

BNSSG ICB Board Meeting

Date: Thursday 4th December 2025

Time: 12:30 – 15:45

Location: The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number:	5		
Title:	Chief Executive Report		
Confidential Papers	Commercially Sensitive	No	
	Legally Sensitive	No	
	Contains Patient Identifiable data	No	
	Financially Sensitive	No	
	Time Sensitive – not for public release at this time	No	
	Other (Please state)	Yes/No	
Purpose: For Information			
Key Points for Discussion:			
<p>The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.</p> <p>The main areas of discussion this month are;</p> <ul style="list-style-type: none"> • Strategic Direction and Transformation of BNSSG ICB • Winter Preparedness and focus on Vaccination • Celebrating Success 			
Recommendations:	To discuss and note		
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Sponsoring Director / Clinical Lead / Lay Member:	Shane Devlin
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Agenda item: 5

Report title: Chief Executive Report

Introduction

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- Strategic Direction and Transformation of BNSSG ICB
- Winter Preparedness and focus on Vaccination
- Celebrating Success

Strategic Direction and Transformation of BNSSG ICB

Transition Committee

The Transition Committee met in November to address several key issues as the organisation navigates a period of significant change. The meeting began with a focus on clinical representation, where the importance of maintaining consistent clinical input was highlighted.

The committee then turned its attention to the organisation's ongoing commitment to equality, diversity, and inclusion (EDI). Updates were shared on recent efforts to strengthen EDI, particularly within HR processes. A new "check and challenge" mechanism will be introduced for recruitment, requiring justification if a candidate from a minority ethnic background is not appointed. This initiative aims to embed EDI considerations more deeply across all organisational workstreams, not just within HR. The launch of the NHSE Board Assurance Framework for Health Inequalities was discussed, with plans to integrate it into broader organisational development. The committee recognised that EDI commitments must extend beyond the organisation itself, requiring collaboration across the wider system.

A significant portion of the meeting was devoted to the executive consultation and the launch of the voluntary redundancy (VR) process. The timeline for consultation was outlined, with individual meetings with directors underway and the process set to close in early December. The VR process for execs is being launched in parallel.

The committee discussed the risks associated with the VR process, particularly the challenge of balancing financial and workforce considerations. Panels will assess VR applications and exclusions, even in the absence of a finalised organisational structure, acknowledging the potential risks but emphasising the need for careful judgement. Weekly HR drop-in sessions have been established, providing staff with opportunities to ask questions and receive support.

Financial matters were a key focus, with mandated cost reductions for the coming years reported, affecting programme allocations and including all staff and non-pay costs. There remains uncertainty regarding the accounting treatment of these reductions and their audit implications, with ongoing discussions among finance and audit teams.

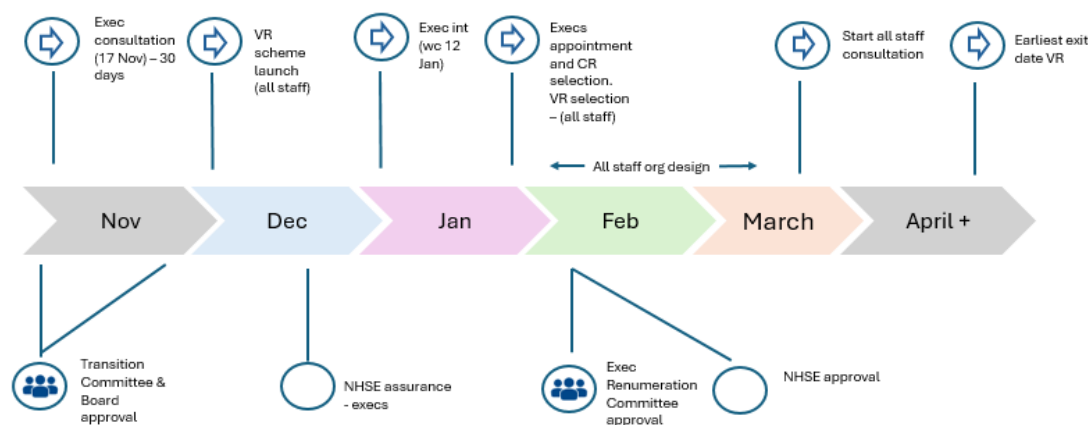
Internal audit arrangements were discussed, with agreement that the internal audit partners for the respective ICBs will coordinate their work using 'hold harmless' letters to facilitate efficient information sharing during the transition. The committee supported this approach, and audit committee chairs expressed their satisfaction with the arrangements.

Finally, the committee addressed the risks associated with executive team retention. Concerns were raised about the potential loss of experienced executives through VR, which could impact organisational memory and morale.

In summary, the Transition Committee meeting was marked by a strong focus on maintaining clinical representation, advancing EDI, improving action tracking, managing the complexities of the VR process, addressing financial challenges, and ensuring effective governance and audit arrangements. The committee recognised the importance of clear communication and engagement with staff, particularly during a period of significant organisational change.

Revised Timeline

BNSSG / Gloucestershire high level timeline



Winter Preparedness and focus on Vaccination

As presented to the Board in September our Winter Plan this year is focused on the key areas identified by NHS England in the June publication - "Urgent & Emergency Care Plan Preparing for Winter 2025/26.

Our key areas of focus and planning for the winter ahead include:

1. System Wide Preparedness

- ICB led System Control Centre to enable daily operational and clinical monitoring of the system
- System wide comms plan and materials to ensure targeted messages, covering vaccines, keep well, and escalation

2. Reducing Demand and Improving Access

- Vaccination programme to target vaccines amongst our population and staff
- Acute Respiratory Hub (ARI) in primary to support surge in respiratory conditions
- Pro-active investment in home-based social care capacity

3. Improving Hospital Flow and Reducing Delays

- Roll-out of Timely Handover Process by SWAST to improve handover delays and Cat2 performance
- Discharge Improvement Programme addressing delays across all pathways to improve system flow

4. Mental Health Crisis Response

- New escalation procedures in place to improve provision of Mental Health services for patients in an Emergency Department setting
- High Intensity User Multi-Disciplinary Team approach launched

5. Digital Transformation

- Continued use of our real time data feeds to support operational management
- Predictive modelling developed to enable early escalation of system pressures

Focus on Vaccination

We're well into the winter season now with the first proper cold snap last week and increased focus on vaccinations and winter resilience. At the moment, prevalence of RSV, flu and Covid is relatively stable currently but the national figures show some concerns i.e.

- RSV has increased and is circulating at low levels. Hospitalisation rates for RSV are rising in the under-5s.
- Flu shows mixed trends. Overall, flu is above the usual level for this time of the year. Children and young people are the age groups with the highest percentage of positive cases.

- COVID-19 has decreased and is circulating at baseline levels.
- Norovirus activity has decreased in recent weeks but remains within expected levels

Our vaccination programme has been running for several months now with activity in GP practices, pharmacies and community clinics across our patch. It's good to see that BNSSG is doing well with vaccinations and is currently placed 3rd regionally for Covid uptake, with 80,000 doses to date representing 65.8% of the eligible population, above the Southwest average of 64.8%. That includes 73% of care home residents who have been vaccinated for Covid as of this week.

With regards to flu, we have delivered 115,000 doses to date representing 45% of the eligible population, including 71% of care home residents. All three of our national vaccination uptake 'stretch' ambitions have also been met which is good news.

Community engagement is a core part of our winter work, ensuring that people in areas of greater health inequality are supported to access vaccinations and other support during the winter includes wellbeing advice (staying warm, staying active, tackling money worries) and guidance on 'choosing well' and using the most appropriate NHS services. Via the vaccination programme we are working with over 30 community partners, including organisations such as Easton Community Centre, the Chinese Community Wellbeing Society, Black Mothers Matter, a city, a community radio station, dementia group and African voices forum to promote winter messages through their channels and networks. Activities this autumn have included sharing posters, newsletter reports, social media messages, podcasts, website reports, member emails, leaflets and community radio adverts. We have also completed five face-to-face Q&A vaccine talks with partners which would not otherwise have happened. More are planned. This initiative is extending our reach into underserved communities, using trusted sources of information like Bristol Community FM radio to share vaccination messages with listeners.

We are also ramping up our infection prevention and control activity to encourage people to take steps to minimise transmission of viruses when they are feeling unwell. This includes messaging such as washing hands, keeping rooms ventilated at social gatherings, wearing a mask if going out and catching coughs and sneezes in a tissue, which will be promoted to public as well as staff across our system.

Celebrating Success

- **Vanguard project highly commended at the HSJ Awards**

Our Children and Young People's Vanguard Project was highly commended in the Reducing Inequalities and Improving Outcomes for Children and Young People Award at the HSJ awards on 20 November 2025.

The project was also shortlisted in the Early Intervention and Prevention for Children, Young People and Families Award.

The multi-agency project, funded by NHS England South-West Health & Justice, brings together local and regional NHS organisations, the Bristol, North Somerset and South Gloucestershire local authorities and voluntary and community sector organisations to identify high-risk children and support them to avoid criminal justice system involvement at an earlier stage. More than 1,500 children have been supported since the project launched in 2020.

The recognition highlights the outstanding work and outcomes of the Bristol, North Somerset and South Gloucestershire Vanguard, demonstrating how a trauma-informed, integrated approach at the earliest point can reduce high-risk behaviours while improving children's wellbeing and sense of purpose.

Its innovative work across statutory and voluntary sector agencies enables children with complex needs in our local area to thrive.

Congratulations to the whole Vanguard team on the recognition

- **“WorkWell” Wins the “Partnership Working” Award**

WorkWell is a UK government pilot initiative, jointly led by the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC). WorkWell, along with Connect 2 Work has been created in response to the rising number of people unable to work due to long-term illness, particularly post-pandemic. It seeks to integrate Work and Health support at a local level across 15 areas, aiming to help around 60,000 people with health-related barriers to start, stay, and succeed in employment.

In the Bristol, North Somerset, and South Gloucestershire (BNSSG) region, the programme is delivered through a partnership between the BNSSG Integrated Care Board (ICB), Bristol City Council (BCC), Job Centre Plus, and the Voluntary, Community and Social Enterprise (VCSE) sector. Following a successful joint bid by BNSSG ICB and BCC, the pilot received £2,650,000 to support 2,550 people.

To date, WorkWell has supported 2,000 participants with a variety of interventions including Green Social Prescribing, Gym passes, Allied health professional assessments and Wellbeing coaching. WorkWell has provided £250,000 of funding to the VCSE sector to deliver interventions that support participants to remain in work or return to work. A further £120,000 of funding to the VCSE sector is due for release in March 2026.

WorkWell won the ‘Partnership Working’ Award at the Southwest Integrated Care Awards. The award was presented in recognition of WorkWell's ability to “WorkWell West stood out for its ability to unite partners around a shared vision and deliver real change for individuals and communities”. The BNSSG ICB is due to receive confirmation of an additional years worth of funding in the coming weeks, with the confirmation of an additional 2 years of funding due in early 2026.

- **Local Maternity and Neonatal System (LMNS) and the Race & Health Observatory (RHO)**

We are 1 of only 10 systems within the country that were picked to be part of the first of the project with the aim of focusing on inequalities in maternal and neonatal health in response to the increase in maternal morbidity (highest rate in 20 years) and the disparity in maternal and neonatal mortality for women and babies racialised as Black. Within BNSSG we identified Preterm Birth as the area of focus as this is the leading cause of infant mortality within the UK. Within BNSSG the infant mortality rate is 2-3 times higher in babies from the global majority compared to babies racialised as white, this is despite the South West leading on pre-term optimisation tools such as PERIPrem.

Our local data showed us that within our local units between 2020-2023 95% of white women received optimally timed antenatal steroids and 80% received magnesium sulphate this compares with only 30% of black women receiving antenatal steroids and 60% receiving magnesium sulphate; this became the focus of our project. We have undertaken quantitative data collection looking at Badgernet (EPR) to identify trends, undertaken staff surveys, undertaken in depth qualitative conversations with women racialised as black who have experienced a pre-term birth in our system. From the learning from all of these methods we have undertaken various QI projects including trialling a pictorial leaflet co-produced by the MNVP in Manchester to show women the signs and symptoms of pre-term labour (as this was identified as a knowledge gap).

Our latest BNSSG data shows that during the course of this project the inequity gap within this area has been greatly reduced with ALL women racialised as black receiving the full course of antenatal interventions where appropriate- this is an amazing improvement.

The key learning from this project is as follows-

Racism in healthcare critically impacts patient safety and leads to worse clinical outcomes for women, babies and families racialised as Black

Disparities in Perinatal Outcomes - Women, families and babies racialised as Black face higher rates of preterm birth, stillbirth, and neonatal mortality due to systemic racism and bias

Need for Anti Racist Training and increased Racial Literacy as Clinical Competency - Racial literacy among health professionals is essential to reduce harmful racial biases and improve clinical decision-making

Anti-Racist Clinical Practices - Embedding anti-racist practices ensures safe, equitable and person-centred care

This project has been recognised by the RHO and will form part of their published recommendations for pre-term birth. It has also been presented to Kate Brintworth National Chief Midwife