NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

# BNSSG Integrated Care Board (ICB) Board Meeting

**Minutes of the meeting held on 7th September 2023 at 12.15pm, held via MS Teams**

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# DRAFT Minutes

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| **Present** | | |
| 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 | JH |
| Maria Kane | Chief Executive Officer, North Bristol Trust | MK |
| Alison Moon | Non-Executive Member – Primary Care | AM |
| Sue Porto | Chief Executive Officer, Sirona care & health | SP |
| 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 |
| Steve West | Non-Executive Member – Finance, Estates and Digital | SW |
| Eugine Yafele | Chief Executive Officer, University Hospitals Bristol and Weston NHS Foundation Trust | EY |
| **Apologies** | | |
| Jen Bond | Deputy Director of Communications and Engagement, BNSSG ICB | JB |
| Joanne Medhurst | Chief Medical Officer, BNSSG ICB | JM |
| 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 |
| **In attendance** | | |
| 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 |

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| Aishah Farooq | Associate Non-Executive Member | AF |
| Rob Hayday | Chief of Staff, BNSSG ICB | RHa |
| Jo Hicks | Chief People Officer, BNSSG ICB | JHi |
| Ruth Hughes | Chief Executive Officer, One Care | RH |
| David Jarrett | Director of Primary and Integrated Care, BNSSG ICB | DJ |
| Lisa Manson | Director of Performance and Delivery, BNSSG ICB | LM |
| Lucy Powell | Corporate Support Officer, BNSSG ICB (Minute taker) | LP |
| Vicky Marriott | Healthwatch Bristol, North Somerset and South Gloucestershire | VM |

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| 1 | **Welcome and Apologies**<br>Jeff Farrar (JF) welcomed all to the meeting. The above apologies were noted. JF welcomed Aishah Farooq to her first meeting. | |
| 2 | **Declarations of Interest**<br>There were no new declarations of interest and no declarations pertinent to the agenda. | |
| 3 | **Minutes of the 6th July 2023 ICB Board Meeting**<br>The minutes were agreed as a correct record. | |
| 4 | **Actions arising from previous meetings and matters arising**<br>The action log was reviewed:<br>**Action 54** – Deborah El-Sayed (DES) reported that the single report had been tested and feedback had been received. The report would be rolled out to all Committee Chairs for review. DES noted the importance that the ICB Board was able to access the report and noted that a seminar session would be planned to showcase the report.<br>**Action 59** – Jo Walker (JW) confirmed that actions had been discussed across individual organisations and these would be progressed. The action was closed.<br>**Action 68** – Shane Devlin (SD) explained that the system Chief Executives had further discussed decision making including the complexity of local authority decision making. A Chief Executive away day had focused on system decision making and the principles outlined would be further discussed. A paper would be presented to the October ICB Board meeting. The action was closed.<br>**Action 69 and 70** – SD confirmed that a paper regarding risk management would be presented later in the meeting. The actions were closed.<br>All other due actions were closed. | |
| 5 | **Chief Executive Officer's Report**<br>SD highlighted the four areas covered in the report: ICB organisational structures, winter preparations, industrial action, and the ICB annual assessment for 2022/23.<br><br>SD started by recognising the verdict in the Lucy Letby trial and the impact on families, parents, and the NHS as well as governance and professionalism. SD noted that Lucy Letby was a serial killer who was also a nurse. SD explained that learning particularly around governance for managers would be identified as part of ongoing processes however the NHS did not have the facts and data to understand the situation fully yet. The local system was currently understanding the role of the | |

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| | ICB in keeping patients safe. A large-scale meeting between NHS England and local Chairs and Chief Executives would take place to explore what impact the verdict would have on the NHS.<br><br>**ICB Organisational Structures**<br>SD confirmed that work with staff and partners continued to support the 30% running cost savings outlined by NHS England. SD thanked everyone for supporting shaping the ICB and noted the importance that system partners were engaged in the process. An exit scheme has been approved by NHS England and this would be offered to staff in the Autumn. The reorganisation needed to be completed by 1st April 2024. SD noted the associated stress and pressure on staff and acknowledged that the next 6 months would be difficult for the ICB.<br><br>**Winter preparedness**<br>Planning guidance has been received which focused on care hubs and high impact interventions. The ICB would work with system partners to reflect on the previous winter to drive the actions for this winter. The covid and flu vaccination programme had been brought forward this year for frontline staff, over 65s, care homes and those people at high risk. SD noted the importance of vaccinations and explained that the vaccination programme would be mostly delivered by GPs.<br><br>**Industrial action**<br>SD highlighted the upcoming industrial action from Consultants and Junior Doctors. A robust planning process was in place devised by the ICB Emergency Preparedness, Resilience and Response (EPRR) team, North Bristol Trust (NBT) and University Hospitals Bristol and Weston (UHBW). SD confirmed that the impact of the action would be measured and a detailed report describing any harm related to industrial action was being developed.<br><br>**Annual Assessment for 2022/23**<br>The legal duty of NHS England to assess the performance of each ICB was highlighted. BNSSG ICB has received the assessment from 2022/23. The letter confirmed that NHS England was satisfied the ICB has discharged its duties and met the wider objectives. Areas for further development were noted. An action plan would be provided to the October ICB Board meeting which would include actions to support closer connections to the Integrated Care Partnership (ICP) and Health and Wellbeing Boards.<br><br>Ellen Donovan (ED) noted the industrial action, the workshop taking place to review the challenges and the key role of social care. Lisa Manson (LM) confirmed that a system partners meeting was taking place to reflect on learning and discuss bed planning mitigations and triggers for surge planning. The outcomes of the meeting would inform the winter plan. Jo Hicks (JHi) confirmed that this would include the | |

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| | approach to staff notification of sickness and how staff sickness would be managed.<br><br>Steve West (SW) highlighted the vaccination programme and asked whether GPs and pharmacists were engaged with the programme and whether the workforce trained during the pandemic would be accessed to support the programme. The significant pressures facing primary care over the winter was noted. LM confirmed NBT led the staff bank and there were staff available who were trained during the pandemic who could be released to support the programme. However, before this could happen the programme needed to have started so the risk of releasing staff from other areas could be reviewed. Ruth Hughes (RH) noted that surge planning was the current focus for primary care and asked that any surge planning requirements were communicated quickly. SW noted that the previous vaccination hub at University West of England (UWE) was available if needed.<br><br>**The ICB Board received the report** | |
| 6.1 | **Annual Reports and Accounts for BNSSG ICB and CCG**<br>The 2022/23 annual reports and accounts for BNSSG ICB and BNSSG CCG had been published on the ICB website. The ICB had ended the year in line with financial plans and there had been significant positive improvement in urgent care with the system 4 hour emergency department performance the best in the country. The system has put plans in place to improve elective performance and improved performance in other areas such as reducing mental health out of area placements. SD noted that performance challenges remained but were improving following work by the whole system. A mini site has been created on the ICB website which includes videos and stories outlining the achievements of the ICB and the system.<br><br>Sarah Truelove (ST) noted that finalising two sets of accounts had been challenging. End of year processes had been doubled with two audits taking place with the ICB creating two annual reports and two sets of final accounts. It had been a significant achievement to complete this work. John Cappock (JCa) echoed this and explained that the Audit and Risk Committee had approved the two sets of annual reports and accounts as delegated by the ICB Board. JCa thanked the finance team for the considerable work involved in developing two sets of accounts in a single year.<br><br>**The ICB Board noted the publication of the annual reports** | |
| 6.2 | **Risk Appetite Statements**<br>JF highlighted the importance that Board members considered the paper as a starting point to support the system to establish a new process of risk management. Once the processes were put in place there would be rigorous testing. SD agreed and explained that risk management was dynamic and if approved, the processes outlined in the paper would be reviewed and tested through practice. | |

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| | ST explained that item 6.2 described the risk appetite statements which were around having a shared view of the amount of risk the system was willing to accept to achieve the objectives. The paper outlined the risk appetite statements which were informed by the Good Governance Institute Board guidance and the proposal was to start the processes proposed in the paper and test these for the system. A review would take place in 6 months to identify any areas of weakness and amend the process if required. ST highlighted the importance that the process was communicated to system organisations and noted the complexity of managing risk in the system and the importance of clarity around accountability.<br><br>SW noted that all organisations have risk management processes in place to support decision making which served the needs of the organisations and the population. SW highlighted that some risks were outside of the ICB's remit to mitigate and therefore system wide consideration was important.<br><br>Jaya Chakrabarti (JCh) highlighted that the shift to the Integrated Care System (ICS) way of working was a willingness to undertake processes differently. JCh noted that there needed to be a level of openness to push risk as far as needed.<br><br>JCa highlighted that risk management processes had been discussed for a long time and noted that the Internal Auditors had raised that the ICB had taken a long time to put a process in place. JCa welcomed having a review process built into the timeline and approved starting as per the outlined process.<br><br>JW highlighted the need for a system view noting that different parts of the system would have different risk appetites and, particularly for the local authorities, different politics and funding considerations.<br><br>Alison Moon (AM) supported starting the work and welcomed the review period. AM asked how the ICB would know if the communications had been effectively cascaded across the system. ST explained that the process would support system infrastructure including the Health and Care Improvement Groups (HCIGs) and operational delivery groups which partner organisations were members of. SD highlighted that the process outlined was not for other organisations to implement but applied to system working. AM suggested that reviewing the effectiveness of HCIGs may support the review of the process.<br><br>JW noted that each HCIG would need a risk register for which the process would apply. JW noted that careful communications were needed to ensure that staff understood this was system level only.<br><br>**The ICB Board agreed:**<br>• **The proposed ICS Risk Appetites presented in this paper and agreed review after a period of use** | |

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| | • **To cascade these agreed ICS Risk Appetites statements across BNSSG ICS partner organisations**<br>• **To cascade these agreed ICS Risk Appetite statements across all ICS groups (HCIGs and all other ICS operational or oversight groups)**<br>• **The ICB Communications Team include these agreed Risk Appetite statements in a resource pack that is being planned that describes 'how we do things round here'** | |
| 6.3 | **ICB Corporate Risk Register and ICS Risk Register**<br>ST explained that the paper outlined risk management for both the system and the ICB and both registers included operational and strategic elements. ST explained that an ICS risk was a risk held in common between health and/or care partner organisations which cannot be controlled or mitigated by sovereign partners in isolation.<br><br>The ICB Corporate Risk Register had been included in the paper and although the operational risks were included the strategic risks needed further review by the ICB Executive Team. ST confirmed that this work was expected to be completed by December 2023 and would be presented to the ICB Board.<br><br>The ICS Risk Register had also been included in the paper and the operational risks had been identified by the ICB directorates. To support a collaborative approach to oversight, identification, management and control of ICS risks, the paper proposed the establishment of an ICS Partner Risk Managers Network which would populate the ICS Risk Register. This Network would report to the System Executive Group (SEG) and seek scrutiny and assurance from the ICB Audit and Risk Committee. It was recommended that the ICB Board delegate responsibility to SEG to support population of the ICS risk register.<br><br>The role of HCIGs and Operational Delivery groups in managing risk was explained and it was highlighted that these groups would be responsible for escalating and managing risk at an operational level.<br><br>ST outlined the ICS strategic risks which had been developed as part of an ICB Board seminar in January 2023. ST asked that Board members consider whether the risks remained relevant. It was confirmed that SEG would review which organisations were accountable for the individual risks and this would be fed back to the Board as part of the paper to be presented in December 2023.<br><br>It was confirmed that should the recommendations be agreed, the risk management policy would be updated through the ICB Corporate Policy review process. It was recommended that the policy was also reviewed and agreed by the ICS Risk Manager Network. | **ST**<br><br>**ST** |

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| | Sue Porto (SP) noted the importance the risks were tracked through time. It was confirmed that direction of travel would be included as part of the register.<br><br>JW asked for confirmation that all organisations were represented in the Network. Rob Hayday (RHa) confirmed that the membership of the ICS Partner Risk Managers Network was being established and would include members from all partner organisations.<br><br>JCa noted that himself and ST were convening a system Audit Chairs meeting to socialise and test the proposed processes. JCa noted the discussions would be around how system risk management worked alongside the risk management in sovereign organisations.<br><br>ED welcomed the approach and noted that it would be beneficial for Committee Chairs to understand the role and expectation for the ICB Board Sub-Committees in reviewing both ICB and ICS risks. Rosi Shepherd (RS) explained that the System Quality Group (SQG) held a risk log and it was important this aligned with the proposed risk management proposals.<br><br>Dominic Hardisty (DH) asked whether the proposed approach considered a Board Assurance Framework and noted the importance that any approach and documentation aligned with both health and social care partners. DH noted that if the proposed processes deviated from the NHS 'normal' then this needed to be clear and supported with communication to the sovereign organisations as well as in the risk management policy.<br><br>Eugine Yafele (EY) highlighted the importance that the Network identified where risks were managed as part of system oversight and that the assurance mechanisms were in place across the system to manage risk. SD agreed and highlighted that system risks were risks to the systems achievement of its objectives.<br><br>Sue Doheny (SDo) asked whether the ICS Risk Register would only contain strategic risks. ST explained that operational risks had been identified which were held in common between organisations and could not be mitigated by one organisation but required system action. SDo noted that this raised challenges relating to accountability as the ICB Board was not accountable for operational delivery. SDo noted it was important to consider whether the outlined risks could be mitigated by the ICB Board. JF explained that there was more to reflect on regarding accountability. ST agreed and highlighted the importance that the processes could start to allow the ICB Board to test and review the proposals.<br><br>**The ICB Board reviewed and debated the content of the paper and provided a response against each of the recommendations in the summary table in the** | **RS/ST** |

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| | **paper (Section 7). The ICB Board agreed the recommendations noting that a paper would be presented in December 2023 which provided an update on some of the considerations** | |
| 6.4 | **Reflection on the impact of the verdict in the trial of Lucy Letby**<br>RS highlighted the importance that the ICB Board recognised that knowledge relating to the case was limited to the information provided by the media and echoed SD's earlier comments that Lucy Letby was a serial killer who was also a nurse. RS confirmed that the system welcomed the inquiry and would be ready to implement any actions arising.<br><br>RS noted that listening to patients and the workforce was important when considering patient safety and there was work to do as a system to support the Freedom to Stand Up culture and the safety of patients and the workforce. There had been a culture change since the verdict and every death would likely be scrutinised. RS confirmed that any process changes would apply across the NHS and not just to maternity services. The responses to patient incidents would support these changes and it was expected that the verdict would make staff think differently, particularly about whether there were any unexpected blind spots in processes which needed review. The Chief Nursing Officers and SDo would be leading conversations regionally about how the South West would respond, and this would be further discussed at the SQG and a seminar on safety culture would be presented to the ICB Board. RS confirmed that the Chief Nurse Officers would reflect and review what questions needed to be asked of the system.<br><br>JF noted the importance that NHS staff listened and acted quickly in response to concerns and highlighted that part of this was believing the unbelievable. JF welcomed the reflective approach of the Chief Nursing Officers as it was important not to consider a solution until the system was aware of all the facts. JF asked the Board to consider when further assurance should be requested. RS confirmed that ICB Board assurance would be covered in the seminar session as it was important that Non-Executive Directors challenged the ICB Board on what they heard. EY agreed but believed that every person around the table should challenge the Board and highlighted the importance that the ICB Board had a healthy approach to questions.<br><br>EY noted that work would be needed around governance and culture as well as speaking up and listening. EY highlighted the importance that the system had a joint safety culture and issues were considered and actioned jointly.<br><br>Maria Kane (MK) noted the importance of reviewing near misses and highlighted Martha's Law and confirmed that the system would like to offer access to a second opinion for patients. | |

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| | AM noted that each organisation needed to reflect separately as well as together as there would be good practice to share across the system. The importance of the Patient Safety Framework was noted and AM suggested that this would aid understanding for both clinical and non-clinical staff. AM agreed that the Non-Executive Directors needed to challenge the ICB Board and explained that Executives needed to answer the questions in a way that lay people understood as this would support learning.<br><br>SD highlighted the remit of the ICB Board and the importance that the Board focused on learning for the system and not the operation of provider organisations. The ICB Board would have a unique position in supporting patient safety and should set the culture and tone for all public service organisations in BNSSG.<br><br>SW suggested that the learning from previous court cases needed to be reflected on as well as any outcomes from the Lucy Letby case as it was important that this previous learning was not lost. The role of the ICB was confirmed as one of continual learning and sharing and the importance of learning as a system was highlighted.<br><br>JCa asked about staff feeling and the messaging for staff who may feel like the profession has been compromised. SDo explained that Lucy Letby was a serial killer who was also a nurse. Most nurses were feeling shock and disbelief and reflecting on whether it could have happened on their ward, on their shift and how they could protect people and regain the confidence from the public. SP added that nursing staff felt sadness and sorrow and Sirona was reflecting on how they could manage and mitigate people working on their own. The profession itself was in a reflective space and welcomed any lessons learnt which could be incorporated into processes. DH highlighted that his Executive Team had considered how to react to the media coverage particularly in ensuring that staff teams both clinical and non-clinical continued to work together with trust and respect.<br><br>JF summarised the discussion by noting that the NHS needed to know all the facts before reviewing any actions to be taken. The incredible work of clinical staff was noted and JF supported a system wide statement to support staff morale at this difficult time.<br><br>**The ICB Board agreed a seminar session for a discussion about the ICB Board role in assuring the quality and safety of services being provided within BNSSG. The ICB Board agreed discussion of the presented letter at the System Quality Group who would be requested to make recommendations about next steps regarding the system actions for patient safety culture and freedom to speak up** | |
| 6.5 | **Acute Collaborative Provider** | |

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| | The work of NBT and UHBW to work more collaboratively was noted. MK explained that due to summer annual leave there had been a lull but there was a shared services workshop planned for next week as well as a finance leaders vision workshop. Both workshops would consider how single managed services could be run, particularly pathways where patients were moving from one organisation to another. The next Acute Provider Collaborative Board was on the 19th October 2023 and the inputs and outputs from the workshops would be considered. EY highlighted that learning was being received from other areas in the country and there was a high level of engagement from staff who welcomed the opportunity to do things differently as well as some apprehension. SD welcomed the work and asked the Acute Provider Collaborative Board to consider how the ICB and ICS could support the work.<br><br>**The ICB Board received the Acute Provider Collaborative report** | |
| 6.6 | **ICB Organisational Change Policy**<br>JHi presented the revised ICB Organisational Change policy to the ICB Board for approval. The policy was materially the same, but amendments had been made to strengthen the policy. These included the addition of a flow chart which clearly demonstrated the job matching and appointment process, and changes to the narrative to make the policy easier to understand. JHi highlighted that the criteria for slot-in, competitive slot-in and ring-fenced competition would only be eligible within the same band rather than one band above or below. The same band and one below would only be considered for suitable alternative employment when staff were deemed 'at risk'. JHi confirmed that the Equality Impact Assessment had been refreshed as part of the update.<br><br>ED noted that the communications had been clear and transparent throughout the process but asked about morale of the workforce. JHi acknowledged that morale amongst staff was low, noting that this was the third reorganisation in a relatively short period of time. Lessons had been learnt from the previous reorganisation and this had been demonstrated in the actions taken as part of the current organisational change. Communications continued with staff and with the Staff Partnership Forum and Staff Network. JHi noted that the messages around redundancy were difficult and the ICB was hosting drop-in sessions with all the Executives sharing hosting duties. JHi confirmed that the ICB leaders continued to escalate to the NHS England that the reduction in staff would destabilise the ICB and slow decision-making processes. JHi confirmed that ICB leaders continued to request additional support from NHS England.<br><br>**The ICB Board approved the Organisational Change policy to enable implementation** | |
| 7.1 | **Outcomes, Performance and Quality Committee**<br>ED explained that the Outcomes, Performance and Quality (OPQ) Committee would be bi-monthly on alternate months with the Primary Care Committee (PCC). | |

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| | AM, Chair of PCC, would attend OPQ Committee and ED would attend PCC. ED and AM had both reviewed the single report with LM and DES and ED thanked the team for their hard work developing the report. The Non-Executive Directors had fed back that the report needed to include workforce and finance data as well as performance. The report was expected to go live during autumn and a road map would be produced to support this. DES noted that it was important to manage the expectations of the teams during the organisational change period.<br><br>The OPQ Committee met in July 2023 and discussed the improvement in urgent care performance. ED highlighted the importance that the good work was shared to support continued improvement. 111 abandonment rates had reduced and criteria to reside performance was positive. The Committee had discussed the industrial action and ED noted that positive feedback had been received about how well the system had worked together to respond to the challenges. ED noted the significant work to improve elective care performance and the work of the virtual wards, which had a current capacity of 120 beds and the work of system organisations on admission avoidance. The Committee discussed the recruitment challenges and the work ongoing to develop expedited onboarding processes. ED highlighted that the virtual wards work was a key enabler to support other programmes of work. David Jarrett (DJ) explained that the development of the programme was a key part of the winter plan and the system needed to recognise that the capacity to support winter surges was no longer available.<br><br>LM highlighted the negative impact of the industrial action on elective recovery. Patient appointments had been cancelled and appointments would not be booked for the days action was planned. LM confirmed that the industrial action was driving the deterioration on elective care performance and noted that the system was collectively focused on this.<br><br>**The ICB Board received the update from the Outcomes, Performance and Quality Committee and noted the reports including any risks, mitigating actions and responsibilities as appropriate** | |
| 7.2 | **People Committee**<br>JCh confirmed the People Committee had scrutinised and asked for assurance on the items discussed which included temporary staffing, workforce monitoring and equality, diversity and inclusion (EDI) improvement plans. The Committee had undertaken a deep dive into workforce supply where international recruitment, new roles, apprenticeships and retention had been discussed. The People Committee has moved to later in the month to ensure that the most up to date information was provided. JCh confirmed that the Workforce report was reviewed at both the ICB and ICS People Committees to ensure that the Committee retained the right level of scrutiny on this important report. | |

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| | JCh highlighted the EDI improvement plans, six high impact actions had been identified. Plans, funding and contracts were in place and would be continually monitored. The Committee had received three People Programme Project Initiation Documents relating to workforce development, leadership development and EDI planning.<br><br>JHi added that the Committee had reviewed the staff survey results for the system and future staff survey planning would be considered from the system perspective and include a cultural lens. JHi noted the importance that local authority workforce was also considered as part of the work.<br><br>**The ICB Board received the update from the People Committee** | |
| 7.3 | **Finance, Estates and Digital Committee**<br>SW explained that key message from the Finance, Estates and Digital (FED) Committee was the importance of the delivery of the financial savings planned in year. The ICB was working with the Directors of Finance in each organisation to support delivery of the financial plan. SW noted that delivery was essential for next year's funding and so the Committee was reviewing both in year and future finances.<br><br>Initiatives and investment in digital infrastructure supported the delivery of the financial plan and was an enabler in supporting capacity. The Committee had considered the impact of Reinforced Autoclaved Aerated Concrete (RAAC) on public service estate and the ICB was working with system organisations to identify any risks. SW highlighted that estate, digital solutions and finance were key enablers to support the work being undertaken across the system and the Committee had considered how to have a wider view across the system to deliver the financial plans.<br><br>ED agreed and noted the importance that finance leads attended all the Board Sub-Committees so the connections between the workstreams could be made. ST confirmed that she attended as many Committee meetings as possible.<br><br>DH noted that AWP was trialling a framework of assurance for Committees which provided a structure to facilitate processes.<br><br>ST highlighted the key issues in the finance report. Guidance had been received regarding the change to the regime for elective care during industrial action. The system Directors of Finance were considering whether the challenge needed to be escalated as it was too complex for assurances to the Boards since targets had been changed mid year. Other areas of significant pressure included Continuing Healthcare (CHC). RS and the CHC team were working through an action plan to mitigate this. ST noted that current mitigations were non-recurrent which were not sustainable. ST explained that significant pressures continued in agency staffing | |

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| | and this remained an area of focus. The ICB was working with system organisations to identify the impact of the financial plans being delivered this year.<br><br>DES noted that the N365 contracts were out to market to support the networking capabilities of primary care and there had been some helpful conversations around technology enabled care. An expert would be recruited as an advisor to primary care, local authorities and community services. The focus was on the community space and thinking about the whole life of children as well as adults.<br><br>**The ICB Board received the update from the Finance, Estates and Digital Committee** | |
| 7.4 | **Primary Care Committee**<br>AM noted that there was an error in the June PCC minutes which would be corrected. AM provided an update from the July PCC meeting. The Committee had discussed the Acute Respiratory Hub programme which was a positive example of the GP Collaborative Board and One Care working together to set up a programme of work quickly. AM noted that 95% of the attendances to the Hub had been face to face. An evaluation of the Hub had taken place and some differences between areas had been identified which included more child attendances in areas of high deprivation. This and other learning would be considered when setting up the Hub again in 2023/24.<br><br>The Committee had received an update from the dental regional lead regarding the dental reform programme. The programme focused on three key areas, oral health, access and workforce. Dental working groups were being paused and reviewed to identify how these could better support the reform programme. PCC would receive updates on the progress of the programme.<br><br>The Committee received the GP Collaborative Board and One Care Strategy for information. The Strategy supported GP Practices to be resilient and deliver services, and aligned and complimented the ICS Strategy. The Strategy outlined four areas of focus: workload, workforce, estates, and representation. Operational programmes had been developed to support these key areas of improvement. The Committee welcomed the Strategy and the questions asked had been around the key deliverables and how these would be measured.<br><br>The Committee discussed the national GP Recovery plan and received an update on the BNSSG delivery of this. AM confirmed that there was a requirement for the local plans to be reviewed at ICB Board level at this would be presented to the Board later in 2023.<br><br>AM confirmed that relationship building between the ICB and the Chairs of the Local Committees for Pharmacy, Optometry and Dentistry continued. Members of the Committees were representatives at PCC. | |

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| | DJ highlighted that a stakeholder session with regional colleagues, local dentists and service users had taken place to identify how the ICB could support and shape the local dental strategy. The ICB would be meeting with a local action group next week. DJ highlighted that access was a key issue for the local population. The new dental school was due to open in September, and the school was keen to work with the ICB to support increased NHS capacity for local patients.<br><br>DJ confirmed that Care Quality Commission (CQC) reports had been published for two practices in the North Somerset area. Both Horizon Health Centre and Graham Road had been rated inadequate, placed into special measures and would be under close review by CQC. The ICB continued to work closely with the practices and the Deputy Director of Nursing and Quality would be leading a joint session between the practices and the CQC. Progress would be tracked through the PCC.<br><br>JCh noted the inclusion of the representatives for pharmacy, optometry and dentistry at PCC and asked Committee Chairs to consider whether representatives from these areas were needed on any other Committees.<br><br>**The ICB Board received the update from the Primary Care Committee** | |
| 7.5 | **Audit and Risk Committee**<br>There was no update this month | |
| 8 | **BNSSG Integrated Care Partnership Updates**<br>JF thanked Colin Bradbury for the development of the ICS Strategy which had been approved by the ICP Board. A workshop had taken place between the ICB Board and the ICP Board to consider the future role of the Partnership now the ICS Strategy had been approved. The workshop had been positive and effective.<br><br>The Chair of the ICP Board had passed to Helen Holland who was also the Chair of the Health and Wellbeing Board in Bristol. JF outlined the system organisations which were represented within the ICP Board.<br><br>SD noted the importance of the ICP Board in supporting delivery of the Strategy and work continued in developing the role of the ICP Board.<br><br>**The ICB Board received the update** | |
| 9 | **Questions from Members of the Public**<br>A member of the public asked whether the ICB was planning to hold an AGM this year. JF confirmed that the ICB was not required to hold an AGM and had decided to present the annual reports and annual accounts as part of the ICB Board meeting.<br><br>The member of the public expressed disappointment in the ambition of the green plan particularly as there was no establishment of the current carbon footprint of the ICB considered in the annual report. ST explained that the ICB element of the | |

| | Item | Action |
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| | carbon footprint for the system was relatively small and the role of the ICB within the green plan was to ensure partners were connected. The system expertise was within NBT and they led the system response to the green plan. The Director of Finance for NBT Chaired the Green System Group and ST extended an invitation to the member of the public to attend this Group. ST explained that last month there had been a deep dive into the environmental impact of pharmacy services and ST suggested that it might be helpful for the member of the public to see the work happening within that group. | **ST** |
| 10 | **Any Other Business**<br>There was none | |
| 11 | **Date of Next Meeting**<br>5 October 2023<br>The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ | |

**Lucy Powell, Corporate Support Officer, September 2023**