

## BOARD MEETING

<b>Date of Meeting:</b> 27 September 2022	<b>Agenda item:</b> 6
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<b>Title of Paper:</b> Chief Executive and Directors Report
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<b>Paper is for:</b> (Please ✓)	<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 overview of progress on development of the Integrated Care Board (ICB) and Integrated Care System (System) working as well as updates for the Board on key topics since the last meeting on 1 July. On occasion this paper pulls the summary from other more detailed papers (eg finance, operational performance) where that is helpful to create a more holistic perspective for Board members.</p> <p>The Executive Team believe there is value in creating this report monthly – not just for Board meetings – to help keep the Board up to date between meetings.</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> ICB Executive 12/09/2022
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<b>Authors:</b> Dr James Kent, Chief Executive, and the Executive Team
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<b>Executive Lead/Senior Responsible Officer:</b> Dr James Kent, Chief Executive
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<b>Date of Paper:</b> 13 September 2022
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<b>Conflicts of Interest</b>
Not applicable

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 report aims to update the Board on our progress as an Integrated Care Board (ICB) as a statutory body and as a set of system partners. The overview provides the Board with a more holistic perspective – the topics are from the Executive Directors on areas they feel important the Board is aware of. Much of the detail that supports the overview can be found in other Board reports.
2. While this has been produced for the Board meeting, the Executive Team believe it would be helpful to create this monthly and circulate to Board members between meetings to help them keep abreast of issues and progress. We would welcome feedback from the Board on this suggestion.

### ICB (Integrated Care Board) Development: overview

3. We successfully moved from three CCGs (Clinical Commissioning Groups) to a single ICB on 1 July. In terms of organisational structure staff transferred into the ICB Executive Team directorate structure and we have done several checks and communications to confirm their safe transition. We also continue to recruit to the permanent Executive Team. In terms of systems, we have moved to common HR processes, payroll and Electronic Staff Record (ESR) systems as well as a single financial ledger. Thank you to everyone who has supported these transitions.
4. The next steps are for the Executive Team to collectively determine the next level of the organisational structure, the portfolios tied to our expanded responsibilities, and the budgets for each Directorate. We are currently overspent against our management envelope (£1.25m on a running cost total of £32.8m) driven historically by Oxfordshire CCG not reducing headcount before the pandemic and the double running costs of CCGs and ICB teams. The setting of budgets needs to consider how to drive efficiencies from the greater scale of the new single organisation and be clear on running costs versus programme costs. There is also an opportunity for us to reduce agency spend.
5. Finally, we have started a major cultural transformation and team development programme which will run in parallel to the structural changes above.
6. The Board received the system delivery plan on 1 July 2022. We have reviewed the key outcomes in the plan. As noted above, we achieved all the key ICB establishment activity in line with the plan. However, the following key activities set out in our delivery plan are still underway at the end of August:
  - While the formative Integrated Care Partnership (ICP) has been established, the terms of reference are still being finalised ahead of the first joint committee in early October
  - Place Based Partnerships are still being developed and this will accelerate with the Place Based Directors joining over the next month.

The Board papers include more details on both these areas.

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

### *Staff transition/appointments*

7. All staff previously employed by the predecessor CCGs were successfully transferred to the ICB on 1 July 2022. Each director held welcome meetings with staff in their teams on 4 July 2022 and we asked all staff to complete a brief survey to ensure they knew which directorate they were in, who their line manager was and had access to the ESR (Electronic Staff Record) and expenses system. We also had extra resource available for the July payday in case there had been any issues with payroll transfer. There were some common issues highlighted in relation to the ESR records and these have been resolved. The survey results were positive with a small number of individual issues raised and now resolved.
8. As we continue to form as the ICB, from the three CCGs, we need to transform the ways in which we work and the systems and processes that support the work that we do. Project Simul (meaning together) has been initiated within the ICB. A wide professional group of 25 staff from across the ICB are leading our change process which will enable us to design and build our new structures. We are working across our staff groups to propose our purpose values and behaviours for the organisation ready to be approved by our Executive team. We are agreeing the design of internal directorates, the roles that will be established within the directorates and the formal and informal change processes that we need to establish to move formally to our new designed state in partnership with our Executive colleagues. It is worth noting that the delay around organisational transformation has led to a high level of uncertainty within the ICB itself and therefore ensuring that we can achieve change rapidly is at the forefront of our thinking.
9. I would like to formally welcome Rachael Corser as the Chief Nursing Officer for the ICB. Though she attended our Establishment Board meeting on 1 July this is her first meeting since she took up her post on 12 September 2022.
10. The three Place directors will take up their posts over the next few weeks and we look forward to welcoming them to the broader team.

### *Office move – Oxfordshire*

11. We will vacate Jubilee House, Oxford, in October and move to Sandford Gate Littlemore, Oxford for a year. Our move is triggered by the end of our lease which we could not renew in a form that could work for us. Over the next twelve months we will identify permanent office space. Our requirements will be informed by our understanding of the post-pandemic flexible working patterns and model we choose to adopt. We have hired an interim Move Manager, Sandra Wright, to support the work that Richard Eley is leading.

## **System working - overview**

12. We continue to build and strengthen relationships across the system partners and between health and Local Authority (LA) teams. This month saw the first System

Chief Executive Group which meets the first Wednesday each month and brings the Trust and upper tier LA Chief Executives together with the ICB Chief Executive. The agenda focused on sharing soft intelligence, review of draft ICB agenda and flagging potential implications and discussion of topics where joint working would have value. This also helps the Chief Executives identify topics to discuss with their respective Partnership members.

13. A joint meeting between the ICB and Trust Chief Executives and Chief Information Officers in July reached agreement on the system digital priorities, including approach to shared care and electronic patient records. A paper outlining the agreements will go to Trust Boards and the ICB Board in due course.
14. As part of the work on place development, consideration has been given to the different LA structures in Oxfordshire. We need good communication with the District Council Chief Executives. We also need to ensure there is appropriate representation on various Place structures and the Integrated Care Partnership. The ICB Chief Executive and Oxfordshire Place Director are now joining regular calls with all the District Council Chief Executives.

## **System working – operational, financial, and quality escalations**

### *Operational*

15. 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 and the wider economic environment.
16. The system has made significant progress in reducing some of the longest elective waits in the first quarter including all 104 week waits (apart from a small number of very complex cases) and significantly reducing those patients waiting over 78 weeks.
17. There is a focus as we head into winter on ensuring we have sufficient resource to ensure occupancy levels remain at a reasonable level, discharges are timely, ambulance response and handover times improve, and elective care capacity is protected.
18. As part of preparations for winter the system has completed a detailed NHSE assessment framework (which is a checklist of actions and interventions across all key UEC pathways). This has been submitted to NHSE and peer reviewed by Surrey Heartlands ICB. In addition to Place plans we are developing a system-wide winter plan which will incorporate plans to expand capacity to support admission avoidance and manage bed occupancy funded through national demand and capacity funding. The system is also holding a winter risk review looking at how the system can respond and balance risk in times of extreme operational pressure.
19. The system Chief Executives requested we build on winter plans and look to do a table-top planning exercise in October that also considers the actions we might take as a system if there is industrial action called. In the meantime, Trusts are working to ensure they understand the nature of unionisation across their service lines.

20. The ICB has been involved in the multi-agency response to support the mourning arrangements following the death of Her Majesty Queen Elizabeth II. This has been overseen by the Thames Valley Local Resilience Forum (TVLRF) working closely with the health cell led by Frimley Integrated Care Board.

### *Financial*

21. We submitted a balanced plan earlier this year with £22m held in the CCG / ICB which represents unidentified savings. The financial pressure is increasing driven by (a) higher agency spend / slower recruitment; (b) the need to strengthen some services to ensure we fulfil statutory requirements; and (c) inflation pressures. A Trust Chief Executive and Chief Finance Officer off-site meeting is scheduled for end of September to identify a way forward and start the planning for 23/24 based on learnings from this year.

### *Quality escalations*

#### **South Central Ambulance Services (SCAS) NHS Foundation Trust**

22. Following a Care Quality Committee (CQC) inspection undertaken in April/May 2022 (report published 25 August 2022), SCAS have received an inadequate rating for the Safe and Well Led domains, which has led to an overall rating of Inadequate. In addition, the trust was issued with a Section 29a Warning Notice in May that required them to undertake immediate essential actions to improve safety by 31 October 2022. SCAS has made good progress in addressing the immediate safety actions and they have provided assurance to the ICB that the trust will deliver the required changes by the 31 October deadline.
23. Fortnightly oversight meetings have been held in partnership with Hampshire & IOW ICB and NHSE to support the trust in addressing the immediate safety and safeguarding concerns raised and to gain assurance of progress being made in the development of a robust recovery plan.
24. Following the finalised rating and publication, SCAS will now move into the national recovery support programme, led by NHSE, providing the trust with an improvement director and financial support through the programme to support recovery. Monthly oversight meetings, chaired by Hampshire & IOW ICB who are taking the lead ICB role, will seek to ensure good progress is made against a robust recovery plan and provide ongoing assurance to the ICB of the safety of care being provided.
25. Overall, we can assure the Board there is a well-led programme of work to address the issues and protect our population, with a shared aim to achieve improvement as quickly as possible.

#### **Cyber Security Incident**

26. There was a national outage of systems provided by Advanced Health and Care following a ransomware attack declared on Thursday 4 August. Advanced provides several IT (Information Technology) systems to the NHS, including Adastra, Carenotes and eFinancials, which have affected SCAS, NHS 111, Out of Hours, Urgent and Emergency Care (UEC) pathways and, in the case of Oxford Health, the

inability to access electronic patient care records across both community and mental health services.

27. NHS England are managing the national response to this issue at National Incident Alert Level 3. This includes liaising with the National Cyber Security Centre and technical specialists to ensure the incident is managed in line with best practice. The ICB set up an incident team to manage the local impact and have been liaising with all providers to ensure they have the support they need. We expect the incident to last several weeks.
28. There has been no immediate cyber security threat to NHS systems identified because of this ransomware attack. The attack was not targeted against the NHS, but the third-party software provider. While Advanced works to resolve their software problems, the NHS immediately put in robust defences to protect its own networks – this is in line with cyber security advice that has been widely circulated to data leads, digital teams, and cyber security teams.
29. All affected providers have initiated business continuity plans and are working with well-tested secondary/paper-based systems. We are working with our local partners to manage clinical risk within the system, provide oversight of the incident, provide support, consistent and regular communications, and escalation to NHSE as required.
30. As the platforms come back online, there will be a significant recovery effort to work through. South Central Ambulance Service have now re-joined the Adastra platform and other Trusts, and providers are working through timelines for reconnection.
31. The NHS message has not changed throughout, and while NHS 111 services will return to normal soon, it is vital that the public continue to use services in the usual way including 111 online, as well as 999 if it is an emergency.
32. As with any cyber-attack of this nature, there is an ongoing investigation into the incident to fully understand the impact. Both Advanced and the NHS will comply with the strict requirements around reporting concerns about data.