

# Meeting of ICB Board

Date: Thursday 2<sup>nd</sup> February 2023

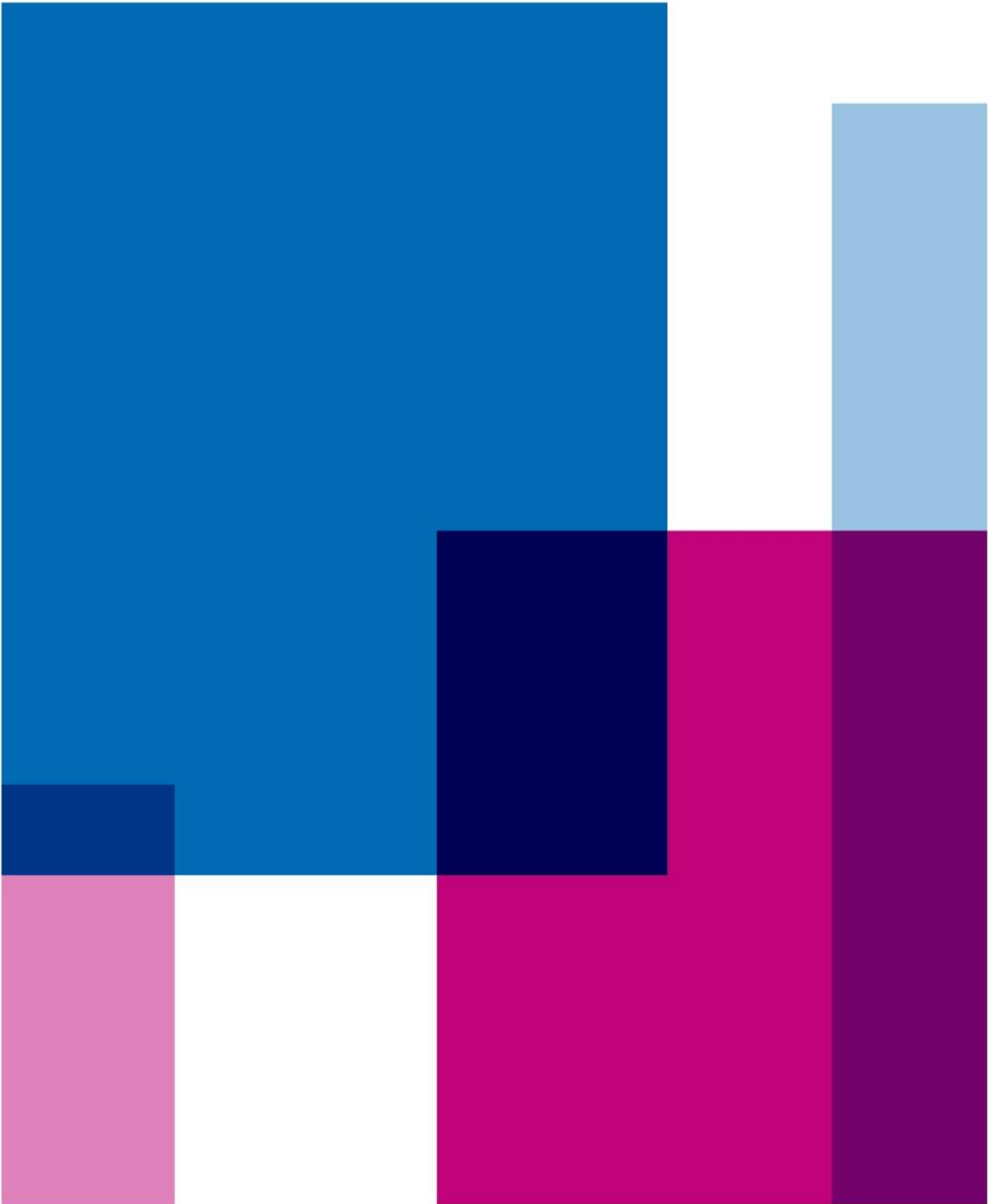
Time: 12:30

Location: The Holder and Frys Rooms, Future Inn, Bond Street South, Bristol BS1 3EN

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<b>Agenda Number :</b>	5
<b>Title:</b>	Chief Executive Update – February 2023
<b>Purpose: For Information</b>	
<b>Key Points for Discussion:</b>	
<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"><li>• <b>Decision Making Framework – Improvement Groups</b></li><li>• <b>ICB Organisational Structures</b></li><li>• <b>Winter headlines</b></li><li>• <b>Approach to Planning</b></li></ul>	
<b>Recommendations:</b>	To note the current position
<b>Previously Considered By and feedback :</b>	No other groups
<b>Management of Declared Interest:</b>	No declared interest

# Chief Executive Briefing – February 2023



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## 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;

- **Decision Making Framework – Improvement Groups**
- **ICB Organisational Structures**
- **Winter headlines**
- **Approach to Planning**

## Decision Making Framework – Improvement Groups

For the Integrated System to be successful it is important that all members of the Board, and the Integrated Care System, have a full and agreed understanding as to how decisions will be made and enacted. Without a clear framework we introduce the possibility of ambiguity of roles and responsibilities and of crossing over existing decision and governance arrangements within existing partner organisations. At the ICB board meeting in December 2022 the Board approved the systems decision making framework.

The Decision-Making Framework sets out the role and functions of the unitary and partner organisations within the Integrated Care System (ICS) in relation to decision-making. It introduced the concept of multi-disciplinary Health and Care Improvement Groups as the surveillance architecture for the ICS responsible for achieving its system deliverables, supported by ICB enabler functions. The Decision-Making Framework also proposed a System Executive Group is established to make system decisions as required, and to ensure actions from the ICB Board are progressed.

Since its approval, ICB staff and system leaders have further developed the concept of the health and care improvement groups.

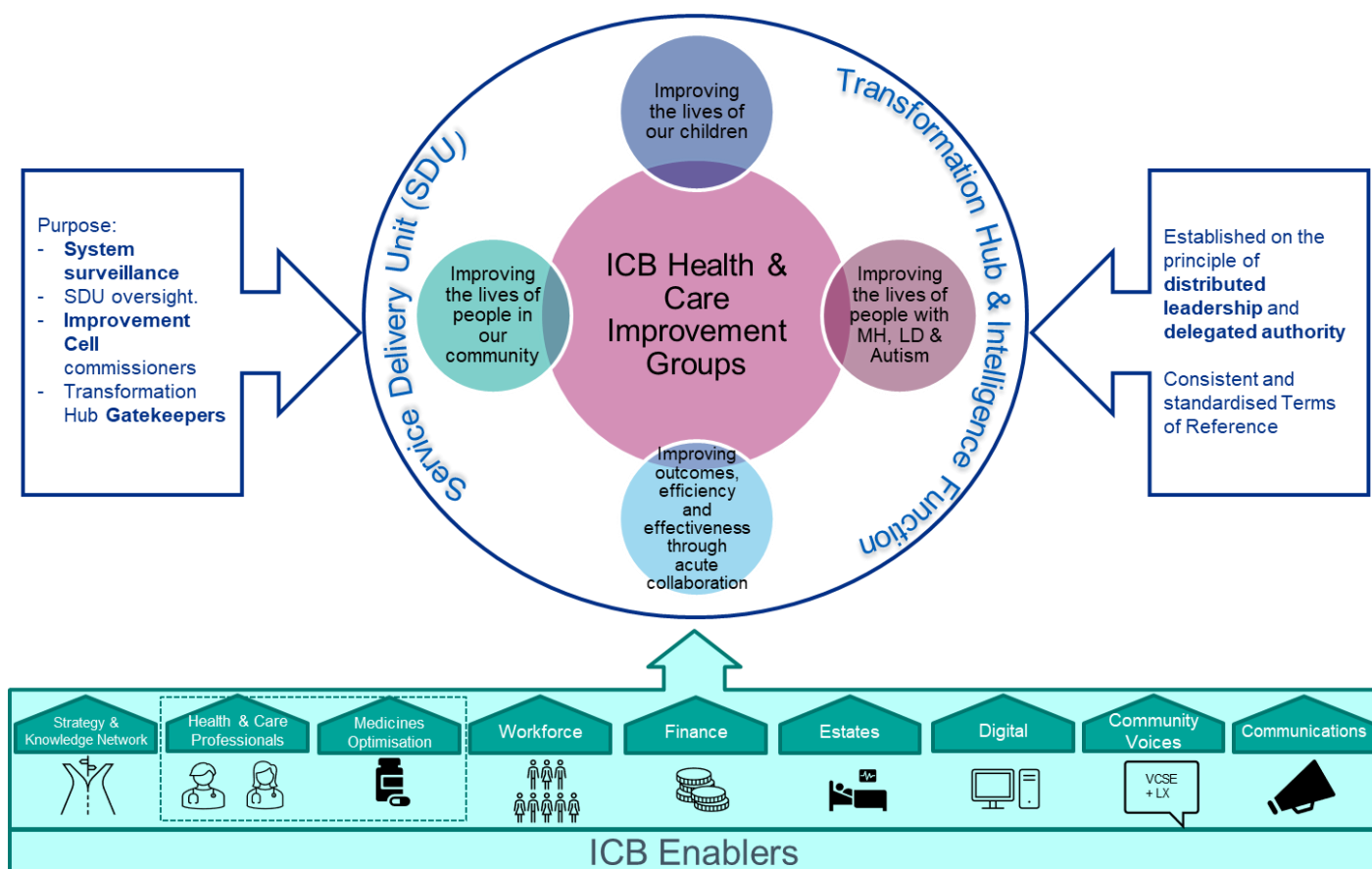
It has been agreed that the purpose of the Health & Care Improvement Groups will be to focus on innovative approaches to improvement to achieve our BNSSG System Deliverables:

- BNSSG Integrated Care Strategy/Strategic Objectives
- 5 Year Joint Forward Plan
- In-year Operating Plan
- National priorities as directed by NHS England
- System Outcomes, locally prioritised.

They will provide the surveillance architecture for the system; ensuring our ICS partners are working together effectively, collaboratively and symbiotically. Their primary purpose will be system delivery.

The ICB Service Delivery Unit (SDU) will be the substantive system architecture where ICS partners and ICB enabler functions collaborate to achieve System Deliverables. The SDU will align to a Sponsoring (and where applicable, Contributing) Health and Care Improvement Group(s) and work symbiotically to realise improvements in health and care services. When SDUs are not achieving the System Deliverables, together with the ICB Health & Care Improvement Groups they will stand up Improvement Cells with the specific purpose of getting the SDU back on track.

The ICB Health & Care Improvement Groups will be the Gatekeepers of the ICB Transformation Hub; driving innovation and improvement.



The membership of each of the four improvement groups will be as follows

<b>ICB Executive Lead (Chair):</b>	ICB Executive	Delegated executive authority via ICB Scheme of Reservation and Delegation (SORD)
<b>ICS Partner Executive Lead(s):</b>	ICS Partner Executive(s)	Nominated from ICS Partner organisation(s)

<b>ICB Clinical/Professional Lead:</b>	ICB Chief Medical Officer or Chief Nursing Officer	Statutory clinical professional accountability for ICS functions and delivery. CMO and CNO deputies will also be in attendance.
<b>ICS Clinical/Professionals:</b>	ICS Partner(s) Health & Care Professional(s)	Nominated from Health & Care Professional Executive (HCPE).
<b>ICS Public Health Lead:</b>	ICS Local Authority Public Health Director	Nominated from BNSSG Local Authorities
<b>ICS Finance Lead:</b>	ICS Partner Director of Finance	Nominated from the BNSSG Directors of Finance Group.
<b>ICS Partner Leads:</b>	Health & Care Improvement Group specific	Nominated from (but not limited to): <ul style="list-style-type: none"> <li>- Locality Partnerships</li> <li>- VCSE</li> <li>- Adult Social Care Collaborative</li> <li>- GP Collaborative Board</li> <li>- Primary Care Collaborative</li> <li>- Academic Health Science Networks</li> <li>- Universities</li> <li>- Private sector</li> </ul>
<b>ICB Enablers:</b>	Representatives from all ICB enabler functions	<ul style="list-style-type: none"> <li>- ICB Strategy, Population Health and Business Intelligence Teams</li> <li>- Health &amp; Care Professionals</li> <li>- Medicines Optimisation (ICB Chief Pharmacist/Director of Pharmacy)</li> <li>- Workforce</li> <li>- Finance</li> <li>- Estates</li> <li>- Digital</li> <li>- Communications</li> <li>- Community voices – including VCSE advocate organisations and people with Lived Experience</li> </ul>

## ICB Organisation Structures

As was presented at the December ICB Board meeting the Senior Executive appointments have been completed. It has been agreed that Jo Hicks will start in the role of Chief People Officer on the 27<sup>th</sup> February, this will complete the team.

The Executive Team have been moving forward with the next stages of reorganisation. The team have now developed a proposed new operational structure, below executive level, and the details are in the process of being shared throughout the organisation. The changes have been designed

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on the basis of transitioning staff into new directorates and then transforming from within their new teams.

As the board are aware we have a timescale linked to different phases of the transition and transformation. As of the 1<sup>st</sup> of February 2023 we will be entering phase 3.

Phase 1 This is where we will talk to individuals and teams about transitioning work areas, which need to move into their new directorate.

Phase 2 This is where executives, in discussion with their teams redesign their structures (if necessary). Not all directorates will need to do this. We will also carry out an analysis of the new structures to decide on the best change management approach, which causes the least disruption to teams and individuals.

Phase 3 During this period, we will engage with everyone about the new structures and carry out any formal change management consultation with affected staff.

Phase 4 is when we implement the transformation. We expect this to last from the beginning April to the end of May.

As the process was evolving it became clear that some staff were uncertain about the level of change that we were entering. On Wednesday 25<sup>th</sup> January I presented the following information to all staff (through the weekly staff meeting) to ensure consistency of message.

*“Over the past few weeks, I have been asked whether or not significant financial saving will need to be made from our workforce and if redundancies are anticipated. I want to be completely transparent with you regarding the funding situation and our approach. What is clear is that all ICBs will continue to be scrutinised regarding our running costs and the situation we find ourselves in is consistent across all ICBs.*

- *I do not expect our organisation staffing numbers to grow.*
- *There has been a reduction in our real terms funding, this is due to the pay award and inflationary costs, which we now know are not going to be covered centrally. This means that we as an organisation need to find the money to cover this, which is a 10% added cost pressure to us.*
- *The increase in non-recurrent funding that we have received over the past two years because of Covid is ceasing at the end of March. What this means is that it is unlikely we are going to be able to renew fixed term contracts that have been funded by this money. Over the next few weeks line managers will start to meet with all members of their team who are on fixed term contracts to talk about next steps. This means our ICB will soon start to feel a little smaller due to the reduction of fixed term posts.*

*At the beginning of the directorate transition and transformation process I stated that we would work hard to try and limit the number of colleagues who are formally affected by the changes, and I remain committed to this. Unlike some ICBs, we have not and are not planning to offer a voluntary redundancy scheme or MARS scheme (Mutually Agreed Resignation Scheme) as we do not believe that the number of posts/individuals that will be impacted will be that high. Unfortunately, that doesn't mean I can completely rule out compulsory redundancy for a*

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*small number of permanent posts/individuals. What I can promise you is that we will use our best efforts to find suitable alternative roles for anyone who is affected”.*

The process of staff / management engagement, as the beginning of phase 3, will start on Friday 3<sup>rd</sup> February.

## Winter Headlines

December has been very challenging across the with significant pressure from multiple infectious diseases

- Influenza
- COVID-19
- Norovirus

With challenges across all sectors. At the front door there were significant challenges in call answering at 111 with a call abandonment rate of 48.8% (target 5%), and a 999 call response time of 126 seconds (target 5%). Our category response times for category 2 ambulance was 169 minutes (target is 18mins). There were on average 413 ambulance hours lost per day through December due to Handover delays and ED performance was 54.1% and 2003 patients waiting over 12 hours in ED through December.

On the 30<sup>th</sup> December we took the decision to declare a System Critical Incident in order to support flow, and we took a wide range of actions to improve flow including an additional 70 Care Home beds, and focusing all staff on every bed matters, which including our care sector colleagues who assessed and admitted patients across the bank holiday weekend.

The position across January 2023 has significantly improved within our acute sector with sustained improvement in our category 2 ambulance response times to be within 30 mins, but remains significantly challenged in Sirona and the three local authorities social care teams and we are focusing the additional funding allocated in January 2023 towards increasing non-recurrent capacity in the Social and Community Care.

The System has operationally managed the Industrial Action in the NHS through December and January well and has managed the risks that have presented on the day. In managing the Industrial Action, the system has had to cancel scheduled operations, some of which were for cancer surgery as well as outpatients and routine community and GP appointments. These are being rescheduled as quickly as possible.

## Approach to Planning

We are currently progressing work on our annual NHS operational plan and the first iteration of our 5-Year Joint Forward Plan. We have taken a different approach to planning this year, by engaging partners to play leading roles in the process and starting much earlier. We hosted two system ‘Planning Days’ in the Autumn and a further workshop focussed on ‘Home First’ in January. The

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approach has facilitated opportunities for all ICB Partners to engage in system planning across all sectors. For example, I was delighted to hear that Dr Mark O'Connor (Medical Director, One Care) led the discussions on primary care at 'Planning Day 2' in December.

We have a shared understanding of the opportunities and challenges we need to address and of the financial and workforce we need to work within. For example, we have improved significantly in 2022/23 against key national targets in Mental Health. Meanwhile, we have been challenged in recovering elective activity to pre-pandemic levels as bed occupancy has remained too high due to delayed discharges. ICB Partners have confirmed unanimous support for continuing with Home First as our key strategy for overcoming these challenges and improving system productivity. The NHS financial settlement provides c5.4 % real terms growth. This should enable us to continue investing in Home First and to deliver our Medium-Term Financial Plan to reduce the underlying deficit. Success will depend on realising the benefits from these investments and improving efficiency, enabling us to minimise ambulance handover delays and reduce use of escalation beds and agency staff.

Whilst we do not underestimate the delivery challenges that lie ahead, the constructive engagement from Partners in the planning process stands us in good stead and will only be strengthened by standing up the four Health and Care Improvement Groups, as approved by the Board.