

## Minutes

BOB ICB Board – Meeting in Public  
Tuesday 16 May 2023, 10.00am – 1pm  
Reading Council Offices, Bridge Street, Reading, RG1 2LU

Name	Role and Organisation	Attendance
<b>Members</b>		
Sim Scavazza	Acting Chair; Non-Executive Director	Present
Margaret Batty	Non-Executive Director	Present
Saqhib Ali	Non-Executive Director	Present
Aidan Rave	Non-Executive Director	Present
Tim Nolan	Non-Executive Director	Present
Haider Husain	Non-Executive Director (Associate)	Apologies
Steve McManus	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
Neil Macdonald	Partner member – NHS Trusts/Foundation Trusts	Apologies
Stephen Chandler	Partner member – Local Authorities	Present
Dr Shaheen Jinnah	Partner member – Primary Medical Services	Present
Dr Nick Broughton	Member for Mental Health	Present
<b>Attendees</b>		
Nick Samuels	Director of Communications & Engagement (Interim)	Present
Robert Bowen	Director of Strategy and Partnerships (Acting)	Present
Ross Fullerton	Chief Digital & Information Officer (Interim)	Present
Karen Beech	Chief People Officer (Acting)	Present
Matthew Tait	Chief Delivery Officer (Interim)	Present
Catherine Mountford	Director of Governance	Present
Amaan Qureshi	Business Manager, Chair's Office	Present – Minuting

3 members of the public attended in person, with a peak attendance of 17 virtual attendees.

<b>Board Business</b>	
1.	<p><b>Welcome and Introductions</b></p> <p>The Chair (Sim Scavazza) opened the meeting, welcoming attendees and clarifying this is a Board meeting in public, not a public meeting.</p> <p>It was noted the livestream in Reading Council Chambers uses a fixed focal length camera, meaning zooming in or panning is not possible. The Chair asked speakers to raise their hand, stating their name and role before each contribution. Following feedback, larger nameplates will be used at future Boards, to enable those at home to follow more easily.</p> <p>The following updates were provided:</p> <ul style="list-style-type: none"> <li>• Sim Scavazza is Acting Chair for Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) while Javed Khan OBE has taken a period of extended leave.</li> <li>• Welcomed Karen Beech (Interim Chief People Officer) and Matthew Metcalfe (Chief Financial Officer) to their first Board meetings in public.</li> <li>• Nick Broughton will be starting as Interim BOB ICB CEO from 3 July. Last meeting for Steve McManus as Interim CEO. Cover will be sought for Nick's Member for Mental Health board role.</li> <li>• Thanks to Neil Macdonald in covering BOB ICB's NHS &amp; Foundation Trust partner member role, while Steve was Interim CEO. The Chair will have further discussions to agree how this role will be filled from July.</li> <li>• Thanked Shaheen Jinah (Primary Care Partner Member) who will be leaving BOB ICB Board from the end of June. A replacement will be appointed.</li> </ul>
2.	<p><b>Apologies for Absence</b></p> <p>Apologies from Neil Macdonald (Partner member – NHS and Foundation Trusts) and Haider Husain (Associate Non-Executive Director – 'NED').</p>
3.	<p><b>Minutes from Last Meeting on 21 March 2023 and Matters Arising</b></p> <p>All actions have been marked closed and this is reflected in the accompanying Actions Log.</p> <p>The minutes of the meeting held on 21 March 2023 were accepted as an accurate record.</p>

4.	<p><b>Declarations of Interest</b></p> <p>Current register included. The nature of our Board with partner members means there are inherent interests because of the organisations they lead or are part of. In particular: Item 8 Performance report; Item 9 Finance report; Item 11 Operational Planning; Item 12 Joint Forward Plan; Item 13 Digital and Data Strategy. Items 8 and 9 are not for decision – because the perspective of all members is important, all may participate in the discussion. Items 11, 12 and 13 are for approval and all members can participate in decision.</p>	
5.	<p><b>Questions from the public</b></p> <p>We received three written questions in advance, which all relate to agenda items – so presenters will answer questions during the relevant agenda items. Written answers to all questions will be published on our website within 20 working days.</p>	
6.	<p><b>Living our values</b></p> <p>Saqhib Ali (NED) shared his personal journey, which began with pursuing medical studies but then switching career paths to become a qualified accountant. Saqhib spoke of his family’s longstanding ties working for and with the NHS, and the impact the NHS has had on his life journey – including the direct impact it has had in supporting him personally. Saqhib stressed the importance of ‘living and breathing’ the NHS – emphasising we are all part of the NHS and its mission. The Chair thanked Saqhib for sharing his impactful story on how our life stories align with the work we are doing.</p>	
<b>Board Reports</b>		
7.	<p><b>Chief Executive and Directors’ Report</b></p> <p>Steve McManus (Interim CEO) presented Item 7, the Chief Executive and Director's report. He highlighted the ICB board is maturing, with committees supporting its work on strategy, assurance, and culture development to ensure effective governance and oversight. The following points were highlighted and discussed:</p> <ul style="list-style-type: none"> <li>• The ICB's convening role was emphasised, highlighting its ability to bring colleagues from across the system together for joint planning and collaboration. The Education forum that will take place in June was highlighted as an excellent and exciting example; with our education providers we have training for the whole range of professions.</li> <li>• The ICB role and lessons learnt from supporting our providers through industrial action were highlighted by Matthew Tait (Chief Delivery Officer).</li> <li>• The board acknowledged that the local election results would lead to changes in administration for some of our councils but that it was too early to have all the details.</li> <li>• There is a specific focus on preparing for the Care Quality Commission (CQC) assessment of the ICS, with efforts to strengthen relationships with national bodies and partner organisations.</li> <li>• The Hewitt Review, which provided recommendations for ICBs and ICS priorities, was mentioned and the Board agreed that we should embrace and use the principles in our work to continue to build the strength of the system.</li> <li>• The new ICB team structures are progressing, and an upcoming all-staff event has been announced for June 2023 to celebrate our first year and support engagement and alignment.</li> <li>• Acknowledgment was given to the valuable work being done by local maternity and neonatal services in the system.</li> </ul> <p><b>The Board noted the update.</b></p>	
8.	<p><b>Performance and Quality Dashboard</b></p> <p>Matthew Tait (Chief Delivery Officer) presented item 8, the Performance and Quality Dashboard, with Rachael de Caux (Chief Medical Officer) providing an overview of Primary Care and Rachael Corser (Chief Nursing Officer) contributing on Mental Health and Quality &amp; Assurance.</p> <p>The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• New sections have been added to the dashboard. The aim is to strike a balance between highlighting key areas requested by the Board and providing broader information.</li> <li>• Performance areas are being reviewed to ensure alignment with the Operating Plan and Joint Forward Plan.</li> <li>• The report includes more workforce information, including vacancies and agency spend. It was acknowledged that reducing agency spend was challenging and had been complicated in the short-term by industrial action. Matthew Tait confirmed that there was a clear programme in place to support delivery of this in line with the Operational Plan commitments.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The challenges in meeting our desired level of support for patients with eating disorders, as well as problems faced with performance reporting against this area due to issues with data. The reporting issues should be improved before the next Board meeting.</li> <li>• The introduction of a national oversight framework for UEC provides tiered national (Tier 1), regional (Tier 2), and lower-level (Tier 3) support interventions, focusing on 4-hour performance, ambulance performance, and A&amp;E department waits. We are in Tier 3. Support is provided to all trusts, with interventions related to staff, workforce, and quality oversight.</li> <li>• Cancer performance has been challenging, particularly regarding the 62-day target. Buckinghamshire Healthcare Trust (BHT) and Royal Berkshire Foundation Trust (RBFT) have received support for improvements, and positive progress has been observed in recent months. However, there have been some small increases in waiting times over 62 weeks, which will be further analysed, factoring in the potential impact of industrial action. BOB ICB is also supporting Oxford University Hospitals NHS Foundation Trust (OUH) to address their distance to target for Cancer screenings and treatment – targeted to be back on track next year.</li> <li>• Working ongoing with Primary Care Networks (PCN) to enable General Practice to see more patients via face to face GP appointments. The Partner Member for Primary Care highlighted positive changes to the GP contract for 2023/24 will enable staff funded through the additional roles reimbursement scheme to be used more flexibly to support patient access. The Board noted the publication of the delivery plan for recovering access to primary care and the enhanced role (and funding) for pharmacy though acknowledging the workforce issues in these services. It was agreed that our plan would be presented to the Board at a future meeting.</li> <li>• Mental health initiatives on reducing out-of-area placements for adult inpatients were discussed. Progress has been made in this area over the last two months. The Mental Health Partnership Board and the Provider Collaborative are focused on driving improvements in mental health services.</li> <li>• The development of a quality assurance and improvement framework highlighted in the Chief Executive’s report (designed in collaboration with partners) aims to monitor the quality and safety of commissioned services. Qualitative data, such as patient experience, complaints, and mortality rates, will be used to evaluate operational performance. The framework is being tested during Q1 and will be shared more widely and be presented to the Board in September.</li> <li>• The implementation of the single delivery plan, published in March, involves working with partners to develop quality metrics and using the Perry Dash system for consistent monitoring of maternity services across the system.</li> </ul> <p><b>The Board noted the contents of the report.</b></p>	
9.	<p><b>Finance</b></p> <p>Matthew Metcalfe (Chief Finance Officer) presented Item 9, the Finance Report. The report provided an overview of the year-end financial situation and highlighted areas of concern and improvement. Discussions focused on the financial performance of BOB ICB, the challenges faced, and efforts to address them:</p> <ul style="list-style-type: none"> <li>• The ICB reported a small surplus.</li> <li>• The system's financial position showed a slight improvement compared to initial forecasts, with a £30 million deficit against an agreed stretch target of £36 million. Challenges included significant agency spend, and higher-than-expected non-pay costs.</li> <li>• High costs were particularly noted in the context of Continuing Healthcare (CHC) provision. Efforts to maximise the efficiencies of investments in CHC are focused on reducing variation and instilling best practice, while maintaining a focus on delivering quality within allocated resources – ensuring decisions align with quality assessments, and fostering stakeholder involvement. Associated risks were acknowledged, with measures in place to monitor and address these.</li> <li>• Efforts were underway to enhance assurance, mitigate shortfalls in savings plans, and identify opportunities for cost management. Progress will be closely monitored to mitigate any shortfalls.</li> </ul> <p>The Chair acknowledged the hard work and collaboration of colleagues across the system, in achieving better results and keeping BOB ICB moving in the right direction.</p> <p><b>The Board noted the draft outturn position and that this is still subject to external audit.</b></p>	
10.	<p><b>Risk – Board Assurance Framework/ Corporate Risk Register Review</b></p> <p>Catherine Mountford (Director of Governance) presented Item 10, Risk – the Board Assurance Framework/ Corporate Risk register review. The following points were presented and discussed:</p> <ul style="list-style-type: none"> <li>• The report format has been updated: principal risks are presented aligned with the four core aims of the ICS.</li> </ul>	

	<ul style="list-style-type: none"> <li>• There is a clear line of accountability, with Executive Directors owning the principal risks and reporting through relevant assurance committees. The Audit and Risk committee reviews progress on system and process development, as well as the highlighted risks.</li> <li>• The 'next layer down' of risks in the Corporate Risk Register is being reviewed and refined, involving the operational risk management group. The focus is on systematic identification and scoring of risks, implementing controls, taking actions to mitigate them, and ensuring linkage to organisational objectives.</li> <li>• The first internal audit review provided substantial assurance, with caveats related to BOB ICB's current early stage of development.</li> <li>• The financial position and risks are closely linked with the need for collaboration between the ICB and system partners.</li> <li>• It was observed that the workforce risk ranks seventh in the board assurance framework, while it is often the top-rated risk in individual trust risk registers. Work is ongoing to align and balance organisational and system-wide risk management.</li> </ul> <p><b>The Board noted the update and that points made during discussion would inform the ongoing development.</b></p>
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<b>Comfort Break</b>
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<b>Working together/Developing the System</b>
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11.	<p><b>2023/24 Operational and Financial Plan – Update</b></p> <p>Matthew Tait (Interim Chief Delivery Officer) presented Item 11, the 2023/24 Operational and Financial Plan Update. The operational plan builds on the paper presented in March, with the focus on service improvements and addressing health inequalities. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• One of the targets is related to "weighted activity" in elective care, with a national target of 109%. The revised plan shows an increase for BOB from 95.4% to 104%, which puts us at a similar level to other systems. There is work ongoing against this target, with risks surrounding discussed – for example, not reaching the target may affect non-recurrent funding for elective recovery.</li> <li>• Dementia diagnostic rates are now compliant with the target. Cancer performance has improved in the final submission. Currently Royal Berkshire Foundation Trust (RBFT) will not achieve the 62-day wait target for cancer recovery, so BOB ICB is working with them to address capacity.</li> <li>• Workforce numbers have changed, with targeted growth in mental health and primary care workforce (aligned to ringfenced investment) and a reduction in acute trust workforce numbers.</li> <li>• NHSE have provided extra funding to meet non-pay inflationary pressures.</li> <li>• From a financial perspective, the ICB plan is projected to be break even, while the system plan shows a deficit. The two-year horizon for achieving break-even was noted as a significant risk as the plan to deliver this is under development. This financial plan has now been agreed with NHSE.</li> <li>• The focus on health inequalities and prevention in the plan was welcomed by the Board, with the opportunity for cross-fertilization and sharing learning between the three Places noted.</li> <li>• The challenge of increasing elective care numbers, while reducing long wait times is acknowledged – the ICS will work together to manage waiting lists effectively.</li> <li>• A perceived discrepancy between Table 3 and Table 4 in the paper was discussed, regarding headcount numbers – with one showing an increase and the other showing a decrease. It was noted this may relate to the start and finish points of the data, where we may have had increased numbers within a particular window and reduced in another. Further clarification is needed on the funding and cost implications of staff additions.</li> <li>• The Board agreed an emphasis on developing more pro-active community-based services to help prevent acute pressures developing in the first place.</li> </ul> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the contents of the draft operational plan.</b></li> <li>• <b>Approved and supported the activity, workforce, and delivery plans for the ICB and ICS.</b></li> <li>• <b>Noted the update given on the discussion with NHSE on the financial position of NHS ICS partners.</b></li> </ul>
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12.	<p><b>Joint Forward Plan</b></p> <p>Rob Bowen (Acting Director of Strategy) presented Item 12, the Joint Forward Plan (JFP). The JFP is a five-year delivery plan which balances operational requirements with the ambitions set out in the integrated care strategy. The plan has been developed through a collaborative process, engaging with colleagues and partners, understanding their priorities, and considering public and community input.</p>
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	<p>The main paper is a summary, with the detail included in the additional Annex to the Board Papers. The JFP is currently being endorsed by the six key delivery organisations. In June, the plan will be reviewed by Health and Wellbeing Boards, to ensure alignment with joint local health and wellbeing strategies.</p> <p>The following areas were presented and discussed:</p> <ul style="list-style-type: none"> <li>• The plan emphasises the importance of prevention, population health management, integrated data, primary care models, demand and capacity management, financial sustainability, and workforce strategies. It consists of two main parts:       <ol style="list-style-type: none"> <li>(1) The detailed delivery plan which is aligned with the strategy and specific service ambitions.</li> <li>(2) The prioritised response against four challenge areas – Prevention &amp; Inequalities; Model of Care; People’s Experience; Sustainability.</li> </ol> <p>For each challenge area, a single priority action has been identified for the coming year, to enable addressing the challenges effectively.</p> </li> <li>• Broad support for the plan was noted, and specifically its focus on prevention. The wider impact of the plan was also discussed, including the tension between goals and financial sustainability, and the importance of planning in more detail for the later years of the plan. For example, additional Health Inequalities funding is currently guaranteed for the next two years, not the whole five year period – though it was noted that much of our work within this space is covered within day-to-day funding.</li> <li>• There is a need to understand how the plan translates into tangible action at the local level and how it will meaningfully influence decision-making across the system. The collaborative efforts required to deliver the plan were discussed, and how the ICB can work with providers in overcoming challenges.</li> <li>• It was noted that the Plan should be made more accessible for public engagement: For example, a streamlined and simplified (including easy read) version.</li> </ul> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Endorsed this version of the Joint Forward Plan,</b></li> <li>• <b>Noted that additional feedback given in discussion will be taken into account in developing the final version.</b></li> </ul>
13.	<p><b>Digital &amp; Data Strategy</b></p> <p>Ross Fullerton (Interim Chief Digital and Information Officer) presented Item 13, the draft Digital and Data Strategy. The strategy is the first of the key enabling strategies to support the JFP. It is aiming to address system challenges, with focus on areas such as inequalities, model of care, experience, and sustainability. The strategy emphasises the importance of having the right digital and data foundations to operate more effectively as a system.</p> <p>The following points were presented and discussed:</p> <ul style="list-style-type: none"> <li>• The strategy includes three main pillars:       <ol style="list-style-type: none"> <li>i. <b>Digitise:</b> Focuses on digitising health and care services provided by organisations.</li> <li>ii. <b>Connect:</b> Aims to improve the use of data through initiatives like shared care records to ensure the right information is accessible for making informed decisions.</li> <li>iii. <b>Transform:</b> Aims to develop data foundations that support population health management, research, and development, and improving overall health outcomes.</li> </ol> </li> <li>• The strategy highlights the need for a skilled workforce across the system, including digital professionals, health and care workforce, and the general population, to meet the raised expectations and avoid exacerbating inequalities.</li> <li>• The Board discussed the variability in hardware and software across Primary Care. Support teams have been more pro-active in working with Primary Care partners to address this issue and BOB ICB is investing in addressing these issues.</li> <li>• Finance: Consideration for the strategies benefits and impact, on the longer-term financial targets and also resource management implications.</li> <li>• How we can better leverage BOB’s world-class academic footprint.</li> <li>• Enabling data-sharing within and across systems safely and securely, to enable a good picture of Population Health. A general shift to towards accessing data where it is located, rather than trying to share it – which helps address interoperability and translatability of data.</li> <li>• There is a national effort to establish a baseline of digital maturity across the country, with self-assessments and peer reviews underway to validate the strategy.</li> <li>• Appreciation for the wide engagement and recognition of the positive impact the strategy can have on clinicians' ability to provide direct care.</li> <li>• How digital tools can aid in social care for children, as well as importance of data use in assurance methodologies for care systems and in adult social care.</li> </ul>

	<ul style="list-style-type: none"> <li>• The strategy will be made available in an accessible version on the website.</li> </ul> <p>Ross addressed a public question, on the involvement and integration of the voluntary sector (VCSE) within the strategy. Ross noted he would welcome more time engaging with the VCSE to consider this.</p> <p><b>The Board approved the Digital and Data Strategy.</b></p>	
<b>ICB Development</b>		
14.	<p><b>ICB Partnership Governance Self-assessment</b></p> <p>Catherine Mountford presented item 15, the ICB governance and partnership review. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• Reviewing governance arrangements regularly is important, especially as the organisation approaches the end of its first year.</li> <li>• Areas of focus for the first year include board operation, membership, committee arrangements, delegations, and collaborative work with system partners.</li> <li>• Improving the connection between committees and the main board is crucial, along with enhancing engagement and effectiveness within the wider system.</li> <li>• The value of learning from peer experiences and engaging with various sectors, including VCSE and communities was also noted.</li> <li>• How Governance responsibilities can be delegated further down to neighbourhood, place, and other organisations should be reviewed and improved. This should be balanced against the risk of being 'held back' by varying approaches.</li> <li>• Engagement, interaction, and appropriateness in governance discussions are emphasised over a purely academic approach.</li> <li>• The role of the Care Quality Commission in supporting system assessments was noted.</li> </ul> <p>Catherine welcomed a question from the public, around engagement with people and communities in this review and highlighted it would be picked up by the small group who will oversee development of the plan.</p> <p><b>The Board endorsed the areas of focus and the further development of the plan and timeline for undertaking the review.</b></p>	
15.	<p><b>Board Assurance Committee Reports</b></p> <p>Updates from across the main Board Assurance Committees included:</p> <ul style="list-style-type: none"> <li>• Audit &amp; Risk – Item for alert focused on addressing the length of papers to be more succinct, to enable meaningful assurance and oversight.</li> <li>• People – Committee development and oversight is progressing well. Currently reviewing the Committee's membership to ensure we have the right balance.</li> <li>• Place and System Development – the discussion about the role of the Academic Health Sciences Network had been very useful.</li> <li>• Population Health &amp; Patient Experience – Investigating the impact of infrastructure on outcomes, for example old buildings which need investment.</li> <li>• System Productivity – Looking into the detail around capital spending and estates and infrastructure. Efficiency programme developing, which looks at why financial targets were historically missed.</li> </ul> <p><b>The Board noted the contents of the Committee's Escalation and Assurance Reports.</b></p>	
<b>Reports for Information / Assurance</b>		
16.	<p><b>Forward Plan</b></p> <p>Forward Plan noted by the Board and will be iterated as we go forwards.</p>	
<b>Any Other Business</b>		
17.	<p><b>Any Other Business</b></p> <p>The Chair thanked the Board and all the colleagues across the System for all their hard work. There being no other business, the meeting was closed at 1257.</p>	
<b>END</b>		
<b>Date of Next Meeting: 18 July 2023</b>		