Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

# BNSSG ICB Board Open Meeting

## Minutes of the meeting held on 6th March 2025 at 12.15pm held at Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

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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 |
| Shane Devlin | Chief Executive Officer, BNSSG ICB | SD |
| Joanne Medhurst | Chief Medical Officer, BNSSG ICB | JMe |
| Alison Moon | Non-Executive Member – Primary Care | AM |
| Julie Sharma | Interim Chief Executive Officer, Sirona care & health | JS |
| Rosi Shepherd | Chief Nursing Officer, BNSSG ICB | RS |
| Sarah Truelove | Chief Financial Officer and Deputy Chief Executive, BNSSG ICB | ST |
| Steven West | Non-Executive Member – Finance, Estates and Digital | SW |
| Jaya Chakrabarti | Non-Executive Member – People | JC |
| Nick Hibberd | Chief Executive Officer, Bristol City Council | NK |
| Maria Kane | Joint Chief Executive Officer, NHS North Bristol Trust and University Hospitals Bristol and Weston NHS Foundation Trust | MK |
| Dave Perry | Chief Executive Officer, South Gloucestershire Council | DP |
| Dr Jacob Lee | Chair of the GP Collaborative Board | JL |
| **Apologies** | | |
| Mark Cooke | Managing Director, NHSE South West | MC |
| John Martin | Chief Executive Officer, South Western Ambulance Service NHS Foundation Trust | JM |
| Aishah Farooq | Associate Non-Executive Member | AF |
| Jo Hicks | Chief People Officer, BNSSG ICB | JH |
| Ellen Donovan | Non-Executive Member – Quality and Performance | ED |
| Jo Walker | Chief Executive Officer, North Somerset Council | JW |
| Dominic Hardisty | Chief Executive Officer, Avon and Wiltshire Mental Health Partnership NHS Trust | DH |
| **In attendance** | | |
| Jen Bond | Deputy Director of Communications and Engagement, BNSSG ICB | JB |
| Deborah El Sayed | Director of Transformation and Chief Digital Information Officer, BNSSG ICB | DES |

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| Rob Hayday | Chief of Staff, BNSSG ICB | RHa |
| Ruth Hughes | Chief Executive Officer, One Care | RHu |
| David Jarrett | Chief Delivery Officer, BNSSG ICB | DJ |
| Fiona Mackintosh | VCSE Alliance Representative | FM |
| Kevin Peltonen-Messenger | Chief Executive, The Care Forum | KPM |
| Alison Smith | Deputy Chief Executive, AWP | AS |
| Richard Smale | Interim Director of System Coordination, NHS England South West | RSm |
| Sam Hill | Senior People Business Partner, BNSSG ICB | SH |
| Bev Haworth | Deputy Head of Primary Care Development, BNSSG ICB | BH |
| Jenny Bowker | Deputy Director of Performance and Delivery – Primary Care and Children's Services, BNSSG ICB | JB |
| Helen Gilbert | NBT | HG |
| Connor Evans | Corporate Support Officer, BNSSG ICB *minute taker* | CE |

| | Item | Action |
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| 1 | **Apologies**<br>Jeff Farrar (JF) welcomed all to the meeting. JF introduced Kevin Peltonen-Messenger (KPM) Chief Executive of The Care Forum in the Southwest and Nick Hibberd (NH) Chief Executive of Bristol City Council.<br><br>The above apologies were noted. | |
| 2 | **Declarations of Interest**<br>No new interests were declared and there were no interests pertinent to the agenda for those in attendance. | |
| 3 | **Minutes of the 16th January 2024 ICB Board Meeting**<br>The minutes of the 16th January 2025 meeting were agreed as correct. | |
| 4 | **Actions arising from previous meetings and matters arising**<br>The ICB Board reviewed the action log:<br><br>ICS EDI Report – it was agreed that this item would remain open as Jo Hicks (JH) was not present.<br><br>**All other due actions were closed.** | |
| 5 | **Chief Executive Officer's Report**<br><br>Shane Devlin (SD) provided the Chief Executive Officer Report and highlighted 4 key areas.<br><br>• Operational Planning 2025/26<br>• Integrated Neighbourhood Health and Care Services<br>• Thornbury Health Centre | |

- GP Contract 2025/26

Operational Planning

On January 30, 2025, NHS England issued guidance for 2025/26, introduced by the NHS Chief Executive. Despite challenges like rising costs, increased demand, and industrial action, NHS productivity was up, with £7 billion in efficiencies expected for 2023/24. Systems would need to manage tight budgets with more financial flexibility, cutting costs by at least 1% and improving productivity by 4%. More funding would be directed to local systems for better, more efficient service planning.

SD flagged that there was a reduced number of targets for this this year with a greater emphasis on financial management.

Neighborhood Health Service

The government planned to improve the NHS by transitioning to a neighbourhood health service, where more care was provided at home or closer to home. The objectives were established to help people live longer, healthier, more active and independent lives whilst enhancing their health and care experience, optimising the use of health and care resources. This would be achieved through three key shifts:

- From hospital to community: Increasing the number of people cared for at home to maintain their independence for as long as possible, using hospitals only when necessary.
- From treatment to prevention: Focusing on preventative and proactive care to reduce health deterioration and avoidable exacerbations of ill health.
- From analogue to digital: Expanding the use of digital infrastructure and solutions.

SD shared that guidelines were released as part of the planning guidance. The ICB Board would be challenged with reshaping community care towards a neighborhood health service. The report highlighted 6 areas which would underpin the wider work.

- Population Health Management
- Modern General Practice
- Standardising Community Health Services
- Neighbourhood Multidisciplinary Teams (MDTs)
- Integrated Intermediate Care with a ‘Home First’ Approach
- Urgent Neighbourhood Services

SD explained that the ICP Board had proposed that the ICB Board take on accountability.

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| | Thornbury Health Centre<br>SD provided background information regarding Thornbury Health Centre. There had a been a long-standing campaign in Thornbury to replace the existing 1970s NHS Property Services owned health centre, with a modern new facility. SD explained that there had been a lot of effort over a short period to secure the necessary resource. South Gloucestershire Council would lead this project by developing and owning the building, which would then be rented to the NHS at a nominal rent to serve the residents of Thornbury. SD was pleased that this was an exciting development which showed a commitment to South Gloucestershire. SD thanked Tim James for supporting this work.<br><br>GP Contract<br>On Friday 28th February, DHSC, NHSE, and the BMA announced a GP contract deal for 2025/26. This agreement advanced the government's goals of shifting care into the community, focusing on prevention, and transitioning from analogue to digital.<br><br>In 2025/26, there would be an £889 million increase in investment across the core practice contract and the Network Contract Directed Enhanced Service. Additionally, practices could participate in a new enhanced service for advice and guidance, worth up to £80 million, supporting the government's aim to move more care to community settings and aid elective recovery.<br><br>From 1 October 2025, practices would need to keep their online consultation tool open during core hours for non-urgent appointment requests, medication queries, and admin requests. NHS England would publish a patient charter outlining the standards patients could expect, which would need to be available on practice websites.<br><br>SD explained that this would allow partnership working with GP colleagues to move towards a plan to deliver neighborhood health services.<br><br>AM acknowledged the significant time and effort across the system to work on collective action. AM flagged that the Primary Care Committee had discussed difficult pathways over many years which had been remedied and there was a desire to not lose that progress. SD agreed that it would be important not to move backwards from lessons learned.<br><br>Dave Jarrett noted that the GP contract had been accepted but would need to go to formal committee before collective action could be stood down.<br><br>**The ICB Board discussed and received the report** | |
| 6.1 | **Primary Care Access Improvement Plan Update**<br><br>Dave Jarrett (DJ) opened the item and noted that the paper provided the ICB Board with an update on the year 2 delivery of the BNSSG Primary Care Access Improvement Plan. The last update went to the ICB Board in September 2024. | |

Since that time and despite GP collective action, progress has been made to improve access to General Practice for the population. DJ thanked all stakeholders in primary care for their efforts to improve access to GP services.

DJ reminded the ICB Board that the delivery plan was produced following the Delivery Plan for Recovering Access to Primary Care which was published jointly by the NHS and Department of Health in May 2023. The BNSSG system access improvement plan reflected three key ambitions:

1. Tackle demand peaks and reduce the number of people having trouble contacting their practice
2. Restore patient satisfaction in accessing their general practice
3. Support a move to a digitally enabled operating model in general practice

The local plan was based on four areas to support recovery and deliver the ambitions, with elements reflected in the new GP contract.

1. Empower patients
2. Implement a new modern general practice access approach
3. Build capacity
4. Cut bureaucracy

Bev Haworth (BH) joined the meeting and highlighted some of the year 2 key achievements noting that delivery of the plan was still a challenge due to the increased demand and complexity of patients.

- 30% increase in the number of repeat prescriptions ordered through the NHS App
- Increase from 85% to 92% of practices with advanced telephony solution
- Significant increase in use of online consultations from 35 to 92 submissions per 1000 registered population per month
- Practices delivered 5.7% more appointments this year however this could be considered as a reflection of the increased demand
- Consistently above the South West average for appointment within 14 days.
- Pharmacy first service continued to be leaders in the country with 12k referrals a month.

BH explained that Primary Care Networks (PCNs) were asked to carry out a year 2 progress review against their capacity and access improvement plans (CAIPs), all PCNs responded. Funding was then released to all PCNs following an assessment review against plans.

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| | The Operating Plan for 25/26 would look for more evidence with regards to patient experience, particularly an increased drive towards digitisation and commissioned projects to support the download of the NHS app to better enable communication between practices and patients.<br><br>With regards to the primary and secondary care interface work, BH noted that there was an established group which met monthly to move forward with planned care and urgent care pathways.<br><br>DJ emphasised progress on pharmacy first highlighting that BNSSG were the best in country for provision and access for pharmacy first services.<br><br>**Action: Pharmacy First to be added to the forward planner as a future seminar item.**<br><br>Deborah El-Sayed (DES) credited OneCare for engaging with communities using the Population Health Model.<br><br>Ruth Hughes (RHu) acknowledged the positive report. RHu highlighted that funding for online consultations was not guaranteed. General Practice was in a strong position locally to take on opportunities.<br><br>Alison Moon (AM) commended the work and noted that improvements had been significant on the back of a difficult year.<br><br>Fiona Macintosh (FM) highlighted the 5% increase in pharmacy first repeat prescriptions. FM welcomed the work with the VCSE. FM asked how VCSE could be used to help drive further improvement particularly regarding engagement in deprived areas.<br><br>Jaya Chakrabarti (JC) noted that patient feedback on the NHS App would be critical to tackling hurdles and making improvements.<br><br>Steve West (SW) was keen to keep the momentum going and asked if there was oversight of where BNSSG were advancing faster than other areas and meeting expectations. DES noted that this was an area that project continuation would tackle in year 2, helping practices understand what they would need to do to provide value both in the community and for acutes.<br><br>BH noted that part of delivery plan included care navigation. Practices were at different stages and progress was dependent on when access was switched on for the NHS app. | **RH** |

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| | Richard Smale (RS) reminded the ICB Board on the importance of same day access and queried if an ambassador role was being considered. BW confirmed that an ambassador role was being looked at.<br><br>Dave Perry (DP) highlighted that lack of consistency in accessing appointments and commended the significant progress over the past 12 months. DP noted the importance of communication with patients to ensure there was an understanding of access channels.<br><br>Kevin Peltonen-Messenger (KPM) shared that there had been positive engagement from community groups.<br><br>**The ICB Board received the update and noted the continued work to deliver the BNSSG Primary Care Access Improvement Plan** | |
| 6.2 | **Oral Health and Dental Strategy**<br><br>DJ opened the item. The Dental Strategy went to the ICB Board in February 2024. At that time the ICB board accepted that improving access to oral health and dental care was a key priority for the ICS. DJ reminded the ICB Board of the three core aims:<br><br>• Promoting good oral health<br>• Reducing health inequalities in access<br>• Developing dental workforce<br><br>When the strategy was discussed at the board meeting last February, two key points were highlighted. Firstly, the necessity of completing further public engagement and secondly, the development of a delivery plan with associated measures. DJ noted that the report showed the progress made on those fronts.<br><br>DJ highlighted the development of a robust network of stakeholders. There had also been comprehensive engagement with both the workforce and the public, as reflected in the document. The feedback received had been incorporated into the strategy.<br><br>The ICB Board were asked to note progress and provide continued support and guidance in the areas of focus. The key areas of development and progress were outlined in detail, demonstrating evidence of delivery.<br><br>DJ thanked Claire Rippley who had worked closely with the team to develop the strategy. | |

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| | Jenny Bowker (JB) explained that access rates in BNSSG were slightly higher than other areas however there was an awareness that further improvement would be required.<br><br>Areas of improvement included improved high street dental activity, investment in to dental activity rates, the opening of St Paul's and Winterbourne dental services and providing dental support for children in care.<br><br>JB explained that the immediate priority was to develop and delivery urgent care support. There was a requirement to deliver 19k units of dental activity (UDA) next year. Work was ongoing with the region to understand current urgent care provision, working closely with colleagues to improve dental services.<br><br>Alison Moon (AM) noted that the Primary Care Committee had looked at the report in detail. AM queried how the ICB Board would be assured that dental practices were being supported to be as resilient as possible. AM asked if there was a danger that dentists could be lost if other areas offered better UDA rates.<br><br>JB responded to the point raised by AM regarding UDA rates and acknowledged that it was a risk being looked at by ICBs collectively. There was a desire to increase UDA rates going into next year.<br><br>JM referred to the data packs and suggested that weighting populations at a local authority level in terms of the proportion of people who had seen a dentist could show a different picture through a health inequalities lens. JB confirmed that progress was being made to get to a point where access rates could be plotted at a granular level.<br><br>DP thanked colleagues for the engagement and highlighted the importance of children's oral health in the preventive space.<br><br>RH noted the risks, particularly around dentists not anticipating working in the NHS in 2 years' time. JB explained that there was a combination of things in the strategy to help mitigate this risk including increasing UDA rates, offering more flexible commissioning, providing support training and introducing workforce initiatives.<br><br>FM welcomed the work on inequalities and access to services. FM highlighted that there was still a challenge around the cost of living which meant that people would not necessarily prioritise paying for dental appointments. | |

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| | JF referred to previous conversations and the agreed focus to target vulnerable people. DJ was committed to exploring flexible commissioning approaches and JB noted that there was common ground in the Southwest in terms of supporting those with the greatest need.<br><br>**The ICB Board**<br>• **Discussed the updated strategy, accompanying plan and key metrics**<br>• **Noted the positive progress over the last 2 years since commissioning of dental services was delegated to ICBs**<br>• **Note the improvements prioritised locally and note the**<br>• **considerations related to the national contract** | |
| 6.3 | **Update on progress with BNSSG Innovation, Improvement and Transformation Framework (ITTF)**<br><br>Helen Gilbert (HG) joined to update the ICB Board on the BNSSG approach to innovation, improvement, and transformation.<br><br>At the ICB Board open session in October 2024, the Board endorsed the development of a 12-point approach framework and agreed the development of a system compact as the first step.<br><br>HG highlighted good progress in terms of developing a leadership compact, development of a benefits framework, and work with the Southcentral Foundation in Alaska to develop an approach to a user centered design.<br><br>HG talked about setting the tone around an agreed commitment to move towards a citizen focused approach which would enable better quality outcomes and value.<br><br>HG noted the exploration of dedicated Board development with Andy Hardy CEO of NHS Providers and Deputy chair of NHS Improvement Board. An ICB Board seminar would be schedule for later in the year.<br><br>DES commented on the partnership with the Southcentral foundation in Alaska. System leadership visits were scheduled for April to talk about shifting mindsets and creating conditions to enable change.<br><br>HG informed the ICB Board of the partnership with Newcastle University which had been established as part of the benefits realisation work to connect expertise and access to academic experts to develop a quantitative model that would aid in decision support. | |

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| | HG informed the Board that BNSSG had been recognised by the Health Foundation as an exemplar ICB system nationally for the work to embed innovation as part of this framework. BNSSG were now part of a network of 8 ICBs working with the health foundation to share knowledge and learning on embedding and gaining value from innovation practice.<br><br>There were two key strategic priorities to further develop the framework:<br>• Integrated Neighbourhood Health Systems as a component part of HT 2040: Proposal remains in development and will be subject to approval by SEG.<br>• Urgent Emergency Care (UEC) Flow: Proposed by PEM as an area of focus<br><br>SD was in strong support of this work and noted the opportunities to bring together assets in the system to drive improvement. It would be a benefit to the system to focus on those 2 key areas. SD explained that the compact was about how decisions were made across boundaries.<br><br>MK was supportive of this work and felt it was needed now more than ever to support radical reform. The compact would allow organisations to hold each other to account. Creating space to focus on continued improvement work was important.<br><br>JM queried what the compact meant in practice. DES explained that having a group of leaders who all had the best idea would not work, instead people were needed who could deliver the service as well as providing multiple lenses.<br><br>Alison Smith (AS) added that empowering people was important but there would also need to be an understanding of the dynamics behind how organisations worked together versus a system led approach to avoid crossover. DES explained that the intention was not to unravel ongoing work but the compact could be applied to larger more complex interdependent areas.<br><br>AM welcomed this work and highlighted that how it worked in practice would be instrumental to its success. AM noted that if organisations were under pressure it could have a significant impact therefore it would be important to have an open and honest environment.<br><br>John Cappock (JCa) welcomed the approach and the opportunities it presented.<br><br>DP was pleased to see that the role of local authorities was included however the language was still quite NHS orientated. | |

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| | Richard Smale (RS) welcomed the approach and stated that being clear on priorities was helpful to NHS England.<br><br>Nick Hibberd (NH) noted that it would be useful to see a roadmap and the potential capacity implications.<br><br>**Action: DES and HG to establish a roadmap with details on resource and timescales and update to the System Executive Group**<br><br>JF closed the item and commented on the positive step forward towards further system working.<br><br>**The ICB Board:**<br>• **confirmed ongoing support for this work**<br>• **noted the need to improve communications and engagement**<br>• **agreed the need for the IITF to be an important focus to aid our system wide improvement ambitions**<br>• **endorsed next steps including the two proposed focus areas (Integrated Neighborhood Health Systems and Urgent and Emergency Care Flow)** | **DES** |
| 6.4 | **Anti Racism Pledge**<br><br>Sam Hill (SH) joined the meeting to provide an update. SH explained that work was being done across the system to promote anti racism particularly through a workforce lens.<br><br>The proposed actions included publishing a system wide anti racism pledge, following this with a system statement, created through focus groups, and developing an overarching framework that could be used to implement cultural change and ensure impact.<br><br>SH emphasised that anti racism would need to be co-delivered. There would be a draft framework which would work at system level to allow organisations to take actions within that framework and maintain continuity.<br><br>The ask of the ICB Board was to approve the initial system anti racism pledge and support the system wide focus groups outlined in the paper.<br><br>SD acknowledged that the paper reflected the best way to move forward following conversations with EDI leads. | |

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| | JF explained that the framework would need to be the minimum standard. JF referred to the set-up of the Independent Advisory Group for race equity which would be chaired by Tracie Jolliff and noted that members of that group had been recently appointed.<br><br>JC was supportive of the pledge and suggested that a project plan would be helpful to communicate when things would be actioned.<br><br>**The ICB Board approved the initial system anti racism pledge and supported system wide focus groups as outlined in the paper** | |
| 6.5 | **BNSSG Equality Objectives**<br><br>JM opened the item. The Equality Act 2010 Public Sector Equality Duty required BNSSG ICB to publish equality objectives that were based on an understanding of equality issues the ICB faced. The ICB developed equality objectives in the areas of maternity, ethnicity recording, workforce and cardiovascular disease that would need to approved by the ICB Board. JM explained that following the ICB Board seminar in November, cardiovascular was agreed as a proposed objective and was later ratified at the Strategic Health Inequalities, Prevention and Population Health (SHIPPH) Committee.<br><br>As a nation, there was recognition that individuals with protected characteristics could be adversely impacted. JM noted that it was crucial to address this issue respectfully and thoughtfully. The Equality and Human Rights Commission monitored this issue and provided guidelines last year. BNSSG would aim to focus on these specific actions over the next three to four years to ensure progress. While these actions did not encompass all efforts, they provided the ICB board with an indicator on direction.<br><br>JM queried if the dental universal proportional agreement should be included as a fifth objective. In response JF suggested that it would be helpful to see data on inequality first before a decision was made.<br><br>**Action: DJ to provide an update to the ICB Board with the relevant data on inequalities so a decision could be made on whether to include the dental universal proportional agreement as an additional equality objective.**<br><br>SD was happy with the agreed objectives and suggested regular reports to the ICB Board to update on progress.<br><br>**The ICB Board approved the BNSSG ICB equality objectives.** | **DJ** |
| 6.6 | **Corporate Risk & ICS Strategic Risks** | |

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| | SD opened the item and explained that the corporate risk register was based on ICB risks whilst the ICS strategic risks where broader and encompassed collective risk for the wider system.<br><br>The purpose of the corporate risk register going to board was to provide updates on changes to scores and any new risks recorded as 15 or above.<br><br>Rob Hayday (RHa) noted that the corporate register had not yet gone to Audit and Risk Committee which was scheduled for 10th March 2025 however the same process had been followed to produce the risks.<br><br>RHa reminded the ICB Board that entries which went on to the corporate risk register could not be removed or changed without recommendation to the ICB Board.<br><br>RH flagged that the risk on corporate register related to LEDER, had been reduced following a recommendation and review from the Outcomes, Performance and Quality Committee.<br><br>RHa highlighted the following items had received updates which could be seen on the register.<br>- GP collective action<br>- Provider selection regime changes<br>- Capacity of specialised support housing for LD&A<br>- Primary care data sharing agreement<br><br>Julie Sharam (JS) asked if further mitigation was being put in place for risks which had been on the register for a significant amount of time.<br><br>**Action: SD acknowledged challenge and would review the corporate risk register with RH to identity if any risks should be considered as issues instead of risks.**<br><br>In terms of the System Risk Register, ICS risk had increased however this was not a reflection of the system not wanting to work together. SD noted that big system risks would be identified through the System Executive Group.<br><br>AS queried if the strategic risk register married up with the strategic intentions of the ICB Board.<br><br>**Action: It was agreed that the ICS Risk Register would return to the ICB Board for further discussions to ensure that risks aligned with strategic intentions.**<br><br>**The ICB Board**<br>• **Received the attached CRR and noted the details**<br>• **Accepted the risks escalated to the CRR and approved the closure/de-escalation of risks from the CRR where indicated.** | **SD**<br><br>**RH** |

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| | • **Received the ICS Strategic Risk Register and noted the details** | |
| 6.7 | **Review of ICS Risk Appetite**<br><br>SD opened the conversation. Following on from a previous workshop, SD asked the ICB Board to consider if the risk appetite was where it should be based on current circumstances or if some thought should be given to move to a place where more risk was taken, whilst considering what it would mean in terms of changing the risk appetite statement for the board.<br><br>JCa was supportive of move towards taking more risk. JCa queried if it was possible for quality and safety to be more conservative or if it would naturally be pulled by the surrounding areas having higher risk tolerance.<br><br>SD explained that as safety was included within quality, the board were not prepared to take higher level risks in that area however this could be explored again in 3-6 months or when looking at individual decisions to determine if safety was a factor or not.<br><br>DES queried if it was possible to split up quality and safety.<br><br>RS stated that it was tricky as huge risk was already being carried. It would be important to be dynamic depending on what decision was being made. RS used urgent care pathways as an example stating that higher risk manoeuvres might be necessary to manage greater risk.<br><br>SD stated that the planning guidance was more direct and that the view from the government and NHS England was to take more risk.<br><br>JF noted that risk appetite was a concept and not a policy. It was a useful guide but not definitive.<br><br>MK was supportive of a dynamic risk appetite in line with changing circumstances.<br><br>JS queried how this could be considered within each organisation so there was alignment on appetite. SD noted that if the risk profiles were radically different between organisations it could cause some difficulty.<br><br>ST recognised that different organisations could have different appetite statements. The head of the national audit office talked about problems public services could face and the requirement to take more risks within a framework by being prepared to do something innovative and having rapid learning where there were failures.<br><br>JM reminded the ICB Board that practicing clinicians would need to be included in risk appetite conversations. | |

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| | SD suggested spending some time on a live use case to discuss and determine where it would fit in line with the framework.<br><br>JF reminded the ICB Board that the non-executives could be considered as a resource for challenge.<br><br>**The ICB Board**<br>• **Agreed the proposed ICS Risk Appetites presented in this paper and consider a review after a period of use.**<br>• **ICB Board members agreed to cascade the ICS Risk Appetite statements across BNSSG ICS partner organisations.**<br>• **ICB Board members agreed to cascade the ICS Risk Appetite statements across all ICS Groups (Health & Care Improvement Groups and all other ICS operational or oversight groups).**<br>• **ICB Directorates reflect the revised risk appetite statements in their management of risk identified through the directorate risk register review process**. | |
| 7 | **Outcomes, Performance and Quality Committee**<br><br><u>Quality</u><br>- Focused on managing and mitigating risk during the winter period.<br>- Ongoing work to look at the sentinel risk of harm dashboard to manage dynamic risk assessment<br>- No new significant safety incidents to report<br><br><u>Performance</u><br>- Strong performance in terms of cancer, diagnostics and mental health<br>- Still challenges with areas of extreme pressure. Periods of OPEL 4 with pressure felt across all services.<br><br>AM raised a concern regarding the NHS App and situations where cancer results were being made available to patients before they had been informed by a clinician. DES noted that this would be addressed as part of NHS APP project.<br><br>JS noted that the Sirona Flu and Covid results were not included in the report. JS informed the ICB Board that BNSSG were ranked 5th and 1st nationally in respect to these two areas.<br><br>**The ICB Board received the update from the Outcomes, Performance and Quality Committee** | |
| 8 | **People Committee** | |

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| | JC informed the ICB Board the committee meetings had moved to twice a year, taking place in April and October.<br><br>Key points:<br>• The sexual safety policy and toolkit was recently agreed<br>• ICS People Committee discussed the anti-racism approach.<br>• With regards to the operational plan, there were continued discussions on workforce challenges and requirements.<br>• The workforce monitoring report was received. Temporary staff spend for medical was an area for improvement.<br><br>**The ICB Board received the update from the People Committee** | |
| 9 | **Finance, Estates and Digital Committee**<br><br>SW noted the need to look both forward and backwards as the end of year approached.<br><br>With regards to the 25/26 financial year, SW explained that it would be difficult for both the system and individual organisations. There would need to be a focus on change and how savings were managed to ensure delivery of statutory responsibilities.<br><br>ST added that the month 10 report showed and improved financial position and there was still a forecast to breakeven.<br><br>**The ICB Board received the update from the Finance, Estates and Digital Committee** | |
| 10 | **Primary Care Committee**<br><br>Alison Moon highlighted the key items from the most recent committee meeting:<br><br>• Update on GP collective action<br>• Primary care operating plan<br>• Pharmacy, Optometry and Dental (POD) AM noted there was more work to be done in order to provide assurance on the quality of services.<br><br>**The ICB Board received the update from the Primary Care Committee** | |
| 11 | **Strategic Health Inequalities, Prevention and Population Health (SHIPPH) Committee**<br><br>JM and JF highlighted the key items from the last committee meeting.<br><br>• Deep Dive on Cardiovascular disease | |

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| | • Impact of Core20PLUS5 for Children and Young People in BNSSG<br>• Update on Independent Advisory Group (IAG) on Race Equity<br><br>JM referred to the addition of a sketch note at the top of the minutes which provided an illustration of key discissions.<br><br>**The ICB Board received the update from the Strategic Health Inequalities, Prevention and Population Health Committee** | |
| 12 | **Audit and Risk Committee**<br><br>JCA noted that next Audit Committee would be taking place on 10th March 2025 and would include the draft head of internal audit report.<br><br>JCA noted that the tender process was being worked through with regards to external audit<br><br>**The ICB Board received the update from the Audit & Risk Committee** | |
| 13 | **Questions from the Public**<br><br>Two sets of questions were submitted prior the ICB Board<br><br>1. Barbara Harris<br><br>In an email dated February 18 2025, Claire Hazelgrove MP reported that she had raised the question of Frenchay Community Hospital with the Integrated Care Board. The ICB, according to Ms Hazelgrove, informed her that it has a commitment to Frenchay Community Hospital which still stands.<br>1. What form does this 'commitment take?<br>2. Does it take the form of a plan?<br>3. Does it have a budget?<br>4. Has a committee been appointed specifically for the use of this site?<br>5. I made a recent Freedom of Information request to North Bristol NHS Trust regarding intermediate care beds, and I used the Executive Summary 2024 as a base. NBT responded that they have 877 acute beds and no commissioned intermediate care beds. As of the 31 August 2024, out of 197 were NC2R patients, 133 patients were awaiting Pathway 1,2 or 3 to be discharged BUT A FURTHER 41 PATIENTS WERE AWAITING WORK TO SECURE 'INTERMDIATE CARE SERVICES. There seems to be no haste to accommodate these patients in an appropriate setting like Frenchay Community Hospital. Why is the ICB seemingly unconcerned about the lack of intermediate care beds locally? | |

6. How far has the Business Case progressed?

There had been a 'commitment' to a community hospital on the Frenchay site for the last twenty years but the site is still a field.

JF confirmed that a formal response would be sent in writing.

**Action: Formal response to be sent to Barbara Harris to address the questions raised.**

SD noted that he had met with South Gloucestershire MP and much work had been done to complete the Thornbury Health Centre process. Shane confirmed that next area of focus would be the development of Frenchay as a commitment from the ICB.

Barbara Harris asked how long it would take and if assurance could be given on when work would begin and how?

ST referred to the last year and the intense piece of work if took to get Thornbury Health Centre over the line. There was a commitment from BNSSG ICB to work with South Gloucestershire Council over next 6 months with regards to the Frenchay site.

2. Mr Wheeler

Written response to ICB Board Questions submitted for the 4th March Meeting

Dear Mr Wheeler,

Thank you for your email dated 17th February, in which you submitted several questions for the ICB Public Board Meeting on 4th March. As discussed during the meeting, please find below a written response to your specific questions, along with additional information regarding work in this area across the BNSSG system.

**1, Have the Board read the King's Fund report "Lost in the system: The need for better NHS admin." which evidences the poor experiences of patients resulting from failing in NHS admin.?**

The Board receives updates on specific research findings and papers through the work of its sub-committees and uses evidence, such as that contained in this recent King's Fund report to support the decisions the Board takes on behalf of the system.

This research, published on 17th February 2025, has not yet been utilized by the board and its subcommittees for decision-making and governance processes. However, it will be included in future work that addresses related issues of quality, productivity, health inequalities, and care in health.

**2. What action will the Board take to collect information about people's experience of NHS admin through their existing mechanisms for collecting patient feedback?**

All NHS organisations within the BNSSG system regularly collect patient feedback which is used to improve the services that are offered. This data collection includes feedback on general inquiries, customer service and patient experience, complaint and compliment responses.

For your information attached is the link to the Customer Services Feedback Survey

https://www.surveymonkey.com/r/BNSSG_CustomerServiceC1

BNSSG NHS organisations offer various Patient Advice and Liaison Services and complaints services to enhance accessibility. Complaints are evaluated and follow established escalation protocols. Patient safety teams and clinical staff provide support when necessary. Patient confidentiality is preserved, except when there is a duty to share information, and no data is stored in the patient's record.

Feedback through these multiple routes is used to understand reoccurring themes and issues and to drive improvement for both patients and staff. Both the Outcomes, Performance and Quality Sub Committee and People Sub Committees seek regular assurance on patient and staff experience and continuous improvement activity.

In addition to the above, the ICBs medium / long term approach to developing a plan for our health and care system is called Healthier Together 2040, more information is available via this link here.

Through this the ICB is working with the public, local community based organisations and employers to understand how to radically change the health and care system to address current and future need.

Through interviews and focus groups we are aware of the degree to which people's experience of administrative practices within the NHS affects their ability to manage their health. Therefore, redesigning care delivery whilst integrating digital innovation will lead us to improve the administrative processes that people interface with over time.

**3. Will the ICB initiate work with patients and staff across health services in this area to develop a local ambition that describes the change people want to see on NHS admin that meets the range of needs of the local communities?**

In addition to the Healthier Together 2040 work, the ICB's approach to transformation involves working with patients and staff to design and evaluate improvement opportunities.

One example is a transformation project from 2024 where the ICB worked with NHS providers to recruit people living with Chronic Obstructive Pulmonary Disease (COPD) to participate in a Digital health pilot. Early findings from the project highlighted a need to improve communications. The team took action to address the feedback and patient uptake rates then increased.

Another live example is the ICB currently working with BNSSG Parent and Carer forums to design and test improvements in the pathway for children and young people referred for a diagnosis of possible Autism of Attention Deficit and Hyperactivity Disorder (ADHD).

The ICB also recognises that people increasingly want to be able to access NHS information and services online and to have greater control over their care.

The ICB is working with GP Practices in BNSSG to enable all patients to book GP appointments online at a time that suits them. This helps to address the '8am rush' problem referred to in the Kings Fund report. A person may previously have had no other option but to make a GP appointment by telephone once lines opened at 8am and then having to wait on hold for a receptionist or missing an important call back.

The acute hospitals in BNSSG have been improving administration in Outpatient clinics using a digital patient engagement system called Dr Doctor. This enables people to communicate with the Outpatients Team at a time that suits them and receive a reply via through the portal, without having to wait on hold to get through by telephone or wait for a call back. The portal also enables people to view their outpatient appointments and letters online, helping people to maintain records and reducing risk of appointments being missed or letters getting lost.

**4. Will the ICB initiate action which shows that all health service providers in the area recognise the contribution of their admin workforces and invest in their professional development**?

Across the ICB system NHS employers are working to ensure that the contribution of its workforce is recognised and professional development an ongoing offer.

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| | With specific reference to those in administrative roles and functions, the System Learning Group has been working on several areas concerning administration colleagues, this has included:<br><br>• Mapping career pathways for administration staff, focusing on the training and qualifications staff need in order to make the next step in their career;<br>• Partner organisations have joined together to share training and training opportunities for administration staff. This has included the development of a "training data base" available to all organisation to utilise as specific need arise;<br>• Focus on promoting administrative apprenticeships for new starter and next step career apprenticeships for existing staff to progress;<br>• Both UHBW and NBT have recently provided placements to digital and business admin students as part of attracting the professions into healthcare.<br><br>A live example is within the ICB itself, the Business and Administration Network are engaged in a programme of continuous profession development which includes management skills development, dealing with complexity and an early adopter approach to using the AI based Copilot tool.<br><br>The ICB also published a Digital Strategy in 2023: Digital Strategy - BNSSG Healthier Together. The Digital Strategy emphasises Supporting our Workforce as one of four key delivery themes. Some examples of digital support for our admin and clerical workforce are:<br><br>• Rolling out Microsoft Office 365 applications to all GP Practices with training to support staff to use these tools to improve efficiency and to enjoy a better user experience;.<br>• Piloting the use of automation to reduce the administrative burden on staff of repeat processes such as new patient registration, or uploading of data from outpatient clinic letters to the GP health record;<br>• Piloting the use of AI to reduce the administrative burden on staff of note taking or searching for documents;<br>• Supporting care home staff to implement digital social care records, NHSMail and online repeat prescription ordering. This has led to >80% of BNSSG care homes implementing digital social care records.<br><br>I hope that you find this information useful and trust this answers in detail the questions you raised. | |
| | **Date of Next Meeting**<br>Thursday 3rd April 2025 at Engineers House, Clifton Down, Bristol, England, BS8 3NB | |

**Connor Evans, Executive PA March 2025**