

BOARD MEETING

Title	Chief Executive and Directors Report		
Paper Date:	02 July 2024	Meeting Date:	16 July 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 21 May 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. The Change Programme Staff Consultation was launched on Monday 29 April. At the end of May it was agreed that it would be extended until the end of June. This extension was to give us more time to consider staff feedback and further refine the ICB operating model and the structure of the organisation needed to deliver it. This is a complex exercise and one that we need to get right. In view of this and following considerable deliberation the decision has been made to further extend the staff consultation until 4 August 2024.
3. The consultation was relaunched on 8 July when we held an All-Staff Briefing followed by individual directorate meetings. This was supported by more detail regarding our revised operating model reflecting staff feedback and updated structure charts for all directorates. We are not proposing to further reduce our running costs from the target set out in April.
4. We will commence engagement with system partners on the draft operating model on 11 July.
5. Feedback from the staff consultation and stakeholder engagement will be shared with the Board before agreement of final structures for implementation.
6. This is a particularly difficult and challenging time for our staff given the ongoing uncertainty especially for those colleagues who are potentially at risk as a result of the proposed changes. Supporting the well-being of our colleagues continues to be our absolute priority. The executive team are doing all they can to support staff including through highlighting the various means that are available to access necessary support.

Thames Valley Cancer Alliance

7. In line with the revised operating model at a national level, the ICB has agreed to host the Thames Valley Cancer Alliance (TVCA). The alliance supports cancer delivery and improvement across BOB and the Great Western Hospital in Swindon. On 1 July we welcomed the 11 members of TVCA staff whose employment has been transferred to us from NHSE.
8. On 17 June interviews were held for the Managing Director of TVCA. We have offered the role to a strong candidate with considerable experience from another Alliance and the National team. This will hopefully start to bring some much-needed stability to the TVCA and enable some of the transformational work to gather pace and support our providers.
9. I have also agreed to succeed Meghana Pandit (CEO of Oxford University Hospitals NHS Trust) as executive chair for the alliance on an interim basis.

King's Birthday Honours List

10. I was delighted to see several BOB NHS colleagues recognised in the King's birthday Honours list. These included:
- An MBE for services to the community in High Wycombe, Buckinghamshire for Simon Kearey, a member of staff at the ICB.
 - An MBE for services to nursing for Karen Bonner, Chief Nursing Officer at Buckinghamshire Healthcare NHS Trust.
 - An MBE for services to nursing for Dr Mark Foulkes, Oncology Nurse at Royal Berkshire NHS Foundation Trust.
 - A medallist of the OBE for Dr Andrew Tyerman, Trustee, Headway UK and lately Clinical Lead and Head of Service, Community Head Injury Service at Buckinghamshire Healthcare NHS Trust, for services to Rehabilitation After Acquired Brain Injury.

2023/24 Annual report and Accounts

11. Whilst we have separate item at today's meeting, I would like to acknowledge the achievement from across our teams, involving many staff but particularly communications and engagement, finance, governance, and people, in supporting the production, response to NHSE review and audit of our annual report and accounts.
12. Our signed annual report and accounts were submitted on Friday 21 June, a week before the deadline. Our external auditors highlighted that the hard work and responses by the finance and wider teams was instrumental in helping ensure an early submission.

2023/24 ICB Annual Assessment

13. Under the Act NHSE is required to carry out an annual assessment of each ICB with respect to each financial year. NHSE assess the ICB's performance against objectives set by NHSE and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within the Integrated Care System (ICS).
14. The assessment draws on discussion at an annual review meeting which took place on 10 May, our annual report and accounts and feedback from stakeholders and discussions held throughout the year. The assessment follows the same approach as last year and is structured with consideration of the ICB's leadership and governance arrangements and how we have contributed to each of the four fundamental purposes of ICS systems.
15. NHSE concluded that the ICB had continued to make progress during 2023/24, but the level of challenge remains significant with a requirement for increased pace with development and delivery. The ICB's delivery priorities for 2024/25, which include completing the organisational change required, ensuring place-based partnership development continues, embedding the turnaround discipline across the system and driving forward the Thames Valley Cancer Alliance next steps were welcomed. The ICB will remain in segment three under the oversight framework, and NHS highlighted that greater pace is needed, greater stability needs to be reached and the impact of actions being taken need to be demonstrated.

System working – Overview

Industrial Action

16. BMA junior doctors took part in a 5-day period of industrial action (IA) from 07:00 on Thursday 27 June to 07:00 on Tuesday 2 July. The number of junior doctors participating in industrial action in our providers varied between 6-91% however, were broadly consistent with previous numbers at Trust level. Royal Berkshire Foundation Trust (RBH) consistently reported the biggest impact with circa 80-90% of junior doctors rostered to work participating in the industrial action.
17. The five days of action concluded without incident and no patient safety mitigation applications were made by the system to the BMA.
18. As during previous periods of industrial action, the ICB established a multidisciplinary Incident Management Team to support oversight, escalation and any patient safety mitigation applications as required. 24/7 cover arrangements were in place to support this, including nominated ICB Director leads assigned to each Trust for any in-hours escalations.
19. Due to the extended notice period offered by the BMA the volumes of elective cancellations are likely to be lower than when compared to previous rounds of action, however the impact and capacity lost to industrial action will be similar along with the level of disruption associated for both patients and staff. Final numbers in relation to the impact on planned care will be published in due course and activities are underway to rebook affected patients, prioritising the longest waiters as appropriate.
20. The ballot by the BMA of GP Partners to gain a mandate for taking collective action opened on 17 June and will close on 29 July. The actions being voted on are outlined by the BMA at [GP contract 2024/25 changes ballot](#) under the 'GP practice survival toolkit' section.

2024/25 Operational Plan and financial recovery

21. As reported to the May Board meeting NHS England (NHSE) set the target of £60 million system deficit as a control total. We submitted our final 2024/25 Operational and Financial Plans on 12 June which meet the system control total. Of this £13.4m sits with the ICB. This is covered in more detail in Item 10 of the agenda.
22. Delivering the plan will be challenging for the ICB and all our providers but must remain a priority area of focus. As highlighted in the month 2 finance report in item 13 the ICB has reported a two-month deficit of 61% of its full year control total, with the system as a whole incurring 56% of its control total.
23. We had a constructive meeting with the regional finance team on 26 June to share the position, outline our pressures and the ICB's plans to address these. A discussion also took place as to whether national intervention might be required.
24. In view of the financial constraints the Board agreed the executive proposal that to suspend delegation rights that staff presently have for entering contracts and approving expenditure. This expenditure is now subject to approval by the executive team sitting as the Turnaround Group and (subject to some specific exclusions) includes all non-pay spend, healthcare or non-healthcare related. The Board gave this agreement virtually, so this is included for notification at our meeting in public.

NHS Oversight Framework segmentation

25. The oversight framework is divided into segments depending on the need for system, regional, and national support (from 1 indicating that no support is required up to 4 signifying national support and recovery). NHSE southeast has agreed that Buckinghamshire Healthcare (BHT) should move to segment 2 from segment 3 and this will be implemented in Q1 2024/25. This reflects the significant and sustained improvement in performance which has been recognised by the regional team. The BHT team have worked incredibly hard to deliver and sustain this level of improvement for their patients and should be congratulated.

NHSE Leadership Event

26. I attended this event on 25 June. It included all ICB CEOs together with the NHSE national Executive team and regional directors.

27. The focus was cyber security considering the recent attack on a pathology supplier to London trusts together with digital transformation.

28. In addition, the impending election was discussed along with the impact of a change of government.

Trailblazer status in Race Equality

29. Berkshire Healthcare NHS Foundation Trust has been awarded the Race Equality Matters (REM) Silver Trailblazer Status, which recognises the Trust's ongoing commitment to unity against racism.

30. The Trailblazer status spotlights forward-thinking organisations that are implementing impactful solutions to drive race equality. Rather than starting at the Bronze level, Berkshire Healthcare has been awarded Silver status, which is currently the highest available award.

31. The application process involved evidencing initiatives, strategies and engagement with senior leaders and our ethnically diverse colleagues. This award highlights the Trust's collaboration with its Race Equality Network and its work on educational development, improved reporting, creation of the anti-racism taskforce and its leadership led workstreams.

32. This recognition was awarded by an independent panel of experts, all of whom identify as ethnically diverse. One judging panellist praised Berkshire Healthcare's application for demonstrating 'a proactive and multifaceted approach to tackling race inequality' and this endorsement shows that the Trust's efforts are making a meaningful impact throughout the organisation.

Quality and Safety

33. **Horton Maternity Services:** The Keep the Horton General Campaign Group has compiled a dossier of 50 birth experiences, focusing on maternity services in Banbury. The dossier was published on 17 June 2024 and the Banbury Guardian covered this as a story on the day of publication. The Trust has commenced a process of reviewing the 50 cases.

34. **Patient Safety and Quality of Care in Pressurised Services:** The ICB and NHS trusts received a letter from NHS England on 26 June asking every Board across the NHS to assure themselves that system partners are doing all they can to provide alternatives to emergency department attendance and admission and to maximise in-hospital flow with appropriate streaming and senior decision-making and board and ward rounds regularly. This request aligns with the interventions set out in the Urgent and Emergency Care (UEC) recovery plan year 2 document.

35. The ICB is working with our partners to ensure that there is adequate governance in place to monitor the extreme escalation of pressures resulting in corridor care, or care outside of a normal cubical environment. This will be monitored through the UEC board and the system quality group.
36. **Modern Slavery statement:** Modern slavery is the recruitment, movement, harbouring or receiving of children, women, or men, through the use of force, coercion, abuse of vulnerability, deception, or other means for the purpose of exploitation. Individuals may be trafficked into, out of, or within the UK and they may be trafficked for several reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.
37. The Modern Slavery Act (2015) introduced changes in UK law, which focuses on increasing transparency in supply chains to ensure our supply chains are free from modern slavery (slavery, servitude, forced and compulsory labour and human trafficking).
38. As both a local leader in commissioning health care services for the population of Buckinghamshire, Oxfordshire, and Berkshire West and as an employer the ICB has published a statement providing a statement publicly on our website in respect of our commitment to, and efforts in, preventing slavery and human trafficking practices in the supply chain and employment practices.
39. **Armed Forces Covenant:** Across our integrated care system many organisations are demonstrating a high-level commitment to supporting the armed forces community. Trusts across our system have signed the Armed Forces Covenant, joined the Defence Employer Recognition Scheme and achieved 'Veteran Aware' status. The ICB is obliged by law to act on the principles of the Armed Forces Covenant and is committed to the Covenant and working with our partners across primary care to ensure the requirements are understood and embedded.

Strategic System Landscape

General Election

40. As Board members are aware the outcome of the general election means that we have a new government and Secretary of State. At the time of writing, we do not have any further details on the priorities for the new government.