Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board

Annual Report 2023/24

Contents

Performance Report

The following performance report consists of a performance overview and a performance analysis. It outlines what the Buckinghamshire, Oxfordshire Berkshire West Integrated Board (BOB ICB) is; its purpose, statutory duties and how the ICB has executed those duties. It looks at the work of ICB between 1 April 2023 until the end of March 2024, how the organisation has performed and outlines the risks it faces.

Performance Overview

What do we do?

The BOB ICB is in its second year as an organisation; it was formally established as a new statutory body on 1 July 2022, replacing the three clinical commissioning groups across the area. The ICB has the statutory responsibility to plan, buy and oversee health services for around 1.8 million people from a range of NHS, voluntary, charitable, community and private sector providers. The ICB continues to lead the development of the BOB Integrated Care System (ICS) to remove traditional barriers between services so people can access the support and care they need from NHS and wider care services when they need them.

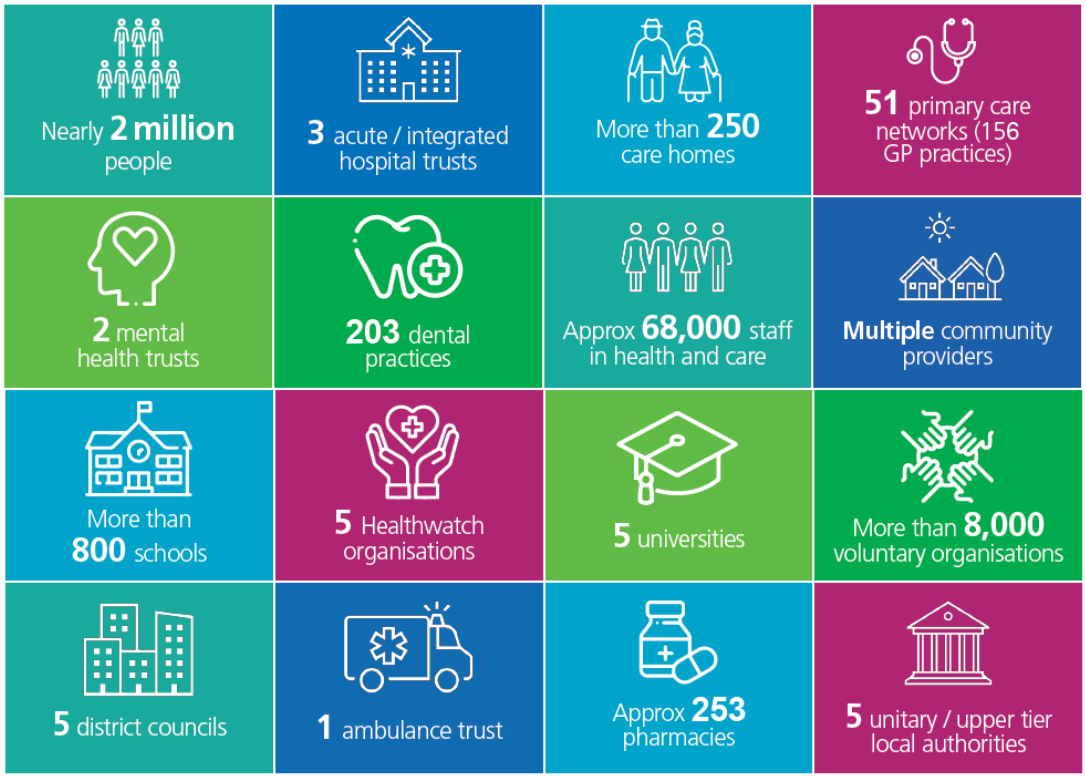
The BOB Integrated Care Partnership (ICP) is the statutory committee between the ICB and our five local authorities across BOB. It also has members which includes all local NHS organisations and primary care providers (GPs, dentists, pharmacists and optometrists), public health, Healthwatch, voluntary and community groups, as well as Oxford Academic Health Science Network. The role of the ICP is to develop and agree an integrated care strategy and to encourage all partners to work together to deliver it.

Our integrated care system is situated in the heart of the Thames Valley; much of our area is rural with more densely populated areas round our towns and cities including, High Wycombe, Aylesbury Oxford and Reading.

Our partner NHS provider Trusts include:

- Buckinghamshire Healthcare NHS Trust (BHT)
- Berkshire Healthcare NHS Foundation Trust (BHFT)
- Oxford University Hospitals NHS FT (OUH)
- Oxford Health NHS FT (OHFT)
- Royal Berkshire NHS FT (RBH)
- South Central Ambulance Service NHS FT (SCAS)

In addition to these organisations we work closely with our primary care providers (GPs, pharmacists, optometrists and dentists) which directly provide health and care services, we have links with schools, universities, businesses and research partners working in health or care in our area. There are more than 8,000 registered charities in our geography and there may be as many as 5,000 more informal community groups.



Most of the registered charities are very small and volunteer-run. As well as making a difference to the health and wellbeing of our population, these voluntary and community groups provide us with a strong link into our communities and a valuable insight into local needs.

Population

The overall age profile of people living in our area is similar to the national average, with a slightly higher proportion of people aged under 18 and a slightly lower proportion of people aged over 65 years. Just over 1 in 5 people are under 18 years and just under 1 in 5 people are over 65 years of age.

This profile is likely to change over time. We anticipate a 5% growth in the overall size of the population by 2042 (an extra 89,000 people). This figure, however, masks significant changes for different age groups. The number of people aged over 65 is predicted to increase by 37% (increasing by 122,000 people) while the number of children and young people (those aged under 18 years) will reduce by 7% (26,000 people) over the same 20-year period.

According to the 2021 census, the ethnic profile for our combined area is very similar to the national average. This masks differences at

local authority level. People who responded that they were White British make up 73% of residents overall which is like the national average but this ranges from 53% in Reading to 85% in West Berkshire. People from many different ethnic groups live in our area including 3.5% of the population who describe themselves as Indian, 3.1% as Pakistani, 1.6% as Black African and 0.8% as Black Caribbean. These relative proportions vary between local authorities and ethnic diversity tends to be higher in our major towns and cities.

Other key facts include:

- People living in our area are generally healthier and live longer lives in good health than the national average. This is true for all our local authorities except for Reading where women do not live as long as the national average and men live as long as the national average. Within each local authority, how long people live varies between wards by up to 10 years, with people living shorter lives in more deprived wards.
- The proportion of babies born at term who were a low birthweight was like the national average of 2.9% except in Oxfordshire where 2.3% of babies born at term were low birthweight.
- A higher percentage of children in our area achieve a good level of development compared to the national average, except in Reading which is slightly lower. However, this average overlooks the experience of some of our most vulnerable children. Children in receipt of free school meals have lower levels of good development, especially in Oxfordshire and West Berkshire
- Young people aged 16-17 who are not in education, employment or training (NEET) are at increased risk of poor physical and mental health. In 2020, Buckinghamshire had a higher proportion of 16-17 years who were NEET than the national average, Reading had a similar percentage to the national average, while rates were lower in other parts of our area.
- 13% of residents in our area smoke according to GP data but this varies significantly between our least and most deprived areas.
- 1 in 4 residents in Buckinghamshire and Oxfordshire and 1 in 5 residents in Berkshire West (Wokingham, Reading and West Berkshire) are estimated to drink alcohol at levels that increase their risk of health problems.
- Around 3 in 10 children aged 10-11 years across our area are overweight or obese and around 6 in 10 adults are overweight or obese.
- Around 1 in 5 adults do less than 30 minutes moderate intensity activity a week.
- Levels of long-term conditions such as heart disease or diabetes are generally lower than the national average. Long term conditions tend to increase with age and it is estimated that 3 in 5 people over 60 years have a long-term condition. However, many long-term conditions are preventable. For example, up to 70% of heart disease and stroke, up to 50% of type 2 diabetes and 38% of cancer cases could be prevented. Smoking causes 15% of all cancers and obesity and being overweight is the second most common cause of cancer in the UK.
- People living in deprived areas develop more long-term conditions and at an earlier age than people living in less deprived areas
- Approximately 12% of adults across Buckinghamshire, Oxfordshire and Berkshire West have a recorded diagnosis of depression which is similar to the national average and 0.8% have a severe mental illness such as schizophrenia.

Overview from Dr Nick Broughton Chief Executive

As I write this introduction NHS BOB ICB has been in existence for 21 months. We are still a young organisation, but over the past year we have been establishing ourselves in the wider BOB system as a key part of the Integrated Care Partnership (ICP). The ICP has really brought together our local authorities, our acute and community Trusts, our ambulance service, GPs and other primary care services, the voluntary sector and academic networks with the aim of working together to better plan and provide health and care services for people who live in our local area.

Despite a backdrop of recovery in the NHS following the pandemic, financial challenges and industrial action, we, together with our partners, have made real progress over the past year. Our main achievements, and indeed challenges, are set out in this report but I want to highlight a few which, I believe, will have a positive effect on our population and build a stable and sustainable health and care system across our geography.

Early in the year the ICP agreed our Integrated Care Strategy for the Buckinghamshire, Oxfordshire and Berkshire West integrated care system. The strategy sets the direction for our health and care system, linking with local plans, to meet the health and wellbeing needs of people who live in our area. To deliver the strategy, we have also developed a BOB-wide NHS Joint Forward Plan (JFP) which outlines how we will manage or provide NHS services to meet our population's physical and mental health needs. We have identified a smaller number of goals that we wish to prioritise to drive forwards collective action across the BOB system. This will allow us to focus our energy and resources to deliver results in targeted areas during 2024/25 (see page 9 for more details).

In the summer of 2023, we started work on the development of a Primary Care Strategy[1]. The strategy in draft form sets out details of the ambition for a new model of primary and community-based care also outlined in our Integrated Care Strategy and JFP. This is set in the context of a clear national and global direction of travel for primary care, including the Fuller Stocktake, which describes how primary care should streamline access, provide continuity of care and focus more on prevention. Considerable engagement has been undertaken to develop this strategy with our primary care colleagues and our public.

We have successfully built on the Community Pharmacy Consultation Service with the introduction of Pharmacy First in January 2024 – early data shows 3,500 referrals have already been made to the new services and 98% of our community pharmacy workforce have been trained to deliver the service.

Our Local Maternity and Neonatal System (LMNS) has continued to support the enhancement of our maternity services. Over the year they have built on existing relationships and collaborative working with the three acute trusts providing maternity and neonatal care, and the maternity and neonatal voices partnerships (MNVP). Part of their work has been an Early Lives Early Start initiative with maternity advocate community organisers engaging over 100 women and birthing people in the deprived area of Oxford. Maternity vaccine champions have improved access to COVID-19, flu and whooping cough vaccinations.

A significant amount of work has been undertaken over the past year to address health inequalities and level up health outcomes for people across BOB. During 2023, the ICB recruited a Prevention and Health Inequalities Team to really progress this work. The team, working with colleagues across the ICS have already made great progress to create and deliver a programme of work to ensure we meet the needs of our population. Funded projects include the formation of a multi-agency team to provide step-up care and support for homeless residents in

[1] GP services, community pharmacy, optometry and dentistry.

Oxfordshire with the aim to prevent discharges to street and associated readmissions. We have also seen the introduction of three pilot projects to increase the number of health checks undertaken of people with severe mental illness within our harder to reach people communities (page 36).

The past year has seen a real focus on quality improvement across our health and care system; key to this are the forums and interfaces with system partners. Over the last year, the System Quality Group (SQG) has been fully embedded. The SQG has a unique role focused on enabling quality improvement across the health and care system with its remit focused on engagement and intelligence sharing for improvement. The ICB published its Quality Assurance Framework in September 2023; the framework was designed in collaboration with partners across the system and sets out a shared single view of quality for safe, effective, positive, well led, sustainably resourced and equitable care.

Unfortunately, the ICB ended the year with a £38m deficit compared to a small surplus of £248k in 2022/23. A reforecast position was agreed in year with NHS England (NHSE) which flagged a forecast deficit of £26m worsening to £40m in the last quarter of the year. In the event, the ICB ended the year very close to the system reforecast position. However, planning discussions held over 2023/24 surfaced that our system is not yet working in a way that is financially sustainable. This builds on challenges in 2023/24 where our system financial position deteriorated off plan. Given our duty to live within our means and ensure we are managing our collective £3.5bn resources effectively, we need to start working differently as quickly as possible going forward, more details on how we will do this are available on page 46.

During autumn 2023 the ICB launched its Change Programme to review and redesign a new operating model. This has involved carefully working through the ICB functions and considering at which level of the system they are best delivered. This redesign will help us to strengthen our unique role and organisational value within the system and to address the ask by NHS England of all ICBs that we are operating at our optimal size to deliver our strategic function and to achieve a running cost budget reduction of 30% by 2025/26.

The Change Programme brings uncertainty for staff as it will result in a restructure of the organisation, this coupled with pressures facing the NHS means it has been a challenging time for colleagues. However, this report shows the amazing work that has been undertaken during 2023/24 of which they should be proud. I want to take this opportunity to thank staff for their hard work and resilience throughout the past year.

Performance Analysis

The following performance analysis report looks at the work of the ICB between 1 April 2023 until the end of March 2024, how the organisation has performed and outlines the risks it faces.

Improving the health and wellbeing of people across Buckinghamshire, Oxfordshire & Berkshire West

The BOB Integrated Care Partnership (ICP) has a vision '*for everyone who lives in Buckinghamshire, Oxfordshire and the Berkshire West area, to have the best possible start in life, to live happier, healthier lives for longer, and to get the right support when they need it.'*

In 2023, following extensive engagement across the system, the BOB ICP published the Integrated Care Strategy, and subsequently BOB NHS partners published the NHS Joint Forward Plan describing our approach to delivering the relevant ambitions of the strategy.

The ICP recognises the places and circumstances in which people live and work influence their health – housing, the local environment, the cost of living, employment, and communities - which is why we are working together to address this. The Integrated Care Strategy

builds on the three current Joint Local Health and Wellbeing Strategies (JHLWS) across Buckinghamshire, Oxfordshire and Berkshire West.

The Integrated Care Strategy, agreed in March 2023 was developed through local engagement and sets the direction for our health and care system, linking with local plans, to meet the health and wellbeing needs of people who live in the BOB area. It is also based on a commitment from our partner organisations to work together to improve people's health and wellbeing and reduce the inequalities in health experienced by people across our populations. The Integrated Care Strategy identified five priorities outlined below.

Our NHS Joint Forward Plan

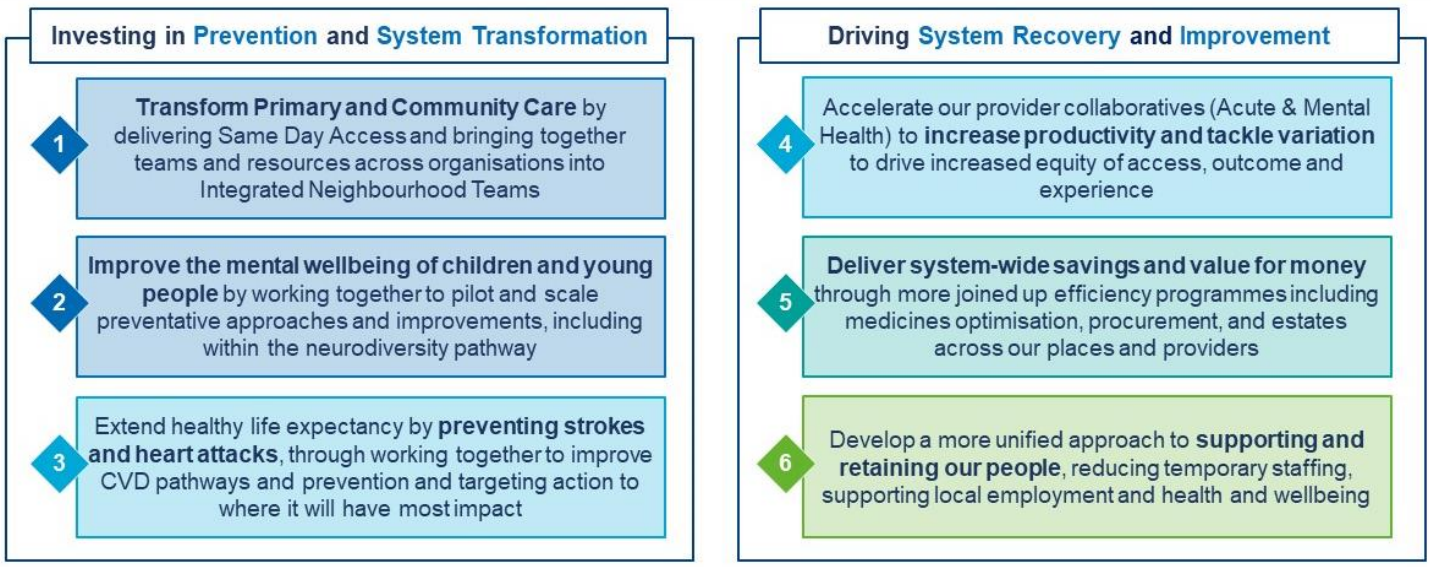
Published on 30 June 2023, the BOB NHS Joint Forward Plan sets out a delivery plan that explains how we will arrange and/or provide NHS services to meet our population's physical and mental health needs, particularly with respect to the ambitions of the Integrated Care Strategy. This plan focuses on actions that will be delivered by the NHS in BOB (ICB, NHS Trusts, primary care, etc). As we develop as a system it is expected that future joint forward plans may reflect more fully our wider partnership activities.

In developing our JFP, we have identified a small number of key challenges that, if addressed, we believe will have the greatest impact on

ensuring our services more effectively meet the needs of people in BOB. Meeting these challenges will require long term change, working in new ways–with greater collaboration across system partners and with our communities-and will require a fundamental change in focus, from a system based on treating illness to one that prioritises prevention and keeping people healthy in their communities.

Both the Integrated Care Strategy and NHS JFP continue to provide the framing and long-term direction for the wider Integrated Care System, including the relevant NHS organisations. Within the wider framing provided by the strategy and plan, during 2023/24 we have identified a smaller subset of goals that we wish to prioritise to drive forwards collective action across the BOB system. This will allow us to focus our energy and resources to deliver impact in a few targeted areas during 2024/25. An update on how we are delivering the JFP is available in our March 2024 Board papers.

To support us in identifying a smaller number of goals to prioritise this year, we held engagement sessions with system leaders from NHS, local government, the voluntary sector and research partners. Within this discussion, we focused on our system vision for the next 3-5 years and the areas we think we should therefore focus on over the next year to help us make progress towards achieving this. The six system goals we will be working towards over the coming year are outlined below:



Delivering the JFP across our three 'Places' is a priority for the ICB. Each place has established a Place based executive partnership which are accountable to the relevant place Health and Wellbeing Board. Membership varies on the partnership boards, but all include health and local authority partners. The Place Partnerships have taken on a variety of functions and include agreement on how to prioritise place-based funding i.e: urgent and emergency care allocation, Better Care Fund, and prioritising focus on strategic areas where greater gain can be achieved through partnership approach. For example, health inequalities, special education needs disabilities, hospital admission avoidance and discharge from hospital.

Place updates with detailed information about initiatives and performance of services at Place are regular agenda items at the ICB Board in public and can be found on our website through the links outlined below.

- Buckinghamshire
- Oxfordshire
- Berkshire West

Improving access and delivery of elective care

Waiting times for elective care (or planned care[2]) within BOB continue to be lengthy. Many patients are waiting significant lengths of time to be seen for a hospital consultation, treatment or surgery. In 2022, NHSE published its elective recovery plan, which set out a vision for how the NHS will recover elective services following the COVID-19 pandemic. Its central ambitions included timelines for the service to bring down long waits for elective care. However, this has been significantly hampered by industrial action taken by doctors, nurses, allied healthcare professional and paramedics in the NHS over the past year.

Industrial action across the NHS started at the end of 2022 and the last rounds of strike took place in February 2024. These have all caused significant disruption to health services across BOB. The ICB has worked with partners across the NHS and care sector to mitigate against the effects of the strike and increased attendances to ensure services remain safe. The NHS has prioritised resources to protect emergency treatment, critical care, neonatal care, maternity, and trauma and cancer surgery and treatments elective care has been severely impacted.

Tackling the backlog of elective care is a priority for the ICB and our provider Trusts. Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time (RTT) standards. The target to eliminate all 65 and over week waits is the end of September 2024.

During 2023/24 a number of initiatives have been undertaken to reduce waiting times overall for our local population. These have included:

- A focus on reducing follow-up appointments withing Trusts to enable more first appointment outpatient activity to take place
- Securing additional capacity with our independent sector providers
- Mutual aid support to NHS Trusts with higher volumes of long waits; patients from a range of postcodes across BOB were offered appointments at other Trusts to improve equity of access and reduce waiting times for some services through Patient initiated Mutual Aid Service (PIDMAS)
- Trialing of new online apps to improve the triage process across Cardiology and Dermatology

[2] Elective or planned care refers to services for pre-arranged health appointments either in the community or in the hospital. It covers diagnostic services, outpatient services and scheduled operations.

- Development of a workforce model to enable staff to work across our Trusts.

At year end, overall elective activity levels remained below planned levels for incomplete pathways over 52 and 65 weeks and on plan for over 78 weeks.

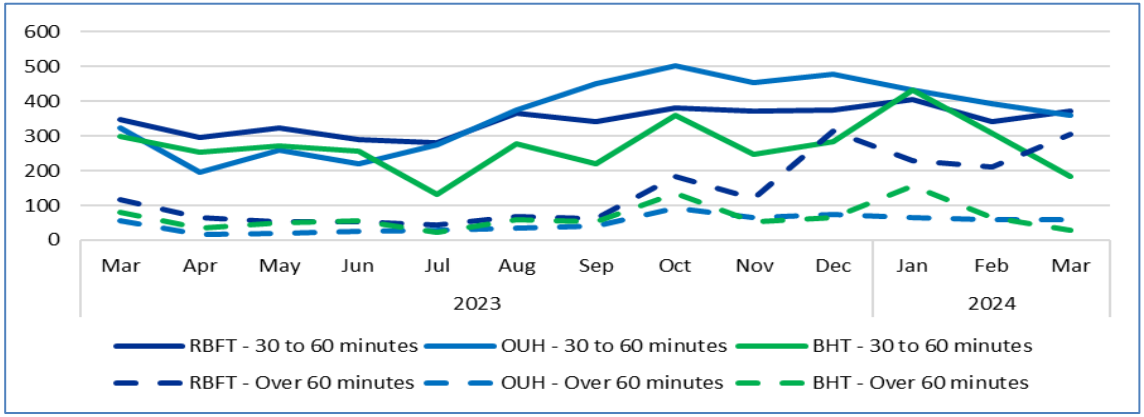
Indicator	Standard		BHT		OUH		RBHT
Incomplete pathways over 52 weeks at month end	Rated against plan		2401		3586		12
Incomplete pathways over 65 weeks at month end			20		685		0
Incomplete pathways over 78 weeks at month end			0		80		0

While we continue to tackle elective waiting times during 2023/24 360,000 elective pathways were completed despite the disruption of industrial action. There were over 1,500 patients waiting over 65 weeks in April 2023; at the end of March 2024 the number of patients had fallen to 1000.

Tackling urgent and emergency care pressures across Buckinghamshire, Oxfordshire & Berkshire West

In common with Trusts and integrated care systems across England, our urgent and emergency care providers across all care settings continue to be under significant pressure. The Trusts in BOB delivered 73.9% (BHT), 71.4% (OUH) and 69.3% (RBH) against the accident and emergency 4-hour NHSE Operating Plan requirement of 76% at year end.

The number of ambulance handover delays also remains challenging and is an area of priority for the system. The below chart shows the total ambulance handover delays throughout 2023/24 and at year end for 30+ minutes handover delays.



Handover delays directly affect SCAS's ambitions to improve waiting times for category 2 calls - 999 calls for a serious condition such as stroke or chest pain that may need rapid assessment and/or urgent transport. These calls should be responded to in under 30 minutes. While we did not achieve our target, we have made progress on last year with the average category 2 ambulance response time reduced by 17 minutes this year.

Across the BOB ICS, teams from hospital and community Trusts, the ICB and local authorities work together to ensure people who need urgent/same day and emergency medical treatment can access services. Extensive work has been done during 2023/24 to help alleviate pressures and improve patient flow through the hospitals across BOB.

Hospital at Home (Virtual Wards)

Over the last two years we have been developing and expanding our hospital at home offer and have seen it grow with a positive impact on patient outcomes and experience. Hospital at Home services aim to provide safe, efficient hospital care and treatment for patients in their own home. The service either avoids an admission to hospital or provides support for early discharge from an inpatient bed, whether from a community hospital or an acute hospital.

Hospital at home services support frail people and those suffering respiratory problems. They are available in each place across BOB with additional pathways available in some areas, including children's virtual wards, palliative and end of life care, alcohol withdrawal and those suffering heart disorders.

In 2023/24 work has been undertaken with providers to standardise the offer to support equitable access to people who would benefit from the service. We have also explored the diagnostics that could be provided in a patient's home in future to avoid unnecessary journeys, for example ultrasound. Work will continue through 2024/25 to identify opportunities to develop the services.

While we did not reach the nationally monitored bed capacity target by end of March 2024 (21 beds below target) or the stretch capacity target set locally (129 beds below target), we continue to see very good use of the virtual ward services averaging 85% bed occupancy between January and March 2024.

Urgent Community Response

Urgent Community Response (UCR) services have been available across BOB since April 2021. They aim to provide a multidisciplinary team response to people who are likely to be admitted to hospital in the next 24 hours unless they receive an urgent assessment and treatment / support. Patients are triaged into two groups – those needing treatment / support within two hours or a same day response. Our aim is to ensure that at least 70% of patients identified as needing a two-hour response should receive it within this time. Services are expected to respond to people with at least one of nine clinical conditions including falls, delirium/confusion, blocked catheters, unpaid carer breakdown and those vulnerable frail patients whose condition is deteriorating.

BOB continues to perform well against the two-hour standard, achieving 88% of patients being seen within two hours of referral in March 2024. Across BOB the services receive an average of 1352 referrals each month. For the service, people are triaged as requiring a two-hour response and through the intervention provided, their imminent admission to hospital is avoided. Most patients seen are over 80 years of age. UCR services are available 8am-8pm, 7 days per week across the system.

The ambition for 2024/25 is to increase referrals into these service from key referral sources such as GPs, community nursing, NHS 111 and SCAS, reducing the number of patients being taken to hospital by ambulance when their healthcare needs can be safely met in the community.

Transfer of Care Hubs

Transfer of Care Hubs help ensure that patients who do not need a hospital bed are discharged in a safe and timely way, either to their home or to a place in which long-term care decisions can best be made with rehabilitation and recovery support through patients, families, carers and professionals working together.

Hubs are focused on the most complex discharges and work to ensure that assessments for long-term care are done in the patient's home/care home. The hubs are established in each of our three Places and achieve real benefits in reducing the length of time a patient is in a hospital bed when they no longer need to be there.

Single Point of Access

Single Points of Access provide a single, simple route for referrals to hospitals for same day/urgent services. They are staffed by qualified clinicians, able to ensure patients get referred to the most appropriate service to meet their needs in a timely manner. In some instances, this may reduce the need for an ambulance to transfer the patient to hospital and to enable them to receive care at home.

Work will continue in 2024/25 to expand and streamline the Single Point of Access offer, increasing access and use to prevent unnecessary hospital attendances and admissions.

Staywell

The BOB ICB website www.staywell-bob.nhs.uk launched last year and signposts the public to key health and care services across the BOB area. It hosts a wealth of up-to-date information on services such as pop-up vaccination clinics for COVID boosters and flu jabs to accessing urgent care.

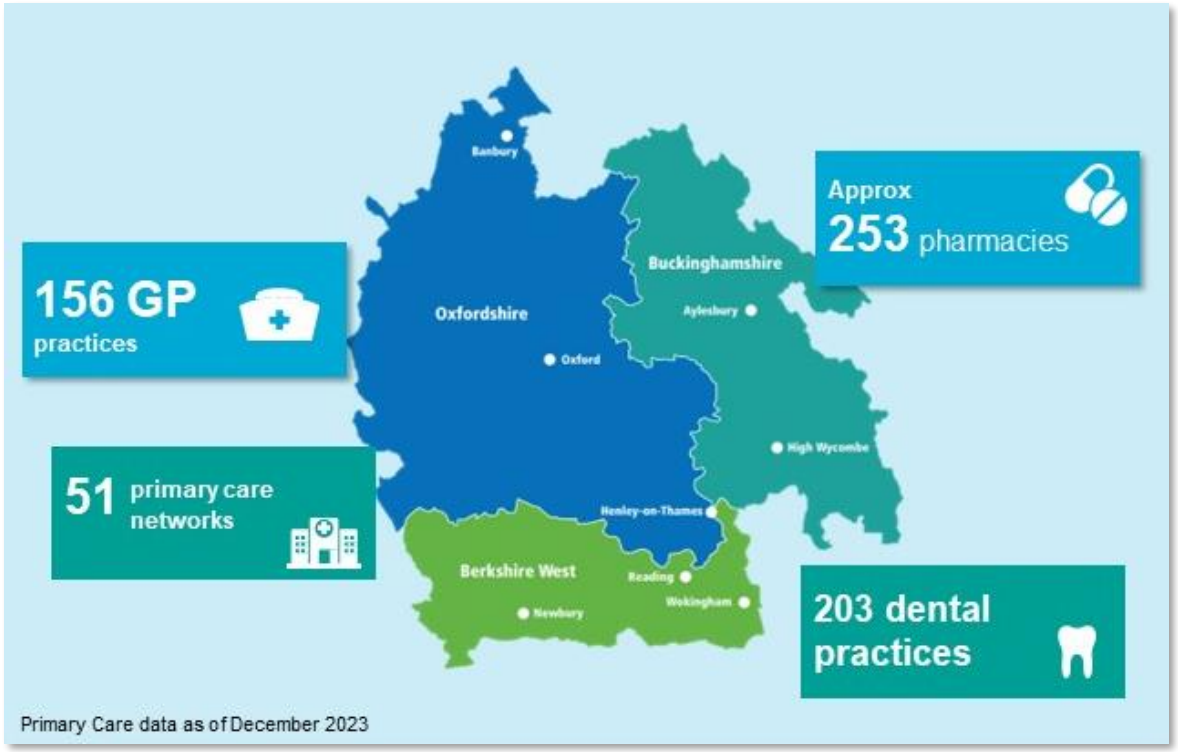
In addition, communications teams from the ICB and system partners have worked together to deliver campaigns to local people encouraging them to look after themselves and stay healthy as part of efforts to reduce pressure on emergency services, especially during times of industrial action and traditionally busy periods in the winter months.

Key messages have continued to be:

- Emergency Departments (EDs) and 999 should be used be for life-threatening conditions only.
- for non-life-threatening conditions use alternative services such as local pharmacies, your GP and NHS 111 which can advise and direct patients to the best place for care.

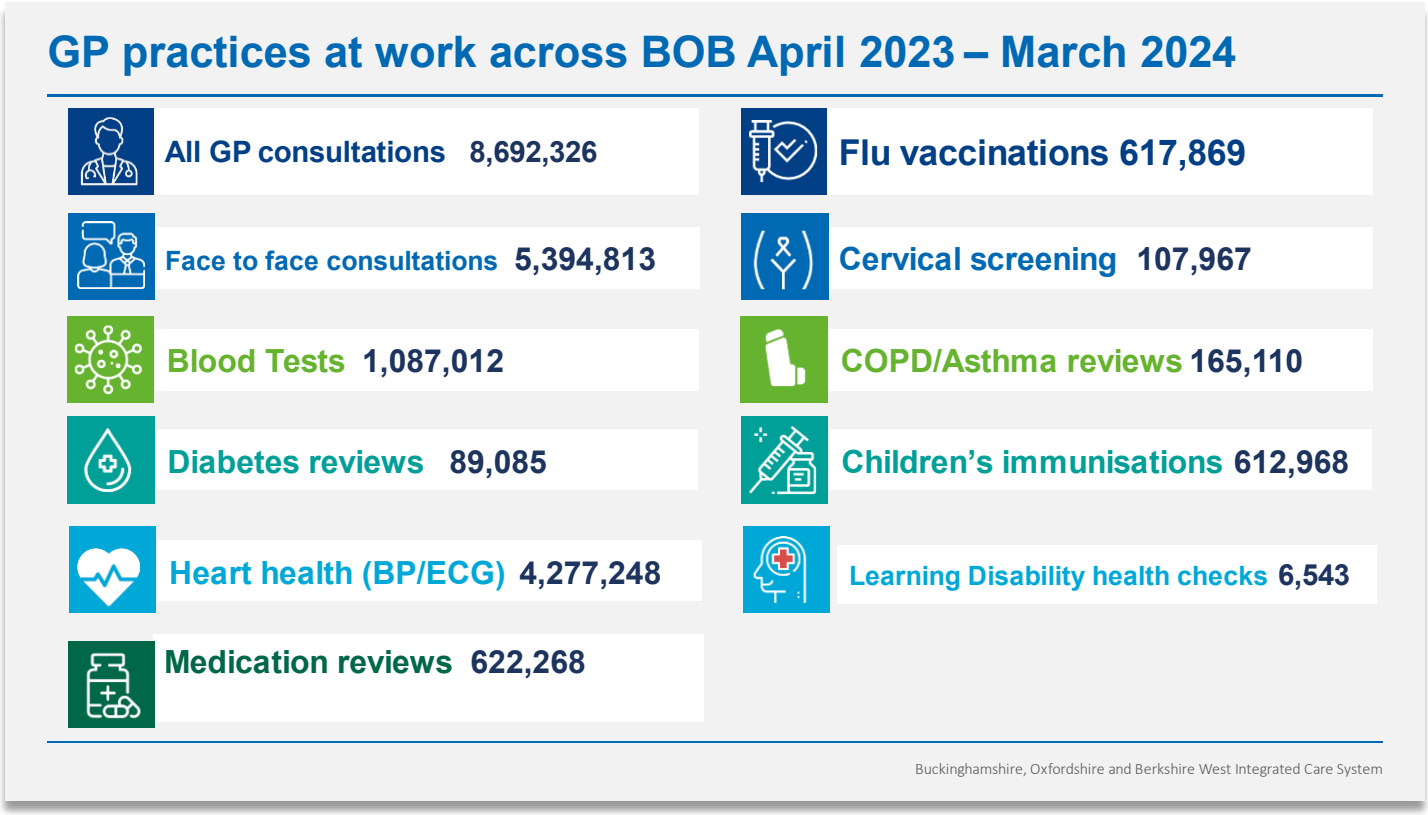
Developing Services Across Primary Care

Primary Care includes General Practice, Community Pharmacy, Optometry and Dentistry services. These services provide the first point of contact, have an ongoing connection with local communities, and lead on improving the 'whole person' health of our population.



Our primary care system has many strengths, with lots of outstanding practice in BOB, and unique capabilities across the area. Below are some key highlights where the system has strengths that can be built upon.

- ***General Practice access and quality metrics in line with or above the national average:*** The proportion of GP appointments seen within 14 days is higher than the national and regional average. Most GP practices have either good or outstanding Care Quality Commission (CQC) ratings. Quality and Outcomes Framework scores are just above the national average.



- ***High uptake of the Community Pharmacy Consultation Service:*** GP referral into the community pharmacy consultation service (CPCS) is designed to improve access for patients to get quicker help and advice and free up GP practice capacity to see patients with more urgent or complex needs. More than 13,260 referrals were made by GP practices (April 2023 -January 2024), which equates to around 211 hours of GP time. BOB has the third highest number of referrals (per population) to the CPCS across the Southeast region. As at December 2023 122 of the 156 GP practices were 'live' and referring their patients to community pharmacists, with a further 27 preparing to start using this service.

  The service Community Pharmacy Consultation Service was replaced by the NHS Pharmacy First Advanced Service on 31 January 2024. The new service builds on the existing CPCS minor ailments pathway and includes a new clinical pathway, which enables Community Pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need to visit a GP.

- ***Strong focus on inequalities, prevention, and wider determinants of health:*** All three Place-based Partnerships have focused on this. For example, 'Opportunity Bucks' targets the 10 most deprived areas in Buckinghamshire. Oxfordshire work focuses on specific communities such as people who are homeless. In Berkshire West, community outreach is focused on

reducing premature mortality.

- **Population Health Management Infrastructure:** In parts of BOB, the Connected Care model has been developed with the addition of Population Health Management tools and is enabling people to be directed to the most appropriate health and care service, based on their needs. This supports better triage and navigation, identification of people who would benefit from intensive case management, and ability to design prevention intervention.
- **Flexible dentistry commissioning for our most vulnerable populations and extended commissioning for Minor Eye Conditions**: BOB has started a pilot for flexible dental commissioning, where 10% of the contract can vary depending on local needs. This has enabled dentists to treat patients from under-served communities. In addition, there has been great uptake of the referrals to the Minor Eye Conditions service and patient feedback has been positive.
- **Strength of existing at-scale delivery structures:** Each Place has a Placed- Based-Partnership which aim to drive and deliver transformation and integration at a local level. There are evolving Federations of General Practices established in each Place – FedBucks, PML in parts of Oxfordshire and the Primary Care Alliance in parts of Berkshire West which can lead change and deliver services for a large part of the population.

Developing a Primary Care Strategy for Buckinghamshire, Oxfordshire and Berkshire West

Since July 2023, the ICB has been developing a Primary Care Strategy for BOB, setting out how we plan to move towards a more preventative and community-based model of providing health and care services and helping people to stay well in the community.

The work was informed by research, analysis and engagement and set out details of the ambition for a new model of primary and community-based care also outlined in our Integrated Care Strategy and the BOB NHS JFP. This is set in the context of a clear national and global direction of travel for Primary Care, including the Fuller Stocktake, which describes how primary care should streamline access, provide continuity of care and focus more on prevention.

In developing the Primary Care Strategy, many stakeholders across the system (professionals and the public) have been engaged in a variety of ways including focus groups, surveys, and workshops (for more information about the public engagement see page 41) The wealth of insights from this engagement informed the final strategy which was agreed at the ICB Board in May 2024.

Dentistry

BOB ICB has responsibility for commissioning NHS dental services for its local population. This provides an opportunity to work with system partners to align resource and capacity to optimise oral health prevention and early intervention. Work already underway includes:

- Expansion of the Flexible Commissioning scheme which provides care for patients from underserved communities.
- Continuing to undertake oral health assessments and increase dental hygiene in children and young people - targeting prevention interventions.
- Exploring implementation of mobile dental units.
- Building dental clinical workforce resilience.
- Proactive management approach to dentistry though better oversight of access, quality and performance challenges.

Optometry

There are around 195 optical practices across the BOB geography. The ICB recognises the opportunity for increased integration of these services as part of maintaining eye health across the system. Work to date has focused on:

- Implementation of an electronic referral platform which will allow community optometrists to send routine referrals directly to the patients' chosen hospital or single point of access.
- Preparing for the national intent to extend and roll out 'in school' eye testing in all schools from April 2024, with certain schools given priority for the rollout.
- Preparing for the national minor eye condition service to be expanded in 2024 which aims to improve equity and accessibility for patients with most eye conditions seen at eye units and by GPs.

Community Pharmacy

There are around 253 community pharmacies providing services to the BOB population. They are well placed within local communities to support people to live longer, heathier lives, make healthier lifestyle choices and support care closer to home.

Areas of work already underway in this area include:

- Roll out of the Pharmacy First initiative in 2024 (see above).
- Upskilling of community pharmacists so more can provide assessments of patients and make prescribing decisions without patients having to see their GP first.
- Continue to expand vaccination services e.g. flu and COVID.
- Expand GP Connect to enable GP practices and authorised clinical staff (e.g. pharmacy professionals) to share and view electronic health records information and appointments information.

Urgent Care Centres

The ICB has been running an 18-month Urgent Care Centre pilot in Reading. The pilot was established to understand the impact that an Urgent Care Centre, seeing minor illness presentations with clinicians having access to the full GP record, could have on the high demand for GP appointments and high ED attendances rates. An evaluation of the pilot has been conducted and consideration is now being given to future options taking account of the primary care strategy and need to look at a different way of addressing non-complex same day care.

Community

We are expanding the hospital at home approach and redesigning the hospital discharge model, to reduce failed discharges. Integrating our discharge planning with local councils means that more services and care can be moved into the community. We are also continuing to give members of the public better control over their health by opening musculoskeletal, audiology, weight management and community podiatry to self-referral.

We are improving community-based support for those suffering with mental illness. This includes The Thames Valley Link Programme which has been established to provide additional support to children and young people with “complex needs.”

NHS App

BOB have been supporting primary care providers across the area to support the public to utilise the full functionality of the NHS app. This allows the service user to view their medical records, order repeat prescriptions, manage routine appointments and view communications from their practice. This should help lessen the workload for administrative staff and give individuals better control over their healthcare. We will be seeking to improve the interface between primary and secondary care, to streamline processes and touchpoints for patients.

How we are managing long term conditions

The NHS Long Term Plan (LTP) set out clear improvement priorities for the biggest killers and disablers of our population including Long Term Conditions (LTCs). The Global Burden of Disease study included as part of the LTP showed that the top five causes of early death for the people of England are: heart disease and stroke, cancer, respiratory conditions, dementias, and self-harm.

Our JFP outlines the ambitions for everyone in BOB to have the opportunity to live a healthy life by tackling the factors that influence people's health and how the ICB and partners can support people to make healthy changes to their lifestyle.

The ICB plans to support people to better manage LTCs:

- While levels of LTCs such as heart disease or diabetes in BOB are generally lower than the national average, cardiovascular disease (CVD) is still one of the most common causes of deaths in the local area and a major contributor to the gap in life expectancy between people living in our most and least deprived areas.
- Our focus is on supporting people to manage LTCs and delivering more joined up care for people with personalised care and support plans.
- This includes identifying those at risk of developing LTCs and providing support to address lifestyle factors and earlier detection of those with LTCs and provision of support to avoid unplanned care.

We have established LTCs Integrated Delivery Networks across BOB for cardiovascular (cardiac and stroke), respiratory and diabetes to bring together our providers with clinical leadership to drive forward the LTP priorities including prevention, improving health, reducing inequalities, reducing variation, and co-designing integrated pathways.

The areas of focus (prioritising areas of health inequalities) over the last year through the LTCs Integrated Delivery Networks have been:

1. Prevention of LTCs through earlier detection by increasing NHS Health Checks, focus on cardiovascular (CVD) prevention and targeted smoking cessation.
2. Improving the diagnosis of people with Chronic Obstructive Pulmonary Disease (COPD) symptoms.
3. Increasing the detection of people with hypertension and heart failure to enable earlier management of the conditions.
4. Better management of people with LTCs:
    a. Hypertension (to target blood pressure to reduce stroke and heart attacks)
    b. Diabetes (achieve treatment targets to prevent future complications)
    c. COPD (decrease length of stay and readmission to hospital)
    d. Stroke, Cardiac and Pulmonary rehabilitation (better management after a stroke, heart attack or COPD diagnosis)

Below are examples of work from our CVD prevention workstream and four Integrated Delivery Networks:

CVD prevention:

- The 2023/24 BOB CVD Champions programme, to which 39/51 Primary Care Networks (PCNs) signed up, supported local leaders to deliver quality improvement projects to enhance cholesterol and BP management. The programme also supported sharing of good practice and education opportunities for clinicians involved. There has been an improvement in age-appropriate high blood pressure management in BOB to 65.8% in September 2023 compared with 58.71% in June 2022 (CVD Prevent national data).
- We have launched a new patient leaflet 'managing blood pressure at home' to help patient self-care and clinician engagement. We have also supported the translation of public education resources about cholesterol into the 7 most spoken languages (Portuguese, Arabic, Polish, Ukranian, Albanian, Urdu and Hindi) in BOB and are working collaboratively to support these being used system wide.
- The community pharmacies hypertension identification service now has 86% of BOB pharmacies signed up and they have collectively completed over 26,807 opportunistic BP checks to date. This service enables more people to have their BP checked outside of GP services and helps identification of potential cases of high BP.
- NHS health checks are being provided for staff working in our hospital trusts. RBH ran a successful project to deliver the NHS health check in 2023/24 with 814 people taking up the offer. The trust has now made this offer sustainable for staff longer term. BHT are in the process of exploring expansion of their existing health and wellbeing check to include all components of the NHS health check. OUH offer the NHS health check to staff over 40 years of age registered with an Oxfordshire GP, and a mini health check to others.
- The prescribing quality scheme (PQS) 2023/24 included a BP target for general practices, offering additional incentive to work towards the national targets in BP recording. 98% of practices across BOB signed up to the PQS, demonstrating a system wide commitment to improvement.
- Projects are running in each county across BOB to support the delivery of NHS health checks for people with severe mental illness and learning disability. This project has delivered over 700 health checks in 2023/24 for people who may be less likely to take up the offer. The NHS health check is a valuable opportunity for people to receive advice and education as well as supporting early identification of potential health issues.

Integrated Cardiac Delivery Network:

- We were successful in our bid for additional national funding to support earlier specialist Heart Failure Multidisciplinary Teams (MDTs) to follow up patients in the community.
- Education webinars have been delivered over the past year to support primary care with improving the management of people with high cholesterol through the optimisation of medications and looking at primary care cardiovascular disease prevention indicators. There has been improvement in BOB with 57.23% (October 2023) of patients at high risk of cardiovascular disease now on lipid lowering therapies compared to 51.8% in June 2022.
- A bespoke patient app (Beat Better) has been developed to support Enhanced Cardiac Rehabilitation across BOB. This will help the system to achieve a reduction in relapse in heart conditions and improve patient adherence to the existing cardiac rehabilitation programmes.

Integrated Stroke Delivery Network:

- Work progressed to deliver 24/7 Mechanical Thrombectomy provision across BOB; we did not quite achieve the NHS Long Term Plan target of 10% of stroke patients receiving mechanical thrombectomy for 2023/24.
- The Sentinel Stroke National Audit Programme (SSNAP) latest results (October – December 2023) shows all our acute trust providers are achieving an A-rating (the highest available). This reflects an improvement in access to stroke services and reduction in variation of care across BOB. Variation in our 4-hr admission target remains. To improve this all-stroke pre-alerts should be initiated as video calls; pre-hospital video triage is being piloted at two of our acute provider sites.
- Peer review site visits were undertaken to all acute and rehabilitation providers. These visits recognised good practice and identified specific actions to help our stroke network work towards compliance with national stroke guidelines. These improvements will also improve equity of provision in stroke care across the system. Since a number of these actions require system wide agreements and funding, we aim to deliver all actions within the joint forward 5-year plan.
- We have involved patients working with acute and rehabilitation providers through dynamic Patient Public Voice (PPV) groups in Oxfordshire and Buckinghamshire. Berkshire West continue to be supported to establish a patient public voice group in 2024/25.

Integrated Diabetes Delivery Network

Across BOB, 86,140 of our residents have a diagnosis of Type 2 diabetes and 8,733 are living with Type 1 diabetes (source NDA March 2023) and 68.1% of people with diabetes have one or more other LTC.

- Evidence shows that patients who received all eight care processes have better outcomes and reduced mortality. Therefore, we have focused on eight care processes for management of Type 2 diabetes in all GP practices with an emphasis on practices in areas of higher deprivation. Most BOB practices achieved a higher attainment of the eight care processes for people with type 2 diabetes than the England average of 58%, placing the ICB as the highest attainer in the southeast region with an average of 66.7% (NDA 31.03.2023).
- Work has been underway to develop a standardised approach to the management of patients with Type 2 diabetes. It is planned to be launched in Quarter 1 2024/2025.
- Funding has been secured to support people aged under 40 with Early Onset Type 2 diabetes. This is more aggressive than later onset Type 2 diabetes and is more prevalent in people living within deprived areas and in minority ethnic groups. It has been associated with premature mortality, worse long-term health outcomes and higher risk of diabetes-related health complications such as sight loss, kidney failure, amputation, heart attacks and strokes.
- All adults with Type 1 diabetes and those who are eligible with Type 2 have access to Continuous Glucose Monitoring as recommended in NICE guidelines.

Integrated Respiratory Delivery Network

- We have enabled the accurate diagnosis of respiratory conditions with spirometry access available to the whole population and 4,975 spirometry tests delivered in primary care and Community Diagnostic Centres (CDCs) since April 2023.
- The Oxford Community Diagnostic Centre initiated a breathlessness pilot in November 2023 that enables a fast-track pathway for multiple diagnostics and specialist multidisciplinary team review through the CDC site.

- Phase 2 of the Integrated Severe Asthma Care project has worked with six PCNs located in areas of higher deprivation and health inequality – to identify, review and fast-track specialist treatment for people with severe asthma.
- We have seen increased uptake of COVID-19 vaccination in immunocompromised and at-risk populations in BOB, inclusive of people with COPD and learning disabilities. An additional 270 people received COVID-19 vaccination, 18 clinics and 12 engagement sessions were held over a period of six weeks. It included working with refugee centres, food banks and drug and alcohol addiction clinics, as well as vaccinating several housebound patients in their home.
- Our established Long COVID Assessment Services continue: 1,069 adults and 83 children have received initial assessments from specialist MDT services in 2023.

Delivering our Vaccination Programmes

COVID-19 vaccination campaign: During 2023/24 the vaccination programme continued across the BOB area via a network of centres comprising GP practices, community pharmacies, hospital hubs and pop-up clinics. The spring booster campaign 2023 was a 13-week programme which ran from 3 April to 30 June, with the initial two weeks focusing on care homes only.

The estimated number of BOB patients eligible for 2023 spring boosters was 205,817 with a target of 64%, and we achieved a total of 150,048 patients vaccinated (73%). This was the second highest achievement in the Southeast region and significantly exceeded the national average of 66.4%.

The autumn/winter campaign covered a broader range of cohorts as in previous years and there was a strong emphasis on co-administration of flu and COVID vaccination:

Those eligible were:

- residents in a care home for older adults;
- all adults aged 65 years and over;
- those aged 6 months to 64 years in a clinical risk group;
- frontline health and social care workers;
- those aged 12 to 64 years who were household contacts of people with immunosuppression;
- those aged 16 to 64 years who were carers;
- staff working in care homes for older adults.

The initial plan was for a 12-week campaign from early October, but concerns raised regarding a new variant resulted in the start date being brought forward to mid-September to continue until 31 January 2024. We were also asked to accelerate delivery of the programme to vaccinate as many eligible people as possible by the end of October. Despite the short notice of the new start date, BOB ICB was able to get provision in place in time.

More than 407,000 autumn/winter COVID boosters were given across BOB by 31 January 2024, meaning more than six out 10 people eligible for the jab took advantage of the offer.

As this report is published the Spring 2024 COVID booster campaign has been launched to offer top-up protection to:

- adults aged 75 years and over:
- residents in care homes for older adults:
- individuals aged 6 months and over who are immunosuppressed.

Flu vaccinations: As part of the NHS's commitment to make it ever more convenient for people to book in for their winter vaccines, all eligible adults were able to book their winter 2023/24 flu jab appointment online, by downloading the NHS App or by calling 119.

The campaign for eligible people to get their free flu vaccinations started in mid-September and ran until 31 March 2024.

Eligible cohorts were:

- those aged 65 years and over;
- those aged 6 months to under 65 years in clinical risk groups;
- pregnant women;
- all children aged 2 or 3 years on 31 August 2023;
- primary school aged children (from Reception to Year 6);
- those in long-stay residential care homes;
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person;
- close contacts of immunocompromised individuals;
- frontline health and social care workers;

Across the BOB area, eligible people were able to get free flu vaccinations via GP practices, community pharmacies, employer clinics and pop-up clinics.

MMR immunisation: The number of measles infections among children and young adults is increasing in some areas of England. We have not experienced a surge in cases during 2023/24, but we have seen a small number of isolated incidences in young children in and we are carefully monitoring for new cases.

Parents and carers of children who are not fully immunised have been contacted directly to book vaccinations at their GP practice; school immunisation teams continue to visit local schools regularly; and several dedicated immunisation catch-up clinics have been available.

A communications campaign has been running across BOB to highlight the importance of the MMR jab, not just for babies and children but for young adults aged 18 – 25 who may have only had one dose or none, especially if they are planning university, travel or even working in areas where measles cases are rising.

Delivering improvements in mental health services

Throughout the past year work has continued to support mental wellbeing and improve outcomes for people suffering from mental health conditions.

The publication of the national Commissioning Framework for Mental Health Inpatient Services requires us to produce a three-year transformation programme across all mental health services. This work has commenced, and we aim to publish at the end of June 2024.

Across BOB work has progressed to improve access to NHS Talking Therapies for Anxiety and Depression and has exceeded the national targets as outlined below:

Indicator	Standard		BOB ICB		Bucks		Oxon		Berks W
Talking Therapies – Total Accessing in period	6.0%		6.0%		2401		3586		5.5%
Talking Therapies – Moving to Recovery	March 2024		50		20		685		48.2%

Our providers have noted the increasing complexity of people's needs which means that they do not recover as quickly as the Talking Therapies model is designed for. This will need to be addressed in 2024/25.

Work has continued through the year to achieve the national target of 60% of people with serious mental illness (SMI) to have a physical health check. The ICB is operating two pilot projects – one run in Wokingham by Oxfordshire Mind and working with local GP practices to ensure 'hard to reach' individuals on the SMI register receive their annual check. The aim is to provide a comprehensive physical health assessment and review for people on the SMI register, reducing the health inequality and mortality gap these patients face with over 533 additional health checks completed. The pilot has been extended for one year to September 2024 to cover Reading, Oxford and Wokingham. In Buckinghamshire, there is a nurse-led outreach model (into homes, community and/or health settings) which will run until September 2025 to increase the number of eligible SMI patients having a physical health check. The ICB is also providing regular GP education and webinars to support and encourage excellent practice. PCNs in deprived areas have access to Point of Care Testing for SMI health checks.

BOB ICB has a total of 20 Mental Health Support teams, who work in schools and colleges, with current coverage expected to be approximately 53% by 2024. There are currently six teams in Buckinghamshire, eight in Oxfordshire, and six in Berkshire West. Wave 9 teams started their training course in September 2023 and a further four teams were allocated in Wave 11 but will not start training until September 2024.

Despite efforts to improve the diagnosis of dementia, the dementia diagnosis rate in BOB has consistently remained around 60% which is below the standard of 67%. The ICB has developed a Dementia Work Plan to address the gaps in services which will improve our performance.

The ICB met the Mental Health Investment standard (11.04% increase in investment compared to the target 9.19%).

Learning disability and Autism

The BOB Learning Disability and Autism (LDA) programme is shaped by the national programme. Priority workstreams include reducing health inequalities, improving support for people with autism, pathway improvement, decreasing the reliance on mental health inpatient care, and reducing the people with a learning disability and/or autism in all inpatient contexts. Areas of focus over the past year include:

- Reducing the number of BOB LDA patients in inpatient settings: overall the numbers are showing a downward trajectory. Where inpatient treatment is unavoidable, BOB is committed to ensuring that out of area placements (OAPs) are used only where essential and ensuring improved oversight by commissioners and better patient and family experiences. There is also a drive towards policy standardisation across the ICB and bringing a single framework approach to processes previously led by Place, including the Learning from lives and deaths – People with a learning disability and autistic people (LeDeR), Care Education and Treatment Reviews (CEDR) and Dynamic support registers (DSR) programs.
- The number of children and young people currently awaiting an assessment and the length of time they have to wait for an assessment continues to be challenging as outlined below:

Latest number of CYP waiting for assessment (waiting list)	
Oxfordshire CYP (Autism & ADHD)	3,092 (Jan 2024)
Buckinghamshire CYP (Autism & ADHD)	2,878 (Jan 2024)
Berkshire West (Reading, West Berks and Wokingham)	5,399 (Jan 2024)

Average (Mean) waited time to assessment for CYP seen	
Oxfordshire CYP (Autism & ADHD)	94 weeks (Jan 2024)
Buckinghamshire CYP (Autism & ADHD)	104 weeks (Jan 2024)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 58 weeks (Jan 2024)
Berkshire West (Reading, West Berks and Wokingham)	ADHD - 57 weeks (Jan 2024)

- BOB is working with local authorities to support the pathways associated with Special Educational Needs and Disabilities to reduce waiting times and develop services to address the growing demand and backlogs. The BOB children and young people autism program is engaged in the development of a standardised initial 'request for help' and Neurodevelopmental Questionnaire, which uses AI to maximise the resources currently available.
- BOB has been supporting work with Autistica as a research partner to develop a profiling approach to support our adult waiting lists. The new process ensures an individual's strengths and needs are identified to make sure they have the right supportive strategies in place while waiting for a formal diagnosis of autism or ADHD. The team is also working on several current and future projects to embed the Reasonable Adjustments approach across the whole ICB.

- Unblocking barriers to physical health care and addressing gaps in provision for people with Learning Disabilities and Autism both in mental health inpatient settings and the community. We are incorporating mental health care into discharge planning to ensure safe discharge and ongoing physical health monitoring in the community. Although we are currently meeting national targets, BOB are continuing to increase the number of people with autism and/or those with a learning disability, getting an annual health check in the community. To this end, BOB and GPs are trialing the Medii App: the forthcoming roll-out of the Reasonable Adjustments Digital Flag (RADF) will also aid the identification of patients eligible for health checks and allow this to be embedded into the patient record. These initiatives are supported by bi-monthly, ICB-wide health webinars to help clinicians deal with common LDA health issues.
- Progress continues with the Pathway for Eating disorders and Autism, developed from Clinical Experience (PEACE) programme to support young people with eating disorders and neuro-diverse presentations. The ICS has a working group supporting shared practice and joint work, for example with the Avoidant and Restrictive Food Intake Disorder (ARFID) pilot.

During 2023/24, work has continued identifying the health inequalities experienced by patients with a Learning Disability and/or Autism, to better understand the barriers to accessing services and overcoming them. Results suggest that more work needs to be done on identifying and engaging patients/carers from BAME communities and we are looking at tailoring future work to reach these populations more effectively.

Neonatal and maternity care

Safe, effective maternity and neonatal care that is timely and positively experienced is integral to achieving the vision of the ICB Joint forward plan - that everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed.

Through the Local Maternity and Neonatal System (LMNS), the ICB has continued to build on existing relationships and collaborative working with the three acute trusts providing maternity and neonatal care, and maternity and neonatal voices partnerships (MNVP). Incorporating the neonatal service user in the work of the LMNS has been embedded over the last year. Each of the MNVPs are recruiting a neonatal service user lead, which will embed the neonatal voice and strengthen the link between the MNVP and the Parent Advisory Group (PAG).

Quality and Safety: The evolving role of the LMNS was referenced in the ICB annual report 2022/23 and it continues to develop with increasing focus on assurance, considering previous and ongoing maternity reviews such as Ockenden, East Kent and Nottingham, and the context of national maternity safety concerns. The LMNS supports our system partners in the delivery of maternity services and maintains quality and safety oversight through a series of mechanisms including the national perinatal quality surveillance model (PQSM). This enables oversight of good practice, emerging risks and lessons learned.

The system-wide maternity and neonatal daily safety huddle has been embedded across all three BOB acute trusts lead by LMNS, to provide a daily picture of the pressures in services and monitor demand and capacity to evaluate trends over time. A service evaluation has been completed with feedback overwhelmingly positive for the safety huddle, in terms of system oversight, clinical discussions and with requests for mutual aid easier to raise.

The LMNS has a collaborative working relationship with the Oxford and Thames Valley Health Innovation Network (OTVHIN), the Thames Valley Wessex Neonatal Operational Development Network (ODN) and the Thames Valley maternal medicine network. This enables joint working to reduce the number of babies born at term who need to be admitted to a neonatal unit. The number of term admissions in 2022/2023 was 800 across the system, and data to date from April 2023 to December 2023 was 582, so a similar rate to last year. A transition care unit has been

established within each maternity unit, ensuring mothers and babies can remain together. A further focus is the continued improvement in preterm care and improved care for women with complex medical issues during pregnancy.

The number of preterm births in RBH and BHT have reduced over the last year. OUH has had an increase but this means that babies are being born in the right place as OUH has a neonatal intensive care unit (NICU). This remains an ongoing focus within the ODN, and the OTVHIN, with support from the LMNS.

The percentage of babies of less than 27 weeks gestation born in a centre with NICU:

	2021/2022	2022/2023	2023/2024
BOB	71%	84.5%	84%
Thames Valley - Wide	80%	83.5%	86%

BOB trusts sit within the regional rates and have shown improvements and stabilisation. Each birth outside of this requirement triggers an exception report, which will be shared with the LMNS going forward.

The LMNS has continued to work closely with the trusts to gain assurance the Saving Babies Lives Care Bundle version 3 (SBLCBv3) using the SBLCBv3 implementation toolkit. It is an implementation toolkit, and a quarterly trust board report is created and shared with the trusts and the LMNS Board. Each trust met the requirement of 70% implementation by the Maternity Incentive Scheme (MIS) submission on 1 February 2024.

For MIS Year 5, both OUH and BHT submitted full compliance with all ten safety actions of the scheme. RBH submitted full compliance with nine safety actions, the tenth safety action was a technical issue which NHSR were aware of early in Year 5, and therefore NHSR advised this level of compliance, and will upgrade this full compliance on review. This means it is highly likely that all three BOB trusts will reach full compliance for all ten safety actions, which will be a huge achievement.

All three BOB Trusts received visits from the Care Quality Commission during 2023 as part of the national programme, with all reports now published:

- **Stoke Mandeville Hospital** (BHT) inspected 14 June 2023, with an overall rating of Good, with the Safe domain rated Requires Improvement, and the Well-led domain rated good.
- **Horton Midwifery Led Unit** (OUH) inspected 23 October 2023, with an overall rating of Requires Improvement. Both Safe and Well Led domains were rated Requires Improvement.
- **RBH** inspected on 21 November 2023, with an overall rating of Good. Both Safe and Well-Led domains were rated Good.

Trust executives and maternity leaders are working on their action plan to address the ‘must-dos and should-dos’. The BOB LMNS will add this programme of improvement to its oversight of safety work and request updates for every LMNS Board once the action plans have been approved.

All three trusts have submitted their additional Ockenden funding plans to the LMNS. Both BHT and RBH have achieved all seven Immediate and Essential Actions (IEAs) for the Final Ockenden Report, published March 2022. OUH remains with an amber rating for IEA 5, and for Workforce and Guidelines. For IEA 5 – the new digital system (BadgerNet) launched on 23 January 2024 for antenatal care. For Workforce Leadership - the secondment of the Midwifery senior leadership team was extended to 28 February 2024. There is ongoing recruitment to vacant posts, as well as some additional matrons' posts created. The LMNS will continue to monitor these through the assurance processes.

Equity and Equality: The LMNS equity and equality plan continues to draw attention to its success and its positive impact in our communities. The Early Lives Early Start initiative has been running successfully over the last year and the maternity advocate community organisers have engaged over 100 women and birthing people in the deprived OX4 area of Oxford. Projects have reached out to communities in BOB, including black history month events in each area. Maternity vaccine champions have improved access to COVID, flu and whooping cough vaccinations. Healthy Start vitamins have been distributed to populations seeking sanctuary. We have delivered inclusive language workshops in perinatal services and won further funding from NHSE LGBTQ team.

The LMNS is currently planning implementation of the perinatal pelvic health services as part of the national rollout. This will provide further capacity to gynaecology services across the three acute trusts. This is part of our expanding work to deliver the national and BOB Women's Health Strategy, which includes menopause care and fitting of coils and pessaries.

Safeguarding our most vulnerable

Safeguarding adults, children and looked after children (LAC) involves a range of activities spanning the prevention of harm to those at risk, through to actions taken when harm occurs. It remains the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding adults and children are holistically, consistently, and conscientiously applied, with the well-being of adults and children at the heart of what we do.

Section 11 of The Children Act (2004) places responsibilities on a range of organisations and individuals to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

The Care Act (2014), and Care and Support Statutory Guidance (Department of Health, 2015) outlines how safeguarding activity is not a substitute for:

- Providers' responsibilities to provide safe and high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- The Care Quality Commission ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.
- The core duties of the police to prevent and detect crime and protect life and property.

The Chief Nursing Officer is the ICB Board-level Executive Director who holds accountability for ensuring that effective safeguarding processes are in place and that the statutory responsibilities and duties of the ICB are met. This includes oversight of the three place-based partnerships, as equal partner with Thames Valley Police and the Local Authorities, providing financial and expert support, to ensure that the safeguarding arrangements at each geographical 'Place' footprint are safe and robust. The Director of Safeguarding leads the ICB Safeguarding Team, who

work in partnership with statutory and non-statutory agencies at ‘Place’ and at a system-wide level to ensure and support safeguarding practice and strategy.

The three Safeguarding Children Partnerships and three Safeguarding Adult Boards at place have their individual responsibilities to the local populations and must be assured with regards to place-based safeguarding: thresholds, risks, practice (how services work together for those at risk and in need of help and protection). Regulation and inspection are important to the ICB to demonstrate safeguarding assurance and accountability arrangements across the health system, to celebrate best practice and embed new learning. This is achieved through a variety of audits, reports, assessments, including: statutory reviews and learning; CQC Inspections; Joint Targeted Area Inspections; Section 11 self-assessment audits; data sets and reporting. Below lists the partnerships and boards across BOB:

- Buckinghamshire Safeguarding Children Partnership
- Buckinghamshire Safeguarding Adult Board
- Oxfordshire Safeguarding Children Partnership
- Oxfordshire Safeguarding Adult Board
- Berkshire West Safeguarding Children Partnership
- Berkshire West Safeguarding Adult Board

NHS England published a revised Safeguarding Accountability and Assurance Framework (SAAF) in 2022 which provides details of the safeguarding roles and responsibilities of all individuals working within NHS funded care settings and NHS commissioning organisations. ICB Designated professionals are clinical experts and strategic leaders for safeguarding and are a vital source of advice and support to health commissioners in the ICB, Local Authorities and NHS England, other health professionals, regulators, and the Local Safeguarding Adults Boards (LSABs) and the Local Safeguarding Children’s Partnerships (LSCPs). They work with the leadership of the Director for Safeguarding to assure the statutory roles and responsibilities of the ICB.

ICB activity to evidence SAAF compliance includes:

- Maintained oversight of commissioned providers and their standards to safeguard adults, children and LAC.
- Developed safeguarding adults, children, and LAC requirements for commissioned services (in response to new statutory requirements and best practice and developing the safeguarding adults, children, and LAC standards for the procurement of new services)
- Promoted and chaired LSABs and LSCP sub-groups to ensure that learning is taken from cases to drive improvement across the system.
- Provided expert advice in relation to complex cases, including allegations against staff, ensuring that the response is person centred, proportionate and timely.
- Proposed robust responses to improve the Safeguarding System in the health sector.
- Worked with integrated care system leaders, primary care network leaders and GPs to ensure that safeguarding and the Mental Capacity Act are considered and embedded in frontline practice, training, and learning.
- Facilitated safeguarding involvement in all parts of the commissioning cycle, from procurement to quality assurance, developing a safeguarding procurement framework to standardise the process.
- Responded to the interface between Child Death Overview Panel (CDOP), Learning Disability Mortality Reviews, Statutory reviews and serious incidents in relation to safeguarding.

- Proactive members of all statutory reviews; Children Safeguarding Practitioner Reviews, Domestic Homicide Reviews and Serious Adult Reviews, including the chairing and leading workshops for learning.
- Completed the annual NHSE Safeguarding Commissioning Assurance Toolkit.
- Compliance and reporting to the NHSE Case Tracker, to identify themes from statutory reviews and ensure they drive improvement.
- Proactive support of ICBs duty to cooperate with/statutory duty in relation to:
    - Multi-Agency Responsibilities to LSABs and LSCPs including Section 11 Audit Responsibilities and Local Domestic Abuse Partnership Boards
    - Child Death Overview Panel
    - Modern Slavery and Exploitation including Refugees and Asylum Seekers
    - Prevent Agenda - Channel Panel and Prevent Board
    - Serious Violence Duty
    - Mental Capacity Act (MCA, 2005) and Liberty Protection Safeguards
    - Child Protection – Information Sharing

Place based activity to evidence SAAF compliance includes:

Buckinghamshire

- Improved access to primary care for the Gypsy, Roma, and Traveller community with the Margaret Clitheroe Trust.
- Involved in the organising of the Making a Difference week – the looked-after children's annual weeklong series of lunchtime webinars to deliver topical issues related to the looked-after population related to youth justice.
- Planning and delivery of a face-to-face conference for designated looked-after children professionals.
- Chair of the Safeguarding Partnership/Board Policy and Procedures sub-group.
- Facilitated a multi-agency complex case panel, currently under review.
- Delivery of safeguarding supervision to All Age Continuing Care and Named Professionals.

Oxfordshire

- Implementation of SHaRON, the Support Hope and Recovery/Resources online network for families and AnDY research clinic
- Representation at Thames Valley Violence Reduction Unit (VRU) strategic group and chair of A&E Navigator network
- Development of platform to enable GP access to peer support related to safeguarding in Care Homes

Berkshire West

- New Learning Disability child and adolescent mental health service commissioned.
- Quality and Safeguarding support to asylum seekers to improve access to healthcare.
- Leadership of the NHSE Regional and System Mental Capacity Act awareness including the development of new data to support evidence for assurance.
- Chair of the Berkshire West Adult Safeguarding Board Safeguarding Adult Review sub-group.

The ICB Safeguarding and LAC Team continue to support wider ICB compliance with statutory duties and best practice guidance. The team provide supervision, advice, and guidance to ICB teams as required. During the year, the ICB Safeguarding and LAC Team collaborated with providers and commissioners to monitor activity and ensure that provider service procurement, contracts and policies embed safeguarding requirements. This has included:

- Contributing to the procurement of enteral feeding, termination of pregnancy and musculoskeletal services.
- Maintaining assurance conversations and oversight for all health care trusts through our place-based safeguarding provider meetings
- Developing relationships, building support, and agreeing reporting plans with the independent provider hospitals, diagnostic services and other independent providers delivering inpatient and outpatient services to our population.

Safeguarding contributions to contract schedules, reporting processes and procurement assessment processes have been standardised and simplified during the past year, ready for including in every contract update in 2024/25. This will enable a health system dashboard and more comprehensive health overview of safeguarding compliance.

Nationally and within BOB ICB, we continue to see an increase in safeguarding demand and capacity. The current financial position and the impact to invest in new services presents additional challenge which requires us to work in new ways to collaborate and support safeguarding more efficiently. The ICB Safeguarding team has several key priorities which are detailed in the JFP, and which focus upon the strategic management, oversight, and redesign of safeguarding. These will be progressed over the year alongside many statutory responsibilities which are incorporated into business as usual.

Safe and effective use of medicines

The safe and effective use of medicines is an essential element of healthcare and the ICB Medicines Optimisation team continues to support clinicians, patients and carers in making decisions about which medications to use to obtain the best possible outcomes.

Medicines optimisation works as a single team delivering ICB priorities via four key workstreams while also delivering some place-based priorities. In 2023/24, the team comprised a variety of professionals including pharmacists, pharmacy technicians, a GP, dietitians, administrative staff and a wound care nurse.

In August 2022, the first BOB ICB Prescribing Quality Scheme (PQS) was launched to all practices, incentivising improvement in the quality and safety and encouraging cost-effective prescribing. Of the 158 practices, 156 (98%) signed up to take part in the scheme and a detailed review in 2023 showed that the PQS had delivered savings of £437,917 via the savings targets, alongside £3875,000 generated by use of the decision support tools. 92 practices achieved full points in the scheme equating to 59% of those which participated.

Following the success of the PQS in 2022/23, a new scheme was launched for 2023/24 and practices continue to be informed of their progress via publication of the monthly Prescribing Dashboard. The ICB recorded PQS webinars as well as a video explaining what information is available on the PQS Dashboard.

In 2023, with support from the ICB, practices moved to using the ScriptSwitch prescribing support tool, which is fully integrated with patient records, enabling the delivery of prescribing best practice via national guidance and local formulary advice. Use of the tool also helps to optimise cost effectiveness via messages in the GP clinical systems.

In 2023/24, the BOB-wide Area Prescribing Committee (APC) became fully established and met bi-monthly to discuss and agree on strategic

decisions promoting rational, evidence-based, high quality, cost-effective use of medicines. The APC is key to ensuring equity of safe access to medicines for patients and its workplan includes new formulary decisions, the implementation of new guidelines and the introduction of new pathways. A priority is also to work towards a BOB-wide formulary. Continued close working with secondary care is key to the success of APC as well as managing the use of high-cost medicines.

Joint working with PCN pharmacy colleagues continued to be a priority in 2023/24 with regular contact via a programme of learning events led by the ICB PCN Liaison Pharmacists. In May 2023, the ICB held its first face to face Primary Care Pharmacy Conference. The event had a varied agenda delivered by local and national speakers and was attended by almost 200 delegates. Conversations on the day were enthusiastic and the feedback was positive, resulting in a similar event being booked for 2024.

Joint working with our community pharmacy colleagues resulted in a scheme being set up to ensure access to antivirals in the event of a flu outbreak as well as the relaunch on the Minor Ailment Scheme across the whole of BOB. In January 2024, the NHS launched the Pharmacy First scheme which builds on the Community Pharmacy Consultation Scheme). The ICB team worked closely with the Local Pharmaceutical Committee to support this and of the 251 community pharmacies in BOB, 244 are offering the service (see page 17).

Optimising medicines' use to maximise health outcomes and give the best value continues to be the priority for the ICB. As in previous years, in 2023/24, the ICB team has worked collaboratively across the system and delivered many initiatives to support good quality, cost-effective prescribing. The variety of work undertaken by the team continues to expand and joint working with other teams from both within and outside the ICB has resulted in some excellent outcomes.

Digital Data & Transformation

Over the past year, the ICB has continued to develop and strengthen our partnerships with NHS and local authorities across BOB to develop a shared vision and strategy for digital and data which was agreed by the ICB Board in May 2023. The strategy acknowledges the need to change our ways of working to realise the benefits of working as a system, by exploiting and building on collaboration opportunities which already exist. Our digital transformation programme has been extensive for 2023/24 and has improved the way care is provided and accessed across BOB. Below are a few examples:

Primary Care: The ICB has supported primary care colleagues with implementing digital technologies and initiatives during 2023/24:

- We are supporting GP practices with training and raising awareness of the NHS App. More than one million (62%) of our residents have now registered for the NHS App.
- We are supporting people with digital access to NHS services through an active digital inclusion project which includes five 'digital cafés' across BOB where residents can drop in to learn how technology can be used to successfully access and manage healthcare.
- We are supporting GP practices in uploading new health record entries to patients using apps. We led on engagement work with GP practices and currently more than eight out of 10 GP practices across BOB are live, compared with the national average of 80%.
- Telephony is an essential part of a GP practice's ability to provide services to patients. The current analogue telephone network will be decommissioned by 2025 and we are supporting GP practices to move to a digital/cloud-based solution. More than nine out 10 BOB practices are now using cloud-based telephony systems. The benefits include practice resilience and flexibility to manage demand and workload; reduced call waiting times; continuity of care.
- We have supported 23 GP practices to digitise their paper records, to improve access, free valuable premises space for added clinics or meeting spaces, improve efficiency, enable safer storage and easier sharing of information.

- We are supporting GP practices with their online consultation solutions. More than nine out of 10 practices now offer online consultations to their patients. Online consultation solutions offer several benefits to practices and patients: improved workload management; improved access for marginalised groups.

Regular visits to GP practices have helped identify issues, which potentially affect their ability to deliver high quality care. For example, supplying and replacing IT equipment, improving network speeds and record transfers between practices, and resolving third party supplier issues.

To improve cost efficiency of SMS text communications at GP practices and provide value for money, we developed a dashboard to monitor the impact of SMS text messages to patients and worked with GP practices to improve their understanding of SMS spend and how to reduce costs.

BOB wide: We are working with colleagues across BOB to deliver the ICS Digital and Data Strategy through building collective digital and data maturity across our partners and providers. So far, we have:

- Improved the ability of professionals across BOB to access the right information on their patients at the right time, with more organisations now sharing their knowledge of what's happened to patients with our BOB-wide shared care record.
- Continued to expand our Population Health Analytics tool. Clinicians can use this to easily identify patients who may benefit from more proactive and preventative care before their condition worsens.
- Continued implementation of a digital tool to help people better understand their surgical procedures and provide their consent.
- Helped digitisation proceed at pace at OHFT and BHT to enable the recording and storage of patient information digitally.
- Updated the approach to system-wide Digital, Data and Technology (DDaT) projects, moving towards a plan for delivery of ICS DDaT priorities during 2024/25.

We held our first Digital and Data Summit in September 2023, bringing together digital, clinical and data professionals from across BOB and wider area. Over 200 delegates attended the event, with 26 exhibition stands showcasing how digital technologies and data are supporting and enabling our colleagues across BOB. Guest speakers and panelists came from RBH, NHS England and the University of Oxford. Topics discussed ranged from tackling health inequalities, the value of digital in transforming the health of our population, national priorities, and workforce development, to how is data transforming care across BOB and optimising the stroke pathway through AI.

Adult Social Care: Across BOB, we have been working with adult social care providers to support their own digital transformation ambitions through funding provided by NHS England *Digitising Social Care* programme. This enables selection and implementation of various technologies including digital social care records; digital care planning systems; and sensor-based falls technology. Interested care providers have been supported with funding which is enabling better outcomes for residents and service users, as well as improving overall staff satisfaction levels.

More than two-thirds of providers have a digital care planning system. The benefits are:

- Residents receive a higher quality service because carers have more time to care.
- Improved satisfaction levels among staff who are now spending less time on administration.
- Management staff have better visibility of their care services due to the reporting capabilities of the digital solution, which enables them to provide more proactive care.

This programme is key to our digital strategy to deliver high quality outcomes our population. Digitising social care is helping to progress our ambition of supporting our most vulnerable people and joining up our health and care system more widely by enabling closer partnership working

and seamless data sharing.

Improving quality

Working with partners across BOB, the ICB aims to ensure that each patient receives timely, safe, effective care with a positive experience. Our ongoing commitment with partners is to achieve our ambitions which include meeting statutory obligations, sustainable quality improvements in health and care, and addressing inequality and inequity.

Fundamental to enabling quality improvement across the health and care system are key forums and interfaces with system partners. Over the last year, the System Quality Group (SQG) has been fully embedded. All ICS's are required to have a SQG which has a unique role focused on enabling quality improvement across the health and care system. The remit of SQGs is primarily focused on engagement and intelligence sharing for improvement but will also escalate any risks or concerns to the ICB, and regional NHS England teams where response and support is required. Through the SQG, the ICB has been able to work with system partners to understand harm review processes, service provision for people living with learning disabilities or autism and inpatient mental healthcare across BOB.

The ICB has a distinct interface with Health Innovation Oxford and Thames Valley which has enabled joint support to providers with the implementation of the national Patient Safety Incident Response Framework (PSIRF), system wide safety improvements including preterm birth optimisation and improved medicines safety through reduction in opioid prescription.

Our progress in respect of our quality priorities for 2023/24 are summarised below:

- To publish a Quality Strategy to support improvement which will incorporate the National Patient Safety Strategy: The ICB Quality Strategy is currently in development and will be published in the year ahead. It is integral that the Quality Strategy is underpinned by NHS IMPACT (Improving Patient Care Together) which has been launched to support all NHS organisations, systems and providers, including NHS England, to have the skills and techniques to deliver continuous improvement. Organisations across BOB came together following completion of the NHS IMPACT baseline assessment to compare outcomes, stimulate discussion and debate and understand areas for further development to embed the principles of the components of the NHS IMPACT framework across the system.

- Develop a system-wide quality assurance framework to underpin our improvement work: The ICB Quality Assurance Framework was published in September 2023 and will be strengthened in the year ahead with a supporting framework for primary care. The quality assurance framework was designed in collaboration with partners across the system and sets out a shared single view of quality for safe, effective, positive, well led, sustainably resourced and equitable care. It describes the approaches the ICB takes in gaining quality assurance and a clear set of responsibilities and accountabilities so we can all respect the roles of each partner organisation and understand how the system interacts.

- Ensure patient experience and co-design is fully embedded in our quality assurance/improvement work and our quality strategy: The voice of the patient, carer or family has been integral to quality assurance and improvement work undertaken in the last year. Our thanks to Healthwatch partners, the voluntary sector, charities and service user representatives for their contributions and the added value you bring to improvement work across the ICS. We have also introduced a resident's story at the beginning of all ICB Board meetings in public. The aim of this is for the board to hear the voice of our service users and patients and to discuss and share observations and feedback.

During the last year, despite the ongoing challenges faced by the NHS, many key improvements have been made within individual healthcare provider organisations and across the ICS with system partners. Examples include but are not limited to:

- **Call 4 Concern©:** is a patient safety service run by the Critical Care Outreach Team at RBH. This service enables patients and families to call for immediate help and advice when they feel concerned that the health care team has not recognised their own or their loved one's changing condition.
- **Supporting Frailty:** A new frailty area in the emergency department at the John Radcliffe hospital supported by a specialist team including a Frailty Practitioner Gerontology doctor has been launched to avoid unnecessary admissions to hospital.
- **Medication Reviews:** In Children and Young Peoples Services at BHT a successful pilot project focusing on medication reviews for Community Paediatric patients has led to more timely reviews by adopting a "most appropriate professional" approach.
- **Mental Health:** The "True North" improvement work at BHFT has included adoption of Turbo 10, an educational ward-based initiative to support staff with clinical decision making and care planning.
- **Advocacy:** Patients cared for within acute mental health settings are entitled to receive services from an independent mental health advocacy service. The advocacy services help people to understand their rights. OHFT have led a project to increase awareness of the advocacy service by all patients under the care of the Trust.
- **Preterm optimisation care:** Collaboration between Health Innovation Oxford and Thames Valley and the three maternity and neonatal services in BOB has enabled successful implementation of the preterm optimisation bundle. This national toolkit is designed to reduce the number of babies born prematurely and improve the outcomes of those babies who are born early. BOB is in the top three across England for successful implementation of the nine care elements of preterm optimisation care.
- **Recognising the deteriorating child:** Digital observations of paediatric patients in inpatient settings has been implemented in all three acute NHS trusts allowing greater visibility and oversight of deteriorating patients.
- **Mental Health Urgent and Emergency Care Pathway:** OUH and OHFT have embarked on a collaboration aimed at enhancing the experience of patients undergoing mental health crises. This joint initiative, notable for its scale and integrated approach, has focused on streamlining pathways, improving access to care, and ensuring a seamless transition between services for patients that they share.
- **Hospital at Home:** A programme of work has been undertaken by OUH and OHFT to increase efficiency of the hospital at home teams and how they document their interactions with patients, share work with colleagues across the system and refine the escalation pathway they follow.
- **Early Warning Signs:** BHFT and RBH are participating in the national pilot of the Quality Early Warning Signs project. Following the completion of the pilot, the ICB team will feedback their joint experience to influence and shape the next iteration of the national Quality Early Warning Signs dataset.
- **Co-production:** OUH led a BOB wide co-production event as part of the BOB Quality Improvement festival week in November.

Patient Safety: Patient Safety and Incident Learning is a fundamental element of the NHS Patient Safety Strategy, to deliver safety and quality improvements across the NHS in England.

Providers across BOB have been transitioning from the Serious Incident (SI) Framework to the PSIRF. PSIRF aims to improve how the NHS responds to incidents with a much greater focus on improvement, rather than repeated investigation of incidents where there is limited additional learning, or prioritisation of "Serious Incidents" which restricts learning. PSIRF aims to apply four key principles: compassionate engagement of those affected by a patient safety incident; systems approach to learning, proportionate response to these types of incidents and supportive

oversight.

All NHS providers have engaged proactively in the development of PSIRF within their own organisations, as well as contribution to the wider development of a stronger system for sharing learning and identifying systems-level improvement opportunities. In January 2024 BHFT transitioned to PSIRF, joining OUH and OHFT who transitioned in October and December 2023 respectively. BHT, RBFT & SCAS are all due to transition by the end of April 2024.

The first provider to transition to PSIRF in BOB was OUH; they recently reported staff feedback that indicates they feel their time is better spent in relation to patient safety, with a greater focus on meaningful improvement as a result. PSIRF has been a vehicle for a culture change that is taking root, where improvement is prioritised to make services safer.

Looking to 2024/25 our quality and patient safety priorities include but are not limited to:

- Publication of the ICB quality strategy incorporating National Patient Safety Strategy and NHS IMPACT.
- Continuing to develop and embed co- production as a fundamental of quality improvement work.
- Implementation of recommendations regarding Martha's Rule and adoption of the national paediatric early warning score.
- Full implementation of PSIRF ensuring learning and recommendations from national enquiries, guidance and legislation is adopted by the ICB and providers.
- Achieving the quality deliverables set out in the JFP.
- Meeting the requirements of the national quality boards ICB quality functions document.
- Integrating environmental sustainability and planetary health into quality improvement projects.
- Ensuring the work of the ICB aligns with the regulatory standards of the CQC.

Addressing health inequalities

BOB ICB is committed to increasing its focus of preventing ill-health as well as treating it. We are also committed to reducing inequality of access, experience and outcomes across our population and communities. Our JFP recognises the importance of prevention and addressing inequalities in BOB. Our five-year ambition is to reduce health inequalities for our population ensuring that everyone has equal access to the right care and support. We want to keep people healthier for longer through increased primary and secondary prevention activities.

During 2023, the ICB recruited a Prevention and Health Inequalities Team to progress our goals. The new team, working with colleagues across the ICS have already made great progress to create and deliver a programme of work to ensure we meet the needs of our population.

A comprehensive report of activity to support delivery of our JFP and how the ICB has due regard to the aims of the public sector equality duty is available in our Public Sector Equality Duty Report; below outlines some highlights. As part of our work to restore services inclusively since the pandemic we are also developing how we can measure performance against equality of service delivery key performance indicators and metrics.

Primary Care Networks (PCNs): We provided funding to 10 PCNs with the highest levels of deprivation to take forward small projects in their areas to address Core20PLUS5 aligned health inequalities projects. This work is supported by Health Innovation Oxford and Thames Valley which is coordinating learning and evaluation. Projects focus on small specific populations and include work to improve diabetes understanding in local Nepalese community, improving cancer screening for those with a mental illness, increasing childhood immunisation rates and support

those with asthma living in housing that may exacerbate illness. The evaluation of these project is ongoing, and reports will be available in May 2024.

Governance: The Prevention, Population Health and Reducing Health Inequalities Group held its inaugural meeting at the beginning of 2023 and has provided governance oversight to the prevention and health inequalities work. In addition to scrutinising a suite of highlight reports covering the breadth of the work programme, deep dives have been held on smoking, asylum seeker health, screening and immunisations, women's health and the inclusion health framework. Our Place-based partnerships continue to oversee and lead coordination of local initiatives and relationships to support prevention and health inequalities.

Prevention and Health Inequalities Fund: In 2023/24 the ICB devolved £4m to Places to develop local initiatives to tackle health inequalities in targeted local populations.

- In Buckinghamshire a variety of projects have been funded including a research-informed community engagement project targeted towards 'Opportunity Bucks' wards, younger people and ethnic minority groups who experience higher maternal risk factors and aiming to improve pre-conception health and service awareness/access for women of childbearing age. It is led by Buckinghamshire Council and will run until March 2025.
- In Oxfordshire one of the projects funded is an 'Out of Hospital Care Team'. A multi-agency team has been formed to provide step-up care and support for homeless residents in Oxfordshire. With the aim to:
    - prevent discharges to street and associated readmissions.
    - Avoid hospital attendance and admissions (where health, care and support needs can be better met in the community).
    - Support an improvement in a person's health and wellbeing; and prevent rough sleeping and homelessness.
- In Berkshire West, the Community Wellness Outreach Service has been commissioned to deliver the NHS Health Check pathway, a nationally mandated secondary prevention programme, to priority population groups in the community setting. The service adopts population health management approach, using data and intelligence from BOB ICS, which will ensure provision to populations who are disproportionately affected by inequalities in access, experience and health outcomes. The programme will also recruit a Public Health Analyst in each borough to support this programme among other priorities within the Core20Plus population. Nine thousand residents are projected to benefit from a health check by the end of the programme.

Core20PLUS5: Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies five focus clinical areas requiring accelerated improvement. In BOB ICB we continue to align our priorities to the Core20PLUS5 approach.

- Maternity – A continuity of care team was launched in the Northfield Brook area of Oxford, Oxfordshire to support women during their pregnancy. 11.92% of ethnic minority women and birthing people are offered continuity of care in Berkshire West. Equality, Diversity and Inclusion (EDI) midwives are now in post at RBH. Equity work to support women and birthing people at BHT is being led by a transformation midwife and EDI midwives in OUH.
- Severe mental illness (SMI) – three pilots to drive up performance of health checks of people with severe mental illness have started focusing on interventions with harder to reach groups; one focused on primary care and one focused on community hubs (includes VCSE sector). There has also been investment in Buckinghamshire to increase provision through a nurse-led pilot.

- Chronic respiratory disease – a project was launched aligned to the winter vaccination programme which aimed to improve COVID, Flu and pneumococcal vaccine uptake in high-risk patients. The project involved contacting patients directly and offering pop-up clinics to support access. At time of writing the project evaluation is still pending.
- Early cancer diagnosis – we have worked with Thames Valley Cancer Alliance to launch an early cancer warning awareness campaign. Work has also started on the Targeted Lung Health Checks with the specific aim to target those areas/groups identified by Core20PLUS5 criteria.
- Hypertension case-finding and management – There has been a huge focus on hypertension management in primary care to achieve 77% target by end of March 2024. Cardiovascular disease (CVD), Clinical Champions are in place across BOB, supporting priority focus on hypertension and Lipid optimisation[3]. In Berkshire West there has been investment in a community outreach model to deliver health checks to communities in greatest need. In Buckinghamshire, a Locally Commissioned Service is delivering ECG provision across the county with weekly clinics to cover all areas of deprivation.

Inclusion health: Inclusion health describes population groups who are socially excluded, who typically experience multiple overlapping risk factors for poor health and are often not accounted for in electronic records. This includes people who experience homelessness, vulnerable migrants, Gypsy, Roma and Traveler communities, sex workers, people in contact with the justice system, those with drug and alcohol dependence and victims of modern slavery but can also include other socially excluded groups.

People in inclusion health groups often face barriers to accessing primary and preventative care, relying on emergency services to manage acute health needs. This can both further exacerbate health inequalities, but also come at a greater use of emergency services and subsequent financial cost.

Work has been on-going throughout 2023/24 to understand the needs of these groups and identify the areas of good practice that exist across the system and seek to build on this by coordinating and sharing information, skills and understanding. For example, in Oxfordshire, the Prevention and Health Inequalities Forum have established an Inclusion Health Task and Finish Group that is mapping commissioned services and partnerships in reference to our inclusion groups, allowing for greater awareness and opportunity to identify gaps and key areas of focus. In Buckinghamshire constructive discussions are taking place to have a focused Joint Strategic Needs Assessment (JSNA) chapter on inclusion heath groups, as well as to facilitate coordination of inclusion health group work.

Next year, in addition to refreshing the goals outlined in the JFP, we are going to focus on delivering system improvements in line with the Inclusion Health Framework.

Engaging people and our communities

As we implement our ICB Working with People and Communities Strategy, we aim to create an ICB built on effective engagement and partnerships to successfully serve people across BOB. We recognise there continues to be much to do to develop our work with communities and people within BOB.

[3] Managing low-density lipoprotein cholesterol

Your Voice in Buckinghamshire, Oxfordshire and Berkshire West engagement portal***:*** The ICB continues to develop its digital engagement platform to give people across BOB the opportunity to get involved and help shape the future of health and care. 'Your Voice in Buckinghamshire, Oxfordshire & Berkshire West' enables people to have their say on projects and proposals related to health and care. People can register to be regular users of the platform and can be kept informed on work of the ICB and partners.

Developing our partnerships with Healthwatch and the voluntary sector: We recognise the value of Healthwatch's contributions for our engagement and involvement ambitions and ensuring we can meet the needs of our population and are working closely with our five Healthwatch groups across our system. We have strong relationships with our Healthwatches, which have previously supported place-based projects, provided essential access to patient voices, and given detailed analysis and recommendations.

Healthwatch continue to provide independent scrutiny and challenge where appropriate as they are the independent health and social care champions for their Places. We meet with them regularly and use their insights and public feedback to inform our strategies and plans.

The ICB funds our five Healthwatch groups to support place-based projects including the development of GP patient participation groups and reaching out to local communities we are not able to reach ourselves.

Working closely with our Voluntary, Community and Social Enterprise (VCSE) sector is also key to successful engagement. We continue to work with the sector to better understand people's and community's needs, experiences and aspirations for health, care, and wellbeing. The BOB VCSE Health Alliance is an important channel for engagement and we work closely with them. Through them we will be able to work with community leaders, reaching out to those affected by inequalities - strengthening relationships, building trust, and enabling the voice of people and communities to be heard. The Health Alliance is funded by the BOB ICB and we have a developed a memorandum of understanding to support the way we work together.

Engaging with our local communities: The role of communities is essential to improve health and address health inequalities. We have committed to enhance engagement, understanding and service provision for populations more likely to experience inequitable health outcomes. This year the ICB has made a positive start in building relationships with our communities and gathering essential insights to drive service transformation. The new Prevention and Health Inequalities Team have spent time over the past year attending community events to raise awareness of the team and linking with communities and developing relationships, running focus groups, and supporting partnerships projects to help support work to reduce the health inequalities. A few examples include:

- In Buckinghamshire – An event was organised by the LMNS for Black History Month (October 2023) to have a safe space for discussion around health issues disproportionally affecting black women. The Prevention and Health Inequalities Team attended to raise awareness of the team and to meet local partners and communities.
- In Oxfordshire – the team organised two focus groups with representative from our Inclusion groups including: Asylum Seekers and Refugees, Drug and Alcohol and Homelessness cohorts to gather insight around our draft primary care strategy, listening to lived experiences and barriers experienced when accessing health services within Oxfordshire.
- In Berkshire West – the team joined an Asylum Seekers Event Day in Reading – promoting and attending with the Primary Care team to network with colleagues, provide information to all stakeholders present and to hear about health issues and barriers experienced on the ground.

Community Connectors Programme: We are a Wave 4 Core20PLUS Connectors site and are working with the five Healthwatch organisations, our delivery partners, to develop a network of Community Connectors. The Connectors work with parents and carers of children in more deprived areas to capture their experiences of oral health and we will use these insights to drive improvements.

Through the Connectors programme, we have been successful in bidding for support from the Health Creation Alliance to conduct an appreciative inquiry workshop with a focus on turning insights into action. Work will continue into 2024/25 to develop ways of working.

There are also three Community Participation Action Research projects ongoing across BOB on the Cost-of-Living Crisis exploring the inequalities faced by marginalised communities. Our community researchers are halfway through their training and in the data collection phase of their work.

- *Caribbean Community Lunch Club* – 3 community researchers are using interviews and focus groups to investigate issues around the cost-of-living crisis and mental health of the Black community in Aylesbury.
- *St Vincent & the Grenadines 2nd Generation, High Wycombe* - 3 community researchers are using a survey and interviews to explore links between the cost of living and health inequalities among African, Caribbean, and Indian communities with an additional focus on maternal health.
- *Healthwatch Oxfordshire working with researchers from Oxford Community Action* - 2 community researchers are exploring the reasons why people attend their foodbank service and whether it suits their needs. They plan to use the learning to improve their service as well as taking it to organisations which supply the foodbank. They are using a questionnaire and planning to develop a video.

Patient Participation Groups: There is a wide network of GP patient participation groups across BOB. Locally based groups work with their practice and with the ICB through a variety of practice-based meetings and wider place meetings. These meetings are regularly attended by ICB colleagues to share news and updates on developments within their area, receive feedback and discuss ways of widening their engagement within their communities.

Research Engagement Network: Across BOB we (the ICB, the BOB VCSE Alliance, Health Innovation Oxford and Thames Valley and local research organisations – the NIHR Applied Research Collaboration Oxford and Thames Valley and the Clinical Research Network Thames Valley and South Midlands) have been given money to develop a network to support better ways of working with local communities.

The idea of the network is to help make sure that the views of all communities are included in health and care research and healthcare planning. We want to make sure research and planning becomes more equitable.

We know that great work is already happening but may not always be shared with everyone who could act on it. We also know that the views of all communities are not included, and that, at times, communities can feel overburdened by requests, particularly if they do not receive feedback. We want to understand better what is happening already so that we can improve things for everybody.

We are currently mapping what research and engagement is happening across BOB with local communities via a survey being shared across the NHS, local authorities, research networks and the voluntary and community sector. Feedback will be analysed and a report produced with the aim of developing an action plan to develop a network as outlined above.

Non-emergency patient transport: During 2023/24 the ICB commenced the process of re-procuring its Non-Emergency Patient Transport Services (NEPTS) contract, with the current contract ending in March 2025.

With this re-procurement, the ICB's overarching aim is to commission an improved, dynamic and responsive patient transport service which ensures eligible NEPTS patients are transported in a timely, safe and efficient manner between their homes and the relevant NHS service.

In redesigning our current services, it is essential for us to gather the experiences and insights of non-emergency patient transport users and their family / carers. This provides us with invaluable insight to identify new and innovative ways to review the service.

The ICB undertook an eight-week programme of engagement, between September and November 2023, where we asked current service users and their families / carers how we could improve their experience with transport services in BOB.

Only a small number of responses were received (29) despite promotion through many routes including Healthwatch networks, VCSE sector networks, social media, press etc.

Reading Urgent Care Centre: The Reading Urgent Care Centre (UCC) is an 18-month pilot which was due to end in March 2024 but was extended in order to review how the service can be delivered in the longer term. A short survey was developed to understand patient experience and use of the UCC to input into future plans for the centre. It ran in October and November 2023 and a survey for key stakeholders and providers ran in October 2023.

The survey was publicised on social media, through local authority networks, featured in Berkshire West Place patient newsletter and via RBH's internal and external publications. Staff from the ICB also visited the UCC with paper copies to encourage completion of the survey by people in the waiting area.

226 responses to the survey were received. Most of the respondents were from the Reading area; 151 patients followed by 48 patients from Wokingham. Key findings included:

The predominant source of patient referrals stemmed from the RBH Emergency Department, (ED) with secondary channels including recommendations from family and friends, and subsequent referrals from GP surgeries.

The survey responses demonstrated that the demands on ED, GP practices and NHS 111 would have risen due to patients seeking care from these services if they were unable to access the UCC. 88 respondents would have attended an ED if they were not able to use the UCC.

Primary Care Strategy Development: During 2023/24 the ICB started working with health and care partners to develop a strategy and implementation plan for the future of primary care. This includes general practice, community pharmacy, optometry (eye care) and dentistry across BOB. The work aims to:

- Build a shared understanding of the current state of primary and community services and present a case for change.
- Build a consensus on the future vision for primary care and its integration with community services.
- Design the way we deliver this care (operating model) and other tools such as digital healthcare support.
- Test the practical application of the new model through projects.
- Capture learning and build capability for phased roll-out of the final strategy.

As part of this programme of work, we held the 'Primary Care Conversation' to let people share their views and experiences about these services at: https://yourvoicebob-icb.uk.engagementhq.com/hub-page/primary-care. The draft strategy was published on the same engagement portal along with an easy read version and a survey for people to complete.

The engagement was launched on 17 November and ran until the end of February 2024. In total 529 people responded, 376 answered the survey question and 121 shared comments on the ideas wall. The site remained open until 4 March 2024.

The ICB and partner organisations also hosted events and focus groups with key stakeholders across primary care and local people, to inform our thinking. As part of the work, we developed a toolkit to support raising awareness of the engagement work. This was shared with our NHS partner trusts, local authority communications colleagues plus Healthwatch and the community and voluntary sector organisations to help spread the word about the engagement.

The engagement report and our response to feedback is available on the primary care strategy section of YourVoice in BOB.

Over the coming year we hope to develop further relationships with our local communities, progress the development of a citizen's panel to ensure we engage with a representative group of residents across BOB and develop an advisory panel which we hope will bring together representatives from across the ICS to help develop and guide our approach to engagement. This group will provide an independent "review, check and challenge" function, and we will seek a representative membership from across our partners. The Research Engagement Network project will help inform the development of this panel.

Working toward a Net Zero NHS

Over this past year, the Net Zero Programme Board has focused on refreshing the Net Zero Action Plan, contained within the BOB ICS Green Plan published in July 2022. This aims to clarify the role of the ICB and be clearer about the actions required across the system to achieve the national commitments of a Net Zero NHS by 2040.

The updated plan includes actions that align with the regional NHS England ambitions for change and with the goals, targets and deadlines from partner organisations' Net Zero plans. The action plan is based on the previously agreed 'Areas of Focus' – Travel and Transport, Estates and Facilities, Medicines Management, Supply Chain and procurement, Clinical Transformation (focused on primary care), and Digital Transformation. Each of the groups include representation from across system partners, such as NHS Trusts, Primary Care and Local Authorities. The groups aim to facilitate collaborative working to deliver the ICS Net Zero Action Plan/Green Plan and report on progress.

Through 2023/24 we have seen steady improvements in our environmental ambitions and progress:

In Medicines Management we have achieved the NHS England target of reducing carbon emissions from inhalers by 25% against 2019/20 baseline. This had been led by our medicines optimisation team with crucial support from primary care colleagues, who are educating patients on inhaler use and supporting the switch to less carbon intensive inhalers. Our ambition is to continue this improving trend through the coming year, recognising the environmental benefit this has.

We have great progress towards the target of reducing emissions from Manifold Cylinder Nitrous Oxide and Mixed Gas (Nitrous Oxide and Oxygen) to 19-23% against 2019/20 baseline, within our NHS Trusts. We achieved a 37.7% decrease in nitrous oxide emissions and 15.1% decrease in mixed gas emissions in manifold cylinders between April and October 2023. Two of our Acute Trusts have also conducted a nitrous oxide waste audit to further assess where they can reduce.

We continue to be successful in our applications to the Public Sector Decarbonisation Scheme (PSDS) and other national funds. Following from the success of OUH in securing PSDS funding last year, BHFT has secured £2.6m and plans to convert old heating systems to the greener Air Source Heat Pumps. Other health partners are waiting to hear on the success of their applications. Another application round is expected in 2024/25, continuing the opportunity for change.

BHT was awarded funding via a joint scheme from The Department of Energy Security and Net Zero and The Department of Health and Social Care, to convert lighting systems to LEDS within some of their smaller sites, which they have already achieved in their larger sites. LED lighting is both significantly less energy intensive and has also been shown to lower chances of eye strain/migraines.

Across BOB we continue to make progress with other plans and initiatives that will reduce our carbon footprint including the use of virtual wards, roll-out of the Primary Care toolkit, working more closely with local authorities on travel and transport issues, and strengthening our procurement processes to ensure new suppliers have carbon reduction plans.

Overseeing delivery of the refreshed Net Zero Action Plan:

The system wide Net Zero Programme Board continues to be the forum through which the ICB's progress to deliver the action plan is reviewed. As described above, these focus on system wide activities rather than the individual actions, detailed in the Trust Next Zero plans. The Programme Board meets monthly and includes the ICB Deputy Director of Strategy and Trust Net Zero Delivery Leads as its members and the regular agenda covers progress against the agreed plan, upcoming milestones or deliverables and risks / issues that may impact delivery. Where possible the risks are managed through the Programme Board. However, when this is not possible the risks will be escalated as necessary.

The refreshed action plan sets out a greater emphasis on using regular trust assurance processes to hold each of our providers to account on delivering their agreed Net Zero plans. This activity is still in development but will identify areas of under delivery and therefore be able to escalate these as necessary.

Place based activities also drive forward the Net Zero ambitions of the ICB and local organisations. Each 'Place' has a difference governance structure. In each case the activity is aligned with healthy lifestyles and tackling inequalities and with the ambitions of local Health and Wellbeing strategies. Progress delivering 'Place' plans are reported through the place and system development committee and escalated to the Board as required.

As per guidance from NHS England, the ICB and Trust emergency preparedness, resilience and response (EPRR) team have considered risks associated with climate adaptability as part of the system consideration and contingency planning for adverse weather events. Other ICB risks relating to plan delivery, will be managed through the ICB's directorate and corporate risk infrastructure.

The executive level responsibility for delivering the Net Zero ambitions sits with the Chief Strategy and Partnerships Officer[4].

Responding to an emergency

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber security incident or a

[4] Correct at time of publishing.

terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act (2004), the NHS Act 2006 and the Health and Care Act 2022. These require NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services.

This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR).

Under the CCA, the ICB is defined as a Category 1 Responder, meaning it is subjected to the list of statutory duties listed in the Civil Contingencies Act (2004) Contingency Planning Regulations (2005).

In addition to meeting the CCA legislative duties, the ICB is required to comply with guidance and framework documents, including:

- NHS England Emergency Preparedness, Resilience and Response Framework.
- NHS England Core Standards for Emergency Preparedness, Resilience and Response.
- NHS England Business Continuity Framework.
- EPRR requirements laid out in the NHS Standard Contract.
- Minimum Occupational Standards for NHS Emergency Preparedness, Resilience and Response (MOS).
- ISO 22301:2019 Security and resilience – Business continuity management systems.

The ICB's Accountable Emergency Officer (AEO) is responsible for executive leadership of EPRR, supported by the ICB's EPRR team. The ICB's Chief Delivery Officer holds the AEO portfolio.

The ICB has developed the capacity and capability of the EPRR team to meet the ICB's statutory duties. This has included appointments to several new key posts in the team.

The team have developed a range of new and updated planning arrangements, including Shelter and Evacuation, Adverse Weather, and Key Document Resilience. Significant work has been undertaken on our Mass and Excess Casualty, Communicable Disease and Pandemic, Incident Response and Recovery, and Training and Exercising programmes of work.

The ICB is working increasingly collaboratively with other ICB EPRR teams in the neighbouring geography, forming a South Central EPRR Network with NHS Hampshire and the Isle of Wight, NHS Frimley and NHS Surrey Heartlands. This Network bolsters the capacity and resilience of all ICB EPRR teams, and supports the sharing of knowledge, information, and coproduction of planning arrangements.

Through the South Central EPRR Network over 2023, BOB ICB have taken the lead on a review of both mass casualty planning arrangements, and a complete redevelopment of the training programme for Strategic Commanders. This work will bring benefit to all member ICBs and demonstrates strong collaborative working.

The ICB has responded to a range of incidents and emergencies over the past year, including: communicable disease outbreaks; IT systems failures; power outages; adverse weather including significant flooding; and industrial action.

The ICB leads on NHS engagement with the Thames Valley Local Resilience Forum (LRF), the coordination network of Category 1 responders, Category 2 responders, and Voluntary, Faith and Community groups in regard to emergency preparedness. The ICB co-chairs the Thames Valley Local Health Resilience Partnership (LHRP), where all health partners come together around emergency preparedness.

Within the LHRP, the ICB led the development of a new three-year strategy which was published in 2023. This strategy articulates the vision for

an engaged and committed partnership, fostering a health and care landscape that is prepared for and resilient to emergencies. It aims to achieve this through four core pillars of activity: Collaborative Partnerships and Planning; Joint Training and Exercising; Shared Organisational Learning; and a focus on New and Emerging Hazards.

Within the LRF, the ICB has been leading the NHS representation to the developing central government pilot for Stronger LRFs, including the development of a Chief Resilience Officer role supporting the Forum.

As part of the annual rhythm of assurance, the ICB conducted the 2023 annual assurance process for the NHS England Core Standards for EPRR, both within the ICB and for all providers of NHS funded care within the Integrated Care System. The outcome of this process saw the ICB rated as Partially Compliant, with a robust action plan in place to address all areas that required further work.

How does BOB ICB manage its money and coordinate system finances?

2023/24 is the first full financial year since BOB ICB came into existence on 1 July 2022 following the disestablishment of the three constituent CCGs.

For 2023/24, BOB ICB's total funding was £3,543m. Of this, £3,508m was allocated for healthcare programmes and £35m for the ICB's running costs as reflected in the table below which summarises our budget (plan) and actual expenditure for 2023/24. The ICB ended the year with a £38m deficit compared to a small surplus of £248k in the prior year. A reforecast position was agreed in year with NHS England (NHSE) which flagged a forecast deficit of £26m worsening to £40m in the last quarter of the year.

BOB ICB OVERALL by Service Line Monthly Performance Report	Annual Budget Month 12 £'000	Actual Month 12 £'000	Variance Month 12 £'000
Acute	1,789,354	1,831,327	(41,973)
Community Health Services	386,228	392,133	(5,905)
Continuing Care	191,795	211,786	(19,991)
Mental Health	331,357	341,743	(10,386)
Other Programme	51,612	13,193	38,419
Primary Care	45,548	44,518	1,029
Prescribing, Central Drugs and Oxygen	271,288	279,991	(8,703)
Pharmacy, Optometry and Dentistry (POD)	137,811	129,801	8,010
Delegated Co-Commissioning	334,567	334,542	25
Total Programme Costs	**3,539,559**	**3,579,035**	**(39,476)**
ADMIN Costs	34,988	33,582	1,406
NET SURPLUS / (DEFICIT) before unidentified CIP and Surge budget	**3,574,547**	**3,612,617**	**(38,070)**
Unidentified CIP target	(7,000)	(7,000)	0
Surge Funding	(25,000)	(25,000)	0
NET SURPLUS / (DEFICIT)	**3,542,547**	**3,580,617**	**(38,070)**

BOB ICB brought forward a cumulative historical surplus of £1.6m from the constituent CCGs, none of which was utilised (drawn down) in the year. The ICB also brought forward the cumulative historical deficit for the BOB ICS of £29.5m on behalf of the whole system. The system deficit in 2023/24 will be carried forward into next year and the system is expected to start repaying it in 2025/26.

The planning discussions held over 2023/24 surfaced that our system is not yet working in a way that is financially sustainable. This builds on challenges in 2023/24 where our system financial position deteriorated off plan. Given our duty to live within our means and ensure we are managing our collective £3.5bn resources effectively, we need to start working differently as quickly as possible. We have therefore agreed to adopt a mindset of system financial turnaround and take some tough decisions to immediately reduce our system spend and develop a plan for longer term sustainability.

All system CEOs have agreed a unified set of financial controls which are being implemented immediately to help us gain a firmer grip of our financial challenges as we quickly develop a plan towards longer term recovery and sustainability.

The Turnaround programme has been initiated and this is focusing on delivering the following areas of work:

- *Immediate grip*– Action required across the system to ensure and demonstrate immediate control of costs.
- *Medium term turnaround* (impact in 2024/25) – A set of workstreams focused on cost reduction, greater efficiencies and increasing income. Workstreams include Acute activity, Mental health activity, Prescribing and High-cost drugs, Complex Care, Workforce and Procurement
- *Longer term* (impact in 2025/26 & 2026/27) – develop system plans that will deliver more sustainable care in the right setting, backed with clear financial analysis and corresponding plans for system infrastructure, and system architecture.

Progress against agreed plans will be overseen by System Recovery and Transformation Board (SRTB), made up of the BOB system NHS chief executives, the BOB Turnaround Director and chaired by Martin Earwicker (Chair of Berkshire Healthcare NHS Foundation Trust).

The ICB achieved its other financial targets including the Mental Health Investment standard (11.04% increase in investment compared to the target 9.19%) and Better Payment Practice code (95% of invoices by value and volume paid within 30 days), the ICB achieved the target in paying non-NHS invoices and was under target in paying NHS invoices.

The block payment approach for NHS providers adopted in 2022/23 which continued the simplified arrangements implemented during the pandemic, was replaced with an Aligned Payment Incentive (API) contract for most of the main NHS providers (RBH remained on a block arrangement). There is a fixed element to the contract for non-elective activity and a variable element which reflects elective activity delivered.

BOB ICB has formal delegated responsibility from NHS England for GP Primary Care Commissioning and received an allocation of £335m to deliver this.

BOB ICB also has delegated responsibility for POD services and received an allocation of £138m to deliver this.

The ICB co-ordinates the system finances of its five main NHS providers. The original system plan for 2023/24 was for a deficit of £20.4m for providers, with the ICB itself planned to breakeven. The ICB plan included a £7m system savings target reflecting a planning gap to funding available. During the year it became apparent that the system would not be able to deliver this plan and a revised system reforecast of £44.3m deficit was agreed with NHS England in December 2023. This forecast further deteriorated in the last quarter and the final system position was £53.5m deficit driven mainly by deficits for the ICB and the main acute providers - OUH, RBH and BHT, as shown in the table below:

	Planned surplus / (deficit) 2023-24 £'000	Expected System reforecast M10 £'000	Actual Outturn 2023-24 £'000	Variance to original plan £'000
Berkshire Healthcare NHS Foundation Trust	1,312	3,788	3,788	2,476
Buckinghamshire Healthcare NHS Trust	-12,149	-12,149	-5,546	6,603
Oxford Health NHS Foundation Trust	3,312	4,540	4,634	1,322
Oxford University Hospitals NHS Foundation Trust	-2,854	-5,379	-10,748	-7,894
Royal Berkshire NHS Foundation Trust	-10,052	-10,050	-7,497	2,555
TOTAL Provider	-20,431	-19,250	-15,369	5,062
Buckinghamshire, Oxfordshire And Berkshire West ICB	0	-25,050	-38,070	-38,070
TOTAL ICS	-20,431	-44,300	-53,439	-33,008

To improve delivery of savings targets across the system, the ICS has coordinated work through an ICS Efficiencies Collaboration Group (IECG) which reported to the System Productivity Committee of the ICB and was chaired by the Chief Finance Officer (CFO) of a Provider trust. The work of this group has been in-housed by the ICB for 2024/25. Work will continue across the system to challenge, share opportunities and monitor delivery.

Capital: Under the Health and Care Act 2022 (the 2006 Act) there is an obligation for ICBs and their partner NHS trusts and NHS foundation trusts to produce and publish annual joint capital resource use plans. The plans are intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders on how the capital funding provided to ICBs is being prioritised and spent to achieve the ICB's strategic aims. This aligns with the ICB financial duty to ensure that allocated capital is not overspent and the obligation to report annually on our use of resources.

The BOB ICB and partner Trusts published a Joint Capital Plan for 2023/24 in accordance with this new requirement. This is available on the ICB website here.

The capital allocation to the ICB is small with most funding being allocated to providers as shown below. The year end position against plan by organization is as follows:

System charge against capital allocation:

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Variance YTD %	Plan Year Ending £'000	Outturn Year Ending £'000	Variance Year Ending £'000	Variance Year Ending %
System charge against allocation	176,405	119,099	57,306	32.5%	176,405	119,099	57,306	32.5%
Capital allocation						129,679		
Variance to allocation						10,580		
Allocation met						Yes		

ICB charge against capital allocation:

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Variance YTD %	Plan Year Ending £'000	Outturn Year Ending £'000	Variance Year Ending £'000	Variance Year Ending %
Buckinghamshire, Oxfordshire And Berkshire West ICB	2,996	2,996	-	0.0%	2,996	2,996	-	0.0%
Capital allocation						3,212		
Variance to allocation						216		
Allocation met						Yes		

Provider charge against capital allocation:

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Variance YTD %	Plan Year Ending £'000	Outturn Year Ending £'000	Variance Year Ending £'000	Variance Year Ending %
Berkshire Healthcare NHS Foundation Trust	12,775	11,981	794	6.2%	12,775	11,981	794	6.2%
Buckinghamshire Healthcare NHS Trust	28,893	23,011	5,882	20.4%	28,893	23,011	5,882	20.4%
Oxford Health NHS Foundation Trust	38,396	17,893	20,503	53.4%	38,396	17,893	20,503	53.4%
Oxford University Hospitals NHS Foundation Trust	35,082	40,092	(5,010)	(14.3%)	35,082	40,092	(5,010)	(14.3%)
Royal Berkshire NHS Foundation Trust	58,263	23,126	35,137	60.3%	58,263	23,126	35,137	60.3%
Total Provider charge against allocation	173,409	116,103	57,306	33.0%	173,409	116,103	57,306	33.0%
Capital allocation						126,467		
Variance to allocation						10,364		
Allocation met						Yes		

The system achieved the target of not overspending the capital allocation in year, delivering a £10.9m underspend against capital allocation.

The Joint Capital Plan for 2024/25 will be available on our website before 30 June 2024

Performance targets

The ICB works collaboratively with providers in the BOB health economy, to deliver timely and robust healthcare provision. Meetings are held to provide assurance on actions being taken by providers to ensure performance achievement. Where performance is not achieved, we work together in partnership to resolve the issues and to develop remedial actions plans to recover performance.

The system continues to be under significant pressure; this has been compounded by unprecedented levels of industrial action taken by doctors, nurses and allied healthcare professionals over the past year; high level of demand during the winter months which continued into spring. The table below outlines the performance in Buckinghamshire, Oxfordshire and Berkshire West from 1 April 2023 to 31 March 2024.

Indicator	OF Flag	Month	Standard	BHT	OUH	RBFT
A&E Performance (All Types)		Apr 24	95%	73.9%	71.4%	69.3%
Incomplete Pathways over 52 weeks at month end	S009a	Mar 24	Rated against plan	2401	3586	12
Incomplete Pathways over 65 weeks at month end	S009a			20	685	0
Incomplete Pathways over 78 weeks at month end	S009a			0	80	0
Percentage meeting faster diagnosis standard	S012a	Mar 24	75%	77.8%	80.9%	69.9%
Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	65.3%	66.8%	71.4%

Indicator	OF Flag	Report Period	Standard	BOB ICB	Bucks	Oxon	Berks W
Talking Therapies - Total Accessing in Period	S081a	Rolling 3 months to Mar 24		6.0%	6.6%	5.9%	5.5%
Talking Therapies - Moving to Recovery		Mar 24	50%	51.3%	50.4%	54.2%	48.2%
Dementia Diagnosis Rate		Mar 24	67%	62.2%	58.3%	63.3%	65.5%
Severe Mental Illness (SMI) 6 Health Checks	S085a	2023/24 Q3	60%	51.8%	51.6%	47.9%	58.8%

How does the ICB monitor performance?

The ICB Board is responsible for discharging the duties of its constitution, which includes monitoring and scrutinising the performance of service providers. The Board receives a performance and quality report at the bi-monthly meetings in public.

Formal committees of the Board scrutinise in more detail how the ICB and health providers are delivering contracted services; these are the Audit and Risk Committee, Place and System Development Committee, Population Health & Patient Experience Committee and System Productivity Committee (for more information about the committees and their purpose please see page 57).

The ICB also has a memorandum of understanding with NHSE which outlines how we work together to discharge the formal regulatory responsibilities of NHSE, in terms of the national oversight framework for NHS Trusts, through regular tripartite review meetings.

NHS England has a statutory duty to undertake annual assessment of ICBs. This is undertaken using the NHS Oversight Framework. The framework is intended as a focal point for joint work, support and dialogue between NHS England, ICBs, providers and their integrated care systems. NHSE oversees the ICB through this framework through quarterly review meetings.

The 2023/24 NHSE Annual Assurance Assessment takes place in April - May 2024. The ICB is responsible for submitting an evidence portfolio to NHS England, demonstrating how the organisation has achieved and continues to work towards providing high quality healthcare, focusing on:

- The health of the local population;
- Improving unequal access to services and health outcomes;
- The leadership of the BOB system;
- Enhancing productivity and increasing value for money;
- Broader social and economic development of the system.

By the end of May, NHS England provides feedback on the evidence provided, which is incorporated into the BOB 2024/25 system plans.

Managing risk

Reducing risk across the health system is a priority for ICB to ensure patients receive high standards of care. Risks are events or scenarios which can hamper the ICB's ability to achieve its objectives. These risks, divided into strategic/principal, corporate and directorate, are identified, assessed and managed by the organisation and reviewed at the ICB Board meeting in public. They are reviewed at Board committee meetings including the Audit and Risk Committee, People Committee, Place and System Development Committee, Population Health & Patient Experience Committee, System Productivity Committee.

There is a regular review of risk through directorates, the bi-monthly Operational Risk Management Group and the ICB's Executive Management Committee. The ICB Board Assurance Framework and strategic risks is available here.

Dr Nick Broughton
Accountable Officer
21 June 2024

Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2023 to 31 March 2024 including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration policies for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Chair and Chief Executive Officer

The names of the Chair and Chief Executive Officer for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board are:

- Sim Scavazza, Acting Chair (from April 2023)
- Dr Nick Broughton, Interim Chief Executive Officer (from July 2023)

Javed Khan Chair was on extended leave from 3 April 2023 and stepped down from his role February 2024.

Along with the Chair and Chief Executive Officer, the Board comprises Non-Executive Directors (NEDs), Executive Directors, a Mental Health Member and Partner Members for NHS Trusts and Foundation Trusts, Local Authorities and Providers of Primary Medical Services.

The composition of the board as of 31 March 2024 includes:

- Sim Scavazza, Acting Chair and Chair of the People Committee
- Dr Nick Broughton, Interim Chief Executive

Non-Executive Directors:

- Saqhib Ali, Chair of Audit and Risk Committee
- Margaret Batty, Chair of the Population Health and Patient Experience Committee
- Tim Nolan, Chair of the System Productivity Committee
- Aidan Rave, Acting Deputy Chair, Senior Independent Director and Chair of the Place and System Development Committee and the Remuneration Committee

Partner Members:

- Minoo Irani, Mental Health Member - from July 2023
- Rachael Shimmin, Partner Member – local authorities - from July 2023
- George Gavriel, Partner Member – Providers of Primary Medical Services - from July 2023
- Steve McManus, Partner Member – NHS Trusts and Foundation Trusts - from July 2023

Executive Directors:

- Rachael Corser, Chief Nursing Officer
- Dr Rachael De Caux, Deputy Chief Executive and Chief Medical Officer
- Matthew Metcalfe, Chief Finance Officer

Profiles of the board members are available here

There are six committees of the ICB Board:

- Audit and Risk Committee
- People Committee
- Place and System Development Committee
- Population Health and Patient Experience Committee
- Remuneration Committee
- System Productivity Committee

Details of the committees can be found in the annual governance statement on page 57.

Register of Interests

The Board members Register of Interests is available on the ICB website here.

Personal data related incidents

There have been no personal data related incidents formally reported to the Information Commissioner's Office.

Modern Slavery Act

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31 March 2024 is published on our website and can be found here.

Dr Nick Broughton
Accountable Officer
21June 2024

Statement of Accountable Officer's Responsibilities

Integrated Care Boards are required to prepare, for each financial, year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Buckinghamshire, Oxfordshire and Berkshire West ICB and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed Dr Nick Broughton to be the Accountable Officer of Buckinghamshire, Oxfordshire and Berkshire West ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding Buckinghamshire, Oxfordshire and Berkshire West ICB's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Buckinghamshire, Oxfordshire and Berkshire West ICB's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Dr Nick Broughton
Accountable Officer
21 June 2024

Annual Governance Statement

Introduction and context

Buckinghamshire, Oxfordshire and Berkshire West ICB, hereafter 'the ICB', is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The ICB's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2023 and 31 March 2024 the ICB was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the ICB's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the ICB's Accountable Officer Appointment Letter.

I am responsible for ensuring that the ICB is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Board is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically, and complies with such generally accepted principles of good governance as are relevant to it.

The main features that support regular monitoring, review, and assurance, are the Constitution, Scheme of Reservation and Delegation (SoRD), the Standing Financial Instructions (SFIs), the Board and the Board's assurance committees as detailed below. Our Constitution and Governance Handbook sets out the arrangements we have made to meet our responsibilities for commissioning care for our patients and the principles we will operate by with our partners. It describes the governing principles, rules, and procedures that we operate by to ensure probity and accountability in the day-to-day running of the ICB to ensure that decisions are made in an open and transparent way with the interests of our residents and staff central to our goals and ambitions. The matters reserved to the Board are clearly defined in the Constitution and SoRD. Our Governance arrangements of are available here.

The Board has met six times in the period of this report. All meetings were quorate in terms of executive, non-executive and partner members. A table of members attendance is included in Appendix 1. The meetings have considered continued development of the ICB governance and its

functions, performance and quality, financial performance, development of the joint forward plan, public engagement, development of arrangements within Place and establishment of the BOB Integrated Care Partnership Joint Committee, and more recently undertaken a governance and partnership review to improve and strengthen its arrangements.

The ICB has the following statutory committees:

- Audit and Risk Committee
- Remuneration Committee

It has also established:

- ICB People Committee
- Place and System Development Committee
- Population Health and Patient Experience Committee
- System Productivity Committee

The terms of reference for each of these committees sets out the role and purpose and have been ratified by the Board. Committee Escalation and Assurance Reports are publicly available as part of the Board meeting papers (except for Remuneration Committee). Each committee submits an annual report to the Board giving assurance that they are fulfilling their duties, as set out in their terms of reference, and may also undertake self-assessments of their effectiveness.

The SFIs regulate the proceedings of the ICB, as set out in the Health and Social Care Act 2012 (HSCA). The SFIs, together with the SoRD provide the procedural framework within which the ICB discharges its business.

Board Committees

Audit and Risk Committee

The Audit and Risk Committee ensures that all the ICB's activities are managed in accordance with legislation and regulations governing the NHS; and provides assurance to the Board on governance, risk management and internal control processes ensuring appropriate relationships with both internal and external auditors are maintained.

The Committee's duty is also to assure the Board on:

- Other assurance functions
- Counter Fraud
- Financial Reporting
- Information Governance
- Conflicts of Interest
- Emergency Planning, Resilience and Response

The Chair and Chief Executive Officer (CEO), also known as the Accountable Officer, of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations. Other executive directors attend meetings as requested. Representatives of internal audit,

external audit and local counter fraud services attend each meeting. The Agenda of the Audit and Risk Committee is governed by its annual business cycle.

The Committee met six times during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

Remuneration Committee

The main purpose of the Remuneration Committee is to exercise the functions of the ICB in relation to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006: set executive pay policy and frameworks; approve executive remuneration and terms of employment. The Committee's duties include:

- Board nominations and appointments
- Executive remuneration policy
- Performance evaluation
- Succession planning
- ICB workforce (members and employees)

The CEO, or nominated deputy, may attend meetings, only when their own remuneration is not being discussed. The Chair may request attendance by other individuals or subject matter experts where necessary.

The Committee met three times during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

People Committee

Since April 2023 the Chair of the People Committee has also been acting Chair of the ICB. There have been several changes in Chief People Officer, and as part of the governance review, the Board determined that the committee as set up, was an amalgamation of both assurance role as well as system workforce programme board. As of Q4 we have separated functions and re-set the ICB people committee with Terms of Reference (ToR) agreed by the Board in March 2024.

The Chair may attend any meetings of the Committee. Other individuals may be invited to attend as and when appropriate to assist with discussion on matters.

This ICB People Committee has met twice during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

Place and System Development Committee

The Place and System Development Committee provides assurance that our Places and system working arrangements across BOB are being developed and fulfil the aims of improving health and wellbeing, reducing health inequalities, increasing system productivity, and supporting local socio-economic development. The duty of the Committee is to assure the board on place and system development.

The Chair of the Committee may invite others to attend if they would bring important perspectives to a particular discussion. The CEO of the ICB may attend any meeting of the Committee and may be invited to attend to gain an understanding of the Committee's operations.

The Committee met six times during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

Population Health and Patient Experience Committee

The Population Health and Patient Experience Committee provides assurance to the Board on service quality and performance, Population Health Management (PHM), and patient and public involvement. The Committee also provides assurance to the Board on governance for quality groups and matrix working.

The Chair and CEO of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations. Other executive directors or senior officers of the ICB may be required to attend at the Committee's request. Other individuals including representatives from the Health and Wellbeing Board(s), and NHS Providers, may be invited to attend all or part of any meeting to assist it with its discussions on specific matters.

The Committee met six times during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

System Productivity Committee

The System Productivity Committee provides assurance to the Board in relation to the financial sustainability of the system and its partners, and the achievement of system financial and productivity goals. The Committee's duty is to assure the Board on:

- Financial planning and oversight
- Performance against the delivery of the ICB's Strategy and Operational Plan
- System Oversight Framework
- Sustainability and innovation, including digital and procurement.

The Chair of the ICB may be invited to attend one meeting each year to gain an understanding of the Committee's operations. Other executive directors or senior officers of the ICB may be required to attend at the request of the Committee.

The Committee met seven times during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

Discharge of Statutory Functions

The ICB reviewed all of the statutory duties and powers conferred to it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions. Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake the ICB's statutory duties. To strengthen this, the ICB Board has undertaken a governance and partnership review to ensure arrangements are both effective and appropriate.

Risk management arrangements and effectiveness

The Audit and Risk Committee have approved a Risk Management Framework and overseen the development of an ICB Corporate Risk Register (CRR) and an ICB Board Assurance Framework (BAF). This has been supported by reports to the Board public meetings and Board workshop discussion on identifying its principal risks; based around the Integrated Care System (ICS) four core goals. Risk appetite formed a Board Development session in March 2024, and this will strengthen the revised ICB Risk Management Framework due for publication during Q2

2024/25.

The ICB is committed to a risk framework that minimises and/or accepts risks to the organisation, staff and patients and stakeholders through a comprehensive system of internal control, while providing maximum potential for flexibility, innovation, and best practice in delivery of its four core goals. The ICB works to all applicable legislation and NHS guidance, and where risk forms a part of the ICB's work, this is assessed and recorded on the risk register.

The ICB has a comprehensive approach to risk management which has been assessed by internal audit with an opinion of "substantial assurance". The ICB maintains a risk register for all identified risks linked to the relevant element of the ICB's Corporate Objectives/four goals. A 5 x 5 risk scoring matrix is consistently applied to all risks, and the impact and likelihood of all risks are regularly assessed. This ensures that risks across different functions (e.g. finance, patient safety, data security) are objectively rated and assessed.

The full BAF and CRR are reviewed no less than six times a year at Executive Management Committee and Audit and Risk Committee. All risks recorded on the register are assigned to one of the ICB's directors, a risk owner who is an officer within the ICB and are supported by a directorate risk lead who is a member of the Operational Risk Management Group (ORMG), which meets no less than six times a year. Risks are reviewed at least monthly by directorate leads/risk owners, and the length of time a risk has remained at its current risk score is reported along with its assurance rating. We are ensuring that oversight of risk by other Committees of the Board is more systematic in 2024/25.

TIAA provides an independent counter fraud service to the ICB and further narrative is provided under the Counter Fraud Section of this report.

Capacity to Handle Risk

All ICB staff are involved in risk management – the Executive Directors have responsibility to approve risks onto the ICB CRR and the Board approves those risks on the BAF. Senior managers as risk-owners have responsibility for ensuring that risks are operationally managed, and risk owners have responsibility for recording and updating agreed controls, assurances, and action plans.

Guidance on risk management and frequency of training is contained in the ICB's risk management framework. The Board is assured risk management is effective within the ICB by the Audit and Risk Committee. The Audit and Risk Committee receives regular reports on risk and assurances and/or recommendations from its internal auditors. The Audit and Risk Committee Chair includes the discussion and papers in the chairs report to the Board.

To manage our risks effectively, and in line with our risk management framework, we have implemented a Risk Management Reporting System, enabling risk management and reporting across the organisation. The management and evaluation of risk, including its controls and actions, are now fully embedded within our core business decisions and transactions and assists in the identification, preventing and deterring of risks in relation to fraud. We are strengthening our approach to risk management by undertaking regular deep dives across directorates. Risk management is overseen by a series of meetings at Directorate, Senior Management and Executive level; allowing for comprehensive discussion, risk reporting, the sharing and highlighting of areas of good practice and 'lessons learnt'; which ultimately report into the Executive and Audit and Risk Committee and then to Board.

Directorate/team risks to be escalated to the CRR require Executive approval, as does any recommended change in risk score. Risks escalated to the CRR will result in a risk score change in agreement with the relevant Directorate Executive and these are discussed at Executive Management Committee in line with the agreed risk reporting schedule outlined in the Risk Management Framework policy.

The management of risk is overseen and supported by the Governance Team. The Governance Team co-ordinate production of risk reports, offer advice and carry out training, organise and facilitate the Operational Risk Management Group's (ORMG) agenda, and will work with designated risk owners and Executive Directors.

Discussions with our system partners have begun in relation to management of system risk, to ensure that the ICB is cognisant of those risks in common which may impact the ICB, specifically on delivery of services, workforce, finance and reputation.

Risk Assessment

ICB staff are responsible for their risks and for maintaining risk awareness and identifying and reporting risks. Staff ensure they familiarise themselves with the Risk Management Framework and undertake risk management training appropriate to their role.

The ORMG has been put in place to provide a wider organisational oversight and review of risk to ensure consistency of rating, review any directorate risks for escalation to the CRR and make recommendations to Executive Management Committee. The Group's duties, authority, accountability, and reporting is defined within its Terms of Reference (ToR). The Governance Leads will oversee the management of risk ensuring risks are being reviewed in a timely fashion and adhere to the organisational reporting cycle (Operational Risk Management Group/Executive Management Committee/Audit and Risk Committee/Board).

The ICB has no appetite for fraud/financial risk and zero tolerance for regulatory breaches. The ICB supports well managed risk taking and will ensure that the skill, ability, and knowledge is in place to support innovation and maximise opportunities to improve its service.

The BAF sets out the principal risks to the achievement of the ICB's strategic objectives and is a practical means through which the Board can assess controls against delivery. The BAF is a primary source of evidence in describing how the ICB is discharging its responsibilities for internal control. The BAF sets out the controls in place to manage these risks and the assurances available to support judgements on whether the controls are having the desired impact and describes the actions to reduce each risk. Embedding risk management supports achievement of the ICB's corporate objectives/four goals, through managing risk to delivery.

The ICB currently holds eight risks on the Board Assurance Framework and 27 open risks on the Corporate Risk Register as at 31 March 2024.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the ICB, to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Data Quality

A data quality group has been established across the ICB to standardise data collection and reporting. This will give us a more accurate and equitable picture across our providers, highlighting inequalities in care dependent on geography and allowing the correct interventions in the right place to ensure better outcomes for our population.

Conflicts of interest management

The ICB Conflict of Interest Policy is on our website. The ICB's internal auditors carried out an audit for 2023/24. The conclusion of the audit was that the Board could take reasonable assurance that the controls upon which the organisation relies to manage conflicts of interest are suitably designed, consistently applied and effective. The audit identified some areas where controls could be improved, these related to training and completeness of the register. Actions to address this have been agreed and are being implemented.

During February 2024 NHS England provided national e-learning modules on managing conflicts of interest in the context of the new ICB arrangements and is also exploring developing additional guidance on conflicts of interest in consultation with ICB Chairs. The ICB will revise its conflicts of interest policy once the guidance has been published, in the meantime the ICB conflicts of interest policy is available on our website and forms part of the governance handbook requirements.

Governance and Partnership Review

In line with good practice and as part of our constitutional requirements we reviewed our governance arrangements. The areas considered included reviewing the skills, knowledge and experience necessary for the board to effectively carry out its functions. The review also considered whether its committee structure remains appropriate to deliver the needs of the organisation. Two papers were presented in public to describe the approach to this review, in May and January 2024 respectively, the most recent outlining a timetable of next steps.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees particularly personal identifiable information. The NHS Information Governance Framework is supported by the Data Security and Protection Toolkit (DSPT) and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The ICB places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities. There are processes in place for incident reporting and investigation of serious incidents. Information governance is reported to the Audit and Risk committee as a standing agenda item and is reviewed regularly through the Information Governance Steering Group. The ICB submitted its Data Security and Protection Toolkit (DSPT) submission in June 2023 'standards exceeded', and we are building on this for our June 2024 submission.

Business Critical Models

The ICB is aware of the Macpherson Report on government business critical models and quality assurance mechanisms, and of its findings. The ICB does not operate any business-critical models as defined in the report.

Third party assurances

Where the ICB relies on third party providers, it gains assurance through service level agreements and contract specifications; regular review meetings with providers on multiple levels; the use of performance data and external regulatory inspection reports; and monitoring and review by

appropriate programme boards and committees. Third party assurances are reported to the Audit and Risk Committee and informs this governance statement and external audit conclusion.

Control Issues

Performance against national constitutional standards remains under pressure, particularly in relation to access to services/capacity such as urgent and emergency care and average waiting times for autism and attention deficit hyperactivity disorder (ADHD); cancer performance with regards those patients waiting over 62 days for treatment, and elective long waiters > 65 weeks.

Performance is affected by physical capacity constraints and workforce shortages, and during 2023/24 significant periods of Industrial Action. The ICB is working alongside its partner colleagues to improve performance including through new ways of working.

Trusts continue to work with SCAS to mitigate handover delays through the provision of queue nurses and instigation of Hospital Ambulance Liaison Officers where required, opening of additional capacity, and ensuring senior decision making is available. Trusts are continuing to support each other with their requests for mutual aid where appropriate, through the elective care programme and speciality level task and finish groups. The ICB has continued its focus on access this year delivering against our Primary Care Access and Recovery Plan and working with system partners and the public to build and engage on a primary care strategy to further develop our primary care services.

For 2023/24, BOB ICB's total funding was £3,543m. Of this, £3,508m was allocated for healthcare programmes and £35m for the ICBs running costs as reflected in the financial table which summarises our budget (plan) and actual expenditure for 2023/24. See page 46 for a detailed summary and in the financial accounts section of the Annual Report. This deficit position required our External Auditors to submit a section 30 referral to the Secretary of State.

Review of economy, efficiency & effectiveness of the use of resources

The ICB has established systems and processes for managing its resources effectively, efficiently, and economically. The Board has an overarching responsibility for ensuring the ICB has appropriate arrangements in place, and delegates responsibilities to its committees. The CFO has delegated responsibility to determine arrangements to ensure a sound system of financial control. An audit programme is followed to ensure that resources are used economically, efficiently, and effectively. The Audit and Risk Committee reviews and monitors the ICB's financial reporting and internal control principles; to ensure the ICB's activities are managed in accordance with legislation and regulations governing the NHS; and to ensure that appropriate relationships are maintained with internal and external auditors. The System Productivity Committee monitors contract and financial performance, savings plans and overall use of resources; it provides assurance to the Board in relation to the financial sustainability of the system and its partners, and the achievement of system financial and productivity goals. The ICB has a process in place to secure economy, efficiency and effectiveness through its procurement, contract negotiation and contract management processes. Effectiveness is monitored specifically through the quality processes. The CFO meets regularly with the ICB's finance team and holds monthly meetings with the finance leads to review month-end reporting. Regular meetings are also held with system partners' finance leads (CFOs and Deputy CFOs). The ICB informs its control framework by the work of internal and external audit. The ICB's external auditors are required to satisfy themselves that the ICB has made proper arrangements for securing economy, efficiency, and effectiveness in the use of its resources. Their audit work is made available to and reviewed by the Audit and Risk Committee and the Board.

Delegation of functions

The ICB's SoRD outlines the control mechanisms in place for delegation of functions and is found in the Governance Handbook. The Board receives reports from each of its committees detailing the delivery of work, and associated risks, within their specific remit. Additionally, the Board maintains a high-level overview of the organisation's business and identifies and assesses risks and issues straddling committees. These risks are owned and overseen at Board level and scrutinised at each meeting in public to ensure appropriate management and reporting is in place. Internal Audit is used to provide an in-depth examination of any areas of concern and/or to highlight any gaps in systems of internal control.

Counter fraud arrangements

The ICB is committed to reducing the risk from fraud and corruption and discharges its counter fraud responsibilities locally through its appointed Local Counter Fraud Specialist (LCFS) who acts as the "first line of defence" against fraud, bribery, and corruption, working closely with the ICB and the NHS Counter Fraud Authority (CFA). The CFO is the Executive Lead for counter fraud. The ICB has a Local Anti-Fraud, Bribery and Corruption Policy in place.

Fraud awareness material, including fraud alerts and information on bribery, is regularly circulated to ICB staff. Fraud referrals are investigated by the LCFS, and the progress and results of investigations are reported to the CFO and the Audit and Risk Committee. The Audit and Risk Committee receives an anti-crime progress report at each meeting. There is a proactive risk-based work plan aligned to the NHS CFA Standards for Commissioners to maintain and improve compliance and performance against each of the standards which is assessed on an annual basis. The ICB also participates in the National Fraud Initiative Exercise now run by the Cabinet Office which is a mandatory exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. The exercise has been run every two years since 1996.

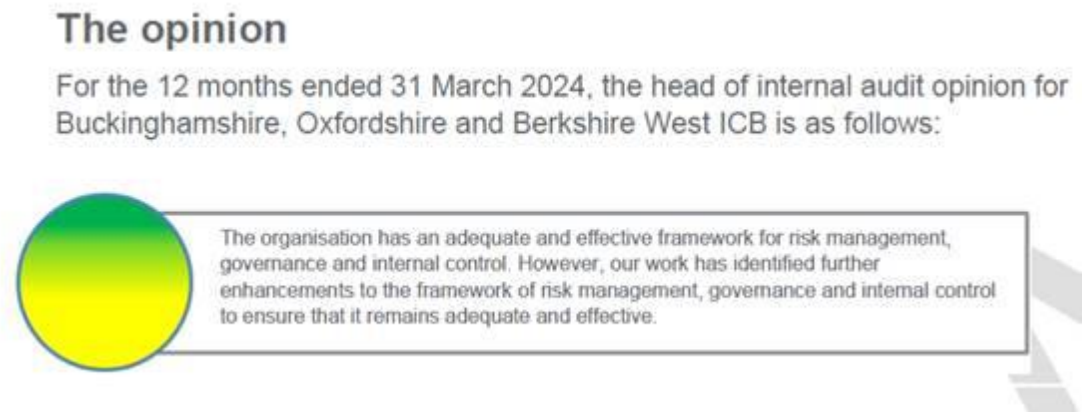
From work conducted during the year Anti-Crime Specialist (ACS) can confirm the following:

- There were no frauds subject to investigation that met the materiality threshold for referrals to the ICBs external auditors.
- No significant system failures or control weaknesses were identified that impact on the organisation's Annual Governance Statement.
- The Counter Fraud function is embedded well within the ICB, and the work undertaken successfully addresses the generic areas of the ICB's Counter Fraud Strategy.

In accordance with the Government Functional Standard 013 Counter Fraud, the organisation is required to complete a Counter Fraud Functional Standard Return (CFFSR) and has been assessed with an overall rating of **GREEN** for 2023/24.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2023 to 31 March 2024 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance, and internal control. The Head of Internal Audit concluded that:



Scope and limitations of our work
The formation of our draft opinion is achieved through a risk-based plan of work, agreed with management and approved by the Audit and Risk Committee, our opinion is subject to inherent limitations, as detailed below:

- internal audit has not reviewed all risks and assurances relating to the organisation;
- the opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. The assurance framework is one component that the board takes into account in making its annual governance statement (AGS);
- the opinion is based on the findings and conclusions from the work undertaken, the scope of which has been agreed with management /lead individual;

- where strong levels of control have been identified, there are still instances where these may not always be effective. This may be due to human error, incorrect management judgement, management override, controls being by-passed or a reduction in compliance;

- due to the limited scope of our audits, there may be weaknesses in the control system which we are not aware of, or which were not brought to our attention; and

- our internal audit work for 2023/24 has continued to be undertaken through the operational disruptions caused by the Covid-19 pandemic. In undertaking our audit work, we recognise that there has been some impact on both the operations of the organisation and its risk profile, and our annual opinion should be read in this context.

Factors and findings which have informed our opinion

In forming our Internal Control opinion, we have taken into account the following:

Area of Audit	**Level of Assurance Given**
System Partnership	Substantial assurance
Population Health Management	Substantial assurance
Governance	Substantial assurance
Risk Management	Substantial assurance
Key Financial Controls	Substantial assurance
Financial Planning and Reporting	Reasonable assurance
Emergency Planning, Resilience and Response (EPRR)	Reasonable assurance
Conflicts of Interest	Reasonable assurance
Commissioning and Contract Management	Partial assurance
Continuing Care and Personal Health Budgets (Draft)	Partial assurance
Public & Patient Engagement / Learning from Complaints	Partial assurance
Place audits	Partial assurance
Transformation	Partial assurance

Two advisory reviews were also undertaken in 2023/24:

Area of Audit	**Level of Assurance Given**
Workforce Planning	No opinion / advisory
Data Security and Protection Toolkit	No opinion / advisory

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive directors, and Committees within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- The Board
- The Audit and Risk committee
- Operational Quality Group
- Internal audit
- Other explicit review/assurance mechanisms.

Conclusion

No significant internal control issues have been identified.

Dr Nick Broughton
Accountable Officer
21 June 2024

Remuneration Report

Remuneration Committee

Each Integrated Care Board has a Remuneration Committee, the role of the committee is to set executive pay policy and frameworks; approve executive remuneration and terms of employment. Details of memberships and terms of reference of the committee are available in the ICB's Governance Handbook, for ease the link to the Remuneration Committee Terms of Reference is available here.

Policy on the remuneration of senior managers

Senior managers' remuneration is set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the weight of roles and individuals' performance in them. This ensures a fair and transparent process via bodies that are independent of the senior managers whose pay is being set. No individual is involved in deciding his or her own remuneration. Executive senior managers are ordinarily on permanent NHS contracts. The length of contract, notice period and compensation for early termination are set out in the Agenda for Change, NHS terms and conditions of service handbook.

Policy on the remuneration of very senior managers

All very senior manager remuneration (VSM) is determined by the ICB's Remuneration Committee based on available national guidance, benchmarking data against other ICBs and with due regard for national pay negotiations/awards for NHS staff on national terms and conditions. The Remuneration Committee is also cognisant of public sector pay restraint and its responsibility to ensure that executive pay remains publicly justifiable. The Remuneration Committee acknowledges and commits to complying with the requirement to seek pre-approval from NHS England for salaries in excess of £150,000.

Percentage change in remuneration of highest paid director

Percentage Changes	23/24	22/23	Change	% Change
Highest paid director				
Salary and Allowances	247,500	226,000	21,500	9.51%
Performances and bonuses	0	0	0	N/A
Employees of the entity taken as a whole (Average)				
Salary and Allowances	61,840	62,696	(856)	(1.37%)
Performances and bonuses	0	0	0	N/A

Pay ratio information

The banded remuneration of the highest paid director / member in the BOB ICB in the reporting period 1 April 2023 to 31 March 2024 was £250,000 - £255,000 on an annualised basis.

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2023/24	25th percentile	Median pay ratio	75th percentile pay ratio
Total remuneration (£)	42,618	52,359	71,280
Salary component of total remuneration (£)	42,618	52,359	71,280
Pay ratio information	5.81	4.73	3.47

2022/23	25th percentile	Median pay ratio	75th percentile pay ratio
Total remuneration (£)	41,108	50,361	67,531
Salary component of total remuneration (£)	41,108	50,361	67,531
Pay ratio information	5.53	4.52	3.37

During the reporting period 1 April 2023 to 31 March 2024 no employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £5,000 to £253,000. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in- kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The ICB Year-on-Year ratio variance is below.

Year on Year Pay ratio variance %	**5%**	**5%**	**3%**

Senior manager remuneration (including salary and pension entitlements) 2023/24

Name	Title	BOB ICB Salary (Bands of £5,000) £000	Expense payments (taxable) (Rounded to the nearest £100) * £00	Performance Pay and bonuses (Bands of £5,000) £000	performance pay and bonuses (Bands of £5,000) £000	All Pension related benefits (bands of £2,500) £000	Total (Bands of £5,000) £000
Steve McManus (**)	Chief Executive (Interim)	55-60	0	0-5	0-5	0-2.5	55-60
Steve McManus (***)	Partner member – NHS and Foundation Trusts	0-5	0	0-5	0-5	0-2.5	0-5
Nick Broughton	Member for Mental Health	0-5	0	0-5	0-5	0-2.5	0-5
Nick Broughton (**)	Chief Executive (Interim)	180-185	0	0-5	0-5	0-2.5	180-185
Matthew Metcalfe (**)	Chief Financial Officer	180-185	0	0-5	0-5	45-47.5	225-230
Javed Khan (**)	NED – Chair (extended leave)	65-70	0	0-5	0-5	0-2.5	65-70
Sim Scavazza	NED – Acting Chair	70-75	1	0-5	0-5	0-2.5	70-75
Rachael DeCaux	Deputy CEO & Chief Medical Officer	180-185	1	0-5	0-5	282.5-285	465-470
Rachael Corser	Chief Nurse	155-160	11	0-5	0-5	25-27.5	185-190
Catherine Mountford	Director of Governance	120-125	1	0-5	0-5	0-2.5	125-130
Minoo Irani (***)	Member for Mental Health	0-5	0	0-5	0-5	0-2.5	0-5
Neil McDonald (**)	Partner member – NHS and Foundation Trusts	0-5	0	0-5	0-5	0-2.5	0-5
Rachael Shimmin (***)	Partner member – Local Authorities	0-5	0	0-5	0-5	0-2.5	0-5
Stephen Chandler (**)	Partner member – Local Authorities	0-5	0	0-5	0-5	0-2.5	0-5
George Gavriel (**)	Partner member – Primary medical services	10-15	0	0-5	0-5	0-2.5	10-15
Shaheen Jinah (**)	Partner member – Primary medical services	0-5	0	0-5	0-5	0-2.5	0-5
Karen Beech (**)	Acting Chief People Officer	50-55	0	0-5	0-5	0-2.5	50-55
Matthew Tait	Chief Delivery Officer	155-160	13	0-5	0-5	0-2.5	155-160
Ross Fullerton (**)	Interim Chief Digital & Information Officer	90-95	0	0-5	0-5	0-2.5	90-95
Nick Samuels (**)	Interim Director of Communications and Engagement	60-65	0	0-5	0-5	0-2.5	60-65
Raj Bhamber (seconded from NHSE) (**)	Interim Chief People Officer	0-5	0	0-5	0-5	0-2.5	0-5
Caroline Corrigan (seconded from Frimley ICB) (**)	Interim Chief People Officer	20-25	0	0-5	0-5	37.5-40	60-65
Victoria Otley-Groom (**)	Chief Digital and Information Officer	60-65	0	0-5	0-5	0-2.5	60-65
Hannah Iqbal (**)	Chief Strategy Officer	70-75	0	0-5	0-5	40-42.5	110-115
Rob Bowen (**)	Acting Director of Strategy and Partnerships	60-65	0	0-5	0-5	42.5-45	105-110
Tim Nolan	NED	15-20	1	0-5	0-5	0-2.5	15-20
Aidan Rave	NED - Acting Deputy Chair	15-20	0	0-5	0-5	0-2.5	15-20
Margaret Batty (Aston)	NED	15-20	0	0-5	0-5	0-2.5	15-20
Saqhib Ali	NED	15-20	2	0-5	0-5	0-2.5	15-20

Note:

*Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.

- Haider Hussain stopped being Associate NED in March 2023
- Nick Broughton joined the ICB as Interim Chief Executive Officer in July 2023

- Matthew Metcalfe joined the ICB in April 2023
- Victoria Otley-Groom joined the ICB in October 2023
- Hannah Iqbal joined the ICB in September 2023
- Steve McManus was Interim Chief Executive Officer from April 2023 to June 2023
- Steve McManus joined the ICB as Partner member in July 2023
- Raj Bhamber joined the ICB on secondment from NHSE from August 2023 to October 2023
- Caroline Corrigan joined the ICB on secondment in November 2023
- Shaheen Jinah left the ICB as Partner member in June 2023
- Neil McDonald left the ICB as Partner member in June 2023
- Stephen Chandler left the ICB as partner member in June 2023
- Rob Bowen left the ICB in September 2023
- Minoo Irani joined the ICB in July 2023
- Rachael Shimmin joined the ICB as Partner member in July 2023
- George Gavriel joined the ICB as Partner member in July 2023
- Nick Samuels left the ICB in August 2023
- Ross Fullerton left the ICB in November 2023
- Karen Beech left the ICB in August 2023

*** Steve McManus, Minoo Irani and Rachael Shimmin receives no remuneration from BOB

ICB Interim Roles held by more than one person**.**

1. Interim Chief People Officer on secondment handled by Raj Bhamber (NHSE) and Caroline Corrigan (Frimley ICB)

Senior manager remuneration (including salary and pension entitlements 1 July 2022 to 31 March 2023)

Name	Title	BOB ICB Salary (Bands of £5,000) £000	Expense payments (taxable) (Rounded to the nearest £100) * £00	Performance Pay and bonuses (Bands of £5,000) £000	Long Term performance pay and bonuses (Bands of £5,000) £000	All Pension related benefits (bands of £2,500) £000	Total (Bands of £5,000) £000
Debbie Simmons (**)	Interim Chief Nursing Officer	25-30	0	0-5	0-5	40-42.5	70-75
Dr James Kent (**)	Chief Executive	70-75	1	0-5	0-5	87.5-90	160-165
Steve McManus (**)	Chief Executive (Interim)	95-100	0	0-5	0-5	0-2.5	95-100
Richard Eley (**)	Chief Finance Officer (Interim)	70-75	0	0-5	0-5	0-2.5	70-75
Jim Hayburn (**)	Chief Financial Officer (Interim)	70-75	0	0-5	0-5	0-2.5	70-75
Javed Khan	NED – Chair	55-60	1	0-5	0-5	0-2.5	55-60
Sim Scavazza	NED – Deputy Chair	10-15	0	0-5	0-5	0-2.5	10-15
Rachael DeCaux	Chief Medical Officer	130-135	2	0-5	0-5	0-2.5	130-135
Rachael Corser (**)	Chief Nurse	80-85	9	0-5	0-5	92.5-95	175-180
Catherine Mountford	Director of Governance	85-90	1	0-5	0-5	57.5-60	145-150
Nick Broughton (***)	Member for Mental Health	0-5	0	0-5	0-5	0-2.5	0-5
Shaheen Jinah	Partner member – Primary medical services	10-15	0	0-5	0-5	0-2.5	10-15
Stephen Chandler (***)	Partner member – Local Authorities	0-5	0	0-5	0-5	0-2.5	0-5
Neil McDonald (***)	Partner member – NHS and Foundation Trusts	0-5	0	0-5	0-5	0-2.5	0-5
Matthew Tait	Interim Chief Delivery Officer	105-110	9	0-5	0-5	20-22.5	130-135
Sonya Wallbank (**)	Chief People Officer	95-100	0	0-5	0-5	87.5-90	180-185
Karen Beech (**)	Acting Chief People Officer	80-85	0	0-5	0-5	257.5-260	340-345
Amanda Lyons (**)	Interim Director of Strategy and Partnerships	30-35	0	0-5	0-5	0-2.5	30-35
Rob Bowen (**)	Acting Director of Strategy Partnerships	80-85	0	0-5	0-5	17.5-20	95-100
Ross Fullerton	Interim Chief Information Officer	95-100	0	0-5	0-5	0-2.5	95-100
Rob Beasley (**)	Interim Director of Communications and Engagement	110-115	0	0-5	0-5	0-2.5	110-115
Nick Samuels (**)	Interim Director of Communications and Engagement	15-20	0	0-5	0-5	0-2.5	15-20
Tim Nolan	NED	10-15	1	0-5	0-5	0-2.5	10-15
Aidan Rave	NED	10-15	0	0-5	0-5	0-2.5	10-15
Margaret Batty	NED	10-15	0	0-5	0-5	0-2.5	10-15
Saqhib Ali	NED	10-15	1	0-5	0-5	0-2.5	10-15
Haider Husain (**)	NED – Associate	5-10	0	0-5	0-5	0-2.5	5-10

Notes:

**

- Debbie Simmons left the ICB in September 2022
- James Kent went on secondment to NHS England in September 2022
- Steve McManus joined the ICB in October 2022
- Richard Eley left the ICB in October 2022
- Jim Hayburn joined in November 2022 and left the ICB in March 2023

- Rachel Corser joined the ICB in September 2022
- Sonya Wallbank left the ICB in February 2023
- Karen Beech was appointed Acting Chief People Officer at the ICB in March 2023
- Amanda Lyons finished her secondment to the ICB in September 2022
- Rob Bowen was appointed Acting Director of Strategy at the ICB in March 2023
- Rob Beasley joined the ICB in February 2023
- Nick Samuels joined the ICB in March 2023

*** Stephen Chandler, Neil McDonald and Nick Broughton receives no remuneration from BOB

ICB Interim Roles held by more than one person**.**

1. Interim Chief Finance Officer handled by Richard Eley and Jim Hayburn.
2. Interim Director of Communications and Engagement handled by Rob Beasley and Nick Samuels.

The figure disclosed within the all-pension benefit reflects the position that the benefit would be if the employee was employed by the ICB for the full year. Where an employee has either joined or left the ICB part way through the year this balance has not been time apportioned

Pension benefits 2023/24

Name	Title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age at 31 March 2024 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1st April 2023 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2024 £'000	Employer's contribution to stakeholder pension £'000
Matthew Metcalfe (**)	Chief Financial Officer	2.5-5	0-2.5	20-25	0-5	229	63	340	0
Rachael DeCaux	Deputy CEO & Chief Medical Officer	10-12.5	75-77.5	45-50	130-135	487	441	1,001	0
Rachael Corser	Chief Nurse	0-2.5	45-47.5	45-50	115-120	632	228	944	0
Catherine Mountford	Director of Governance	0-2.5	2.5-5	55-60	150-155	94	0	80	0
Karen Beech (**)	Acting Chief People Officer	0-2.5	0-2.5	10-15	0-5	179	0	222	0
Matthew Tait	Chief Delivery Officer	0-2.5	35-37.5	50-55	145-150	1,043	110	1,279	0
Caroline Corrigan (seconded from Frimley ICB) (**)	Interim Chief People Officer	0-2.5	0-2.5	30-35	0-5	378	19	512	0
Victoria Otley-Groom (**)	Chief Digital and Information Officer	0-2.5	0-2.5	25-30	20-25	503	0	523	0
Hannah Iqbal (**)	Chief Strategy Officer	0-2.5	0-2.5	15-20	0-5	125	6	167	0
Rob Bowen (**)	Acting Director of Strategy and Partnerships	0-2.5	0-2.5	10-15	10-15	122	15	201	0

Pension benefits (1 July 2022 to 31 March 2023)

Name	Title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age at 31 March 2023 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2023 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1st July 2022 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2023 £'000	Employer's contribution to stakeholder pension £'000
Debbie Simmons	Interim Chief Nursing Officer	0-2.5	0-2.5	35-40	85-90	775	7	853	0
Dr James Kent	Chief Executive	0-2.5	0-2.5	10-15	0-5	125	7	203	0
Rachael DeCaux	Chief Medical Officer	0-2.5	0-2.5	30-35	50-55	563	0	487	0
Rachael Corser	Chief Nurse	2.5-5	2.5-5	40-45	65-70	531	35	632	0
Catherine Mountford	Director of Governance	2.5-5	2.5-5	50-55	135-140	1,108	0	94	0
Matthew Tait	Interim Chief Delivery Officer	0-2.5	0-2.5	55-60	95-100	973	15	1,043	0
Sonya Wallbank	Chief People Officer	2.5-5	0-2.5	15-20	0-5	143	33	217	0
Karen Beech	Acting Chief People Officer	0-2.5	0-2.5	10-15	0-5	0	9	179	0
Rob Bowen	Acting Director of Strategy Partnerships	0-2.5	0-2.5	5-10	10-15	101	0	122	0

Notes: CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution

rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023- 24 CETV figures.

During the year the NHS made an adjustment to the pension and lump sum data to consider the impact of the McCloud judgement (a legal case in relation to age discrimination benefits). HM Treasury released a response in February 2021 to the October 2020 McCloud remedy consultation which confirmed that some members will have NHS 2015 benefits replaced with NHS 1995/2008 section benefits by 2023, with an option to switch back to NHS 2015 at their retirement date.

Following the Public Service Pensions and Judicial Offices Act 2022, which came into force 10 March 2022, the implementation of the regulation set a deadline of 1 October 2023. The regulation allows for retrospective adjustments arising due to the McCloud judgement. The adjustment will enable all eligible members to be switched to Final Salary and then providing a choice on their actual retirement date between CARE and Final Salary benefits for their service between 2015 and 2022. Where the McCloud rollback resulted in negative real increases in pension, lump sum or CETV the negative figures have not be shown and a zero has been substituted.

- As non-executive directors do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive directors.
- Pension benefit disclosed above represents the full year 2023-24 pension to 31st March 2024.
- The BOB ICB is formally established on 1st July 2022.
- The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.
- Factors determining the variation in the values recorded between individuals include but is not limited to: -
    - A change in role with a resulting change in pay and impact on pension benefits.
    - A change in the pension scheme itself.
    - Changes in the contribution rates.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the

individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office

No payments for compensation on early retirement or for loss of office have been made by the ICB.

Payments to past directors

No payments have been made to any person who was not a director at the time the payment was made, but who had been a director of the entity previously

Staff Report

Staff numbers and gender analysis

The ICB has a workforce comprised of employees from a wide variety of professional groups. At the end of 2023/24 the ICB employed 490 staff (headcount), of which 371 were women and 119 men. As of 31 March 2024, the Chief Executive Office and Board was made up of 10 women and 8 men. Below is a breakdown of gender analysis of staff.

	Female headcount	Male Headcount	Total Headcount
CEO and Board	10	8	18
Very Senior Managers	6	0	6
All other employees	355	111	466
Total employees	371	119	490

The below table shows the number of people (headcount) employed by the ICB and other numbers, either employed by other organisations or temporary staff who are working for the ICB as at 31 March 2023:

	Permanently employed number	Other numbers	1 July 2022 to 31 March 2023
Total (headcount)	490	142	632

The below table shows the average number of people employed (whole time equivalent – WTE)) by the ICB and other numbers either employed by other organisations or temporary staff working for the ICB from 1 April 2023 to 31 March 2024.

	Permanently employed	Other staff	Total number
Average number of WTE people	382	84	416
Of which: WTE people engaged on capital projects	0	0	0

Staff turnover for the ICB is 1.26%.

Employee benefits and cost

	Permanent Employees	Other	2023-24 Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	23,060	4,498	**27,558**
Social security costs	2,471	-	**2,471**
Employer Contributions to NHS Pension scheme	3,957	-	**3,957**
Apprenticeship Levy	97	-	**97**
Termination benefits	233	-	**233**
Gross employee benefits expenditure	**29,818**	**4,498**	**34,316**

9 Months to 31 March 2023

	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	13,649	2,903	**16,552**
Social security costs	1,392	-	**1,392**
Employer Contributions to NHS Pension scheme	2,075	-	**2,075**
Apprenticeship Levy	55	-	**55**
Termination benefits	160	-	**160**
Gross employee benefits expenditure	**17,331**	**2,903**	**20,234**

Sickness absence data

Local electronic staff record (ESR) data shows the sickness figures for the ICB for 2023/24 are as follows.

	1 April 2023 to 31 March 2024
Sum of full time equivalent (FTE)	4585.45
Sum of FTE days available	1,022,555.35
Average annual sick days per FTE	8.01

Sickness absence is managed in a supportive and effective manner by ICB managers, with professional advice and targeted support from human resources (HR), occupational health, employee assistance programme and staff support services which are appropriate and responsive to the needs of our workforce. The ICB's approach to managing sickness absence is governed by a clear HR policy and this is supported by the provision of HR advice and guidance sessions for line managers on the effective management of sickness absence.

Managers ensure that the culture of sickness reporting is embedded within their teams and sickness absence is actively monitored.

Staff engagement percentages

The results of our Staff Survey were released on 7 March 2024. While we had good staff engagement with a response rate of 66.4% (284 questionnaires completed), the headline findings indicate that staff experience in BOB ICB has not significantly improved over the last 12 months. We are currently in the process of reviewing the detailed findings for the organisation and by directorate.

The findings have been presented at our All Staff Briefing and will be discussed at our Staff Partnership Forum, in directorate meetings and at the ICB People Committee. The survey highlights the need for us to re-energise the existing Organisation Development and Wellbeing action plan in collaboration with managers, staff networks and the Staff Partnership Forum with the expectation that this will generate the improvements in staff experience required over the next 12 months. As an organisation we are committed to listening to feedback from staff and will work closely with our staff partnership forum and staff networks to identify what we can do to improve over the next year.

Trade Union Facility Time Reporting Requirements

In January 2024 the ICB and Trade Unions signed a Trade Union Recognition Agreement & Framework. The recognition Agreement is in place from 1 April 2024. BOB ICB will comply with the Trade Union and Labour Relations (Consolidation) Act 1992 and section 25 of the NHS terms and conditions of service handbook 'Time off and facilities for trades union representatives' in relation to both time off and facilities for accredited trade unions, who have been duly elected or appointed, and who represent their members on matters that are of concern to BOB ICB and/or its employees.

Other employee matters

WILD Programme: The ICB has developed an organisational development (OD) programme which focuses on *'Building a better BOB ICB'.* We developed core values in partnership with staff during 2023 which are:

- Respectful – we are inclusive
- Impactful – we make a difference
- Integrity – we are kind and fair
- Leadership – we encourage leadership
- Collaborative – we work together in a positive way

The OD programme is supported by four pillars that serve as guiding principles for the programme's success, including: wellbeing, inclusivity, leadership and development – WILD.

Staff communications: Internal communication is an essential resource for supporting the ICB to develop as an organisation through enabling connection, education, sharing and supporting a healthy and collaborative culture that is in line with the NHS People Promise and People Plan.

Over the past years internal communication channels have developed to keep ICB staff abreast of important system news and information. Below outlines the channels uses across the organisation to communicate and engage with staff.

- Monthly BOB Buzz Newsletter. Despite some fluctuations in the data month on month, we can see BOB Buzz engagement overall has grown significantly.
- The All Staff Briefing continues to attract a high level of attendance with the meeting now a regular commitment in diaries of busy ICB staff. This demonstrates the appetite and importance that staff place on these briefings. As remote and flexible working continues to be part of the culture within the ICB, staff have shared feedback that having opportunities to connect and share information on a regular basis with colleagues is important and the All Staff Briefing provides this forum in a cost-effective way.
- BOB ICB chief executive Dr Nick Broughton publishes a fortnightly blog to update staff and invite feedback on BOB activity. This provides a personal platform on which to acknowledge staff contributions to the ICB, share success stories, showcase innovation, and recognise and offer support to staff dealing with challenges within the system.
- We have implemented *Lunch and Learn* sessions across the organisation covering lots of different topics including High Intensity High Frequency Use of Emergency Departments, Delegated Commissioning and Personalised Care.
- We held an all-staff event in June 2023 to provide an opportunity for all staff across the whole of BOB to come together and celebrate the first anniversary of BOB ICB. Over 300 members of staff attended the event which helped to raise awareness of our priorities for 2023/24 and longer term; enable staff to be introduced to new executive leaders in BOB; provide an opportunity for staff to meet colleagues across BOB and build new connections and support the development of the BOB organisational values and identity as one organisation.

Staff Partnership Forum: The ICB established a Staff Partnership Forum (SPF)which had its inaugural meeting on 23 January 2024. The BOB ICB SPF has been set up to provide a regular and formal means of information, consultation and negotiation between managers, staff directorate representatives and trade union representatives. The SPF will be the main forum for formal consultation with staff and their representatives and the management / executive of the ICB. about the Change Programme. There are staff representatives from each directorate as well as leads from the staff networks.

Staff Networks: As part of our commitment to creating a fairer and more diverse organisation, we have supported the creation of BOB ICB staff networks to address and tackle issues faced by underrepresented groups of people within our workforce.
They also contribute to improving patient experience, as staff develop a deeper understanding of our diverse community.
At present, we have three staff networks:

- Cultural Awareness & Race Equality (CARE) Network,
- Diverse Ability Network
- LGBTQ+ Network.

All three networks have an active membership group and have welcomed speakers and discussed ways in which the whole organisation can

work to ensure it is inclusive.

They align with the newly formed Staff Partnership Forum, which all network chairs attend.

BOB ICB Change Programme: We are part way through our ICB Change Programme to review and redesign the ICB's operating model. This involves carefully working through the ICB functions and thinking through at what level of the system they are best delivered building on the changes we have been through already as an organisation and our learning to date. We are doing this for several reasons:

- to use this redesign as an opportunity to strengthen our unique role and organisational value within the system.
- to have greater clarity on what is best delivered at system level; in local place-based partnerships; or through our provider collaboratives.
- to address the ask by NHS England of all ICBs that we are operating at our optimal size to deliver our strategic function and to achieve a running cost budget reduction of 30% by 2025/26. An additional 10% cost reduction is required to keep us within the financial envelope for future allocations.

We have held workshops to equip managers to support their staff / teams through the consultation process. Following suggestions from staff representatives at the SPF we have also held drop-in sessions, for all staff, to share information and discuss certain subjects including voluntary redundancy / how it will work and the basics of TUPE - Transfer of Undertakings (Protection of Employment) Regulations.

The SPF is a key channel for feedback from staff and discussion around the change programme. In addition, regular Directorate and team briefings will continue to enable the broadest engagement with staff and ensuring staff voice is heard throughout the change process. Staff can also send in questions and feedback about the change programme to the communications and engagement with questions being answered and posted them on the StaffZone.

The ICB launched its staff consultation on the new organisational structure on 29 April, alongside a voluntary redundancy scheme.

Freedom to speak up
Throughout 2023/24 we have strengthened our Freedom to Speak Up (FTSU) arrangements in the ICB endorsing the three key principles of 'speaking up, acting up and following up' to ensure staff feel confident and safe to utilise the FTSU programme and embed positive culture and behaviour within the ICB. We want to ensure our staff are supported in speaking up; that barriers to speaking up are addressed; that the organisation encourages a positive culture of speaking up and that matters raised are used as opportunities for learning and improvement. To support this, we have appointed three members of staff as FTSU guardians. Staff can contact them for advice and support to speak up.

Expenditure on consultancy

Expenditure on consultancy was £2,979k 1 April 2023 to 31 March 2024 (£1,820k 1 July 2022 to 31 March 2023) as per Note 5 to the Accounts page 115.

Off-payroll engagements

Table below: Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2024, for more than £245[1] per day:

	Number
Number of existing engagements as of 31 March 2024	39
Of which, the number that have existed:	
for less than one year at the time of reporting	21
for between one and two years at the time of reporting	4
for between 2 and 3 years at the time of reporting	4
for between 3 and 4 years at the time of reporting	5
for 4 or more years at the time of reporting	5

Below table: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 to 31 March 2024, for more than £245[1] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 to 31 March 2024	21
Of which:	
No. not subject to off-payroll legislation[2]	18
No. subject to off-payroll legislation and determined as in-scope of IR35[2]	0
No. subject to off-payroll legislation and determined as out of scope of IR35[2]	3
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

(1) The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

(2) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Below table: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2023 to 31 March 2024

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period(1)	2
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements. (2)	15

Exit packages, including special (non-contractual) payments

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000								
£10,000 - £25,000								
£25,001 - £50,000								
£50,001 - £100,000	1	£73,334						
£100,001 - £150,000								
£150,001 –£200,000	1	£160,000						
>£200,000								
TOTALS	2	£233,334						

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Redundancy Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the ICB has agreed early retirements, the additional costs are met by the ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	n/a	n/a
Mutually agreed resignations (MARS) contractual costs	n/a	n/a
Early retirements in the efficiency of the service contractual costs	n/a	n/a
Contractual payments in lieu of notice*	n/a	n/a
Exit payments following Employment Tribunals or court orders	n/a	n/a
Non-contractual payments requiring HMT approval**	n/a	n/a
TOTAL		nil

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in table 1 which will be the number of individuals.

*Any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation, and none relating to non-contractual payments in lieu of notice.

Zero non-contractual payments were made to individuals where the payment value was more than 12 months’ of their annual

salary. The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Equality and Diversity

For information on the Public Sector Equality Duty and how we give ‘due regard’ to eliminating discrimination please see here.

As outlined above, the BOB ICB set up three new staff networks Cultural Awareness and Race Equality (CARE), Diverse Ability and Lesbian, Gay, Bisexual and Transgender Plus (LGBTQ+). Each is independently chaired by an employee of the organisation and has an executive sponsor. The networks have supported Black History Month, Disability History Month and LGBTQ+ History Month.

The ICB is committed to reporting annually on ethnicity pay gap, in line with the Gender Pay Gap report and Public Sector Equality Duty report.

Disability information

BOB ICB has developed an integrated approach to delivering workforce equality, so it does not have a separate policy for disabled employees or for any other protected characteristics. Equalities issues are incorporated in policies covering all aspects of the employee lifecycle ranging from recruitment to performance.

Health and Safety

The BOB ICB recognises that the maintenance of a safe workplace and safe working environment is critical to our continued success and accordingly, we view our responsibilities for health, safety and welfare with the utmost importance. As staff mainly work from home, considerable effort had gone into supporting staff do this. This included all staff undertaking risk assessments of their 'at home' working environment and purchasing equipment (for example office chairs and monitors) to accommodate individual staff needs. Health and Safety training forms part of the suite of statutory and mandatory training which is undertaken by all employees.

Whistleblowing

The BOB ICB has a whistleblowing (Freedom to Speak Up) policy that is communicated to all staff and was available on the staff intranet.

Auditable elements

Please note that the elements of this remuneration and staff report that have been subject to audit are the tables of salaries and allowances senior managers and related narrative notes on page 70 to 73, pension benefits of senior managers and related narrative on pages 74 to 76, the fair pay disclosures and related narrative notes on page 68 and 69 and exit packages and any other agreed departures on page 84 and 85.

Dr Nick Broughton
Accountable Officer
21 June 2024

Parliamentary Accountability and Audit Report

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board is not required to produce an Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report. For 1 April 2023 to 31 March 2024 there were no remote contingent liabilities, losses and special payments, gifts, fees or charges.

Dr Nick Broughton
Accountable Officer
21 June 2024

Appendix 1:

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

Key:

Y = present and attended
A = Apologies
N/A = not applicable as not in post at that time

R = Resigned
T = Term of office ended

Board meetings 1 April 2023 – 31 March 2024

Attendees	May 2023	July 2023	September 2023	November 2023	January 2024	March 2024
Members						
Sim Scavazza Acting Chair, BOB ICB	Y	Y	Y	Y	Y	Y
Saqhib Ali Non-Executive Director, BOB ICB	Y	A	A	Y	Y	Y
Margaret Batty Non-Executive Director, BOB ICB	Y	Y	Y	Y	Y	Y
Tim Nolan Non-Executive Director, BOB ICB	Y	Y	Y	A	Y	Y
Aidan Rave Non-Executive Director, BOB ICB	Y	Y	Y	A	Y	Y
Steve McManus Chief Executive Officer, BOB ICB (Resumed as Partner Member July 2023)	Y					
Dr Nick Broughton Interim CEO July 2023, BOB ICB	N/A	Y	Y	Y	Y	Y
Stephen Chandler Partner Member, Local Authorities	Y	T				
Dr George Gavriel Partner Member, Primary Medical Services	N/A	Y	Y	Y	Y	Y
Dr Shaheen Jinnah Partner Member, Primary Medical Services	Y	R				
Neil MacDonald Partner Member, NHS Trusts/Foundation	A	Y	T			

Trusts						
Steve McManus Partner Member, NHS Trusts/Foundation Trusts		**A***	**Y**	**A**	**Y**	**Y**
Rachael Shimmin Partner Member, Local Authorities	**N/A**	**A**	**Y**	**Y**	**Y**	**Y**
Dr Nick Broughton, Member for Mental Health (became Interim CEO July 2023, BOB ICB)	**Y**					
Minoo Irani Member for Mental Health	**N/A**	**A**	**Y**	**Y**	**A**	**Y**
Rachael Corser Chief Nursing Officer, BOB ICB	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Dr Rachael De Caux, BOB ICB Deputy Chief Executive Officer and Chief Medical Officer	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Matthew Metcalfe Chief Finance Officer, BOB ICB	**Y**	**A**	**Y**	**Y**	**Y**	**Y**
Regular Attendees						
Sarah Adair Acting Director of Communications and Engagement, BOB ICB	**N/A**	**N/A**	**Y**	**Y**	**Y**	**Y**
Rob Bowen Acting Director of Strategy and Partnerships, BOB ICB	**Y**	**Y**				
Ross Fullerton Interim Chief Digital Officer, BOB ICB	**Y**	**Y**	**Y**	**R**		
Hannah Iqbal Chief Strategy and Partnerships Officer, BOB ICB	**N/A**	**N/A**	**Y**	**Y**	**Y**	**Y**
Catherine Mountford Director of Governance, BOB ICB	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Victoria Otley-Groom Chief Digital and Information Officer, BOB ICB	**N/A**	**N/A**	**N/A**	**Y**	**Y**	**Y**
Nick Samuels Interim Director of Communications and Engagement, BOB ICB	**Y**	**Y**				
Matthew Tait Chief Delivery Officer, BOB ICB	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**

A* Neil McDonald joined the meeting to replace Steve McManus as Partner Member – NHS Trusts and Foundation Trusts.

Audit and Risk Committee Meetings 1 April 2023 – 31 March 2024

Attendees	April 2023	June 2023	August 2023	October 2023	January 2024	February 2024
Members						
Saqhib Ali Committee Chair and Non-Executive Director, BOB ICB	Y	Y	Y	Y	Y	Y
Margaret Batty Non-Executive Director, BOB ICB	Y	Y	Y	Y	A	A
Aidan Rave Non-Executive Director, BOB ICB	A	Y	Y	A	Y	Y
Regular Attendees						
Adrian Balmer Senior Manager, Ernst & Young LLP	Y	Y	Y	Y	Y	Y
Dr Nick Broughton Interim Chief Executive, BOB ICB	N/A	N/A	Y	A	Y	Y
Rachael Corser Chief Nursing Officer, BOB ICB (** Deputy in attendance)	A	A	**	**	**	**
Dr Rachael De Caux Deputy Chief Executive Officer and Chief Medical Officer, BOB ICB	A	A	Y	Y	Y	Y
Victoria Dutton Anti-Crime Specialist, TiAA	Y	Y	Y	Y	Y	A
Maria Grindley Audit Engagement Partner, Ernst & Young LLP	Y	Y	A	Y	Y	Y
Noreen Kanyangarara Head of Financial Accounts, BOB ICB	Y	Y	Y	Y	A	Y
Matthew Metcalfe Chief Finance Officer, BOB ICB	Y	Y	Y	Y	Y	Y
Catherine Mountford Director of Governance, BOB ICB	Y	Y	Y	Y	Y	**

(Deputy in attendance)**						
Sim Scavazza Acting Chair, BOB ICB						**Y**
Liz Wright Partner, RSM UK Risk Services LLP	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**

People Committee Meetings 1 January 2024 – 31 March 2024

Attendees	January 2024	March 2024
Members		
Sim Scavazza, Committee Chair and Acting Chair, BOB ICB	**Y**	**Y**
Dr Nick Broughton Interim Chief Executive Officer, BOB ICB	**Y**	**Y**
Caroline Corrigan Interim Chief People Officer, BOB ICB	**Y**	**Y**
Matthew Metcalfe Chief Finance Officer, BOB ICB	**Y**	**Y**
Catherine Mountford Director of Governance BOB ICB	**Y**	**Y**
Tim, Nolan Non-Executive Director, BOB ICB	**A**	**Y**

Place and System Development Committee Meetings 1 April 2023 – 31 March 2024

Attendees	April 2023	June 2023	August 2023	October 2023	December 2023	February 2024
Members						
Aidan Rave **Committee Chair and Non-Executive Director**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Sim Scavazza **Non-Executive Director (Acting Chair), BOB ICB**	**N/A**	**Y**	**Y**	**A**	**Y**	**Y**
Ansaf Azhar **Director of Public Health and Wellbeing, Oxfordshire County Council**	**A**	**Y**	**Y**	**A**	**A**	**Y**
Philippa Baker **BOB ICB Place Director, Buckinghamshire**	**A**	**A**	**Y**	**Y**	**Y**	**Y**
Robert Bowen **Acting Director of Strategy and Partnerships, BOB ICB**	**Y**	**Y**	**Y**			
William Butler **BOB VCSE Health Alliance Chair**	**Y**	**Y**	**A**	**Y**	**Y**	**A**
Hannah Iqbal **Chief Strategy and Partnerships Officer, BOB ICB**	**N/A**	**N/A**	**N/A**	**Y**	**A**	**Y**
Daniel Leveson **BOB ICB Place Director – Oxfordshire**	**A**	**Y**	**A**	**Y**	**Y**	**A**
Matthew Tait, **Chief Delivery Officer, BOB ICB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Sarah Webster **BOB ICB Place Director, Berkshire West**	**Y**	**Y**	**Y**	**Y**	**Y**	**A**

Population Health and Patient Experience Committee Meetings 1 April 2023 – 31 March 2024

Attendees	April 2023	June 2023	August 2023	October 2023	December 2023	February 2024
Members						
Margaret Batty **Committee Chair and Non-Executive Director, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**A**
Sim Scavazza **Non-Executive Director (Acting Chair) BOB ICB**	**Y**	**Y**	**A**	**Y**	**A**	**Y**
Daniel Alton **GP Twyford Surgery, Chief Clinical Information Officer, BOB ICB**	**A**	**Y**	**Y**	**Y**	**Y**	**Y**
Rachael Corser **Chief Nursing Officer, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Dr Rachael DeCaux **Deputy Chief Executive Officer and Chief Medical Officer, BOB ICB**	**Y**	**A**	**Y**	**Y**	**Y**	**Y**
Dr Abid Irfan **Deputy Chief Medical Officer and Director of Primary Care, BOB ICB**	**Y**	**Y**	**A**	**A**	**A**	**Y**
Karl Marlowe **Chief Medical Officer, Oxford Health Foundation Trust**	**Y**	**Y**	**A**	**Y**	**A**	**A**
Zoe McIntosh **Chief Executive, Healthwatch, Buckinghamshire**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
David Munday **Deputy Director of Public Health, Oxford County Council**	**N/A**	**Y**	**A**	**Y**	**Y**	**Y**
Raju Raddy **Clinical Lead for TVPC, BOB ICS/Consultant Paediatric Anaesthetist**	**A**	**Y**	**Y**	**Y**	**Y**	**A**
Matthew Tait **Chief Delivery Officer, BOB ICB**	**Y**	**A**	**A**	**Y**	**Y**	**Y**

Remuneration Committee Meetings 1 April 2023 – 31 March 2024

Attendees	September 2023	November 2023	February 2024
Members			
Aidan Rave **Committee Chair and Non-Executive Director, BOB ICB**	**Y**	**Y**	**Y**
Saqhib Ali **Non-Executive Director, BOB ICB**	**Y**	**Y**	**Y**
Margaret Batty **Non-Executive Director, BOB ICB**	**A**	**Y**	**A**
Tim Nolan **Non-Executive Director, BOB ICB**	**Y**	**A**	**Y**
Sim Scavazza **Non-Executive Director (Acting Chair), BOB ICB**	**Y**	**Y**	**Y**
Raj Bhamber **Interim Chief People Officer, BOB ICB**	**Y**		
Caroline Corrigan **Interim Chief People Officer, BOB ICB**	**N/A**	**Y**	**Y**
Regular attendee (where remuneration is not being considered)			
Dr Nick Broughton **Interim Chief Executive Officer, BOB ICB**	**A**	**Y**	**Y**

System Productivity Committee Meetings 1 April 2023 – 31 March 2024

Attendees	May 2023	July 2023	September 2023	November 2023	December 2023	January 2024	March 2024
Members							
Tim Nolan **Committee Chair and Non-Executive Director, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Saqhib Ali **Non-Executive Director, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**A**	**Y**	**Y**
Jason Dorsett **Chief Finance Officer, Oxford University Hospitals Foundation Trust**	**N/A**	**A**	**A**	**A**	**A**	**Y**	**Y**
Ross Fullerton **Interim Chief Digital and Information Officer, BOB ICB**	**Y**	**Y**	**A**	**R**			
Victoria Otley-Groom **Chief Digital and Information Officer, BOB ICB**	**N/A**	**N/A**	**N/A**	**Y**	**Y**	**Y**	**Y**
Haider Husain **Associate Non-Executive Director, BOB ICB**	**A**	**A**	**Y**	**Y**	**A**	**Y**	**Y**
Matthew Metcalfe **Chief Finance Officer, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Matthew Tait **Chief Delivery Officer, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**

FINANCIAL ACCOUNTS

FOR THE PERIOD ENDED 31 MARCH 2024

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Financial Information - Accounts Year Ended 31 March 2024

These accounts for the year ended 31 March 2024 have been prepared by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board under a Direction issued by the NHS Commissioning Board, now known as NHS England under the National Health Service Act 2006.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board was formally established on 1 July 2022. As a result, the prior year (2022/23) comparatives are for 9 months.

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The Primary Statements:

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF BUCKINGHAMSHIRE, OXFORDSHIRE & BERKSHIRE WEST INTEGRATED CARE BOARD

Opinion

We have audited the financial statements of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board ("the ICB") for the year ended 31 March 2024 which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 22 including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2023-24 as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024, and the Accounts Direction issued by NHS England in accordance with the National Health Service Act 2006.
In our opinion the financial statements:

- give a true and fair view of the financial position of Buckinghamshire, Oxfordshire and Berkshire West ICB as at 31 March 2024 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024; and
- have been properly prepared in accordance with the National Health Service Act 2006, as amended by the Health and Social Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the ICB's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

Matters on which we are required to report by exception

We are required to report to you if:

- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the ICB under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- in our opinion the governance statement does not comply with the guidance issued in the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

We have nothing to report in these respects.

In respect of the following, we have matters to report by exception:

Referral to Secretary of State:

On 18 April 2024 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 (as amended) because we had reason to believe that the ICB, or an officer of the ICB, was about to make, or had made, a decision which involved or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency. The referral was in relation to the ICB reporting a deficit position in its financial statements for 2023-24.

Financial Sustainability: How the body plans and manages its resources to ensure that it can continue to deliver its services

The ICB must exercise its functions with a view to ensuring that expenditure incurred by the board in a financial year does not exceed the sums received by it in that year (Section 223GC (1)) of the National Health Service Act 2006 ("the 2006 Act").

The ICB initially forecast in May 2023 a breakeven position for 2023-24. This forecast was then reassessed in November 2023 leading to a reforecast position of a £26.3 million deficit. We issued a section 30 referral letter to the Secretary of State in April 2024 in respect of this forecast deficit as the ICB had incurred expenditure in excess of its income. The actual deficit as at 31 March 2024 was £38 million.

Furthermore the ICB submitted its 2024-25 financial plan to NHS England in May 2024 showing a forecast deficit of £27.7 million for the ICB and a deficit of £92 million for the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System. There are ongoing discussions with NHS England in relation to this plan for 2024-25.

In forming our assessment we have read and considered:

- the original and revised financial plans for 2023-24;
- the 2023-24 draft annual report and accounts which report the deficit outturn for 2023-24;
- the draft 2024-25 financial plan for the ICB including the Integrated Care System;
- relevant reports and minutes from ICB meetings including our discussions with senior officers

The ICB's deficit outturn for 2023-24 has resulted in the ICB breaching one of its key performance targets and has resulted in us issuing a section 30 referral to the Secretary of State.

We recommend that the ICB should work with NHS England to come to an agreed and sustainable position for 2024-25. The ICB should actively review all key areas of overspend with a view to critically assessing key drivers for that overspend and actions to forecast and manage these in the future.

The issue is evidence of a significant weakness in proper arrangements in respect of financial sustainability specifically how the body plans and manages its resources to ensure that it can continue to deliver its services. The ICB will need to agree forward sustainable financial plans with NHS England to reduce the deficit in the medium term. As a key commissioner of health services under Practice Note 10 (revised) there is a presumption around continuation of services and so whilst we are flagging a significant weakness in arrangements we do not have a risk of going concern.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's Responsibilities in respect of the Accounts, set out on page 55, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or has no realistic alternative but to do so.

As explained in the annual report, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant are the National Health Service Act 2006, Health and Social Care Act 2012 and Health and Care Act 2022, and other legislation governing NHS ICBs, as well as relevant employment laws of the United Kingdom. In addition, the ICB has to comply with laws and regulations in the areas of anti-bribery and corruption and data protection.

- We understood how Buckinghamshire, Oxfordshire and Berkshire West ICB is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance.

- We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur by planning and executing a journal testing strategy, testing the appropriateness of relevant entries and adjustments. We have considered whether judgements made are indicative of potential bias and considered whether the ICB is engaging in any transactions outside the usual course of business. In response to the risk of fraud in expenditure recognition for year-end accruals, we reviewed and tested revenue and expenditure accounting policies, year-end accruals and expenditure cut-off at the period end date. We specifically focused on key aspects of unrecorded liabilities to provide assurance that year-end accounts were free form material mis-statement and performed substantive procedures on Department of Health balances data, investigating significant differences outside of Department of Health tolerances.

- Based on this understanding we designed our audit procedures to identify noncompliance with such laws and regulations. Our procedures involved enquiry of management, and those charged with governance, reading and reviewing relevant meeting minutes of those charged with governance and the Governing Body and understanding the internal controls in place to mitigate risks related to fraud and non-compliance with laws and regulations NHS Buckinghamshire, Oxfordshire and Berkshire West ICB has robust policies and procedures to mitigate the potential for override of controls, there is a culture of ethical behaviour, supported by a number of policies in respect of human resources and counter fraud, bribery and corruption.

- We addressed our fraud risk related to management override through implementation of a journal entry testing strategy, assessing accounting estimates for evidence of management bias and evaluating the business rationale for significant unusual transactions.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in May 2024 as to whether the ICB had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the ICB put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the ICB had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 (as amended) requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Report on Other Legal and Regulatory Requirements

Regularity opinion

We are responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014 (as amended) (the "Code of Audit Practice").

We are required to obtain evidence sufficient to give an opinion on whether in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Certificate

We certify that we have completed the audit of the accounts of Buckinghamshire, Oxfordshire and Berkshire West ICB in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Governing Body of Buckinghamshire, Oxfordshire and Berkshire West ICB in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the members of the Governing Body of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members as a body, for our audit work, for this report, or for the opinions we have formed.

Maria Grindley (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Reading
21 June 2024

Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023-24 £'000	9 months 1 Jul to 31 Mar 2023 2022-23 £'000
Income from sale of goods and services	2	(45,898)	(36,276)
Other operating income	2	-	(324)
Total operating income		**(45,898)**	**(36,599)**
Staff costs	4	34,316	20,234
Purchase of goods and services	5	3,591,085	2,522,298
Depreciation and impairment charges	5	793	463
Provision expense	5	(801)	(757)
Other operating expenditure	5	1,110	565
Total operating expenditure		**3,626,502**	**2,542,803**
Net Operating Expenditure		**3,580,604**	**2,506,203**
Finance expense	7	12	29
Net expenditure for the Year		**3,580,616**	**2,506,232**
Total Net Expenditure for the Financial Year		**3,580,616**	**2,506,232**
Comprehensive Expenditure for the year		**3,580,616**	**2,506,232**

The notes on pages 106 to 127 form part of this statement.

Statement of Financial Position as at 31 March 2024

	Note	2023-24 £'000	2022-23 £'000
Non-current assets:			
Property, plant and equipment	9	256	304
Right-of-use assets	10	1,188	1,391
Intangible assets	11	460	616
Total non-current assets		**1,904**	2,310
Current assets:			
Trade and other receivables	12	51,215	22,037
Cash and cash equivalents	13	584	64
Total current assets		**51,799**	**22,101**
Total current assets		**51,799**	22,101
Total assets		**53,703**	24,411
Current liabilities			
Trade and other payables	14	(224,907)	(220,910)
Lease liabilities	10	(418)	(228)
Provisions	15	(1,049)	(2,851)
Total current liabilities		**(226,373)**	(223,989)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(172,671)**	(199,578)
Non-current liabilities			
Lease liabilities	10	(806)	(1,169)
Provisions	15	(1,752)	(1,840)
Total non-current liabilities		**(2,559)**	**(3,009)**
Assets less Liabilities		**(175,230)**	(202,586)
Financed by Taxpayers' Equity			
General fund		(175,230)	(202,586)
Total taxpayers' equity:		**(175,230)**	(202,586)

The notes on pages 106 to 127 form part of this statement

In line with authority delegated via the Audit and Risk Committee the financial statements on pages 104 to 127 were approved by the Chief Executive and the Chief Finance Officer on behalf of the Governing Body on 21 June 2024.

Nick Broughton
Chief Executive Officer

Matthew Metcalfe
Chief Finance Officer

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2024

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2023-24		
Balance at 01 April 2023	**(202,586)**	**(202,586)**
Changes in NHS Integrated Care Board taxpayers' equity for 2023-24		
Net operating expenditure for the financial year	(3,580,616)	(3,580,616)
Net Recognised NHS Integrated Care Board Expenditure for the Financial year	**(3,580,616)**	**(3,580,616)**
Net funding	3,607,972	3,607,972
Balance at 31 March 2024	**(175,230)**	**(175,230)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2022-23		
Balance at 01 April 2022	-	**-**
Changes in NHS Integrated Care Board taxpayers' equity for 2022-23		
Net operating costs for the financial year	(2,506,232)	(2,506,232)
Transfers by absorption to (from) other bodies	(160,323)	(160,323)
Net Recognised NHS Integrated Care Board Expenditure for the Financial Year	**(2,666,555)**	**(2,666,555)**
Net funding	2,463,969	2,463,969
Balance at 31 March 2023	**(202,586)**	**(202,586)**

The notes on pages 106 to 127 form part of this statement.

Statement of Cash Flows for the year ended 31 March 2024

	Note	2023-24 £'000	2022-23 £'000
Cash Flows from Operating Activities			
Net Expenditure for the financial year		(3,580,616)	(2,506,232)
Depreciation and amortisation	5	793	463
Interest paid / received		12	10
(Increase)/decrease in trade & other receivables	12	(29,178)	(6,903)
Increase/(decrease) in trade & other payables	12	4,077	47,672
Provisions utilised	15	(1,088)	(947)
Increase/(decrease) in provisions	15	(801)	(757)
Net Cash Inflow (Outflow) from Operating Activities		**(3,606,801)**	(2,466,694)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		(103)	(242)
Net Cash Inflow (Outflow) from Investing Activities		**(103)**	(242)
Net Cash Inflow (Outflow) before Financing		**(3,606,904)**	(2,466,936)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		3,607,972	2,463,969
Repayment of lease liabilities		*(547)*	*(195)*
Net Cash Inflow (Outflow) from Financing Activities		**3,607,425**	2,463,774
Net Increase (Decrease) in Cash & Cash Equivalents	13	**520**	(3,162)
Cash & Cash Equivalents at the Beginning of the Financial Year		**64**	-
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		-	3,226
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**584**	64

The notes on pages 106 to 127 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of Integrated Care Boards (ICBS) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

These accounts have been prepared on a going concern basis on the assumption of a continuation of services for a period of at least 12 months from when the financial statements are authorised for issue. In April 2024 the ICB Local Auditor issued a s.30 referral letter to the Secretary of State based on the ICB's month 8 forecast year end deficit of £26.3 million. This represented a breach of the ICB's financial duties, namely that expenditure incurred by the board exceeded the sum received by it in that year. The year end outturn was a deficit of £38 million.

Non-trading public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by the inclusion of financial provision for that service in published documents. DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another body.

Although the ICB breached its financial duty to break even, the going concern status is not called into doubt because it has not been informed of an intention for dissolution without transfer of services to another body.

The ICB financial plan for 2024-25 indicates that the forecast financial position will be a deficit of £27.7 million. The ICB is working closely with its partners to address this forecast deficit with efficiency plans and transformational change to move to a financially sustainable footing in the future. This planning includes strategic decision making beyond the financial year 2024/25 and therefore goes beyond a period of at least 12 months from the date of the 2023/24 external audit opinion.

1.2 **Accounting Convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 **Movement of Assets within the Department of Health and Social Care Group**

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Joint arrangements**

Joint operations are arrangements in which the ICB has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The ICB includes within its financial statements its share of the assets, liabilities, income and expenses.

Joint ventures are arrangements in which the ICB has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

1.5 **Pooled Budgets**

The ICB has entered into a pooled budget arrangement with Buckinghamshire County Council, Oxfordshire County Council, West Berkshire District Council, Wokingham Borough Council and Reading Borough Council which cover Integrated Care Board geographical area [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for the provision of health and social care services and note 19 provides details of the income and expenditure.

There are different pooled budget hosting arrangements between the ICB and respective Councils. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.6 **Operating Segments**

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB.

Notes to the financial statements

1.7 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles. There are no significant payment terms.

The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.8 **Employee Benefits**

1.8.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.8.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8.3 **Local Government Pensions**

One employee is a member of the Local Government Pension Scheme (Buckinghamshire Pension Fund), which is a defined benefit pension scheme, administered by Buckinghamshire Council. The ICB recognise on the Statement of Financial Position scheme liabilities arising from employee deductions and the ICB contributions which are paid to the Council.

The liabilities of the Buckinghamshire Council pension fund and valuation methodology are disclosed in the Council's Financial Statements.

1.9 **Other Expenses**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.10 **Property, Plant & Equipment**

1.10.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Notes to the financial statements

1.10.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

1.10.2 **Measurement continues**

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.10.3 **Subsequent Expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.11 **Intangible Assets**

1.11.1 **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the ICB's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the ICB;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.11.2 **Measurement**

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating . Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

Notes to the financial statements

1.11.3 **Depreciation, Amortisation & Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the ICB expects to obtain economic benefits or service potential from the asset. This is specific to the ICB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the ICB checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.12 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.12.1 **The ICB as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year; and 4.72% to new leases commencing in 2024 under IFRS 16.

Lease payments included in the measurement of the lease liability comprise:

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the ‘Depreciation, amortisation and impairments’ policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

Notes to the financial statements

1.13 **Cash & Cash Equivalents**
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.14 **Provisions**
Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 4.26% (2022-23: 3.27%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 4.03% (2022-23: 3.20%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 4.72% (2022-23: 3.51%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 4.40% (2022: 3.00%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.15 **Clinical Negligence Costs**
NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the ICB.

1.16 **Non-clinical Risk Pooling**
The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.17 **Contingent liabilities and contingent assets**
A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.18 **Financial Assets**
Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:
- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.19 **Financial Liabilities**
Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Notes to the financial statements

1.20 **Value Added Tax**
Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 **Losses & Special Payments**
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.22 **Critical accounting judgements and key sources of estimation uncertainty**
In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.22.1 **Critical accounting judgements in applying accounting policies**
The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Judgements have been made by management as required by IAS 1.122, in regards to lease classification and revenue recognition.

1.22.2 **Sources of estimation uncertainty**
The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Accruals
Accruals are calculated utilising management knowledge, market intelligence and contractual arrangements. These accruals cover areas such as prescribing and contracts for healthcare and non healthcare services. For goods and/or services that have been delivered but for which no invoice has been received/sent, the Integrated Care Board has made an accrual based upon known commitments, contractual arrangements that are in place and legal obligation.

Prescribing liabilities
NHS England actions monthly cash charges to the Integrated Care Board for prescribing drug costs. These are issued approximately 8 weeks in arrears. The Integrated Care Board uses data from the NHS Business Service Authority on prescribing costs incurred to date, which at year end would be actuals up to January, and would then base a year end prediction on the remaining months using growth patterns incurred from previous years factoring in any other cost pressures such as NCSOs (no cheaper stock obtainable) etc.

1.23 **Continuing Care Provisions**
Sources of estimation uncertainty - CHC provisions

The ICB generates provisions to cover future liabilities with an element of uncertainty over their value and/or resolution trajectory. These provisions are estimated by management based on knowledge of the business, assumptions of probability and resolution delays. These assumptions are reviewed annually.

Provision is made in the ICB books for challenges and other backdated claims for funding under Continuing Healthcare (CHC) or Children's Continuing Care (CCC). These include:

- Assessment of previously unassessed periods of care (PUPoC).
- Local Authority disputes and Responsible Commissioner disputes, where it has not been definitively determined that BOB ICB is financially responsible commissioner.
- Appeals, where a negative eligibility decision has been challenged and is to be resolved, in the first instance, locally.
- Independent review panel cases, where a negative eligibility decision has been challenged and is to be resolved by an independent review panel.
- Retrospective cases, where an eligibility decision has not been made previously.

Each case has an estimated potential liability, calculated on the length of time for which the claim relates and an estimated cost for that period of time, up to the accounting period end.

A "risk" percentage is applied to the cases by category, based on local past experience of the success of such cases to fairly reflect the potential liability of the ICB. Where a case outcome is known to be positive but a settlement value has not yet been finally agreed, the risk percentage is 100%.

1.24 **New and revised IFRS Standards in issue but not yet effective**
- IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.
- IFRS 18 Presentation and disclosure in financial statements – Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet endorsed by the UK Endorsement Board, which needs to be done before it is adopted and adapted for public sector by the Treasury before it applies to NHS bodies.

2 Other Operating Revenue

	2023-24 Total	9 months 1 Jul to 31 Mar 2023 2022-23 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	**1**	4,633
Non-patient care services to other bodies	**3,486**	2,019
Prescription fees and charges	**15,989**	11,413
Dental fees and charges	**21,688**	15,877
Other Contract income	**4,733**	2,334
Total Income from sale of goods and services	**45,898**	**36,276**
Other operating income		
Other non contract revenue	**-**	324
Total Other operating income	**-**	**324**
Total Operating Income	**45,898**	**36,599**

3 Revenue - Income from sale of good and services (contracts)

2023-24

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	-	630	-	-	2,626
Non NHS	1	2,856	15,989	21,688	2,107
Total	**1**	**3,486**	**15,989**	**21,688**	**4,733**

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Timing of Revenue					
Point in time	1	3,486	15,989	21,688	4,733
Over time	-	-	-	-	-
Total	**1**	**3,486**	**15,989**	**21,688**	**4,733**

9 months 1 Jul to 31 Mar 2022-23

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	-	284	-	-	1,255
Non NHS	4,633	1,735	11,413	15,877	1,079
Total	**4,633**	**2,019**	**11,413**	**15,877**	**2,334**

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Timing of Revenue					
Point in time	4,633	2,019	11,413	15,877	2,334
Over time	-	-	-	-	-
Total	**4,633**	**2,019**	**11,413**	**15,877**	**2,334**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	2023-24		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	23,060	4,498	**27,559**
Social security costs	2,471	-	**2,471**
Employer Contributions to NHS Pension scheme*	3,957	-	**3,957**
Apprenticeship Levy	97	-	**97**
Termination benefits	233	-	**233**
Gross employee benefits expenditure	**29,818**	**4,498**	**34,316**
Total - Net admin employee benefits including capitalised costs	**29,818**	**4,498**	**34,316**
Net employee benefits excluding capitalised costs	**29,818**	**4,498**	**34,316**

* Included is £10.8k contribution to the Buckinghamshire Pension Fund

4.1.1 Employee benefits

	9 Months 1 Jul to 31 Mar 2023		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	13,648	2,902	**16,551**
Social security costs	1,392	-	**1,392**
Employer Contributions to NHS Pension scheme	2,075	-	**2,075**
Apprenticeship Levy	55	-	**55**
Termination benefits	160	-	**160**
Gross employee benefits expenditure	17,331	2,902	**20,234**
Total - Net admin employee benefits including capitalised costs	17,331	2,902	**20,234**
Net employee benefits excluding capitalised costs	**17,331**	**2,902**	**20,234**

4.2 Average number of people employed

	2023-24			2022-23		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**332**	**84**	**416**	**256**	**58**	**314**

4.3 Exit packages agreed in the financial year

	2023-24			2023-24
	Compulsory redundancies			Total
	Number	£	Number	£
£50,001 to £100,000	1	73,334	1	73,334
£150,001 to £200,000	1	160,000	1	160,000
Over £200,001	-	-	-	-
Total	**2**	**233,334**	**2**	**233,334**

	0		0
	Compulsory redundancies		Total
	Number	£	Number	£
£150,001 to £200,000	1	160,000	1	160,000
Total	**1**	**160,000**	**1**	**160,000**

There are no special payments made due to departure.

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in full.

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Redundancy Scheme . Exit costs in this note are accounted for in full in the year of departure.

4.4 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.
An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

5. Operating expenses

	2023-24 Total £'000	9 months 1 Jul to 31 Mar 2023 2022-23 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	15,079	11,477
Services from foundation trusts	1,879,958	1,307,723
Services from other NHS trusts	472,932	312,919
Purchase of healthcare from non-NHS bodies	428,140	329,395
Purchase of social care	8,230	3,273
General dental services and personal dental services	87,532	61,617
Prescribing costs	275,280	206,698
Pharmaceutical services	46,473	33,282
General ophthalmic services	13,756	10,497
GPMS/APMS and PCTMS	341,681	229,342
Supplies and services – clinical	1,470	1,149
Supplies and services – general	1,723	1,701
Consultancy services	2,979	1,820
Establishment	7,447	4,933
Transport	4	2
Premises	5,423	2,941
Audit fees	321	458
Other non statutory audit expenditure		
· Internal audit services	141	150
· Other services	77	73
Other professional fees	1,928	1,486
Legal fees	403	299
Education, training and conferences	110	1,063
Total Purchase of goods and services	**3,591,085**	**2,522,298**
Depreciation and impairment charges		
Depreciation	637	346
Amortisation	156	117
Total Depreciation and impairment charges	**793**	**463**
Provision expense		
Provisions	(801)	(757)
Total Provision expense	**(801)**	**(757)**
Other Operating Expenditure		
Chair and Non Executive Members	243	147
Grants to Other bodies	-	25
Research and development (excluding staff costs)	421	281
Other expenditure	446	112
Total Other Operating Expenditure	**1,110**	**565**
Total operating expenditure	**3,592,186**	**2,522,569**

6. Payment Compliance Reporting

6.1 Better Payment Practice Code

Measure of compliance	**2023-24 Number**	**2023-24 £'000**	2022-23 Number	2022-23 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	43,406	455,942	25,894	314,600
Total Non-NHS Trade Invoices paid within target	41,361	440,706	24,929	309,196
Percentage of Non-NHS Trade invoices paid within target	**95.3%**	**96.7%**	**96.3%**	**98.3%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	972	49,484	763	25,415
Total NHS Trade Invoices Paid within target	898	45,579	714	24,154
Percentage of NHS Trade Invoices paid within target	**92.4%**	**92.1%**	**93.6%**	**95.0%**

The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The target for achievement is greater than 95%. The ICB achieved the target in paying non-NHS invoices and was under target in paying NHS invoices.

7. Finance costs

	2023-24 £'000	2022-23 £'000
Interest		
Interest on lease liabilities	12	10
Other interest expense	-	19
Total interest	**12**	**29**
Total finance costs	**12**	**29**

8. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

	2023-24 £'000	**2022-23 £'000**
Transfer of property plant and equipment	-	244
Transfer of Right of Use assets	-	1,494
Transfer of intangibles	-	733
Transfer of cash and cash equivalents	-	3,226
Transfer of receivables	-	12,871
Transfer of payables	-	(170,917)
Transfer of provisions	-	(6,396)
Transfer of Right Of Use liabilities	-	(1,495)
Transfer of PUPOC liability	-	(83)
Net loss on transfers by absorption	**-**	**(160,323)**

9. Property, plant and equipment

2023-24	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2023	1,422	573	1,995
Additions purchased	23	-	23
Cost/Valuation at 31 March 2024	**1,445**	**573**	**2,018**
Depreciation 01 April 2023	1,118	573	1,691
Charged during the year	71	-	71
Depreciation at 31 March 2024	**1,189**	**573**	**1,762**
Net Book Value at 31 March 2024	**256**	**-**	**256**
Purchased	256	-	256
Total at 31 March 2024	**256**	**-**	**256**
Asset financing:			
Owned	256	-	256
Total at 31 March 2024	**256**	**-**	**256**
Net Book Value at 31 March 2023	**304**	**-**	**304**

2022-23	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2022	-	-	-
Additions purchased	215	-	215
Transfer (to)/from other public sector body	1,207	573	1,780
Cumulative depreciation adjustment following revaluation	-	-	-
Cost/Valuation at 31 March 2023	**1,422**	**573**	**1,995**
Depreciation 01 April 2022	-	-	-
Charged during the year	155	-	155
Transfer (to)/from other public sector body	962	573	1,536
Depreciation at 31 March 2023	**1,118**	**573**	**1,691**
Net Book Value at 31 March 2023	**304**	**-**	**304**
Purchased	304	-	304
Total at 31 March 2023	**304**	**-**	**304**
Asset financing:			
Owned	304	-	304
Total at 31 March 2023	**304**	**-**	**304**
Net Book Value at 30 June 2022	244	-	244

9.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	3	5
Furniture & fittings	5	10

10. Leases

10.1 Right-of-use assets

2023-24	Buildings excluding dwellings £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 01 April 2023	1,644	1,644	593
Additions	363	363	0
Cost/Valuation at 31 March 2024	**2,008**	**2,008**	**593**
Depreciation 01 April 2023	254	254	99
Charged during the year	565	565	99
Depreciation at 31 March 2024	**819**	**819**	**198**
Net Book Value at 31 March 2024	**1,188**	**1,188**	**395**
Net Book Value at 31 March 2023	**1,391**	**1,391**	**494**

2022-23	Buildings excluding dwellings £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 01 April 2022	-	-	
Additions	87	87	
Transfer (to) from other public sector body	1,557	1,557	593
Cost/Valuation at 31 March 2023	**1,644**	**1,644**	**593**
Depreciation 01 April 2022	-	-	
Charged during the year	190	190	74
Transfer (to) from other public sector body	63	63	25
Depreciation at 31 March 2023	**253**	**253**	**99**
Net Book Value at 31 March 2023	**1,391**	**1,391**	**494**
Net Book Value at 30 June 2022	1,494	1,494	

10.2 Lease liabilities

2023-24	2023-24 £'000	2022-23 £'000
Lease liabilities at 01 April 2023	(1,396)	-
Additions purchased	(363)	(87)
Interest expense relating to lease liabilities	(12)	(9)
Repayment of lease liabilities (including interest)	547	195
Transfer (to) from other public sector body	-	(1,495)
Lease liabilities at 31 March 2024	**(1,224)**	**(1,396)**

10.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2023-24 £'000	2022-23 £'000
Within one year	(419)	(227)
Between one and five years	(789)	(1,134)
After five years	(18)	(35)
Balance at 31 March 2024	**(1,224)**	**(1,396)**
Balance by counterparty		
Leased from DHSC	(558)	(693)
Leased from NHS Providers	(398)	(496)
Leased from Non-Departmental Public Bodies	(268)	(207)
Balance as at 31 March 2024	**(1,224)**	**(1,396)**

10.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	2023-24 £'000	2022-23 £'000
Depreciation expense on right-of-use assets	565	190
Interest expense on lease liabilities	12	9
Expense relating to variable lease payments not included in the measurement of the lease liability	699	745

10.5 Amounts recognised in Statement of Cash Flows

	2023-24 £'000	2022-23 £'000
Total cash outflow on leases under IFRS 16	547	195
Total cash outflow for lease payments not included within the measurement of lease liabilities	699	745

11. Intangible non-current assets

2023-24	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2023	**780**	**780**
Cost / Valuation At 31 March 2024	**780**	**780**
Amortisation 01 April 2023	**164**	**164**
Charged during the year	156	**156**
Amortisation At 31 March 2024	**320**	**320**
Net Book Value at 31 March 2024	**460**	**460**
Net Book Value at 31 March 2023	**616**	**616**

2022-23	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2022	**-**	**-**
Transfer (to)/from other public sector body	780	**780**
Cumulative amortisation adjustment following revaluation	-	**-**
Cost / Valuation At 31 March 2023	**780**	**780**
Amortisation 01 April 2022	**-**	**-**
Charged during the year	117	**117**
Transfer (to) from other public sector body	47	**47**
Amortisation At 31 March 2023	**164**	**164**
Net Book Value at 31 March 2023	**616**	**616**
Purchased	616	**616**
Total at 31 March 2023	**616**	**616**
Net Book Value at 30 June 2022	733	**733**

11.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Computer software: purchased	**3**	**5**

12. Trade and other receivables

12.1 Trade and other receivables

	Current 2023-24 £'000	Current 2022-23 £'000
NHS receivables: Revenue	3,429	1,017
NHS prepayments	-	874
NHS accrued income	691	45
NHS Non Contract trade receivable (i.e. pass through funding)	5,100	1,451
Non-NHS and Other WGA receivables: Revenue	556	982
Non-NHS and Other WGA prepayments	4,609	225
Non-NHS and Other WGA accrued income	4,251	3,989
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	4,676	-
Non-NHS and Other WGA Non Contract trade receivable (i.e. pass through funding)	2,260	3,641
Non-NHS Contract Assets	-	27
Expected credit loss allowance-receivables	(21)	(21)
VAT	647	119
Other receivables and accruals	25,017	9,690
Total Trade & other receivables	**51,215**	**22,037**
Total current and non current	**51,215**	**22,037**

12.2 Receivables past their due date but not impaired

	2023-24 DHSC Group Bodies £'000	**2023-24 Non DHSC Group Bodies £'000**	2022-23 DHSC Group Bodies £'000	2022-23 Non DHSC Group Bodies £'000
By up to three months	4,041	166	1,538	68
By three to six months	639	-	29	14
By more than six months	-	1	40	70
Total	**4,680**	**167**	**1,607**	**152**

12.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000	**Total £'000**
Balance at 01 April 2023	**(21)**	**(21)**
Allowance for credit losses at 31 March 2024	**(21)**	**(21)**

12.4 Provision Matrix on lifetime credit loss

	2023-24 £'000 Lifetime expected credit loss	2022-23 £'000 Gross Carrying Amount
Current	124	22
1 - 30 days	-	43
31 - 60 days	-	4
61 - 90 days	166	21
Greater than 90 days	1	83
Total expected credit loss	**291**	**173**

13. Cash and cash equivalents

	2023-24	2022-23
	£'000	£'000
Balance at 01 April 2023	64	3,226
Net change in year	520	(3,162)
Balance at 31 March 2024	**584**	**64**
Made up of:		
Cash with the Government Banking Service	584	64
Cash and cash equivalents as in statement of financial position	**584**	**64**
Bank overdraft: Government Banking Service	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2024	**584**	**64**

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (NHS BOB ICB) does not hold any patients' money neither held money on behalf of the ICB Group by the 31 March 2024.

14. Trade and other payables	**Current 2023-24 £'000**	Current 2022-23 **£'000**
NHS payables: Revenue	16,695	19,187
NHS accruals	24,928	7,361
Non-NHS and Other WGA payables: Revenue	33,894	12,146
Non-NHS and Other WGA payables: Capital	23	103
Non-NHS and Other WGA accruals	89,701	109,104
Non-NHS and Other WGA deferred income	107	220
Social security costs	355	266
Tax	365	285
Other payables and accruals	58,839	72,238
Total Trade & Other Payables	**224,907**	**220,910**
Total current and non-current	**224,907**	**220,910**

Other payables include £2,702k outstanding pension contributions at 31 March 2024 (2023: £2,685k)

15. Provisions

	Current 2023-24 £'000	**Non-current 2023-24 £'000**	Current 2022-23 £'000	Non-current 2022-23 £'000
Continuing care	1,049	1,753	2,851	1,840
Total	**1,049**	**1,753**	2,851	1,840
Total current and non-current	**2,802**		4,691	

	Continuing Care £'000	**Total £'000**
Balance at 01 April 2023	4,691	4,691
Arising during the year	1,701	1,701
Utilised during the year	(1,088)	(1,088)
Reversed unused	(2,502)	(2,502)
Balance at 31 March 2024	**2,802**	**2,802**
Expected timing of cash flows:		
Within one year	1,049	1,049
Between one and five years	1,753	1,753
Balance at 31 March 2024	**2,802**	**2,802**

Pension payments are made quarterly and amounts are known. The pension provision is based on life expectancy.

Legal claims are calculated from the number of claims currently lodged with NHS Resolution and the probabilities provided by them.
There were no legal claims outstanding at 31 March 2024.

The provision for Continuing Care is the Integrated Care Board's estimated liability to pay claims in respect of continuing care assessments. The reversal of the provision is related to cases which were evaluated and assessed to be ineligible.

16. Contingencies

	2023-24 £'000	**2022-23 £'000**
Contingent liabilities		
Net value of contingent liabilities	47.9	53

There were contingent liabilities of £47.9k provided by the NHS Litigation Authority as at 31 March 2024 (31 March 2023: £53k) in respect of Clinical Negligence liabilities of the Integrated Care Board. The timing of cash outflow is not certain as the case is still under review.

17. Financial instruments

17.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS integrated care board standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the ICB and internal auditors.

17.1.1 Currency risk

The NHS integrated care board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS integrated care board has no overseas operations and therefore has low exposure to currency rate fluctuations.

17.1.2 Interest rate risk

The NHS integrated care board borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The NHS integrated care board therefore has low exposure to interest rate fluctuations.

17.1.3 Credit risk

Because the majority of the NHS integrated care board revenue comes from parliamentary funding, NHS integrated care board has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

17.1.4 Liquidity risk

NHS integrated care board is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS integrated care board draws down cash to cover expenditure, as the need arises. The NHS integrated care board is not, therefore, exposed to significant liquidity risks.

17.1.5 Financial Instruments

As the cash requirements of NHS integrated care board are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS integrated care board's expected purchase and usage requirements and NHS integrated care board is therefore exposed to little credit, liquidity or market risk.

17. Financial instruments cont'd

17.2 Financial assets

	Financial Assets measured at amortised cost 2023-24 £'000	Total 2023-24 £'000	Total 2022-23 £'000
Trade and other receivables with NHSE bodies	643	643	306
Trade and other receivables with other DHSC group bodies	10,223	10,223	1,971
Trade and other receivables with external bodies	35,113	35,113	18,563
Cash and cash equivalents	584	584	64
Total at 31 March 2024	**46,564**	**46,564**	**20,904**

17.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2023-24 £'000	Total 2023-24 £'000	Total 2022-23 £'000
Loans with external bodies	-	**-**	-
Trade and other payables with NHSE bodies	828	**828**	3,890
Trade and other payables with other DHSC group bodies	43,801	**43,801**	24,127
Trade and other payables with external bodies	180,675	**180,675**	193,519
Total at 31 March 2024	**225,304**	**225,304**	**221,536**

18. Operating Segments

The Integrated Care Board and consolidated group consider they have only one segment: that being Commissioning of Healthcare Services.

19. Joint arrangements - interests in joint operations

Buckinghamshire, Oxfordshire and Berkshire West ICB (BOB ICB) should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

The NHS Integrated Care Board shares of the income and expenditure handled by the pooled budgets in the financial year were:

Pooled Budget Total

	2023-24				2022-23			
Arrangement schemes	**Assets £000**	**Liabilities £000**	**Income £000**	**Expenditure £000**	**Assets £000**	**Liabilities £000**	**Income £000**	**Expenditure £000**
Adults with Care and Social Needs (ACSN)	10,403	10,403	162,448	162,448	1,287	1,287	66,361	66,361
Better Care Fund	11,765	11,765	167,524	167,524	8,398	8,398	144,913	143,805
Child And Adolescent Mental Health	-	-	8,478	8,478	-	-	7,064	7,064
Community Equipment Stores	-	-	5,240	5,240	-	-	3,266	3,266
Integrated Community Equipment Service (Management)	-	-	57	57	-	-	43	43
Integrated Community Equipment Service	-	-	8,755	8,755	-	-	5,252	5,252
Respite Residential Short Breaks, Occupational Therapy, Physiotherapy	-	-	529	529	-	-	401	401
Speech And Language Therapy, Occupational Therapy & Physiotherapy	-	-	2,060	2,060	-	-	1,536	1,536
Section 117	-	-	13,315	13,315	-	-	8,291	8,291
Written Statement Of Action (WSOA)	-	-	1,027	1,027	-	-	-	-
BOB ICB and Buckinghamshire County Council - Respite Residential Short Breaks	-	-	10	10	-	-	-	-
SpeechLink	-	-	29	29	-	-	-	-
Hospital Discharge Programme	-	-	2,285	2,285	-	-	-	-
UEC	-	-	681	681	-	-	-	-
Total	**22,168**	**22,168**	**372,438**	**372,438**	**9,685**	**9,685**	**237,127**	**236,019**

Buckinghamshire

		Amounts recognised in Entities books ONLY		Amounts recognised in Entities books ONLY	
		2023-24		2022-23	
Parties to the arrangement and schemes	**Description of principal activities**	**Income £'000**	**Expenditure £'000**	**Income £'000**	**Expenditure £'000**
BOB ICB and Buckinghamshire County Council - Integrated Community Equipment Service	The Pool Budget covers the provision of Integrated Community Equipment Service (including Adult Social Care, Telecare and Children and Young People's Service). Buckinghamshire Council is the host and lead authority for this pooled fund arrangement. The Joint Pooled Fund supports procurement, storage, delivery, installation and technical demonstration as well as subsequent collection, cleaning, recycling, maintenance and repair of equipment, for use by eligible clients.	8,755	8,755	5,252	5,252
BOB ICB and Buckinghamshire County Council - Integrated Community Equipment Service (Management)	The Pool Budget is for the provision of Integrated Community Equipment Service Contract Management. Buckinghamshire Council is the host and lead authority for this pooled fund arrangement.	57	57	43	43
BOB ICB and Buckinghamshire County Council - Section 117	The Pool Budget covers the provision of Section 117 aftercare providing care packages that are suitable for the clients requirements. Buckinghamshire County Council is the host and lead authority for this pooled fund arrangement.	13,315	13,315	8,291	8,291
BOB ICB and Buckinghamshire County Council - Better Care Fund	The Pool Budget is for the provision of the Better Care Fund, for health and social care. The Joint Pooled Fund supports the provision of community health teams and social care activities for the population of Buckinghamshire. Buckinghamshire Council is the host and lead authority for this pooled fund arrangement.	12,545	12,545	25,317	25,317
BOB ICB and Buckinghamshire County Council - Child And Adolescent Mental Health	This Pool Budget is for the provision of Children and Adolescence Mental Health Service. Buckinghamshire Council is the host and lead authority for this pooled fund arrangement.	8,478	8,478	7,064	7,064
BOB ICB and Buckinghamshire County Council - Speech And Language Therapy, Occupational Therapy & Physiotherapy	The Pooled budget is for the provision of Speech & Language Therapies. Buckinghamshire County Council is the host and lead authority.	2,060	2,060	1,536	1,536
BOB ICB and Buckinghamshire County Council - Respite Residential Short Breaks	The Pooled budget is for the provision of Residential Respite Short Breaks. Buckinghamshire County Council is the host and lead authority.	529	529	401	401
BOB ICB and Buckinghamshire County Council - Written Statement Of Action (WSOA)	To support an action plan put in place following a SEND inspection in early 2022 which addressed areas of weakness in therapies, community paediatrics and the neuro developmental pathway for children and young people with ADHD and ASD.	1,027	1,027	-	-
BOB ICB and Buckinghamshire County Council - Children's Specific Training S.75 and other budgets (Respite)	To support training relating to Children and Young People.	10	10	-	-
BOB ICB and Buckinghamshire County Council - SpeechLink	To support the identification and intervention of language and speech needs.	29	29	-	-

Oxfordshire

Parties to the arrangement and schemes	Description of principal activities	Amounts recognised in Entities books ONLY 2023-24 Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000	Amounts recognised in Entities books ONLY 2022-23 Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
BOB ICB and Oxfordshire County Council (OCC) - Better Care Fund (BCF) Pool	The BCF pool provides health and social care services to adults of working age and older adults. Services include those covering care homes provision as well as services designed to promote hospital avoidance and prevention of admission to hospital.	11,765	11,765	118046	118,046	8,398	8,398	95,073	95,073
BOB ICB and Oxfordshire County Council (OCC) - Adults with Care and Social Needs (ACSN)	The ACSN pool provides health and social care services to children and adults of working age. Services include those covering mental health, acquired brain injury and learning disability.	10,403	10,403	162,448	162,448	1,287	1,287	66,361	66,361

Berkshire West

Parties to the arrangement and schemes	Description of principal activities	Amounts recognised in Entities books ONLY 2023-24 Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000	Amounts recognised in Entities books ONLY 2022-23 Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
Pooled Budget with West Berkshire Council (consortium lead), Reading Borough Council, Wokingham Borough Council, Bracknell Forest Borough Council, Slough Borough Council, Royal Borough of Windsor and Maidenhead, NHS Frimley ICB, Royal Berkshire Fire and Rescue Service and BOB ICB. - Community Equipment Stores	West Berkshire Council acts as the consortium lead hosting the contract with NRS Healthcare Ltd to provide community equipment (also known as home loans) for Berkshire residents and patients. The equipment items are prescribed by social services, health and fire professionals from the partner organisations. The provision of this community equipment is intended to facilitate timely discharges of patients from hospital to home, prevent unnecessary hospital admissions, and promote health and independence in enabling people to continue living safely in their own homes.	-	-	5,240	5,240	-	-	3,266	3,266
Wokingham Borough Council and BOB ICB - Better Care Fund	Short term integrated health and social care, Step up beds at Wokingham Hospital, Community health and social care, Preventative services and Protection of adult social care	-	-	7,615	7,615	-	-	4,324	4,324
BOB ICB and Wokingham Borough Council - Better Care Fund	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	-	-	3,564	3,564	-	-	2,965	2,965
West Berkshire Council and BOB ICB - Better Care Fund	Step down beds in West Berkshire Care Home, adult social care, 7 day week service, protecting social care services and delayed transfer of care projects	-	-	7,634	7,634	-	-	5,004	5,004
BOB ICB & West Berkshire Council - Better Care Fund	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	-	-	4,356	4,356	-	-	3,373	2,266
Reading Borough Council and BOB ICB - Better Care Fund	Protection of social care, time to decide beds, Care Act costs, carers funding and delayed transfer of care projects	-	-	9,273	9,273	-	-	5,093	5,093
BOB ICB & Reading Borough Council - Better Care Fund	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	-	-	4,491	4,491	-	-	3,763	3,763
BOB ICB & West Berkshire Council, Reading Borough Council and Wokingham Borough Council - Hospital Discharge Programme	Costs of care such as nursing and residential home beds, homecare packages, equipment costs etc for the discharged patients.	-	-	2,285	2,285	-	-	-	-
BOB ICB & West Berkshire Council, Reading Borough Council and Wokingham Borough Council - UEC	Urgent and Emergency Care	-	-	681	681	-	-	-	-

20. Related party transactions

Details of related party transactions with individuals are as follows:

Member	Related Party	2023-24				2022-23
		Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party	Net Payments
		£'000	£'000	£'000	£'000	£'000
Saquib ALI - Non Exec Dir & Chair of the Audit & Risk Committee	Non Exec Dir and Audit Chair - Northamptonshire Healthcare NHSFT	130	-	-	-	124
Nick BROUGHTON Interim BOB ICB Chief Executive Officer (from 01.07.2023); Partner Member Mental Health (01.04.2023 to 30.06.2023)	Chief Exec - Oxford Health NHS Foundation Trust	350,304	42	1,809	-	229,196
	Honorary Fellow and Member - University of Oxford	959	-	-	-	1,177
Rachael de CAUX - Chief Medical Officer	Consultant - Royal Berkshire NHS Foundation Trust	436,123	-	476	110	298,268
	Spouse - Director of Performance - NHS England South East Regional Office	742	6,223	39	4,292	- 7,573
Stephen CHANDLER - Partner member Local Authorities (01.04.2023 to 30.06.2023)	Chief Executive - Oxfordshire County Council	127,981	11,604	11,487	2,265	81,096
Javed KHAN - Chair	Non-Executive Director - Guy's and St Thomas NHS Foundation Trust	17,729	-	465	-	11,661
Neil MCDONALD - Partner member NHS Trusts (01.04.2023 to 30.06.2023)	Chief Executive Officer - Buckinghamshire Healthcare NHS Trust	443,965	821	3,651	292	303,362
	Spouse is Managing Partner - Marlow Medical Group	3,508	-	1	-	2,579
	Spouse is Chair - FedBucks	8,887	148	192	-	8,098
	Spouse is Accountable Clinical Director - Wooburn Green Primary Care Network	1,989	-	-	-	1,260
Steve MCMANUS - Interim Chief Executive Officer (01.04.2023 to 30.06.2023); Partner member NHS Trusts/Foundation Trusts (from 01.07.2023)	Chief Executive - Royal Berkshire NHS Foundation Trust (RBFT)	436,123	-	476	110	298,268
	Vice President - League of Friends (RBFT)	436,123	-	476	110	-
Tim NOLAN - Non Executive Director Chair of the System Productivity Committee	Governor - Royal Marsden NHS Foundation Trust	2,547	-	-	-	339
Aidan RAVE - Non Executive Director & Senior Independent Director and Chair of the Place and Organisational Development Committee	Consultant - Ernst & Young	927	-	-	-	123
Sim SCAVAZZA - Non Executive Director and Deputy Chair of ICB and Chair of the People & ICB Freedom to Speak Up (FTSU) Guardian	Non-Executive Director and Chair of People Committee - Imperial College Healthcare Trust	7,904	-	6	-	5,796
	Advisor on Race - NHS Providers	1	-	-	-	-
Ross Fullerton - Interim Chief Information Officer (01.04.2023 to 30.11.2023)	Director - Starlight Management Consultancy Limited	194	-	-	-	166
Minoo IRANI - Partner member Mental Health	Medical Director - Berkshire Healthcare NHSFT	180,497	393	311	1	-
	Spouse employed by NHS England	742	6,223	39	4,292	-
Rachael SHIMMIN - Partner member local Government (from 07.07.2023)	CEO - Buckinghamshire Council	51,839	2,835	2,136	66	-
Caroline CORRIGAN - Interim Chief People Officer (from 13.11.2023)	Chief People Officer - NHS Frimley ICB	-	883	370	9	-
Victoria OTLEY-GROOM - Chief Digital & Information Officer (CDIO) (from 30.10.2023)	Sister - Director Enst & Young	927	-	-	-	-
Dr George GAVRIEL - Partner member Primary Medical Services (from 12.07.2023)	GP Partner - The Swan Practice, Bucks	29	-	-	-	-
	Accountable Clinical Director - The Swan Network	808	-	-	-	-
	Director - Gavriel Professional Services Ltd	11	-	-	-	-

GP practices within the area have joined primary care networks (PCNs), a group of practices usually within the same geographical area that work together under the PCN DES contract to gain some of the benefits of working at scale and access to additional funding. These partnerships are collaborative arrangements between health and care organisations to design and deliver services to meet local needs within a geographical area, which is supported by Integrated Care Boards. This involves paying GP practices for the delivery of these services, using an ICB placed-based allocations tool which allows the user to aggregate GP practices into defined areas i.e. "places" of interest and calculates the weighted populations and relative need indices for these defined areas. The tool is designed to provide insight into the lower area level data that informs the overall allocations to ICBs by providing information on the variation in need between different areas within ICBs. Using the statistical formula in the allocation process, make geographic distribution fair and objective, so that it more clearly reflects local healthcare need and helps to reduce health inequalities.

The amounts in the table above represent the amounts paid to organisations named rather than the individual. Where an organisation appears several times, it is a duplicate of the previous entry but related to a different Governing Body member.

The Department of Health is regarded as a related party. During the year the Integrated Commissioning Board (ICB) has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are:

- Integrated Care Board
- NHS England;
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Litigation Authority; and,
- NHS Business Services Authority.

In addition, the Integrated Commissioning Board has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Local Authority in respect of joint commissioning arrangements.

20. Related party transactions

Department of Health and Social Care (DHSC) related party information for group bodies 2023-24

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties set out in IAS 24 (Related Party Transactions) are also deemed to be related parties of entities within the Departmental Group.

This note therefore sets out the individuals and entities which we have assessed as meeting the IAS 24 definition of Related Parties for the year ending 31 March 2024 to assist group bodies in preparing disclosures compliant with IAS 24.

Ministers
The Rt Hon Victoria Atkins MP
The Rt Hon Steve Barclay MP
Andrew Stephenson CBE MP
Andrea Leadsom MP
William Quince MP
Helen Whately MP
Maria Caulfield MP
Neil O'Brien MP
The Lord Markham CBE

Senior Officials
Sir Chris Wormald KCB
Professor Sir Christopher Whitty KCB
Shona Dunn
Clara Swinson CB
Jonathan Marron
Matthew Style
Michelle Dyson
Andrew Brittain
Professor Lucy Chappell
Jenny Richardson
Zoe Bishop
Hugh Harris
Lorraine Jackson

Non-executive Directors
Kate Lampard
Doug Gurr
Gerry Murphy
Samantha Jones
Sir Roy Stone
Will Harris

		2023-24			
	Related party	**Payments to Related Party £'000**	**Amounts Owed to Related Party £'000**	**Receipts from Related party £'000**	**Amounts due from Related Party £'000**
Entity linked to the individuals above	Accurx Ltd	557	-	9	-
Entity linked to the individuals above	NHS Confederation	42	-	-	-
Entity linked to the individuals above	NHS England	742	39	6,222	4,292

21. Events after the end of the reporting period

The Integrated Care Board has no events after the end of the reporting period to disclose at the point of producing these accounts.

22. Financial performance targets

NHS Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).

NHS Integrated Care Board performance against those duties was as follows:

				9 Months 1 Jul to 31 Mar 2023		
	2023-24 Target £'000	**2023-24 Performance £'000**	**Achieved Yes/No**	2022-23 Target £'000	2022-23 Performance £'000	**Achieved Yes/No**
Expenditure not to exceed income	3,588,831	3,626,900	No	2,543,382	2,543,134	Yes
Capital resource use does not exceed the amount specified in Directions	386	386	Yes	303	302	Yes
Revenue resource use does not exceed the amount specified in Directions	3,542,547	3,580,617	No	2,506,480	2,506,232	Yes
Revenue administration resource use does not exceed the amount specified in Directions	34,988	33,582	Yes	25,346	24,882	Yes