

## BOARD MEETING

<b>Title</b>	Chief Executive and Directors Report		
<b>Paper Date:</b>	10 November 2023	<b>Meeting Date:</b>	21 November 2023
<b>Purpose:</b>	Information	<b>Agenda Item:</b>	07
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<b>Executive Summary</b>			
This report provides an update for the Board on key topics and items for escalation since the meeting in public on 19 September 2023 that are not covered in other items on the agenda.			
<b>Action Required</b>			
The board is asked to note this update and to sign the ICB up to the NHS Sexual Safety Charter.			
<b>Conflicts of Interest:</b>	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.

### System working – Overview

#### *Industrial action*

2. The last period of industrial action which involved both British Medical Association (BMA) consultant and junior doctor members took place for 72 hours between 7am Monday 2 October and 7am Thursday 5 October. All services were delivered in keeping with a Christmas day model.
3. During all periods of industrial action to date 22,735 acute outpatient appointments, 3,441 elective procedures and 989 community appointments have had to be rescheduled. It should 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.
4. The Government is in talks with the BMA and no further industrial action is planned at present. The BMA is re-balloting its consultant members on extending the current mandate for industrial action which ends on 26 December. The ballot will close on 18 December and if successful the new mandate would then extend until 17 June 2024.

#### *Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take*

5. NHS England wrote to all NHS Integrated Care Board (ICB) and Trust Chief Executives on the 8 November, the letter and supporting documents are available [here](#). The letter outlines the actions the NHS has been asked to take, following discussion with His Majesty's Government, to manage the financial and performance pressures related to industrial action.
6. The agreed priorities for the NHS for the remainder of this financial year are to achieve financial balance, protect patient safety and prioritise emergency performance and capacity, whilst protecting urgent care, and both high priority elective and cancer care.
7. NHS England has asked systems to complete a rapid two-week exercise to agree those actions required to deliver the priorities for the remainder of the financial year. All ICB and Trust Boards are being asked by 22 November to review the revised operational plans and agree the steps required to deliver these within funding allocations. Given this tight timescale, at the time of writing the detail is being worked through with system partners and a verbal update will therefore be provided to the Board.

#### *Quality and Safety*

8. The [NHS Sexual Safety Charter](#) was launched in September. Whilst we alone cannot make the societal changes required, as leaders in the NHS and working together in our ICS we can all play a part in ensuring we do all we can to make lasting change and address outdated attitudes and behaviours, as well as unacceptable abuse within the NHS, with a hope that this starts to influence the change we need within society. The Board is asked to sign up to this Charter and commit the organisation to taking the necessary steps to address the components outlined within it. It is proposed that this action will be taken forward through our People Committee.

9. Oxfordshire underwent a Special Education Needs and Disabilities (SEND) inspection in July. The [report](#) was published in October and concluded that there are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must urgently address. Following publication of the report the Minister for Children, Families and Wellbeing, David Johnston, wrote to Oxfordshire County Council issuing a formal Improvement Notice. The detail of the Improvement Notice was considered at the Population Health and Patient Experience Committee (PHPEC) in October and the Priority Action Plan has been submitted to Ofsted and the Care Quality Commission (CQC). The ICB has established a Health SEND Improvement Board chaired by me. The purpose of this board is to hold the ICB to account for the health actions in each of the Priority Action Plans, Written Statement of Actions and Accelerated Progress Plan.
10. From 1 October 2023, the Maternity and Newborn Safety Investigations (MNSI) programme has been hosted by the CQC. Previously this was part of the Healthcare Safety Investigation Branch. This move will enable high-quality, independent, family focused maternity investigations to continue. The new arrangement with the CQC will ensure the continuation of the maternity programme and maintain the independence of maternity investigations within the NHS. This provides the opportunity for further collaboration within the health and social care sector. It will also allow the MNSI programme to access more resources as part of a larger organisation, including improved analytics capacity and the opportunity to contribute to best practice learning through national reporting.
11. The [COVID and Flu](#) vaccination programme is well underway across the system. The ICB has worked with providers to stand up services. Our priority has been to ensure vaccination is available to all those eligible with a focus on the most vulnerable. As of 10 November 2023, we have delivered 439,233 flu and 353,821 COVID vaccinations representing 43% and 54% of the respective eligible populations. In respect of COVID vaccines, we are currently below the original target of 72% but, that is being reviewed nationally and is likely to reduce. We are above where we were at this time last year in respect to the delivery of Flu vaccines.

### *Cyber Incident*

12. The South Central Ambulance Service's (SCAS) electronic patient record system was subject, via a third party, to a cyber-attack on 19 July. The company which suffered the cyber-attack (Hytec) is now in receipt of a digital forensics report and an executive summary has been shared with NHS England's Cyber Security Operations Centre.
13. The system was reconnected on 10 October 2023 and business continuity measures were subsequently stood down on 17 October.

### **Partnerships**

#### *Local Authority Changes/areas of focus*

14. Labour councillors in Oxfordshire County Council have now left a council coalition following the publication of the Oxfordshire SEND Inspection report by Ofsted and the CQC (see paragraph 9 above). An Alliance of Labour, Liberal Democrats and the Green Party have led the council since they took over from the Conservatives in 2021. The Liberal Democrat Green Alliance are now leading a minority administration.
15. As is the case nationally our local authority partners are continuing to experience significant financial challenges particularly reflecting the increasing demand for temporary accommodation, home to school transport, children's services especially those for children with SEND, and support and long-term care for older adults. With this in mind I was particularly grateful that Susan Parsonage, Chief Executive of Wokingham Council, was able to join members of the ICB's executive team at an NHS England southeast regional strategy development session on 2 November.

### *Integrated Care Partnership (ICP)*

16. The ICP has held two development sessions over the last few months to consider its ways of working and areas of focus to ensure we jointly maximise the value of this unique partnership. It will be holding its next meeting in public on 22 November. The agenda and papers will be published [here](#). Our Governance and Strategy and Partnerships teams continue to support the ICP.

### *System Leadership Role*

17. I am pleased to report that there have been a number of examples over the last two months of the ICB using its system leadership and convening roles to bring partners together to help address our joint priorities.
18. We held the first ICS Digital and Data Summit on 29 September. Over 200 participants from across the system explored how we can break down organisational boundaries and maximise the use of information, analytics and digital transformation to deliver the strategic priorities for the system. More details about this event are included in Item 11.
19. Over 140 stakeholders and system partners gathered in High Wycombe for a Primary Care Strategy Day on 18 October. This was a successful and engaging event where we started to develop the vision and guiding principles for the system's primary care strategy reflecting the four components of primary care: General Practice, Pharmacy, Optometry and Dentistry.
- An excellent panel session featured representation from all disciplines and our secondary care and prevention colleagues highlighting the current challenges across different sectors.
  - The voluntary services sector, Healthwatch, patient participation groups and public health all provided vital contributions.
  - Whilst the morning focussed on the "what" and the "why", the afternoon concentrated on the "how", with contributions from digital, finance, workforce and estates colleagues.
  - The outputs from the event will now be collated and shared with participants to help form the implementation plan.
  - As we progress it will be essential to ensure continued engagement and effective communications with all key stakeholders in order to build on the commitment and goodwill demonstrated by all attendees.
20. We will be launching wider engagement on the draft strategy on 17 November. The engagement will be hosted on our [online engagement portal](#). This will include the involvement of Patient Participation Groups as well as wider engagement across our communities and voluntary sector through online events, focus groups, a survey and opportunities for people and groups to give direct feedback to the ICB to inform the development of primary care. We will be attending the BOB Joint Health Overview and Scrutiny Panel on 24 January, and there will be a board workshop discussion prior to ratification of the strategy at the ICB board meeting in public taking place on 19 March 2024.
21. On 30 October, we held the first leadership forum for all our system leaders – gathering Trust Chairs, Chief Executives, Local Authority Leaders and Chief Executives, VSCE, primary care and research leaders together with our ICB Board. The purpose of the event was to develop wider system leadership, set system direction and help develop agreed principles for 2024/25 planning, framed around the four goals of Integrated Care Systems. Professor Mark Britnell gave a keynote address entitled "Global Lessons in Integrated Care", which was followed by a panel discussion and a working session to help shape our shared ambition. The outputs from the table discussion have been used to frame our system planning approach for 2024/25 and inform item 9 which will be discussed later in this meeting.

22. We now plan for the leadership forum to become a regular biannual event with the next meeting planned for late April.
23. In response to the challenging financial and performance landscape regular system meetings have now been established bringing together all provider Chief Executives, Chief Finance Officers and Chief Operating Officers. The last meeting on 10 November reviewed the NHSE guidance issued on 8 November.

### **Strategic system landscape**

#### *The state of health care and adult social care in England 2022/23*

24. The State of Care is the Care Quality Commission's annual assessment of health care and social care in England. The report looks at trends, shares examples of good and outstanding care, and highlights where care needs to improve. It highlights the challenges the sector has had over 2022/23 and the impact this has had on care. The full report is available [here](#). The NHS England response from Professor Sir Stephen Powis, NHS National Medical Director is available [here](#).

#### *NHS England (NHSE) events*

25. On 12 October executive colleagues attended a regional senior leadership event along with NHSE, Trust and ICB leaders from across the region. The focus of discussions was patient safety and how we balance risk in and across our systems this winter. Attendees were joined by Dr Aidan Fowler, National Director for Patient Safety, Dr Julian Redhead, National Director for Urgent and Emergency Care, and Amanda Pritchard NHS England's Chief Executive. There was a collective discussion on the regional priorities regarding financial sustainability focussing on continuing healthcare, prescribing and medicines management, the temporary staffing collaborative programme and outpatient services. The ICB team led presentations regarding both temporary staffing and prescribing.
26. As referenced above the NHS England southeast regional team held a strategy development day on 2 November involving the regional teams and representatives from the six ICB/ICSs. I attended this along with members of the ICB executive team, the Chief Executive of Wokingham Borough Council and the Chief Executive of Berkshire Healthcare NHS Foundation Trust. The day started with an update on the latest financial position, and comments from the national strategy team. The key theme of these opening remarks was the need to balance our short-term challenges with the need for longer-term service change. There were then panel sessions focused on population health management, elective recovery, specialised services, productivity and workforce transformation. Following the main session there was an opportunity for ICB CEOs to consider with the regional team how systems can work more collaboratively and what governance might be required to enable this.
27. The Chair and I met with Richard Meddings, Chair of NHS England, in late September, as part of his visit to services at Oxford University Hospitals. It provided a valuable opportunity to discuss the ongoing impact of industrial action and how to expand community provision in order to treat patients more proactively.

#### *NHS IMPACT (Improving Patient Care Together)*

28. NHS Impact was launched in April this year following a national review of continuous improvement approaches in the NHS. The aim of the programme is for all NHS organisations and systems to embed an improvement approach and culture that will inform the way we work across the NHS and ensure that continuous improvement is the standard approach to address clinical, operational and financial challenges.
29. The programme is overseen by a National Improvement Board chaired by David Fillingham CBE, Chair of Lancashire and South Cumbria NHS Foundation Trust. The board includes representation from all regions and sectors. I have been asked to join the board and attended the meeting held on 9 November.

30. As part of the launch of this national programme to support NHS organisations and systems to have the skills and techniques to deliver continuous improvement the ICB and local NHS Trusts have undertaken a baseline assessment which was submitted on 31 August.
31. This information will help the NHS IMPACT programme team to develop support, establish peer to peer connections and share good practice. The baseline assessment will be followed up by a more detailed self-assessment that all NHS organisations have been encouraged to complete.
32. The baseline assessment has been shared through our existing ICS quality improvement collaborative which also involves Health Innovation Thames Valley. Our providers already have dedicated resource and established quality improvement programmes. The ICB does not have a dedicated quality improvement team although does have change, transformation and commissioning skills embedded across its directorates.
33. To help develop a collaborative and system wide approach to continuous improvement an ICS quality improvement festival took place from 6 to 10 November focusing on shared learning across the system and showcasing external NHS and private sectors best practice. I was very pleased to both open and close the festival and am very grateful to all who contributed to this undertaking.
34. The ICB is in the process of considering its role within the system in relation to the NHS Impact programme as part of the operating model development and we will bring a formal paper and recommendations to a future board meeting.

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

### *ICB oversight Q2 assessment meeting with NHSE Regional team*

35. The latest oversight meeting with the regional team took place on 6 November. It was a valuable opportunity to highlight the progress that has been made in relation to system and organisational development in the last three months and the work that is being undertaken to address the ongoing operational and financial challenges.

### *Our People and Organisational Development*

36. Since the ICB's last board meeting there have been two changes to the senior leadership team.
37. We welcome Victoria Otley-Groom to her first Board meeting today. Victoria joined the ICB on 30 October as our Chief Digital and Information Officer. She therefore succeeds Ross Fullerton who covered the role on an interim basis since the ICB was established. I would like to put on record my sincere thanks to Ross for the considerable contribution he made to the ICB, not least through the leadership he provided in the development of the Digital and Data strategy. Victoria brings with her a wealth of experience including from her time working in the Surrey Heartlands ICB.
38. Raj Bhamber decided to end her secondment to the ICB as our interim Chief People Officer at the end of October. I am pleased to confirm that Caroline Corrigan, Frimley ICB Chief People Officer joined us on 13 November to cover this role on an interim basis. An important part of Caroline's work is to help us ensure permanent leadership arrangements for the team. Catherine Mountford, our Director of Governance, provided executive support to the team, as needed, during the transition period and is working closely with Caroline as part of her phased induction to the organisation.
39. The ongoing conflict in Gaza and the tragic loss of innocent lives that has occurred since 7 October is a concern to us all. I am very aware that there will be many, both in the ICB and the system we work in, who will be directly or indirectly affected by these events. At times such as this it is essential that we respect each other and the diversity of opinion that exists. Equality, diversity, and inclusion are values central to the ICB and of course the wider NHS. I was therefore very pleased to have been able to attend my first meeting of the Care Network on 26 October. This meeting served to highlight the great diversity that exists within the organisation and the strength that this brings us.