and Plan including implementation of people priorities aligned to the NHS People Plan and People Promise
- Provide oversight of the development of the ICBs People Strategy and seeking assurance on workforce recruitment, development, and retention plans.

- Seek assurance on the risks in the implementation of the People Strategy and determine the approach to providing effective oversight of the mitigation of those risks.
- Seek assurance from the executive regarding the delivery of the ICB People Strategy and Plan
- Assure on ICB workforce matters, such as compliance with requirements related to Equality, Diversity and Inclusion, Health and Safety, Workforce policies, and all other workforce matters.
- Receive annual reports on ICB health and safety, equality and diversity (WRES, WDES, Gender Pay Gap), pay in/equalities, and approve their publication on the ICB's website, where appropriate.

## 2.2 Authority

| **The** committee is authorised to | |
|---|---|
| **Investigate** | any activity within its Terms of Reference. |
| **Seek any information** | it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these Terms of Reference. |
| **Commission reports** | it deems necessary to help fulfil its obligations. |
| **Obtain advice** | Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so the Committee must follow any procedures put in place by the Board for obtaining legal or professional advice. |
| **Create Task & Finish Groups** | Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.<br>Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – But no decisions may be delegated to these groups. |

For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial instructions and the scheme of Reservation and Delegation (SoRD).

### 2.2.1 Source of authority for committee

| e.g. Decisions Delegated by the Scheme of Reservation & Delegation (SoRD) |
|---|
| • Approve annually the ICB's proposed organisational development proposals. |

### 2.3 Accountability and reporting

The People Committee is accountable to the ICB Board on how it discharges its responsibilities.

| Accountabilities | Description |
|---|---|
| Draft Minutes | • The Secretary formally records the minutes of each meeting |
| Reports | • The Committee receives scheduled assurance reports from its delegated groups. |
| Frequency | • Attendance is monitored and profiled as part of the agenda at each Committee meeting.<br>• Members should aim to attend 100% of meetings and must attend at least 75% of meetings and read all papers beforehand. |
| Attendance | • If a member is unable to attend, a deputy is to be nominated. |
| Membership | • Is to be reviewed regularly as required by the group. |
| Annual Report | • The Committee provides the ICB Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report includes<br>○ The governance cycle<br>○ A summary of the business conducted,<br>○ Frequency of meetings, membership attendance, and quoracy<br>The committee's self-assessment |

## 3. Committee meetings

### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

| | Description of expectation |
|---|---|
| Chair | An independent non-executive member of the Board. |
| Deputy Chair | Committee members may about a deputy chair from amongst their members. |
| Absence of Chair or Deputy Chair | In the absence of the Chair and Deputy Chair, the meeting will be re-arranged |
| Membership | Minimum membership is:<br>Second non-executive member |

| | Description of expectation |
|---|---|
| | Chief Executive Officer<br>Chief People Officer<br>Director of Governance<br>Chief Finance Officer |
| Attendees and procedure for absence | An appropriate nominated deputy to attend.<br>Other members: The People Committee may invite additional members where it is in the interest of the group to do so. |
| Quoracy and Procedure for Inquoracy | **Threshold:** A minimum of two thirds of members are required to attend for quoracy. This must include at least one non-executive member, the Chief People Officer (or deputy), and one other executive member.<br>**Absence:** Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on tehri behalf attends in their place (subject to agreement with Committee Chair). |

## 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

| | Description of rules |
|---|---|
| Meeting frequency | The People Committee will meet at least four (4) times a year. Additional meetings may take place as required. |
| Virtual meetings and extra-ordinary meetings | Additional meetings may take place as required. and notice for calling meetings are set out in the Standing Orders. |

## 3.3 Procedures

| | Description of rules and expectations: |
|---|---|
| Agenda | The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set in these ToR.<br>Members and attendees are expected to identify agenda items for consideration at least 10 working days before the meeting. |
| Conflicts of interest | Declarations: All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes. |

| | Description of rules and expectations: |
|---|---|
| | Exclusions: Anyone with a relevant or material interest in a matter under consideration may be excluded from the discussion at the discretion of the Chair. |
| Decision-making | The Committee will ordinarily reach conclusions by consensus |
| Voting | Only members of the Committee may vote. |

## 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

| Functions | Description |
|---|---|
| Distribute papers | Prepare and distribute the agenda and papers five working days before the meeting, following their agreement by the Chair. |
| Monitor attendance | Monitor the attendance of those invited to each meeting. |
| Maintain records | Record conflicts of interest, members' appointments, and renewal dates. Provide prompts to renew membership and to identify new members where necessary. |
| Minute Taking | Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward. |
| Support for Chair | Take forward action points between meetings and monitor progress against those actions. |

## Appendix I: Revision History

| Version | Date | Approved by | Review | Type of changes |
|---|---|---|---|---|
| V1.0 | 27/12/23 | | Annually | Creation of ToR |
| | | | | |
| | | | | |

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The controlled copy of this document is maintained by the Committee Secretariat. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

# BOARD MEETING

| | | | |
|---|---|---|---|
| **Title** | BOB ICB Board Meetings in Public – Forward Plan | | |
| **Paper Date:** | 11 March 2024 | **Meeting Date:** | 19 March 2024 |
| **Purpose:** | Information | **Agenda Item:** | 17 |
| **Author:** | Amaan Qureshi, Business Manager to the Chair; Catherine Mountford, Director of Governance | **Exec Lead/ Senior Responsible Officer:** | Catherine Mountford, Director of Governance |

**Executive Summary**

With the Board meeting on 19 March 2024 representing the final meeting in the 2023/2024 cycle, this paper highlights the forward plan for 2024/2025. The agenda continues to follow an updated structure which supports our move to ensure the Board is focusing on the delivery of the four core aims – with our time balanced across strategy, people/culture and operational delivery. This may be refined as we agree and implement the outcomes of our governance review.

The proposed content is correct at the time of publishing but is a live document which is iterated as BOB ICB's workstreams, and related governance oversight requirements, develop.

**Action Required**

The board are asked to:

- Note the plan and highlight future items for inclusion.

| | |
|---|---|
| **Conflicts of Interest**: | No conflict identified. |

# BOARD FORWARD PLAN 2024/25

| Item | 21/05/2024 | 16/07/2024 | 17/09/2024 | 19/11/2024 | 21/01/2025 | 18/03/2024 |
|---|---|---|---|---|---|---|
| **Overview** | | | | | | |
| Chairs Report | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chief Executive and Directors | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Working together/developing the system** | | | | | | |
| Place Update | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2024/25 Operational Plan delivery | ✓ | | ✓ | | ✓ | |
| Joint Forward Plan Progress | | | ✓ | | | ✓ |
| Operational and Financial Planning 2025/26 | | | | | ✓ | ✓ |
| Digital and data strategy progress update | ✓ | | | ✓ | | |
| People Plan/workforce development and update | ? | ? | | | | |
| Primary Care Strategy approval | ✓ | | | | | |
| Communications and Engagement update | | ✓ | | | ✓ | |
| Quality Assurance Framework | | | ✓ | | | |
| **Operational Delivery** | | | | | | |
| Finance Report | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Risk - BAF/CRR overview | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Performance and Quality Report | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Operational Plan Quarterly Review | | | ✓ | | ✓ | |
| **ICB Development / Oversight** | | | | | | |
| Governance review implementation update | ✓ | | | | | |
| EPRR Annual report | | | | | ✓ | |
| Board Assurance Committees | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Board committee annual reports | ? | ✓ | | | | |
| Annual Report and Accounts | | | ✓ | | | |
| Safeguarding Annual Report | | ✓ | | | | |