

Board Briefing: 17 September 2023

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1. Chief Executive and Directors Report

Key points raised from the report included:

- Industrial Action (IA) has continued to affect services over the summer months with junior doctors, BMA consultant doctors and radiographers strikes during July, August and September. With further IA from BMA consultant doctors and junior doctors planned for later in September and October. The planned strikes will be the first-time consultant and junior doctors' action will take place at the same time. The impact of industrial action cannot be underestimated with 10 separate periods of action taking place between December 2022 and July 2023, involving about 14,000 occasions of staff participating and resulting in at least 16,900 outpatient attendances, 2,500 elective and 1,000 community appointment cancelled and rearranged. This represents around 20% of capacity within our Trusts.
- The South-Central Ambulance Service's Electronic Patient Record system suffered (via a third party) a cyber-attack on 19 July. Fallback contingencies were invoked, and all patient reports were being provided on paper. There is thought to be minimal risk of patient data being taken, however it is still unclear whether historic patient records, will be restored. The ICB continues to run an Incident Management Team to manage the local response.
- Seven BOB services have been shortlisted for HSJ Awards including the BOB ICB. The winners will be announced on 16 November.
- The national GP Survey results were published in July. The survey was undertaken in January 2023 and sent to more than 57,000 BOB patients; more than 19,200 surveys were returned providing a 34% response rate (1% of our registered list). BOB ICB, like other ICBs across the country, has seen a decline in satisfaction in some of the main survey questions. Although the ICB's performance remains comparable with the national position, the best patient satisfaction is seen in questions relating to reception staff and perception of care.
- Oxfordshire had a Special Education Needs and Disabilities (SEND) inspection in July. The inspection formed part of a new national framework of inspections for children and young people with SEND, introduced in 2023. The report, which was published on 15 September, identified widespread systemic failings across the local area partnership leading to significant concerns about the experiences and outcomes for children and young people with SEND, which must be urgently addressed. The ICB will work with health and care partners across the county to address concerns and develop an improvement plan.
- 2. Verdict in the trial of Lucy Letby initial response to letter from NHS England (18 August 2023)

Following the verdict of the Lucy Letby trial, the Board was given assurance of work in place across the ICB, and in provider partners. The <u>report</u> detailed the work in place to ensure all staff and partners have access to services that allow them the 'freedom to speak up', when there are concerns about patient safety; that there is due diligence completed when appointing directors and senior managers and that the board remains focused on patient safety and quality of care.

The way the ICB continues to quality assure the services it commissions is set out in the new Quality Assurance Framework on the agenda today. It is a system framework applicable across the various organisations in the BOB Integrated Care System (ICS). It encompasses the commitment to the work of partners in the ICS to achieve its ambitions, which include meeting statutory obligations, sustainable quality improvements in health and care, and addressing inequality and inequity. The framework acts as a support and reminder of the key areas which focus to ensure successful and sustainable high-quality care even in the most challenging environments.

3. NHS Joint Forward Plan

The first Buckinghamshire, Oxfordshire & Berkshire West (BOB) NHS Joint Forward Plan was published on 30 June 2023 and formally agreed by BOB Integrated Care Board in July. In developing the Joint Forward Plan, a small number of system challenges were identified that, if addressed, would have the greatest impact on ensuring 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.

The <u>report</u> received by the Board outlined the progress over the past few months with system challenges as outlined in the plan including inequalities, changing the model of care – shifting focus to a more preventative and community-based approach for health and care services; demand and capacity for some services and how to improve patient experience by reducing wait times and the collective challenges of the financial environment and ambition to do more to support staff and volunteers.

4. Performance and Quality

The Board heard how the <u>first quarter of the year</u> (April to June 2023 – Q1) had seen an improvement in emergency department (ED) performance despite higher-than-expected attendances.

BOB acute emergency departments saw 128,848 attendances through Q1 which was 4,150 more than planned.

Elective care has been challenged with lower than planned activity levels and growth in numbers of patients waiting over 65 weeks. Industrial action has had an impact on elective care, with 22 working days affected as services are prioritised for patient safety. Routine elective activity has been reduced and the number of long wait patients has increased. This increases the risk to achieving the target of having no patients waiting over 65-weeks at the end of March 2024. This also presents a financial risk; the Elective Recovery Fund was released for 2023/24 with BOB receiving £69.3m. Guidance states that 16% (£11.1m) of this fund could be held back if BOB does not achieve its elective activity target.

The focus of primary care planning through 2023/24 has been to enable more patients access to care in a timely manner. BOB already provides a high number of appointments per head of the population. This has continued to grow with each month in Q1 2023/24 seeing

more appointments taking place than in Q1 2022/23. While increasing the number of appointments, BOB has also increased the proportion of patients seen within 14 days of an appointment being booked - from 82.2% in April 2023 to 83.9% in June 2023. Through Q1 general practice delivered 2,437,480 vs a plan of 2,400,276 appointments.

Mental health delivery is challenged in relation to the operational planning guidance; however, it should be noted at the time of writing the report for Board most data for Q1 had not been published

Following the pandemic, the number of patients waiting on the cancer patient tracking list¹ over 62 days increased to double the pre-pandemic number (500). The ambition nationally is to return to less than that number by March 2024. BOB has made great inroads into the backlog over the past six months and Q1 saw a reduction from 595 to 559.

5. Finance

The ICB has overspent by £12.6m year to date due to pressure in prescribing, continuing healthcare, mental health placements and independent sector activity for ophthalmology. The forecast is held at breakeven for the year, but action is required to achieve this. The ICS has reported a deficit of £47.1m at month 4 (end of July) compared to a planned deficit of £19.0m i.e. £28.2m worse than plan at month 4. Further work is required to ensure savings schemes deliver as planned and that cost control measures are implemented across the whole system. Further detail is available in the finance report.

6. Date of next meeting

The <u>next board meeting</u> will be held on 21 November from 10am – 1pm at The Hall, West Berkshire Council, Council Offices, Market Street, Newbury RG14 5LD.

¹ The Cancer 62 Day Patient Tracking List (CANPTL) collection is a weekly snapshot which shows the number of patients on the cancer 62-day pathway, who are at risk of breaching the 62-day standards.