



Bath and North East Somerset,
Swindon and Wiltshire Partnership
Working together for your health and care

Item 14

BSW CCG Governing Body, 17th February 2022

ICS Development Programme Update

Richard Smale, Director of Strategy and Transformation

Alison Kingscott, Interim BSW Executive Director of People and OD

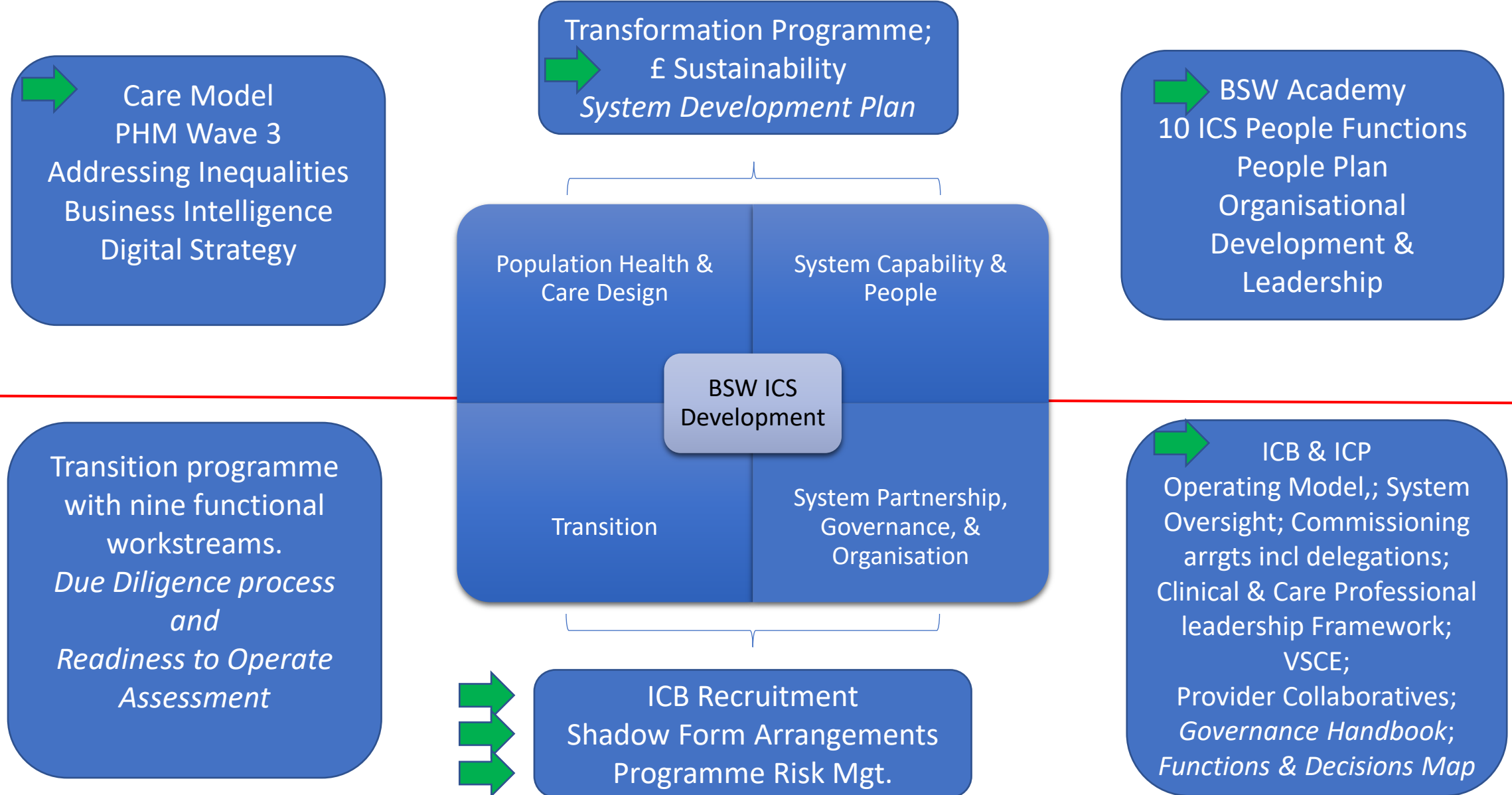


ICS Development Programme Update

1. Progress with ICS Development Programme
2. System operating model
3. Clinical and Care Professional Leadership
4. BSW Digital Strategy
5. HR Transition Update

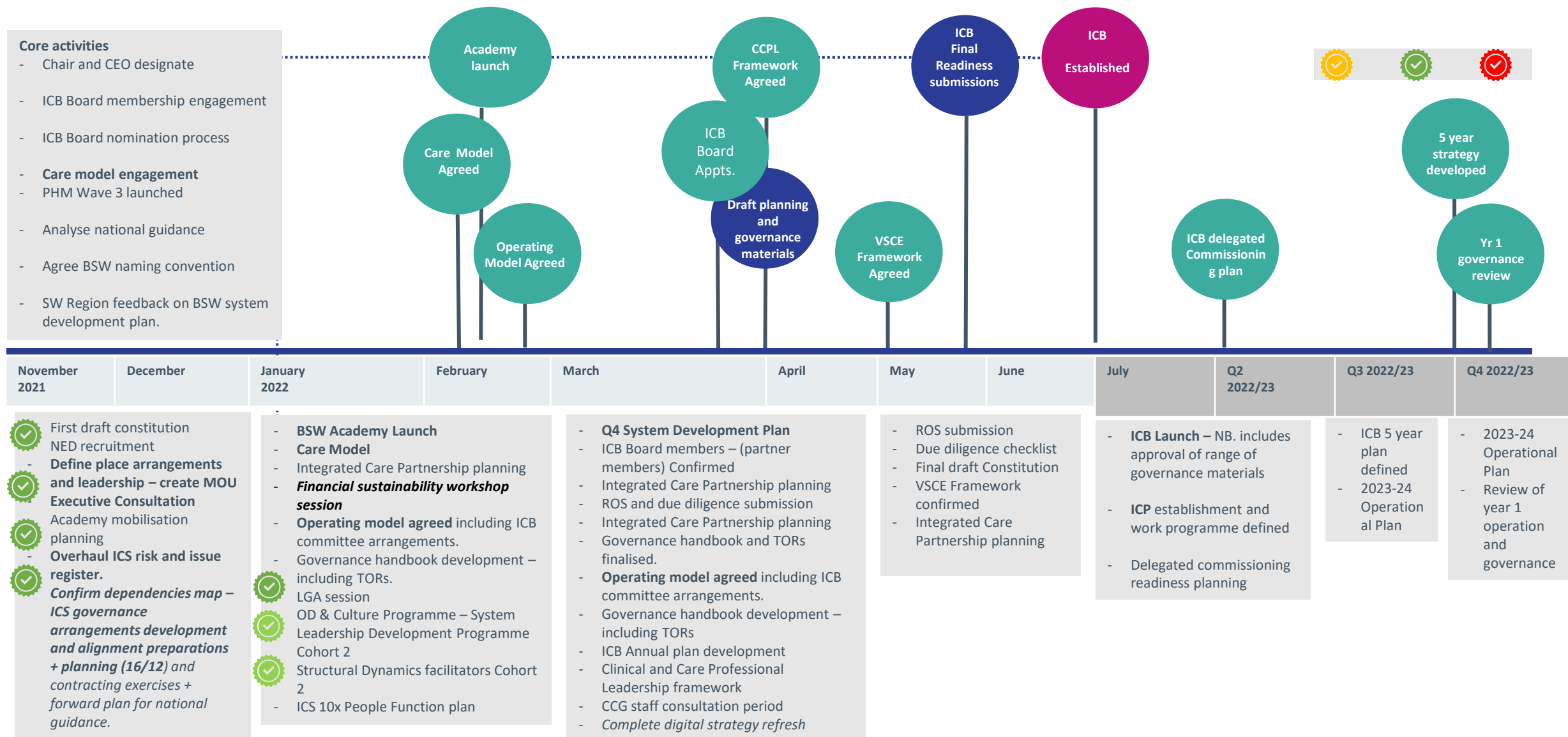


1. Progress with ICS Development Programme





1. Progress with ICS Development Programme – Overview 01 February 2022





1. Progress with ICS Development Programme – CCG transition



Objectives: to safely transfer our People, Property, Statutory duties.

To close the legacy organisation and carry out due diligence.

Workstream governance: Fortnightly workstream leads group covering the transition elements required. Full programme plan in place.

Monthly Transition Oversight Group (subset of CCG Board + NHSE colleagues) to monitor progress.

Regular submission of documentation to NHSE to demonstrate progress (readiness to operate statement, Due Diligence checklist, System development plan).

Next main submission date: 31st March 2022.

Closedown risks are mainly focused on capacity,

ICB development risks are wider: recruitment, destabilising impact of change, potential leadership vacuum and/or double running costs and readiness of system teams to work differently, in an integrated way.

Programme	<ul style="list-style-type: none"> • ROS – next submission 31/03/2022 • Due diligence - next submission 31/03/2022 • Establishment timeline - next submission 31/03/2022 	A
Communications and engagement	<ul style="list-style-type: none"> • To ensure all internal and external stakeholders are informed and, where appropriate, engaged with about the closure of BSW CCG and its transition to an integrated care board (ICB) • On track overall. 	A
Governance	<ul style="list-style-type: none"> • Safe close-down of the BSW CCG incl. ensuring that legacy governance activities are undertaken. Develop, support consultation on, and codify the governance framework for the BSW ICS, with particular focus on ICB governance required for establishment. • Significant submission 31/03/2022 of range of governance documents, making progress with these although delay in national guidance. 	A
HR	<ul style="list-style-type: none"> • Safe transition of people into the ICB and recruitment of executive and board roles. Support to colleagues across the organisation to transition well and into new ways of working. • On track, but recognise breadth of transition, recruitment and OD work. Risks around recruitment to ICB and CCG redundancies. 	A
Finance	<ul style="list-style-type: none"> • Financial closedown of 92G, implementation of new financial ledger and controls. • Timelines shifted to new establishment date. On track for current work with more to deliver in Q1 	G
IM&T	<ul style="list-style-type: none"> • Ensure the CCG IT & GP IT including NHS mail and smartcards are safely transferred to the ICS/B • Specific national guidance on ODS is still awaited, all actions that can be taken have been. 	G
Contracts, procurement, commissioning	<ul style="list-style-type: none"> • To redesign Contract Management to work more collaboratively with the ICS/ICB partners. Understand the new procurement requirements on the BSW ICS/ICB system • National contract guidance and development of local BSW means of operation in relation to contracts are potential risks. 	A
Quality	<ul style="list-style-type: none"> • Ensure a safe delivery from a quality perspective, ensuring all duties transition and that we remain focused on quality, safety, effectiveness and equality throughout. • Capacity is the most significant risk as the team are being pulled into covid response as well as considerable due diligence work for Q4 and Q1. 	A
Records management	<ul style="list-style-type: none"> • To ensure the capture, review and onward appropriate retention of Corporate Records; To have in place required IG arrangements; To take a risk based approach to corporate policies, to bring forward, review or rewrite for the ICB. • Clarity on national submission timeline received, recruitment of specialist post, risk re retirement of DPO. 	A
BAU transfer	<ul style="list-style-type: none"> • Ensure all processes and duties not otherwise specified in the workstreams are transitioned into the ICB. • Guidance on ICB short name required, all other actions currently progressing as required. 	G



2. System Operating Model

Principles underpinning our approach to governance

The following principles underpin our proposed approach to governance:

- **Form follows function** – we design governance that supports functions and operations
- **Clear lines of sight** (“eyes on, hands off”) – our governance empowers individuals and organisations through clear delegations of responsibilities, and enables accountability and assurances. We will make decisions once, avoiding duplication of process and reporting.
- **Subsidiarity** – our governance enables decision-making as close as possible to where the decisions matter and has impact
- **Robust and safe decision-making** – our governance is clear as to where decisions are taken and ensures that decisions are evidence-based, safe, and secure
- **Our governance is networked** – our decision-making and assurance bodies do not operate in silos but share intel and expertise to achieve holistic oversight
- Our governance supports **transparency and openness**
- **Measurement for improvement**, not judgement
- We think through different lenses of **individual organisation, place and system**, and do so without a sense of hierarchy in our culture.

In our governance proposal, networked collaboration is underpinned by clear, robust, and as short as possible lines of delegations and accountability, which empower individuals and organisations; facilitate secure decision-making; and provide the ICB, partners, and NHSE with reliable assurance.



2. System Operating Model

Interdependent elements within our system

The way BSW operates as an integrated care system (ICS) is based on two distinct, but interdependent elements:

1. the individual organisations that make up the partnership; and
2. collaborations/partnerships established between the individual organisations.

To provide clarity and effective coordination across BSW the role and responsibilities held by each organisation or partnership needs to be clearly defined and reflected in our governance arrangements.

Underpinning our delegated, “*eyes on, hands off*” way of working will be the generation of a clear set of outcomes that the Partnership is seeking to achieve.

**1. Individual
organisations**

**2. Collaborations/
Partnerships**



2. System Operating Model

Collaborations/Partnerships

Partners across BSW are working in collaboration or partnership in three distinct groupings:

Place-based
partnerships (x3)

System wide
collaborative
programmes

Provider
collaboratives

During our early period of transition to the ICS these collaborations and partnerships have operated relatively informally. As we formalise our future arrangements we need to be clear on the role and responsibility each collaborative group will hold.

We also need to define how these Groups relate to any committees established as part of the Integrated Care Board arrangements.



2. System Operating Model

System wide collaborative programmes – These collaborations have previously formed to address a particular area of responsibility within the system.

The programmes vary significantly in their scope of responsibility and the way they operate, with some focussed predominantly on the transformation of services, whilst others are also playing a central role in coordinating current service delivery between partners (e.g. Elective Care Board and Urgent Care and Flow Board).

Defining the delegated authority we want these individual programmes to hold within the ICS and creating a transparent exchange of information with the Integrated Care Board and Integrated Care Partnership will be essential.

System wide collaborative programmes

- Ageing Well
- BSW Academy/People
- Elective Care Board
- Learning Disabilities & Autism
- Local Maternity and Neonatal System
- Thrive Board
- Urgent Care & Flow Board
- Outpatients
- Population Health Management
- Business Intelligence
- Digital Programme
- Estates Programme
- Financial Sustainability



2. System Operating Model






Our transition to being a highly effective ICS will be evolutionary as we learn to operate in new, more collaborative ways.

We have previously developed a maturity matrix to help us understand how our place based partnerships were progressing in their development process. It is proposed that we refresh this matrix and make it available to support the development of all of our collaborative forums.

Place-based
partnerships (x3)

System wide
collaborative
programmes

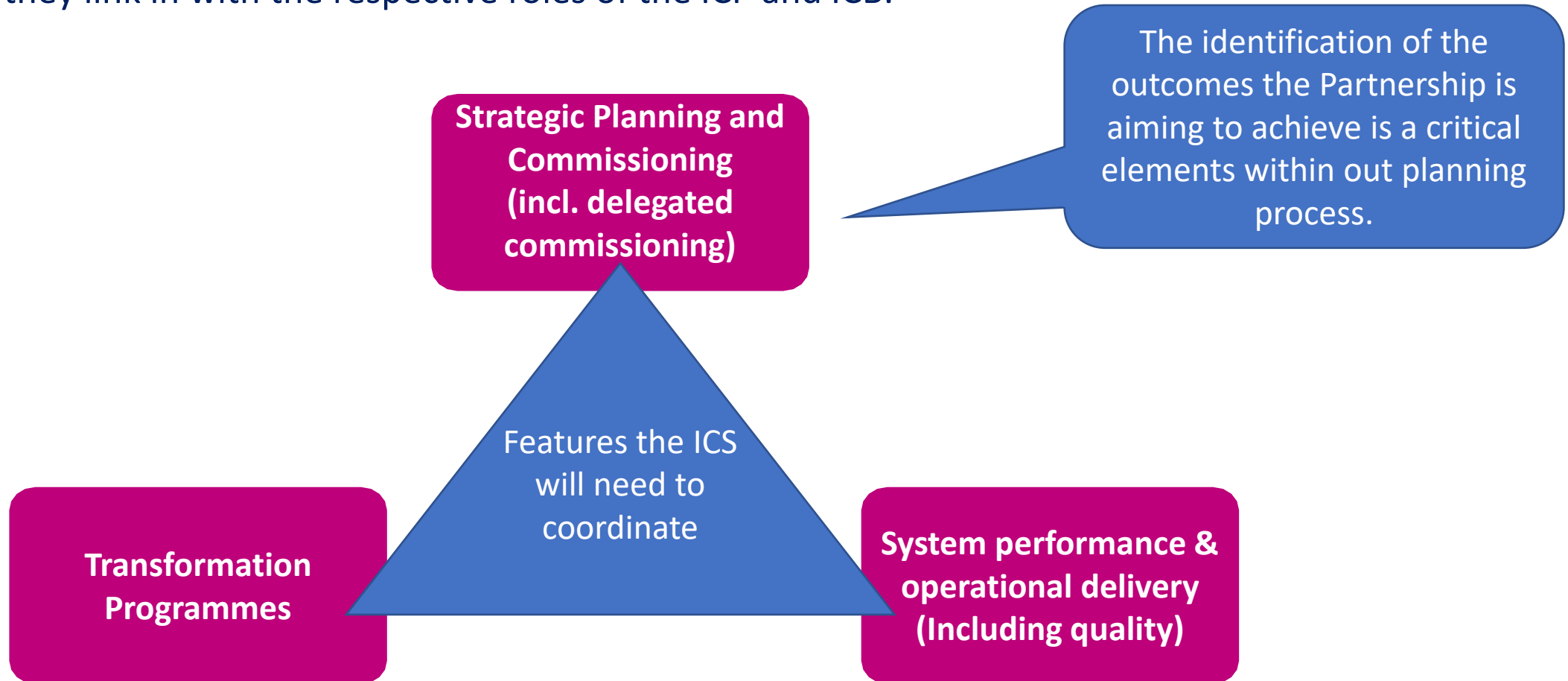
Provider
collaboratives

Domain	Maturity matrix assessment (Completed on XXX)	The work underway led by
Domain one: Leadership, Planning & Partnerships		<ul style="list-style-type: none">• TBC• TBC• TBC
Domain two: Use of data & Population Health Management		<ul style="list-style-type: none">• TBC• TBC• TBC
Domain three: Integrated Care Models		<ul style="list-style-type: none">• Integrated Care Alliance [locality x]• TBC
Domain four: Managing Resources		<ul style="list-style-type: none">• TBC• TBC
Domain five: Working in partnership with people & communities		<ul style="list-style-type: none">• TBC• TBC
Domain six: Governance Structures & decision- making	No self-assessment required in light of the integrating care proposals	<ul style="list-style-type: none">• TBC• TBC



2. System Operating Model

The partners within the ICS will need to determine how the following features are undertaken and how they link in with the respective roles of the ICP and ICB.





3. Clinical and Care Professional Leadership



3. Clinical and Care Professional Leadership

- Work to start to shape the ICB model for Clinical and Care Professional Leadership (CCPL) started Summer 2021 and virtual workshop in September.
- Since then, a smaller group has been further shaping the model using this feedback and national guidance.
- Philosophical differences in approach but a proposed model is now shaping (see next slide).
- ICB establishment gives us more time to shape and finesse the model, but
 - key appointments need to be made to establish the final model and
 - there will be regular review points to ensure the model is working as required.





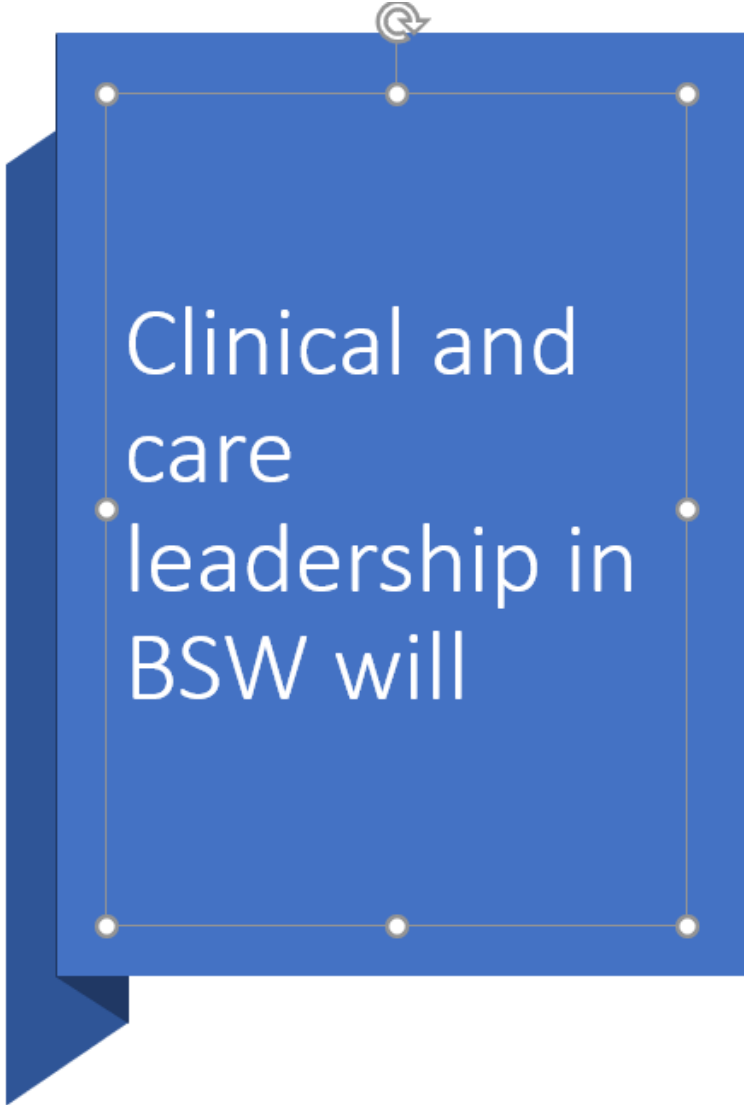
3. Clinical and Care Professional Leadership

Key considerations

- The work to date to explore care and clinical leadership will need to align with the overall governance arrangements for the ICS.
- Until key appointments are made to the ICB Board, and clarity on who delivers what and where, the overall governance structures and operating model cannot be confirmed.
- Recommendations arising from this work offer a powerful steer to the incoming Executives to help shape overall structures.
- General management structures are where the accountability sits for delivery. Accountability for decisions and actions in support of the ICB's discharge of its functions is through to the ICB Board and, in the context of an integrated system, is multi-professional
- These arrangements do not preclude the co-existence of uni-professional advisory groups which may have an important function to support individual Executive Directors and cross-system learning but would not be part of the ICB's or the system's decision-making structures.



3. Clinical and Care Professional Leadership

A blue rectangular callout box with a 3D effect, featuring a rotation handle at the top center and corner handles. The text inside is white and reads: "Clinical and care leadership in BSW will".

Clinical and
care
leadership in
BSW will

- be 'professionally agnostic'
- not be restricted to the designated roles
- have clearly defined roles
- be accountable, through the management structures (i.e. matrix working and Executive Team), to the ICB Board for their actions
- have sufficient time and resources to discharge their leadership responsibilities
- place the population at the centre of all activities



3. Clinical and Care Professional Leadership

Shaping the model

Acknowledged executive CCPL roles on ICB Board (Med Dir, DoN).

ICB CCPL group accountable to exec (but can be asked for advice/input from partnership and/or Board)

Task and finish groups to draw from wider clinical and care workforce to focus on established priorities (and response as required)

Expectation that clinical, care and managerial professionals are involved at all stages, not just a final tick box

Next steps

Documenting the model including fit with rest of the governance structure, TOR, membership of groups.

Engagement with clinical and care professionals across the system – share the proposed model, gain feedback. Final workshop in March **may now change*

Continued monthly steering group

Focused work in localities to support CCPL and linkages with BSW-wide working

14/02 submission to NHSE **may now change*



4. BSW Digital Strategy

- Work led by the BSW Digital Board *supported by the Digital Clinical Leaders Group*
- Builds on digital innovation during the Covid pandemic
- Strategy (not a plan)
 - The national and local context, including challenges where digital solutions may support change
 - Our digital programme and three priorities (Information Sharing; development of our Digital Workforce via a portfolio of projects; and ensuring contemporary cyber security is in place)
 - BSW response to the NHSX What Good Looks Like Framework (August 2021)
 - How Digital enables the BSW Care Model
- Not all initiatives are currently funded
- Full update at future BSW Partnership meetings

(Copies available from jasonyoung@nhs.net Please send any comments back to Jason Young)



Microsoft Word
Document

Digital Strategy

For BaNES, Swindon, and Wiltshire Partnership

2022-2027



What Good Looks Like Framework

1. Well Led
2. Ensure Smart Foundations
3. Safe Practice
4. Support People
5. Empower Citizens
6. Improve Care
7. Healthy Population



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5. HR Transition Update

Alison Kingscott, Interim BSW Executive Director of People and OD



HR Transition Updates

1. BSW CCG Executive Consultation
2. BSW ICB Executive Recruitment
3. BSW ICB Non Executive Recruitment
4. BSW CCG All Colleague Transfer Consultation
5. 10 People Function Outcomes Workshop



BSW CCG Executive Consultation

- Consultation on the cessation of the BSW CCG Executive roles was undertaken from 13th December 2021 to 31st January 2022 and led by Tracey Cox, BSW CCG Chief Executive.
- Executives had the opportunity to submit a similarity assessment for review. No similarity assessments were received.
- Executives all had an individual consultation meeting and career and health and wellbeing support was discussed.
- All ICB Executive Director roles have been signed off by NHS England and BSW CCG Executives have been offered the opportunity of a guaranteed interview for one ICB Executive Director role.



BSW ICB Executive Recruitment

- All the BSW ICB Executive roles are now live on Gatenby Sanderson and NHS jobs.
- The roles being advertised are:
 - Finance Director
 - Chief Nurse
 - Strategy and Transformation Director
 - Medical Director
 - People Director
 - Performance and Planning Director
- The interviews for the roles will take place from 23rd March to 1st April.
- The Place Director roles will be advertised in March with interviews to be confirmed.
- Stakeholder panels will also take place for all roles.



BSW ICB Non Executive Director Recruitment

- BSW ICB advertised for 5 Non Executive Director (NED) roles.
- The 5 roles are:
 - Independent NED for Audit
 - Independent NED for Public and Community Engagement
 - Independent NED for Finance
 - Independent NED for Quality
 - Independent NED for Remuneration and People
- Interviews for the NED roles took place on 24th and 25th January 2022.
- Four of the NED roles were appointed to.
- The Independent NED for Finance is being readvertised and interviews will be held on 5th April 2022.



BSW CCG All Colleague Transfer Consultation

- Following the announcement to delay the establishment of ICBs until 1st July 2022 the all colleague consultation regarding the transfer will commence on 4th April 2022 and run until 3rd May 2022.
- The consultation paper has been drafted and shared with BSW Colleague Partnership Forum. Comments and feedback from the CPF have been taken on board.
- Updates have been provided to SPF.
- In March the updated version of the consultation paper will be shared again with CPF and SPF colleagues for any final comments.
- Updates on the transition continue to be provided via the CCG all colleague monthly briefings and there are opportunities for colleagues to ask any questions.



10 People Function Outcome Workshop

- A second workshop regarding the 10 People Functions was due to take place on 14 December 2021 however this was postponed due to the focus on the mass vaccination programme.
- The workshop has been rescheduled for 9 March 2022.
- The purpose of the workshop is:
 - To deepen our understanding of what is being asked of us
 - Develop a shared narrative that we can use within our own organisations
 - Expand on the work that was undertaken during the first workshop in October
 - Build a timetable of activities that bring the PFOs to life for all colleagues
- A SWOT was carried out on each of the 10 PFO which provided many healthy discussions and a wealth of organisational experiences being shared.
- The previous workshop on 5th October allowed an initial baseline to be established for each of the 10 PFOs in terms of readiness, capability and capacity. These three areas were rated in terms of whether as a system we are developing, emerging or have a basic baseline.