

BOARD MEETING

Title	Chief Executive and Directors Report		
Paper Date:	8 March 2024	Meeting Date:	19 March 2024
Purpose:	Information	Agenda Item:	08
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Executive Summary			
This report provides an update for the Board on key topics and items for escalation since the meeting in public on 16 January 2024 that are not covered in other items on the agenda.			
Action Required			
The board is asked to note this update.			
Conflicts of Interest:	Conflict noted: conflicted party can remain and participate in discussion.		
This report contains information relating to organisations that partner members of the Board lead/are employed by. The perspective of these members is an important aspect to enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.			

Chief Executive and Directors' Report

Context

1. This report aims to update the Board on key topics of relevance in the Integrated Care System (ICS) and items for escalation. The main emphasis will be on areas that are not covered in other items on the agenda or those that focus on the importance of our work in convening partners.

Integrated Care Board – our people

Change Programme

2. In January we shared our plans to revise the ICB's operating model to ensure that the ICB continues to maximise the benefits of scale and operates as efficiently and effectively as possible. Since then, we have developed the detail of the activities our functional areas will complete, and the skills and capabilities we need to do this. This has informed the design of the team structures we need in the ICB, and we are currently in the process of finalising these.
3. The ICB's future operating model will require us to work more closely with partners, ensuring functions are delivered in the right place to meet the needs of patients and residents. Therefore, alongside regular communications with staff, we have also been engaging with our system partners on the proposed model and their role in it.
4. To gather feedback on the new operating model, the ICB expects to consult with its staff during the first quarter of the new financial year, with the launch of the new model planned for the third quarter.

ICB Leadership Forum

5. A fantastic team of enthusiastic volunteers from across the ICB ran a leadership development day on 26 February for senior ICB staff as part of the leadership strand of the ICB's organisational development programme. The aim of the day was to connect, develop and shape the ICB's culture together as leaders.
6. The theme was Emotionally Intelligent (EI) leadership. The morning focussed on internal reflection and personal development with contributions from the Chair and me, a session on Goleman's theory of EI in Leadership, and an address by Maggie Woods from NHS England regarding the importance of compassionate leadership.
7. Feedback so far following the day has been very positive. The team hope to run further events to support and develop our staff in the complex work of system leadership.

Staff Survey 2023

8. The results of our Staff Survey were released on 7 March. The headline findings unfortunately indicate that staff experience in BOB ICB has not seen significantly improvement over the last 12 months.
9. We are currently in the process of reviewing the detailed findings for the organisation and by directorate. We will discuss these with our Staff Partnership Forum, in directorate meetings and at the ICB People Committee.
10. The survey highlights the need for us to re-energise the existing Organisation Development and Wellbeing (WILD) 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.

Freedom to Speak Up

11. Through the executive team and ICB People Committee we have agreed our approach to appointing and supporting Freedom to Speak Up guardians for the ICB. We asked current staff to express an interest in the guardian roles and I am delighted to report that we have now appointed three members of staff to be guardians, namely:
 - Asela Ball, Quality Manager Social Care
 - Alison Chapman, Head of Safeguarding & Designated Nurse for Children and LAC (Oxfordshire)
 - Zo Woods, BOB ICS All Age Palliative and End of Life Care, Care Homes and Community Services Programme Lead
12. All three have undertaken the required national training and are working with our executive lead, Catherine Mountford, Director of Governance, to develop their approach and ensure they have the required support in place. As CEO I will now meet with the three guardians, alongside Catherine, on a regular basis.
13. Our Chair has agreed that she should not continue in the role of NED lead for Freedom to Speak Up whilst she is Acting Chair. This role is now being covered by our Acting Deputy Chair, Aidan Rave.

Thames Valley Cancer Alliance (TVCA)

14. Following an options appraisal process, and in line with the revised operating model at a national level, the ICB has agreed to host the TVCA. The alliance supports cancer delivery and improvement across BOB and also covers the Great Western Hospital. It is presently formally part of NHSE.
15. This is likely to result in the transfer of 13 staff from NHSE and the function will be hosted within the delivery directorate. The posts are funded by ring fenced money held as part of the BOB ICB's service development funding allocations.

System working – Overview

Industrial action

16. Since the last meeting of the board junior doctors have undertaken a further period of industrial action. This ran for five days from 7am on Saturday 24 February 2024. The action by BMA members ended at 11.59pm on Wednesday 28 February. Members of the smaller Hospital Consultants and Specialists Union ended their action at 7am on Thursday 29 February 2024.
17. The NHS trusts affected by this five day walk out in our area were:
 - Buckinghamshire Healthcare NHS Trust (BHT)
 - Oxford University Hospitals NHS FT (OUH)
 - Oxford Health NHS FT (OH)
 - Royal Berkshire NHS FT (RBFT)
 - Berkshire Healthcare NHS FT (NHFT)
 - South Central Ambulance Service NHS FT (SCAS)
18. No patient safety mitigations were submitted.
19. Data on rescheduled activity indicates that across the BOB system 2,641 acute outpatient appointments, 341 inpatient and day case procedures, and 5 community appointments had to be rescheduled. It must be highlighted, however, that these figures are an underestimate of the full impact as they do not include the appointments and operations that were not booked at the point strike dates were announced.

Month 10 2023/24 Financial Plan submissions to NHSE

20. As agreed by the Board at its meeting in January the Chair, CEO and CFO were given delegated authority to sign off our M10 financial submission.
21. The ICB position submitted (which is covered in more detail in Item 14) highlighted:
 - A deficit of £18.5m for the ten months that ended 31 January 2024.
 - Forecast deficit for the full year is £40m, with recent pressures related to TVCA funding, Continuing Healthcare/Mental Health, and elective recovery funding.
 - This compares to a £26.3m deficit plan submitted to NHSE in November last year.
22. As a system we:
 - Reported a deficit of £47.6m (before the cost of industrial action) for the ten months up until the end of January 2024.
 - Forecast deficit for the full year is now £62.9m (before the cost of industrial action).
 - Industrial action costs of have been estimated at £10.3m, this includes both direct costs and those relating to lost clinical activity.
23. This is clearly an unacceptable position and not one we wish to occupy both from an organisational and system perspective. I have agreed with all Trust CEOs that we must adopt a different approach to how we both manage and lead the system to ensure financial sustainability. The approach to this is outlined in Item 11.

Quality and Safety

24. **A Joint Targeted Area Inspection (JTAI)** of our Multi-Agency Safeguarding Hub (MASH) and provision of 'front door' safeguarding services across Buckinghamshire took place over a week at the end of January.
25. Feedback from the week was encouraging and several of our services were highlighted as exemplary in terms of safeguarding processes and their approach to 'think family' including Child and Adolescent Mental Health Services (CAMHS) and the adult mental health service. There are areas of improvement which inspectors highlighted, which our partner organisations were already aware of, and plans are in place to address them.
26. We have thanked our Trusts, partners and teams for all their hard work in responding to the inspection and welcome the formal feedback from the inspectors in due course. Once we receive the final letter from the inspectors, we will share this via the usual governance routes.
27. **The National Care Quality Commission (CQC) Maternity Patient Survey on Maternity Services** was published at the end of February. This survey looked at the experiences of women and other pregnant people who had a live birth in early 2023.
28. Headlines are consistent across our three providers. Women reported:
 - Care during labour and birth and the immediate post birth period was good, women felt listened to and well cared for.
 - Their experience of antenatal care was generally good, with good access to midwives and clinics as well as being able to contact their midwife and maternity services when they needed to.
 - Post natal care in hospital was flagged as a concern, with respondents reporting call bells taking a long time to be answered and services being short staffed and very busy.
 - Delays in discharge from hospital were an issue in all 3 hospitals on account of waits for paperwork and medications.
 - A partner's ability to stay with the mother at times and for periods outside of visiting (e.g. overnight) was also flagged as a concern. Women felt they wanted their partners to be able to stay overnight to help with the care of the baby.

29. All three trusts are looking in detail at their own results and liaising with their Maternity and Neonatal Voices Partnerships (Service user groups) to use this information in tailoring service user involvement and service improvements.
30. The **CQC maternity reviews** for [RBH](#) and [Horton Hospital](#) (OUH) have recently been published.
31. Maternity services at the RBH have been rated as 'Good'. The CQC highlighted the commitment by staff in maintaining a good rating, and in particular the rating for safety which has increased from 'requires improvement' to 'Good'. The inspectors recognised the level of service provided, ensuring that women can access the service when they need it, using services such as the Trust's new 24-hour Maternity Assessment Unit.'
32. Maternity services at the Horton have been rated as "Requires Improvement". There were several areas that the inspectors noted as good practice including provision of mandatory training for all staff, the control of infection risks, protecting our most vulnerable women from abuse and staffing level. Areas of further focus that the trust must address include safety checks of emergency equipment, safety and security of medicines and adherence with policies and procedures.
33. **Martha's Rule** will be implemented from April 2024. The intention of Martha's Rule will be to ensure that patients, families, carers and staff will have round the clock access to a rapid review from a clinical care team if they are worried about a patient's condition.
34. The rule will require all NHS trusts to have 24/7 access to a rapid review from a critical care outreach team and where this is not in place, trusts must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance this will cover all inpatients in acute and specialist trusts.
35. Following the publication of the Phase 1 report into the issues raised by the **David Fuller case** in November 2023, trusts have been asked to complete a questionnaire in readiness for the next phase of the Inquiry. Responses will be collated and themed at a national level.

Strategic system landscape

2024 Budget

36. As part of the 2024 government budget the chancellor announced investment of £3.4 billion in NHS digital and technology. The funding is being spread over three years from 2025/26 and is being targeted at AI, app improvements and electronic patient records.
37. With this investment the NHS is expected to deliver productivity gains of around 2% per year (more than double the recent average). Related to this local NHS bodies, including ICBs, will be required to publish new productivity metrics.
38. We are awaiting more detail about the additional investment that would come to BOB and the attached productivity requirements.

BOB Joint Health Overview and Scrutiny Committee (BOB JHOSC) meeting

39. The Chair and I, with several ICB colleagues, attended the BOB JHOSC meeting on Wednesday 24 January. The papers are available [here](#).
40. We provided an overview of the ICB, recent developments and our priorities and then took questions regarding a range of related topics.
41. Rachael De Caux (Chief Medical Officer), Abid Irfan (Director of Primary Care) and Louise Smith (Deputy Director of Primary Care) presented the draft Primary Care Strategy. This generated wide discussion, reflecting the importance of these services. Access and estates provision featured strongly in the comments. There was also positive feedback regarding the flexible dental commissioning the team have implemented to maximise access for our residents.
42. Sarah Adair (Director of Communication and Engagement) provided an update on our communications and engagement activity.

Visit from the Department for Levelling Up, Housing and Communities (DLUHC)

43. At the beginning of February, we hosted a visit by the Director of the Social Housing and Resettlement Directorate of DLUHC.
44. The purpose of the visit was to show and discuss the system challenges and opportunities that exist within BOB ICB and are likely to be mirrored elsewhere. The focus was on system and organisational challenges rather than case specific issues.
45. Following a scene setting discussion with the ICB the visit included
 - Dispersed Accommodation Visit – including a housing provider led discussion.
 - GP Practice Visit – including Primary Care / Mental Health / Women’s Health - Clinically led discussion with both local authority and VCSE input.
 - Kassam Hotel Accommodation – including lunch and discussion with the Local Authority and voluntary sector.
46. We then held a wrap up session with ourselves and partners. The feedback we received was very positive.

Recognition for BOB Pathway for Eating disorders and Autism

47. The BOB PEACE service (the Buckinghamshire, Oxfordshire and Berkshire Pathway for Eating disorders and Autism developed from clinical experience) has been accredited by the National Autistic Society, alongside (CAMHS) eating disorder services in Buckinghamshire, Oxfordshire and Berkshire.
48. The accreditation means that the eating disorder services have been recognised as supporting and caring for autistic people in a way which supports and respects their individual autistic needs and follows a period of evaluation and assessment in late 2023.

Wantage Community Hospital

49. Community inpatient beds at the hospital were temporarily closed in 2016 to patient safety concerns on account of a risk of Legionnaires Disease. In 2021 a range of pilot outpatient services at the hospital were developed. Over the past year, the ICB has worked with Oxford Health, other NHS partners and the local community to co-produce proposals to agree the future of the hospital. The Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) met on 16 January 2024 to review our proposals developed through the co-production process and provided unanimous support for the recommendations to permanently close inpatient beds and access funding to expand the range of clinic-based services in the future.
50. Building on the support from OJHOSC, Oxford Health is committed to continuing to work with the community and NHS partners to implement plans to refurbish the ground floor of the hospital through applying for community infrastructure levy funding to expand the range of clinic-based services. This will enable us to confirm the outpatient services that have been running as pilots from the hospital and develop a long-term plan for more clinics.
51. We would like to thank all staff and their families who participated in the wider public and community engagement phase of the project during Autumn 2023 which directly helped to inform and shape these final recommendations. Further updates will follow throughout the year as we progress with next steps.