

Integrated Care Board

Date of meeting	13 March 2024
Title of paper	Chief Executive's Board Report
Presented by	Kevin Lavery, Chief Executive
Author	Kirsty Hollis, Associate Director and Business Support to the Chief Executive
Agenda item	6
Confidential	No

Executive summary				
<p>This report is a stocktake of what we have achieved during the past twelve months, where we are now and how we need to progress.</p> <p>A theme throughout the report is supporting our staff and colleagues.</p>				
Recommendations				
The Lancashire and South Cumbria Integrated Care Board is requested to note the updates provided.				
Which Strategic Objective/s does the report relate to:				Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience			x
SO2	To equalise opportunities and clinical outcomes across the area			x
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			x
SO4	Meet financial targets and deliver improved productivity			x
SO5	Meet national and locally determined performance standards and targets			x
SO6	To develop and implement ambitious, deliverable strategies			x
Implications				
	Yes	No	N/A	Comments
Associated risks			x	
Are associated risks detailed on the ICB Risk Register?			x	
Financial Implications			x	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
n/a	n/a		n/a	

Conflicts of interest associated with this report

Not applicable.

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	

Report authorised by:

Kevin Lavery, Chief Executive

Integrated Care Board – 13 March 2024

Chief Executive's Board Report

1. Introduction

- 1.1 Albert Einstein once said that “If you can't explain it simply enough, you don't understand it well enough” and I have been reflecting on the complexity facing ICB and the wider system over the coming years and how we can communicate our vision, strategy and plans in such a way that brings the challenge to life for our colleagues and patients.
- 1.2 Our financial position is one of the most challenged in the country and that brings with it significant scrutiny. We have system plans for recovery and transformation on a scale never seen in L&SC. There are leadership changes within some of our NHS organisations and there may be changes nationally with an election on the horizon.
- 1.3 Change and complexity causes anxiety within our workforce, so how do we break it down to keep it simple, if we are to accelerate the momentum of change whilst keeping the trust and confidence of our workforce and the public we serve. This is something that we will be working on in the coming weeks.
- 1.4 With this challenge and uncertainty comes opportunity and we must harness the excellent work that our team's deliver on a daily basis and use that and them to drive progress through recovery and transformation. The vision for our system, together with our strategic objectives needs to be at the forefront of our planning and these are described in our NHS Joint Forward Plan which is available on our website.

2. Stock take

- 2.1 March also gives us an opportunity to take stock of what we have achieved over the last twelve months, what we are proud of and where we need to be better.
- 2.2 Despite all the challenges we have faced, overall, the system has performed well. Our performance report shows that we are an upper quartile performer across many of the metrics against which we are judged. University Hospitals Morecambe Bay NHS Foundation Trusts (UHMB) has moved from a system oversight framework (SOF) rating of 4 to 3 and Lancashire and South Cumbria NHS Foundation Trust (LSCFT) were judged good in a recent Care Quality Commission (CQC) inspection.
- 2.3 Our system response to winter pressures has been complicated by the impact of two prolonged periods of industrial action. However, colleagues have continued to work incredibly hard with commitment, dedication and compassion in very difficult circumstances. Our performance against some key

performance indicators has dipped during this time but we have maintained performance better than the national average and all our colleagues are to be given our heartfelt thanks.

- 2.4 Financially, our system is one of the most challenged in the country. But, despite managing in-year pressures from inflation, individual packages of care and not being able to reduce costs as anticipated due to the system continually being under severe pressure, our forecasting has remained consistent throughout the financial year and in line with the level of risk we identified in April 2023. Between the seven NHS organisations in Lancashire and South Cumbria, the system has delivered financial efficiencies of £244.3m in 2023/2024, of which 63% is recurrent. This is the highest amount of savings ever delivered within our system at about 6.1%
- 2.5 One of the major areas of concern for our system has been the significant increase in whole time equivalents over the past four years along with our reliance on temporary staffing including agency, bank and temporary contracts. In 2023/2024, nationally the trend is increasing staffing numbers by about 3%, yet in L&SC, excluding areas of planned investment in North West Ambulance Service and Lancashire and South Cumbria NHS Foundation Trust, our position by year end will be a marginal reduction in our staffing numbers and reducing agency expenditure, with further reductions planned for 2024/2025.
- 2.6 Our recovery and transformation programmes for both clinical reconfiguration and corporate service collaboration now have credible plans which describe how services will be transformed over the next three years and when the financial benefits will be realised. This is a significant step forward and again contributed to a building confidence in our ability to recover and transform, albeit over a number of years.
- 2.7 There is much to be proud of, but equally there is a lot to do! System recovery will not be a quick fix and it will take the commitment of all our organisations, pulling in the same direction to achieve the quality improvements and a sustainable financial position.
- 2.8 Within the recovery and transformation programme, there is a significant role for our places. As a Board, we have already committed to a roadmap leading to a place integration deal, but given the current challenges I have been working with the Directors of Place and Health Integration to reassess their priorities and a realistic expectation of timeframe for the integration deal including financial delegations.
- 2.9 Recovery and transformation provides a perfect opportunity for place to make a difference, to be at the forefront of significant pieces of work in pathway redesign for admission avoidance and discharge, particularly focusing on the identified priority wards. The executive are shortly to receive an update on more detailed plans for this work and we look forward to seeing the benefits that integrated working in our places brings to these programmes of work.

3. Quality Improvements

- 3.1 Despite the challenges, our top priority always has to be the quality of care we commission for and on behalf of our residents. The improvements at UHMB and LSCFT show how quality is improving on the ground. These are great achievements by both organisations which have taken a lot of hard work and dedication by all our colleagues at UHMB and LSCFT. We offer them our warmest congratulations

4. Board Assurance Framework

- 4.1 During February, the executive team dedicated some time to reviewing the board assurance framework. This session generated some lively discussion regarding the description of our risks, their management and how they are reported.
- 4.2 There will be some 'ups' and some 'downs' to ensure we take a balanced perspective using evidence based decision making. In particular, our rating for finance will move up given the scale of the challenge we face, whilst our rating for performance will reduce because we are at upper or lower upper quartile on most key metrics. These changes will be discussed and debated in our Borad session in April.

5. Planning

- 5.1 Colleagues across all our teams in the ICB are working hard pulling together the ICB plans for 2024/2025. In a perfect world, we would be asking the Board to sign off these plans today, but there is still work to do particularly linking commissioning intentions to our financial plan and budget for the financial year. We await final guidance but do not envisage there to be much change from the draft version we have been working to.
- 5.2 Addressing longer term planning, ICBs and their partner trusts are required by NHS England to prepare a five-year Joint Forward Plan (JFP) setting out how they propose to exercise their functions over the following five years. Each year they are required to review and/or revise it before the start of the financial year if significant changes are needed. ICBs are then required to take any revised plan through Health and Wellbeing Boards as well as formal governance with NHS partners.
- 5.3 The L&SC JFP was signed off by the ICB Board in July 2023 – later than the usual March deadline to reflect the fact that the ICB had only just been established. The JFP includes a clear vision and five strategic priorities and clearly maps to the priorities agreed within the L&SC Integrated Care Strategy. Its development was underpinned by a comprehensive programme of stakeholder engagement. All other plans, policies, and frameworks within the system and nationally, have been mapped back to the JFP and there is full alignment with the ICB's corporate strategic objectives.
- 5.4 Given the on-going work on 2024/2025 plans and the need to align back to the JFP, it is proposed that a refresh of the JFP be undertaken during quarter 1 and then discussed at the next public board meeting.

6. Supporting our staff

- 6.1 Supporting the health and wellbeing of our staff, remains a priority for our teams. Since my last report there have been a number of events and sessions aimed at doing just that.
- 6.2 At the time of writing, the results of the staff survey are embargoed, but we have had sight of some of the themes that are emerging. There is an improvement in line management experience and staff feel supported when making reasonable adjustments to support their working environment. However, there is more work to do, particularly in bringing to life our priorities for 2024/2025. We will be spending a considerable amount of time at our next executive development day considering the results and how we can respond.
- 6.3 The 1st February was “Time To Talk Day” and our health and wellbeing champions hosted a special listening room to join a special listening room to raise awareness of mental health issues and if necessary receive or be signposted to support. All staff were encouraged to participate or to know how to access help if they need it.
- 6.4 Also in February, we had over 60 colleagues who joined the equality in employment, workforce and leadership grading event. This was an opportunity for staff to contribute to the ICBs evidence based self-assessment using a system which helps NHS organisations improve the services they provide for their local communities and create better working environments, free of discrimination for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The results of the event are being collated and will be presented in due course.
- 6.5 Remaining on the theme of inclusivity, our People team is working hard to foster an inclusive culture. The team are developing a number of staff networks to bring colleagues together to support each other, raise awareness and influence meaningful change in our workplace. The team is keen to establish three networks initially, covering disability, LGBTQ+ and race equality, with more to follow. Staff have been encouraged to get involved, whether they identify with any of the networks or if they are interested in showing support as an ally.

7. A note of thanks

- 7.1 This meeting will be the final one chaired by David Flory. David has been pivotal in guiding our ICB through its establishment and first eighteen months of existence. His counsel and deep understanding of not only the NHS but health systems worldwide have been instrumental in guiding not only this Board but myself and members of the executive team through those tough first months. We offer our thanks to David and wish him well as he takes up the role of Chair at Liverpool Teaching Hospitals NHS Foundation Trust.

Kevin Lavery

29 February 2024