

BOB ICB Board Meeting in Public

Responses to the public questions submitted to the 16 May 2023 Board meeting:

Ref	Questions / Comments
No. 1	<p>Dear Sirs, this report under quality and safety in paragraph 35 says: "The quality and safety leads from across the ICS have co-designed a Quality Assurance and Improvement Framework that describes a new ambition, expectations, accountabilities and behaviours for system quality assurance and improvement."</p> <p>I have three questions about this:</p> <ol style="list-style-type: none"> 1.1. Is this framework publicly available and if so where and if not, why not? 1.2. On 17 April 2023 the Daily Mail published a headline article here and also the Daily Telegraph one here relating to safety in hospitals. The original report by Reading University for the Women's Rights Network is here. The story was "More than 6500 rapes and sexual assaults - some against children under 13 - have been committed in hospitals in England and Wales over nearly four years". Does the framework address the issue of measures to prevent, or at least significantly reduce, sexual assaults in hospitals and if not, why not and is there a plan to include such in the framework? 1.3. Why does the joint forward plan not make more of the key issue of patient (and workforce) safety when such is such a significant challenge to the system in the very complex world of health care today which has and will continue to result in increasingly greater risks of avoidable harm to patients? <p>On my question 2, it is worth noting that Thames Valley Police was one of eight out of 43 police forces who failed to respond to the Freedom of Information requests made by the Women's Rights Network. I have taken this up with the Thames Valley Police and Crime Commissioner and The Rt Hon Victoria Prentice KC MP my member of parliament.</p> <p>See Also: Global Patient Safety Action Plan 2021-2030 (who.int)</p> <p>Submitted by Chris Wardley (Adderbury)</p>
Response 1.1	<p>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 then be shared more widely and be presented to the Board in September.</p>
Response 1.2	<p>Safeguarding concerns and the accountability for allegations and concerns about patterns of inappropriate behaviour, sexual assault and rape, is an important component of the BOB ICB quality assurance framework.</p> <p>Whilst the ICB cannot comment on the response from the TVP regarding the recent Freedom of Information request, we are aware that Violence Against Women is a priority for them as part of their violence reduction work. The ICB work with them through the safeguarding adults board and on the Violence Reduction Unit Strategic Steering Group on this.</p> <p>Violence reduction is a key priority in the ICB Joint Forward Plan.</p>
Response 1.3	<p>Patient safety is included in the quality domain of our work which, along with our work to support our workforce also picks up staff safety. The work on our Quality Strategy, Quality Framework and Workforce/People Plan which would incorporate these are referenced throughout the Joint Forward Plan with more detail available in the supporting annexes here (see pages 110-114 and 124-137)</p>

No. 2	<p>Could I please ask the following question regarding the paper for agenda item 14:</p> <p>The proposed Governance and Partnership review states that such reviews enable peer learning etc by “engaging with the experience of partners including VCSE sector and people and communities.</p> <p>Why, therefore, does the proposed approach (paragraphs 14 and 15 in the paper to the Board for agenda item 14) not specify any engagement with people and communities prior to presenting the outcome to a public meeting of the Board?</p> <p>Submitted by Mike Etkind, Healthwatch Bucks Advisory Panel</p>
Response 2.1	<p>This is a good point and as part of the development of the plan the working group will consider how we engage more widely in a timely and proportionate way.</p>

No. 3	<p>Where is the Digital Road Map for the Third Sector?</p> <p>Agenda item 13: The BOB ICS Data and Technology Strategy is focused on the digital integration within and between the NHS and Social Services. In itself an immense task. The Voluntary Sector is only mentioned twice (pages 12 & 14). On the other hand, the Long Term Plan is clear that the essential cost savings can only be achieved if the Voluntary Sector is deeply involved. Has it been recognised that integrating the Voluntary Sector (the Third Sector) will be just as challenging? The complexity arises from the fragmentation of many (overall) digitally immature groups with limited funding. Where is the Digital Road Map for the Third Sector? Thank you.</p> <p>Submitted by Francis Brown, Data Officer, South Reading Patient Voice.</p>
Response 3.1	<p>The voluntary, community and social enterprise sector is a critical component of how we can improve the health and care of our population across BOB. The Chief Digital and Information Officer (CDIO) is liaising with the BOB VCSE Health Alliance to develop an understanding of the opportunity and roadmap with the multiple VCSE providers. VCSE organisations within BOB are encouraged to contact and work with the alliance to support our development of appropriate strategies and plans.</p>

No. 4	<p>I do not think the meeting room and associated IT system fit for purpose. The fixed focus camera places an anonymising distance between an online observer and the speaker.</p> <p>Submitted by J F Wellum.</p>
Response 4.1	<p>We welcome feedback on the running of our Board Meetings in Public. Part of our commitment to our wide geography across Buckinghamshire, Oxfordshire and Berkshire West (BOB) involves rotating these meetings across BOB, so local members of the public have the opportunity to attend in person. This means we are working with various digital capabilities across the patch. In this instance, we were kindly hosted by Reading Council, therefore we were working with the technology available in the council chamber, which included a fixed-focal-length camera. The Chair had flagged this at the start of the meeting, and noted we could not zoom into individual speakers and asked speakers to kindly raise their hand, briefly stating their name and role before each contribution.</p> <p>We welcome your feedback and will continue to work with our partners to consider how we can better facilitate public engagement, as we rotate hosting around BOB and will continue to keep under review the options we have to enhance and maximise this. In future meetings, we will also use larger nameplates for the meetings where we are able to focus on the speaker – to better enable the public to follow the meeting.</p>

No. 5	<p>A working friend needs elective surgery on a knee. She had pre-op tests in December/January. Five months later she is still waiting for an operation date. An operation that will enable her to continue working. Meeting contributions emphasised the Board's priorities to reduce health inequalities. How would the Board explain the strategy priorities to her when every week waiting for her operation brings increased discomfort and associated working difficulties?</p> <p>Submitted by J F Wellum (received after the meeting and written response below).</p>
Response 5.1	<p>We are sorry that your friend is waiting for an operation. As you will see from our Performance report the reduction of waiting times for operations is a priority for us and all our providers, but this is still challenging. A continued focus on this is also reflected in the Joint Forward Plan under the "Improving Quality and Access" section.</p>