

Minutes of the BSW Integrated Care Board - Board Meeting in Public

Thursday 12 January 2023, 10:00hrs

Brunswick Room, Guildhall, High Street, Bath BA1 5A

Members present:

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Community Provider Partner Member, Douglas Blair (DB)
Primary Care Partner Member, Dr Francis Campbell (FC)
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
Local Authority Partner Member – BaNES, Will Godfrey (WG)
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector – Dominic Hardisty (DH)
ICB Chief Finance Officer, Gary Heneage (GH)
Local Authority Partner Member – Wiltshire, Terence Herbert (TH)
Local Authority Partner Member – Swindon, Susie Kemp (SK)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May (GM)
Non-Executive Director for Finance, Paul Miller (PM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
Non-Executive Director for Quality, Professor Rory Shaw (RS)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

Regular Attendees:

ICB Director of Place – BaNES, Laura Ambler (LA)
ICB Director of Planning and Performance, Rachael Backler (RB)
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)
ICB Chief of Staff, Richard Collinge (RCo)
ICB Director of Equalities, Innovation and Digital Enterprise, Jane Moore (JM)
ICB Director of Place – Swindon, Gordon Muvuti (GM)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
ICB Chief People Officer, Jasvinder Sohal (JS)
ICB Board Secretary
ICB Communications and Engagement Specialist – Strategic Projects

Invited Attendees:

Director for Urgent Care and Flow – *for item 13*
Chief Executive, Bath Mind – *for item 10*

Apologies:

NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)
ICB Director of Strategy and Transformation, Richard Smale (RSm)

1. Welcome and Apologies

- 1.1 The Chair welcomed members, officers and observing members of the public to the meeting of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) held in public. In particular, the Board welcomed Cllr Richard Clewer, who will attend meetings of the Board as the Chair of the BSW Integrated Care Partnership (ICP).
- 1.2 The above apologies were noted. The meeting was declared quorate.

2. Declarations of Interest

- 2.1 The ICB holds a register of interests for all staff and Board members. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.

3. Minutes from the ICB Board Meeting held in Public on 1 November 2022

- 3.1 The minutes of the meeting held on 1 November 2022 were **approved** as an accurate record of the meeting.

4. Action Tracker and Matters Arising

- 4.1 Two actions were noted on the tracker, both marked as CLOSED, with updates added for the Board to note.

5. Questions from the Public

- 5.1 The Chair welcomed questions in advance of the Board meetings held in public. The ICB website details the process on how the public can submit questions to the Board, questions need to be sent in seven business days in advance of the meeting.
- 5.2 One question was received in advance of the meeting. The Chair read out the question and ICB response. This would be published in full on the ICB website following the meeting.

6. Community Story from the BaNES Locality

- 6.1 The VCSE Partner Member of the Board presented the community story, focussing on the BaNES locality and ageing well; the ageing well UK perspectives, the demographics for BSW, support in place across BaNES via the Community Wellbeing Hub, and the impact on hospital discharge and avoiding admissions.
- 6.2 In opening up the Board discussion following the presentation, it was noted:
 - An element of the Wellbeing Hub was now based within the RUH's atrium, bringing new opportunities to support hospital discharge.
 - Third sector organisation, 3SG, had established the Ageing Well Network, encouraging collaborative working to provide support to older people.

- Continued resources, and the security of longer-term funding would further benefit the voluntary sector support to the population to age well.

7. Current Industrial Action – Workforce Implications

- 7.1 The ICB Chief People Officer talked through the industrial action slides as shared in the pack, looking at the latest position, risks, system co-ordination, further implications and the support that has been put into place for BSW colleagues.
- 7.2 Further nurse strikes for SFT and AWP were taking place in January. Strike action through the Chartered Society for Physiotherapy was scheduled for 26 January, although with no impact to BSW Trusts. A further strike for 9 February may impact upon SFT. Other industries may be considering strike action, particularly from education unions.
- 7.3 The ICB was supporting co-ordination amongst partners, understanding the position and responding as required to regional and national requests. This situation brought further pressures and implications on the health workforce following a sustained period of unprecedented demand whilst dealing with COVID, recovery and now winter. A medium to long term view on workforce was required, workstreams were already in place, dealing with priority areas such as retention.
- 7.4 The Chief People Officer shared her experience of volunteering on the frailty ward of GWH during the first nurses strike. Strike committees and staff were feeling supported by employers and colleagues, acknowledging the dispute and negotiations were a national issue.
- 7.5 The Board discussion noted:
- Although this was individual strike action over pay and conditions for nurses, it is likely that resolutions would apply to all agenda for change staff.
 - Clear guidance had been given by NHS England regarding the budget process, with a pay assumption of 2% to be used.
 - It was acknowledged that social care was not aligned to potential health pay increases, bringing potential wider consequences.
 - The ICB and ICS was to provide that overarching direction and leadership on workforce through the strategic workforce transformation programme, offering local support through the Integrated Care Alliances (ICAs) and direct to Trusts and providers.
 - NHS England were due to publish the national Workforce Strategy, providing that framework and focus on ambition, expectations and funding.
 - The Board acknowledged that an urgent approach and focus on workforce was required as a fundamental risk of the system and delivery of care, noting that significant work and co-ordination was already underway. This was a priority risk noted upon both the ICB's and partners risk registers, and remained a focus across all platforms, including the BSW Workforce Strategic Board, which brought NHS, local government and voluntary sector partners together. The Workforce Strategic Board had commenced work to consider the priorities, collating and co-ordinating focus areas to consider at its meeting at the end of January, building the strategy around those.

- The Strategy should consider workforce principles when undertaking future procurement exercises, and the potential wider impact on the voluntary sector.

7.6 The Chair wished to record thanks to all those involved in managing the situation and hoped negotiations could reach a settlement position to resolve this.

8. BSW ICB Chair's Report

8.1 The Chair provided a verbal report to the Board, noting the following:

- Nationally and locally, healthcare providers continued to experience unprecedented demands and pressures. BSW hospitals continued to operate at maximum capacity, with this expected to continue throughout winter. It was acknowledged that this put pressure on our ability to meet patient needs, although patient safety was a priority. The BSW workforce were going above and beyond to work through the worst winter on record. Thanks were noted to our hardworking and dedicated staff and volunteers.
- Discussions had taken place with NHS England with regards the Chair of the ICP joining the Board as was apparent in other systems, strengthening those links between the ICB, ICP and integrated care strategy.
- ICB Committee terms of reference have been amended and implemented, as agreed at the November meeting. The Chair reminded local authority colleagues that local government places remained to be filled upon a number of Committees.
- A successful meeting of NHS Non-Executive Directors (NEDs) and the ICB was recently held, with agreement to meet again in six months time.
- The Hewitt Independent Review of ICS's and the public consultation was currently underway, by order of the Chancellor and Secretary of State.
[ACTION: The consultation response from BSW ICB to be circulated to Board members.](#)
- Attendance at NHS England and NHS Confed meetings, ensuring development feedback and areas of BSW best practice were fed through.
- A Board to Board meeting with the South Western Ambulance Service Trust was held. The ICB Chair had been involved in the recruitment of the Chair of Ambulance Service for the South West.
- Regular meetings held with NHS Chairs and Local Authority Leaders.
- A meeting with the Minister for Social Care, Helen Whately, on 15 December 2022 was positive, sharing system experiences.

9. BSW ICB Chief Executive's Report

9.1 The Board **received and noted** the Chief Executive's report as included in the meeting pack. The Chief Executive highlighted the following to members:

- The notable operational context and pressures, particularly around the festive period, had been further exacerbated by COVID and flu, and industrial action. The system was working exceptionally well together with the Winter planning process beforehand supporting this, alongside innovation and change, such as through the Care Co-ordination Hub which was now to move from its pilot stage to a business case. The system had been noted as Operational Pressures Escalation Level (OPEL) 4, moving more recently down to OPEL 3. Thanks were expressed to the committed staff of BSW.

- The NHS England planning guidance implications for the Integrated Care Strategy and Joint Forward Plan were to be explored.
- The ICB Corporate Body was designing its Target Operating Model, ensuring the organisation's capacity and capability reflected ICB legislation and duties. The work was to be concluded by March.
- The ICB and Integrated Care System (ICS) financial position brought opportunities and challenges into 2023-24. A Finance Summit was to be held on 20 January, bringing together partner Chief Executives, Chairs and Finance Directors.

9.2 The Executive Director for Planning and Performance referred to the NHS Oversight Framework. This was the first use of the framework for the ICB, with the ICB working in partnership with NHS England to assess itself and partner acutes. All organisations had been rated a two (on a scale of one to four, with one being the best), though with financial challenges noted as a specific risk area. AWP spanned both BSW and the Bristol, North Somerset and South Gloucestershire (BNSSG) ICB areas, with BNSSG being the host. AWP had been rated as three, noting the ongoing CQC improvement plan work and deficit. Dialogue would continue with NHS England, with reconfirmation of the position to be made quarterly.

10. BaNES Locality Update

10.1 The Director of Place for BaNES, together with the Chief Executive Officer for Bath Mind, shared a presentation relating to the development of the BaNES locality ICA. The co-created ICA vision aimed to ensure the person remained at the centre, creating an environment of inclusivity, ownership, and empowerment, supporting recovery and future transformation, and the four priority areas for the year.

10.2 The Bath Community Wellbeing Hub was a fundamental partner in the BaNES ambition, bringing the third sector and statutory sector together as equals to provide a multi-agency response. The Hub offered early intervention support. It was anticipated that the new project set up in the RUH atrium could be developed and rolled out further to other areas of Bath. An offer to visit the Hub was shared with Board members.

10.3 The following points were noted from the subsequent Board discussion:

- A strategic and organisation level approach to recruitment and retention was in place. Models were in place to offer mentoring, voluntary work and placements.
- The third sector was encouraging the NHS to think and work differently.
- The data and risk-sharing approach in the Hub enabled more agile and holistic working amongst partners. Wider rollout of the model was to be explored.

11 BSW Performance Report

11.1 The Board **received and noted** the short-form BSW Performance Report presented this month, noting that an overhaul of performance reporting was underway to widen the metrics and inclusion of those non-NHS partner organisations.

11.2 The Board discussion noted:

- Urgent and emergency care and flow remained a challenge and focus for the system.
- The elective care position remained challenging post the pandemic, with delivery of the year end 78 week wait target under pressure.
- Cancer waits remained a priority, although the target was not achieved, a reduction in the backlog had been noted.
- Primary care was recording an increase in booked appointments, and face to face appointments.
- Improvement in some of the mental health standards had been recorded, but this was still an area of under-performance for the system.
- Sharing of capacity and resources was actioned where possible across the system, to target support where required. A BSW Elective Strategy was being developed, which would further encourage more joined-up working and efficient use of capacity.

12 NHS BSW Integrated Care System and ICB Finance Reports

12.1 The ICB Chief Finance Officer talked through the revenue position for the ICS and ICB, which looked at the risks and mitigations, efficiency scheme delivery, workforce, capital and agreed actions. The following was highlighted to Board members:

- A material amount of risk remained in the plan for 2022-23 associated with the continued operational pressures, with two areas of concern;
 - The £4m cost pressure reported by SFT
 - The £2m cost pressure reported by RUH
 There was a £6m gap to close by the end of the financial year.
- BSW could look to move its financial position, or hold its position to explore mitigating actions. The recommendation was to explore at organisational and system level the possible actions to close the gap.
- A BSW Finance Summit was to be held on 20 January, to enable that discussion, sharing of understanding and collective agreement of the options and actions to drive further efficiencies. The plan would be presented to the Board on 16 March.
- The position of 2023-24 would also be considered at the summit. NHS England's direction was that balanced plans for 2022-23 and 2023-24 were to be submitted.

12.2 The Board discussion noted:

- The year to date position showed that the ICB was in a £5.5m adverse position against the planned surplus, however was anticipating to hold its forecast position, with additional mitigating actions to be agreed. The net position had utilised all non-recurrent measures.
- The risk appetite of the ICS needed consideration, with the five year plan needing to support the move to a preventative approach.
- A sustainable financial position was needed, whilst also investing efficiently and effectively to implement the transformation and change to be set by the Integrated Care Strategy and Joint Forward Plan.
- The Finance Summit was an opportunity to collectively agree principles going into the planning round. Any decision made needed to consider the clinical impacts and the context of local government spending reductions.

12.3 The Board **noted** the report and the financial position of the BSW NHS ICS.

13 Update on Winter Pressures and Implementation of the Winter Plan

13.1 The ICB Chief Nurse and ICB Director of Urgent Care and Flow updated the Board on the winter pressures being seen across BSW, and progress against the implementation of the Winter Plan. The delivery RAG rating against the metrics highlighted the significant pressures being seen across all services. Hospital handover delays remained the top risk, linked with the no criteria to reside figure. The system operational hub was key to supporting and mitigating this risk, alongside the Care Co-ordination Hub whose main aim is to reduce possible admissions and assisting with discharges. Although additional beds had been stepped up, consideration of the left shift of care was needed to bring a reduction in reliance on beds.

13.2 The Board discussion noted:

- Measures within emergency departments and at the front of hospitals to cohort patients were being used to minimise the impact of risk and to release ambulance crews. Pre-emptive boarding and the opening of escalation beds across the acutes related to this, including allowing additional patients onto ward areas above the bedded capacity, to share the level of risk.
- It was proposed that the pilot of the Care Co-ordination Hub be extended until March if provider support could remain, this would allow time to develop the business case to be brought back to Board.
- Despite the operational system pressures, BSW had continued to implement infection control measures.
- BSW's allocation of the recently announced Government hospital discharge fund was still unknown at this stage. The guidance would be applied to utilise the monies effectively to meet BSW needs. The Chair was happy to support the ongoing discussions with Ministers regarding this, and any future monies, to ensure BSW was able to plan ahead.

14. Integrated Care Strategy and Implementation Plan Update

14.1 The Chief Executive talked through the supporting paper, noting the progress to date on producing the Integrated Care Strategy, the associated timelines, and the links to the implementation plan (the five year Joint Forward Plan). It was acknowledged that, although the Strategy was not owned by the ICB, it was supporting the work on behalf of the ICP.

14.2 The Strategy was to be ambitious, linking in with work and strategies already in place, particularly the financial plan. The themes would be built around objectives and workstreams, with delivery plans underneath this. A formal draft was to be presented to the ICP meeting scheduled for 28 February 2023.

14.3 The Board discussion noted:

- An element of the strategy should ensure BSW had an ongoing commitment of understanding and harvesting good ideas from other ICS's.

- Although not ICB owned, Board members input as stakeholders was welcomed. One engagement event had already been held, further engagement events and opportunities would be explored during the production of the draft, utilising those existing engagement events.
- Governance milestones were being confirmed, ensuring the BaNES, Swindon and Wiltshire Integrated Care Alliances were all sighted, supportive and involved in the wider engagement piece to reach out to all stakeholders, including primary care.

15 2023/24 Priorities and Operational Planning Guidance

- 15.1 The Executive Director of Planning and Performance briefed the Board on the 2023-24 priorities and operational planning guidance. NHS organisations are required by law to produce a Joint Forward Plan, which BSW referred to as the implementation plan of the Integrated Care Strategy. All system partners would therefore be involved, bringing that collective approach to delivery of the strategy. The ICA's would feed into the implementation plan, set amongst the broader system framework. Due to the delay in guidance, the draft Joint Forward Plan was now to be submitted by the end of March, with the final to be submitted in June.
- 15.2 The NHS England Operational Planning Document had now been released. The system was to reflect on the national objectives and plan against the targets. The technical guidance to follow would set out the submission requirements. Initial discussions would commence as part of the Finance Summit. A draft submission was to be made in mid-February, with the final to be submitted by the end of March. It was suggested that the ICB Finance and Investment Committee be authorised to sign off the Operating Plan through an extraordinary meeting. A formal update would be brought to the March Board meeting.
- 15.3 The Board **noted** the summary NHS operating planning guidance and the list of key metrics shared by NHS England.

16 BSW ICB Risk Management Framework

- 16.1 The current risk management framework being used by the ICB was a legacy from the CCG, and was no longer fit for purpose. The proposed ICB Risk Management Framework would establish a structure for the effective and systematic management of ICB strategic and operational risks. At this stage, this would apply to the ICB Corporate only, although the system approach to risk was being pursued.
- 16.2 The ICB Audit and Risk Committee reviewed and considered the Framework at its meeting on 21 December 2022, and recommended it to the Board for approval and adoption.
- 16.3 Whilst considering the proposed framework, the Board discussion noted:
- Clarification was needed in reference to 'corporate' and the inclusion of 'place'.
 - The Audit and Risk Committee would review the effectiveness of the framework in due course, the Committee Chair was keen to ensure the broader engagement piece of the system wide perspective was undertaken first to aid the review. The

Committee would continue to have oversight of the Corporate Risk Register and Board Assurance Framework (BAF).

- The Board Development Session on 16 February would take a strategic view of risk, to agree the Board's risk appetite.

16.4 The Board **approved** the BSW ICB Risk Management Framework, subject to the clarification amendment requested.

17 BSW ICB Anti-Fraud, Bribery and Corruption Policy

17.1 The Anti-Fraud, Bribery and Corruption Policy has received minor updates to reflect the change from CCG to ICB, and to clarify scope of the policy and commonly used terms. The ICB Executive Management Meeting and ICB Audit and Risk Committee endorsed and recommended the revised policy following review at their recent meetings.

17.2 The Board **approved** the Anti-Fraud, Bribery and Corruption Policy for adoption by the ICB.

18 Any other business and closing comments

18.1 There being no other business, the Chair closed the meeting at 12:44hrs

Next ICB Board meeting in public: Thursday 16 March 2023