

Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public
Tuesday 11 March 2025, 13:30-16:10
Council Chamber, Reading Civic Offices, Bridge St, Reading

Name	Role	Attendance
Members		
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	Present
Grant Macdonald	Member for Mental Health	Apologies
Steve McManus	Partner member – NHS Trusts/Foundation Trusts	Present
Tim Nolan	Non-Executive Director	Apologies
Susan Parsonage	Partner Member – Local Authorities)	Apologies
Aidan Rave	Non-Executive Director	Present
Ben Riley	Chief Medical Officer	Present
Sim Scavazza	Deputy Chair, Non-Executive Director	Present
Attendees		
Ros Kenrick	Business Manager to the Chair and Chief Executive	Present – Minuting
Sarah Adair	Associate Director for Comms and Engagement	Present
Nicola Beech	Managing Director, Thames Valley Cancer Alliance	Present for items 1-8
Trisha Bennett	Community Development Co-ordinator	Present for items 1-6
Clare Doble	Director of Governance	Present
Sandra Grant	Chief People Officer	Present
Alastair Groom	Director of Financial Improvement	Present
Sharon Herring	Member of Meet PEET team, RBFT	Present for items 1-6
Hannah Iqbal	Chief Strategy, Transformation and Digital Officer	Present
Dan Leveson	Director for Places and Communities	Present for items 1-10
Heather Smith	Deputising for Partner Member, Mental Health	Present
Matthew Tait	Chief Delivery Officer	Present
Sue Whiting	Deputy Director of Integration & Delegation of Direct Commissioning	Present for items 1-10

Board Business

1. Welcome and Introductions

The Chair (Priya Singh, Chair) 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, with Reading Borough Council hosting this month's Board meeting.

Members were reminded of housekeeping rules, such as to ensure their microphones were unmuted when speaking, so those joining online could follow proceedings.

The Chair welcomed: Sharon Herring and Trisha Bennett who were joining for Item 6, Resident's Story, Nicola Beech for Item 8, Thames Valley Cancer Alliance update, Dan Leveson for Item 9, Berkshire West Place update, and Sue Whiting for Item 10, Specialised commissioning – Collaborative and Delegation agreements.

The Chair also welcomed Ben Riley, as the new Chief Medical Officer, and Alastair Groom, as the new Chief Finance Officer (interim).

The Chair also noted that this will be the last Board meeting for one of our Non-Executive Directors, Margaret Batty, who will be leaving at the end of March 2025. Margaret had been with the ICB since its establishment in July 2022 and had offered a wealth of experience, offering scrutiny and challenge to help shape our services within the ICB and particularly oversight of quality and safety of our commissioned services. The Chair, along with the Board, thanked Margaret for her valuable and independent experience.

This was also the last Board in public for our Director of Governance, Clare Doble, who has supported us through the change programme and various decision-making processes over the last year in particular.

2.	<p>Apologies for Absence</p> <p>Apologies were noted from Grant Macdonald, Tim Nolan, Non-Executive Director, Susan Parsonage, Partner member – Local Authorities.</p>
3.	<p>Minutes from Last Meeting on 14 January 2024 and Matters Arising</p> <p>The Board approved the minutes as an accurate record.</p> <p>The action log was presented and had been updated with requests to close actions 2, 3 and 5. Item 1 remains ongoing as part of our governance refresh. There was an update on action 4 from the Chief Delivery Officer in relation to providing a case study of the Buckinghamshire Healthcare trust dermatological cancer performance in M8.</p> <p><i>“This action was to update on the reasons and response to the dermatology cancer pressures within BHT. The Chief Delivery Officer has shared with the chair of Place and System Development Committee and the chair of Population Health and Patient Experience the initial response received from Buckinghamshire Healthcare Trust and the high level action plan that went to the Thames Valley Cancer Alliance Board, in addition we have agreed a deep dive into Cancer performance at the next Population Health and Patient Experience meeting”.</i></p> <p>The Board approved the changes to the action log.</p>
4.	<p>Declarations of Interest</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 Berkshire West Place update, Item 11 2025/26 Planning, Item 12 Finance Report (month 10), Item 13 Performance and Quality Report</p> <p>The Chair declared a conflict at Item 10 Specialised Commissioning, as this relates to signing of a Delegation Agreement and Collaborative Agreement that will be signed by all 6 ICBs, the conflict being that Priya Singh is also Chair of Frimley ICB. Sim Scavazza, Deputy Chair, has therefore kindly agreed to preside over this agenda item.</p> <p>The majority of reports in public are for assurance/ discussion. Only one paper is for approval which is item 10. The level of conflict for this item has been managed and the perspective of all members is important all may participate in discussion.</p>
5.	<p>Questions from the public</p> <p>The Board received one question relating to the agenda by our published deadline. This is from Mike Etkind, who has asked if the CEO report should acknowledge impact of figures on people, and this has been forwarded to Dr Ben Riley our Chief Medical Officer to respond later in the meeting.</p> <p>We have, received 5 questions which are not on the agenda for today and will therefore receive a written response. For public and Board awareness these questions relate to:</p> <ol style="list-style-type: none"> 1. Artificial Intelligence, asking for the ICB’s approach to leveraging these tools to enhance outcomes, improve efficiency and ensure equitable access to services. 2. A question in six parts relating to NHS Right to Choose in respect of ADHD. 3. Three questions from Roseanne Edwards from the Banbury Guardian. The first is a follow up to a previous question in relation to communications and engagement; another relating to contracts for services advertised for tender over the last year and one question relating to projected population figures for the Horton General Hospital. <p>Written answers to questions will be published within 20 working days of the Board meeting.</p>
6.	<p>Resident’s story – Whitley Community Development Association Community Wellness Outreach Project in Berkshire West</p> <p>Trisha Bennett and Sharon Herring explained the project which had been set up pre-Covid to support the residents of Whitley and the link that was developed with Meet PEET, the patient experience and engagement team at the Royal Berkshire Hospital.</p> <p>The project provides a safe space for the community to encourage and support each other and allowed them to discuss their health. It was evident that the community knew who were in need. Food parcels</p>

delivered during the pandemic mapped with the known areas of deprivation. The project also now provided fresh fruit and vegetables.

Steve McManus, Partner Member – Acute Trusts, stated that he was proud to be involved in the project and that the Royal Berkshire Hospital was committed to supporting it. Clinical teams were able to go out into the community to provide care.

The Board noted the information presented by Trisha Bennett, Community Development Coordinator, and Sharon Herring from the Meet PEET team, and particularly the positive impact the project has had on the local community, reducing health inequalities and improving health outcomes. On behalf of the Board, the Chair extended thanks to her for coming to this meeting to share her insight.

Board Reports

7. Chief Executive and Chief Officers' Report

Nick Broughton, Chief Executive Officer, presented Item 7, the Chief Executive and Chief Officers' 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:

- Ben Riley was welcomed at the new Chief Medical Officer, and the Chief Executive thanked Abid Irfan for stepping up in the interim. He would remain as deputy Chief Medical Officer. Matthew Metcalfe had stepped down as Chief Finance Officer, with Alastair Groom taking on this role as an interim assignment.
- The Chief Executive of NHS England, along with three other senior leaders had resigned their posts. The Chief Executive noted his thanks for all they had done, and for their support to him as an individual and to the BOB system.
- The Nottinghamshire deaths enquiry would provide learning for mental health services across the country.
- All three BOB acute trusts had declared full compliance with the Maternity Incentive Scheme.
- The British Medical Association (BMA) had agreed in principle the uplift to the GP contracts, thus ending the collective action. The Partner Member for Primary Care Services advised that the new contract aligned with BOB's primary care strategy, the introduction of integrated neighbourhood teams and the mandated use of patient needs groups (segmentation). However, he cautioned that there remained the impact of the national insurance and minimum wage increases on providers. There was as yet no solution for our partners in pharmacy, optometry and dental services. The BMA was supporting the retention of the safe working arrangements of seeing 25 patients per day.
- The Chief Executive had been invited to join the Board of the Oxford Academic Health Partners, which would bring closer ties with the significant research being undertaken in the local area.
- The Change Programme was coming to a close. There would be some voluntary and compulsory redundancies, but these had been reduced to a small number. It was now time to launch the Organisational Development programme and the ICB was pleased to be linked with the Race Equality Matters initiative.
- The Chief Nursing Officer highlighted the left shift of services into the community, particularly in the learning disabilities arena. The Royal College of Nursing was focusing on front-line care support and undertaking a thematic review. All three BOB acute trusts were exemplars in this area.
- The Chief Delivery Officer asked the Board to support the award of a 7+3 year contract to Oxford Health for the Oxfordshire Mental Health services. The matter had been discussed at the workshop held by the Board on 14 January 2025 and had been broadly supported.

The Board endorsed its support for the award of the new Oxfordshire Mental Health Contract to Oxford Health.

- The Chief People Officer confirmed that there would be nine members of staff leaving through compulsory redundancy. The People team was working to support those staff members. The team was also working with other staff on resilience through change and working within new teams.

The Board noted the update.

8. Thames Valley Cancer Alliance update

Nic Beech, Managing Director of Thames Valley Cancer Alliance (TVCA) attended to present the update. TVCA was now hosted by BOB ICB, and it brought experts together to benefit patients with cancer. Nick Broughton was the Chair of the TVCA Board.

	<ul style="list-style-type: none"> • The Alliance had three portfolios which were based on primary and community care. • Given changes to TVCA over the last year, key vacancies were being recruited into. • Board members were concerned to know how the 25 percent reduction in funding had affected TVCA. Dr Beech explained the organisational changes that had enabled this reduction • Money had been given to trusts to improve performance, but providing clinical expertise may produce better results. • The acute trusts and TVCA would be working closely over the next three years to mitigate the reduction in funding. • A further update would be brought to the Board in 12 months' time. <p>The Board acknowledged the value of TVCA, and the work Nicola Beech had done to stabilise the alliance.</p>	
9.	<p>Berkshire West – Place Update</p> <p>Dan Leveson, Director for Places and Communities presented the Berkshire West Place update.</p> <ul style="list-style-type: none"> • Ben Riley, Chief Medical Officer, was the Berkshire West Place Executive Sponsor. The complexity involved in there being three local authorities within the Place footprint meant that other Chief Officers would step in to support attendance at some of the meetings. • Services around prevention, Health Inequalities, Children and Young People, adult mental health and urgent and emergency care were being aligned across the Place through the use of integrated neighbourhood teams. • Priorities for 2025/26 were emerging, to include wider partnership working and development of neighbourhood services through working with communities. • Consideration needed to be given to return on investment in any initiatives. Data for this would be shown through the Carnall Farrar research. There should be fewer short-term commitments and services should build on existing arrangements, such as that discussed in Item 6, the community outreach project. • All organisations working locally needed to hold mature conversations about working more flexibly in light of the worsening financial situation. It was suggested that Directors of Public Health, representatives from the voluntary sector and Healthwatch should be included as members of the Unified Executive at Berkshire West Place. <p>The Board noted the Berkshire West update.</p>	
10.	<p>Specialised Commissioning – Collaborative and Delegation agreements</p> <p>Sim Scavazza took the Chair for this item.</p> <p>The Board was being asked to approve the delegation agreement and collaborative agreement for the delegation of 70 specialised commissioning services across the South East region. Delegation would give the ICBs more leverage to commission differently in the future. The ICBs would be responsible for the services, but accountability will remain with NHS England to enable consistency across the country.</p> <p>The collaborative agreement set out how the 6 South East ICBs would work together to commission services continuing to use the NHS England hub model, with 2025/26 being a transition year. There would be more provider engagement going forward.</p> <p>Terms of reference for the South East joint committee would be finalised to align with the delegation agreement</p> <p>The Board approved the collaborative and delegation of specialised services agreements. Approval of any minor amendments was delegated to the Chief Executive.</p>	
COMFORT BREAK		
11.	<p>2025/26 Planning</p> <p>Priya Singh, Chair, resumed chairing the meeting.</p> <p>The planning process for 2025/26 had been challenging, but easier than that for 2024/25 due to the introduction of the System Recovery and Transformation Board. Partnership working was much stronger, although still developing.</p> <p>The headline planning submission contained gaps, and needed to be improved before the final submission was due on 27 March 2025.</p>	

	<p>There was discussion about working with commercial partners / different ways of working going forward. It was noted that a lot of work had been done in planning since the end of February.</p> <p>There would be an extra-ordinary meeting of the Board on 26 March 2025 to sign off the final plan submission.</p> <p>The Chair thanked all partners for the significant amount of work undertaken in agreeing a plan that could be achieved. She also thanked planning leads and groups for their hard work.</p> <p>The Board noted the 2025/26 Planning update.</p>	
Operational Delivery		
12.	<p>Finance Report M10</p> <ul style="list-style-type: none"> • At M10, BOB ICS was exceeding its planned control total by -£36.7m. The aggregate deficit for the system being -£53.4m for the year to date. • Pressures remained in the positions of the ICB, Oxford Health, Oxford University Hospitals and the Royal Berkshire Hospital, but it was anticipated that these positions would improve, leaving a £16.6m gap for the final submission. <p>The Board noted the M10 finance report.</p>	
13.	<p>Performance & Quality Report</p> <p>Matthew Tait (CDO), Rachael Corser (CNO) and Ben Riley (CMO) presented Item 12, the Performance & 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"> • Urgent and emergency care (UEC) figures remained within the average range. There had been good progress at Place on out of hospital care. Some trusts may receive additional capital funding for UEC 4 hour waits. • Non-elective care 65 week waits: BOB remained an outlier in this standard., although was improving. The Chief Delivery Officer commended the level of mutual aid being offered across the system. This was not solely for patients on long waits. It was anticipated that patients on long waits would be below 140 by the end of March 2025. There was a risk for 2025/26 that overall waits would not reduce. • Cancer performance was strong, but there was a challenge with the 62 day waits. TVCA was engaging with Buckinghamshire HEALTHCARE Trust to work with them on their recovery plan. • Long waiting times remained in ADHD and autism services. • The Chief Nursing Officer thanked the digital team for their work in refreshing quality metrics in relation to the Patient Safety Incident Response Framework (PSIRF). System learning reports would be submitted to Board meetings. • There had been a greater than usual number of inspections in the BOB area over recent months. Much work was underway with the local authorities. • Infection prevention and control: There had been challenges with the '#quad-demic', but whilst three were decreasing, norovirus rates had doubled. • Maternity and neo-natal services: The Chief Nursing Officer acknowledged the hard work undertaken by the teams to achieve and submit the Maternity Incentive Scheme compliance declarations. She noted the questions submitted by Roseanne Edwards and that she would respond within the timeframe. 49 percent of deliveries in December 2024 had been by caesarean. A shift in the way BOB cared for its maternity services was required to accommodate the change in patients' needs. • The Chief Medical Officer reported that there had been a large increase in dental appointments, with the scheme planning for 15,000 in the year. These were likely to generate follow-up requirements, which were being built into the pathways. • GP access had been underestimated in the report. There had been a 5 percent increase. The Chief Medical Officer expressed his gratitude to practice teams for the improvement. He advised the Board that the 14 day wait figures included appointments for which it was right that they should be made in advance, such as those for vaccinations and routine check-ups. • The Pharmacy First scheme was increasing and was having a positive impact. <p>Board members queried the usefulness of the graphs in the report with regard to start date and comparison with last year's data. There was also a query around the waiting list numbers in Berkshire West.</p>	

Action: The Chief Delivery Officer to respond to the request for more useful graphs in the performance and quality report and to look at the waiting list numbers for Berkshire West.

The data recorded in the performance and quality report was revised annually and would be looked at again in May 2025 with regard to more alignment with local operational planning priorities.

The system was holding a great amount of risk. It was important that the Board Assurance Framework (BAF) reflected those risks that were the most significant to the ICB and the system. The new operating model would require a refresh of the BAF risks and the committee structure.

The Board noted the content of the performance and quality report.

ICB Development/ Oversight

14. Board Assurance Committee Updates

The Chair introduced Item 14, the Board Assurance Committee Updates. The following were presented by the relevant Committee Chair(s) and discussed:

- **Audit and Risk Committee:** An alert from the committee was the external auditors' report which flagged that there would be more focus on the financial stability of the organisation next year. The committee would be looking at system risks in the context of other organisations' risks impacting the ICB. There was to be a meeting of the system Audit and Risk Committees' Non-Executive Directors in 2025/26.
- **People Committee:** The alert concerning the Change Programme had largely been mitigated. The committee welcomed the start of the organisational development programme. The committee had signed off the Gender Pay Gap and Public Sector Equality Duty reports. The committee also noted the impact of the changes to the NHS on staff.
- **Place and System Development Committee:** A discussion had been held with the voluntary sector members on the impacts of financial pressure and local authority devolution. Valuable work had to be maintained. The Board was encouraged to remain alert to their situation. With the expected changes to the governance structure of the ICB, the committee chair asked that detailed discussions about the issues at Place needed to remain in the committee structure.
- **Population Health & Patient Experience Committee:** Margaret Batty, Non-Executive Director, again raised the risk to patients in the current financial situation. There had been several red reports from the clinical programme board which would need to be discussed elsewhere when this committee was closed down. There had been no progress on the committee's red risks – with no improvement or movements for the last two years. There was concern that the ratings should be reviewed and a risk that staff had become used to their being red and not giving them the attention they needed. The Chief Finance Officer asked that where committees refer to financial implications, they involve their finance team representative before finalising minutes.

Action: The Chief Nursing Officer and the Chief Executive Officer to work through the red risks on the Board Assurance Framework and Corporate Risk Register.

Action: Hannah Iqbal to arrange a risk session at a future Board meeting.

- **System Productivity Committee:** The report advised that the Royal Berkshire Hospital cash position had improved. Tim Nolan, and Saqhib Ali, Non-Executive Directors, noted that attending recent provider financial oversight meetings had been useful in understanding the system's finances. The Chief Finance Officer advised that it was possible that the elective recovery funding cap might be reversed, which would help the financial situation.

The Board noted the contents of the Committee Escalation and Assurance Reports.

Any Other Business

15. The Chair closed the meeting, thanking all guests who attended in person or online.

There being no other business, the meeting closed at 16:10.

END

Date of Next Meeting: 13 May 2025