Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Integrated Care Board (ICB) Board Meeting

Minutes of the meeting held on 7th December 2023 at 12.00pm, Virtual, via Microsoft Teams

DRAFT Minutes

Present		
Alison Moon	Non-Executive Member – Primary Care (Chair)	AM
John Cappock	Non-Executive Member – Audit	JCa
Jaya Chakrabarti	Non-Executive Member – People	JCh
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
Dominic Hardisty	Chief Executive Officer, Avon and Wiltshire Mental Health Partnership NHS Trust	DH
Maria Kane	Chief Executive Officer, North Bristol Trust	MK
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
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
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		
Ellen Donovan	Non-Executive Member – Quality and Performance	ED
Aishah Farooq	Associate Non Executive Member	AF
Jeff Farrar	Chair of BNSSG Integrated Care Board	JF
Jon Hayes	Chair of the GP Collaborative Board	JH
Stephen Peacock	Chief Executive Officer, Bristol City Council	SPe
Dave Perry	Chief Executive Officer, South Gloucestershire Council	DP
Will Warrender	Chief Executive Officer, South Western Ambulance Service NHS Foundation Trust	WW
In attendance		
Jen Bond	Deputy Director of Communications and Engagement, BNSSG ICB	JB
Anne Clarke	Director for Adults, South Gloucestershire Council	AC
Chris Davies	Associate Director Business Intelligence, BNSSG ICB *(Item 6.2)*	CD
Deborah El Sayed	Director of Transformation and Chief Digital Information Officer, BNSSG ICB	DES

Connor Evans	Executive PA, BNSSG ICB (Minute taker)	CE
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
Vicky Marriott	Healthwatch Bristol, North Somerset and South Gloucestershire	VM
Janette Midda	Emergency Preparedness Resilience & Response Manager, BNSSG ICB *(Item 6.3)*	JMi
Keith Robertson	Senior Performance Manager, BNSSG ICB *(Item 6.2)*	KR

	Item	Action
1	**Welcome and Apologies** Alison Moon (AM) welcomed all to the meeting. The above apologies were noted.	
2	**Declarations of Interest** There were no new declarations of interest and no declarations pertinent to the agenda.	
3	**Minutes of the 2nd November 2023 ICB Board Meeting** The minutes were agreed as a correct record.	
4	**Actions arising from previous meetings and matters arising** The action log was reviewed: **Action 74 –** Rosi Shepherd (RS) confirmed that she and Sarah Truelove (ST) had met and discussed the System Quality Group (SQG) risk matrix. RS noted that the SQG risk log was not scored in the same way as the Corporate Risk Register and so to ensure that the ICB Board received oversight of the SQG risks, the briefing which was developed for the Regional Quality Group would be presented to the closed ICB Board meetings as part of the Outcomes, Performance and Quality Committee item. RS confirmed that work continued to align the SQG risk log and the Corporate Risk Register. The action was closed. All due actions were closed.	
5	**Chief Executive Officer's Report** Shane Devlin (SD) outlined the three items within the report; • Integrated Care Board (ICB) Organisational Structures • Winter update • Acute Provider Collaborative **ICB Organisational Structures** The ongoing process to restructure BNSSG ICB to reach the cost savings target had progressed. A consultation would launch on Monday 11th December to give staff the opportunity to feedback on the new operating model, structures and roles. Significant work had taken place to create an organisation which would be considerably leaner whilst still delivering to the core purpose as outlined in the paper. SD noted that it would be a staff only consultation. **Winter update**	

	Item	Action
	SD noted that winter would be a recurring update over the coming months. The paper reiterated a summary of investment of over £40m for winter. SD highlighted a remarkably difficult first week in December, not just in BNSSG but across the country. As stated before, BNSSG utilised the option of an expansion of beds in the community to enhance resource at short notice. **Acute Provider Collaborative** SD referenced the recent announcement from University Hospitals Bristol and Weston (UHBW) and North Bristol trust (NBT) to work closer together on the back of a strong clinical engagement process to produce a group style clinical model for the two organisations. As stated in the press release, a joint chair would be appointed to the new collaborative in early 2024, followed by the appointment of a joint chief executive. The purpose of the collaboration would be to bring services closer together, drive out variation and duplication and more importantly to establish a strong organisation to push forward the objectives of the system. AM welcomed the update and asked if there were any changes to the winter plan because of the escalation. Joanne Medhurst (JM) noted that there were 4 calls on Tuesday 5th December with the Chief Operating Officers and Local Authority leads across the system to discuss where restraints could be liberated. The collaborative discussion resulted in an additional 10 beds being made available in a Bristol nursing home, underpinned by a quality impact assessment. JM confirmed that the winter plan had been enacted and understood by all parties and added that the South West Ambulance Service (SWAST) medical director had provided some positive feedback regarding the response from BNSSG. Steven West (SW) noted the announcement of further junior doctor industrial action planned for early 2024 and queried what work would be done to review the financial impact whilst continuing to deliver care against increasing demands. SD confirmed that work was ongoing to quantify and understand the impact specifically for elective and emergency care. BNSSG had been asked to reprofile and illustrate what could be delivered with the available resource. This had been presented to NHS England last week prior to the announcement of the industrial action. Mitigating actions would be put in place to ensure the safety of our population. AM welcomed the news of the acute care collaboration between UHBW and NBT and acknowledged the importance of strong leadership from Maria Kane (MK) and Eugine Yafele (EU). MK welcomed the acute care collaborative and the opportunity to deliver a joint clinical strategy for the system. **The ICB Board received the report for information**	
6.1	**Lessons Learnt from ICB procurement activities**	

	Item	Action
	ST noted a key role for the ICB was to secure services for the population in BNSSG. A review had been undertaken on a variety of recent procurements to look at the lessons learnt, in preparation for the implementation of the provider selection regime. ST highlighted actions to be taken. Firstly, ensuring that staff across the system were trained and understood the legislation being worked to. ST explained that system support for procurement processes would be provided through the Business and Planning directorate and noted that a procurement standard operating procedure (SOP) would be completed by April 2024 reflecting the changed legislation, in addition to an updated procurement policy. A new accreditation process would be implemented for new entrants to the market through the choice regime in BNSSG. Partners would remain engaged and informed on the process. ST noted that the services being procured were often complex so the system would need to be clear about the governance process and provide clarity around the Senior Responsible Officer for each procurement. SD reiterated a commitment as an executive team to the identified actions. John Cappock (JCa) welcomed the self-reflection work and noted that this would be a good vehicle to place front and centre in the work we do. SW acknowledged the lessons learnt from previous rounds of procurements and supported the move towards assuring ourselves around the understanding of the procurement processes. SW stated that procurement activity reporting would be owned by the Finance, Estates and Digital Committee (FED). **The ICB Board noted the positives from the commissioning/procurement processes undertaken and approved the improvements which fell into five main categories:** • **Staff training and awareness including conflict of interest management** • **Governance** • **Due Diligence** • **Questions, scoring and evaluation criteria and the procurement process** • **Procurement policy and regulation/legislation**	
6.2	**Update on Care Traffic Control** The ICB Board welcomed Keith Robertson (KR) and Chris Davies (CD) to the meeting.	

	Item	Action
	Deborah El-Sayed (DES) highlighted the key points in the paper. Firstly, to ensure that colleagues were aware of this work and continued to view it a as system priority. System engagement had started to yield benefit by picking up on areas where the ICB had not had data previously, specifically in primary care, community care and within the Local Authorities. DES noted a £400k investment allocated by NHS England to support the control centre. The paper outlined proposals for spending that funding. KR explained that NHS England had refreshed the acute OPEL framework. This was a welcome refresh as every hospital across the country would be using the same framework to measure their OPEL status. The new framework would land within the care traffic coordination centre/system control centre. Local triggers would be kept dual running until there was assurance that system escalation action and response were aligned with NHS England framework. KR added that the alignments of the framework across the acutes would also be also planned across mental health, community services and other sectors in 2024. KR informed members of the risk of harm work led by system clinicians. A task and finish group had been set-up to ensure operational metrics were aligned with quality and risk of harm. DES noted that the Board had previously signed off the shared data and planning platform. Over time the care traffic control product would fold into the shared data and planning platform. DES raised a final point, flagging previous interest around the 'what if' analysis to understand how parts of the system connected. Work had begun to look at discharge targets and to reach an optimised approach. AM asked what were the areas to be aware of which could stop realisation of ambitions? DES explained the main thing that would avoid delivering benefit would be if it became a tool in the periphery. The tool needed to be imbedded as part of day to day working, providing a constant development loop. KR noted the importance of system data maturity. A piece of work was underway to look at the whole system pathway including both acute and out of hospital impact. Chris Davies (CD) noted a move towards patient level data in the future. SW supported the notion of an embedded system, highlighting the importance of continual engagement and improvement. SW referenced a similar piece of work undertaken by Avon and Somerset Police, which involved collecting data to make local decisions based on evidence. Ruth Hughes (RH) highlighted the role of general practice in identifying early warning signs.	

	Item	Action
	SD explained that what has been developed was more advanced than other systems, but there remained uncertain if the system was making better decisions. There was huge potential but SD noted it would require a business change approach to decision making and this would need to be a tool for making good decisions. **The ICB Board noted the report and approved the three recommendations.** • **continued endorsement of CTCC project, as a system priority supporting winter and smarter and more efficient system decision making.** • **development of the smart system control centre.** • **note progress on updated OPEL frameworks and our approach to risk of harm.** **In addition, system partners agreed to ensure this would remain a priority agenda within each organisation.**	
6.3	**EPRR Core Standards Assurance** The ICB Board welcomed Janette Midda (JMi) to the meeting. David Jarrett (DJ) explained that the board were being asked to note BNSSG ICB's compliance with regards to the annual emergency preparedness, resilience and response (EPRR) standard review for 2022/23. DJ highlighted the improvement in compliance to full status for the ICB and improved compliance of partners, notably Sirona and UHBW. NBT were already at substantial compliance. Dominic Hardisty (DH) commended colleagues in Avon and Wiltshire Mental Health Partnership (AWP) for achieving compliance for three years in a row. DH raised two points, firstly around the support AWP could offer to other organisations around EPRR. Secondly to think about using the disciplined approach taken for EPPR towards improvement within other parts of the organisation. RH queried if primary care should be included in EPRR work. JMi noted that primary care had not been included to date but there was an expectation that general practice would be included in the future. AM requested that future EPRR Board reporting would capture background work around primary care to provide a rounded picture at a local level. AM acknowledged the three-year running compliance from AWP. AM thanked DJ, JMi, and colleagues in the system for continued support on EPRR reporting. **The ICB Board received the report and noted:** • **the increase in compliance status of BNSSG ICB for 2022/23.** • **the increased compliance of our commissioned providers: Sirona care & health and UHBW.**	**DJ**

	Item	Action
	• **PPG (111) and SWAST were assessed by Gloucester and Dorset ICBs respectively and met fully compliant status**	
6.4	**ICB/ICS Risk Registers** SD referenced a board conversation earlier in the year regarding both system risk and ICB risk. There had been engagement at various levels and the paper outlined a proposed starting point for the ICB and ICS Operational and Strategic risk registers. SD asked Rob Hayday (RH) to provide further detail. RH noted the discussion at the September ICB Board and the resulting identified recommendations. The system risks (appendix 3) were identified at a workshop earlier in the year. The suggested risk areas then became defined risks which had initially been scored and had been presented to the System Executive Group (SEG) for comment. RH noted that the ICB and ICS operational risks were taken from pre-existing registers. In November, work was undertaken within the enablers and resources group, supported by Health and Care Improvement Group (HCIG) management to produce a template to capture risks. RH noted that there was an expectation for risk position to change as information flowed through the process. RH updated on an action from the November board to update on the ICB risk management framework. The draft framework would be on the agenda for 8th December Audit Committee. RH stated that risk leads were identified on the register should there be any queries. JCa highlighted the importance of working with system audit chairs to ensure that they were kept in the loop and to help drive traction. AM queried what would help drive this work forward to help achieve the goals. SD noted that the system strategic risk register needed to become a standard area of conversation at the monthly SEG. SD added that there was also a need for the development of a risk network. RH stated that the ICS risk register process outlined describing risks collectively, written with other organisations in mind. The ICB view of a system risk might not be the same as the systems view. The HCIGs would provide a collective forum for those discussions. ST highlighted utilising enabling groups to support, enable and embed functions around risk. DH recognised the need to protect time and resource to do this well. There would also be opportunities to calibrate different areas of concern across organisations to address the primary risks for the system. EY supported the collective view of developing further thinking around system risk. ST noted that the ICB Seminar in January 2024 would focus on capital prioritisation, looking at risks in different sectors through an overarching lens.	

	Item	Action
	The ICB Board noted and discussed the report	
7.1	**Outcomes, Performance and Quality Committee** AM noted that the committee had not met since the previous ICB Board meeting. RS shared that there had been a positive discussion at the recent SQG on the work UHBW had done on every minute matters and the positive impact it had on patient flow. JM highlighted ongoing concerns regarding some performance metrics, specifically noting elective performance which had improved but would be impacted by the upcoming industrial action. Performance would continue to be monitored alongside conversations with partners. JM noted a focus around cancer with dermatology a specific area of concern. Significant ongoing system work to improve performance continued. Further updates would be expected at the next Outcomes, Quality and Performance Committee. JM also noted concerns around Gynaecology which had been raised at the recent South West Alliance Group meeting. Work remained ongoing, and improvement would be expected over the next year. Finally, JM shared plans for a deep dive across children's services in the system to address pockets of concern over the coming months. JM confirmed that children's dentistry would be included as part of the deep dive. Sue Porto (SPo) stated that it would be helpful to see performance from previous months to complete a trend analysis. **The ICB Board received the update from the Outcomes, Performance and Quality Committee**	**DES**
7.2	**People Committee** Jaya Chakrabarti (JCh) noted good progress against the plan. • Staff in post was above plan • Turnover was on a continuing downward trajectory • Sickness over the winter period would continue to be monitored In terms of workforce monitoring, the dashboard was shaping up well. There would be future potential to make better decisions in line with the data. JCh shared the key highlights: • Substantive staff in post was above plan by 1049 WTE • Productivity metrics had been included alongside data • Downward trend on turnover across the year. There had been a percentage drop from 17.1% in November 2022 to 18.8% in October 2023. • Temporary staffing continued to be an area of focus with BNSSG ICB and Bath, Somerset and Wiltshire ICB (BSW) working collaboratively to support AWP as system partners.	

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	• International recruitment was on plan. Turnover was in the target range of 12%–15.7 % across health partners. • In term of sickness, the system average for October was at 5.2%, within range of 4.7% – 5.7% • The workforce report included social care data however this remained at an early stage and further work to develop was ongoing • There was an intention to broaden reporting against these metrics to drive improved performance and mitigate risks. A regional comparison would be included in the future updates. JCh noted that it was previously agreed to invite the Voluntary, Community and Social Enterprises (VCSE) alliance to attend the People Committee and stated that an invitation in writing would follow in due course. Jo Hicks (JHi) informed members that that planning rounds were underway for 2024/25. **The ICB Board received the update from the People Committee**	
7.3	**Finance, Estates and Digital Committee** SW noted the updated Standing Financial Instructions which were considered at the last FED committee and were recommended to the ICB Board for approval. ST highlighted that the main changes were to the thresholds for delegated authority. SW shared that FED would need to be aware of work within both the quality and people teams as both of these areas, along with finance, would be critical to delivering savings targets. The system would need to ensure that it was moving towards a breakeven position. SW noted the challenges as a result of the previous and upcoming industrial action. SW highlighted that the recent deep dives had been helpful to identify where support could be provided to partners. Finally, SW noted the importance of taking a joined approach to the next stage of planning rounds, including work around digital, finance and estates to ensure that investment would have the largest possible impact, linking back to quality pressures and delivery of services in localities. SW suggested that further discussions were held as part of a board seminar or workshop. DH provided narrative around AWPs position. In year Cost Improvement Programmes (CIPs) were deferred for 6 months due to the Section 29A notice. These CIPs were stood up again after that period, but it meant that AWP had drawn on non-recurrent funding sources for the first half of the year. AWP remained confident on delivering the financial plan but needed to understand the balance between recurrent and non-recurrent savings. There had been good strides into	

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	recurrent savings as AWP had reduced the baseline of out of area placements. This had been reduced to 10 placements having previously been as high as 17. DH noted that each of these saved £250k on an annual basis. DH noted that good work had been done to reduce use of agency staff with reduced volume since the beginning of October. This had not yet translated to savings but would be reviewed as part of a deep dive to understand the impact. The safer staffing programme which had been agreed at the AWP September Board had been incorporated in to rosters for December. DH explained that the AWP executive team had also agreed an approach to recruitment of medical locums which should reduce costs over the medium term. ST updated on the Month 7 finance report. The month 7 reporting initially showed a considerable deficit due to industrial action however since then further resource had been allocated to the system. A re-planning exercise took place which had been presented to an extraordinary ICB Board in November. ST noted a plan for the rest of the year had been submitted to NHS England showing delivery of a break-even position. However, that position had been based on the assumption that there would be no further industrial action. Work would continue to understand the position with a focus on delivering recurrent savings, in addition to managing other pressures not related to industrial action, particularly around temporary staffing costs and issues around funded care placements. ST highlighted that AWP and UHBW were further away in terms of year-to-date savings delivery and noted the update received by DH on AWPs position. In terms of UHBW, peer review protocol would be implemented with a further report expected in January 2024. ST noted the focus would be to continue delivering savings and to manage agency expenditure as the system remained considerably above the national picture. DES shared an update on the connecting care shared care procurement. Work remained on track and would be brought to the ICB Board following evaluation and moderation. DES thanked system colleagues for their support in co-production. **The ICB Board received the update from the Finance, Estates and Digital Committee and approved the Standing Financial Instructions as recommended by the FED committee.**	
7.4	**Primary Care Committee** AM highlighted that the Primary Care Committee (PCC) had undertaken its first review of primary care risks which included the evolving risk narrative around pharmacy, optometry and dentistry. AM noted a general theme around making connections between different pieces of work. The Committee had also been assured on the decision-making processes of the Primary Care Operational Group	

	Item	Action
	and noted the financial position around primary care of a £1.75m overspend driven by prescribing prices. AM noted the known challenges around dentistry both in our system and nationally, highlighting three areas: • national contract for dentistry • capacity of the commissioning hub supporting ICBs in the South West • discussions around local flexibility. DJ shared some good news regarding the opening of a new GP practice within the Weston Locality, 168 Parklands Medical. **The ICB Board received the update from the Primary Care Committee**	
7.5	**Audit and Risk Committee** JCa noted that the next Audit and Risk Committee was the 8th December so there was nothing to report.	
8	**BNSSG Integrated Care Partnership Updates** SD shared an update from the Integrated Care Partnership (ICP). There was a discussion regarding the ICB and ICP board-to-board workshop scheduled for 11 January 2024, which would explore how the two Boards worked together. SD explained that there had been engagement with Avon and Somerset Police to determine how the Police would fit in to the governance structure. SD noted that they had been invited to the ICP Board at Constabulary level in addition to community policing representation for all 6 localities. SD shared that the VCSE alliance would be providing a nomination for representation at the ICB Board. Finally SD noted three presentations which had been shared at the last ICP Board meeting; Winter planning, Discharge to Assess (D2A) and Smoke free BNSSG. **The ICB Board received the update**	
9	**Questions from Members of the Public** There were no questions.	
10	**Any Other Business** There was none.	
	Date of Next Meeting 1st February 2024, Venue TBC	

Connor Evans, Executive PA, December 2023