

## BOARD MEETING

<b>Title</b>	Chief Executive and Directors Report		
<b>Paper Date:</b>	06 September 2024	<b>Meeting Date:</b>	17 September 2024
<b>Purpose:</b>	Information	<b>Agenda Item:</b>	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 July 2024 that are not covered in other items on the agenda.

The work of the Chief Executive is wide ranging and impacts upon all of the ICB and System's objectives, with examples given below:

- *Improving outcomes in population health and health care: Managing access to services; Transfer of Thames Valley Cancer Alliance; Vaccination Programme; Working together to safeguard children.*
- *Tackling inequalities in outcomes, experience and access: Care Networks; review of intensive and assertive community treatment for people with severe mental health problems.*
- *Enhancing productivity and value for money: NHSE Q1 Assurance Meeting; Operational Plan and Financial Recovery; Change Programme; Governance Review.*
- *Helping the NHS to support broader social and economic development: Antimicrobial Resistance (AMR) public awareness; Strategic system landscape.*

### Key risks and mitigations

The Board Assurance Framework includes key risks scoring =15> to the delivery of the objectives:

- **Financial Sustainability** – A current score of 20 (4 likelihood and 5 impact).

“The BOB Integrated Care System is at risk of being unable to manage its expenditure within its available resource. Failing to deliver its financial plan could result in reputational damage and regulatory intervention from NHSE. Steps to mitigate the financial risks could affect service delivery.”

- **Access to Services** – A current score of 16 (4 likelihood and 4 impact).

“As a result of the BOB health and care system being unable to achieve the restoration of NHS services in line with 2024/25 priorities and operational planning guidance, there is a risk that the population of BOB will wait longer for clinical appointments and treatment resulting in poorer health outcomes for people across BOB”

### Action Required

The Board is asked to note this update.

<b>Conflicts of Interest:</b>	Conflict noted: conflicted party can remain and participate in discussion.
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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 provided an update to the Board regarding key topics of relevance in the Integrated Care System (ICS) and items for escalation.
2. The report shares highlights from the work of the Chief Executive, Integrated Care Board (ICB) and its partners, and key issues that are not reported elsewhere on the Board agenda.
3. Today's agenda includes a focus on our quality and performance, our Acute Provider Collaborative (APC) through our Lead Provider arrangements, our resident's story with a focus on Parent Carer Voice - Special Educational Needs (SEND) in Wokingham and an update for our Berkshire West Place based area.

### *NHSE Q1 Assurance Meeting*

4. The Executive Team attended this meeting with the regional team on 14 August 2024. The system's financial position and the plans that have been developed to ensure the year end control total is achieved was the focus of much of the meeting. In response to the ongoing financial challenges and risks the ICB was subsequently asked to submit a revised financial recovery plan to NHSE which it did on 3 September. This was agreed by the Chairs and CEOs of our NHS partner organisations.
5. Prior to this submission on 30 August, we received written confirmation from NHSE's Chief Financial Officer and the Southeast Regional Director that the BOB system had reached the risk rating threshold of 4 and as such would now enter the "Investigation and Intervention" regime. At the time of writing this is a rapidly evolving situation and therefore a verbal update will be provided to the Board.

### Integrated Care Board – our people

#### *Change Programme*

6. The consultation period in relation to the ICB's proposal to revise its operating model and structures formally ended on 04 August 2024. During the course of this period of internal consultation we received extensive feedback regarding the proposals from our staff. We also engaged with system partners from whom we have also received considerable feedback. In total over 360 items of separate feedback were received. This is being considered and will be factored into the final 'Outcome of Consultation' that will be presented to the Board for formal ratification at an extraordinary meeting of the Board which will be held on 25 September 2024.
7. Colleagues may have seen the coverage in the Health Service Journal (HSJ) regarding our change programme and staff consultation following discussions at the ICB's Board Meeting in public held in July and a subsequent Oxfordshire Joint Health Overview and Scrutiny Committee meeting. Several articles have now been published focussed on the re-launch of the consultation and disruption to staff, our approach to place-based teams and on-going discussion with our local authorities.
8. Members of the executive team attended a meeting of the Oxfordshire Health Oversight and Scrutiny Committee (HOSC) on 02 August 2024 to discuss the proposals and their possible impact on place-based partnership arrangements.

9. We recognise that this is a very difficult time for all our staff who have been through considerable organisational change in the last few years. We are working hard to ensure that staff have access to a variety of wellbeing resources, as much information as possible and that there are many routes available for people to ask questions, get answers, offer their feedback and voice any concerns. The Freedom to Speak Up Guardians are an important channel for staff feedback as we strengthen and improve the organisation for the future.
10. As an ICB, we remain absolutely committed to supporting the development and strengthening of place partnerships including our work with statutory, voluntary and community sector organisations. Our revised operating model retains dedicated resource focussed on each of our three places of Buckinghamshire, Oxfordshire & Berkshire West. In the revised proposals for the ICB staff structures, we retain resources that have a dedicated focus on each of our three places through a very senior manager role and senior lead dedicated to each place. These teams will support the co-ordination of place-based programmes and priorities, the effective running of place-based governance and engagement structures. In common with other ICBs, we need to balance place resource with the need to effectively deliver our core, system level responsibilities. As we explore this new model, we are very keen to work with partners within our places to discuss options for further strengthening place-based leadership within our system including through greater partner representation in key forums.

#### *Acting SIRO Information Governance*

11. The ICB is statutorily required to have a Senior Information Risk Owner (SIRO). The role should be fulfilled by either an Executive or member of the Senior Management Team with overall responsibility for an organisation's information risk policy. The SIRO ensures that all staff working in the organisation are aware of their personal responsibility to exercise good judgement, and to safeguard and share information appropriately. As Chief Executive Officer I have, following Catherine Mountford's retirement, now delegated this role to Clare Doble our current Deputy Director of Governance on an acting basis until we have finalised our change programme.

#### *Chief Medical Officer*

12. Earlier this month the ICB's Chief Medical Officer and Deputy Chief Executive, Rachael de Caux tendered her resignation following successfully applying to become the Chief Executive Officer of Thames Hospice. Rachael will be greatly missed, and I personally want to thank her for supporting me, our ICB and system partners. Rachael will leave the organisation at the end of November and the process to identify her successor has now begun.

#### *Board Assurance Framework*

13. The Board Assurance Framework (BAF) details the strategic risks to the delivery of BOB ICB's objectives. This is the primary tool used by the Board to proactively and reactively assess how likely it is that the objectives will be met using information gathered from across BOB ICB.
14. Extracts from the BAF are reviewed by each ICB Committee of the Board and supported by the relevant Executive (as appropriate for the committee's purpose) for assurance.
15. Each programme, place-based partnership and corporate function maintains its own risk register which is reviewed regularly by the relevant senior leadership team/programme. All high rated current risks are escalated to the BOB ICB Executive who use this information to populate and help their understanding of the key strategic risks to the achievement of the objectives.

16. The current key risks scoring =15> to the delivery of the objectives are:

BAF Risk	Executive SRO	NHS Oversight Framework Theme
<b>Financial Sustainability</b> – a current score of 20 (5 likelihood x 4 impact). “As a result of the BOB Integrated Care System being unable to manage its expenditure within its available resource. There is a risk that it will not deliver its financial plan and financial targets resulting in reputational damage and inability to delivery high quality services for patients”	<b>Matthew Metcalfe</b> Chief Finance Officer	Finance and use of resources
<b>Access to Services</b> - a current score of 16 (4 likelihood x 4 impact). “As a result of the BOB health and care system being unable to achieve the restoration of NHS services in line with 2024/25 priorities and operational planning guidance, there is a risk that the population of BOB will wait longer for clinical appointments and treatment resulting in poorer health outcomes for people across BOB.	<b>Matthew Tait</b> Chief Delivery Officer	Quality of Care, Access and Outcomes

Full details on the BAF can be found at Appendix 1.

### *Thames Valley Health Innovation Network*

17. On 29 July 2024 I sat on the interview panel for the new chair of the Health Innovation Network (formerly the AHSN) which is hosted by Oxford University Hospitals NHS Foundation Trust. I am pleased to inform the Board that Peter Ellingworth has been appointed to this position and I met with Peter in his new role on 6 September.

### *Civil Unrest*

18. The rioting that followed the tragic events in Southport on 29 July 2024 was shocking and concerning to us all. Many colleagues, particularly those from global majority groups, in the NHS have been significantly affected by the unrest including a significant number who have been the target of hate, assaulted, threatened and harassed.

19. In response to this and to support staff a variety of listening and supportive events have taken place locally, regionally and nationally. The impact of the unrest has been a focus of the ICB’s internal communications. I am particularly grateful to our Care Network which held a Civil Disorder Solidarity Meeting on 15 August 2024. The purpose of this was to create a safe space for staff to discuss their feelings and concerns, and to also provide peer support.

## **System working – Overview**

### *GP Collective Action*

20. Whilst not declared an incident, the ICB has established a multidisciplinary Incident Management Team (IMT) to support oversight, escalation and management of any emergent issues associated with GP Collective Action. The IMT meets twice weekly and is linked with the weekly system COOs group to share early intelligence of any issues emerging to inform timely management.

### *Governance Review*

21. The Good Governance Institute - Development and Research (GGI), have recently been appointed by us, to undertake a governance review programme. Their work will focus on what is working well and areas where improvements can be made to support our operating model, which in turn will dovetail with supporting governance around our financial recovery. This review will commence in the next week through interviews with Board members, key stakeholders and senior officers within BOB ICB, and will complement, and not distract from our normal business as usual governance arrangements. This is a time limited, task and finish review, which is being supported by NHS England and internally by our Governance Lead, myself and the Executive Management Team. The aim is that output will be presented to Board during Q3 with implementation of recommendations during Q4.

### *2024/25 Operational Plan and financial recovery*

22. The 2024/25 financial plan has now been finalised and the main contracts with providers have now been agreed, with the exception of that between the ICB and Royal Berkshire Hospitals NHS FT where a difference of circa £10m has emerged between the two parties.
23. As at Month 4 the System has incurred a deficit of £61.5m, which is in excess of the full year £60m Control Total and accordingly the System has been risk rated 4 by NHSE and instructed to enter into the Investigation and Intervention regime.
24. A Financial Recovery Plan (FRP) was agreed by System Chairs and CEOs on 3 September 2024 and submitted to NHSE for consideration. The ICB is expecting to be invited to meet with NHSE to discuss the plan in late September and early October.
25. The FRP outlines the substantial gap in delivery plans and the tasks needed to bring the System back to plan.

### *Ambulances*

26. Paramedics in South Central Ambulance Service (SCAS) can now view patient information shared by providers across BOB. They view our Thames Valley and Surrey (TVS) Shared Care Record on their iPads through a link in their own electronic record system. This is thanks to hard work by the TVS and SCAS teams over last few months and they are already one of our biggest users.

### *Thames Valley Cancer Alliance (TVCA)*

27. The transfer of the TVCA team from the NHSE southeast region to the ICB has progressed well. The team now forms part of the delivery directorate. The alliance's new Managing Director, Nicola Beech, joined the team on 1 September 2024 and will report directly to the ICB's Chief Delivery Officer.
28. Following succeeding Professor Meghana Pandit on an interim basis I chaired my first meeting of the TVCA's executive board on 23 July 2024. The board meets next on 22 October 2024.

### *Early Release Scheme*

29. In July 2024, the Ministry of Justice (MOJ) announced plans to relieve pressure on prison capacity by reducing the percentage of time certain prisoners serving a Standard Determinate Sentence must spend in custody from 50% to 40%. This is being referred to as SDS40, with eligible prisoners being released in two tranches on 10 September 2024 and 22 October 2024. The NHS is working closely with His Majesty's Prison and Probation Service and other key partners to support the release of prisoners into the community.

### *Quality and Safety*

30. **Vaccination Programme:** I can confirm that our winter vaccination programme commenced 1 September. Thousands of children and adults will be offered their flu, COVID-19 and respiratory syncytial virus (RSV) vaccinations. This is important preparation for winter as we do all we can to protect our population from developing serious illnesses over the winter months. Of note, the RSV vaccine will be offered for the first time this winter to those aged 75-79 and to pregnant women from 28 weeks.
31. **Antimicrobial Resistance:** The UK 5-year National Action Plan (NAP) for antimicrobial resistance, published in May 2024, sets out the ambitions and actions for the next five years in support of the 20-year vision for addressing antimicrobial resistance (AMR). A One Health Antimicrobial Stewardship (AMS) Group has been established across our health and care system with a focus on delivering the requirements within the plan. The One Health AMS Group will be instrumental in promoting World Antimicrobial Resistance Awareness Week (WAAW) in November, which is one of our early priorities to increase public awareness regarding the importance of reducing antibiotic resistance.

32. **Safeguarding:** Following the publication of the updated *Working Together to Safeguard Children (2023)* guidance in November 2023, I previously reported on the Duty that Safeguarding partners have to work together to safeguard our children. The Local Authority, Police and the ICB are all Statutory Partners and I will be the **Lead Safeguarding Partner (LSP)** for the ICB. The Chief Nursing Officer will continue to be the executive lead for all age safeguarding and deputise for me when needed. I will be supported in my LSP role by the director of safeguarding who I have identified as the ICB's *Delegated Safeguarding Partner (DSP)*.
33. **Mental health:** Following the CQC's publication last month regarding the findings from the assessment of patient safety and quality of care provided by Nottinghamshire Healthcare NHS Foundation Trust, the CQC has made a number of recommendations that the NHS need to take. The ICB will work with our trusts to review **intensive and assertive community treatment for people with severe mental health problems**. The review will be conducted with our Trusts and partners and will be in line with guidance around providing intensive support to people with a serious mental illness. The findings of this review will be presented and discussed through our agreed governance structures and reported back to Board.
34. The Health Oversight and Scrutiny Committee meeting recently explored the current service provision by Oxford University Hospitals for people with **Epilepsy** in Oxfordshire. Rising demand and new regulations for prescribing Sodium Valproate and Topiramate have affected the workload and waiting times. Continued efforts to improve services are ongoing, including analysing resourcing and capacity needs. The system is working together to address these challenges and ensure safe, effective care.

## Strategic System Landscape

### *Secretary of State*

35. Along with NHS Chief Executives from across the Southeast region I attended a meeting with the new Secretary of State for Health and Social Care at Wexham Park Hospital on 19 July 2024. We were joined by Directors of Public Health and a number of Local Authority Chief Executives, including the Chief Executive of Wokingham Council.
36. The meeting was a valuable opportunity to both meet the Secretary of State and hear directly from him regarding his plans for the NHS including his focus on the need to develop more comprehensive primary care and community services.
37. The Secretary of State also joined a NHS Leadership event I attended along with a number of system CEOs on 3 September when he reiterated the Government's commitment to delivering its four core missions and outlined the process to develop the 10 year health plan.

### *Aspiring Chief Executive Programme*

38. The 2024/25 intake to the NHS Leadership Aspiring CEO programme has now been confirmed following a highly competitive process. Of the 28 places available the Southeast region has secured 7 places with 4 of these being awarded to executive directors working in BOB.
39. The Southeast talent and leadership team is now working with all local applicants, whether successful or not, to support them in their career aspirations.

## Chief Executive Appointment

40. Finally, colleagues will be aware that I have now been appointed as the substantive Chief Executive of the ICB. I have greatly enjoyed my secondment to the ICB over the last 13 months and am delighted that my appointment has now been made permanent. I am looking forward to continuing to work with colleagues at the ICB, system partners and our wider stakeholders building on the foundations and relationships we have in place. Together we will help to create a system that is clinically led and delivers the best possible care and outcomes to the population we serve; within the financial resources we have available to us. I am extremely grateful to the support I received from colleagues at Oxford Health during my secondment, particularly their chairman, David Walker. It was a privilege to lead that organisation and the years I spent as Oxford Health's CEO were undoubtedly some of the most stimulating in my career to date.