

## BNSSG Integrated Care Board (ICB) Board Meeting

Minutes of the meeting held on Thursday 5<sup>th</sup> October 2023 at 12.30, at The Vassall Centre,  
Gill Avenue, Bristol, BS16 2QQ

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### DRAFT Minutes

<b>Present</b>		
Jeff Farrar	Chair of BNSSG Integrated Care Board	JF
John Cappock	Non-Executive Member – Audit	JCa
Jaya Chakrabarti	Non-Executive Member – People	JCh
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
Ellen Donovan	Non-Executive Member – Quality and Performance	ED
Dominic Hardisty	Chief Executive Officer, Avon and Wiltshire Mental Health Partnership NHS Trust	DH
Jon Hayes	Chair of the GP Collaborative Board	JHa
Maria Kane	Chief Executive Officer, North Bristol Trust	MK
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Alison Moon	Non-Executive Member – Primary Care	AM
Sue Porto	Chief Executive Officer, Sirona care & health	SPo
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
Jo Walker	Chief Executive Officer, North Somerset Council	JW
Eugine Yafele	Chief Executive Officer, University Hospitals Bristol and Weston NHS Foundation Trust	EY
<b>Apologies</b>		
Aishah Farooq	Associate Non-Executive Member	AF
Stephen Peacock	Chief Executive Officer, Bristol City Council	SP
Dave Perry	Chief Executive Officer, South Gloucestershire Council	DP
Will Warrender	Chief Executive Officer, South Western Ambulance Service NHS Foundation Trust	WW
Steve West	Non-Executive Member – Finance, Estates and Digital	SW
<b>In attendance</b>		
Jen Bond	Director of Communications, BNSSG ICB	JB
Colin Bradbury	Director of Strategy, Partnerships and Population, BNSSG ICB	CB



Sue Doheny	Regional Chief Nurse (South West), NHS England	SDo
Deborah El Sayed	Director of Transformation and Chief Digital Information Officer, BNSSG ICB	DES
Katy Harris	Project Support Officer (Minutes), BNSSG ICB	KH
Rob Hayday	Chief of Staff, BNSSG ICB	RH
Jo Hicks	Chief People Officer, BNSSG ICB	JHi
Ruth Hughes	Interim Chief Executive Officer, One Care	RH
David Jarrett	Director of Primary and Integrated Care, BNSSG ICB	DJ
Vicky Marriott	Healthwatch Bristol North Somerset and South Gloucestershire	VM
Sarah Weld	Director of Public Health, South Gloucestershire Council	SW

	Item	Action
1	<p><b>Welcome and Apologies</b>            Jeff Farrar (JF) welcomed all to the meeting including regular public attendees. The above apologies were noted.</p>	
2	<p><b>Declarations of Interest</b>            There were no new declarations of interest and no declarations pertinent to the agenda.</p>	
3	<p><b>Minutes of the 7<sup>th</sup> September 2023 ICB Board Meeting</b>            The minutes were agreed as a correct record.</p>	
4	<p><b>Actions arising from previous meetings and matters arising.</b>  <b>Action 54</b> – Deborah El-Sayed (DES) confirmed the ICB Executive Team were meeting weekly to discuss performance and that seminar sessions with the board were being co-ordinated by Rob Hayday (RH). Action to be closed.  <b>Actions 73 &amp; 74</b> – Sarah Truelove (ST) confirmed ongoing work to risk registers was underway and would return to the ICB Board in December.            All other due actions were closed.</p>	
5	<p><b>Chief Executive Officers Report</b>            Shane Devlin (SD) confirmed his intention for the report to be succinct with a focus on three main areas, the ICB restructure, Industrial Action and Winter Planning.</p> <p>SD highlighted that the ICB was undergoing a restructure to reduce costs by 30%. The ICB Board was being updated of progress at each meeting, and at the closed meeting earlier today there had been discussions about a change to the planned process. Previously it had been anticipated that there would be one consultation in December 2023 however there would now be a short consultation in October for the structure of the Executive Directors, with the intention of establishing a new Executive Team structure in November. The report also outlined the role of the ICB in the system and noted 4 key areas which had been agreed to be further explored by the BNSSG System Executive Group (SEG). These were management of localities, primary care management, IT services for general practices and shared system approach to continuous improvement. SD confirmed that as planned, consultation with all staff would start in December 2023. A voluntary redundancy scheme had opened, with a panel established to manage applications.</p> <p>SD noted that winter preparedness would be discussed further later in the agenda but acknowledged the large amount of collective work already happening. SD confirmed that the role of ‘winter director’, previously held by Lisa Manson, would be clinically led this year by Jo Medhurst (JM) and Rosi Shepherd (RS) as CMO and CNO respectively. They would be supported by Dave Jarrett (DJ) and the Deputy Director of Performance and Delivery. SD cautioned that performance over the winter period would not be achievable on the work of the ICB alone and confirmed that the Winter Delivery Group (WDG) and Winter Escalation Group (WEG) as well as SEG were</p>	

	<p>prepared for potential escalations. SD stressed that although there had been heavy investment in winter planning it remained a risk and a challenge.</p> <p>SD acknowledged the ongoing Industrial Action, with consultants and junior doctors striking this week. A process was in place for Industrial Action preparedness, and it was noted that avoiding harm was becoming increasingly difficult due to the length of the action. SD confirmed there had been considerable elective cancellations and impact on other procedures which had a direct impact on patients. SD noted a letter sent from NHS England to the British Medical Association stressing that so called 'Christmas Day Cover' was not sustainable, safe, or effective for any considerable length of time. SD affirmed that this was not a political but factual statement that Industrial Action was causing real harm to the population of BNSSG.</p> <p>Ellen Donovan (ED) acknowledged the strength of the report, but queried lessons learnt on winter preparedness and the level of understanding of the root causes of no criteria to reside (NCTR) numbers. SD acknowledged that work on NCTR had shown improvement through front door measures with room for further improvement particularly in areas such as Discharge to Assessment (D2A) and Transfer of Care (TOC) where work was ongoing. SD noted that work undertaken by DJ indicated that winter would be difficult but felt that the Board and system had improved its understanding of the causes of NCTR, which had recently been commended by a national task force, however there remained work to be done.</p> <p><b>The ICB Board received the report</b></p>	
6.1	<p><b>Winter Planning</b></p> <p>JM presented the report on Winter Planning noting that it did not include the national submission from September 9th, which was more detailed. JM proposed taking the report to the Outcomes. Performance and Quality committee for a more thorough examination. Four areas were marked as green on the RAG ratings within the report. JM emphasised that JM, DJ, and RS would be actively involved in Gold/Silver command structures as winter approached.</p> <p>DJ explained that the full winter submission was a complex process and the paper discussed four out of ten high-impact interventions where additional system support or assistance could be beneficial. It was noted that all services were integrated into the winter plan and mitigation strategies were discussed.</p> <p>RS introduced the new Operational Pressures Escalation Levels (OPEL) system, which included nine measures related to adults and flow and emphasised that the focus should not be limited to these nine measures alone, as the Gold/Silver framework encompassed all aspects, not just those reported under OPEL.</p> <p>AM noted the wording of moving away from a reactionary response to winter challenges and sought clarity. RS noted the importance that the shift toward a</p>	

	<p>proactive approach was accurately reflected in the wording of the report. JM noted that there was more scope for prediction based on factors like bed availability and workforce which could help in moving toward a proactive approach but acknowledged the phrasing may need refinement. RS emphasised the need to consider the entire system to effectively address all pressures.</p> <p>JCa inquired about the burden of national reporting and any potential developments. JM agreed to discuss this further with the ICB's Deputy Director of Performance and Delivery and Head of Urgent Care and provide a response. SD confirmed a commitment from NHS England to reduce the burden of national reporting, although noted challenges in some cases that were not decided by the region. SD noted the idea of creating a foundry to reduce this burden had been discussed.</p> <p>Maria Kane (MK) emphasised the importance of considering the quality impact of spot purchases and questioned the new OPEL framework which automatically placed most trusts into a high-level OPEL 4. JM explained the intention to work with local and national metrics to highlight discrepancies and alignment, which would be discussed further in a workshop. SDo acknowledged that all acute hospitals were categorised as OPEL 4 under the new system at present and stressed the importance of viewing this as part of an ongoing improvement process. SD noted importance of the role of the Outcomes, Performance and Quality committee in ensuring that the plan was executed effectively.</p> <p><b>The ICB Board discussed and noted the systems response to winter</b></p>	<b>JM</b>
6.2	<p><b>Managing Conflicts of Interest Policy</b></p> <p>Rob Hayday (RH) introduced the Managing Conflicts of Interest Policy as an existing policy and explained that under the scheme of delegation some policies could now be approved by committees. The policy had been updated to include references to Health and Care Improvement Groups. RH noted that the policy would be further updated once guidance had been received from NHS England which was expected to include clarity on managing conflicts of interest within the Integrated Care System and provider selection.</p> <p>JCa noted the Audit and Risk Committee had reviewed and recommended the policy to the ICB for approval.</p> <p>JF queried the role and training aspect of the policy and RH confirmed ConsultOD training for Board members needed to be clarified.</p> <p>JF asked the board if they agreed to support the policy whilst awaiting the potential amendments.</p> <p><b>The ICB Board approved the policy as recommended by the Audit and Risk Committee</b></p>	

7.1	<p><b>Outcomes, Performance and Quality Committee</b></p> <p>ED explained that meetings had moved to bi-monthly but confirmed meetings with ICB Executives to discuss performance. ED noted Urgent Care performance continued to improve and noted the acknowledged concerns raised around industrial action and dermatology performance which would be considered at the November Outcomes, Performance and Quality Committee meeting alongside agenda items for NCTR, Operational Planning, Winter Planning and Home First.</p> <p><b>The ICB Board received the update from the Outcomes, Performance and Quality Committee</b></p>	
7.2	<p><b>People Committee</b></p> <p>Jo Hicks (JHi) noted the success of the Long-Term Workforce Plan round table session the previous week, describing it as highly productive and focused. The participants included educators, providers, and colleagues from local authorities. The main objective was to understand how to respond as a system and more actively involve social care and the voluntary sector. JHi appreciated the willingness to collaborate and described a tangible agreement on people and culture for BNSSG. It was acknowledged there was more work to be done and plans were in place to reconvene for further discussions. JHi confirmed plans to transition the leadership academy into a people academy using the People Committee as support.</p> <p>Jaya Chakrabarti (JCh) reported that workforce initiatives were achieving above plan, particularly in terms of international recruitment, and noted the first session on the GP 5-year strategy which was crucial in attracting and retaining talent. JCh confirmed there had been a discussion around a potential deep dive into social care and learning academy support highlighting the importance of co-producing in workforce transformation. JCh reinforced the need to ensure that the programme board facilitated this transformation since there was currently no overarching strategy for the social care workforce, which was currently operating in isolated silos. JCh highlighted the need for parity of esteem and funding in the social care sector. JCh confirmed an Equality, Diversity and Inclusion report was being created for the system and would be brought to the ICB Board in the new year.</p> <p>JF queried the processes to enact decisions made at the round table meeting. JHi confirmed that they were operating under a Senior Responsible Officer model to consider how to facilitate the implementation of various actions which would involve consolidating ideas and initiatives into clusters, some of which were already in progress. JHi committed to the aim of maturing existing ideas as well as introducing new ones, including expanding into cultural initiatives and exploring portfolio careers. JHi stressed the important role leadership played in driving these efforts.</p>	

	<p>ED queried the general feeling of the workforce across the system as well as whether there were any perceived staffing issues particularly considering winter pressures. JF acknowledged the challenges around temporary contracts and confirmed Eugene Yafele (EY) Chaired a People Group which would be key to progress. JHi confirmed monthly monitoring on the performance report, which was currently above plan encouraged by a drive on turnover rates, sickness and international recruitment.</p> <p>ST noted a positive planning day one held on Tuesday and confirmed the outcomes would be circulated to the board.</p> <p><b>The ICB Board received the update from the People Committee</b></p>	
7.3	<p><b>Finance, Estates and Digital</b></p> <p>JF confirmed he had chaired the September meeting which had included agenda items; a deep dive on funded care and its apportioned responsibilities, a reassuring update on Home First progress, the cost implications of Industrial Action including the £5.5 million in backfill pay between May and August, an award for mental health Voluntary and Social Enterprise (VSE) contracts which had been supported, and DES had provided an update on the shared data platform which impressed the committee.</p> <p>Sarah Truelove (ST) confirmed that the Medium-Term Financial Plan (MTFP) had been submitted to NHS England with positive feedback on the approach and maturity. ST highlighted that the month 6 finance report was significantly off plan, and this was partly due to the cost implications of Industrial Action, with concerns escalated over financial adjustments made to elective recovery funding that only covered Industrial Action until the end of April. ST acknowledged the challenges presented by the complex analysis required and admitted that the current level of clarity was unacceptable. Negotiations with the treasury continued. ST noted the inclusion of the consequences of not delivering the plan as well as inclusion of concerns around the significant costs associated with agency staffing. Improvements had been made in nursing staff but improvements were required in the areas of mental health and other medical staff. ST also raised concerns over primary care prescribing and confirmed system Directors of Finance and Prescribing Leads had met to discuss limiting prescribing costs.</p> <p>John Cappock (JCa) added that there had been significant discussion around the need to deliver this year in plan to write off debts.</p> <p>Dominic Hardisty (DH) acknowledged Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) had previously slipped on progress as focus needed to be shifted to urgent quality matters, however confirmed that continuous improvement plans were now in the delivery phase. DH noted that although unable to confidently confirm the result of this delay it would return to the Finance, Estates and Digital Committee at the end of the quarter.</p>	

	<p>ED highlighted October was a key milestone to understanding the challenge and asked ST whether there was confidence in delivering the plan and enquired about processes in place to mitigate these unforeseen issues. ST confirmed that the escalation of the elective funding situation had happened to enable accurate forecasting which had not yet been possible due to the lack of clarity.</p> <p>DES noted that the business case for advice and guidance had been stopped with a potential risk to AWP as they cover two ICS's. DES also confirmed that the joint Technology Enabled Care bid (TEC) had been submitted on behalf of all three local authorities which would support ambitions to enable and measure TEC. DES also confirmed an award of £285,000 had been received for the creation of a Cyber Group, with work ongoing as to where this can be most valuable.</p> <p><b>The ICB Board received the update from the Finance, Estates and Digital Committee</b></p>	
7.4	<p><b>Primary Care Committee</b></p> <p>Alison Moon provided a verbal update from the meeting held 26<sup>th</sup> September and commended the excellent support from partners, noting it had been ED's first Primary Care Committee meeting.</p> <p>Healthwatch had presented case studies associated with the GP access recovery plan to enable informed decision making. The plan sought solutions to the 8am rush for GP appointments as well as increasing overall patient satisfaction and the enablement of digital transformation which would return to the ICB board in November. ED confirmed that practices across BNSSG was performing well in some areas and not so well in others compared to other ICB's across the region noting the introduction of the RAG rating which would continue to evolve but showed a positive improvement. AM reported a positive review of the report on strategic development of dental services which highlighted four main areas for improvement including access and addressing variation, workforce, population level oral prevention and integration and collaboration. AM noted striking data on visually obvious tooth decay in children showed Bristol performing at a red on the RAG rating with South Gloucestershire and North Somerset dark orange indicating a need to focus priorities on early oral health. AM confirmed a winter planning update was given split into four areas and noted the successful collaborative bank involving nine practices with further connections being made. AM noted the extended opening of the acute respiratory hub from November to February. AM also acknowledged the support from the ICB and other partners in achieving a good CQC report for Green Valleys.</p> <p>DJ reported a positive dental strategy workshop and the ongoing engagement with public health teams and the new dental school in order to work differently within the realms of current contractual arrangements. DJ expressed</p>	



	<p>commendation for the work of community pharmacies and the support they provided to the system and asked that this be acknowledged formally.</p> <p><b>The ICB Board received the update from the Primary Care Committee</b></p>	
7.5	<p><b>Audit and Risk Committee</b></p> <p>JCa confirmed the most recent meeting had been held on 15<sup>th</sup> September. The annual external audit findings report had been presented. The report had found no significant weaknesses but suggested some improvements which would be taken forward. JCa noted that the pharmacy, optometry, and dentistry readiness to operation review was positive, and confirmed that the internal audit function was performing well and enabling provision of benchmarking information. JCa asked that ICB Executives considered areas of concern when putting audit plans together. ST confirmed the audit findings report was available on the ICB website.</p> <p><b>The ICB Board received the update from the Audit and Risk Committee</b></p>	
8	<p><b>BNSSG Integrated Care Partnership (ICP) Updates</b></p> <p>JF updated on the last ICP Board meeting noting that Counsellor Helen Holland now sat as Chair. JF confirmed that the work to set the system strategy had been completed and thanked Colin Bradbury (CB) and his team for their work. JF noted that further clarity was required on the role of the ICP Board working in parallel with the ICB Board.</p> <p>JF summarised the discussions of the previous meeting including a presentation of the ICS Mental Health Strategy from AWP. The ICP Board had not understood why the Strategy had been presented but commended the work. The Voluntary and Community Alliance led by CB had been discussed with members working together to form a joined-up view of health and social care. JF noted that it may be timely to consider how they could be represented at the ICB board. Finally there had been a presentation from the Black South West Network on the engagement of Somali and Sudanese communities in Bristol.</p> <p>JF urged the ICB Board members to continue to encourage organisations to attend ICP Board meetings.</p>	
9	<p><b>Questions from Members of the Public</b></p> <p>A member of the public had a question regarding the Winter Planning for 2022/23 and pointed out that three tranches of funding had been reviewed to support flow, with the goal of increasing the bed base by 500 and expanding virtual ward capacity. They asked whether the ICB still intended to increase the bed base at Frenchay and raised concerns about the long wait for a community hospital, especially after the closure of Southmead, and the shortage of community beds for the growing population in South Gloucestershire.</p> <p>DJ responded by reaffirming the ICB's commitment to establishing new rehabilitation services at the Southmead site, working closely with South Gloucestershire Council, and the plan was to move forward with a business case</p>	

	<p>within a year. DJ also confirmed that the development at Frenchay was part of the wider BNSSG plan, which included rehabilitation beds commissioned across BNSSG, including the South Gloucestershire locations of Yate and Thornbury. This was planned alongside services and programmes of work to support individuals to staying well at home, such as Discharge to Assessment (D2A).</p> <p>Another member of the public noted the importance of research and innovation and warned against cuts in these areas. They highlighted the transformative impact of Artificial Intelligence in healthcare and other industries whilst acknowledging the financial challenges.</p> <p>JF acknowledged the value of research and highlighted the NHS commitment to research, particularly in Artificial Intelligence. SD emphasised that BNSSG ICB had one of the strongest research programmes in the country and mentioned a recent program initiated with the Academic Health Sciences Network.</p> <p>JF thanked both members of the public for their questions.</p>	
12	<p><b>Any Other Business</b> There was none</p>	
	<p><b>Date of Next Meeting</b> 2<sup>nd</sup> November 2023 Somerset Hall, The Precinct, Portishead, BS20 6AH</p>	

**Katy Harris, Project Support Officer, October 2023**