

BOARD MEETING

Title	Chief Executive and Directors Report		
Paper Date:	03 January 2024	Meeting Date:	16 January 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 November 2023 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.

Primary Care Strategy

2. As the Board is aware we have been developing the Primary Care Strategy over the last few months.
3. Since July 2023, we have heard from approximately 150 stakeholders across BOB to deepen our understanding of the challenges and pressures facing Primary Care and to discuss what the future model of care should look like.
4. Our Primary Care engagement has involved:
 - Conducting focus groups with General Practice, Practice Managers, Community Pharmacy, Optometry and Dentistry (POD) to understand the Primary Care current state.
 - Sharing a survey to understand current state with all General Practices in BOB and POD colleagues, achieving approximately a 40% response rate in General Practice.
 - Hosting a 1-day system workshop which brought together 135 colleagues from across the system in order to have a collaborative discussion regarding the opportunities for the future model of care.
 - Sessions with GP Chairs, and representatives from Acute, Community, Digital and Data, workforce and estates to co-develop the Primary Care Strategy.
5. Our wider public engagement around the strategy, the 'Primary Care Conversation', was launched on 17 November. This was originally planned to run until 31 January 2024. We reflected, however, on some of the feedback concerning the launch of the Joint Forward Plan for engagement which went out before Christmas 2022 and closed at the end of January last year. Some partners did not consider that there had been adequate time for engagement or that their voices had been accurately reflected. We have committed to learn from this and on this basis, have now extended the engagement until the end of February.
6. All information is published on our engagement website [here](#). To date this includes:
 - The outputs of the Primary Care Strategy Event on 18 October.
 - The current state report.
7. At the initial stage of engagement, we were asking the public to share their views, insights, and experiences of primary care; there were different ways to do this including posting on the website and local Healthwatches also ran some focus groups for us. This wealth of rich insights along with the output of the 18 October event and the current state report have informed the draft of the strategy that will be published [here](#) during the week beginning 8 January 2024.
8. We want to ensure that we engage with as wide a range of our population as we can and have planned to use the following meetings/fora:
 - Targeted community focus groups
 - Cascade through Healthwatch, VCSE alliance and partners
 - Integrated Care Partnership Board
 - BOB joint Health, Overview and Scrutiny Committee
 - Place based partnerships / Place Executive meetings
 - Health and Wellbeing Boards
 - System CEOs (Trust Boards / Governors as appropriate)
 - BOB system Clinical Advisory Group
 - GPs, Community Pharmacists, Optometrists and Dentists in BOB

9. We will have an opportunity to discuss the draft and feedback received at our Board workshop session scheduled for March prior to bringing the final draft for sign off to our May Board meeting.

Integrated Care Board – our people

Change Programme

10. As highlighted to the Board in September the context we are now operating in as an Integrated Care Board (ICB) makes it clear that we will require further changes to how the ICB operates as an organisation and how we work with our system partners. We established a Change Programme led by myself as Chief Executive Officer to develop and implement a revised operating model for the organisation.
11. This work has been progressing and we have established regular staff updates through a monthly staff briefing and pages on our staff intranet. Each directorate has a design coordinator involved in developing more detail on our functions to help support structure development.
12. We are close to having a draft operating model which will be shared with staff and then partners over January and February. Their feedback will be important in finalising our operating model and associated organisational structures.

Equality, Diversity and Inclusion

13. Staff are at the heart of everything the NHS does, and always will be. Ensuring our staff work in an environment where they feel they belong, can safely raise concerns, ask questions and admit mistakes is essential for staff morale – which, in turn, leads to improved patient care and outcomes. This can only be done by treating people equitably and without discrimination.
14. An inclusive culture improves retention, supporting us to grow our workforce, deliver the improvements to services set out in our Long-Term Plan, and reduce the costs of filling staffing gaps. Delivering such a working environment in an organisation of any size requires deliberate focus, listening and action.
15. The ICB as a public body must demonstrate its compliance with the Public Sector Equality duty and in the NHS this is supported by using the Equality Delivery System (EDS) which also now incorporates the [NHS Equality Diversity and Inclusion Improvement Plan](#). The aspects covered are:
 - Domain 1 - Commissioned services
 - Domain 2 – Workforce health and wellbeing
 - Domain 3 – Inclusive leadership
16. Our teams are currently working on compiling the supporting evidence for these domains and this will be presented to the Board for review and approval at the meeting in March.

System working – Overview

Industrial action

17. Since our last meeting BMA Junior Doctors have undertaken two further periods of Industrial Action. The first was for 72 hours from 7am on Wednesday 20 December to 7am on Saturday 23 December 2023. The second was for 6 consecutive days from 7am on Wednesday 3 January to 7am on Tuesday 9 January 2024. It should be noted that this is the longest continuous period of industrial action ever seen in the history of the NHS.
18. This current period of IA occurs at one of the busiest periods for the NHS and the focus of all our trusts is to ensure patient safety and maintain critical emergency and urgent care services. The ICB and NHSE have supported OUH to work through options to ensure patient safety at the John Radcliffe ED and has commissioned additional hours from the Horton and City UCCs to redirect GP appropriate presentations away from EDs where possible. Where required patient safety mitigation requests (derogations) will be submitted. To date there have been no IA associated escalations from other BOB Trusts.
19. During all previous periods of industrial action (excluding January 2024 period) 24,244 acute outpatient appointments, 3,684 elective procedures and 9992 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.
20. BMA Consultants
 - The ballot on the deal negotiated with the government opened on 14 December and results will be known later this month.
 - No further industrial action will be taken by consultants whilst the ballot on the deal is underway.
 - Separately the BMA had balloted consultant members to establish a new mandate for industrial action. The results were announced before Christmas and confirmed a new mandate.
21. Specialist, associate specialist and specialty (SAS) doctors
 - The Government has made an offer which members will vote on in a referendum in January.
 - The strike mandate ballot closed on 18 December 2023 and confirmed a new mandate.

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

22. As agreed by the Board at its meeting in November the Chair, CEO and CFO were given delegated authority to sign off and submit our updated plan. We have since had further discussions with NHSE and have reached agreement for the following:
23. Financial plan
 - A revised forecast deficit for the ICB of £26.3m compared to planned breakeven.
 - A revised forecast deficit for the system of £44.3m compared to planned £20.4m.
 - The position of the ICB is significantly influenced by system level pressures.

24. Changed Operational Targets from original plans are:
- OUH and RBFT have revised Urgent and Emergency Care (UEC) 4-hour trajectories but still achieve yearend target of at least 76%.
 - OUH have resubmitted their forecast for 62-day waits which has worsened from a forecast of 171 to 193.
 - OUH has forecast a gap on 65-week waiters of 460 as of the end of March 2024.
 - Our projected value weighted activity performance has been submitted as 102.9% against a target of 105%.
25. This system reforecast exercise assumed no further IA. The impact of the action taken by junior doctors outlined in paragraph 17 above will need to be assessed.
26. The Board is asked to note the revised financial and operational plans that were submitted by the COE, CFO and Chair in line with the delegated authority granted.

Quality and Safety

27. BOB ICS Learning Disability Transition to Adulthood project. We have published five short [films](#) that capture the thoughts from our young people with neurodivergent needs on entering adulthood. They are a powerful example of partnership working at its best.
28. Following the Independent Inquiry into the David Fuller case, the [Phase 1 Report](#) was published on 28 November 2023. The inquiry was established to investigate how David Fuller was able to carry out unlawful actions in the mortuary of the Maidstone and Tonbridge Wells (M&TW) NHS Trust, and why they went, apparently, unnoticed for so many years. The report makes 17 recommendations all of which are relevant to all mortuary providers. The ICB is working with our providers of mortuary services, across the footprint, to gain assurance that all recommendations are being implemented. This assurance will be monitored through the Population Health and Patient Experience Committee (PHPEC). The Phase 2 report will be published later this year.
29. The core delivery of the [COVID and Flu](#) vaccination programme concluded on 15 December 2024. Currently we have delivered 558,503 flu and 394,353 COVID vaccinations representing 54.9% and 59.4% of the respective eligible populations. A targeted outreach offer of vaccination will continue until the 31 January 2024 to ensure all those who wish to be vaccinated continue to have access across the system. BOB has worked closely with our providers and have delivered the highest uptake among our Health and social care workers, 49.4%, across the Southeast and significantly above the national average.
30. NHSE published [The NHS Vaccination Strategy](#) in December.
- The strategy sets out proposals to improve planning and delivery of services, building on successes from COVID-19 and established flu and routine immunisation programmes.
 - The overall ambition is to improve services by allowing more freedom and flexibility to local neighbourhood teams and ICSs, to enable teams to go further to increase population-wide vaccination uptake and coverage whilst reducing inequalities.
 - The strategy will support systems to put vaccination at the heart of prevention and other health services.
 - Teams will be supported to reach out into local communities, to help people understand the role and importance of vaccines and answer any questions they may have, with the flexibility to plan and deliver local vaccine services to match local needs.

Strategic system landscape

Digital and Data – Federated Data Platform

31. **Improving how we deliver care and services:** Across Thames Valley we use a lot of information (data) to manage patient care and plan services. The NHS currently keeps this patient and healthcare data in thousands of different locations, systems and platforms, which is far less effective and efficient than it could be. Together we want to change this by digitising, connecting, and transforming how we connect this information to improve patient access and experience of care.
32. **Why do we need it?** Patients and local people also tell us they don't want to keep having to explain their care and medical history each time they visit healthcare services, and local clinicians say the unconnected systems mean they spend far too much time finding, accessing, and checking different sources of information and systems when seeing patients, leaving less time to provide direct care.
33. **Current position:** Across BOB we have been enabling our health and care services to better integrate, we have been rolling out several change programmes including shared care records, digitising social care and a connected care data platform. In the summer we will be one of the first ICBs in England to adopt the NHS's new Federated Data Platform (FDP), to further connect information across our services, organisations and places.
34. **How will it help?** By adopting this where we have known gaps with our current systems, will enable us to know in real time more about our bed or operating theatre capacity, different waiting lists and what medication or equipment is available and where. By being one of the first systems to use the 'FDP' in England we aim to accelerate how we spot health problems, shorten patient waiting times, enable our patients to be treated sooner and reduce patients staying longer than needed in hospital more quickly.
35. **Working together:** We will codesign with local organisations the most important problems to address and resolve first, alongside the optimal way to roll out the new platform. During the spring having worked collaboratively with local operational and digital teams we will update you on progress and next steps.

NHSE statement on information on health inequalities

36. NHSE published this [statement](#) on information on health inequalities at the end of November. It sets out how ICBs and trusts should collect, analyse, publish and use information on health inequalities.
37. We are required to include in our annual report a review of how we have exercised our function in line with the Statement (which will then inform NHSE's annual assessment of us). The Director of Governance will pick this up in leading production of our annual report in line with guidance and this will report through to the Audit and Risk Committee.