

## Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public  
Tuesday 14 January 2025, 13.30-16.30  
Unipart House, Garsington Road, Cowley, Oxford OX4 2PG

Name	Role	Attendance
<b>Members</b>		
Priya Singh	Chair	Present
Saghib Ali	Non-Executive Director	Present
Margaret Batty	Non-Executive Director	Present
Nick Broughton	Chief Executive Officer	Present
Rachael Corser	Chief Nursing Officer	Present
George Gavriel	Partner member – Primary Medical Services	Apologies
Abid Irfan	Acting Chief Medical Officer	Present
Grant Macdonald	Member for Mental Health	Present
Steve McManus	Partner member – NHS Trusts/Foundation Trusts	Present
Matthew Metcalfe	Chief Finance Officer	Present
Tim Nolan	Non-Executive Director	Present
Aidan Rave	Non-Executive Director	Apologies
Sim Scavazza	Deputy Chair, Non-Executive Director	Present
Rachael Shimmin	Partner member – Local Authorities	Apologies
<b>Attendees</b>		
Ros Kenrick	Business Manager to the Chair and Chief Executive	Present – Minuting
Sarah Adair	Associate Director of Communications & Engagement	Present
Sandra Grant	Chief People Officer	Present
Alastair Groom	Director of Financial Improvement	Present
Barbara Hammond	Member of the Public	Present for items 1-6
Hannah Iqbal	Chief Strategy, Transformation and Digital Officer	Present
Dan Leveson	Director of Places and Communities	Present
Susan Parsonage	Chief Executive, Wokingham Borough Council (deputising for Partner Member – Local Authorities)	Present
Amit Sharma	Clinical Director, Earley + Primary Care Network, Chair, Berkshire West Primary Care Alliance (BWPCA) and Berkshire West GP Leadership Group (BWGPLG) (deputising for Partner Member – Primary Medical Services)	Present
Matthew Tait	Chief Delivery Officer	Present

There was a peak online attendance of 19, plus 4 members of the public attending in person.

<b>Board Business</b>	
1.	<p><b>Welcome and Introductions</b></p> <p>The Chair (Dr Priya Singh) opened the meeting and welcomed attendees. It was clarified this was a Board meeting in public, not a public meeting. The Board meetings rotated around the ICB's geography; this month being held in Oxfordshire.</p> <p>Members were reminded of housekeeping rules, so those joining online could follow proceedings.</p> <p>The Chair welcomed: Barbara Hammond who was joining for Item 6, Resident's Story; Dr Amit Sharma, who was deputising for George Gavriel, Partner member – Primary Medical Services; Susan Parsonage, who was deputising for Rachael Shimmin, Partner Member – Local Authorities; and Dan Leveson, Director for Places and Communities, who would present item 8, Oxfordshire Place update.</p> <p>The Chair also welcomed Dr Grant Macdonald, Chief Executive of Oxford Health NHS Foundation Trust, who had been appointed Board Member for Mental Health.</p>
2.	<p><b>Apologies for Absence</b></p> <p>Apologies were noted from George Gavriel, Partner Member – Primary Medical Services; Aidan Rave, Non-Executive Director, and Rachael Shimmin, Partner member – Local Authorities.</p>
3.	<p><b>Minutes from Last Meeting on 19 November 2024 and Matters Arising</b></p> <p><b>The Board approved the minutes as an accurate record.</b></p>

4.	<p><b>Declarations of Interest</b></p> <p>Current register included within the papers. Where there are any specific interests against the agenda items, where known, this has been reflected on the front sheet of papers with an outline of how these will be managed. The nature of our Board means there are inherent interests because of the organisations members lead or are part of.</p> <p>In particular: Item 07 Chief Executive and Directors Report; Item 09 System Planning 2025/26, Item 11 Finance Report (month 8), Item 12 Performance and Quality Report. All the reports are for assurance/discussion, not decision. The level of conflict is manageable and as the perspective of all members is important all may participate in discussion.</p>	
5.	<p><b>Questions from the public</b></p> <p>The Board received 5 questions before the deadline, one of which related to an agenda item and would be answered by Hannah Iqbal and Sarah Adair during item 10 (Developing a new community involvement and insights approach for the ICB). Attendees were reminded that this was a meeting in public, not a public meeting, and that where questions related to the agenda items they would be addressed during the relevant item. Written answers to all questions would be published within 20 working days of the Board meeting.</p>	
6.	<p><b>Resident's story – Palliative and End of Life Care</b></p> <p>Rachael Corser (Chief Nursing Officer) introduced Item 06, the Resident's Story. She informed the Board that Barbara Hammond had agreed to explain to the Board her experiences of the palliative and end-of-life care that had been offered to her husband.</p> <p>Barbara spoke of being offered clinical interventions, medication, and equipment to help with her husband's physical problems, but that practical advice and care were not offered until the end-of-life care stepped up through the wonderful Hospital at Home and Sobell House staff. She felt that the system was geared to provision of treatment, not care and the latter is where the focus should be.</p> <p>There was a lack of care for the carer in current practice; Barbara had received no follow-up care from her practice and the effects of her husband's death had not been recognised. She also said that her husband could have had a calmer, more peaceful end of life if Barbara had been allowed to advocate for him. This, of course, would have required her husband to have discussions about accepting that he was dying.</p> <p>The Chair thanked Barbara for her kindness in sharing her experience and asked for her permission to explore the issues raised at the meeting.</p> <p>Board members acknowledged that there was a lot to learn. Services should be more joined up and there was an over-medicalisation for end-of-life care. This story provided an opportunity for the ICB, as a commissioner of services, to reconsider what would be commissioned going forward. The Chair asked that Barbara was kept up to date as things progressed.</p> <p>It was difficult to have conversations about death, but these should be encouraged. Provision of care in the community was preferable in many cases to hospitalisation, although as some services were provided by the voluntary sector, their financial situation was of concern and had been flagged at the Population Health and Patient Experience Committee.</p> <p><b>The Board noted and encouraged action on the issues raised by this powerful patient story.</b></p>	
<b>Board Reports</b>		
7.	<p><b>Chief Executive and Directors' Report</b></p> <p>Nick Broughton, Chief Executive Officer, presented Item 8, the Chief Executive and Directors' report, which gives an update for the Board on key topics and items for escalation, and covers various topics and initiatives related to the BOB ICB and its system partners. The following items were highlighted:</p> <ul style="list-style-type: none"> <li>• The ICB's change programme had progressed to plan. 19 members of staff were awaiting suitable alternative employment, and the executive team was looking into priority recruitment to vacancies.</li> <li>• Sandra Grant had begun her role as Chief People Officer on 01 January 2025.</li> <li>• The government had proposed that 92 percent of patients should be waiting no longer than 18 weeks for treatment by the end of this parliament.</li> </ul>	

- On Monday of last week, the Elective Reform Plan had been published. The expansion of community diagnostic centres was key to this plan. BOB currently had three: in Cowley, Thatcham and Amersham. There would also be more surgical hubs.
- NHS England had approved a plan to delegate elements of specialised commissioning to regions. Frimley ICB was leading for the South East. A paper would come in March for Board ratification.
- Dr Ben Riley had been appointed to the role of Chief Medical Officer from 02 March 2025.
- The Senior Information Risk Owner (SIRO) responsibilities would move to Hannah Iqbal. Nick Broughton thanked Clare Doble for holding this for the last six months.
- There had been a meeting for staff of the new Strategy, Transformation and Digital Directorate last week.
- Abid Irfan, Acting Chief Medical Officer, informed the Board of pressures in primary care and a letter received from the Secretary of State offering a funding uplift equating to approximately 4.8 percent. There would be a reduction in red tape and more flexibility on the use of Additional Roles Reimbursement Scheme funding to include newly qualified GPs, but more detail about the offer was expected.
- There had been an increase in requests for urgent dental appointments.
- Healthwatch Buckinghamshire had undertaken a survey in the access to health services experiences of vulnerable migrants. The ICB would provide a formal response.
- The ICB had received notification of a legal claim over the procurement process for offensive waste collection. All ICBs' contracts would end in March 2025 and Ecovate had run the procurement process. Ecovate and 22 ICBs had been cited as defendants. BOB ICB had engaged Capsticks solicitors. The current contracts would need to be extended.
- Rachael Corser, Chief Nursing Officer, informed the Board that the 'quad-demic' of viruses was being addressed by delivery of a wide variety of services for patient access. There was concern that only 35 percent of care workers had been vaccinated. The spring and winter vaccination campaigns were being planned.

**The Board noted the Chief Executive and Directors' Report.**

8. **Oxfordshire Place update**

Dan Leveson, Director for Places and Communities spoke of the inclusive nature of the Oxfordshire Place-based Partnership Board and how one of the main priorities to date had been to develop relationships on which could then be built a fully integrated system of working.

The Executive sponsor for Oxfordshire Place would be Matthew Tait, Chief Delivery Officer. Oxfordshire Place may also decide to appoint a Place Convenor.

Priorities for 2025 were to develop the partnership's maturity matrix, to understand the people and populations who would benefit most from integrated care, to support families, to focus on early years and on integrated therapies. Joint contracts would be developed over the next 10 years.

It was considered that all that could be done to maximise hospital discharges had been done. The care market and social care teams had supported this well. The next step would be to prevent hospital admission. The Move Together programme had increased activity and there had been a 50 percent reduction in requests for GP appointments from participants in this programme.

There was some concern over the variation in continuing healthcare provision across the three Places. It was acknowledged that processes needed to be centralised and the ICB was being guided by the national team.

**The Board noted the emerging priorities and how well the organisations in Oxfordshire Place were working together to improve services.**

9. **System Planning 2025/26**

- The system had a legal duty to agree how to use the budget and ensure that there was no overspend.
- Services and culture would have to change to protect the health of the population.
- There would be only one planning submission for the year in late March. Meetings would be held with NHS England in the run up to the submission and there would be difficult decisions to be made.
- A request was made to hold an extra-ordinary meeting of the Board to discuss the planning submission before the planned meeting on 11 March 2025. This would be enabled through a planning discussion during the Board development day on 11 February.

	<ul style="list-style-type: none"> <li>• The 2025/26 plan must be developed with the medium-term strategy in mind. Not all could be done in-year.</li> </ul> <p><b>The Board noted the System Planning 2025/26 update.</b></p>
10.	<p><b>Developing a new community involvement and insights approach for the ICB</b></p> <p>Sarah Adair, Associate Director of Communications and Engagement reported that the ICB had a statutory duty to engage with its population. She asked Board members to help to shape the new approach.</p> <ul style="list-style-type: none"> <li>• In answer to a question submitted regarding the efficacy of the ICB’s communications and ease of finding information about decisions made, she said that it was timely in that there was a great opportunity for a reset with the implementation of the new structure.</li> <li>• Communication with the public could be improved. The team was learning from other systems and looking to system partners, especially the local authorities, to develop more meaningful engagement.</li> <li>• There would be a dedicated community insight team who would work with partners and local communities.</li> <li>• Understanding of whether communications were being effective would come from a variety of sources including formal complaints, compliments, talking with community groups, MPs, those with long term conditions and the high users of services.</li> <li>• A cross-directorates group will be set up to discuss insights and understand the gaps.</li> <li>• There was a fundamental need to hear and value residents’ voices to help shape services.</li> </ul> <p><b>The Board noted the paper on community engagement and insight, thanking the team for the opportunity to help to shape the new approach.</b></p>
<b>COMFORT BREAK</b>	
11.	<p><b>Finance Report M8 (November)</b></p> <p>Matthew Metcalfe, Chief Finance Officer, presented the Finance Report, which provided an overview of the financial position of the ICB and the wider system for the end of financial month eight (M8). The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The overall system reported a deficit of £46m.</li> <li>• There were challenges with the Oxford University Hospitals and Royal Berkshire Hospital Foundation Trusts’ positions and meetings were being held to discuss these.</li> <li>• NHS England required a position statement at M10.</li> <li>• The continuing healthcare position had normalised.</li> <li>• There was some dental underspend, but it would be drawn back by NHS England and would not be available to offset any overspend in pharmacy, optometry and dental.</li> <li>• The ICB continued to hold a significant number of vacancies. Caution should be applied in recruitment to these posts.</li> <li>• The plan remained to spend all the capital budget.</li> <li>• The ICB was working with the Royal Berkshire Hospital to assist in its cash flow issue.</li> <li>• Prescribing – high-cost drugs and devices remained a risk.</li> <li>• There was concern that this year’s budget was being supported by non-recurrent funding of some services. To stay within the 2025/26 budget, all providers would have to work as a team.</li> </ul> <p><b>The Board noted its support for the Chief Executives across the system in their aim to work as one to facilitate major change in the way services are provided.</b></p> <p><b>The Board noted the report and considered the ICB’s ability to meet its control total, considering year-to-date performance, prospective risks and plans to address overspends; the Board also considered the system’s ability to meet its control total, particularly year-to-date performance and prospective risks.</b></p>
12.	<p><b>Performance &amp; Quality Report</b></p> <p>Matthew Tait (CDO), Rachael Corser (CNO) and Abid Irfan (Acting CMO) presented Item 12, the Performance &amp; Quality Report. The report is a comprehensive review of operational performance, quality, challenges faced by the system, and the strategies in place to address these. Some of the highlights discussed included:</p> <ul style="list-style-type: none"> <li>• Urgent and Emergency Care gave a mixed picture. There had been a reduction in performance since the summer and remained just below the South East and national averages. Since November there had</li> </ul>

	<p>been high levels of the ‘quad-demic’, with a difficult first week in January. However, there had been higher attendance numbers and better performance than in previous years.</p> <ul style="list-style-type: none"> <li>• Ambulance performance – there had been some long ambulance delays, but this system had not triggered any extreme category 2 limits. The CDO noted thanks to the ambulance trust and local partners for their hard work to avoid such issues.</li> <li>• Elective Care: There had been a reduction in the overall total of long waits, but Oxford University Hospitals was still challenged. It had been put into Tier 1, which meant national scrutiny. Each provider was targeted with reducing the 18 week wait limit by 5 percent.</li> <li>• Cancer: Additional funding had been received which would help to improve performance in quarter 4. The Board discussed the performance dip in Buckinghamshire. It was noted that these dips do occur and are managed well by the trusts’ working together with the help of the alliance.</li> </ul> <p><b>Action: Matthew Tait to provide a case study of the Buckinghamshire Healthcare trust dermatological cancer performance in M8.</b></p> <ul style="list-style-type: none"> <li>• There had been a dramatic dip in primary care access, although the total number of appointments had risen. This situation was being monitored.</li> <li>• Dental access had improved through the use of dental funding.</li> <li>• Information on patient experience, patient safety, infection prevention and control, maternity and CHC quality performance would be added to the performance and quality paper going forward.</li> <li>• The Healthwatch report on the experience of leaving hospital encouraged clear communications to patients’ families.</li> <li>• Complaints themes were mainly around the ADHD pathway.</li> <li>• The Patient Safety Incident Response Framework would be rolled out to primary care.</li> <li>• More people were now eligible for continuing healthcare funding and there was a need to address the variation in services across the system.</li> </ul> <p>The acute provider collaborative (APC) was working well operationally but required more time to achieve strategic maturity. It held regular meetings and offers of mutual aid were helpful. The APC plan aligned with the national Elective Care Plan.</p> <p><b>The Board noted the contents of the report.</b></p>
13.	<p><b>Emergency Preparedness and Resilience (EPRR) Annual Report</b></p> <p>The EPRR annual report provided assurance for the ICB and provider trusts. This was a positive report, despite resource challenges. The area of partial assurance on training came from the lack of training courses on offer. The Board could be assured that all on-call staff had been trained.</p> <ul style="list-style-type: none"> <li>• It was noted that the Berkshire Healthcare Trust report was posted by Frimley ICB. Matthew Tait would investigate why this was the case.</li> <li>• The Audit and Risk Committee had been concerned at the lack of training and should receive notification of the risk around the lack of training courses, and assurance that all on-call staff had received the training.</li> </ul> <p><b>Action: Matthew Tait to write a note for Audit and Risk and Remuneration Committees around the lack of available training courses for staff wishing to be on the on-call register. He would discuss this further with the EPRR lead.</b></p>
14.	<p><b>Board Assurance Committee Updates</b></p> <p>The Chair introduced Item 15, the Board Assurance Committee Updates. The following were presented by the relevant Committee Chair(s) and discussed:</p> <ul style="list-style-type: none"> <li>• Audit and Risk: The recent audit had received significant assurance with minor improvements required. Some papers had been deferred due to illness and would be taken at the next meeting.</li> <li>• People: There was a red flag for the change programme, but following discussion at this Board meeting, the committee Chair was assured. The health and safety policy had been approved, and the hybrid working policy was developing. People policies in general were fit for purpose.</li> <li>• Place and System Development: There was an alert from this committee around the change programme and the changes to Place support. They noted the risk of the delegation of specialised commissioning.</li> <li>• Population Health &amp; Patient Experience: The committee had reported 8 red flags, some of which were recurring. The common theme was funding and the lack of staff. There were 600 people with severe mental health problems. Whilst the committee was assured that plans were in place to help them, it was not assured about the delivery capabilities.</li> </ul>

	<ul style="list-style-type: none"> <li>• System Productivity: The Chair reported on the recent workshop. The financial position was a red flag, digital was amber, with one red flag for IT infrastructure at the Royal Berkshire Hospital due to the age of the equipment.</li> </ul> <p><b>The Board noted the contents of the Committee Escalation and Assurance Reports.</b></p>	
<b>Any Other Business</b>		
15.	<p>The Chair thanked all who had been working hard and looking at changing our ways of working. She also thanked Barbara Hammond for today's powerful patient story.</p> <p>There being no other business, the meeting closed at 16:30.</p>	
<b>END</b>		<b>Date of Next Meeting: 11 March 2025</b>