

Meeting of ICB Board

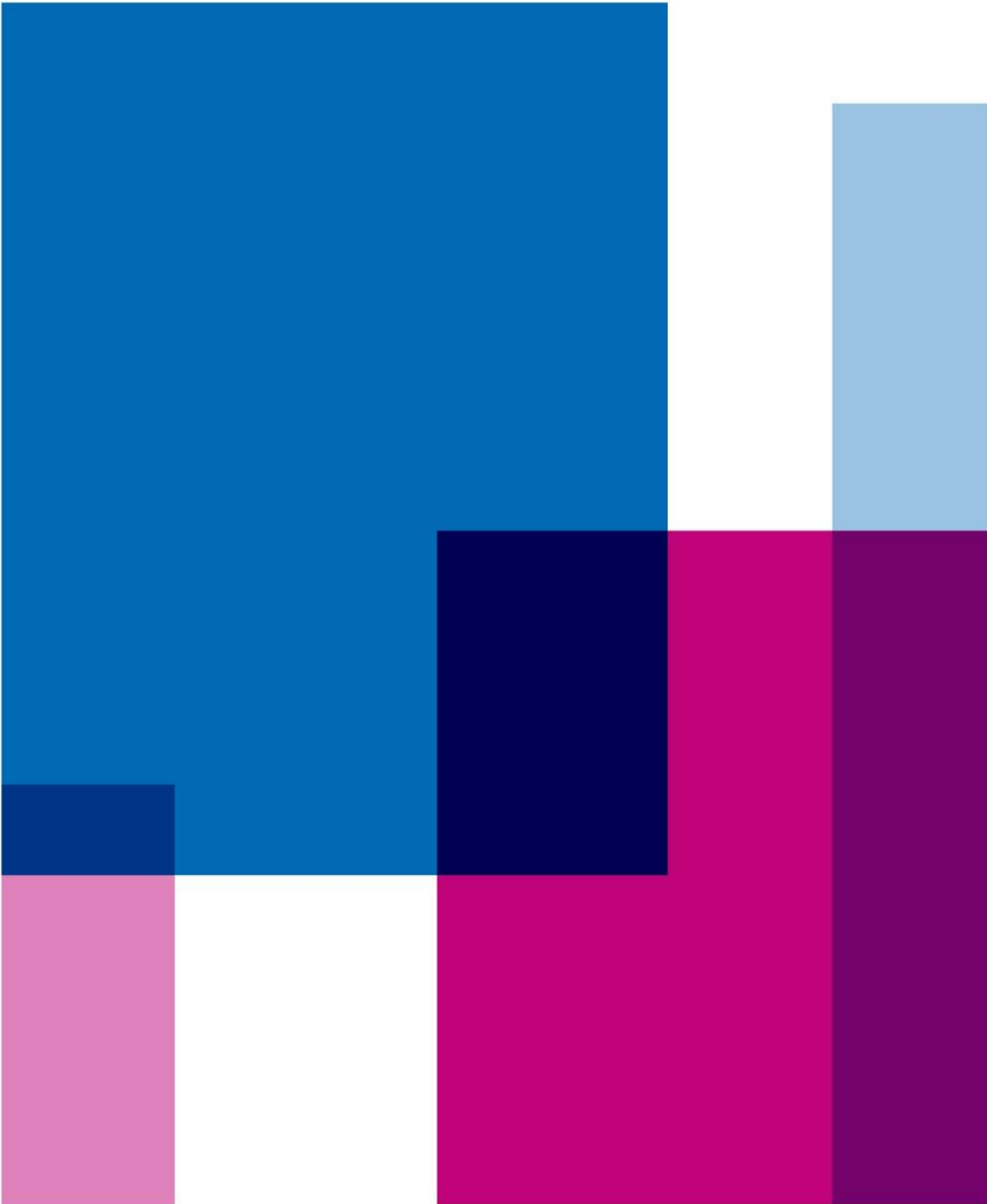
Date: Thursday 5th October

Time: 12:15

Location: Vassall Centre Gill Avenue, Bristol, BS16 2QQ

Agenda Number :	5	
Title:	Chief Executive Update – July	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	Yes/No
Purpose: For Information		
Key Points for Discussion:		
<p>The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive’s perspective, of importance to the successful delivery of the ICB’s aims and objectives.</p> <p>The main areas of discussion this month are;</p> <ul style="list-style-type: none"> • ICB Organisational Structures • Winter Preparations • Industrial Action 		
Recommendations:	To note the current position	
Previously Considered By and feedback :	No other groups	
Management of Declared Interest:	No declared interest	

Chief Executive Briefing – October 2023



Purpose

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues since the last board meeting, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- **ICB Organisational Structures**
- **Winter Preparedness**
- **Industrial Action**

ICB Organisation Structures

As agreed at the May 2023 Board Meeting we are taking an engaged approach to the reorganisation of the ICB as is required by NHS England to ensure that running cost reductions are achieved.

In March 2023 NHS England wrote to all ICB's to advise us that we needed to reduce our running costs by 30%; the formal request is for this to be delivered in two stages - 20% to be delivered by the end of 2024/25 and 10% to be delivered by the end of 2025/26.

We are approaching this as a single stage process of restructuring the ICB to achieve the required savings – this is to create the headroom to plan and balance the books in the second year. NHSE require us to have an agreed final plan by March 2024 to achieve the whole of the 30% reduction.

NHSE have confirmed, that whilst they will seek assurance from ICBs that plans are on track on a regular reporting basis, the governance and decision making for how the RCA efficiencies are achieved sit within the ICB.

It is proposed that our new operating model will go to the ICB Board in early December. In advance of the full model, it is proposed to develop a senior executive level model and consultation document. If approved by the Board it is my intention to move forward with senior executive restructuring at pace. To support this process, partner Chief Executives participated in a meeting on the 14th September to explore what roles and responsibilities could be delivered from within the system as opposed to within the ICB. It was agreed that the following areas would be explored over the next phase.

- A new model for the management of localities
- Primary care management
- Provision of I.T. services to General Practice
- A shared system approach to Continuous Improvement.

A full consultation document will be created and agreed by the Executive Team, shared with staff and signed off by the ICB Board at the beginning of Dec. Formal consultation will then begin.

A Voluntary Redundancy/Exit Scheme was formally launched at the end of September within the ICB. This is open to all ICB staff for applications for three weeks in October before consideration by a panel in November. Leaving dates for successful applications would be in the spring. With a view to protecting as many substantive opportunities as possible within the ICB, we will have put a hold on all recruitment from 1st September 2023, which will last at least six months.

These are very challenging times for all of us and whilst we review and revise our operating model, our staff are continuing to do the day job and deliver on key pieces of work to improve the lives of the population.

Winter Preparedness

Our ability to keep people safe, and to deliver good outcomes, over this winter is a major system challenge and objective. The system is working closer than ever to plan and deliver a strong approach to winter.

Paper 6.2 in this agenda outlines the national approach to winter and our system response. Reflections from last year are also included to inform future planning. As discussed at the Board meeting last month a system wide workshop was held on the 7th September to learn from the delivery of winter 2022/23. Key positives identified include issues such as really getting under the skin of the causes of 'No Criteria to Reside (NCTR)', improved relationship around the back door and the impact of the Children and Young Persons (CYP) schemes. Further opportunities were also identified in the areas of joint working with regards to therapists, the ARI hub response was just too late in the winter to have the desired impact and although the Winter Delivery Group (WDG) and the Winter Escalation Group (WEG) worked well it was felt that momentum was lost over time and it is important that the positive aspects of these groups are built on this year.

Key risk and next steps with acute, community, mental health, primary care and local authority partners, are outlined in paper 6.2 including winter governance. Further detail is included in the appendices including compliance with national requirement for a system coordination centre (SCC), local position on the new Operational Pressures Escalation Levels (OPEL) framework and self assessment undertaken on the current system position in key service areas e.g. frailty as part of the winter submission to NHSE.

As presented in previous board meetings, our approach to winter started at the end of last winter with a clear approach to new investment with major schemes to improve capacity and flow. Work is underway to learn from last winter and system partners are clearly owning the challenge and are fully committed. However, it must be noted that the challenge of winter remains considerable.



Industrial Action

Both consultants and junior doctors took industrial action on the 2,3,4 October.

As per previous industrial action, our message to the public continued to be come forward for the care you need. People will be contacted directly if appointments need to be rearranged.

During strike action we prioritised resources to protect emergency treatment, critical care, neonatal care, maternity, and trauma, and ensure we prioritise patients who have waited the longest for elective care and cancer surgery.

We were asking patients to choose services wisely during industrial action and take simple steps to help ensure care is available to patients who need it most. This includes using 111 online as the first port of call for health needs and continuing to only use 999 if it is a life-threatening emergency.

We were also asking relatives and carers to do everything they can to work with staff to get their loved ones home from hospital as soon as they are fit for discharge.

Therefore, in summary we have been working, as a system, to ensure plans are in place and risk is mitigated as far as possible however the impact of a joint action from both consultants and junior doctors was considerable. It is becoming exceptionally clear that the action is having a negative impact on both elective and unscheduled care. In a recent letter from NHSE to the BMA it was highlighted that the 'Christmas Day' level of cover is insufficient to ensure appropriate levels of patient safety are being maintained across local health systems. This is particularly the case in the current period of industrial action, with three consecutive Christmas Day levels of service.

At a local level it is clear that unscheduled care came under extreme pressure during the industrial action. Both UHBW and NBT were in Opel 4 status with performance levels deteriorating considerably. With regards to elective care it is evident that the industrial action is having a real negative impact on our ability to meet the planned 65+ week trajectories with a particular impact on cancer performance.