

Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public
Tuesday 13 May 2025, 13:30-16:30
Unipart House, Oxford

Name	Role	Attendance
Members		
Priya Singh	Chair	Present
Saghib Ali	Non-Executive Director	Present from 14:40
Nick Broughton	Chief Executive Officer	Present
Rachael Corser	Chief Nursing Officer	Present
George Gavriel	Partner member – Primary Medical Services	Present
Alastair Groom	Chief Finance Officer (interim)	Present
Grant Macdonald	Member for Mental Health	Present
Steve McManus	Partner member – NHS Trusts/Foundation Trusts	Present
Tim Nolan	Non-Executive Director	Apologies
Susan Parsonage	Partner Member – Local Authorities)	Present
Aidan Rave	Non-Executive Director	Apologies
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
Darcy Carter	Strategic Programmes Manager	Present
Sandra Grant	Chief People Officer	Present
Hannah Iqbal	Chief Strategy, Transformation and Digital Officer	Present
Matthew Tait	Chief Delivery Officer	Present
Eileen Dudley	Health Innovation Oxford and Thames Valley	Present for Item 6
Rebecca McVean	Mother	Present for Item 6
Alan Walls	Father	Present for Item 6

Board Business		
1.	Welcome and Introductions <p>The Chair opened the meeting and welcomed attendees. It was clarified this was a Board meeting in public, not a public meeting.</p> <p>Members were reminded of housekeeping rules, so those joining online could follow proceedings.</p>	
2.	Apologies for Absence <p>Apologies were noted from Tim Nolan, Non-Executive Director and Aidan Rave, Non-Executive Director</p>	
3.	Minutes from Last Meeting on 11 March 2025 and Matters Arising <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 and 3. Action 1 remains ongoing as part of our governance refresh.</p> <p>The Board approved the changes to the action log.</p>	
4.	Declarations of Interest <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 08 Delivering our 2025/26 plan, Item 09, Finance Report M12 and Performance Report, Item 11 Developing our foundation for neighbourhood health.</p> <p>The majority of reports in public are for assurance/ discussion. There are two papers for approval – the Terms of Reference for the South East ICB CEOs Joint Committee and its specialised commissioning sub-committee. The level of conflict for this item has been managed with discussion with the Chair and Deputy Chair. The perspective of members is important to participate in discussion.</p>	

5.	<p>Questions from the public</p> <p>The Board received three questions relating to items 7 (CEO report), 10 (SE region terms of reference) and item 11 (neighbourhood) on the agenda by our published deadline.</p> <p>We have received one question which is not on the agenda for today therefore it will not be addressed at the meeting and instead, written answers will be published within 20 working days of the Board meeting. For public and Board awareness this question is: <i>'Recent research by the Centre for Health and the Public Interest (CHPI) into the use of the private sector to deliver NHS funded eye care has revealed that eye-watering amounts are leaking from the NHS into the coffers of private eye clinics'.</i></p>	
6.	<p>Resident's story – From preterm birth to thriving baby</p> <p>The Chief Nursing Officer welcomed Eileen Dudley, Rebecca McVean, Alan Walls and their young daughter, Luna, who were joining for this item.</p> <p>Eileen explained the work of the Health Innovation Network in the collaboration of networks, the system, and individual teams to improve the outcomes for babies who were born too soon. The Board watched a video which detailed this family's journey from Luna's birth and their experiences of the services provided.</p> <p>Alan told the Board of the difficulties facing clinicians in delivering complex information to parents who may not all be in a position to take it in. There was significant work to do on returning home with regard to all the medical equipment needed to help the baby. The parents were aware of support that was available in the community.</p> <p>On being asked whether there was anything that could have been improved, Alan remarked that the services had been very good. It was difficult managing the transition between the levels of service at the hospitals – from intensive care to routine. There had been one issue with a blood transfusion, where the parents had to step in when the baby was becoming distressed. This would be fed back to the hospital.</p> <p>On behalf of the Board, the Chair extended thanks to Eileen, Rebecca, Alan and Luna for coming to this meeting to share their insight, noting that caring for such young babies was a learning curve for all involved. It demonstrated the importance of research and innovation in the quest for better health outcomes for patients.</p>	
Key updates		
7.	<p>Chief Executive and Chief Officers' Report</p> <p>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.</p> <p>He noted the question from the member of the public asking that ICB papers be written in plain English and that they are published on the website. <i>The ICB staff strive to use plain language in their communications and recognise the importance of having Board papers that are accessible to people. As part of our statutory responsibilities Board papers are filed in one accessible location on our website clearly marked and not under the news section.</i></p> <p><i>We appreciate your input and will incorporate more public involvement activities into the Chief Executive and Chief Officers' reports moving forward.</i></p> <p>The following items were highlighted:</p> <ul style="list-style-type: none"> • The annual oversight meeting for 2024/25 was held on 7 May 2025 and verbal feedback had been positive. • The Chief Executive and the Chief Strategy, Digital and Transformation Officer attended a webinar of the Oxford Joint Research Office in which they discussed the role of the ICB in research. Board members discussed other academic health research organisations across BOB and that a greater degree of collaboration was becoming apparent. Local authorities would like to be involved in research and innovation discussions to build closer relationships with those organisations. 	

	<ul style="list-style-type: none"> The Pharmacy First scheme had been very positive, and more pharmacies would be asked to sign up next year. The Chief Medical Officer spoke of his role as Executive sponsor for Berkshire West. He noted the difficulties of each borough and its Health and Wellbeing Boards having different approaches. He noted their frustration at the speed of work that had been possible. <p>The Board noted the update.</p>	
2025/2026 delivery		
8.	<p>Our 2025/26 Plan</p> <ul style="list-style-type: none"> Hannah Iqbal, Chief Strategy, Digital and Transformation Officer noted thanks to system partners for working together to produce the final plan. She advised that her team had begun a planning review of 2024/25. Alastair Groom, Chief Finance Officer (interim) advised that a balanced plan of £299m plus a £24m stretch would be a challenge but was not out of line with other systems. Work on planning would now move to contract management. <p>The Board noted the updates on the 2025/26 plan.</p>	
9.	<p>Progress</p> <ul style="list-style-type: none"> The month 12 ICB and system finance packs were presented. The overall deficit for 2024/25 is £60m, which is substantially less than predicted. The ICB moved funds to enable cash release to providers. Board members questioned the improved position and what had been learned from this. This had been due to financial housekeeping and a significant increase in the finance team capacity. Whilst resource-heavy, indicative activity plans and contract oversight would be tightly managed. Alastair Groom, Chief Finance Officer (interim) asked the Board to note that the BOB system would have £4.6bn to spend on health services in 2025-26. He noted that there had been extra funding into the system. Nick Broughton informed Board members that the improved position had been largely due to the presence of Alastair Groom in his turnaround role. He thanked him for his work. Steve McManus, Partner member – NHS Trusts/Foundation Trusts, noted the positive year-end and the work the ICB was doing. He advised that there remained a cash challenge in the system that would continue into Quarter 1 of 2025/26. This was being monitored at weekly meetings between the ICB and the acute trusts.. Saqhib Ali, Non-Executive Director, flagged the 70-80 percent risk in the cost improvement plans (CIPs) at OUH and RBFT. He asked whether there had been any delivery on the plan in April and how scrutiny would be managed going forward. The CIPs were not front-end loaded, and the detail had not yet been reported on. NHS England were asking for fortnightly CIPs returns. Outputs will be reported to Board and the System Recovery and Transformation Board. NHS England would require a month 01 finance report for 2025/26: this not being usual practice. <p>Performance and Quality Report M11</p> <ul style="list-style-type: none"> On performance, BOB was compliant with national ambulance targets. The 18 week wait target was met by Oxford University Hospitals Trust (OUH) and the Royal Berkshire Hospital Trust (RBFT), but with no 5 percent increase. The Chief Delivery Officer was discussing this with NHS England. The reasons were the size of the backlog and the high volume specialties. Urgent and emergency care (UEC) performance had been better over the winter than last year. The system did not achieve the 78 percent target. The Reading urgent care centre had not had the impact that had been hoped. OUH and RBFT had received additional capital for UEC. A new national UEC plan was expected. Accident and emergency performance was up significantly. BOB remained the best in the South East for discharge waits. There were challenges for OUH over 65 week waits. In February the number of patients was 365, but the next expected number should be down to approximately 65. The Chief Delivery Officer thanked all trusts across BOB for their work in reducing the waits for patients. The 62 day cancer standard achieved at OUH was 74.1 percent. This has resulted in a check and challenge with the NHS England regional team. OUH would be in tiering for cancer in order to support delivery. It was helpful to be working with the Thames Valley Cancer Alliance. 	

	<ul style="list-style-type: none"> Nationally-commissioned sexual assault referral centres were under pressure and the ICB was working to mitigate the gaps locally. The report from the joint targeted area inspection in Reading had been published and details were in the Chief Executive and Chief Officers' report. Paediatric audiology assessment visits had been positive, with two of three providers working on improvements. The Chief Nursing Officer thanked RBFT for the input of their subject matter experts. The continuing rise in demand for caesarean sections was having an impact on theatre activity. There were national increases in the numbers of healthcare-acquired infections, particularly C difficile. A public awareness campaign using 'Andi Biotic' has begun. The Chief Delivery Officer requested feedback from Board members on the format of the report, advising that his team undertook an annual review and refresh. The February figures for learning disability and autism (LDA) for adults had improved, but not that for children. Actions were in place, and impact was being evaluated. <p>Action: The Chief Delivery Officer to look into the LDA figures and report back to Board members.</p> <ul style="list-style-type: none"> Workforce: the system was 1.25 percent above plan on the pay bill, which equated to c£30m off plan. All trusts had a challenge in this area. Board members discussed utilisation of the public estate, particularly of the primary care estate. Work was underway to investigate use of all the estate. There was a call for coordination of bids for s106 developer funding across the system following a recent example of two organisations bidding for the same funding, and a request for the ICB to oversee this. It was important to involve the local authorities and work with them, because the s106 funding came through local authorities. It was suggested that the Board should hold a workshop on the use of the primary care estate. George Gavriel, Partner member – Primary Care Services, thanked members of the Chief Medical Officer's team for their work on s106 funding. <p>The Board noted the reports presented in the Progress item.</p>	
COMFORT BREAK		
Building for the future		
10.	<p>The changing system landscape and future role of ICBs</p> <p>The NHS was undergoing a process of redesign which included a reduction in ICBs' running costs of 50 percent. The interim Chief Executive of NHS England had written to ICB Chief Executives outlining the agenda and a Model ICB blueprint outlining how ICBs may work in the future had been published. There would be an impact on both the population and on staff.</p> <p>ICBs will have larger footprints, and work was already underway across the South East region to identify areas where core functions could be done at scale.</p> <p>Updates will be brought to each Board meeting.</p> <p>The ICB's plan submission was due on 30 May 2025. The Chief Executive asked that the Board delegated authority to him to sign off the final plan. Board members agreed to delegate authority to the Chief Executive.</p> <p>Terms of Reference joint working across ICBs for the South East ICB CEOs Joint Committee and South East ICBs Specialised Commissioning sub-committee: The Chief Executive explained that the South East ICBs were already collaborating and that this now needed to be formalised. Governance leads across the ICBs had developed these terms of reference which were particularly important in the area of specialised commissioning which had already been delegated from NHS England.</p> <p>There were significant savings opportunities in working at scale on certain areas, but each ICB would retain its own responsibilities in relation to each area. Updates on the proposals and work underway would be submitted to public Board meetings to provide assurance that this was being managed well.</p> <p>Grant Macdonald, Partner Member for Mental Health, asked that clarity was provided on any review of mental health services in this context. The Chief Executive would provide feedback at the regular CEOs' meetings.</p> <p>The Board approved the terms of reference for the South East ICB CEOs Joint Committee and South East ICBs Specialised Commissioning sub-committee</p>	

11.	<p>Developing our foundation for neighbourhood health</p> <p>Ben Riley, Chief Medical Officer, reported that health and care services were provided in the community by a number of organisations across the NHS, local authorities and voluntary sector. The paper proposed the establishment of a programme board to include stakeholders and partners to provide coordination of the services and engagement with our population. Coproduction was key to the proposal. He asked the Board to note progress to date and approve the direction of travel.</p> <p>Board members agreed that the opportunities for neighbourhood health were significant, and discussed how best to co-ordinate cross system working with all partners. It was suggested that the ICB should set things in motion, but that plans should be developed locally, with monitoring from the ICB. Data to drive the changes would come from the ICB. Meaningful targets would need to be set in order to be able to deliver change effectively.</p> <p>It was asked whether the proposal would be for health services or for health and social care services. Local authorities were fully supportive of neighbourhood care in the wider context and very experienced in communication with the public.</p> <p>There would not be resource in any one organisation to do this effectively, so the proposal must be seen as a whole system team effort. The terms of reference and further information should be shared with Board members. The remit and membership needed to begin wide and refined as the programme board developed.</p> <p>Action: The Chief Medical Officer to bring the neighbourhood health programme board terms of reference to the ICB Board in July.</p> <p>The Board noted the paper and supported the direction of travel and the establishment of the programme board.</p>	
ICB Development / Oversight		
12.	<p>Board Assurance Committee updates</p> <p>Audit and Risk Committee: The internal audit opinion had been for significant assurance with minor improvements. The new committee terms of reference were presented for approval. Draft accounts would be received in June. The committee disagreed with the removal of the workforce risk, so that would remain on the register.</p> <p>The Board approved the revised terms of reference for the Audit and Risk Committee.</p> <p>System Productivity Committee: The financial situation had moved on since the M11 report. The committee felt that there were significant high risks within the cost improvement programmes. Money should be identified for investment in digital improvements.</p> <p>People Committee: Results from last year's staff survey were not strong, but the committee noted the good organisational development plan. The ICB had begun to stabilise, and the impact of further changes was anticipated. Policies that were submitted had been approved.</p> <p>Place and System Delivery Committee: The committee had held its last meeting and would be passing Place issues into a combined committee, that also monitored quality of services.</p> <p>Population Health and Patient Experience Committee: The report contained an alert about cardiac services. There were challenges around medication costs in weight management. A report on maternity services at OUH was awaited.</p>	
Any Other Business		
13.	<p>The Chair closed the meeting, thanking all guests who attended in person or online.</p> <p>There being no other business, the meeting closed at 16:30.</p>	
END		Date of Next Meeting: 08 July 2025