

Agenda Item 8

Meeting: Buckinghamshire, Oxfordshire and Berkshire West CCGs Governing Bodies Meeting in common (in public)

Date of Meeting	10 March 2022
Title of Paper	Accountable Officer and Directors Update
Lead Director	Dr James Kent, Accountable Officer
Author(s)	Dr James Kent, Accountable Officer and Directors
Paper Type	For Discussion
Action Required	The Members of the Governing Bodies are asked to note the contents of the report

Executive Summary

This update outlines the focus of the Integrated Care System and Clinical Commissioning Groups over the last month and the key actions.

The focus is on system development and agreed system priorities

A 'spotlight' section has been introduced to highlight strategic direction and performance in a specific area. This month is focussed on: Cancer and TVCA

System development

1. **ICB recruitment:** we had 55 applicants for Non-Executive Director (NED) roles, interviewed 11 and are looking to appoint over the coming week. The three statutory Integrated Care Board Executive (ICB) roles (Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer) are out to national advert with interviews planned for March. We will reach out to partners to support the interview process.
2. **Interim positions:** we are finalising Interim arrangements for Digital leadership to help create the system digital plan and shape the permanent role. We are also looking to fill some roles with interim appointments and have set up meetings with leaders in each Place around the Place Executive Director positions (interim options and final shaping of job descriptions / needs).
3. **Governance:** following NED recruitment and once we have received awaited guidance, we will clarify the role descriptions and processes to establish the Board Partner members (Local Authority, Primary Care, Trust); this is unlikely to commence before April. We are also starting to work through Integrated Care Partnership foundation membership and ICB committee structures including Place-based Partnerships.
4. **Safe transfer of functions:** work was reviewed by a former ICS Lead and supported our view that we are on track, despite the complexity of three CCGs. No major issues were identified.
5. **System Development Plan and 18-month roadmap:** further progress on the 18-month plan (see Paper 6.2) which will form the basis of creating the updated System Development Plan (SDP) due by 31st March 2022. We will look to take both these documents through the Place architecture through March and April to gather feedback.
6. **Provider collaboratives:** the paper on an acute collaborative (which governing body members discussed at their February meeting) will be going through Trust boards in February and March 2022. We are also aware of good progress on discussions of formal collaborative working between OUH/OH a collaborative on a broader footprint to BOB that aligns with the cancer pathways.

System Priorities

7. **COVID incident:** we remain in Level 4 under instructions and tracking key metrics daily. Hospitalisation rates are not rising (~220 patients) and those in critical care very low (<10). Staff absences have fallen back below 6% in all Trusts except SCAS. We continue to issue daily operational data but will look to reduce frequency once out of Level 4.

8. **Vaccination programme:** activity reduced in February (average of 13,000 vaccinations / week) – reflecting national position – but we continue to have very high coverage, continue to work to reach the seldom heard groups, and are planning for the new cohorts (children and 4th dose for over 75s / immunosuppressed). Overall, we have delivered 3.8m vaccines over the course of the programme.
9. **Planned care:** there is good collaboration, joint working and mutual aid across the three high volume low complexity specialities. As a result, we are ahead of our plan on 104 week waits position for end March and anticipate we will (only) have between 20-30 complex spinal patients waiting over 104-weeks at the end June (national target). We are now looking at how to meet the 78-week target of March 2023 (national target). In addition, we have a McKinsey team supporting us (and all other systems) to create a three-year elective recovery plan.
10. We have been bidding for elective capital from the Region to support recovery. The system has submitted a revised bid for elective capital to NHSE/I region to support recovery. Our bid included an amount to £60m of capital over the next three years, based on the elective strategy developed through the system elective care board and included new theatres at the John Radcliffe Hospital, an Ophthalmology hub at Amersham and expansion of outpatient and procedure capacity at Bracknell, Townlands, West Berkshire Hospital and Royal Berkshire. The plans outlined the potential treatment of an additional 124,000 non-admitted patients and 42,000 admitted patients. We will continue to work with regional and system colleagues to develop the details of these bids and confirm the level of capital available given priorities across the South-East. This process is still on-going, and we will update with any progress on the day.
11. **Urgent and Emergency Care:** this remains challenging. System focus is on trying to get discharge flow working with at times nearly 300 patients medically fit for discharge.
12. Over the last 18 months there has been a separately funded Hospital Discharge Programme (HDP) which costs about £30m a year. This funded four weeks of additional care after discharge from hospital. The 2022/23 allocations do not provide a separate allocation for the HDP so this will need to cease. To ensure the change can be completed smoothly the NHS will fund HDP to end May (the approach to this is being considered by CCG Finance committees and an update will be given at the meeting). Work is underway in each Place to understand how to do that. Any funding post end May is a Place decision with funding needing to come from local partners (for example local authorities, local providers, Better Care Fund)
13. **Child and Adolescent Mental Health Services:** the work is on-going to improve access times particularly for neurodevelopment and eating disorder. There has been recent positive progress the neurodevelopmental diagnostic pathways through rapid improvement events across the system. The outcome is the development of specific action plans including autism waitlist reduction.

14. **Temporary Staffing:** this covers BOB and Frimley ICSs and is looking at a go-live date in July 22. Ahead of that, the Programme Board - clinicians, CPOs and FDs – have signed off terms of an MOU for how the Board will operate, in particular, how to deliver harmonised reward. The Board expects to receive worked up proposals in March on aligned agency nursing rates as well as SOPs (policy and procedures including escalation processes). Finance colleagues will be engaged in the detail as well as clinicians ahead of sign off at BOB SLG and Frimley Partnership Boards in April and May leading to go live in July 22.
15. Surrey Heartland Colleagues have indicated in principle agreement to joining the programme which benefits Trusts in that patch as well as the interdependency with Frimley Trusts due to flow and availability of staff between the geographies.

CCG Governing Body arrangements

16. As the Governing bodies are aware a new target date of 1 July 2022 (previously 1 April) has been set for the implementation of ICS statutory arrangements, including the establishment of ICBs. CCGs and their associated statutory duties will now remain in place until July, with the first quarter of 2022/23 serving as an extended preparatory period.
17. I would like to thank all the governing body GPs and Lay Members who have agreed to extend their terms to 30 June 2022. Their experience and knowledge is important to support the CCGs transition to the ICB.
18. Saby Chetcuti, Governance Lay Member for Berkshire West CCG will be leaving at the end of March. A biochemistry graduate with some postgraduate research experience, Saby has spent more than 30 years applying her background within international healthcare device and equipment manufacturing organisations and has extensive experience in market strategy and business management. Saby has worked as an NHS Board member since 2007 both as Non-Executive Director for Berkshire West PCT and Lay Member for South Reading CCG. We thank Saby for her many years of service to the local NHS and wish her well for her next role as Lady Mayoress of Newbury.
19. Dr Shelley Hayles, Planned Care Portfolio Clinical Director on the Oxfordshire CCG Governing Body will be retiring at the end of March so this is her last meeting. Shelley has worked in Oxfordshire for over 30 years and is a GP locum, having been a partner in West Bar Surgery, Banbury for most of her GP working life. Shelley has been in commissioning since 2012 and has been a clinical lead in Planned Care since 2013, covering several of the main elective specialties. In 2015 she was appointed OCCG Cancer Lead, going on to launch the successful collaborative SCAN pilot, backed by CRUK and NHSE, to enable Oxfordshire patients to access cancer care early when they have 'vague' symptoms. Shelley's focus has always been in working collaboratively across primary and secondary care to support service improvements for patients. We thank Shelley for all her hard work and support over the years and wish her well for the future.

20. Sula Wiltshire, Board nurse for Oxfordshire CCG is also leaving at the end of March. Sula trained as a nurse in Dublin and has had a long and varied career. Sula worked in a range of clinical settings (hospitals, community and primary care) as well as education before working for the Primary Care Trusts and the CCG in Oxfordshire. After retiring from her role as an executive director of the CCG Sula continued as the Board nurse to support the transition to joint working across the CCGs and the development of a new organisation. Sula has always championed quality, the importance of patient experience and multi-professional clinical engagement. We thank Sula for all she has contributed in her many roles over the years and wish her well.

Spotlight: cancer

21. Context: oversight of the cancer performance is done by the Thames Valley Cancer Alliance (TVCA) which is managed by Ruth Wilcoxson and chaired by Dr Bruno Holthof (Chief Executive of Oxford University Hospitals NHS Trust). It covers a broader footprint than BOB – including Milton Keynes and Great Western Hospital Swindon to cover long standing cancer pathway flows.
22. Through Wave 3 of COVID cancer services have continued to be delivered based on clinical prioritisation with priority ‘P2’ surgery, radiotherapy and chemotherapy all continuing uninterrupted.
23. Latest performance (December 2021) places the TVCA compliant at 75% to the new 28 day faster diagnostic standard and 5th of 21 nationally to 62 day (non-compliant 73.6% to the 85% standard). See Annex 1.
24. Greatest challenge remains in the high-volume pathways – lower GI, skin, and breast - which have been above pre pandemic baseline for 2 weeks wait referral levels. Whilst a challenge it does indicate we are closing the gap on ‘hidden backlog’ as more people come forward.
25. TVCA on behalf of BOB ICS is leading the plan for cancer in 22/23 focused on introducing the tele dermatology led skin pathway, achieving the national ambition of 80% of all lower GI referrals referred with a FIT test completed in primary care, and delivering 75% population coverage of NSS (nonspecific symptom) pathways to deliver faster diagnosis and improved performance to the constitutional standards for cancer. TVCA will also focus on earlier diagnosis by identifying the second site for TLHC (targeted lung health checks) based on areas of highest deprivation, inequality and known poorer outcomes within the BOB ICS geography.