

## BOARD MEETING

<b>Date of Meeting:</b> 15 November 2022	<b>Agenda item:</b> 07
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<b>Title of Paper:</b> Chief Executive and Directors Report
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<b>Paper is for:</b>	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
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<p><b>Executive Summary and Implications</b></p> <p>This report provides an update for the Board on key topics and items for escalation since the meeting in public on 27 September 2022 and ensures the breadth of Executive portfolios are covered.</p>
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<p><b>Action Required</b></p> <p>The Board is asked to note this update.</p>
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<b>Date and Name of Committee at which Paper Reviewed:</b>
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<b>Authors:</b> Steve McManus, Interim Chief Executive, and the Executive Team
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<b>Executive Lead/Senior Responsible Officer:</b> Steve McManus, Interim Chief Executive
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<b>Date of Paper:</b> 4 November 2022
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<p><b>Conflicts of Interest</b></p> <p>This report contains information relating organisations led by members of the Board. The perspective of these members is an important aspect for enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.</p>
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No conflict identified	
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	✓
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supported paper withheld from conflicted party e.g., pecuniary benefit	
Conflicted party is excluded from discussion	

## CHIEF EXECUTIVE AND DIRECTORS' REPORT

### Context

1. This is my first report as Interim Chief Executive of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).
2. This report aims to update the Board on key topics of relevance in the Integrated Care System (ICS) and items for escalation across the breadth of Executive portfolios.
3. The aim is to develop this report to reflect a wider system perspective, for example by adding a section on partnerships, to ensure we are aware of the wider context in which we are operating. Feedback is welcomed so that this report may be iterated to fit with the needs of the Board.

### System working - overview

4. A joint meeting was held between Chief Executive (CEO) and Chief Finance Officers (CFOs) of all Providers in BOB ICS and the Acting CEO / Interim CFO BOB ICB on 29 September. This was a robust yet collaborative meeting whereby the Month 5 and emerging Month 6 financial figures allowed for a clearer understanding of the overall financial challenge for the system both year to date and forecast for the rest of the financial year. The System Productivity Committee reviewed the current position, and the headlines are outlined below and covered in further detail in the Finance item on this agenda (Item 10). The ICB Executive team have been in close contact and discussion with the Regional Director of Finance regarding our position.
5. BOB ICS will be participating in a Peer review process commencing in November / early December which is both recommended and supported by the Regional NHSE team. This involves a partnership of the Local Government Association, NHS Providers and the NHS Confederation's ICS Network to deliver bespoke support to health and care systems. Their work is intended to act as 'critical friends' to facilitate, advise and constructively challenge local leaders as part of the overall development of system capability. Their support offer includes peer reviews, leadership development sessions, best practice workshops and mentoring.
6. BOB ICS presented at the Southeast Regional Winter event to showcase good practice at the Royal Berkshire NHS Foundation Trust (RBFT) Emergency Department in reducing ambulance handover delays, length of stay in the department and associated patient harm. There were also presentations from the Oxford University Hospitals NHS Foundation Trust (OUH) team concerning the 'Call Before Convey' pilot in partnership with South Central Ambulance Service NHS Foundation Trust (SCAS) and their national exemplar 'Same Day Emergency Care pathways' which helps support patients to avoid admission. Finally, colleagues from Buckinghamshire presented a collaboration with digital partner HBSUK in 'Virtual Lucy'. This is an expert triage application designed to support patients through their assessment and treatment and was utilised to successfully triage long waiting patients in Dermatology pathways. It was fantastic to have the opportunity to promote the excellent, innovative work that is happening across BOB.

7. Extensive work has been focussed on Clinical Professional and Care leadership across BOB ICS in recent months, recognising that this is a key enabler for both the developing Integrated Care Partnership (ICP) Strategy and the NHS 5 year Forward Plan. We have made significant progress across potential leadership offers, collaborative working across health and social care, identifying new roles that recruit from a diverse multidisciplinary leadership base and how we retain talent and succession plan. There is a workshop facilitated by the Region in November which will be the first time that health and social care colleagues from across the BOB geography will meet face to face to contribute to discussions in this area. This is an exciting opportunity for the System to act as a convener and share good practice.
8. Finally, we have successfully completed the office move to Sandford Gate from Jubilee House and teams are settling into their new accommodation and different ways of working. Special thanks are extended to all those involved with the planning and logistics of the move.

### **Integrated Care Board (ICB): Director Updates**

#### *People & Organisational Development*

9. We have welcomed James (Jim) Hayburn as our interim CFO from 24 October 2022. Jim has an extensive senior finance background and has come from his last role working within an ICB to set up their financial structures and ways of working. We have recruited to our substantive CFO position and are currently awaiting clearances and confirming a start date. I would like to take this opportunity to thank Richard Eley for all he did in ensuring we developed our finance function and reporting as a system.
10. We are now working to establish a Shadow Board inviting partners across the system to consider and comment on all aspects of the ICB agenda. This is the group of people who are diverse in every aspect and enable us to have a diverse commentary running alongside our Board papers. We expect to move to recruiting into these roles by the end of the year.
11. The planned approach to organisational change within the ICB continues to work on both the structures and purpose of each of the directorates as well as those functions which we will need to establish as part of the transition between NHS England and the ICB. Whilst the recent change in Senior Leadership has given us pause to consider our approach to the planned change, we continue to work through establishing how teams will work together in the context of corporate portfolios and place-based functions.
12. The establishment of our People Committee continues to be a priority for the ICB with meetings now taking place with partners across our whole system to ensure inclusivity. The ambition, work focus and priorities for the Committee are being established as are the ways of working together given the spectrum of interests to cover.
13. The People team within the ICB continue to work with SCAS people leaders to determine how we best to support the culture and leadership aspects of the intended improvement plan.

### *Strategy*

14. The ICP strategy steering group which is undertaking the preparation work for the emerging ICP strategy met at the start of October. Each of the six working groups continue to be very active and have identified three/four priorities which they believe should be considered for inclusion in the ICP strategy. The paper presented as Item 11 updates the Board on the progress of this work being overseen by the developing Integrated Care Partnership.

### *Digital Focus*

15. With partners across the Thames Valley & Surrey Shared Care Records programme we are working to make sure clinicians have timely access to patient data such as hospital test results, GP records and contact with social care. This includes expanding access to the analytics capabilities developed in Berkshire West and Frimley across Buckinghamshire between now and December, followed by expansion across Oxfordshire patients by the end of the financial year.

16. The Data Saves Lives policy paper published earlier this year by DHSC set out the opportunities for patient data to help develop new cures and life-saving treatments. BOB is a lead partner in one of two programmes across the South-East working with NHS England to develop a Secure Data Environment. These are data storage and access platforms, which uphold the highest standards of privacy and security of NHS health and social care data when used for research and analysis. They allow approved users to access and analyse data without the data leaving the environment. This programme of work helps us harness the depth of talent and globally recognised expertise within our ICS to better meet the needs of patients locally and beyond.

17. Working with our Local Authority partners we have developed and submitted to NHSE our three-year strategy for digitisation of adult social care records which sets out how we will work with independent providers, voluntary sector, and local authorities to replace traditional paper records with person-centred digital recording of care information.

18. Within the ICB we have

- a. implemented the ICB-wide information management structure, replacing legacy file structures from the individual CCGs
- b. deployed the technology to move from Jubilee House in Oxford to the new offices in Sanford Gate.
- c. undertaken a phishing campaign to help protect against targeted cyber-security attacks.

19. Working with South Central and West Commissioning Support Unit (SCW CSU) we have migrated the IT support for GP practices from a third party to the CSU team. This had no adverse impact on service. We are now working with SCW to standardise the technology footprint in Buckinghamshire to align with that already in place across Berkshire West and Oxfordshire which will improve the performance, reliability, and security of GPIT in Buckinghamshire.

### *Operational*

20. The NHS remains under pressure at a national and local level given the challenge to recover services, deal with the pressure on the urgent and emergency pathways, the continuing impact of COVID-19 and the wider economic environment.

21. Within Urgent and Emergency care our acute Trust remains at escalated levels due to demand levels, workforce shortages and continuing level of COVID. Discharge and flow remain key focus areas.
22. COVID-19 positive in-patients in BOB Trusts has peaked at 230 on 11 October and had reduced to 144 on the 28 of October
23. BOB ICS has maintained zero 104 week “capacity breaches” since July across both NHS and Independent Sector (IS) providers. Challenges remain in eliminating 104-week waiters associated with complexity and choice. The performance report outlines that we remain on track to eliminate all 18 month waits by the end of March.
24. Cancer 62 days waits remain a challenge with BOB trusts having some of the highest percentage of waits across the Southeast. Buckinghamshire Healthcare Trust has a clear recovery plan involving pathway review and additional operational oversight. OUH has established a cancer improvement programme chaired by the CEO and RBH are reviewing all pathways to focus on specific challenges. The Thames Valley Cancer alliance are working with all Trust to support improvement
25. The ICB has submitted a system winter plan which was reviewed at the system Urgent and Emergency Care board. The plan outlines additional investment of £8.1 million to support winter pressure including increasing beds and support to discharge processes. We received additional guidance on winter at the end of October and we will update the plan to reflect the strengthening of the BOB system control centre and further reviews of our falls services and acute respiratory hub plans.

### *Financial*

26. We submitted a balanced plan earlier this year with £22m held in the CCG / ICB which represented unidentified savings. The initial months indicated that the financial position whilst under pressure was holding. However, continuing financial pressure over the summer has started to worsen the financial position and the current year to date position at end September is an adverse variance to plan of £38m. The financial pressure is increasingly driven by (a) continuing “winter” conditions resulting in much higher emergency work during the summer months (b) COVID-19 sickness for staff that has increased sickness rates from 3% to 4.5% and (c) recruitment and retention problems because of the continuing conditions. This has resulted in (1) the need for higher agency spend, and (2) failure to achieve the necessary elective activity levels – given that NHSE has decided not to enforce a financial penalty if levels were not achieved this has meant that most trusts have not been affected, but RBH had an £8m additional target for elective activity, and this will not now be achieved. More detail is provided in the Finance report.

### *Quality and Safety*

27. Under the leadership of the chief nursing officer, the vaccination programme is scaling up delivery of the autumn COVID-19 booster programme. Increased capacity has been created in the mass vaccination centres, across primary care networks and in the community pharmacy hubs to ensure we meet our ambitious targets.
28. Following the recent Panorama footage highlighting the sad and shocking care of some of the inpatients under the care of one of the mental health providers in Manchester, there is a programme of assurance visits to our providers of mental

health, autism and learning disability inpatient care following which there will be formal reporting of findings back through to the ICB.

29. The report into the care and treatment of women and babies at East Kent Hospitals University Trust was published in October. Ahead of this the BOB Local Maternity and Neonatal System (LMNS), supported by the regional midwifery team, has undertaken a programme of assurance visits to all three trusts where there has been positive feedback and opportunities for sharing of good practice across the LMNS. The LMNS is working with trusts to revise its plans for the delivery of the maternity continuity of carer model following the updated guidance. The recommendations of the East Kent report will be reviewed through the LMNS and the Population Health and Patient Experience Committee to inform a fuller update to the Board and more detail on this is included in Item 9.

### *Primary Care*

30. Primary Care Network (PCN) Enhanced Access arrangements went live on 1 October. Designed to improve and standardise access to general practice, groups of practices working as networks will provide a range of enhanced access appointments between the hours of 6.30pm to 8pm Monday to Friday and 9am to 5pm on Saturdays. This is positive and aims to reduce variation but requires open communication with the public because it does not mean all practices will be open during these times. Instead, a range of access options and services will be provided and any unused appointments on the day can be made available via NHS 111. All the PCNs in BOB ICB had their plans agreed with 10 requiring additional review during the coming months due to challenges.
31. In preparation for winter primary care is making good progress with flu and COVID-19 vaccinations. The most vulnerable are being prioritised and therefore vaccination has commenced in care homes and for the housebound initially. Clinics focusing on the older age groups are also live and co-administration is being used where possible.
32. In addition to the above, further initiatives and support are outlined in a series of letters designed to support primary care resilience over Winter. Further investment and focused actions are expected to increase capacity (e.g. additional roles in primary care) and reduce the administrative burden.
33. Saturday 1 October saw the official opening of a new health centre in Oxford city centre. Three of the cities' practices have co-located and will now be delivering primary medical services from a modern premises through a partnership with Jesus College Oxford. The new premises will mean closer working between the practices and accessible services for the city's population. Approval has also been granted for commissioner capital funding to be devolved to the ICB to enable a prioritised group of sites to access Minor Improvement Grants (MIG). This will enable minor adaptations to premises to support more effective working and transformation.

### *Development of our Board Assurance Framework*

34. The Executive Team have reviewed the work undertaken across the organisation to identify risks and the approach to development of the Corporate Risk Register (CRR) and Board Assurance Framework (BAF). This has highlighted that we would benefit from a broader Board discussion in workshop session which will take place in

December so that the first iteration of the BAF and CRR can then be presented to the January Board meeting.