

BOARD MEETING

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| Title | Chief Executive and Directors' Report | | |
| Paper Date: | 07 January 2025 | Meeting Date: | 14 January 2025 |
| Purpose: | Information | Agenda Item: | 07 |
| Author: | Executive Team; Dr Nick Broughton, CEO | Exec Lead/ Senior Responsible Officer: | 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 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.

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| Conflicts of Interest: | 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 'quad-demic' 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 |
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| Financial Sustainability – 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” | Matthew Metcalfe Chief Finance Officer | Finance and use of resources |
| Access to Services - 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 | Matthew Tait | Quality of Care, Access and Outcomes |

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| 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.

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 | | | | | | | | | | | | | |
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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 Last Review Actual Date | Detail | Controls Closed | Score | Score Text | Actions Detail | Closed | Flagged for "Deep Dive" |
| 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. SRTB established and leading on system recovery STRB leading on system recovery. Applying additional focus to short term delivery in light of current financial pressures. | | 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 02 Oct 2024 | No |
| | | | | | | | | | | | 0.5 | Adequate | Financial recovery board established and financial improvement/turnaround director in post. 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. | 16 Aug 2024 | |
| | | | | | | | | | | | 0.5 | Adequate | | | |
| BOB0004 | Risk Title: Access to Services Risk Owner: Matthew Tait 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 System Wide Boards SOF Processes with Trusts Board Performance Reports System Oversight Meeting | | 1 | Substantial | Additional UEC recovery plans requested for BHT & OUH | 05 Apr 2024 | No |
| | | | | | | | | | | | 1 | Substantial | Revised trajectories for waiting lists requested from all 3 Trusts | 05 Apr 2024 | |
| | | | | | | | | | | | 0.5 | Adequate | Actions assigned and carried out as part of the monthly meeting review process | | |
| | | | | | | | | | | | 1 | Substantial | | | |
| | | | | | | | | | | | 1 | Substantial | | | |
| BOB0009 NEW | 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 | Detail | Controls Closed | Score | Score Text | Actions Detail | Closed | Flagged for "Deep Dive" |
| BOB0001 | Risk Title: Health Inequalities Risk Owner: Abid Irfan Directorate Lead: Steve Goldsmith 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. Resourced Actions - Decisions to inform the allocation and oversight of their delivery of Health Inequalities. Population Health Management - | | 0.5 | Adequate | Place development of plans for use of HI funding Prevention, Population Health and Reducing Health Inequalities meetings established and working well. Population Health Management Collaboration Group spreading good practice across system | | In-depth review undertaken / Reported to ORMG |
| | | | | | | | | | | | 0.5 | Adequate | | | |
| | | | | | | | | | | | 0.5 | Adequate | Map and network with workforce leads to identify opportunities to influence training programmes to become more inequalities aware | | |
| | | | | | | | | | | | 0.5 | Adequate | | | |

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| | | | | | | | | | improvement or data and analysis to inform health Inequalities priorities and outcomes. Capacity and confidence to address inequalities across the multi disciplinary workforce | 0.5 | Adequate | | | | |
| BOB0005 | Risk Title: Transformation Risk Owner: Hannah Iqbal Directorate Lead: Robert Bowen Created: 17 Nov 2022 | As a result of: the ICB is unable to establish and lead a system-wide approach and culture of transformation There is the risk of: it will fail to achieve the four core purposes set out by NHS England and align with the NHS Oversight Framework Themes. . Resulting in: non-compliance of statutory requirements and ensuring compliance with the new operating model | Very High | High (3:3=9) | Medium | Directorate: Strategy and Partnerships Primary Responsible Governance Group: Strategy, Digital and Transformation | Improve outcomes, Tackle inequality, Enhance productivity, Social and economic development | 10 Dec 2024 | Integrated Care Strategy agreed. Joint Forward Plan agreed Acute Provider Collaborative/Elective Care Programme with agreed work programme Urgent and Emergency Care system wide priorities Quarterly ICB/NHSE oversight and Trust tri-partite sessions Developing Suite of BOB system strategies (gap) System Leadership Forum established - meeting frequently twice year (met 6 Nov 23) Work being undertaken under risk STR0008 in relation to provider collaboratives. ICB forward vision is currently being finalized in the BOB ICB operating model System recovery and transformation board in place Monthly update to be presented to Board | 05 Sep 2024 05 Sep 2024 05 Sep 2024 10 Dec 2024 05 Sep 2024 05 Sep 2024 05 Sep 2024 05 Sep 2024 0 0 0.5 | 1 1 0 0.5 0.5 0.5 0.5 0 0 0.5 | Substantial Substantial Limited Adequate Adequate Adequate Adequate Limited Limited Adequate | Development of Place moving to agreed level of delegated resources with LA Partner e.g., Health Inequalities Developing system Q1 approach. Whole system education even in June. Further development of provider collaboratives and delegation of some agreed functions Processes managed as part of system priority workstreams Monthly update to be presented to Board | 02 Aug 2023 05 Sep 2024 05 Sep 2024 10 Dec 2024 | No |
| BOB0006 | Risk Title: Safety, Safeguarding and Quality. Risk Owner: Rachael Corser Directorate Lead: Heidi Beddall Created: 17 Nov 2022 | As a result of: the ICB does not have the correct safeguarding and quality assurance mechanisms in place There is the risk of: it may fail to identify safeguarding risk and maintain or improve the quality and safety of patient services Resulting in: poor patient care and experience and potential harm and non compliance of statutory duty of the ICB | High | High | Medium | Directorate: Nursing Primary Responsible Governance Group: Quality | Improve outcomes, Tackle inequality | 26 Nov 2024 | Operational and system quality groups embedded ICB internal equality and quality impact assessment panel established Contracts for 24/25 updated to include safeguarding and quality requirements Contract review meetings to be established in 24/25 including safeguarding and quality. Tripartite meetings include quality focused key lines of enquiry ICB quality team attendance at acute and mental health trusts internal quality/clinical governance meetings ICB safeguarding team attendance at Provider safeguarding committees Quality insight visits protocol published - forward planner for 24/25 visits Quality assurance framework updated for 24/25 ICB quality strategy to be published in 24/25 New Framework for Assurance Reporting has been implemented and rolled out to our providers. This aligns with Safeguarding contractual schedule. | 1 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0 | Substantial Adequate Adequate Adequate Adequate Adequate Adequate Adequate Limited | a) Redesign of monthly quality Dashboard - April 2023 - 1st draft completed b) Development of quarterly thematic reports - May 2023 - now in place c) Restructure consultation outcome implementation commences - March 2023 - restructure completed d) Quality Assurance framework developed - First draft March 2023 - approved July 23 e) Quality Strategy developed - May 2023 Quality Strategy- awaiting national quality strategy publication prior to drafting ICB quality strategy Establish Contract review meetings (with Finance) a. Consulting with provider safeguarding leads monthly b. reviewing assurance framework and reporting arrangements c. strengthening place assurance frameworks | 02 Aug 2023 | No | |
| BOB0007 | Risk Title: Working in Partnership Risk Owner: Matthew Tait Directorate Lead: Matthew Tait Created: 17 Nov 2022 | As a result of: BOB does not develop effective partnerships across place, system and beyond There is the risk of: 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 | High | Medium | Directorate: Delivery Primary Responsible Governance Group: System and Place Development Committee | Improve outcomes | 10 Dec 2024 | NHSE assurance and oversight Review at SPD Committee SOF Processes with Trusts Board Reports & Updates Implementation of new Operating Model Specific agenda item on Quarterly NHSE Review meetings to look at Partnership Development | 1 1 1 1 0.5 0.5 | Substantial Substantial Substantial Substantial Adequate Adequate | Specific agenda item on Quarterly NHSE Review meetings to look at Partnership Development Update at PSD Committee meetings on Partnership working / Acute Provider Collaborative and Mental Health Collaborative. Single Place focus at every Board meeting Board development sessions to be held on Acute Provider Collaborative and Mental Health Provider Collaborative | 18 Jul 2024 18 Jul 2024 18 Jul 2024 23 Feb 2024 | In-depth review undertaken / Reported to ORMG | |

