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4<sup>th</sup> July 2024

Dr Nick Broughton  
Interim Chief Executive  
NHS BOB ICB

Dear Nick,

Thank you for attending the annual assessment discussion for NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB), which took place on Friday 10<sup>th</sup> May 2024. Thank you also for the preparation made by you and your team ahead of this.

This letter is written in accordance with section 14Z59 of the NHS Act 2006, as amended by the Health and Care Act 2022. Under the Act NHS England (NHSE) is required to carry out an annual assessment of each ICB with respect to each financial year. This letter sets out our assessment of the ICB's performance against objectives set by NHSE and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within the Integrated Care System (ICS) during 2023/24.

Our assessment draws on our discussion, your annual report and accounts and feedback from stakeholders and discussions that we have held with the ICB throughout the year. Our assessment also follows the same approach as last year and is structured with consideration of the ICB's leadership and governance arrangements and how it has contributed to each of the four fundamental purposes of ICS systems.

If you have any questions then please do not hesitate to ask and we look forward to continuing to support the ICB and wider system address key priorities during 2024/25.

### **System leadership and management**

The annual assessment discussion recognised 2023/24 was characterised by challenge and change, with ongoing interim Chair and Chief Executive arrangements. The ICB now needs to use 2024/25 to embed substantive leadership arrangements which NHSE will continue to support.

The progress made with the wider executive team is noted following appointment to all remaining posts, which is further supported by the board development programme now in place. The ICB's change programme is also in progress, which will support delivery of both the new operating model and delivery against key priorities. We noted that the staff consultation commenced on 29 April 2024 and it is recognised that the next few months will be a difficult time for staff with the proposed 40% reduction in

operating costs. The implementation phase is expected to commence from September 2024 and will shift towards ensuring the organisation is the right size and progressing system-wide priorities.

There is a clear developing view on the challenges faced by the system and the priorities that need to be progressed as evidenced by the Joint Forward Plan, but there is a need to secure buy-in from partners. Progress with strengthening relationships with Local Authorities is noted, but the Integrated Care Partnership (ICP) model that has been operating since establishment in July 2022 needs development. There is also variation with some of the place-based partnership arrangements that requires focus.

From a provider perspective, the work with resetting the acute and mental health collaboratives is recognised and the impact now needs to be seen. This is an essential focus for 2024/25 and key to the longer-term sustainability of the system. Over the next eighteen months a number of provider Chair tenures conclude and this provides an opportunity to think through opportunities with shared leadership arrangements and to move away from organisational sovereignty.

The significant deterioration in the financial position at month 10 was unexpected and of particular concern. We noted the progression of the turnaround director and the focus on reviewing the financial governance processes and arrangements. We expect to see tangible progress in this space (including with a shared financial framework) as the deficit position is not acceptable, but we will continue to work with you to progress this.

It is good to note that the ICB governance review was completed and reported to the Board during 2023/24. While not covered during the annual assessment meeting, discussions have progressed outside with respect to performance oversight arrangements and how the ICB triangulates constitutional standard performance, quality, finance and transformational work. It is important that the ICB continues to strengthen these arrangements.

The excellent opportunity with New Hospital Programme (NHP) funding for the Royal Berkshire Hospital NHS Foundation Trust is recognised; there remains a clear leadership role for the ICB to work with the trust to ensure options are deliverable within the financial envelope provided by the NHP programme, and from an ICB leadership perspective are affordable in the context of wider system finances and align to a wider BOB acute system strategy.

Key next steps:

- Deliver the ICB change programme and create an organisation that has the capability and capacity it needs to respond to system priorities;
- Achieve system-wide ownership of identified system priorities and deliver a clear system recovery approach, taking advantage of transformational opportunities;
- Strengthen system-wide financial arrangements to help work toward financial sustainability;

- Ensure ICP arrangements continue to develop, supporting relationships with partners to evolve;
- Progress provider collaborative arrangements, ensuring cases for change are clear, resources are identified and priorities are delivered;
- Ensure deliverable and strategically appropriate options are developed as part of the Royal Berkshire Hospital NHS Foundation Trust NHP scheme.

### **Improving population health and healthcare**

The impact of industrial action during 2023/24 is acknowledged across all providers but, despite this, there have been some positive improvements across the system. Most notably there has been a substantial reduction in 65-week cohort patients (75% reduction) during the year and an impressive reduction in cancer 62-day waits during quarter four. From a quality perspective the work to reduce MRSA bacteraemia and all infection rates has been identified as a national exemplar and there has been a noted reduction in neonatal deaths (per 1,000 live births). Primary care access has been maintained above the regional average, and from a vaccination perspective an increased rate of MMR vaccinations in five-year olds has been achieved and wider recognition that covid vaccination campaigns have been successful.

Challenges remain however with significant numbers of patients waiting over 78 weeks at the end of March 2024 and urgent care performance below national expectations. Urgent care performance at the Royal Berkshire Hospital NHS Foundation Trust is noted as deteriorating since August 2023 in particular. Oxford University Hospitals NHS Foundation Trust also went into tier two national support for cancer and elective care in quarter three of 2023/24. While the trust has made improvements with the cancer pathway, it will remain in for elective care on the basis of the 78-week position. This sets the context for why mutual aid needs to be stronger with the move to a shared PTL across providers.

It is good to note the progress with rolling out the Patient Safety Incident Response Framework (PSIRF) across the six providers in the system and the continued Care Quality Commission (CQC) 'good' rating at the Royal Berkshire Hospital NHS Foundation Trust. The deterioration at Oxford University Hospitals NHS Foundation Trust (maternity services at the Horton General Hospital) to 'requires improvement' requires focus however.

The SEND pathway remains challenged. Whilst this is recognised as a national issue, it remains important that all transformational opportunities are explored by the system as the longer term impact on children waiting for active support can be significant.

It is good to hear the progress made with developing the primary care strategy and how this is now moving to implementation as part of rolling out the Fuller recommendations. The integrated neighbourhood team (INT) agenda is a key priority for the ICB with models being rolled out through existing resource, which is likely to take over two years.

Key next steps:

- Continue the focus on reducing waiting lists including the elimination of patients waiting 78 weeks or more, and ensuring no deterioration in other cohorts, including consideration of a shared PTL;
- Focus on securing improvements with urgent care flow, ensuring pathways are safe and meet national expectations;
- Focus on the improvements required as identified in recent Care Quality Commission maternity reports;
- Continue to explore opportunities to reduce waiting times in the SEND pathway;
- Implement the system primary care strategy;
- Implement the integrated neighbourhood model and next steps.

### **Tackling unequal outcomes, access and experience**

It is good to hear the system's focus on cardiovascular prevention as a key priority area and the focus on the areas of deprivation across the system. Similarly it is good to note the progress with tobacco services, however greater progress is needed in identifying and treating hypertensive patients.

The NHS Digital Weight Management Programme supports adults living with obesity who also have a diagnosis of diabetes, hypertension or both, to manage their weight and improve their health. It is noted that the system has lower referral rates to the programme relative to other systems and so we recommend that the ICB focuses on improving uptake.

Key next steps:

- Focus on cardiovascular prevention and hypertension;
- Work toward increasing rates of referrals to the NHS Digital Weight Management programme;
- Continue to explore the opportunities through population health management.

### **Enhancing productivity and value for money**

The financial position across the system, which deteriorated unexpectedly at month 10, led to significant concern and loss of confidence regionally and nationally. While some of the issues are not unique to the system, it is noted that there are specific gaps in the ICB's finance team.

There needs to be greater emphasis on the assurance that the Board receives and it is good to hear about the work taking place in response to the issues. Some of the challenge has stemmed from the fact the integration of legacy CCG arrangements has not progressed at the pace required. The current review (at the time of our discussion) is rightly focusing on a system financial governance and controls review, an assessment of system working arrangements, and an assessment of the system financial position (2023/24 outturn and 2024/25 planned position).

While further discussions have taken place over the financial plan for 2024/25 it remains important that the ICB works with partners to ensure that it delivers its system

plan for the year and work towards financial sustainability. There are a continued number of opportunities to be realised, including primary care prescribing.

From a workforce perspective it is good to hear that intensive work is being undertaken. The variation between providers in terms of temporary staffing and the material opportunity with unfunded workforce growth are noted. However, there needs to be a greater level of ambition across the system.

We recognise the good work across the system with regard to research and collaboration including with academic and science partners, which is a particular strength and is in line with the duty placed on ICBs.

Key next steps:

- Conclude the financial review work including implementation of next steps;
- Ensure an acceptable financial plan for 2024/25 is delivered;
- Further develop levels of ambition with respect to workforce opportunities;
- Implement the digital and data strategy that the ICB has developed.

### **Helping the NHS support broader social and economic development**

The fourth fundamental purpose of ICS systems remains an important objective and we ask that the ICB continues to contribute to this agenda.

Key next steps:

- Identify and progress opportunities to support broader social and economic development across the system;
- Progress the greener agenda and ensure the system meets appropriate NHS targets.

### **Conclusion**

The ICB has continued to make progress during 2023/24, but the level of challenge remains significant with a requirement for increased pace with development and delivery. We welcome the ICB's delivery priorities for 2024/25, which include completing the organisational change required, ensuring place-based partnership development continues, embedding the turnaround discipline across the system and driving forward the Thames Valley Cancer Alliance next steps.

The turnaround strategy includes a focus on the immediate grip and improved financial control required alongside the medium term and longer-term reset. The regional team will support the ICB with difficult decisions as appropriate.

We also note the continued support asks from the annual assessment process and we will ensure that these are embedded in continued oversight discussions.

Our recommendation remains that the ICB stays at segment three under the oversight framework, but greater pace is needed, greater stability needs to be reached and the

impact of actions being taken need to be demonstrated. We continue to look forward to supporting the ICB with this.

Yours Sincerely,



**David Radbourne**

Regional Director of Strategy and Transformation  
NHS England South East

CC:

Anne Eden Regional Director, NHS England South East

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