Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) System Leaders Group

Date of meeting: 04 May 2022	**Paper no: 2.1**

Title of paper: ICS Lead and Director Update

Paper is for:		**Discussion**	✓	**Decision**		**Information**	

Purpose and executive summary:

This paper provides a brief overview of key system activities over the last month. The focus is on system development and agreed system priorities.

This month's spotlight section highlights the Ockenden report.

Financial implications of paper:

None

Action required: To note: SLG members are welcome / encouraged to tailor this paper to support communications across their teams and in their own organisations.

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System development

1. *ICB Executive structure:*

To provide stability and additional capacity whilst recruitment to the permanent roles continues in parallel, we have appointed four interim Executive Directors. The individuals cover the Medical, IT, Finance, and Place-Based portfolios. The appointments of 5 ICB Independent Non-Executive Members have also been announced this month.

Sim Scavazza	Deputy Chair of ICB and Chair of the People Committee
Aidan Rave	Senior Independent Director and Chair of the Place & Organisational Development Committee
Margaret Batty	Chair of the Population Health & Patient Experience Committee (Quality & Performance)
Saqib Ali	Chair of the Audit & Risk Committee
Tim Nolan	Chair of the System Productivity Committee (Finance & Resources)

A brief biography, of each member of the interim team and the designate independent Non- Executive Members is provided on our ICS microsite ICS transition and engagement website.

2. *ICB recruitment:*

The response to our Chief Nursing Officer, Chief Medical Officer & Chief Finance Officer role advertisements has been positive and attracted a diverse range of applicants. The Stakeholder Panels have concluded, and interviews commence on the 27 April and through into May. In addition, the recruitment campaign for the three Executive Place Directors has commenced.

3. *Governance*:

Following receipt of updated NHSE guidance the Constitution has been updated and agreed with the Chair and CEO designate of the ICB. It was submitted to NHSE on 21 April (the full document is included for information as agenda item 6).

The key points to note are:

- Information on the nomination and selection of the three partner members of the ICB is included in the current drat, this has been shared with Trusts and Local Authorities. The nomination process will not start before 6 May 2022.
- Given the changes to the legislation we have proposed an additional Board member (Mental Health Member) to ensure there is a board member with knowledge and experience in connection with services related to the prevention, diagnosis and treatment of mental illness. We have proposed that this individual will be a registered clinician in an executive role in an NHS Trust or Foundation Trist responsible for the provision of mental health services.

Progress is being made in agreeing the supporting governance structure (assurance Committees' and Place Based Partnerships) and this detail will be published in the Governance Handbook.

4. *System Delivery Plan and 18-month roadmap:*

NHSE/I Deputy Director of strategy & transformation provided feedback on the submission made at the end of March. The overall sense was that the plan provided the ICS with clear direction for its planned development. Further work is required to describe clinical and professional leadership which the new interim chief medical officer will now undertake. The ICS development Board reviewed the risks and mitigations for the delivery of plan at its meeting last week. The team are developing its approach to ensure that the Board through its sub-committees are sighted on progress.

5. *System strategy:*

The first strategy steering group will be held in May included on the agenda will be an initial summary of the HWB strategies across the ICS. A baseline data pack is under production which will support initial ICB and ICP strategic discussions. To support this work the ICB is building a small project team under the leadership of the Interim Director of Strategic Delivery and Partnerships to support the development of the strategy. We are due to receive guidance in June from the DHSC on the requirements of the ICP strategy.

System Priorities

6. *COVID incident:*

We remain at national NHS Level 4 Incident status although this is likely to be reviewed in early May, and we continue to track key metrics across the system. Covid related hospitalisation rates (resulting from positive tests in the acute setting) have continued to rise, currently these total 350 patients in acute beds. It is noteworthy however, that those in ICU have decreased sharply to around 10 to 15 per day. Infection Prevention Control (IPC) capacity challenges remain in both the acute and community settings although the revised arrangements allied to the 'living with Covid' national initiatives have eased the situation slightly.

Staff absences have broadly stabilised in acute, community care at between 3% to 6% although primary care and SCAS having been particularly affected with total sickness abstractions (including Covid related) of between 10% to 14% for call handling and clinical staff. We continue to issue operational briefing data across the system and follow NHS England regional incident management policies.

7. *Vaccination programme:*

BOB ICS have now completed 4m vaccinations of adults and children and Oxford Health reported it has delivered 1m vaccinations Since the launch of the spring boosters and healthy 5-11s the weekly vaccination rates have increased and good progress continues. 56% of those eligible for spring boosters and 7.2% of healthy 5-11s have been vaccinated to date and ICS is also planning to vaccinate all care homes residents by the end of May.

The family centre model for children's vaccination will potentially be utilised as part of a proposed hub and spoke model working with OHFT as our lead provider. Inequalities will continue to be a focus through the coming months and the summer will see the programme standing down some of our sites access to vaccination will be maintained during this period for anyone requiring a vaccination.

8. *Planned Care:*

The BOB >104 week wait position as of 31 March was 16 confirmed breaches (excluding patient choice and patients unfit due to Covid) 59 fewer than BOB forecast. All providers have plans in place to treat all remaining >104 week waiters by the end of June target. The focus will now be patients waiting >78 weeks as at the 17 April, BOB was reporting a total of 1,098. The target is to treat all >78 week waiters is 31st March 2023 which the ICS plans to achieve. The BOB Elective Care Board continues to lead on the system recovery programme and has expanded the initial range of specialties to include workstreams for Urology and Gynaecology as well as establishing cross-cutting workstreams focusing on Outpatients, Theatre Utilisation/Efficiency and Pre/Perioperative Care.

McKinsey and Co have now concluded their support to the ICS. This shows that there remain significant challenges to achieving the volumes of activity required to meet the 130% target and has highlighted areas of opportunity. On 7 April, the system hosted a visit led by Professor Tim Briggs who leads the national getting it right first time programme (GIRFT). System representatives presented the work of the elective recovery programme which was well received. There was also a presentation on GIRFT metrics relating to BOB providers and where there are opportunities to improve. The elective care board will be taking this forward.

Diagnostics

The System's co-ordination of applications for continuity of network and Community Diagnostics Centre programme funding for FY22/23 and there is also capital funding available for Endoscopy. The Diagnostics Oversight Group has agreed to co-ordinate an expression of interest which is being led by the Endoscopy network. All submissions will be made following the necessary timetables.

The BOB ICS Diagnostics strategy is being developed, with an output expected in June to outline the ambitions and roadmap for the next 1-5 years covering Imaging, Pathology, Endoscopy and Physiological measurements. This is being led by the Diagnostics Oversight Group with all Networks (and Trusts) supporting the process through various focus groups and workshops including primary care and patient representatives.

Cancer

Firstly, I would like to take the opportunity to thank Ruth Wilcockson (cancer alliance managing director) and Bruno Holthof (alliance chair) for their time and dedication to the work of the Alliance. April was the final meeting of the Alliance under their combined leadership. Work is underway to appoint their successors.

1. Latest published performance for February places the Thames Valley cancer alliance compliant at 77.1% to the new 28 day faster diagnostic standard (75%

standard) and non-compliant 57.4% with the 62-day standard (standard 85%). January – March alliance trusts have focused significantly on reducing the longer waiting (63 day + patients). Thames Valley cancer alliance has supported this approach and there has been a reduction from 845 in December to 747 at the end of February. Latest data indicate this has continued to significantly reduce through March and April. This inevitably impacts the published performance particularly for 62 days. The challenges remain in lower GI, skin and breast pathways which are high volume.

2. Greatest challenge remains in the high-volume pathways – lower GI, skin and breast. Access to key diagnostics as well as clear gaps in the cancer workforce have contributed to the challenge. However, it is recognised that more could be done to improve pathways and therefore ongoing close review of intra pathway diagnostic data will be required. The alliance will be funded to ensure this data can be collected and automated within the within the TVCA Dashboard.

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4. The TVCA high level workplan for 22/23 was presented and agreed by the TVCA Executive Board 27th April. This will be submitted to the NHSE/I national cancer programme for approval and subsequent release of System development funding for utilization in 22/23.

9. *UEC:*

Separate paper included in the agenda outlining:

- Operational pressure and response over Easter
- The proposed establishment of a UEC programme and immediate priorities
- An update on local place discussions regarding post hospital discharge funding arrangements

10. *CAMHS:*

Following the call to action letter (Responding to the current surge in Children's and young people's Mental Health demand)
sent by Ann Eden, Regional Director, NHSE SE and Dr Nick Broughton, CEO, Oxford Health NHS Foundation Trust, the CAMHS SRO has held a
meeting with all key partners from the five Local Authorities and NHS to agree a plan of action to address the issues raised. Actions have been agreed to address the surge and are being progressed across the ICS footprint

11. Quality Escalations:

Over the past month the key development for escalation has been the publication of the final Ockenden report on 30th March 2022. Given its significance the ICS response to the report and the progress being made to oversee and improve maternity services is this month's spotlight.

The BOB System Quality Group (SQG) have escalated the following areas of Quality risk and focus to the region. All are being managed and monitored by the quality teams through placed based quality committees, with escalation and further discussion/action as needed at the SQG. There have been seven escalations to the regional quality board; of these, two in relation to safeguarding escalations, and two in relation to patient harm and safety concerns. These are detailed in Annex 2.

12. Preliminary June SLG agenda

i) ICS Lead Update
ii) Spotlight – Progress on CAMHs key metrics
iii) Submission sharing
iv) Strategy Update
v) Discharge
vi) Digital, including virtual wards

Actions from last meeting not completed / covered today

No outstanding actions.

Annex 1

Publications

NCEPOD publication

National Confidential Enquiry into Patient Outcome and Death (NCEPOD): review of health inequalities
This review looked for evidence of inequalities in all NCEPOD reports over the last 15 years, as well as within current data collections. It has identified four areas of healthcare inequalities: protected characteristics – age and disability, socioeconomic deprivation, organisation of healthcare services and inclusion health groups.

Call for evidence for new 10-year plan to improve mental health

The government's 12-week call for evidence seeks views on what can be improved within the current service and build understanding of the causes of mental ill-health.

Updated Infection Prevention and control guidance for NHS (April 2022)

This transition to pre-pandemic IPC measures is further supported by the publication of the national IPC prevention and control manual and UKHSA revised IPC guidance National infection prevention and control manual and letter on next steps
UKHSA: revised IPC guidance

Annual tripartite flu letter published

Following the publication of the flu vaccine reimbursement guidance in March, the annual tripartite flu letter has now been published by DHSC, UKHSA and NHS England and NHS Improvement, setting our further detail for the 2022/23 season.

Reducing long hospital stays

A new campaign aims to empower older patients in hospital to be more involved in their recovery plan, to ask questions and work together with staff to get home sooner. Campaign resources are available for download.

Symptomatic and asymptomatic staff testing

This Standard Operating Procedure symptomatic and asymptomatic staff testing has been updated to reflect the changes to the UKHSA's COVID-19: management of staff and exposed patients or residents in health and social care settings guidance.

Annex 2

Quality Escalations

	Risk/issue identified	Mitigation and ICS led actions taken
Buckinghamshire	large scale enquiry (LSE) - safeguarding (1) There are 5 care settings initially, reduced to 2 with increased oversight, Of these 2 settings one due to step down over next 2 weeks, and the other will have continued daily input for further month.	Increased oversight and direct quality input from Health MDT including CCG/BHT and OHFT, Primary Care.
Buckinghamshire	LSE (2) Learning Disabilities (LD) Care Setting CHC Funded Clients, 4 Buckinghamshire 2 out of area.	CCG funded 24/7 LD Nursing Provision and HCA to ensure setting is safe for ongoing support and care. Families are being supported, LSE framework in place. CCG to brief NHSE/I Safeguarding Lead on a weekly basis. System Discussion to take place Bucks CCG/LA and NHSE/I to be convened within 2 weeks.
Buckinghamshire	Buckinghamshire Healthcare NHS Trust, CQC Unannounced Visit Feb 2022/Well Led March 2022.	Awaiting outcome of CQC Well Led Visit. Place Based Quality Forum to provide support to BHT as required following outcome report from CQC.
Buckinghamshire	Huntercombe, Suicide and Quality Concerns.	Designated Nurse providing weekly input into Huntercombe Meetings led by Provider Collaborative and input from CCG/NHSE/I LA
System Workforce Challenges	Insufficient workforce to meet current demand across all providers impacting on patient safety and experience. This is as a result of vacancies & COVID impact causing absences – Highest risk areas at present are community District Nursing, Mental Health and Podiatry	Escalated in January – Focus by providers on International Recruitment, Recruitment and Retention, Health and Wellbeing programmes and retention of students into the workforce.
		Some good recruitment progress being made, but risk continues due to staff absences from multiple factors
Waiting List Management and Public Communications	Risk of Harm and poor patient experience	**Carried forwards -** Risk continues of potential patient harm with increased waiting times for procedures. Programme of communication across secondary and primary care and with the public on current situation with health services and the plans to address waiting lists. Clear communication with patients on status of their wait. Shared understanding of the problem across all services.

		Clinical harms programmes in place and being reviewed across the BOB ICS - with a deep dive focus at System Quality Group on 11.5.22
ED demand pressures	Risk of harm and poor patient experience	**Carried forwards –** Emergency safety protocols in place to ensure safety for the corridor and ambulance care