

## Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public  
Tuesday 16 July 2024, 10.00am – 1pm  
Council Chamber, Cherwell District Council, Bodicote House, Bodicote, Banbury, OX15 4AA

Name	Role	Attendance
<b>Members</b>		
Sim Scavazza	Acting Chair; Non-Executive Director	Present
Aidan Rave	Acting Deputy Chair; Non-Executive Director	Present
Margaret Batty	Non-Executive Director	Present
Saqhib Ali	Non-Executive Director	Apologies
Tim Nolan	Non-Executive Director	Present
Nick Broughton	Chief Executive Officer (Interim)	Present
Matthew Metcalfe	Chief Finance Officer	Present
Dr Rachael de Caux	Chief Medical Officer	Present
Rachael Corser	Chief Nursing Officer	Present
Steve McManus	Partner member – NHS Trusts/Foundation Trusts	Apologies
Rachael Shimmin	Partner member – Local Authorities	Present
George Gavriel	Partner member – Primary Medical Services	Present
Minoo Irani	Member for Mental Health	Present
<b>Attendees</b>		
Sarah Adair	Director of Communications & Engagement (Acting)	Apologies
Dan Alton	Chief Clinical Information Officer	Present for Item 11
Caroline Corrigan	Chief People Officer (Interim)	Apologies – Deputised below:
Sandra Grant	Deputy Chief People Officer	Present for Caroline Carrigan
Alastair Groom	Director of Financial Improvement	Present
Hannah Iqbal	Chief Strategy & Partnerships Officer	Present
Dan Leveson	Place Director – Oxfordshire	Present for Item 9
Catherine Mountford	Director of Governance	Present
Victoria Otley-Groom	Chief Digital & Information Officer	Present
Amaan Qureshi	Business Manager to the Chair	Present – Minuting
Matthew Tait	Chief Delivery Officer	Present

There was a peak online attendance of 42 members of the public, plus 12 attending physically.

Board Business	
1.	<p><b>Welcome and Introductions</b></p> <p>The Chair (Sim Scavazza, Acting Chair) opened the meeting and welcomed attendees. It was clarified this is a Board meeting in public, not a public meeting. The meeting is rotated around the ICB's geography, with the Chair noting thanks to Cherwell Council for hosting this month's board in Banbury.</p> <p>Members were reminded of housekeeping rules, such as to ensure their mics are unmuted when speaking, so those joining online can follow proceedings.</p> <p>The Chair welcomed: Sandra Grant (Deputy Chief People Officer, deputising for Caroline Corrigan), Dan Alton (Chief Clinical Information Officer, joining for Item 11) and Dan Leveson (Place Director – Oxfordshire, joining for Item 9).</p>
2.	<p><b>Apologies for Absence</b></p> <p>Apologies noted from: Saqhib Ali (Non-Executive Director), Steve McManus (Partner member – NHS Trusts/Foundation Trusts) and Sarah Adair (Acting Director of Communications &amp; Engagement) and Caroline Corrigan (Interim Chief People Officer).</p>
3.	<p><b>Minutes from Last Meeting on 19 March 2024 and Matters Arising</b></p> <p>Two actions were noted in the accompanying matters arising document. One is being progressed, whilst one action has been delayed given the ICB's focus on planning and turnaround.</p> <p><b>The Board approved the minutes as an accurate record.</b></p>
4.	<p><b>Declarations of Interest</b></p> <p>Current register included within the papers. Where there are any specific interests against the agenda items, where known, this has been reflected on the front sheet of papers with an outline of how these will be managed. The nature of our Board means there are inherent interests because of the organisations members lead/are part of.</p>

	<p>In particular: Item 07 Chief Executive and Directors Report; Item 09 Oxfordshire – Place Update; Item 10 Financial Plan and Joint Capital Resource Use Plan; Item 11 Digital and Data Strategy – Progress Update; Item 12 Performance &amp; Quality Report; Item 13 Finance Report Month.</p> <p>Other than Item 10, the reports are for assurance/ discussion, not decision. The level of conflict is manageable and given that the perspective of all members is important, everyone may participate in discussions. In Item 10, we are seeking approval of the Joint Capital Resource Use Plan for publication. The potential conflict of interest of any of our members is minimal so all may contribute to discussion and decision.</p>	
5.	<p><b>Questions from the public</b></p> <p>The Board received 13 questions before the deadline, which the Chair noted was the largest number to date. Attendees were reminded that this is a meeting in public, not a public meeting, and that where questions relate to the agenda items they will be addressed during the relevant item. Written answers to all questions will be published within 20 working days of the Board.</p>	
6.	<p><b>Resident story – Dementia Active</b></p> <p>Rachael Corser (Chief Nursing Officer) presented Item 06, the Resident’s Story. The Board was joined by two representatives from a Charity, Dementia Active. Helen Burgess (Occupational Therapist, NHS; Dementia Active) and Bob (Dementia Active) – both spoke about their lived experience. The presentation highlighted the significant impact and importance of the Voluntary Community and Social Enterprise (VCSE) sector to population health and wellbeing. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• Dementia Active is a small charity providing meaningful activities for people with dementia, reducing social isolation and promoting a sense of community. The charity supports people from various areas, including Bicester, Brackley, Chipping Norton, and soon Whitney. Activities are designed to be stimulating and fun, helping people with dementia and their carers feel supported and engaged. The charity was founded by an individual who saw a gap in services and started the initiative with minimal resources. The charity operates four days a week, providing transport and running various activities, including a gardening group.</li> <li>• Personal stories highlighted the critical role of Dementia Active in improving the quality of life for both people with dementia and their carers.</li> <li>• There is a need for similar services across the region, as current services are limited.</li> <li>• Funding for Dementia Active comes from grants and local fundraising, with no official support or funding.</li> <li>• The Board discussed the importance of mapping resources across the region and improving communication about available services to help more people find support.</li> </ul> <p><b>The Board noted the voices of service users, reflected on the challenges faced, and discussed how the ICB can further support the development of links between NHS Providers and the VCSE sector – to better support the small and impactful charitable organisations which provide vital services to residents.</b></p>	
<b>Board Reports</b>		
7.	<p><b>Chair’s Report</b></p> <p>Sim Scavazza (Acting Chair) presented the Chair’s report, which focused on the role of the Chair in fostering systems’ engagement and workstreams. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• Addressed the challenges faced by the voluntary sector alliance in connecting with the NHS, including difficulties in establishing and maintaining relationships due to personnel changes.</li> <li>• The Chair stressed the need for maintaining a strong Organisational Change Programme to support staff during and post-change programme implementation.</li> <li>• Noted the completion of the fit and proper person review, with all board members declared fit and proper following self-assessments and appraisals.</li> <li>• Attended the NHS Confederation Expo, a two-day seminar for the Healthcare sector. Highlighted Amanda Pritchard’s (CEO, NHS England) address on the achievements of the NHS, noting the importance of balancing conversations about the NHS’s challenges with its notable successes.</li> <li>• Recommended reading Professor Amy Edmondson’s book on psychological safety, ‘The Fearless Organisation’, which emphasises the importance of high-quality conversations and listening with humility.</li> <li>• Discussed the implications of the recent change in government, noting constructive conversations with NHS England and a focus on social care, junior doctors, and GP negotiations. It was confirmed that ICBs are seen as important for driving improvements in operational and financial performance, with no current plans to change their role.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Noted concerns about the NHS’s ongoing financial and operational positions, particularly regarding access to services and waiting lists for elective care.</li> </ul> <p><b>The Board noted the update.</b></p>
8.	<p><b>Chief Executive and Directors’ Report</b></p> <p>Nick Broughton (Interim Chief Executive Officer- ‘CEO’) presented Item 8, the Chief Executive and Directors’ report, which gives an update for the Board on key topics and items for escalation, and covers various topics and initiatives related to the BOB ICB and its system partners. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• Addressed the recent report regarding maternity care at the Horton General and John Radcliffe Hospitals. Oxford University Hospitals (OUH) are reviewing the 50 cases mentioned in the report. Written answers to detailed questions from the public on this matter will be published within 20 working days.</li> <li>• Noted the election of 13 new MPs in the system following the general election, all from either the Liberal Democrats or Labour. The ICB has reached out and offered to meet.</li> <li>• The Organisational Change Programme was relaunched on 8 July 2024 with all-staff briefings and individual directorate meetings. Emphasised the importance of executive visibility and support for colleagues during this challenging time.</li> <li>• Welcomed 11 new members to the Thames Valley Cancer Alliance and appointed a new Managing Director. Nick Broughton will serve as interim Chair of the Alliance.</li> <li>• Thanked teams for their hard work in producing the annual reports and accounts, which were submitted ahead of the deadline and received favourable feedback from external auditors.</li> <li>• The ICB remains in segment three of the National Oversight Framework, indicating significant support needs. Key next steps include delivering the Organisational Change Programme and strengthening financial arrangements.</li> <li>• The ICB submitted an operational plan targeting a £60 million planned deficit, with key priorities including maintaining quality and safety of services, robust workforce plans, and mutual aid discussions.</li> <li>• Congratulated Berkshire Healthcare NHS Foundation Trust for achieving the Race Equality Matters Silver Trailblazer Status, reflecting their commitment to unity against racism.</li> <li>• Highlighted ongoing efforts to monitor and improve quality of care in urgent and emergency care (UEC) pathways, especially ahead of winter pressures.</li> </ul> <p><b>The board noted the update.</b></p>
9.	<p><b>Oxfordshire – Place Update</b></p> <p>Dan Leveson (Place Director, Oxfordshire) presented Item 9, the Oxfordshire Place Update, covering the progress, challenges, opportunities, and priorities of working in partnership across health and social care in Oxfordshire. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The Place Based Partnership includes leadership from across health and social care in Oxfordshire, focused on joined-up care, prevention, reducing inequalities, and developing new models of integrated care.</li> <li>• Progress has been made in the partnership’s maturity matrix, moving from emerging to developing, with positive self-assessment results in areas such as transparency, trust, and integrated data use.</li> <li>• Recommitted to integration with Local Authorities by updating the Section 75 and growing the pooled budget, which includes Mental Health, the Better Care Fund (BCF), and Continuing Healthcare (CHC).</li> <li>• Invited Providers to join the Joint Commissioning Executive to break down barriers between commissioning and providers. Emphasised the need for closer collaboration to improve population health.</li> <li>• Ran a creative and inclusive planning process with BCF, aligning them with urgent emergency care and inequalities funding, resulting in streamlined funding for identified priorities.</li> <li>• Undertook a co-production process with Wantage Community Hospital, agreeing the permanent closure of community beds and plans to improve the hospital and expand local access.</li> <li>• Allocated 86% of inequalities funding to VCSE organisations, demonstrating significant engagement and impact.</li> <li>• Noted significant improvements in urgent emergency care, with increased care hours delivered at home and reduced hospital delays. Continued focus on special educational needs and disabilities (SEND), early years, mental health transformation, UEC, and integrated neighbourhood teams.</li> <li>• Recognised as a national exemplar for a whole-system approach to promoting physical activity, with such programmes linked to reducing GP attendances and falls.</li> </ul>

	<ul style="list-style-type: none"> <li>• Emphasised the importance of long-term commitment to reducing inequalities and prevention.</li> <li>• Reflected on the power of convening – and connecting people to drive change and improve system efficiency.</li> </ul> <p><b>The Board noted the update and considered the 2024/25 priorities, risks and issues, and noted the partnerships impact and role.</b></p>
10.	<p><b>10.1 2024/25 Financial Plan</b>  <b>10.2 Joint Capital Resource Use Plan</b></p> <p>Matthew Metcalf (Chief Finance Officer) (CFO) presented Item 10, the Financial Plan for 2024/25 (Item 10.1) which includes the Joint Capital Resource Use Plan (Item 10.2) for approval. The papers were taken as read. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The planning process has been unusually long this year, resulting in a final planned system deficit of £60 million and an ICB deficit of £13.7 million as noted in the ICB’s submission to NHS England (NHSE) on 12 June 2024. Figures have undergone substantial review over the past three months through the System Productivity Committee and have been agreed with NHSE.</li> <li>• NHSE is operating a control total mechanism, emphasising the necessity of meeting the outlined figures.</li> <li>• The system will be judged on the overall result, not just individual performances, with a focus on mitigating overspends across the system. There is a possibility of funding to cover the deficit, with details expected in August 2024, which would alleviate cash flow pressures.</li> <li>• Delivering the £60 million planned deficit will be challenging, with updates on our M2 and M3 financial results to follow.</li> <li>• The capital plan for approval includes a joint capital resource use plan, with the ICB’s portion being just under £3 million, primarily for GP IT funding.</li> <li>• The Board was asked to approve the Capital Resource Use Plan for publication.</li> </ul> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Matthew Metcalfe to ensure capital plan is published in line with requirements from NHS England.</b></li> </ul> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the 2024/25 Financial plan and budgets for the ICB, in line with the submission to NHSE.</b></li> <li>• <b><u>Approved</u> the Joint Resource Use Capital Plan for publication.</b></li> </ul>
11.	<p><b>Digital and Data Strategy – Progress Update</b></p> <p>Victoria Otley-Groom (Chief Data and Information Officer) and Dan Alton (Chief Clinical Information Officer) presented Item 12, a progress update on the Digital and Data Strategy, which focuses on the integration and enhancement of digital and data systems to improve health and care services. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The strategy is centred on delivering health and care services smartly, safely, and simply for local people – with 26 separate programmes led by technology, data, clinical teams, and local users.</li> <li>• Highlights of the past 12 months include the completion of a digital maturity assessment, which will guide future investments, and efforts to include patient and local voices in the strategy.</li> <li>• Emphasis on collaboration with all providers, including GPs, Acute Trusts, Community Trusts, Local Authorities, patients and communities, to deliver better, safer outcomes.</li> <li>• Development of a Cyber Strategy and a single data infrastructure to simplify and standardise Information Computer Technology (ICT) systems, supporting clinical teams in delivering Urgent and Emergency Care (UEC), elective care, and reducing waiting lists.</li> <li>• The importance of digitising health and social care to improve safety and efficiency, with a statutory obligation to ensure clinical digital safety and the role of the Clinical Digital Advisory Group in supporting the implementation of digital infrastructure.</li> <li>• Connecting data across multiple IT systems to improve direct patient care, build joint pathways, and address wider determinants of health through linked data and population health management.</li> <li>• The transformation approach involves co-designing and co-producing interventions with patients and community partners, emphasising the human aspect of digital transformation.</li> <li>• Current low digital maturity in primary care in the Southeast, with plans to address this through the Primary Care Strategy. There is a persistent issue with insufficient capital budget for primary care, with efforts to reprofile investment over the next five years. Uncertainty remains around the rejection of a business case, with alternative solutions being explored.</li> </ul>

	<ul style="list-style-type: none"> <li>• Capacity issues within partners can sometimes affect data sharing. Progress has been made, with the recent connection of ambulance services to the shared care record, improving access to health and care records for paramedics and other South Central Ambulance Service clinicians. Further development of this functionality remains a focus.</li> <li>• There is an ongoing review of Commissioning Support Unit services and provision across the NHS.</li> </ul> <p><b>The Board noted the update and interim findings for the Digital Maturity Assessment 2024.</b></p>	
<b>COMFORT BREAK</b>		
12.	<p><b>Performance &amp; Quality Report</b></p> <p>Matthew Tait (CDO), Rachael Corser (CNO) and Rachael de Caux (CMO) presented Item 12, the Performance &amp; Quality Report. The report is a comprehensive review of operational performance, quality, challenges faced by the system, and the strategies in place to address these. The CDO highlighted this was looking back on performance in 2023/24. Some of the highlights discussed included:</p> <ul style="list-style-type: none"> <li>• The way the report represents data has been improved, showing charts and graphs more clearly.</li> <li>• UEC shows progress with a more resilient model in place, though there is some variation among Trusts.</li> <li>• Elective care activity is higher than last year, with efforts to reduce long waiters and manage increased demand.</li> <li>• Cross-system working has improved, with Trusts working together to make the most of their resources.</li> <li>• Cancer care remains a challenge, with individual pathway improvement plans in place to address increased demand and referrals. The Thames Valley Cancer Alliance team is actively recruiting to support cancer pathway improvements.</li> <li>• Diagnostic test numbers are increasing, supported by community diagnostic centres, however, waiting times remain a challenge.</li> <li>• Incomplete data sets related to patient experience in the Friends and Family Test are being addressed, with efforts to improve feedback collection.</li> <li>• Primary care access is improving, with 82.8% of clinically needed appointments within two weeks, supported by Pharmacy First and optometrists.</li> <li>• Dental access is a focus, with efforts to commission extra activity and address issues in rural Oxfordshire. Efforts are ongoing to increase dental activity and ensure equitable access across the system.</li> <li>• Improvement in physical health checks for patients with severe mental illness is noted, addressing health inequalities.</li> <li>• Assurance was provided around the minimisation of corridor care in A&amp;E units. Patient dignity and safety is a key priority. While some hospitals may temporarily care for patients in corridors during peak times if there is no alternative, others in the system do not, and efforts are being made to minimise this practice.</li> <li>• Additional bedded capacity and capital allocations are supporting UEC improvements.</li> </ul> <p><b>The Board noted the contents of the report and commended the refreshed format.</b></p>	
13.	<p><b>Finance Report M2 (May)</b></p> <p>Matthew Metcalfe (Chief Finance Officer) presented the Finance Report, which provided an overview of the financial position of the ICB and the wider system for the end of financial month two (M2). The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The overall system reported a deficit of £33.7 million, with £8.3 million at ICB level.</li> <li>• This deficit is measured against the original planned deficit of £92 million, representing a negative system variance of £6 million at this stage in the financial year and £3.9 million for the ICB. The system's sustainability is challenged, having spent over 50% of the allowed deficit in the first two months.</li> <li>• Most providers are progressing against their plans, which generally show larger deficits in the first half of the year. The revised plan for month three is a planned deficit of £60 million, but the current results indicate that variances will worsen.</li> <li>• Cost Improvement Programmes (CIPs) are planned to save more money later in the year across the system, except for the Royal Berkshire NHS Foundation Trust (RBFT) which has a flatter plan with more early year planned savings.</li> <li>• The overall CIP plan is £217 million for Providers and £35 million for the ICB, representing significant targets. There is a strong focus on delivering the programme, with challenges similar to last year, including CHC, mental health care spending (Section 117), and high-cost drugs.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The System Productivity Committee will review the month three (M4) figures before September's Board meeting. The ICB's M3 position is expected to be similar to M2, with a small improvement in monthly spending, owing to the turnaround programme. Immediate actions from the turnaround include suspending many rights around expenditure approval, with exceptions managed through a weekly Turnaround Group.</li> <li>• Assurance was sought regarding the impact of delayed sign-off on key digital contracts in general practice, with a need for quality impact assessments.</li> <li>• It was stressed that transforming services is crucial because of financial challenges. The focus is on improving services through changes and reforms, not just by spending more money.</li> </ul> <p><b>The Board noted the report and considered the ICBs ability to meet its control total, considering year-to-date performance, prospective risks and plans to address overspends; The Board also considered the system's ability to meet its control total, particularly year-to-date performance and prospective risks.</b></p>	
<b>ICB Development/ Oversight</b>		
14.	<p><b>Risk – Board Assurance Framework/ Corporate Risk Register Review</b></p> <p>Catherine Mountford (Director of Governance) presented Item 14, Risk Report, which includes the Board Assurance Framework (BAF) and review of the Corporate Risk Register (CRR). The report provides an overview of the risks faced by the system. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The highest rated risks on the BAF are related to the financial challenge, and access to services. The CRR also highlights CHC, delegated health care tasks, and the financial risks, which are under review.</li> <li>• Finance risks have increased in score from 16 to 20, indicating the heightened concern.</li> <li>• Discussions focused on how the turnaround and current financial position impact these risks, their scoring, and necessary mitigations.</li> <li>• Committees are working on prioritising risks to avoid being overwhelmed by the volume of issues, ensuring targeted actions and mitigations.</li> <li>• The team is working with individual risk owners to better reflect and manage these risks.</li> </ul> <p><b>The Board noted the report, the Board Assurance Framework, the Corporate Risk Register and related, red-rated risks.</b></p>	
15.	<p><b>2023/24 Annual Report and Accounts</b></p> <p>Catherine Mountford (Director of Governance) and Matthew Metcalfe (Chief Financial Officer) presented Item 15, the 2023/24 Annual Report and Accounts, which is a comprehensive overview of the financial performance and audit results for the year. The paper was included for information and taken as read. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The annual report and accounts for 2023/24 have been audited and submitted to NHS England. Approval of the accounts is considered a formality, acknowledging the extensive work across the organisation.</li> <li>• A clean audit opinion was received, and the financial statements were consistent with the M12 results.</li> <li>• The finance and governance teams were commended for their efforts in preparing the accounts.</li> <li>• The policy aims to protect small suppliers, with efforts to ensure timely payments despite challenges. Emphasis was placed on the importance of paying NHS invoices within 30 days to support these small businesses.</li> <li>• A public question queried the cost of ICB staff, with clarification provided on average salary costs and the nature of services leading to higher pay levels compared to other NHS organisations.</li> </ul> <p><b>The Board noted publication of the Annual Report and Accounts for 2023/24.</b></p>	
16.	<p><b>Board Assurance Committee Updates, including Annual Reports</b></p> <p>The Chair introduced Item 15, the Board Assurance Committee Updates, which included annual reports. The following was presented by the relevant Committee Chair(s) and discussed:</p> <ul style="list-style-type: none"> <li>• Audit and Risk: Revisions to the Scheme of Reservation and Delegation (SoRD), Appendix B, were presented to ensure compliance with the Provider Selection Regime. <b>Changes were recommended by the committee and approved by the Board.</b></li> <li>• People Committee: Received significant feedback through the new Freedom to Speak Up process and staff survey, which is being integrated into the change programme – the last meeting presented the organisational development support plan for staff, addressing health and safety concerns and supporting staff through the transition.</li> </ul>	

- **Place and System Development:** Discussed pulse updates on place, providing in-depth insights into ground realities. Received updates on the Acute Provider Collaborative, noting progress and challenges. A revised Terms of Reference for the committee were discussed to avoid duplication with other committees' work.
  - **Population Health & Patient Experience:** Concerns were raised about compliance with personal health budgets, with plans in place to address issues. Discussed the impact of health inequalities funding and the need to maintain funding to support preventative health. Initial conversation on the national dental programme and oral health, with plans to revisit the topic.
  - **System Productivity:** M2 finance figures were discussed, with concerns about the financial trajectory and ongoing efforts to rectify it. Highlighted the need for better workforce data from Providers, focusing on full-time, agency, and bank staff. Noted the missed deadlines for contract signings with Providers, with ongoing efforts to address this issue.
- The Board:**
- **Noted the contents of the Committee Escalation and Assurance Reports.**
  - **Approved the revisions to the SoRD, Appendix B.**

### Reports for Information / Assurance

#### 17. Forward Plan

Catherine Mountford (Director of Governance) presented Item 17, the Board Forward Plan for the remainder of 2024/25. Board members were encouraged to review upcoming agenda items and identify any gaps or omissions.

The Board was reminded that the plan is accurate at the time of publishing but is a live document and will be iterated in line with ongoing changes and challenges. The organisation is open to suggestions for improving the agendas and content, emphasising continuous learning and iteration.

The structure of the plan is designed to balance the focus across strategy, people and culture, and delivery. This might need to be refined and updated in light of the governance review implementation and the need for an agile approach during turnaround and transformation. While the dynamic nature of the report is noted, the statutory items will continue to be included.

A request was noted to ensure the Estates Strategy is scheduled for discussion in the near future, building on earlier conversations.

**The Board noted the plan and would keep future items for inclusion under review.**

### Any Other Business

18. The Chair included a special acknowledgment for Catherine Mountford (Director of Governance) for whom it is the last Board meeting at BOB ICB as she will be retiring. Catherine Mountford was recognised for her 36 years of service to the NHS, including her vital role in the formation of BOB ICB, as well as its structure and statutory compliance.

The Chair and Board members extended their heartfelt thanks to Catherine, noting her impact and dedication. Catherine expressed her gratitude for the opportunity to serve and her appreciation for the colleagues and teams she worked with.

Drawing the meeting to a close, the Chair noted the Board's thanks to colleagues for their continued work and support under challenging circumstances. With no further business, the meeting was closed at 12:59.

**END**

**Date of Next Meeting:** 17 September 2024