

## BOARD MEETING

<b>Title</b>	Chief Executive and Directors' Report		
<b>Paper Date:</b>	07 January 2025	<b>Meeting Date:</b>	14 January 2025
<b>Purpose:</b>	Information	<b>Agenda Item:</b>	07
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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 19 November 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, which include:

- *Improving outcomes in population health and health care:*
- *Tackling inequalities in outcomes, experience and access:*
- *Enhancing productivity and value for money:*
- *Helping the NHS to support broader social and economic development:*

### 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 – Very High (Likelihood: 5-Almost Certain) (Impact: 4-Major). "BOB Integrated Care System (ICS) is at risk of being unable to manage its expenditure within its available resource". NHSE financial controls implemented across all organisations within the System with short- and long-term recovery plans being implemented.

**Access to Services:** A current score of 16 – Very High (Likelihood: 4-likely) (Impact: 4-Major). "The risk of the health and care system being unable to achieve the restoration of NHS services in line with 2024/25 priorities and operational planning guidance". The risk is broad, covering all areas of care. Processes in place to strengthen and eliminate any gaps in controls and assurances specific to each service area and in a systematic way

### 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 Integrated Care Board (ICB) and system contribute to improvement.

## Chief Executive and Directors' Report

### Context

1. This report provides an update to the Board regarding key topics of relevance across the Integrated Care System and items for escalation.
2. The report shares highlights from the work of the Chief Executive, the ICB and its partners, and key issues that are not reported elsewhere on the Board agenda.
3. Today's agenda includes a focus on quality and performance, the month 8 financial report, system planning, a new approach to community involvement and the annual emergency resilience and response report.
4. We have also received confirmation from NHS England that our constitution that was presented to Board in September 2024 has received full approval in line with the Health and Care Act 2022. This was effective from 25 November 2024 with no request for iterations. Our revised constitution can be found [here](#) along with the letter of approval which can be found [here](#)

### Integrated Care Board – our people

#### *Change Programme*

5. Our ICB restructure programme is progressing as planned, with 96% of staff now placed in roles within the new structure. We have 21 staff still at risk in the organisation and are increasing the levels of support provided to those staff, including offering external outplacement support to help them source alternative employment. We have circa 190 vacancies across the ICB. Executives are conducting a review to ensure we scale recruitment to vacancies in a priority order so that this is manageable and financially achievable.

#### *Operational Pressures*

6. I would like to begin this report by thanking all those colleagues in the ICB and the wider system who worked over the recent holiday period. The Christmas and New Year period, as is typically the case, saw high demand for healthcare services. The BOB system coped well with such pressures including those related to both flu and Norovirus infections. In no small part this was a reflection of the winter planning arrangements put in place and the further strengthening of partnership working across our system.

#### *Senior Information Risk Owner responsibility*

7. The ICB is statutorily required to have a Senior Information Risk Owner (SIRO). The role should be fulfilled by either an Executive or a member of the Senior Management Team with overall responsibility for the organisation's 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 Officer, and since the revisions to the executive team that formed part of the change programme, I now delegate this role to Hannah Iqbal our Chief Strategy, Digital and Transformation Officer. I would like to thank Clare Doble, Director of Governance for covering this role on an interim basis.

#### *Chief Medical Officer update*

8. The Secretary of State has confirmed that there will be a funding uplift for general practice of £889m in 2025-26. This equates to approximately 4.8% of the overall budget. The proposed

contract uplift reflects the Government's commitment to support the sector. Recently qualified GPs who are employed via the Additional Roles Reimbursement Scheme (ARRS) scheme will continue to be supported through the scheme next year.

9. Other proposed changes include reduction in "red tape" and more flexibility for recruitment within the ARRS scheme. In addition, there will be the reduction of specific targets freeing up more time for front line care and the incentivisation of continuity of care for specific cohorts of patients (e.g. frail elderly and those with multiple complex conditions). More details will follow once contract negotiations have been concluded in the next few months.
10. There have also been welcome announcements regarding funding for hospices in order that they can continue to deliver high quality end of life care for patients and provide support for their families and loved ones. There will be an additional £100 million of support over 2 years with an additional £26 million for those hospices looking after children and young people.
11. In line with the government's commitment to commission additional urgent dental appointments, the ICB has planned to commission more urgent appointments from the BOB practices for the period January to March 2025. Practices will deliver them via 3.5 sessions over and above their annual contractual commitment for patients who have an identified urgent treatment need. The sessions have been agreed with the relevant practices with details provided to NHS 111 and began during the week commencing 6 January 2025. The scheme will be subject to review in order to assess whether it should be continued beyond April 2025.

#### *CNO quality and safety update*

12. The pressures faced across our System by the four key viruses, commonly known as the 'quadremic' are continuing. Cases of flu, COVID, RSV and norovirus have resulted in reduced inpatient capacity in some of our acute care areas and we have seen increased attendances of people with symptoms and severe side effects attending our urgent and emergency care pathways. The best form of defence against some of these viruses is to get vaccinated and we are doing well, across our System, in terms of uptake in our eligible population and across our workforce.

#### *Chief Strategy, Digital and Transformation Officer update Planning / System Recovery and Transformation Board (SRTB)*

13. The SRTB met on 20 December 2024 for an abbreviated meeting. The M8 system financial position outlined in the finance section above was discussed; particular attention was given to the actions being taken by RBFT and OUHFT management to address their off-plan performance and how other organisations may be able to improve their forecast positions.
14. The SRTB also discussed the current system approach to 2025/26 planning which is further addressed in the separate planning agenda item 09 later in this meeting.
15. All SRTB members noted the benefit of having the System Planning Leadership Group in place this year to ensure effective alignment, following the lessons from the review of 2024/2025 planning.

#### *Specialised Commissioning*

16. On 5 December 2024 the NHS England Board approved the Southeast regional plan to transfer commissioning responsibility for 70 specialised services to the region's six Integrated Care Boards (ICBs).
17. Preparation for the safe transfer of responsibility continues, with a particular focus to:
  - Establish an effective Statutory Joint Multi-ICB Committee embedded/aligned within our revised system framework.

- Brief and prepare the Board members on progress and requirements of the formal Delegation Agreement that will require Board sign off in March 2025.
- Confirm the required level of Board assurance via Chief Officer oversight of the transfer process.

*Change NHS: help build a health service fit for the future*

18. In October 2024 the Government launched a significant public engagement initiative to shape the 10 Year Health Plan for the NHS, which aims to address the challenges facing the NHS and ensure it is fit for the future.
19. The Government has introduced an online platform, [Change NHS](#), where the public, NHS staff, and experts can share their experiences, views and ideas on these proposed shifts. The online engagement platform will be live until mid-February.
20. Paper 10 sets out more details of regional and local engagement planned.

*Risk Management and Board Assurance Framework*

21. The Board Assurance Framework (BAF) details the strategic risks to the delivery of BOB ICB's objectives. This is the primary tool use by the Board to proactively and reactively assess how likely it is that the ICB's objectives will be met using information gathered from across the organisation.
22. Extracts from the BAF (highly rated and emerging risks) are reviewed by each ICB Committee of the Board and supported by the relevant Executive Director (as appropriate for the Committee's purpose) for assurance.
23. Each programme, place-based partnership and corporate function, maintains its own risk register which is reviewed regularly by the relevant senior leadership team / programme, supported by a comprehensive risk management system.
24. All current high rated and new emerging risks are escalated to the BOB ICB Executive team which uses this information to increase its understanding of the key strategic risk to the achievement of the organisation's overall objectives.
25. The review and evaluation of risk, including risk reporting, continues to be developed and strengthened in line with organisational and system priorities, and we will seek to deliver further assurances by articulating and making visible, any organisational gaps within its prescribed controls.
26. The current key risks scoring >15 to the delivery of our strategic 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	<b>Matthew Tait</b>	Quality of Care, Access and Outcomes

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”	Chief Delivery Officer	
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## Executive Team updates

### *Chief Medical Officer*

27. Interviews for the ICB’s new Chief Medical Officer (CMO) took place on 8 November 2024 and I am delighted to announce that Dr Ben Riley has been appointed. He will take up his post in early March 2025. Ben is a GP by background and is currently the executive director responsible for Oxford Health’s primary care, community and dental services, a post he has held for over 5 years.

### *Chief People Officer*

28. Interviews for the ICB’s new Chief People Officer (CPO) took place on 26 November 2024. I have the pleasure of announcing that Sandra Grant, our current Deputy CPO, was appointed and took up her post on 01 January 2025. Sandra is a highly experienced NHS HR professional and has held senior leadership positions in a variety of organisations and systems.

## CEO Stakeholder Engagement

29. Since the Board last met, I have continued to meet with system partners including a number of our local MPs, specifically:  
Clive Jones, MP for Wokingham, on 6 December 2024  
Callum Anderson, MP for Buckingham and Bletchley, on 10 January 2025
30. The BOB joint Health Overview and Scrutiny Committee (JHOSC) met on 22 November 2024 in Wycombe. The committee received updates from the ICB’s leadership team, including myself, regarding the organisation’s revised operating model, the approach to system planning for the new financial year, and the implementation of both the system’s primary care and digital strategies.
31. Prior to this meeting the Oxfordshire Health Overview and Scrutiny Committee had referred the ICB’s decision to revise its operating model to the Secretary of State, considering this to constitute a major change in service delivery. We have now received confirmation that the Secretary of State has responded. He appreciated the council’s concerns regarding how the proposed changes to the ICB’s operating model may affect how it carries out its functions, which include the commissioning of NHS services.
32. The issues raised by HOSC seemed however, to be focused on the internal operations of the ICB as an organisation and, therefore, do not appear to be proposals for changing the arrangements for providing NHS services. Based on the documents provided by HOSC, the issues raised are not in scope of the intervention powers set out in Schedule 10A of the National Health Service Act 2006.
33. The powers depend on there being a proposal by an NHS commissioner, in this case BOB ICB, for a reconfiguration of NHS services. This means a change in the arrangements made by an NHS commissioning body for the provision of NHS services where that change has an impact on the manner in which an NHS service is delivered to individuals, at the point when the service is received by users, or the range of NHS services available to individuals.
34. It would not therefore be appropriate for ministers to intervene in these arrangements using the call-in powers as set out in the statutory guidance, which can be found at

[www.gov.uk/government/publications/reconfiguring-nhs-services-ministerial-intervention-powers](http://www.gov.uk/government/publications/reconfiguring-nhs-services-ministerial-intervention-powers).

35. David Radbourne, NHS England Regional Director of Strategy and Transformation for the South East, has offered meetings to discuss this issue locally, including with the ICB and MPs as appropriate.

*Healthwatch Buckinghamshire 'Vulnerable Migrants' Experiences of Health care' Report:*

36. During December 2024 Healthwatch Bucks collected feedback from 28 vulnerable migrants to understand their healthcare experiences. They aim to help service providers understand the challenges faced by vulnerable migrants when accessing healthcare.
37. Examples of challenges included differences in care systems leading to confusion and necessitating migrants seeking medication from home countries due to long wait times in the UK. One third had not been able to see a dentist and one third of those who had managed to get dental care did not go onto have treatment due to cost. A high percentage had used AE services (84%) and language barriers and communication issues were noted.
38. Several clear recommendations were made in the report for the ICB. Examples included ensuring that migrants were given clear information about the workings of practices, the use of NHS app and availability of health checks and screening programs. Ensuring information was available in plain English and that interpretation services were available.
39. The ICB is drafting a formal response and is largely supportive of the recommendations. Work is already underway across Primary Care to address many of the issues highlighted, the ICB having carried out own workshop around how to improve access for Asylum Seekers/ Refugees.

# BOB ICB Strategic Risks/BAF Report

Generated Date: 02 Jan 2025 16:44

## Risk Criteria

Project: ICB Board Assurance Framework (BAF)

Risk Area: BOB ICB Strategic Risks/Board Assurance Framework BAF

### Very High

Prefix	Risk Title and Ownership	Risk Description	Inherent Score	Residual Score	Target Score	Directorate / Governance Group / Assurances	BOB ICB Core Objectives	Risk Review Last Review Actual Date	Controls			Actions		Flagged for 'Deep Dive'		
									Detail	Closed	Score	Score Text	Detail		Closed	
BOB0002	Risk Title: Financial Sustainability Risk Owner: Matthew Metcalfe Directorate Lead: Noreen Kanyangarara Created: 17 Nov 2022	As a result of: the BOB Integrated Care System is unable to manage its expenditure within its available resource There is the risk of: it will not deliver its financial plan and financial targets Resulting in: reputational damage and inability to deliver high quality services for patients	Very High (4:5=20)	Very High (4:5=20)	High (4:3=12)	Directorate: Finance Primary Responsible Governance Group: System Productivity	Improve outcomes, Tackle inequality, Enhance productivity, Social and economic development	02 Oct 2024	NHSE financial controls implemented across all organisations within the system. All new expenditure by ICB approved by Executive Team, establishment of recovery plan, monitoring of actions by Productivity Committee.	0.5	Adequate	In-year financial recovery plans being developed for discussion with NHSE.	05 Apr 2024	No		
												STRB leading on system recovery. Applying additional focus to short term delivery in light of current financial pressures	02 Oct 2024			
												Financial recovery board established and financial improvement/turnaround director in post.	16 Aug 2024			
		Submission of revised plan to NHSE in June 2024 – Final plan deficit - £60m system deficit. ICB deficit £13.73 m. £60m to be distributed across ICS partners with effect from September 2024 and cash paid pro rata on 15 October 2024.														
BOB0004	Risk Title: Access to Services Risk Owner: Matthew Tail Directorate Lead: Ben Gattlin Created: 17 Nov 2022	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 the risk of: the populations of BOB will wait longer for clinical appointments and treatment Resulting in: poorer health outcomes for people across BOB	Very High (4:4=16)	Very High (4:4=16)	High (4:3=12)	Directorate: Delivery Primary Responsible Governance Group: Population Health and Patient Experience Committee	Improve outcomes, Tackle inequality	10 Oct 2024	NHSE assurance and oversight processes Review at PHPE Committee	1	Substantial	Additional UEC recovery plans requested for BHT & OUH	05 Apr 2024	No		
												Revised trajectories for waiting lists requested from all 3 Trusts	05 Apr 2024			
												System Wide Boards	0.5	Adequate		
												SOF Processes with Trusts	1	Substantial	Actions assigned and carried out as part of the monthly meeting review process	
												Board Performance Reports	1	Substantial		
		System Oversight Meeting	1	Substantial												
BOB0009 <b>NEW</b>	Risk Title: ICS Workforce Risk Owner: Sandra Grant Directorate Lead: Sandra Grant Created: 02 Jan 2025	As a result of: NHS BOB ICB does not work with system partners to ensure an appropriate and affordable NHS workforce There is the risk of: we will not be sufficiently resourced to deliver safe and effective services Resulting in: patients and functions across BOB Integrated Care System not receiving the services that they need.	Very High (4:4=16)	Very High (4:4=16)	High (4:3=12)	Directorate: People Primary Responsible Governance Group: HR	Improve outcomes, Tackle inequality, Enhance productivity, Social and economic development		Controls, Actions and Assurance Levels/Values - yet to be assigned.				No			

### High

Prefix	Risk Title and Ownership	Risk Description	Inherent Score	Residual Score	Target Score	Directorate / Governance Group / Assurances	BOB ICB Core Objectives	Risk Review Last Review Actual Date	Controls			Actions		Flagged for 'Deep Dive'
									Detail	Closed	Score	Score Text	Detail	
BOB0001	Risk Title: Health Inequalities Risk Owner: Abid Ifran Directorate Lead: Steve Goldensmith Created: 17 Nov 2022	As a result of: the ICB is unable to integrate and lead effectively with its system partners in relation to improving health outcomes and reducing health inequalities There is the risk of: the population of BOB will continue to experience inequalities and suboptimal outcomes and experience. Resulting in: poor outcomes and failure to support broader social and economic development	High (3:3=9)	High (3:3=9)	Medium	Directorate: Medical Primary Responsible Governance Group: Population Health and Patient Experience Committee	Improve outcomes, Tackle inequality	02 Oct 2024	The putting in place of agreed priorities as defined in JFP & Integrated Care Strategy to tackle health inequalities through Place and clinical programmes The oversight and maintaining of good Governance around Health Inequalities.	0.5	Adequate	Place development of plans for use of HI funding		In-depth review undertaken / Reported to ORMG
												Prevention, Population Health and Reducing Health Inequalities meetings established and working well.		
												Population Health Management Collaboration Group spreading good practice across system		
												Resourced Actions - Decisions to inform the allocation and oversight of their delivery of Health Inequalities.	0.5	
		Population Health Management -	0.5	Adequate										



