

## BOARD MEETING

<b>Title</b>	Chief Executive and Directors' Report		
<b>Paper Date:</b>	08 November 2024	<b>Meeting Date:</b>	19 November 2024
<b>Purpose:</b>	Information	<b>Agenda Item:</b>	07
<b>Author:</b>	Executive Team; Dr Nick Broughton, CEO	<b>Exec Lead/ Senior Responsible Officer:</b>	Dr Nick Broughton, CEO

### Executive Summary

This report provides an update for the Board on key topics and items for escalation since the meeting in public on 17 September 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. I would like to welcome Dr Priya Singh to her first ICB Board meeting in public as our Chair, and also take this opportunity to put on record my thanks to Sim Scavazza who was our Acting Chair from May 2023, for her leadership and support. Sim returns to her role as Non-Executive Director and Deputy Chair of the ICB Board.
4. Today's agenda includes a focus on quality and performance, the month 6 financial report, several updates in relation to the BOB ICS primary care strategy, Joint Forward Plan, Buckinghamshire Place, and an approval of our Better Care Fund section 75 agreement with Oxfordshire. Further assurance around Section 75 arrangements is provided in the System Productivity Board Assurance Committee update. We also have a resident's story that highlights the important work that the Buckinghamshire Healthcare NHS Trust have done in developing a **Carers' Passport**.

### Integrated Care Board – our people

#### *Change Programme*

5. We are now in the implementation phase of the ICB Change Programme and interviews for the competitive slot-in posts are almost complete. On 28 October we started the identification of vacant roles as Suitable Alternative Employment (SAE) for all staff that were identified as being at risk of redundancy. This includes business critical roles that were identified in the Finance, Continuing Healthcare (CHC), and Strategic Commissioning teams.
6. Over the next 3 months we will transition to new working arrangements to implement our operating model. We are seeking a common and consistent approach to transition to enable clear working arrangements including safe handover of work areas, safe close down of work or start up to new roles. In order to ensure this, we have established a time limited Transition Working Group. The outcome of the group's work would be to safely manage transition such that the vast majority of transition is completed by the end of December.
7. We continue to ensure that staff have access to a variety of support including wellbeing resources, and that there are many routes available for people to ask questions, get answers, offer their feedback and voice any concerns.

#### *Finance*

8. Because of the financial performance reported in the Month 6 financial report, the BOB system is progressing to the next phase of the Investigation and Intervention (I&I) regime, the NHS England sponsored programme to support the ICS to deliver its financial plan. The first investigative phase reported that overall, the system's broad strategy is appropriate but that more discipline, rigour and oversight needs to be applied in some areas.

9. Areas we are addressing urgently include focusing on Cost Improvement Plan (CIP) delivery, increasing financial controls, which are already tight, and an evaluation of key risks and accounting estimates.
10. The next phase, the Intervention phase, will focus us on enhancing ICB oversight and increasing Board to Board engagement with system providers to further strengthen collaborative working and to facilitate the resolution of inter-organisational issues which may impede effective transformation.

### *Risk Management and Board Assurance Framework*

11. 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.
12. Extracts from the BAF (highly rated and emerging risks) are reviewed by each ICB Committee of the Board and supported by the relevant Executive (as appropriate for the Committee's purpose) for assurance.
13. 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.
14. All current high rated and new emerging risks are escalated to the BOB ICB Executive who use this information to increase their understanding of the key strategic risk to the achievement of the objectives.
15. The review and evaluation of risk, including risk reporting, is being 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.
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 – Very High (Likelihood: 5-Almost Certain) (Impact: 4-Major). “If BOB Integrated Care System is unable to manage its expenditure within its available resource, then it will not deliver its financial plan and financial targets, resulting in reputational damage and inability to deliver 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 – Very High (Likelihood: 4-likely) (Impact: 4-Major). “If BOB Health and care system is unable to achieve the restoration of NHS Services in line with 2024/25 priorities and operational planning guidance, then 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 of the BAF can be found at Appendix 1

### *Chief Medical Officer*

17. In October at this year's Best Practice Birmingham (the UK's leading event for primary care and general practice), the ICS highlighted the work of our GPs as system leaders. Two sessions were delivered. The first included a joint presentation from the ICB, Local Medical Committee (LMC) and one of our GP leaders on how our GP Leadership Groups were developed and how they have added benefit to the system. The second was delivered by the Buckinghamshire GP Provider Alliance explaining their work

as a new place-based provider collaborative. With most contacts with the NHS happening in primary care it is encouraging to see our GPs as well as our community pharmacists, optometrists and dentists driving our transformation agenda forward through the implementation of our primary care strategy.

18. We recognise that access to NHS high street dentistry has been a challenge for some and we are striving to return to pre-pandemic access levels. We commissioned 70,000 more units of dental activity in April 2024 and have now just gone to the market to seek new dentists for Cherwell, West Oxfordshire and the Vale of White Horse. It is a lengthy process, but we hope to see more provision in these areas by the end of 2025.

#### *CNO quality and safety update*

19. The new CNO for England, Duncan Burton, held his inaugural summit last month. With a focus on the nursing and midwifery contribution to the 10-year plan and a commitment to placing patient safety and quality of care at the centre of the work to improve productivity and efficiency across health and care. The summit was a refreshing and energising day.
20. The Care Quality Commission (CQC) published its annual State of Care Report in October. There were several critical messages for us to consider which reflect the national challenges reported in accessing timely and high-quality care, this was particularly noted in GP and dental services. The report suggests that this further exacerbating health outcomes where children and young people are particularly affected. The CQC also identified ongoing inequalities in health and care access, experiences and outcomes particularly in marginalised groups, including black men and individuals with dementia. There were a number of service areas of concern that were highlighted, including maternity care, mental health services and care for individuals with dementia. The report noted that the integration of local health systems is crucial for improving care delivery. The appointment of the new Chief Executive at the CQC is welcome, coupled with the refreshed local leadership across our System.
21. The winter COVID and flu vaccination programme commenced in vigour across the System in October. We successfully vaccinated nearly one million of our eligible population in the first month, almost 50% of the eligible number of people. We have good coverage of flu and COVID vaccination clinics across the System including targeted support for those most at risk communities. We would particularly highlight the work Buckinghamshire Healthcare NHS Trust with their 'van on the move' which is focusing on increasing uptake of vaccinations in our women. We are also pleased that 43% of the eligible population who have been invited to get a vaccination for the respiratory syncytial virus (RSV) have received their vaccinations. All of these vaccination efforts are a key component of our preparations for winter.
22. The ICS has been successful in securing funds from the National Institute for Health and Care Research (NIHR) to develop nurses and midwives' careers and experience in research excellence. We will have six internship awards that will give nurses and midwives with little or no research experience, an opportunity to have dedicated mentoring and support to develop their research skills. In addition, we have been granted 12 Preparatory Awards for a Research Career (PARC) for senior nurses and midwives working in clinical care delivery roles. Successful applicants will have access to bespoke mentorship, peer support and taught workshops that allow them to explore clinical academic career pathways. Both these programmes will be hosted by the Oxford University Hospitals NHS Foundation Trust, and we will work alongside them to ensure this unique opportunity to further develop our research capability and capacity is maximised.

#### *Section 75 Agreement for Better Care Funds*

23. NHS England Better Care Fund (BCF) Planning Regulations require BCF plans to be governed by a Section 75 pooled budget agreement between the relevant Local Authority and Integrated Care Board. Each BCF plan was refreshed for 2024/25 and signed off by NHS England and new Section 75 agreements or variations have been put in place to reflect these amended

plans. These documents were discussed and supported at the ICB Executive Management Committee (EMC) on 13 October 2024. The new agreements were subsequently presented for assurance at the System Productivity Committee on 5 November 2024.

24. The Board is asked to ratify the new Section 75 agreement for Reading and West Berkshire as agreed by the System Productivity Committee. The documents are not appended in full to this report, to minimise the volume of papers, but can be viewed here [West Berkshire S75](#) and [Reading S75](#)

### *Specialised Commissioning*

25. The National [NHS England letter of 30 July 2024](#) confirmed expectations of the timelines for the transfer of Direct Commissioning responsibility to ICBs for the current NHS England staff resource supporting commissioning of 'to be delegated' services to regional Hubs. The staff supporting the retained service portfolio (remaining 80 services) will be transferred to a national Hub.
26. All regions were asked to assess and collate their collective ICB 'readiness' for service transfer. The Southeast (SE) region undertook an individual assessment against the 7 Point Plan of work agreed to be undertaken during 2024/25 to assure organisational readiness. The Panel considered and approved the SE regional plan to delegate responsibility to ICBs on 1 April 2025 with the transfer of NHSE staff to the regional hub on 1 July 2025 to allow additional time to complete required processes.
27. The SE Regional team and ICBs are now required to complete the drafting of two key documents:
- The Delegation Agreement
  - The Collaboration Agreement
28. In order to effectively populate the agreements, ICBs and NHSE are working collaboratively to define the required infrastructure and operating model at regional and system level to provide Board assurance prior to signing the Delegation Agreement. The system has an established Specialised Commissioning Working Group that links into our BOB ICB governance arrangements through our Chief Delivery Officer (CDO). Our CDO chairs the ICB's Specialised Commissioning Working Group which reports through to the ICB's Executive Management Committee.

## **Executive Team**

### *Chief Medical Officer*

29. Interviews for the ICB's new Chief Medical Officer (CMO) took place on 8 November and followed both internal and external stakeholder panels that convened on 4 November. A total of four candidates were interviewed and what I consider to be a very strong appointment has been made subject to the usual approvals. I would like to take this opportunity to thank Dr Rachael de Caux, our current CMO and Deputy Chief Executive, for the considerable contribution she has made to the organisation and wider system. This will be her final Board meeting before she leaves the ICB and joins Thames Hospice as their new Chief Executive.
30. Stakeholder panels to assist the recruitment of our new Chief People Officer took place on 11 November. Four candidates have been shortlisted and the interviews will take place on 26 November.

## **Stakeholder Engagement**

31. Since the Board last met, I have continued to meet with system partners including a number of our local MPs, specifically:  
Laura Kyrke-Smith and Anneliese Dodds on 11 October

Freddie van Mierlo and Olly Glover on 18 October

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

32. A [joint](#) Department of Health and Social Care and NHS England team has been established to deliver a 10-Year Health Plan. This plan will be published in the Spring of 2025. The plan will set out how we will deliver an NHS fit for the future, creating a truly modern health service designed to meet the changing needs of our changing population. The plan will be co-developed with the public, staff and patients through a thorough engagement exercise which started 21 October 2024.
33. People can give them feedback via the [Change NHS website](#). The national team will be delivering public and staff events over the next few months. As a system we will be supporting this work through workshops with local communities and with our staff.

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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		Detail	Controls			Actions		Flagged for 'Deep Dive'	
								Review Status	Last Review Actual Date		Closed	Score	Score Text	Detail	Closed		
BOB0002	Risk Title: Financial Sustainability Risk Owner: Matthew Metcalfe Directorate Lead: Noreen Kanyangarara Created: 17 Nov 2022	If: The BOB Integrated Care System is unable to manage its expenditure within available resource Then: 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	Open	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. STRB leading on system recovery. Applying additional focus to short term delivery in light of current financial pressures	05 Apr 2024	No
										SRTB established and leading on system recovery			0.5	Adequate	Financial recovery board established and financial improvement/turnaround director in post.	16 Aug 2024	
										STRB leading on system recovery. Applying additional focus to short term delivery in light of current financial pressures			0.5	Adequate	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 Tait Directorate Lead: Ben Gattlin Created: 17 Nov 2022	If: BOB ICB healthcare system is unable to achieve the restoration of NHS services in line with 2024/25 priorities and operational planning guidance Then: 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	Open	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
										System Wide Boards			0.5	Adequate	Revised trajectories for waiting lists requested from all 3 Trusts	05 Apr 2024	
										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			

High																	
Prefix	Risk Title and Ownership	Risk Description	Inherent Score	Residual Score	Target Score	Directorate / Governance Group / Assurances	BOB ICB Core Objectives	Risk Review		Detail	Controls			Actions		Flagged for 'Deep Dive'	
								Review Status	Last Review Actual Date		Closed	Score	Score Text	Detail	Closed		
BOB0001	Risk Title: Health Inequalities Risk Owner: Rachael Decaux Directorate Lead: Steve Goldsmith Created: 17 Nov 2022	If: the ICB is unable to integrate and lead effectively with its system partners in relation to improving health outcomes and reducing health inequalities Then: 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 (2.3=6)	Directorate: Medical Primary Responsible Governance Group: Population Health and Patient Experience Committee	Improve outcomes, Tackle inequality	Open	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			0.5	Adequate	Prevention, Population Health and Reducing Health Inequalities meetings established and working well.		Review undertaken / Reported to ORMG
										Governance			0.5	Adequate	Population Health Management Collaboration Group spreading good practice across system		
										Resourced Actions			0.5	Adequate	Map and network with workforce leads to identify opportunities to influence training programmes to become more inequalities aware		
										Population Health Management			0.5	Adequate			
										Workforce			0.5	Adequate	Place development of plans for use of HI funding		
BOB0005	Risk Title: Transformation Risk Owner: Hannah Iqbal Directorate Lead: Robert Bowen Created: 17 Nov 2022	If: the ICB is unable to establish and lead a system-wide approach and culture of transformation Then: it will fail to achieve the four core purposes set out by NHS England. Resulting in: non-compliance of statutory requirements	Very High (4.4=16)	High (3.3=9)	Medium (3.2=6)	Directorate: Strategy and Partnerships Primary Responsible Governance Group: System and Place Development Committee	Improve outcomes, Tackle inequality, Enhance productivity, Social and economic development	Open	05 Sep 2024	Integrated Care Strategy agreed.	05 Sep 2024		1	Substantial	Development of Place moving to agreed level of delegated resources with LA Partner e.g., Health Inequalities	02 Aug 2023	No
										Joint Forward Plan agreed	05 Sep 2024		1	Substantial	Developing system Q1 approach. Whole system education even in June.	05 Sep 2024	
										Acute Provider Collaborative/Elective Care Programme with agreed work programme			0.5	Limited	Further development of provider collaboratives and delegation of some agreed functions	05 Sep 2024	
										Urgent and Emergency Care system wide priorities			0.5	Adequate	Monthly update to be presented to Board		
										Quarterly ICB/NHSE oversight and Trust tri-partite sessions	05 Sep 2024		0.5	Adequate			
										Developing Suite of BOB system strategies (gap)	05 Sep 2024		0.5	Adequate			
										System Leadership Forum established - meeting frequently twice year (met 6 Nov 23)	05 Sep 2024		0.5	Adequate			
										Work being undertaken under risk STR0008 in relation to provider collaboratives. ICB forward vision is currently being finalized in the BOB ICB operating model.			0	Limited			
										System recovery and transformation board in place			0	Limited			
BOB0007	Risk Title: Working in Partnership Risk Owner: Matthew Tait Directorate Lead: Matthew Tait Created: 17 Nov 2022	If: BOB does not develop effective partnerships across place, system and beyond Then: it will be unable to respond to the needs of patients and public across BOB Resulting in: lost opportunities to deliver the right care at the right place and at the right time to address the full range of people's needs	High (4.3=12)	High (4.3=12)	Medium (4.2=8)	Directorate: Delivery Primary Responsible Governance Group: System and Place Development Committee	Improve outcomes, Tackle inequality, Enhance productivity	Open	18 Jul 2024	NHSE assurance and oversight			1	Substantial	Specific agenda item on Quarterly NHSE Review meetings to look at Partnership Development	18 Jul 2024	Review undertaken / Reported to ORMG
										Review at SPD Committee			1	Substantial	Update at PSD Committee meetings on Partnership working / Acute Provider Collaborative and Mental Health Collaborative.	18 Jul 2024	
										SOF Processes with Trusts			1	Substantial			
										Board Reports & Updates			1	Substantial			
										Implementation of new Operating Model			0.5	Adequate	Single Place focus at every Board meeting	18 Jul 2024	
										Specific agenda item on Quarterly NHSE Review meetings to look at Partnership Development			0.5	Adequate	Board development sessions to be held on Acute Provider Collaborative and Mental Health Provider Collaborative.	23 Feb 2024	
										Update at PSD Committee meetings on Partnership working / Acute Provider Collaborative and Mental Health Collaborative.			0.5	Adequate	Produce structures to support the new operating model and agree with partners		
										Single Place focus at every Board meeting			0.5	Adequate	Tripartite agenda prompt to be added to discuss partnership working at meetings		
															Development of a new assurance & oversight framework.		
BOB0008	Risk Title: Workforce Risk Owner: Caroline Corrigan Directorate Lead: Sandra Grant Created: 17 Nov 2022	If: the BOB health and care system is unable to attract and retain a suitably qualified workforce Then: there is a possibility that there will be an inability to deliver key ICB business objectives due to the potential failure to retain capacity and expertise at ICB workforce level as we go forward with the development of ICS working at place and within the wider system. Resulting in: Impact upon the deliverability of the People Plan and potential impact on the quality and continuity.	High (3.3=9)	High (3.3=9)	Medium (3.2=6)	Directorate: People Primary Responsible Governance Group: Audit and Risk Committee	Improve outcomes, Tackle inequality, Enhance productivity	Open	30 Sep 2024	System projects to be put in place to support our most challenged workforce.			0.5	Adequate	Resourcing plan for Nursing Directorate (AACH) Allocation of an HR individual to provide support to delivery of plan and work with senior managers within AACH		No
														System projects to put in place to manage mental health patients in a non mental health setting to ensure we optimise our mental health workforce.			
														Aligning our bank payment levels so that we ensure that staff are treated fairly and that retention is consistent across organisations.			
														Reviewing skills shortages and taking a system wide approach to increasing supply.			

Medium																	
Prefix	Risk Title and Ownership	Risk Description	Inherent Score	Residual Score	Target Score	Directorate / Governance Group / Assurances	BOB ICB Core Objectives	Risk Review		Detail	Controls			Actions		Flagged for 'Deep Dive'	
								Review Status	Last Review Actual Date		Closed	Score	Score Text	Detail	Closed		
BOB0003	Risk Title: Resilience Risk Owner: Matthew Tait Directorate Lead: Hannah Mills Created: 17 Nov 2022	If: the BOB health and care system lacks resilience to respond to significant incidents, events and emergencies Then: services to the population of BOB will be affected Resulting in: poorer health outcomes for people across BOB	High (4.3=12)	Medium (4.2=8)	Medium (4.2=8)	Directorate: Delivery Primary Responsible Governance Group: Audit and Risk Committee	Improve outcomes, Tackle inequality, Enhance productivity	Open	25-Sep-24	NHSE EPRR Standards and Review			1	Substantial	Following Board Review and Core Standards Review, a work plan for 2025/26 to be produced.		No
										Review through Audit and Risk Committee			0.75	Substantial			
										Production of Annual Report to Board			0.5	Adequate			
										Robust risk and capability management in partnership with stakeholders - LRF and LHRP			0.5	Adequate			
										EPRR work programme developed against risks			0.5	Adequate			
										Internal Business Continuity Management System			0.5	Adequate			

