

BSW CCG Extraordinary Governing Body Meeting in Public Thursday 17 February 2022, 9:30hrs

Virtual meeting held via Zoom

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
9:30	1	Welcome and Apologies	Chair	Note	
	2	Declarations of Interests	Chair	Note	
	3	Questions from the public	Chair	Note	
9:35	4	Patient Story / Case Study	Gill May	Note	Presentation in meeting
9:50	5	Minutes from previous meetings: a. BSW CCG Extraordinary Governing Body Meeting held in Public on 11 November 2021 b. BSW CCG Governing Body Meeting held in Public on 18 November 2021	Chair	Approve	GB/21-22/123
				Approve	GB/21-22/124
	6	Action Tracker	Chair	Review	GB/21-22/125
9:55	7	Reports from the BSW CCG Clinical Chair and Locality Clinical Leads	Chair, Dr Bryn Bird, Dr Amanda Webb, Dr Edward Rendell	Note	GB/21-22/126
10:10	8	BSW CCG Chief Executive's Report	Tracey Cox	Note	GB/21-22/127
Business items					
10:20	9	BSW Performance, Quality and Finance Report	Julie-Anne Wales, Gill May, Caroline Gregory	Note	GB/21-22/128

Timing	No	Item title	Lead	Action	Paper ref.
10:35	10	Annual Operational Planning Round Headlines	Richard Smale	Note	Presentation in meeting
10:45 - Short break – 10 mins					
10:55	11	People and Organisational Development: a. BSW CCG Gender Pay Gap Report 2021	Sheridan Flavin	Approve	GB/21-22/129
11:05	12	Annual Emergency Preparedness Resilience and Response (EPRR) Assurance Report	Louise Cadle	Note	GB/21-22/130
11:20	13	Risk Management	Julie-Anne Wales	Note	GB/21-22/131
11:35	14	Integrated Care System Development and Transition	Richard Smale, Catherine Phillips	Note	GB/21-22/132
Items for information <i>Items in this section will be taken as read and not discussed unless members raise specific points</i>					
11:55	15	Summary Report from Governing Body Committees	Chair	Note	GB/21-22/133
11:55	16	Corporate Registers	Chair	Note	GB/21-22/134
Closing Business					
12:00	17	Any other business	Chair		

Next meeting: Thursday 17 March 2022

DRAFT Minutes of the BSW CCG Extraordinary Governing Body – Meeting in Public

Thursday 11 November 2021, 15:45hrs

Virtual meeting held via Zoom

Present

Statutory Members

Chief Executive, Tracey Cox (TC)
Chief Financial Officer, Caroline Gregory (CG)
Registered Nurse, Maggie Arnold (MA)
Secondary Care Specialist, Dr Paul Kennedy (PK)
Lay Member Patient and Public Engagement (PPE), Julian Kirby (JK) **(Chair)**

Additional Members

Lay Member Primary Care Commissioning & Deputy Chair, Suzannah Power (SP)
Locality Clinical Lead (BaNES), Dr Bryn Bird, (BB)
Locality Clinical Lead (Swindon), Dr Amanda Webb (AW)
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER)
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey, (SD)
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)
Medical Director, Dr Ruth Grabham (RG)
Director of Strategy and Transformation, Richard Smale (RS)

Attendees

BaNES Chief Operating Officer, Corinne Edwards, (CE)
Swindon Chief Operating Officer, David Freeman (DF)
Wiltshire Chief Operating Officer, Elizabeth Disney (ED)
Director of Corporate Affairs, Julie-Anne Wales (JAW)
Interim BSW Executive Director for People and OD, Sheridan Flavin (SF)
Deputy Director of Corporate Affairs, Anett Loescher (AL)
Deputy Director of Communications and Engagement, Tamsin May (TM)
BaNES Director of Adult Social Care, Suzanne Westhead (SWe)
BaNES Director of Public Health, Rebecca Reynolds (RR)
Director of Adult Care Delivery, Wiltshire Council, Emma Legg (EL)
BSW Partnership Chair, Stephanie Elsy (SE)
Board Secretary, Sharon Woolley (SW)
Head of Contracting and Performance Adult Social Care, Complex and Specialist
Commissioning Team, Integrated Commissioning, Bath & North East Somerset Council,
Claire Thorogood (CT)
Associate Director of Patient Safety and Quality, Sarah Jane Peffers (SJP)
Associate Director of Finance – BaNES, John Ridler (JR)

Apologies

Lay Member Audit, Ian James (IJ)
Director of Nursing and Quality, Gill May, (GM)
Clinical Chair - Chair of Governing Body, Dr Andrew Girdher (AG)

Swindon Director of Public Health, Steve Maddern (SM)
Wiltshire Director of Public Health, Kate Blackburn (KB)
Wiltshire Director of Children's Services, Lucy Townsend (LT)
Interim BSW Executive Director for People and OD, Alison Kingscott (AS)

1 Welcome and Apologies

- 1.1 In the absence of the Clinical Chair, the Lay Member PPE chaired the meeting.
- 1.2 The Chair welcomed members, officers and observers to the meeting. The apologies as above were noted.
- 1.3 This extraordinary Governing Body meeting was being held to cover a single agenda item, and therefore did not include the usual standing items such as the Chair's Report, previous minutes and action tracker.
- 1.4 The meeting was declared quorate.
- 1.5 To enable Governing Body meetings to continue as much as possible during these unprecedented times, MS Teams and Zoom were being utilised where possible. The Standing Orders allow for this provision.

2 Declaration of Interests

- 2.1 The CCG holds a register of interests for all staff, Governing Body and committee 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 Questions from the Public

- 3.1 It was agreed to reference those questions raised by members of the public following the item discussion, as it was expected that the presentation would address these.

4 Virgin Care Contract Extension – Options Appraisal

- 4.1 The CCG's Chief Operating Officer for B&NES introduced the item, first informed the Board of the following:
 - The B&NES Children, Adults and Health and Wellbeing Policy Development and Scrutiny Panel had considered the contract extension at its meeting held on 9 November 2021, and noted its unanimous support of the recommended option three.
 - The B&NES Council Informal Cabinet meeting held on 10 November 2021 had recorded its unanimous support to the recommended option three, with this then signed off in principle at the B&NES Council Cabinet meeting held in the morning of 11 November 2021.
 - This was now subject to the Council's statutory five day call in process which is standard practice.
- 4.2 The CCG's Chief Operating Officer for B&NES talked through a comprehensive presentation to guide Board Members through the thorough and detailed report of the contract and options appraisal process undertaken. The proposal concerned a

decision to extend the existing Virgin Care contract to 2026-27, not a contract award. This extension period was agreed when awarded in 2016.

4.3 In answering questions and the discussion, it was further noted:

- The innovation brought by Virgin Care to the contract and services was recognised.
- They were a key partner in the BaNES, Swindon and Wiltshire (BSW) system and in the development of the Integrated Care System (ICS) and emerging B&NES Integrated Care Alliance (ICA). Operating together with the RUH, B&NES Council, AWP, BEMS+, primary care, 3SG (third sector) and the Care Forum – the priorities for moving health and care forward had been identified, recognising the direction of travel.
- As part of the ICA Operational Delivery Group, which had tactical oversight of the work plan, Virgin Care, along with all partners, were committed to sharing information and data to enable delivery. Data sharing amongst partners had been paramount in planning for H1 (April to September) and H2 (October to March).
- Virgin Care would need to be notified of the decision to extend or not to extend by no later than the end of March 2022. The contract followed the NHS Standard Contract framework, which allowed for changes to be made to the contract in agreement with Virgin Care. The commissioners had the right to give 12 months notice, giving an element of flexibility in the contract should changes to services be required at a later date. As a partner in the B&NES ICA, Virgin Care were aware of the working priorities and the move towards integrated working, particularly with primary care networks, they were minded to support this way of working and what this meant for their contract. Experience of working with Virgin Care to date had shown they were amenable to changes in services and specifications.
- Similar to any provider contract, the required governance arrangements would be in place as detailed in the report. Performance and the contract would be monitored regularly through monthly Quality Performance Review Meetings held with the Council and Virgin Care, and through Quality and Safety sub-committees. Commissioners and Virgin Care would work collaboratively to ensure the best services for residents and patients.
- Virgin Care had recently seen a leadership change, which had now stabilised its position and the willingness to work more collaboratively. Commissioners worked well with the local leadership team. The contract would be used as leverage to hold Virgin Care to account should any further leadership changes impact on delivery. This had been used recently, issuing a Contract Performance Notice (CPN) as a result of needing to temporarily close the Sulis ward due to staff shortages. Workforce shortages are a challenge for all providers currently. This CPN had now been lifted as the staffing issues had been resolved enabling the ward to reopen in August 2021.
- The CCG would no longer exist as its functions transitioned to the BSW ICB for 1 April 2022. This contract would novate to the ICB. Jointly commissioned with B&NES Council, the Council were the lead commissioner.
- Unlike acute services, community services were subject to procurement processes; therefore the incentive was there to ensure a good service was provided. It was acknowledged that legal frameworks were expected to change under the Health and Care Bill legislation, which would facilitate future joint procurements.
- A difference had been made to those front line staff and their patients. Although in its infancy, the integrated care record was enabling clinicians to see a

patients journey through the health and care system. The creation of this by Virgin Care had seen them as a regional leader.

- The establishment of their Care Co-ordination Centre ensured patients did not get lost in the system. The Centre was able to guide patients through the services and their pathway. This enabled the establishment of the B&NES Community Response Hub early in the pandemic.
- This contract also delivered services for those with learning disability and autism, children and young people and public health services – a real breadth and depth of services offered to B&NES residents.
- The continuing healthcare and strategic adult safeguarding services were to now be removed from the contract. Commissioners were working with Virgin Care to TUPE those staff to the Council and CCG.

4.4 At this point in the meeting, the Chair felt it appropriate to reference those questions raised by the public in advance of this meeting to record the CCGs response, ensure these had been addressed sufficiently by the presentation, and to aid the collective decision-making. The Chair proceeded to read out the questions raised and supporting response where required. The full written response, and the presentation as shared during the meeting would be made available upon the CCGs website immediately following the meeting.

4.5 Based on the information presented in the report and during the meeting, the Governing Body **approved** option three – to extend the contract term for the three-year period until 31 March 2027.

5 Any other business

5.1 There being no other business, the Chair closed the meeting at 16:35hrs.

Signed as a true record and as approved by the BSW CCG Governing Body at the meeting held on 20 January 2022:

Name:

Role:

Signature:

Date:

DRAFT Minutes of the BSW CCG Governing Body – Meeting in Public

Thursday 18 November 2021, 9:30hrs

Virtual meeting held via Zoom

Present

Statutory Members

Chief Executive, Tracey Cox (TC)
Registered Nurse, Maggie Arnold (MA)
Secondary Care Specialist, Dr Paul Kennedy (PK)
Lay Member Audit, Ian James (IJ)
Lay Member Patient and Public Engagement (PPE), Julian Kirby (JK)

Additional Members

Lay Member Primary Care Commissioning & Deputy Chair, Suzannah Power (SP) **(Chair)**
Locality Clinical Lead (BaNES), Dr Bryn Bird, (BB)
Locality Clinical Lead (Swindon), Dr Amanda Webb (AW)
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER)
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)
Director of Nursing and Quality, Gill May, (GM)
Medical Director, Dr Ruth Grabham (RG)

Attendees

Wiltshire Chief Operating Officer, Elizabeth Disney (ED) *(from 10:39hrs)*
Director of Corporate Affairs, Julie-Anne Wales (JAW)
Interim BSW Executive Director for People and OD, Sheridan Flavin (SF)
Deputy Director of Corporate Affairs, Anett Loescher (AL)
Wiltshire Director of Children's Services, Lucy Townsend (LT)
BSW Partnership Chair, Stephanie Elsy (SE)
Board Secretary, Sharon Woolley (SW)
Associate Director of Finance Swindon, Matthew Hawkins (MH) *(for item 10)*
Associate Director for Strategic Safeguarding, James Dunne (JD) *(for items 12 and 13)*
Designated Nurse for Children Looked After -BaNES and Wiltshire, Naomi Black (NB) *(for item 13)*
Director of Commissioning, Mark Harris (MH) *(for item 14)*
Director for Urgent Care and Flow, Heather Cooper (HC) *(for item 14)*
Director of Primary Care, Jo Cullen (JC) *(for item 14)*

Apologies

Chief Financial Officer, Caroline Gregory (CG)
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)
Swindon Chief Operating Officer, David Freeman (DF)
Director of Strategy and Transformation, Richard Smale (RS)
BaNES Chief Operating Officer, Corinne Edwards, (CE)
Clinical Chair - Chair of Governing Body, Dr Andrew Girdher (AG)
Swindon Director of Public Health, Steve Maddern (SM)
Wiltshire Director of Public Health, Kate Blackburn (KB)
BaNES Director of Public Health, Rebecca Reynolds (RR)

Interim BSW Executive Director for People and OD, Alison Kingscott (AS)
Deputy Director of Communications and Engagement, Tamsin May (TM)
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey, (SD)
BaNES Council Director of Adult Social Care, Suzanne Westhead (SWe)

1 Welcome and Apologies

- 1.1 In the absence of the Clinical Chair, the Deputy Chair chaired the meeting.
- 1.2 The Chair welcomed members and officers to the meeting. The apologies as above were noted. A number of colleagues would join the meeting at various points in the meeting to lead on agenda items.
- 1.3 The meeting was declared quorate.
- 1.4 To enable Governing Body meetings to continue as much as possible during these unprecedented times, MS Teams and Zoom were being utilised where possible. The Standing Orders allow for this provision.

2 Declaration of Interests

- 2.1 The CCG holds a register of interests for all staff, Governing Body and committee 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 Questions from the public

- 3.1 No questions had been received ahead of the meeting.

4 Patient Story / Case Study

- 4.1 This case study concerned the Norfolk Safeguarding Adult Review (SAR), as published in September 2021. The incident occurred in 2017, demonstrating the length of the review undertaken and associated outcomes. An understanding was needed of the impact on individuals, similar to Joanna, Jon and Ben, of moving away from families to receive care.
- 4.2 The Director of Nursing and Quality talked through a number of slides to highlight the key learning from the review undertaken following the death of three Cawston Park Hospital residents; and the system learning, measures being taken to improve safety for patients with a learning disability (LD) and/or autism, and the BaNES, Swindon and Wiltshire (BSW) aim. The following was noted:
 - The review made 13 recommendations for critical system and strategic change, to ensure compassionate care was provided.
 - Key learning for practitioners included; the critical role for professional curiosity and challenge, and the need to hear what patients and families were saying; the trauma of transition and the responsibility of reporting and openness.
 - Assurance was provided that the learning was already being taken forward across BSW as a priority area of work.
 - Those private hospital and care settings were not necessarily part of the transforming care agenda, therefore regular monitoring of services and

accounts should be in place to ensure due care and attention was paid to the needs of patients.

- Although recent assurance was provided to the CCGs Audit Committee that high cost placements were regularly reviewed, this was also to consider the right services being in place per individual to bring real patient benefit.
- In response to the SAR, there was a requirement to review those patients in a mental health inpatient hospital setting who had been admitted before 31 October 2021. This would see 20 visits undertaken across BSW, with the Director of Nursing and Quality and the CCGs Registered Nurse completing a more detailed review directly with patients and their families. Commissioners would be required to undertake visits at least every six to eight weeks.
- As BSW transitioned to an Integrated Care System (ICS), system colleagues were urged to be more curious and to progress this work as a priority to prevent a reoccurrence. More care and treatment for people with a LD and autistic people in the community was needed, providing care closer to home. This would lead to a reduced reliance on inpatient care.

4.3 The Board noted:

- The skills of the workforce were to be reviewed and training provided; it had been found that some were not experienced in supporting patients with LD and autism. This had been raised through the BSW Partnership System Capability and People Group (SCPG), to look at the workforce in response to the reviews and the shared learning, in particular for mental health and LD. The current workforce report indicated that six LD nurses were in training, this was not sufficient to meet the demand.
- Day to day support of mental health and LD patients needed to include physical activity, to provide structure to their care and to prevent other health issues arising.
- Some improvements had been seen since the independent review of the death of Connor Sparrowhawk in 2015. BSW in particular had been proactive to mitigate the issues and had a dynamic risk register in place. The establishment of the BSW Escalation and Complex Needs Hub would ensure cases were regularly reviewed and monitored.

4.4 The Governing Body **noted** the report and was assured that BSW was in a good position to progress and embed the learning from the review.

5 **Minutes from the BSW CCG Governing Body Meeting held in Public on 16 September 2021**

5.1 The minutes of the meeting held on 16 September 2021 were **approved** as an accurate record of the meeting.

6 **Action Tracker**

6.1 Two actions were noted on the action tracker, one of which was marked as CLOSED, and an update noted.

6.1 The following action remained as ONOING, the following update was provided in the meeting:

- Update on primary care tool development to be brought back to the Board
- No specific examples had been found. It was a concept discussed by the CCG Quality and Performance Assurance Committee, and had been raised to

consider as part of the elective recovery work. This would be raised with the Director of Commissioning when in attendance for item 14.

7 Reports from the BSW CCG Locality Clinical Leads

- 7.1 A Chair's Report had not been prepared for this meeting due to the current absence of the CCG's Clinical Chair. The three Locality Clinical Leads reports were circulated with the meeting pack.
- 7.2 The Locality Clinical Lead for BaNES presented the report and highlighted the following:
- Primary care was a significant focus for the BaNES locality, responding to and mitigating the effects of the recent government GP access paper, whilst supporting the primary care position and current pressures.
 - Work had commenced with two primary care networks (PCNs) on the population health analytics programme
 - Planning of the Joint Strategic Needs Assessment was underway through the Health and Wellbeing Board, with links being formed with the BSW Academy and the population health management element.
- 7.3 The Locality Clinical Lead for Wiltshire presented the report and highlighted the following:
- A face-to-face Wiltshire Integrated Care Alliance (ICA) development day was held on 6 October 2021, with 25 attendees looking at the governance of the ICA but largely helping to build communication and relationships. LD was a particular focus and priority area for Wiltshire.
 - The Health and Wellbeing Board workshop held on 30 September 2021 started to look at its operation to ensure a greater impact for the Wiltshire population.
- 7.4 The Locality Clinical Lead for Swindon presented the report and highlighted the following:
- Development of the Swindon ICA continued, with discussions surrounding outcomes, measures, voluntary and community sector arrangements, governance and framework. Fortnightly development sessions and business meetings were held.
 - The workstream focussed on tackling inequalities across Swindon was well established, bringing all partners together to consider priorities.
 - Ongoing development of a second hot hub in Swindon to support the surge in 'hot' patients, including those with Covid, Flu or Respiratory Syncytial Virus (RSV).
 - Team Swindon were involved in the planning to manage the increase in demand of same day access to urgent care and primary care, sharing capacity and strengthening resilience.
 - The population health management programme had commenced, with Swindon selected as the place pilot, with a focus on urgent and emergency care. The first place action learning set was to be held w/c 22 November 2021 to share a better understanding of the population to enable right proactive care decisions.
- 7.5 The Governing Body **noted** the reports.
- 7.6 ICA governance proposals were being developed by the Locality Clinical Leads and Chief Operating Officer, with input from partners, bringing them together for clarification, a shared understanding and consistent approach. The BSW Executives were to discuss this further at their December meeting, to share and consolidate

thinking. This was a critical part of the infrastructure, with consideration to be given to the level of delegation and decision-making arrangements. The BSW System Architecture and Local System Working (SALSW) Group were involved in developing the architecture, ensuring connection of place, system and Board level.

8 BSW CCG Chief Executive's Report

8.1 The Chief Executive's November report was **received and noted**. The following was highlighted to the Board:

- Progress figures continued to be shared for BSW's vaccination programme and the roll out of the booster jab. Recent guidance would extend this programme further.

The Government announcement last week advised boosters were to now be given to those aged 40-49, and a second dose to those aged 16 and 17. The trajectory was to the end of December, with boosters for 40-49 to commence over Christmas and into the new year.

The health and care uptake was to be at 90% by the end of November, this was being monitored.

A change in the 12-15 programme saw the length of time changing between testing positive for Covid and when the vaccination could be given to 12 weeks, this was now being reprofiled, running into February.

The vaccination programme continued to evolve alongside the changing requirements, a good delivery team remained in place putting BSW in a good position. A number of PCNs would not be continuing their delivery of the vaccination programme, the exit strategy and a revised delivery model was being developed.

- Following the recent incident outside the Women and Children's Hospital in Liverpool, the level of risk to the wider general public had been raised to 'severe'. The Director of Corporate Affairs reported that national guidance had been released in relation to the event, and this had been cascaded out to all BSW providers, requesting that they review their security arrangements, test lockdown procedures and ensure relevant policies are adhered to, such as the wearing of ID badges and reporting suspicious activity. The CCG had also received its own security advice from its security management provider, TIAA. Awareness had been raised with all staff to ensure they remained vigilant.

8.2 The Chair wished to note the appreciation on behalf of the Board to all those providers, PCNs, volunteers and colleagues involved in the vaccination programme. A good system and service was in place across BSW.

9 BSW CCG Medical Director's Report

9.1 The Medical Director's six month report, covering the period of March to October 2021, was **received and noted**. The following was highlighted from the report:

- BSW remained one of the top prescribers across the South West, with GP vigilance ensuring this continued within budget.
- The population health management project had launched across BSW
- Significant preparation work had been undertaken in anticipation of the surge of children's illnesses.
- The delivery of the new intravenous treatment to those vulnerable patients with Covid was being considered, and how it could be delivered in the community. Workforce would be the limiting factor, as specifically skilled nurses within community providers were minimal. An appeal had been raised with the acute hospitals to help support this work.

- As BSW moved to becoming an ICS, the clinical and care leadership would be reduced upon the new Board. This clinical voice would need to be embedded at all levels to ensure that frontline learning and experience was shared and the connection remained.
- From April 2022, every death would be subject to a mortality review or examination. A well established process was already in place across the BSW acute hospitals. This would now be rolled out to primary care to ensure this was undertaken for all deaths within the community setting. Pilot areas were being set up, looking for GP Practices to work with and then share the learning. This would not be fully in place by 1 April 2022, but significant progress would be evident.

10 BSW Performance, Quality and Finance Report

10.1 The Governing Body received the BSW Performance, Quality and Finance Report. Discussions noted in particular:

- Significant system pressures remained within urgent care. The number of Covid admissions and infections had increased.
- Consistent messages to the public were being shared advising of seeking help in the right place, supported by clinicians and public health.
- Elective care and cancer targets were improving with an increase in activity levels, hence impacting on diagnostic access times.
- A risk surrounding the number of 104 week waits by March in Orthopaedics, Urology, Plastic Surgery and Oral Surgery had been identified, with list stabilisation undertaken. Elective recovery plans were in place.
- The new advice and guidance service is now in place and had been well received. It was anticipated that this could reduce the demand on secondary care, with swift advice being available to primary care.
- The number of out of area mental health placements had reduced to four. Enhanced packages of care at home were in place to support people with eating disorders as bed pressures were being seen. The BSW Complex Cases and Escalation Hub was supporting case management and system pressures.
- Monthly appointment data demonstrated that a 6% increase in face to face GP appointments was seen, compared to September 2020.

10.2 The Assistant Director of Finance Swindon reported on the BSW health and care financial position as at month six:

- Month six was an unusual month, with funding envelopes issued in two parts. November saw the release of funding to cover H2 (October to March 2022). The uncertainty was carried across in the identified risks.
- The Hospital Discharge Programme costs had now been reimbursed, enabling the CCG to report a breakeven position.
- The BSW system had ended H1 (April to September) with a small surplus of £76,000, which was a technical adjustment and would be carried through to the full year position.
- The local authorities were reporting mixed positions against their Adult Social Care budgets (it was noted that the forecasts were not produced in the same way as NHS).
- The 1% efficiency saving for H2 would be a financial risk to the system to mitigate. This would equate to £8m to share across the CCG and three main providers.
- Potential additional funding was to be made available to support access, elective recovery and discharge arrangements. The BSW allocation was

currently unknown, and was subject to bids and claims and national/regional assurance processes.

- The H2 plan for the system was to be submitted later today, which show a breakeven financial plan. The system would be assessed on the full year performance, despite the H1 and H2 arrangements.

10.3 The Governing Body **noted** the BSW Performance, Quality and Finance Report. The following was noted from the proceeding discussion:

- Assurance was given that ambulance handovers at the GWH were improving, although pressure points at times were still seen. Additional capacity had been implemented alongside the ward in-boarding to reduce delays at the front door. Handovers at the RUH remained a concern, but plans were being put into place to address this.
- NHS England had reinstated the mixed sex ruling, which was likely to have a significant impact on secondary care, potentially increasing patient length of stay and impact on patient wait times. The Director of Nursing and Quality was to meet with BSW Chief Nurses to discuss the potential impact. Clinical exceptions could be considered to the rule, weighed up against the risk, impacts and responsibilities.

11 People and Organisational Development:

11a. BSW CCG Six Month Workforce Report

11.1 The Director for People and Organisational Development talked through a number of slides to highlight areas from the CCG's Six Month Workforce Report, which reported on the CCG workforce for the period covering April to September 2021. The Board discussion noted:

- Sickness absence had decreased, with short term sickness at 0.75%, and long term sickness at 0.22%. The main reasons for colleague absence related to anxiety/stress/depression, gastro problems and musculoskeletal problems. Further work needed to be undertaken to minimise colleagues and line managers recording sickness absence as an 'unknown reason' as this affected the organisation having a complete picture of the reasons for sickness absence
- Exit interview data remained a concern, with the importance of these raised with line managers. A trigger process needed to commence earlier to ensure exit questionnaires were issued whilst the staff member remained in post.
- Statutory and mandatory training compliance rate was at 88.24%, below the target of 90%.
- Appraisal rates remained low at 66%.
- Discussions would be held with the Colleague Partnership Forum with regards what appropriate measures could be put into place to encourage colleagues to comply with appraisal and mandatory training requirements of the organisation. The communication actions undertaken to date were not being adhered to, measures needed to bring a change in behaviour.
- It was acknowledged that the presentation of the grievance data within the report needed to be strengthened to clearly identify that data referenced formal cases. Those informal cases, or those at the early stages of the process would not be captured in this data.
- It was noted that although the Workforce and OD team were up to date with their team member appraisals, the figure within the report referenced those staff who had joined the CCG, but had not yet been assigned to a directorate.

- The WoVen score with regards the quality of data held in the electronic staff record had improved significantly over the reporting period, with BSW now ranked 102 out of 349 NHS employers.

11.2 The Governing Body **noted** the information contained within the BSW CCG Six Month Workforce Report. The team was challenged to address those issues and concerns raised by the Board, and to present the revised actions to the December meeting.

ACTION: Directors for People and Organisational Development to discuss with the Colleague Partnership Forum what appropriate measures could be put into place to encourage colleagues to comply with appraisal and mandatory training requirements of the organisation.

ACTION: An offline discussion to be held between the Directors for People and Organisational Development and Registered Nurse to further discuss the exit interview questions and use of data.

11b. BSW CCG Gender Pay Gap Report

11.3 The item has been deferred with data issues to resolve.

11c. Workforce Race Equality Standard Report

11.4 The draft Workforce Race Equality Standard (WRES) report for 2021 had been published on 30 September 2021 as required. The report and action plan detailed the WRES data that the CCG submitted for the WRES return for 2020-21 to NHS England. Overall, there was dissatisfaction in the WRES data, with minimal progress made against the action plan. A number of actions would be carried forward into the 2021-22 action plan.

11.5 There was a need to collectively immerse the organisation into the quality and diversity agenda, bringing a cultural change. A meeting to discuss Equality, Diversity and Inclusion (EDI) across BSW was being held on 23 November 2021, at which a WRES focus would be raised, to consider the additional actions required to ensure a data change was seen.

11.6 It was noted that there were a number of organisations that could support the CCG in this area, providing another perspective. BSW also had its own subject experts within its BSW EDI Network – but broadening out that support would be beneficial. The team was urged to seek external support.

ACTION: The GB agreed that the CCG needs to strengthen its response to the WRES. Directors for People and Organisational Development to improve the WRES report to give a stronger response, with clearer, additional actions. The revised report to be re-presented in the new year.

12 Safeguarding Children and Adults Annual Report 2020-21

12.1 The Associate Director for Strategic Safeguarding was in attendance to present the Safeguarding Children and Adults Annual Report 2020-21. This report had been reviewed by members of the CCGs Quality and Performance Assurance Committee (QPAC) at the meeting held on 14 October 2021, and was presented to the Board for oversight and assurance.

12.2 Clarification was given that the data used within the report, of which some was supplied by the local authorities, had been given the authority to include and was

data that had already been reported on through the local authority governance processes.

- 12.3 The Registered Nurse wished to assure the Board that sufficient scrutiny and challenge had been undertaken through the QPAC route, with follow up outside the meeting where required. The following points were shared:
- Data had since been provided by the safeguarding leads to confirm that zero children looked after were missing across the BSW area.
 - The BSW team had not accepted the national protocol for managing allegations against health staff. This had been revised to fit BSW needs, ensuring BSW had accountable and professional staff in place.
 - There was confidence that the BSW safeguarding team was working collaboratively with other system partners to ensure safety of our patients and public. BSW was in a good position, a position that had been well maintained during the pandemic.
- 12.4 Safeguarding training compliance within the CCG was being further looked at to ensure this was improved. Regular training compliance reports were now being issued. All managers would be written to, requesting that all staff were encouraged to complete training as required.
- 12.5 The Governing Body **noted** the report and the progress made to date on how BSW CCG had discharged its statutory responsibilities to safeguard the welfare of adults and children at risk of abuse, and the CCG duty to ensure that the health services it commissioned were compliant in this respect with the Children Acts 1989 and 2004, the Care Act 2014 and the Mental Capacity Act 2005.

13 Children Looked After Annual Report 2020-21

- 13.1 The Designated Nurse for Children Looked After BaNES and Wiltshire, was in attendance to present the Children Looked After Annual Report 2020-21. This report had been reviewed by the QPAC at the meeting held on 14 October 2021, and was presented to the Board for oversight and assurance.
- 13.2 Wiltshire Council's Director of Children's Services wished to take issue with the report and requested a re-check of some of the information presented. Although the data used had been made available by local authority partners, it was recommended that the appropriate governance routes within the Councils needed the opportunity to see and review the reports before these were shared wider. It was agreed that the report would be re-examined outside the meeting, ahead of the report being presented to the Wiltshire Council Corporate Parenting Panel meeting in January. If significant changes were made to the report, it would be re-presented to the Board. Partner arrangements would be jointly reviewed to ensure a consistent approach.
- 13.3 The Governing Body **noted** the report.

14 Winter Planning Update

- 14.1 The Director of Commissioning, the Director for Urgent Care and Flow, and the Director of Primary Care, were in attendance to provide an update on Winter Planning for BSW. A number of slides were shared to advise the Board of the latest position, reflecting a whole system approach to delivery of services over the forthcoming winter period, recognising that it would be no ordinary winter, with

unprecedented demand continuing across the system. The winter plan had identified potential risks, but had actions in place to mitigate where possible. The plan also considers the Urgent and Emergency Care 10 Point Action Plan guidance issued by NHS England.

- 14.2 The following was noted from the discussion:
- Each ICA had worked through demand and capacity modelling and had plans in place aimed at increasing capacity, improving flow, managing cross-system risk and ensuring quality and safety of services, with priority actions and initiatives identified.
 - Separate winter surge plans were in place for primary care, integrated urgent care and mental health.
 - The BSW Urgent Care and Flow Board had additional work programmes in place, with significant challenges identified.
 - Other areas covered within the winter plan included workforce, infection prevention and control and paediatric surge.
 - The key risks had been recognised, which included workforce, demand, infection surge, system flow and changes in public behaviour.
- 14.3 The Director of Corporate Affairs advised that a recent assurance meeting had been held with NHS England, at which they challenged deliverability of the winter plans, if they were realistic and triangulation with finance and workforce plans. Further work and discussion was needed through the BSW Urgent Care and Flow Board to review demand and capacity work, reconcile urgent care assumptions against elective plans, analyse financial planned investments and stress test winter plans. Arrangements were being put into place to enhance operational management. A Silver Tactical Group had been established, with key areas of work identified, such as delivering an operational response to critical staff shortages and identifying elective care risk mitigations.
- 14.4 The Director of Commissioning advised of the key objectives and NHS England's expectations. Weekly meetings were in place to ensure oversight and track progress for long waiters. Five system teams made up of clinicians and operational leads focused on highest risk specialties. Two programmes of work had been submitted to the Targeted Investment Fund (TIF), made up of 40 schemes concerning critical and urgent care to support elective resilience, and additional elective care schemes. Seven digital bids had also been submitted. Final sign off and funds was awaited, however programme recruitment had commenced to ensure schemes were ready to launch. In reference to the action noted on the tracker regarding a tool to update patients on their waiting list positions, it was advised patients would be supported through the Customer Care Teams referenced in one of the TIF bids, as well as through the "My Planned Care" portal which will be part of the Elective Delivery Plan. Full details of all the schemes was available upon request. (Action – CLOSED)
- 14.5 The Director of Primary Care advised that BSW had submitted its plan to NHS England against the Winter Access Funds, with guiding principles agreed. The reduction in GP engagement following the government announcement had been a challenge. The British Medical Association was currently out to ballot with practices to seek a position regarding action, the outcome was awaited. GPs have maintained a high level of service throughout the pandemic, supported by the Primary Care Offer, which was to continue into H2. The CCG continued to work closely with practices, supporting them to deliver the most appropriate care for patient. The primary care plan was proportionate, rational and local, focussed on increasing the

ability for patients to access primary care services, working with practices, PCNs and the system. A menu of GP practice support options has been developed.

15 Risk Management

- 15.1 The Governing Body **received and noted** the risk management report. The report, consisting of the CCGs Corporate Risk Register, Corporate Risk Map and the Board Assurance Framework, had been reviewed and scrutinised by the Audit Committee at its meeting held on 4 November 2021.

16 Integrated Care System Development and Transition

- 16.1 The Chair acknowledged the recent appointment of Sue Harriman to the BSW ICB Chief Executive Designate role. Sue would be attending the BSW Partnership Board on 19 November 2021, but would not be in post until February 2022. The Chief Executive reassured the Board that early conversations had been held with Sue to consider handover and transition arrangements.
- 16.2 The Chief Executive talked through a number of slides to give an update on the BSW Integrated Care System development programme, giving an overview of the critical milestones ahead of April 2022 and the transfer of CCG functions to the ICB. A refreshed System Development Plan had been submitted at the end of October. The proposed Board configuration for BSW had been submitted to the NHS England regional team on 17 November 2021 following engagement with key partners over recent weeks. Sign off of this configuration was required by NHS England. The naming convention conformations were due today.
- 16.3 The Medical Director provided an update on the BSW population health and care workstream, a concept that was to be a golden thread through the providing, designing and monitoring of services going forwards. Consultation was currently being undertaken against the new health and care model. Services were to be built around the patient, providing care closer to home where possible. A better understanding of the BSW population and inequalities was needed to develop ways of working with the local authorities and public health to address these. The Joint Strategic Needs Assessment was being refreshed by the local authorities.
- 16.4 A financial sustainability workshop was to be held on 10 December 2021, bringing partners together to review and understand the system deficit and take ownership and responsibility of a collective approach to address it. A financial sustainability recovery plan was to be developed for 2022-23. Local authority members were welcome to attend, subsequent sessions would be held to understand the totality of the position.
- 16.5 BSW was well placed to take forward the wider people agenda. The SCPG was considering the transition and its priorities for 2021-23. Early discussions had been held and a self-assessment undertaken against the framework and the 10 key components of the NHS People Plan, to map the scope of the work required to get the ICB to a thriving position. A further workshop was to be held on 14 December 2021. It was anticipated that the BSW Academy would be launched early in the new year.
- 16.6 Work was ongoing to develop the Board, place and governance arrangements, considering the ICA's locality work, leadership and structures alongside shared principles and consistency. A Memorandum of Understanding between Alliance

partners would be in place. A workshop was to be held in early January with local authorities to further discuss the Integrated Care Partnership function and form. Briefing sessions would be held in the new year to provide a better understanding of arrangement developments.

17 Summary Report from Governing Body Committees

17.1 The summary report provided an update of those Governing Body committee meetings held since the last meeting of the Governing Body.

17.2 The Governing Body **noted** the report.

18 Any Other Business

18a BSW Partnership Sponsoring Board Meeting in Public – 19 November 2021

18.1 The BSW Partnership Board Meeting being held on 19 November 2021 would be a meeting held in public and Board members, and members of the public were welcome to observe the meeting.

18.2 There being no other business, the Chair closed the meeting at 12:30hrs.

Signed as a true record and as approved by the BSW CCG Governing Body at the meeting held on 20 January 2022:

Name:

Role:

Signature:

Date:

BSW CCG Governing Body - Public Session Action Log - 2021-22

Updated following meeting held on 18/11/2021

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status
22/07/2021	8. BSW Performance, Quality and Finance Report	Update on primary care tool development to be brought back to the Board.	Richard Smale, Suzannah Power	Update 09/09/2021: Further details being sought from CCG colleagues. Update 16/09/2021: This was originally raised by the Lay Member for Primary Care Commissioning, and would be looked into further to seek an example of the software known to be used to update patients on their waiting list positions. Update 18/11/2021: Mark Harris advised that patients would be supported through the Customer Care Teams referenced in one of the Targeted Investment Fund bids, as well as through the "My Planned Care" portal which will be part of the Elective Delivery Plan.	CLOSED
18/11/2021	11a. BSW CCG Six Month Workforce Report	Directors for People and Organisational Development to discuss with the Colleague Partnership Forum what appropriate measures could be put into place to encourage colleagues to comply with appraisal and mandatory training requirements of the organisation.	Sheridan Flavin, Alison Kingscott	Deferred from January meeting. Update 08/01/2022: Meeting of Sheridan Flavin and Maggie Arnold held on 03/12/2021 to discuss comments raised in GB meeting. Comments were received and noted. It was agreed that in light of the current work load; Christmas fast approaching and the ICB related interviews that were about to take place, another rewrite of the workforce report was not good use of time. Comments and feedback were noted for future reports.	CLOSED
18/11/2021	11a. BSW CCG Six Month Workforce Report	An offline discussion to be held between the Directors for People and Organisational Development and Registered Nurse to further discuss the exit interview questions and use of data.	Sheridan Flavin, Alison Kingscott, Maggie Arnold	Update 08/01/2022: Meeting of Sheridan Flavin and Maggie Arnold held on 03/12/2021 to discuss comments raised in GB meeting, therefore action closed.	CLOSED
18/11/2021	11c. Workforce Race Equality Standard Report	The GB agreed that the CCG needs to strengthen its response to the WRES. Directors for People and Organisational Development to improve the WRES report to give a stronger response, with clearer, additional actions. The revised report to be re-presented in the new year.	Sheridan Flavin, Alison Kingscott	Noted on the planner for February Update 18/01/2022: As agreed with Tracey Cox, this WRES report would not be revised and brought back to the GB. Agreed that the People Team continue work on the WRES action plan to move the dial forward on our WRES indicators. The WRES agenda remains high on the People Agenda as we move into an ICB.	CLOSED

Meeting of the BSW CCG Governing Body Report Summary Sheet

Report Title	Chair's Report - incl. Locality Clinical Leads' Reports					Agenda item	7		
Date	17 February 2022								
Purpose	Approve		Discuss		Inform	x	Assure		
Authors	Dr Andrew Girdher, Dr Bryn Bird, Dr Amanda Webb, Dr Edward Rendell								
Appendices	None								
This report concerns	BSW CCG	x	BaNES locality	x	Swindon locality	x	Wiltshire locality	x	
Executive summary	The BSW CCG Chair and the Locality Clinical Leads regularly report to the Governing Body, for information, about key developments in the CCG's governance, including appointments to the Governing Body, committees and sub-committees, and about their external engagements on behalf and in the interest of the CCG.								
Recommendation(s)	The Governing Body is asked to note the reports.								

1. BSW CCG Clinical Chair's Report

The start of any new year is always a difficult time for the NHS, with more people traditionally coming forward for urgent and emergency care, as well as for help with seasonal respiratory illnesses. However, the first few weeks of 2022 have been an extraordinarily challenging period for health and care across Bath and North East Somerset, Swindon and Wiltshire.

This pressure, which has been brought on by numerous factors, all of which take a significant toll on day-to-day activity, such as rising Covid-19 admissions, unplanned staff absences, norovirus outbreaks, lengthy ambulance handovers and an ever-increasing demand for primary care services, has led to a system-wide OPEL Four status being declared twice within the space of just a few weeks.

OPEL levels are an internal tool that NHS teams use to measure the stress and demand currently being felt by health and care services, with the fourth being the most intense state of escalation. However, while it sounds alarming, being proactive and declaring OPEL Four status allows the NHS and its partners to take extraordinary action that can help to mitigate the current pressure and demand, such as postponing planned operations and diverting ambulances to hospitals outside of our geographical patch. In addition, a number of new, short-to-medium-term initiatives have been introduced to help NHS teams get through the first few challenging months of 2022. These schemes have included standing up extra hospital beds at a newly-created ward at St Martins Hospital in Bath and

transferring some inpatients at the Royal United Hospital in Bath to a temporary care facility based within a hotel in the city centre.

Despite the challenges being faced in BSW, I have been blown away by the lengths our teams have gone to in order to keep services up and running and patients safe, and I would like to extend a public thank you to all those who continue to work so hard at this difficult time. Against this backdrop of sustained and significant pressure, hundreds of health and care staff across the region have been continuing to provide local people with lifesaving Covid-19 vaccinations.

Shortly before Christmas, and to help limit the spread of the new Omicron variant of Covid-19, the Prime Minister announced that all adults would become eligible for a booster vaccine, and tasked the NHS with delivering this mammoth operation before the end of the year. Our teams did not disappoint and, despite being exhausted from already giving vaccines non-stop for more than 12 months, pulled out all the stops to ensure that as many people as possible were able to receive their booster jab before the start of 2022. Such was the dedication shown by our teams that more than 100,000 booster jabs were given during the last two weeks of December. With this busy period of vaccination coinciding with the festive season, when many had expected some well-deserved downtime, our teams should feel enormously proud of what they were able to achieve. At the time of writing, booster uptake for the BSW region is around 87 per cent, with each of our three localities also hitting and exceeding the government's 80 per cent target. And this sense of determination has extended into the start of 2022, with our vaccination team now exploring new and innovative ways to take the Covid-19 vaccine to people and communities who have so far resisted coming forward.

A drive-thru vaccination site opened at the University of Bath at the end of January, allowing people over the age of 16 to receive their booster jab through the window of their car. As well as this, pop-up vaccine clinics have been springing up in areas across the region where uptake is known to be low, such as in Twerton in Bath, where teams held a clinic at the home of Bath City Football Club. In Swindon, teams set up shop at the Moonrakers pub in the Penhill area of the town in early February, and saw around 100 people from the local community come forward for their jab.

Away from the frontline, work is continuing behind the scenes on our journey towards becoming an Integrated Care Board. However, it was announced by NHS England and NHS Improvement on Christmas Eve that the original go-live date for the establishment of formal Integrated Care Systems had been pushed back from Friday 1 April to Friday 1 July 2022. This three-month delay, which will allow Parliament sufficient time to go through the remaining stages of the Health and Care Bill, means that the CCG will continue as a statutory body until Thursday 30 June 2022. In spite of this postponement, the CCG's plans to work more closely with partners to deliver improved health and care outcomes for residents, and to build on the momentum of system and borough partnership development achieved over the past few months, will continue.

I'm also pleased to announce the appointment of Sue Harriman as designate Chief Executive of the BSW Integrated Care Board, previously the Chief Executive of Solent NHS Community and Mental Health Trust. Sue joined us on 7 February, and I very much look forward to working with her during this exciting period of change.

Elsewhere, the CCG's Shaping a Healthier Future public engagement programme to seek the views of local people on our developing health and care model concluded in mid-December, and I'd like to thank all of those who took time to share their unique and insightful views with us.

The purpose of this engagement exercise was to listen to people's feedback and use the information to further influence the development of our new health and care model, which includes plans for improving personalised care, supporting healthier communities, establishing more integrated local teams, prioritising local specialist services and introducing new specialist centres.

The model's production, as well as its corresponding engagement activity, is being carried out by the BSW Partnership; the Integrated Care System made up of NHS providers, local authorities and the voluntary, community and social enterprise sector working together.

More than 750 people shared their views through a short online survey, while a further 1,200 attended dedicated workshops and interviews that were held across the region. I'm extremely pleased that our work to enhance our local NHS has benefited from the involvement of the very people who will be using our services, both now and in the future.

Looking ahead, I'm pleased to learn that our partners at Oxford Health NHS Foundation Trust have been awarded funding to embed more mental health support teams in schools in Wiltshire and Bath and North East Somerset.

The grant from NHS England and NHS Improvement, which will be used to fund specially trained mental health practitioners, means around 16,000 children will have access to in-school support, which is fantastic as we know that giving children the best possible start in life is essential to helping them grow into happy and healthy adults.

This good news also means that schoolchildren in Wiltshire and Bath and North East Somerset will soon have access to the same level of service that their peers in Swindon have, where a number of in-school support teams are already up and running.

Finally, I'd like to draw attention to the next meeting in public of the BSW Partnership Board, which is due to take place via Zoom from 9am on Friday 25 February. Members of the public are welcome to attend as observers and to find out more about the BSW Partnership, such as the progress already made and its plans for the future. Any person who would like to attend, or put forward a question to the Partnership Board, should send an email to bswccg.partnership@nhs.net.

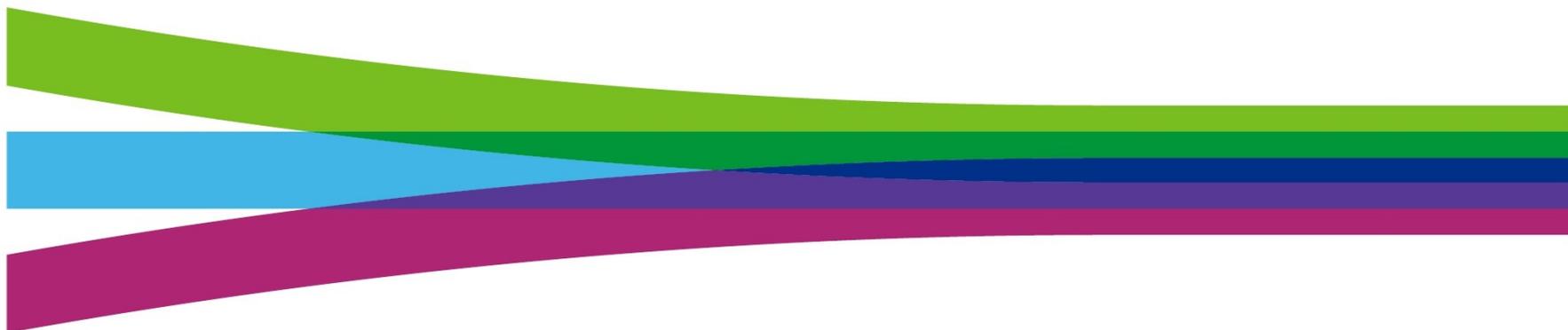
2. Localities

The three reports from the Locality Clinical Leads follow.

Locality Clinical Lead BaNES Report to the BSW CCG Governing Body

Name: Dr Bryn Bird

Date: 17 February 2022



Key Locality Developments

Update from the Primary Care Networks / Primary Care

- January – PCCC agreement for resource support for secondary care phlebotomy
- Launch of PUSH (Paediatric Urgent Service Hubs) led by primary care staff
- Surge planning communication and development to support winter staffing pressures and create a long-term model of peer support
- February – Scoping planning to support INR monitoring in primary care
- Ongoing formation of Primary Care Alliance, developing MoU, nominations & understanding resources

Recent Local System Developments

- January – Population Health and place based development program to embed a population outcomes approach to collaboration
- Health & Wellbeing board Development group with LGA supporting structure & function development, co-led with Public Health

Key Meetings and Outlook

Meetings

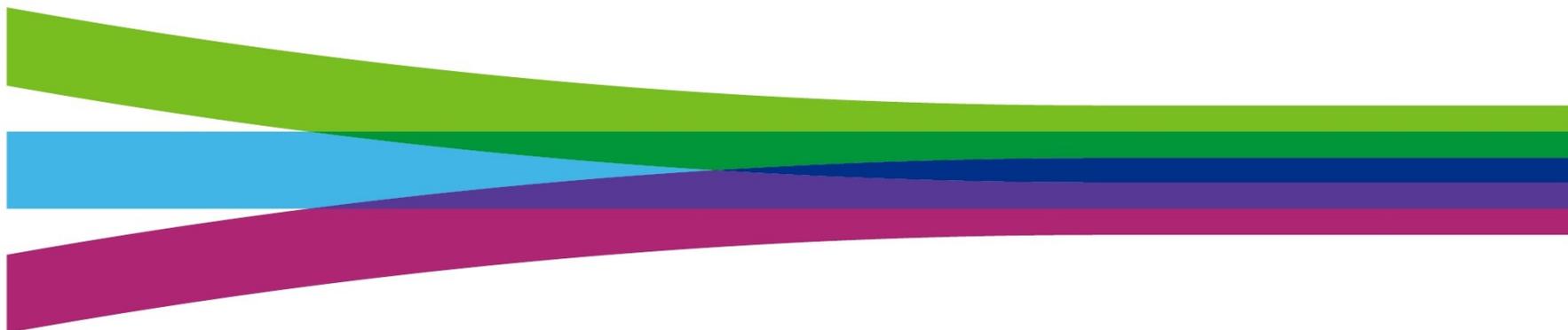
- Regular place based meeting (AODG) throughout January & February to support partners due to significant system pressures and link into system Gold and Silver planning
- Development of community based surge capacity (at St Martin's and Care Hotel) to support RUH discharges and relieve excess capacity for suitable patients
- Regular meeting with partners to develop medical model for clinical and care cover for individuals whilst located in these surge capacity sites

Outlook

- Despite significant system pressures there are planning sessions arranged for March for further ICA development (all day session) and split session on clinical and care development for BaNES and RUH footprint

Locality Clinical Lead Swindon Report to the BSW CCG Governing Body

Name: Dr Amanda Webb
Date: 17 February 2022



Key Locality Developments

Current Key Issues

- Covid-19 positive case rates in Swindon remain extremely high
- GWH declared an internal critical incident from 4-7 January and remain under great pressure
- Locality ICA Response Hub stood up to co-ordinate partner responses and discharges across the locality
- Non-essential work paused to focus on creating capacity in the community and maintaining patient flow out of hospital. This remains the highest risk and priority in the locality.

Commissioning Decisions

- **Additional hospital discharge capacity**
 - Expanded winter stretch schemes to provide additional hospital discharge capacity:
 - urgent Care Response service overnight,
 - increased virtual ward capacity
 - further investment in voluntary sector capacity to support carers through an increased Safely Home Service (providing non-personal care support on discharge).
 - Additional hospice, care home and social care assessment capacity plus plans are underway to commission further live-in care support
- **Increased community capacity**
 - New Winter Young Person and Children's clinic Monday-Friday at Taw Hill
 - Primary care roles within GWH Urgent Treatment Centre
 - GP clinical support now provided 7 days a week
 - additional therapists and health care assistants
 - Second hot hub at Kingswood Surgery opening to support our most deprived communities
 - Post-COVID surge will provide vital additional primary care access for Swindon.
- **Community Health Services contract** with GWH extended for two years

Key Locality Developments

Update from the Primary Care Networks (PCN) / Primary Care

- Extremely high demand and pressure across primary care
- Primary Care Opel alert score to monitor acute pressures on GP practices
- All practices reporting daily on Shrewd
- Escalation plan framework in place
 - Established principles of mutual aid across & between PCNs
 - Linked with community pharmacies, WIC/UTC and community services for additional mutual support
- Multiple practices reported red or black
 - Support calls from primary care team
 - IT / telephone / Comms support
 - Mutual aid enabled continuation of essential services across practices
- A model for primary care representation within the ICA and across the ICS is under development.

Key Meetings

- | | |
|---------------|---|
| • 16 December | Swindon ICA Development Workshop –STEAM, Swindon |
| • 27 January | Vale of the White Horse District Council |
| • 27 January | Adult Health, Adults Care and Housing Overview and Scrutiny Committee |

Key Locality Developments (cont.)

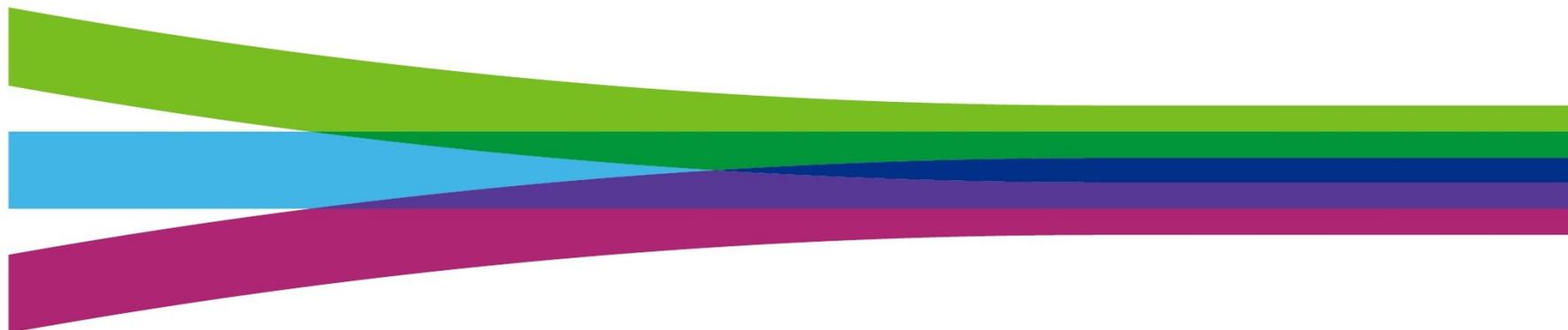
Outlook

- **Recovery & renewal**
 - Whole system approach to recovery planning and new ways of working will resume this month
- **New models of care**
 - ICA key transformation priorities finalised
 - Key priority - multi-agency and multi-disciplinary neighbourhood teams adopting strengths-based approaches.
 - Embedding the successful pilot discharge and flow response hub set up at GWH during January
 - Established Locality transformation workstream to deliver Mental Health Community Services Framework
 - CAMHS/TAMHS review final report received - locality currently reviewing its recommendations.
 - Review of EOL care across Swindon
- **Supporting our most vulnerable populations**
 - Population Health Management pilot restarted
 - Agreed to focus on population accessing same day emergency care, presenting with chronic conditions and living in high areas of deprivation.
 - Multi-agency response being developed to meet recommendations of the successful SEND inspection
 - Additional hot hub/primary care services to support our most deprived communities
- **ICA Development & System Working**
 - Key ICA Development workshop held on 16 December to finalise locality plans.
 - Shadow Joint Committee and Shadow Delivery Executive meeting from February using test and learn approaches.
 - Work underway to scope clinical and care professional leadership model for Swindon

Locality Clinical Lead Wiltshire Report to the BSW CCG Governing Body

Name: Dr Edward Rendell

Date: 17 February 2022



Key Locality Developments

Commissioning Decisions

- Approval of Better Care Fund plan by National Team
- Ongoing review to close the gap on non-recurrent funding in the BCF plan
- Commissioning decisions pending on Acute Trust Liaison roles (ATLs), Support at Home and Intensive Team LD&A permanent funding dependent on closing BCF funding gap in 3 year plan
- Way forward proposed for community services (adults and children's)
- Working with Wiltshire Local Authority to publish a Market Sustainability plan by September 2022

Update from the Primary Care Networks / Primary Care

- Development and implementation of Primary Care Surge plans
- Ongoing discussions with a view to forming a Wiltshire Primary Care Collaborative

Key Locality Developments (cont.)

Current Key Issues

Supporting significant system pressures

- Wiltshire Primary and Community Response Cell Incident Response structure stood up
- Weekly cell meeting, weekly operational group and three times weekly risk call
- Weekly operational priorities agreed to support improved flow and reduction in 'no criteria to reside' numbers
- Priority schemes agreed – including additional capacity out of hospital to support flow and targeted support to improve flow in community settings
- Full participation and support in standing up BSW wide additional capacity including Ward 4, Discharge Support Grants, South Newton beds, Care Hotel (Bath) and further domiciliary care model options
- Development of shadow Integrated Care Alliance Governance and delivery plan for 22/23

Key Meetings

2nd December - Health and Wellbeing Board

10th February - Health and Wellbeing workshop on Inequalities

Key Locality Developments (cont.)

The period since the last Governing Body has shown significant pressure on our System. Efforts in this time have been centred on working collaboratively to support organisations under the most strain. We have stood up regular incident response groups to facilitate this.

Historically it has been difficult to include Primary Care in these discussions, but we have supported the BSW Primary Care Surge plan and encouraged practices to report their status daily on the SHREWD website. This has enabled conversations about what can be done to support primary care and targeted help to practices.

The development of Wiltshire Integrated Care Alliance will continue in the coming months with an in-person development day planned and ongoing discussions about forming up future arrangements.

Meeting of the BSW CCG Governing Body

Report Summary Sheet

Report Title	Chief Executive's Report to the CCG Governing Body					Agenda item	8
Date	17 February 2022						
Purpose	Approve		Discuss		Inform	x	Assure
Author	Tracey Cox, BSW Chief Executive						
This report concerns	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality
Executive summary	The CEO regularly reports to the Governing Body on sector developments that are expected to impact the CCG, and on key Issues relating to the CCG's plans, operations and performance.						
Recommendation(s)	The Governing Body is invited to note the contents of this report.						

1. National, Regional and Local Developments

1.1. Winter and Omicron Update

The impact of Covid and winter pressures continues to have a significant effect on capacity and performance with all health and care services in Bath and North East Somerset, Swindon and Wiltshire experiencing unprecedented pressure throughout January and early February. As a result, we took the decision to declare system status as OPEL Level 4 on the 2 February. OPEL 4 is the highest escalation level for measuring stress, demand and pressure on health services. Many of our providers have been operating at this sustained level for several weeks now. Like health systems in other parts of the country, our services are struggling to cope with large numbers of very unwell people requiring 999 ambulance services, urgent hospital care and other health care support. At the same time our services face challenges with discharging patients, high numbers of Covid staff absences and norovirus sickness bug outbreaks. These ongoing pressures have led to several serious problems over the past few days. These include significant and protracted ambulance handover delays, continued delays discharging patients from hospitals, the cancellation of routine elective activity and reaching maximum bed capacity even in new areas of our hospitals and health care settings where extra beds have already been provided.

Governing Body members will be aware that our response has included the commissioning of a Care Hotel, the re-opening of Ward 4 at St. Martin's Hospital, the

utilisation of beds in South Newton Hospital near Salisbury and working with our Local Authorities on the commissioning of additional domiciliary care hours.

Despite these and other initiatives we have struggled to meet national requirements in reducing the number of patients in our three Acute Hospitals who no longer meet the criteria to reside and whose needs can be met in alternative settings.

1.2. Delivery plan for tackling the COVID-19 backlog of elective care

On the 8 February 2022, NHS England published its [Delivery Plan for Tackling the COVID-19 Backlog of Elective Care](#). This plan, which has been developed with partners, both internal and external to the NHS and patient groups, sets out a clear vision for how the NHS should recover and expand elective services over the next three years. It details ambitions, guidance, and best practice to help systems address key issues.

A core objective is to maximise NHS capacity, supporting systems to deliver around 30 per cent more elective activity by 2024-25 than before the pandemic, after taking account of the impact of an improved care offer through system transformation, and measures such as advice and guidance services.

The plan requires significant investment in capacity and staff training and skills development. Details of our response to the plan will be covered within our Operational Plan for 2022/23 which will be finalised in April.

1.3. Health and Care Bill Update

On 24 December 2021 it was confirmed that to allow sufficient time for the remaining parliamentary stages of the Health and Care Bill, a revised target date of 1 July 2022 has been agreed for the new arrangements to take effect and Integrated Care Boards to be legally and operationally established.

The Committee Stage of the Health and Care Bill in the Lords is reaching its end stages with the last day of deliberations due week commencing 7 February. The Report Stage will then follow after the February recess when we expect votes on amendments.

National and local plans for Integrated Care System (ICS) implementation are now being adjusted to reflect this timescale, with an extended preparatory phase from 1 April 2022 up to the point of commencement of the new statutory arrangements. A more detailed update of the implications of these changes and our progress against the ICS development plan will be covered during the meeting.

1.4. BSW Success in Hospital Discharge Programme (HDP) Funding

BSW has been identified by Region as a system which has made good use of HDP Funding. This has led to an invitation to join a conversation with the national team on what we have learned and what our thoughts are on models to support the new discharge arrangements on a sustainable basis.

However, it should be noted that over the course of the past year we have benefited from £15m of HDP support as part of the NHS's wider support package to the pandemic and recovery in 2021/22. These monies will come to an end on the 31 March 2022.

Work is taking place with system partners to assess future demand and capacity planning requirements for 2022/23 working in partnership with acute, community and our three Local Authorities.

1.5. Shaping a Healthier Future

Following engagement on the draft BSW Health and Care Model in November and December 2021, a report is currently being finalised to consider and reflect on the public feedback, and to develop a summary information pack to share with partner organisations. Generally, positive feedback was received re-enforcing the messages in the model. Some members of the public were concerned about some key areas, such as current waiting times for operations and access to GPs, rather than concepts of care. It was also felt that there was too much emphasis on digital and this should not be assumed as the default as people wanted help with preventative resources.

An overview of the model and some of the feedback will be shared at the BSW Partnership Board on 25 February 2022.

1.6. BSW Mass Covid Vaccination Programme

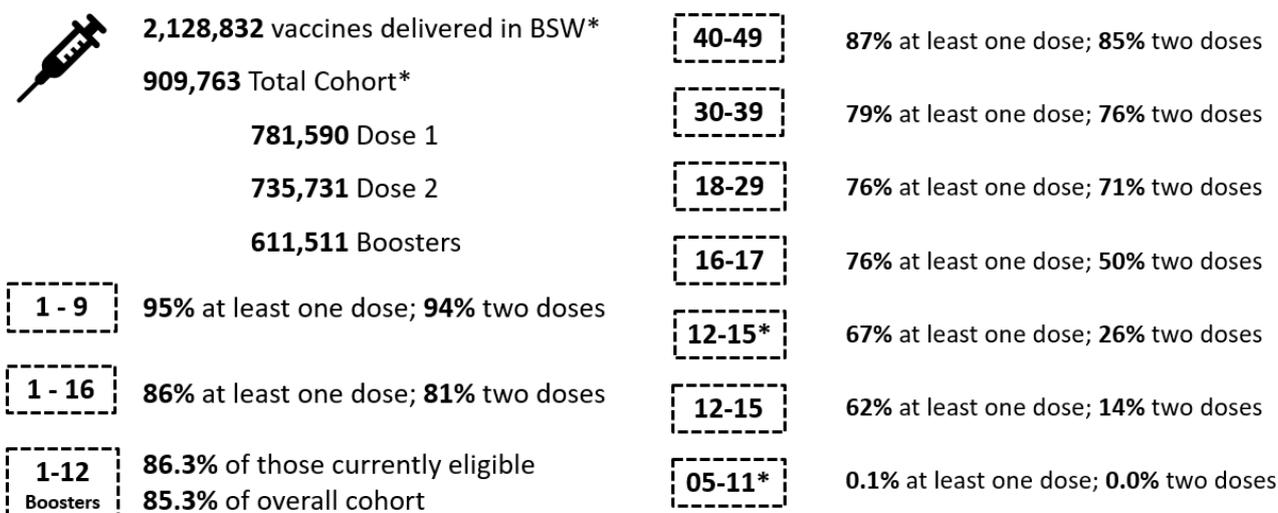
BSW Vaccination: Summary

2nd February

There remains some duplication within the data, where patients exist within multiple cohorts

As a result % uptake figures are estimates

**TPP and EMIS Practice data now included – last updated 1st February 2022*



* at Risk

More than 2.1 million vaccines have now been delivered in BSW, with 94 percent of cohorts one to nine having received two doses. More than 85 percent of the people currently eligible have received their booster dose. BSW is starting to vaccinate extremely clinically vulnerable children in the five to 11 age group and planning has started for the general population within this age group.

More walk-in Covid-19 vaccination clinics are and have been stood up across Bath and North East Somerset, Swindon and Wiltshire in a bid to help further unvaccinated adults across the region access support. Approximately 80,000 people across the region are still yet to have their first Covid-19 vaccination.

The full list of pop-up Covid-19 vaccination clinics:

- University of Bath Training Village, 10am – 5pm, Wednesday 9 February
- Twerton Park Stadium, 11am – 7pm, Thursday 10 February
- Langford Road, Trowbridge, 10am – 4pm, Thursday 10 February
- Wiltshire College, Trowbridge Campus, 10am – 4pm, Monday 14 February
- Wiltshire College, Chippenham Campus, 10am – 4pm, Tuesday 15 February
- Sanford House, Swindon, 8am – 4pm, Tuesday 15 February
- Wiltshire College, Lackham Campus, 10am – 4pm, Wednesday 16 February
- Eastcott Community Centre, Swindon, 9am – 5pm, Thursday 17 February

As well as the pop-up clinics happening over the coming weeks, vaccinations continue to be available from established sites across the region including Bath Racecourse, the Steam Museum in Swindon and Salisbury City Hall.

While all venues are now offering walk-in vaccinations, appointments can still be pre-booked online at www.nhs.uk or over the phone by calling 119.

1.7. Update on legislation requiring vaccination as a condition of deployment

The Secretary of State for Health and Social Care announced on Monday 31 January that the Government is looking to revoke the regulations requiring vaccination as a condition of deployment for healthcare workers from 1 April 2022. This is subject to Parliamentary process and will require further consultation and a vote to be passed into legislation. The timetable for this is not yet available.

NHS England and NHS Improvement communicated to Providers and CCGs following the announcement, which included a request that employers do not serve notice of termination to employees affected by the VCOD regulations.

Across BSW significant effort has been put in to increasing the already high take-up among NHS staff both through one-to-one conversations and making further vaccine support available.

1.8. Julie-Anne Wales – Announces Retirement

Julie-Anne Wales, Director of Corporate Affairs has confirmed that she will retire at the end of March 2022. Julie-Anne has been with BSW CCG since we merged on 1 April 2020 and prior that since the inception of B&NES CCG in 2013. I would like to thank Julie-Anne for her exemplary work and support and sound advice to the CCG's Governing Body over this significant period.

As part of the proposed transition arrangements to the Integrated Care Board it is proposed the portfolio of responsibilities will transfer to a Director of Performance and Planning. This role is being advertised alongside other Executive appointments to the ICB. The closing date for applications is 28 February and interviews are planned for late March.

We will shortly set out transitional cover arrangements until a substantive appointment to this role is made.

1.9. Delivering the Community Pharmacy Contractual Framework

On 2 February information was released relating to the 5-year Community Pharmacy Contractual Framework including future funding being directed towards Integrated Care Boards to support the implementation of a number of new and existing clinical services from community pharmacy. Two years of funding is being made available from the Pharmacy Integration Fund to recruit staff who will provide additional support to Integrated Care Systems and Trusts. The aim of the support is to embed community pharmacy clinical services locally and ensure the required level of clinical assurance and monitoring is established as part of ICS functions going forward.

In addition, from April 2020 the Pharmacy Integration Programme will enable each ICS to:

- i) Establish an ICS Community Pharmacy Clinical Lead post (AfC band 8c)
- ii) Provide programme support for NHS Trusts (equivalent to AfC Band 7; 0.2 wte per Trust).

Support will be provided for a 2-year period and the ICS will then be expected to make their own permanent arrangements. Our joint BSW Integrated Pharmacy and Medicines Management Group will develop proposals to meet these requirements.

Meeting of the BSW CCG Governing Body

Report Summary Sheet

Report Title	BSW Performance, Quality and Finance Report						Agenda item	9
Date of meeting	17 February 2022							
Purpose	Approve		Discuss		Inform	X	Assure	
Executive lead, contact for enquiries	Richard Smale – Executive Director Strategy and Transformation Gill May - Executive Director of Nursing and Quality, Caroline Gregory- Director of Finance Julie-Anne Wales – Director of Corporate Affairs & Data Protection Officer Contact: Jo Gallaway - bswccg.performance@nhs.net							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	QPAC reviewed this report on 10/2/22. SW ICS Execs will receive this report on 18/2/22.							
Executive summary	<p>Please note: Due to the current operational pressures including the vaccination programme this is a reduced report with narrative limited to the Executive Summary.</p> <p>The executive summary can be found on pages 3 to 9 of the report.</p>							
Equality Impact Assessment	BSW CCG is committed to working to better understand the equality and diversity issues that exist and how we can use our approach to performance and quality to improve our response on issues of equality and diversity. Our approach to performance and quality will be developed to enable us to measure our success in addressing equality and diversity and demonstrate this in our performance reporting							
Public and patient engagement	N/A							
Recommendation(s)	Governing Body is invited to note the contents of the BSW Performance, Quality and Finance Report.							
Link to Board Assurance Framework	<ul style="list-style-type: none"> BSW47 – Ambulance delays in response and handover – impact on patient care and experience & staff welfare 							

Report Title	BSW Performance, Quality and Finance Report				Agenda item	9		
or High-level Risk(s)	<ul style="list-style-type: none"> • BSW44 – Seasonal Planning – Urgent and Planned Care impacted by COVID-19, Flu and usual Winter challenges. • BSW26 – Covid- 19 Further Waves – particularly in cold weather - impact on all services • BSW22 – Workforce challenges in MH and LD/ASD services – impacting BAU and transformation • BSW11 – Demands on Primary Care / GP Practices - impact on patient care and experience & staff welfare • BSW48 – Delays in hospital discharges primarily for B&NES patients • BSW50 / 06 – Elective Recovery & Performance – delivery risks • BSW23 / 24 – Mental Health Performance Targets and infrastructure gap in all age crisis pathways. 							
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	X
Key risks	N/A							
Impact on quality	Quality impacts linked to the performance of the organisation are highlighted within the report.							
Impact on finance	Financial impacts linked to performance of the organisation are identified in the Finance and Activity reporting.							
	Finance sign-off: Caroline Gregory							X
Conflicts of interest	N/A							
This report supports the delivery of the following CCG's strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							



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

BSW CCG Governing Body, 17/2/22

BSW Performance, Quality and Finance Report – February 2022

Please note: Due to the current operational pressures including the vaccination programme this is a reduced report.

Executive Leads:

Richard Smale – Executive Director Strategy and Transformation

Gill May - Executive Director of Nursing and Quality,

Caroline Gregory – Chief Finance Officer

Julie-Anne Wales – Director of Corporate Affairs & Data Protection Officer



Report summary

Key points	<p>This is a regular report produced for BSW key meetings to provide a high level review of performance, quality and finance focusing on:</p> <ul style="list-style-type: none">• The current key issues and actions in delivering and transforming services• System oversight framework key metrics including performance against the operational plans submitted by BSW partners for 2021/22.• Workforce update• Covid and Vaccination update• BSW Financial System Summary <p>PLEASE NOTE: Due to the current operational pressures including the vaccination programme this is a reduced report.</p>
Recommendation(s)	<p>Action or decision required by the Committee e.g.</p> <ol style="list-style-type: none">1. The Committee is asked to note the contents of the report.
Key risks	<p>There are a number of high level risks on the BSW CCG Corporate Risk Register that reflect the challenges and risks to delivering: Quality Care, Performance and Financial Stability:</p> <ul style="list-style-type: none">• BSW47 – Ambulance delays in response and handover – impact on patient care and experience & staff welfare• BSW44 – Seasonal Planning – Urgent and Planned Care impacted by COVID-19, Flu and usual Winter challenges.• BSW26 – Covid- 19 Further Waves – particularly in cold weather - impact on all services• BSW32 – Increased need for Mental Health support due to pandemic - impact on MH and wider services• BSW22 – Workforce challenges in MH and LD/ASD services – impacting BAU and transformation• BSW11 – Demands on Primary Care / GP Practices - impact on patient care and experience & staff welfare• BSW48 – Delays in hospital discharges primarily for B&NES patients• BSW50 / 06 – Elective Recovery & Performance – delivery risks• BSW23 / 24 – Mental Health Performance Targets and infrastructure gap in all age crisis pathways.
Resource implications	<p>These are included in the report</p>



Executive Summary 1 of 7



Area	Key Issues	Key Actions	Accountability
Urgent care	<p>Continued pressures within the system with demand, capacity and flow</p> <ul style="list-style-type: none"> Continued issues with staffing absence due to COVID-19 contacts, and now concerns re: unvaccinated NHS staff and the effect this will have Bed flow to community partners struggling due to COVID-19 contacts, wards closed etc. Fluctuating numbers of Covid across all 3 acutes as well as community partners Minimal Urgent and Emergency Care (UEC) workstream meetings due to cancellation for system pressures Little improvement on performance measures of the new UEC standards with deterioration in ambulance response times Key quality and safety concerns regarding Non-Criteria to Reside patients including patients on end of life pathway – increasing harms relating to falls, pressure ulcers and nosocomial infections Paediatric Serious incidents and complaints a key theme 	<ul style="list-style-type: none"> Bi- weekly UEC Tactical Calls, chaired by Stacey Hunter (CEO SFT), as well as weekly Silver tactical calls and Gold calls. Focused work around Non-Criteria to Reside numbers and the reduction of these after NHSE B1266 22nd December letter Support to combined Covid oximetry @home and virtual ward; upscale of service ahead of proposed community peak in January Ongoing work through the Urgent Care & Flow workstreams although minimal meetings during system pressures December/January, hoping to see this re-start and re-focus February 2022. Set up of Care Hotel in Bath. System communications supporting the population to self care, use pharmacies, and being aware of Oximetry at home service are ongoing Paediatric quality collaborative and shared learning regarding paediatric triage and recognising the sick child. Development of Risk heat map for patient harms as a consequence of system demand. 	<p>Urgent Care and Flow Board ICA localities</p> <p>B1266-enabling-safe-and-timely-discharge-from-acute-settings-2.pdf (england.nhs.uk)</p>
Workforce	<ul style="list-style-type: none"> NHS sickness absence is stabilising at between 5.5% and 6% (21st Jan 22) , this is high compared to a historical winter average of between 4% and 4.5%. H2 Workforce Plans – November - absolute movement was positive, with vacancies reducing, however providers have 76 more vacancies than planned at this point. The vast majority of this under delivery has occurred within support and infrastructure staffing, with all Clinical and Medical staff groups being ahead of the planned position. Engagement with most Strategic Workforce Programme activity is challenging due to operational pressure, Vaccination of a condition of deployment (VCOD) work and 2022/23 Operational Planning Activity. 	<ul style="list-style-type: none"> The Strategic Workforce programme is engaging with BSW system partners to understand deviation from planning targets, and identify curative supporting actions. Drafting of 2022/23 HEE funding submissions for Strategic Workforce Programme workstream funding. The governance process for these includes OPDG, SCPG and workstream networks. 	<p>Operational People Delivery Group (OPDG)</p> <p>System People and Capability Group (SCPG)</p>



Executive Summary 2 of 7



Area	Key Issues	Key Actions	Accountability
Integrated Care Alliance – B&NES	<ul style="list-style-type: none"> Flow from acute to community impacted due to COVID (staff sickness to deliver care at home and bed availability within bedded capacity closed due to infection control and staffing sickness) Patients that are Non-Criteria to Reside (NC2R) with high acuity and complex needs – limited resources available to support patients 	<p>Exploring opportunities to support flow to include:</p> <ul style="list-style-type: none"> Temporary opening of Ward 4 at St Martins Hospital to support B&NES and Wiltshire patients (max 18) Increasing capacity of Westin Care home from 10 – 20 beds (RUH iBed supported by RUH Active Recovery Team Plus, Pathways 1 & 2) Opening of Care Hotel (accommodate B&NES/Wiltshire Discharge to Assess (D2A) Non-Criteria to Reside Pathway 1 patients) Increasing home care core care block capacity (Pathway 1) Commissioning further D2A bedded capacity (Pathway 2/ Pathway3) Daily B&NES Alliance Operational Delivery Group meetings to review actions to include RUH daily critical incident review meetings Exploring options for further Dementia Bedded resources (Pathway 2 / Pathway 3) B&NES Council and RUH In house home care team in development Recruitment fair 210122 to promote B&NES Health and Care roles NC2R Trajectory development to reduce by 30% by end January 2022 BSW Action cards and patient leaflets – trial and evaluation of their use 	<p>BSW Gold Call BSW Silver Call Tactical calls B&NES Alliance Operational Delivery Group</p>
Integrated Care Alliance – Wiltshire	<ul style="list-style-type: none"> Projects underway in the ICA which are not directly contributing to incident response and resolution have been paused to support Omicron response. Continued high demand for all discharge pathways – pressure points are variable – currently this is bedded care in the West Wiltshire area High number of care homes have been closed due to COVID (now recovered so all Discharge to Assess and Intensive Rehabilitation beds are currently open). Challenges with discharge into bedded pathways for people leaving COVID cohort wards High level of staff illness and those isolating as COVID contacts has challenged our ability continue full service delivery in some areas. 	<ul style="list-style-type: none"> All ICA routine calls have been re-purposed and supplemented to focus on incident response. System Risk Calls implemented x 3 per week to monitor operational issues and flow across partners Maximise effectiveness of all discharge channels by focussing resources and staffing in key areas – both for existing and additional capacity. New data and reporting in place to monitor performance against anticipated discharge capacity. Review effectiveness of the work to deliver additional capacity for discharge and identify actions to either continue / improve or cease depending on delivery, impact and value for money. Additional support for discharge flow processes in place with CCG staff re-deployed as extra resource to the Flow Hub. Daily dynamic and coordinated assessment of risk and performance, prioritising focus across Wiltshire area depending on identified need. 	<p>All issues and actions are recorded and progressed via the Alliance Delivery Group which has been re-purposed to the Alliance Primary and Community Response Cell Hub.</p> <p>Actions are progressed in the Operational Delivery Group meetings.</p>



Executive Summary 3 of 7



Area	Key Issues	Key Actions	Accountability
Integrated Care Alliance – Swindon	<ul style="list-style-type: none">• Covid numbers within the community and the Trust continue to rise• Services across the system impacted by staff sickness• Challenges with out of area discharge delays	<ul style="list-style-type: none">• Daily ICA Response Hub calls and partner bulletin sharing position• Daily Swindon Borough Council internal Gold calls (for a 2-week period) which has significantly impacted on Non-Criteria to Reside (NCTR) numbers• Increase in hospice bedded capacity to assist flow• Trusted Assessor 7-day support (highlighted the need for additional weekend cover) and cash incentive for care homes to accept discharges over the weekend• Temporary re-modelling of the Community Rehab Team to support the lead provider for domiciliary care to ensure patients can leave hospital sooner whilst waiting for their care to start• SAFER event has been held at GWH since 4 January 2022 focussing on improving discharges with development of a Control hub model on the GWH site, daily reviews of patient discharge barriers, increased NCTR calls with partners and development of robust escalation plans including out of area processes. <p>Key areas of further development:</p> <ul style="list-style-type: none">• Further work continues on full implementation of Urgent Care 2hr Rapid Response – this will be fully operational and at capacity by end March 2022.• Additional Step-Up beds at Cheriton House (4) currently in the pipeline and set to be available by 14th February 2022• Social Care staffing capacity has been an issue causing delays to assessments; additional substantive and locum staff have come on board in the last 2 weeks which is supporting improvements in the position• Care Hotel alternatives – exploring options for live-in carers to boost discharge capacity. Care Hotel option still being explored alongside live-in at home option	Actions are recorded and progressed via the Locality's ICA Response Hub. Progress reported into UEC and Silver Tactical calls and Gold.



Executive Summary 4 of 7



Area	Key Issues	Key Actions	Accountability
Elective Care Recovery	<p>RTT 104 week waiters (on incomplete pathways):</p> <ul style="list-style-type: none"> NHSE are currently monitoring long waiting patients weekly, at key BSW Acute providers (from any STP). On this list, there were 14 patients (16th Jan – provisional data) with SFT and Practice Plus Devizes. Some risks have been identified for patients with no decision to admit. Patients at BSW providers (on NHSE list) at risk of breaching 104 wks before 1st April 22 has reduced to 117 (16th Jan – provisional data) and remains on plan to be cleared by end of March. The BSW population view is there are 35 people waiting over 104 weeks, 16 being treated by BSW providers (as above and SULIS, New Medica Swindon) and 19 with neighbouring systems or specialist providers. Elective Recovery activity is running at 93% of normal day case and 78% ordinary elective against our 2021/22 plan contributing to the net growth in the waiting list. 	<ul style="list-style-type: none"> RTT 104 week waiters - Plan for coming months is to continue to track the patients at risk of breach, including looking for opportunities for transfers and mutual aid. There are 5 system groups focussed on each of the high risk specialties with patients at risk of breaching 104 to support the system. Elective recovery group meeting on 2/2 to review actions to assure recovery to 21/22 activity plans. IS Sector – engaged with IS about further support for long waiters. The Quality team are developing an Action Plan for looking at Quality and Safety aspects within Elective Care. 	Elective Recovery Programme of Elective Care Board
Cancer	<ul style="list-style-type: none"> Cancer performance data for Nov confirms the previously reported areas of most challenge within BSW, for which recovery plans are in place. For the first time in a long time, BSW achieved none of the national performance targets in Nov. Despite this, BSW was at or above the national average for almost all. SFT and GWH achieved 3 of the 8 traditional national performance targets; RUH achieved 2. BSW missed the new 28 day faster diagnosis standard by 0.1%. A number of the targets which were failed at BSW level were primarily due to breaches at out-of-area tertiary providers. The number of patients on cancer pathways (but not necessarily with confirmed cancer) waiting over 62 days from referral to start of treatment began to increase in November and this has continued through December and January due to Omicron surge impact on staffing, capacity, diagnostics, and patients’ ability to undergo surgery (guidance in autumn 2021 – surgery involving general anaesthetic, and certain diagnostic tests, not recommended within 7 weeks of positive covid). 	<ul style="list-style-type: none"> Continued focus on performance, volumes and recovery actions, at regular review meetings. BSW continues to see a higher volume of 2ww OP, and initiate more cancer treatments, compared to pre-covid, than most other systems in the SW. 	Elective Care Board



Executive Summary 5 of 7



Area	Key Issues	Key Actions	Accountability
All age Mental Health (MH)	<ul style="list-style-type: none"> BSW position for adult inpatient mental health beds continues to come under increasing pressure. Out of area placements (OOA) are currently at 12 with 11 wards in AWP impacted by Covid – 26 Delayed transfers / discharges (11% of bed base) Three section 140 enactments on Health Based Place of Safety in the new year linked to bed availability and highly complex patients to ensure patient safety and legal framework Attention Deficit Hyperactivity Disorder (ADHD) waiting times continue to grow BSW routine AWP waiting list grown to 950 patients. Risk stratification plans and system response being co-developed Workforce remains a significant risk across all services IAPT recovery rate has dipped further following waiting list cleansing exercise 	<ul style="list-style-type: none"> AWP weekly inpatient meetings continue with focus on flow. w/c 31/01 system actions have reduced DTOC to 15. MADE events being planned – B&NES to be undertaken by end of Feb BSW system all age Mental Health and LDA cell recommenced to provide additional system oversight of pressures and mitigations – on 20/12 – linked to covid response letter and BSW system response. Cell agreement on 17/01 to open additional surge beds in our community wellbeing houses to support flow. £60k funding agreed to provide four GPs with special interest to support ADHD waiting time reduction. Training completed and go live by end of March 2022 BSW Escalation and Complex case hub continues – More than 60 cases to date to support at system and patient level Co-developed IAPT action plan submitted with dedicated tsk and finish group in place to monitor progress reporting into Thrive Programme board 	BSW Thrive Programme Board
All age Learning Disabilities /Autism Spectrum Disorder (LD / ASD)	<ul style="list-style-type: none"> Co-production of system response to national recommendations from 'Joanna, John and Ben' Cawston report continuing, with comprehensive direct reviews of all inpatients required by 31/01/22 (NHS E extended completion deadline by one month). ASD waiting times continue to increase Annual health check performance continues to improve. Transitional model approved and plans in place with current provider and AWP 	<ul style="list-style-type: none"> Dates arranged for all BSW direct reviews as part of Cawston Park requirements by end of Jan. Executive ICS panel(s) to convene in Feb 22 to give assurance to BSW and to NHSE ASD waiting list pilot continuing. Meeting with system partners held 20/12 to review impact and issues Annual health checks to continue to mitigate risk during current covid surge. Developing plans to link to covid boosters and flu vaccination wherever possible. Performance does continue to improve – Dec 31st position 39.6% against revised trajectory of 45% by end of March 2022 	BSW LD/ASD Programme Board
Maternity	<ul style="list-style-type: none"> Continued challenges with midwifery, obstetric and neonatal staffing to meet operational pressures requiring frequent redeployment of staff and paused transformation work including rollout of Continuity of carer models of care. Home births continued to be paused until the end of Jan at RUH. Increased Induction of Labour delays at RUH and GWH 	<ul style="list-style-type: none"> BSW LMNS maternity escalation plan continues to be used. Weekly operational maternity cell in place Focus on vaccinations for pregnant women linking with BSW vaccination cell LMNS mutual aid support for induction of labour with Salisbury and 	BSW Local Maternity and Neonatal System (LMNS)



Executive Summary 6 of 7



Area	Key Issues	Key Actions	Accountability
Primary Care	<ul style="list-style-type: none"> Continued demand and pressures across General Practices (a few practices reporting red and 2 reported black last week) BSW report of appointments in December 2021 shows the total appointments booked was 443,100 compared to 359,400 in December 2020. BSW report of mode of appointments in December 2021 shows face to face appointments are 61.9% of the total appointments compared to 58% in December 2020. December saw the accelerated programme for Covid Vaccinations Boosters delivering 78.5% (of all cohorts where eligible) by 31.12.21 and continuing all eligible cohorts as evergreen offer with focus on unvaccinated and preparation for Clinically Extremely Vulnerable (CEV) 5-11 year olds. The flu vaccination programme is also continuing with B&NES vaccinating 67.2% of the eligible groups (aged 65+, 50-65, At Risk ad pregnant women) by 27.12.21; Swindon 67.6% and Wiltshire 68.9% There are currently 4 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG. All practices with Requires Improvement and Inadequate rating have Regulation 17 (good governance) notices. There are limited Primary Care Quality metrics, including Complaints, PALS (Patient advice and liaison services) and Incident information, to inform the CCG, Primary Care Networks (PCNs) and general practices, and provide early warning indicators across BSW Primary care. The Medical Examiner role is already established in BSW acute providers. BSW acute providers have been allocated additional funds to support the roll out of Medical Examiners into the community including primary care. The roll out is expected to evolve over a period from summer 2022 rather than a stated commencement date for all practices. 	<ul style="list-style-type: none"> Ongoing work in localities implementing Winter Access Fund plans that will support all 89 GP Practices across BSW in providing the most appropriate access for all of our patients across BSW. Focussed work in developing surge planning across primary care with daily reporting into SHREWD and practice/PCN surge plans Developing suite of documents and support – IT/digital, communication materials, sharing with system partners (including community services, community pharmacy) Implementing Communication plan with message to public focused on GP Practices Collating data from GP Practices on Vaccines as a Condition of Deployment The Quality Team have commenced scoping work to understand shared learning. A monthly Primary Care Quality Oversight Assurance Group has commenced to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG. The Quality Team has commenced engagement and scoping work with Primary Care analytics, Meds Management, Infection, Prevention & Control (IPC) and externally with the Care Quality Commission and other CCGs, to develop core quality metrics to support service transformation discussions, plans and proactively identify any areas of concern and learning at the earliest juncture. These metrics will be monitored through discussions at PCCC and with other key stakeholders. This work will also include developing a process to capture and analyse emerging themes and trends to better inform future improvement work. BSW CCG have introduced a project group to support the roll out and this is meeting fortnightly. BSW CCG will support the acute provider medical examiner offices to identify early adopter GP practices and recruitment. 	Primary Care Commissioning Committee (PCCC)



Executive Summary 7 of 7



Area	Key Issues	Key Actions	Accountability
Quality	<ul style="list-style-type: none"> • Urgent Care and flow - continued pressure in the system, Increases in COVID numbers and contacts. High numbers of people meeting the Non-Criteria to Reside (NCTR) leading to increasing surge capacity opening • Serious Incidents- Paediatric triage and recognition of the sick child • Infection, Prevention & Control: rising hospital onset Healthcare Associated Clostridium Difficile cases (likely to breach threshold - 179) • COVID-19 challenges continue across the system 	<ul style="list-style-type: none"> • Quality team securing the safe and effective implementation of schemes; Ward 4, Discharge Grant Scheme, Care Hotel (Bath)- completion of EQIA's in all areas • In-hospital support to improve flow by reviewing patient pathways and current discharge processes and systems • Leading system wide mortality reviews on specific cohorts to recognise the learning • Supporting acute providers to review people with lengths of stay greater than 30 days • Supporting ethical group with the design and development of a patient safety risk framework and patient safety status • Planning a Paediatric quality collaborative to share the learning • Continuing to review the data- discussion points and key themes to be presented in March 2022 • New guidance has been issued which providers are currently implementing 	<ul style="list-style-type: none"> Quality and Performance Committee (QPAC) Quality Surveillance Group (QSG) Elective Care Board Urgent Care Board BSW Thrive Board Primary Care Commissioning Committee (PCCC)



COVID-19

As reported 01/02/2021

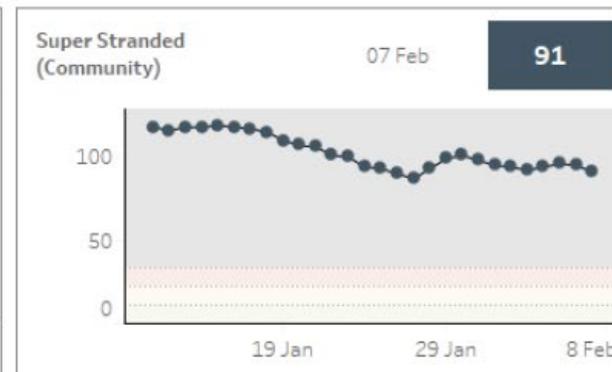
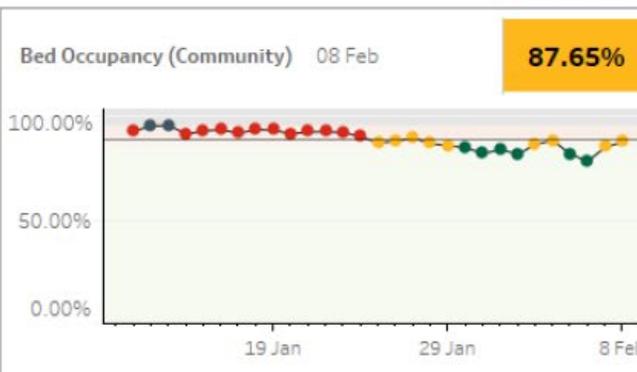
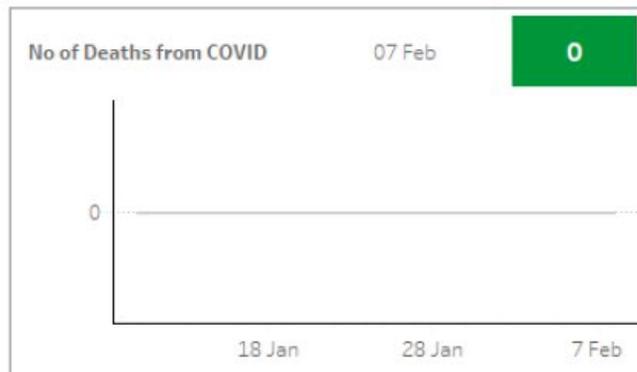
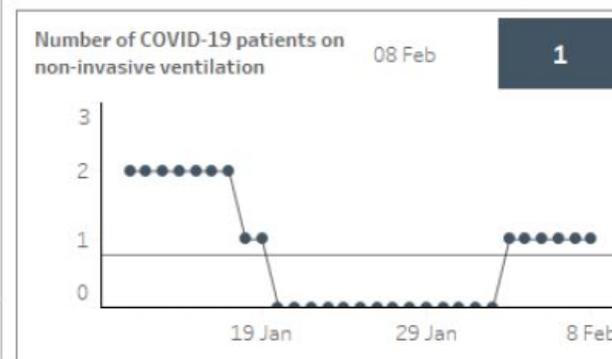
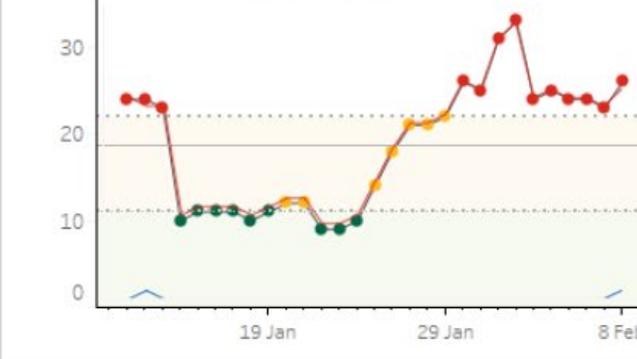
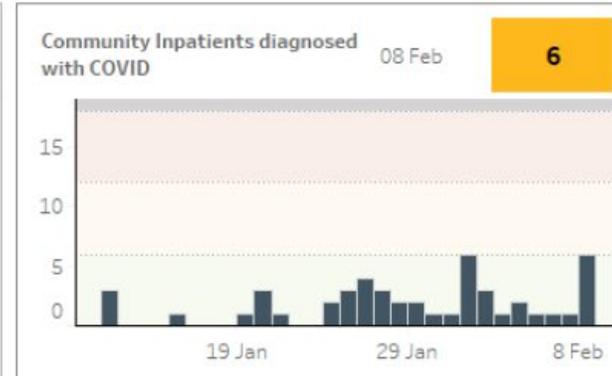
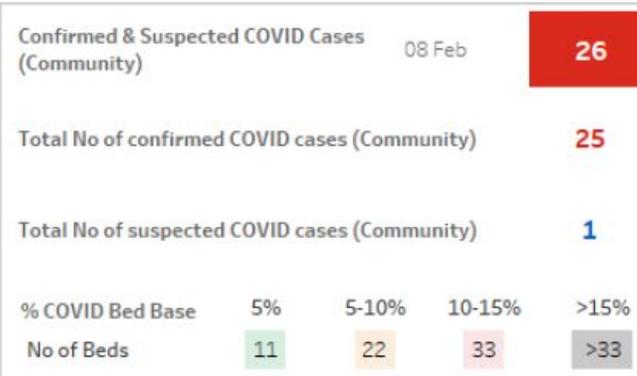


COVID-19 1 of 5

COVID-19 Capacity Thresholds and Triggers - Community Providers

OPEL Status (Community)

	29 Jan	30 Jan	31 Jan	01 Feb	02 Feb	03 Feb	04 Feb	05 Feb	06 Feb	07 Feb	08 Feb
HCRG	3	3	3	3	3	3	3	3	3	3	3
SCHS	4	4	4	4	4	4	4	4	4	4	4
WHC	4	4	4	4	4	4	4	4	4	4	4





COVID-19 2 of 5

COVID-19 Capacity Thresholds and Triggers - Community Providers

OPEL Status (Community)

	29 Jan	30 Jan	31 Jan	01 Feb	02 Feb	03 Feb	04 Feb	05 Feb	06 Feb	07 Feb	08 Feb
HCRG	3	3	3	3	3	3	3	3	3	3	3
SCHS	4	4	4	4	4	4	4	4	4	4	4
WHC	4	4	4	4	4	4	4	4	4	4	4

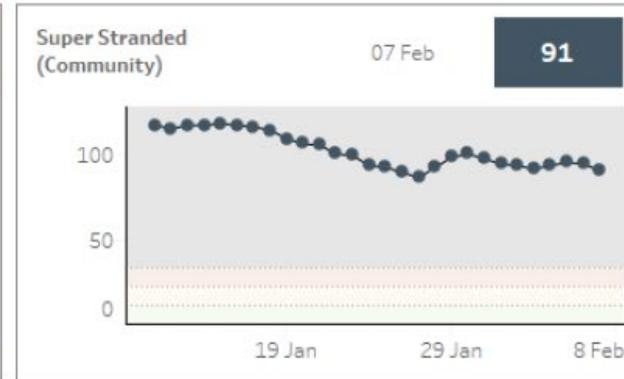
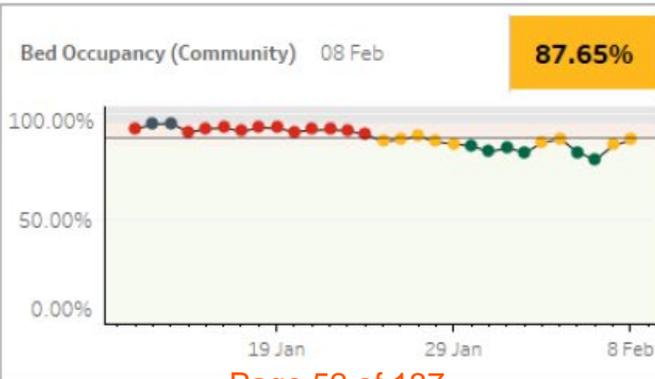
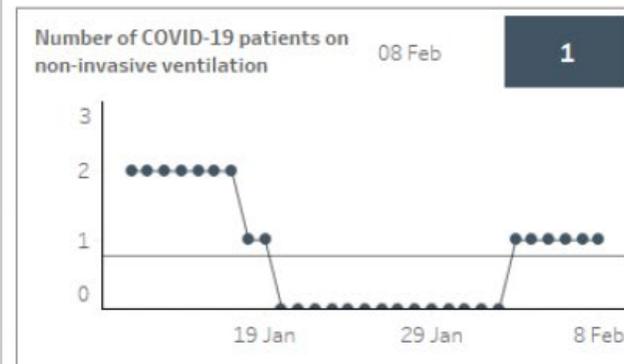
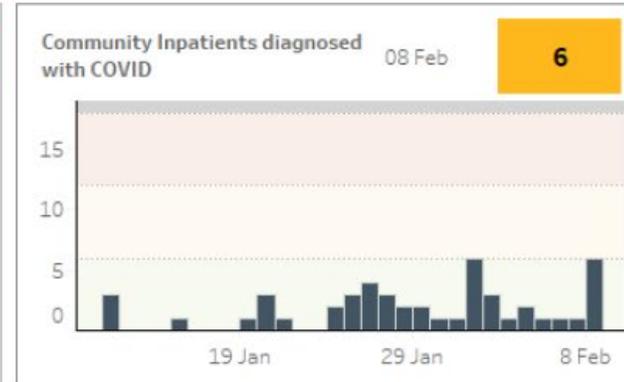
Confirmed & Suspected COVID Cases (Community) 08 Feb **26**

Total No of confirmed COVID cases (Community) **25**

Total No of suspected COVID cases (Community) **1**

% COVID Bed Base

% COVID Bed Base	5%	5-10%	10-15%	>15%
No of Beds	11	22	33	>33



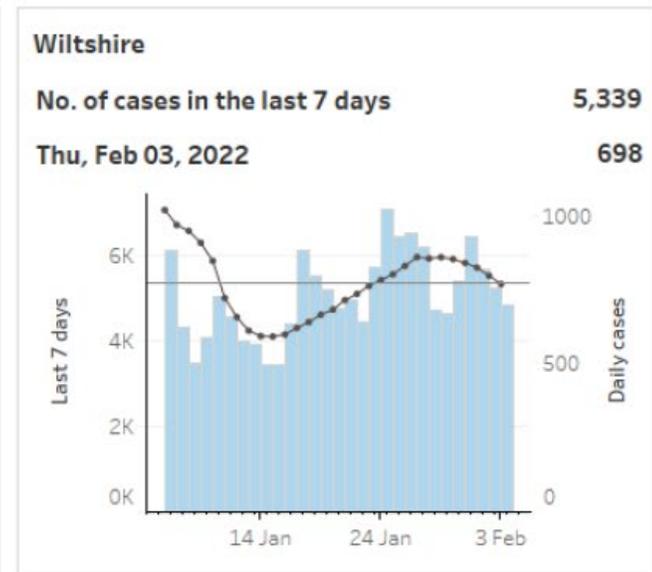
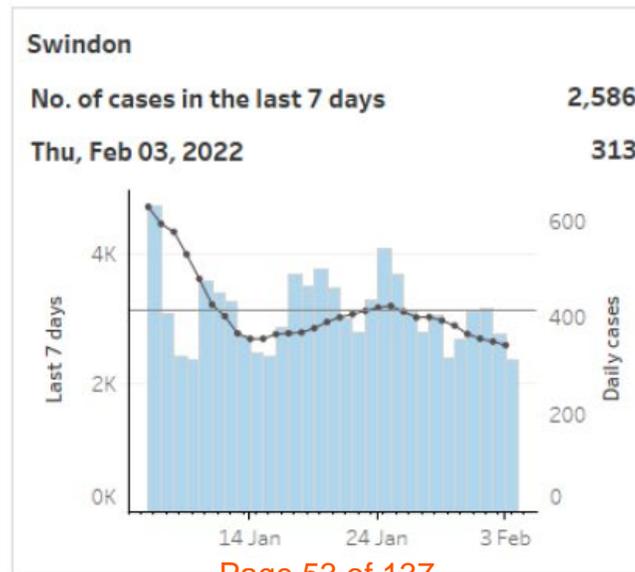
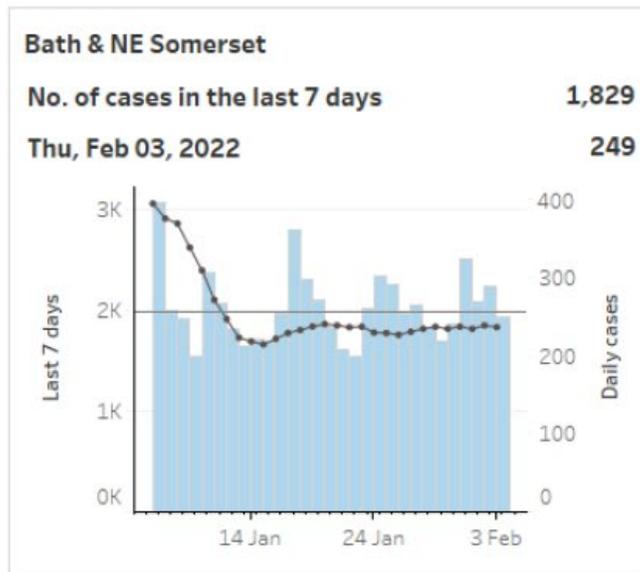
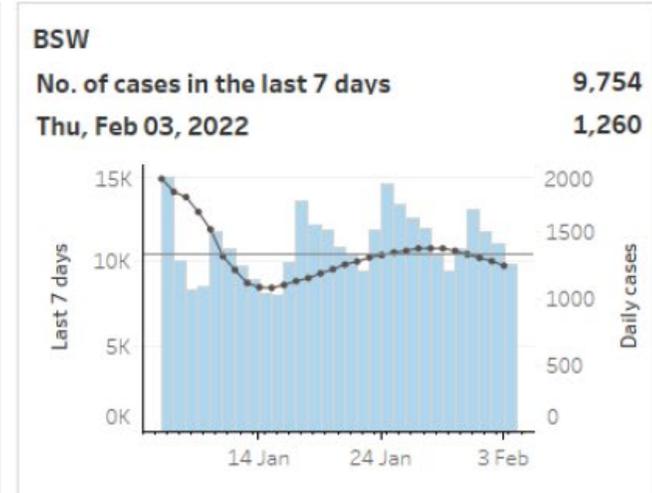
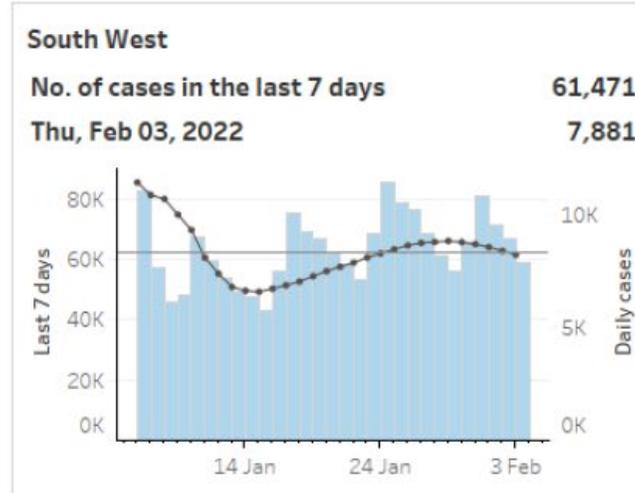
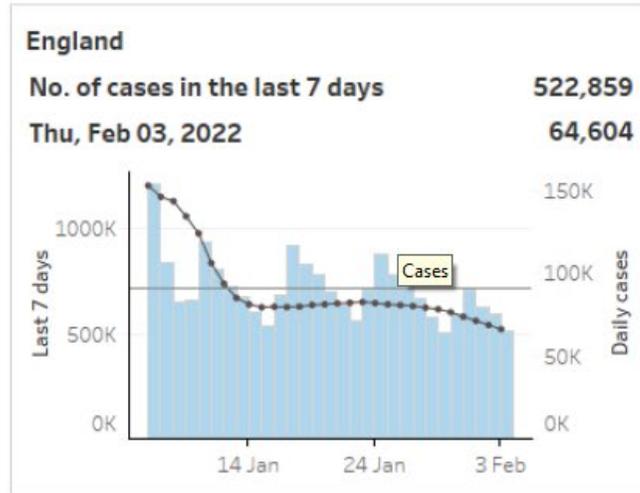


COVID-19 3 of 5

Cases

Number of cases in the last 7 days (Line Graph) & Daily cases (Bar Graph) 3 February 2022

Data shown are cases by specimen date and because these are incomplete for the most recent dates, the period represented is the seven days ending 5 days before today's date. In line with how it's reported on the Gov.UK website.





COVID-19 4 of 5 Prevalence

3 February 2022

Data shown are cases by specimen date and because these are incomplete for the most recent dates, the period represented is the seven days ending 5 days before today's date. In line with how its reported on the Gov.UK website.

Rate of cases in the last 7 days per 100,000

	20 Jan	21 Jan	22 Jan	23 Jan	24 Jan	25 Jan	26 Jan	27 Jan	28 Jan	29 Jan	30 Jan	31 Jan	01 Feb	02 Feb	03 Feb
England	1,222.88	1,215.03	1,207.25	1,243.23	1,285.03	1,255.61	1,239.45	1,214.62	1,188.65	1,160.54	1,167.39	1,167.48	1,114.06	1,073.65	1,021.79
South West	1,113.50	1,135.02	1,148.45	1,208.74	1,279.79	1,287.97	1,305.92	1,309.28	1,306.90	1,300.66	1,329.65	1,358.41	1,324.83	1,296.46	1,255.36
Bath and North East Somerset	962.32	955.08	945.77	948.87	918.35	915.76	906.96	922.49	938.01	948.36	938.01	948.87	937.49	955.08	946.29
Swindon	1,325.87	1,358.28	1,379.88	1,403.73	1,426.69	1,437.49	1,398.33	1,357.38	1,360.08	1,335.78	1,300.67	1,241.71	1,209.76	1,189.51	1,163.85
Wiltshire	948.55	992.75	1,021.75	1,059.35	1,087.35	1,113.95	1,152.94	1,194.54	1,187.74	1,193.94	1,184.94	1,166.94	1,144.95	1,107.35	1,067.75
Bournemouth, Christchurch and Poole	955.15	968.05	998.15	1,022.18	1,050.26	1,076.57	1,105.15	1,126.40	1,141.58	1,139.05	1,120.07	1,098.07	1,068.72	1,026.48	987.78
Bristol, City of	1,063.50	1,087.67	1,102.34	1,123.06	1,123.92	1,149.39	1,193.63	1,211.32	1,214.78	1,221.04	1,210.25	1,225.35	1,183.27	1,168.59	1,133.42
Cornwall and Isles of Scilly	799.01	817.62	835.53	861.87	886.27	905.76	919.98	924.02	939.64	946.14	942.98	939.82	931.57	925.77	924.19
Dorset	807.64	838.82	864.71	904.08	923.10	940.27	950.05	967.48	971.18	974.09	969.07	963.52	957.44	950.84	924.15
Devon	990.68	1,025.70	1,058.48	1,101.98	1,133.01	1,173.77	1,213.02	1,231.47	1,235.46	1,246.55	1,239.82	1,234.96	1,215.89	1,189.59	1,174.01
Gloucestershire	1,019.04	1,049.65	1,081.98	1,122.33	1,160.00	1,187.15	1,224.20	1,231.73	1,253.55	1,280.08	1,286.51	1,270.03	1,284.47	1,255.91	1,232.36
North Somerset	1,097.41	1,128.10	1,175.99	1,185.76	1,196.92	1,218.77	1,209.94	1,202.50	1,191.34	1,183.43	1,167.16	1,174.60	1,157.86	1,151.81	1,150.88
Plymouth	1,176.27	1,184.28	1,186.19	1,206.03	1,271.27	1,304.08	1,323.54	1,352.92	1,365.89	1,382.68	1,361.69	1,323.92	1,277.76	1,246.85	1,225.10
Somerset	923.83	945.35	977.37	1,015.96	1,049.22	1,071.28	1,086.22	1,112.54	1,117.35	1,123.39	1,125.35	1,114.86	1,104.54	1,087.82	1,078.75
South Gloucestershire	1,118.23	1,140.68	1,155.41	1,173.65	1,179.26	1,206.27	1,224.16	1,239.24	1,233.28	1,222.06	1,216.80	1,196.10	1,170.50	1,128.40	1,095.08
Torbay	1,380.41	1,403.16	1,401.69	1,417.10	1,434.71	1,406.83	1,425.17	1,419.30	1,386.28	1,377.47	1,385.55	1,333.44	1,299.68	1,251.98	1,213.82



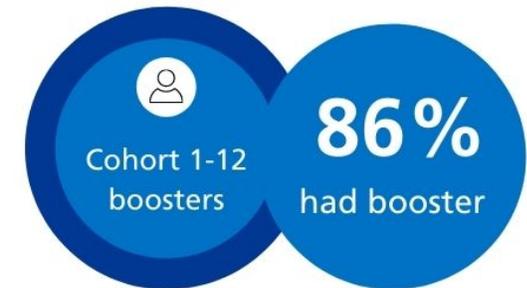
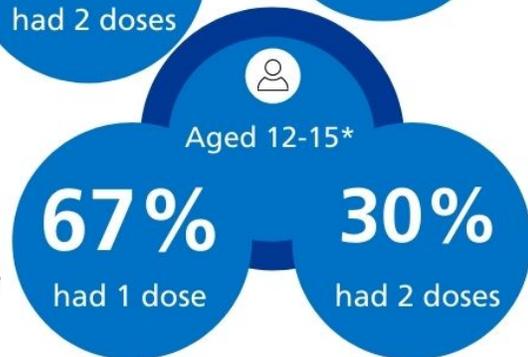
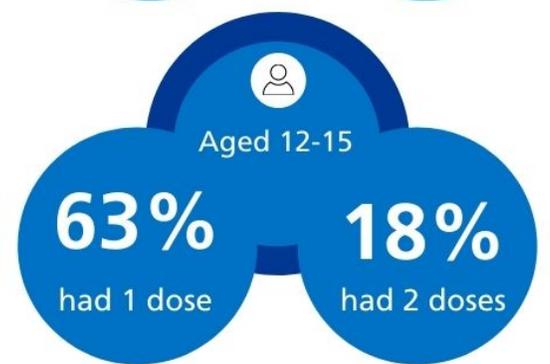
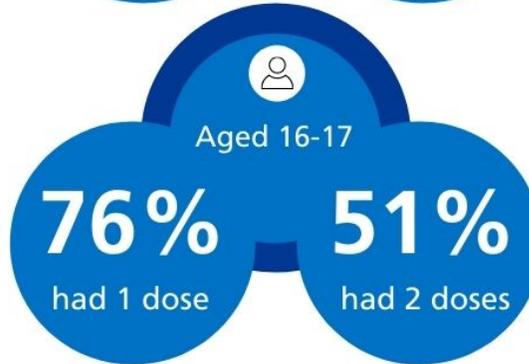
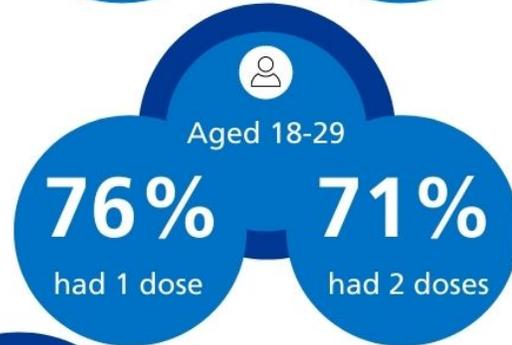
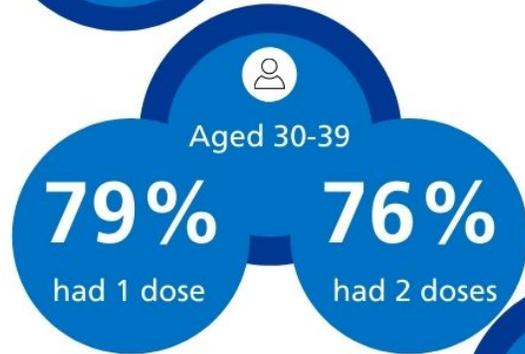
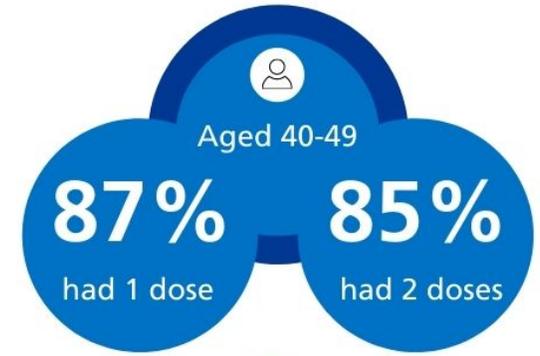
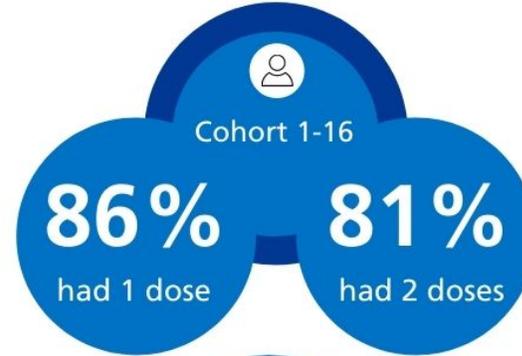
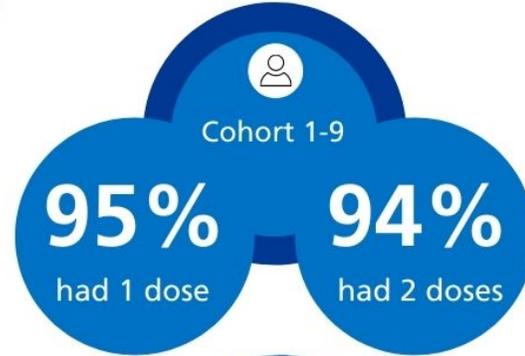
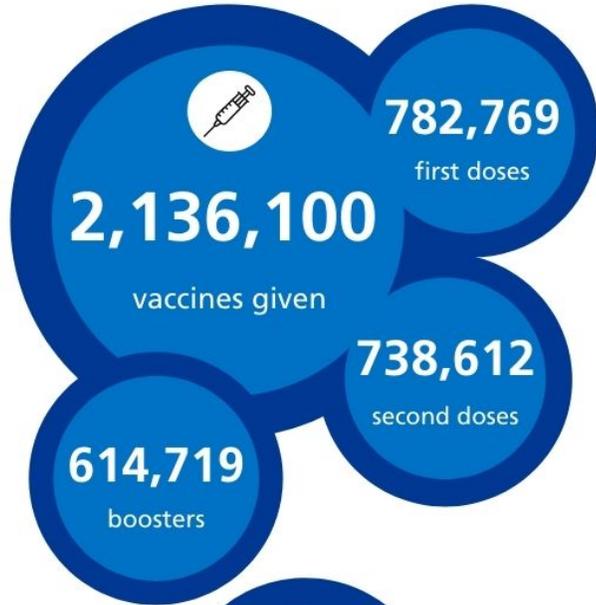
COVID-19 5 of 5

Data correct as of 9 February 2022

BSW Covid-19 vaccination programme



Bath and North East Somerset,
Swindon and Wiltshire
Clinical Commissioning Group



*neuro disability, immunosuppressed or household contact of



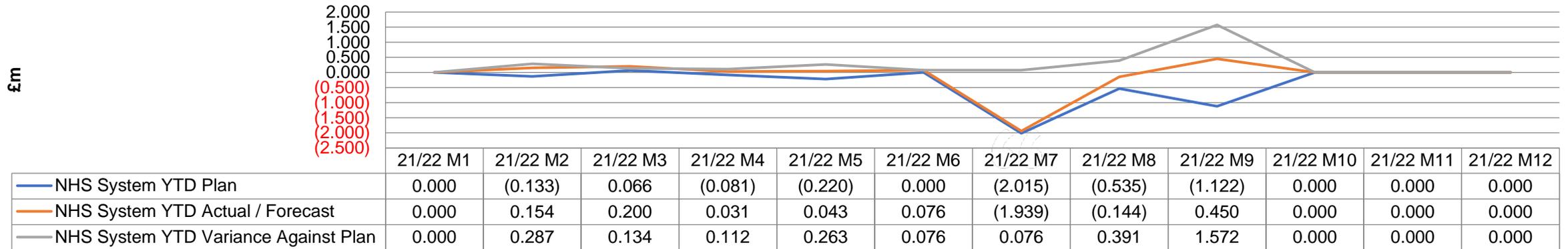
Finance

2021/22 Month 9 Financial Overview



Executive Summary

NHS System 2021/22 Monthly Plan vs Actual/Forecast incl. Financial Support



Financial Summary

This report is based on organisations reported Month 9 finance positions. At the end of December 2021 Health were reflecting a positive variance against its H2 plan of £1.5m which related to slippage against additional schemes agreed in year to support elective recovery, this is not expected to continue into the following months and hence we are forecasting a break even position at year end.

Adult Social Care are forecasting a cumulative positive variance against plan of £3.3m with B&NES and Wiltshire underspending and Swindon overspending.

Our focus for the next few months will be to develop our plans for 2022/23 and agree our three year capital plan against our notified allocation

Risks and Mitigations

Our key risks and mitigations are:

- overspending against notified funding for the Hospital Discharge Programme at month 9; we have now had confirmation that further funding will be made available to cover this pressure
- Five year capital plan which meets our 2021/22 capital envelope. Future years commitments are currently exceeding this envelope and we are working with NHSEI around the options to manage this.



BSW I&E Report

2021/22						
Organisation	Planned YTD Outturn at Month 9	Actual YTD Outturn at Month 9	Variance from YTD Plan at Month 9	2021/22 Planned Outturn	2021/22 Forecast Outturn	Forecast Variance from Plan
	£'000	£'000	£'000	£'000	£'000	£'000
BSW CCG	0	0	0	0	0	0
Total CCGs	0	0	0	0	0	0
Great Western Hospitals FT	(1,023)	144	1,167	0	32	32
Royal United Hospitals FT	0	0	0	0	0	0
Salisbury NHS FT	(99)	306	405	0	38	38
Total Acute Providers	(1,122)	450	1,572	0	70	70
Total BSW NHS Position	(1,122)	450	1,572	0	70	70
Avon and Wiltshire MH Partnership @ 45%	0	0	0	0	0	0
Total NHS	(1,122)	450	1,572	0	70	70
B&NES Adult Social Care			0	0	974	974
Swindon Adult Social Care			0	0	(229)	(229)
Wiltshire Adult Social Care			0	0	2,561	2,561
Total Adult Social Care	0	0	0	0	3,306	3,306
Total Health & Adult Social Care	(1,122)	450	1,572	0	3,376	3,376

AWP is being reported separately as they are aligned to BNSSG for Reporting

Due to differences in YTD reporting, Adult Social Care can only provide forecast figures.



Oversight Framework

December 21 data



System Oversight Framework Ratings 2021/22



- The NHS system oversight framework is the updated regulatory regime being implemented by NHSE/I for Integrated Care Systems (ICS) and NHS Provider Trusts that reinforces system-led delivery of integrated care. There are 4 ratings or segments that each ICS and Trust will be assessed and categorised with, 4 is the worst (replacing special measures) and 1 the best.
- The new national Recovery Support Programme (RSP), provided to all trusts and systems in segment 4 of the NHS System Oversight Framework (SOF 2021/22) was launched in July, and the trusts and systems in the RSP were published. In the South West these are University Hospitals Plymouth NHS Trust and Devon ICS
- In October, the segment 1 to 3 ratings were issued to systems. The full set of framework metrics are still in development and these initial assessments have been made using a reduced set of criteria (elective and cancer performance, CQC assessments, financial plans and spend and workforce staff survey) and triangulated with soft intelligence. The following slides show some of the available framework metrics.
- Within the South West:
 - 4 systems and 8 providers are in Segment 2
 - 2 systems and 11 providers are in Segment 3
 - Devon and University Hospitals Plymouth NHS Trust are in Segment 4.
 - Given recovery and current challenges a decision has been taken that no system or provider are being placed in Segment 1
- NHSE/I colleagues are beginning to draft a set of identified “exit criteria” which are the things a provider or system would need to shift the dial on in order to move up a segment. Their current proposal is to review the position on a quarterly basis.
- More information on the System Oversight Framework can be found: [NHS England » NHS System Oversight Framework 2021/22](#)

Ratings Segment:

Segment One
Segment Two
Segment Three
Segment Four

66

BSW System	Segment Two
AWP	Segment Three
GWH	Segment Two
RUH	Segment Two
SFT	Segment Three



BSW Oversight Framework 1 of 5



Acute emergency care and transfers of care									
Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?		
% of patients referred to an emergency department by NHS 111 that receive a booked time slot to attend	BSW CCG	Monthly 2021 12	11.2%	9.3%	↓	75%	✗		
Implementation of Agreed Waiting Times 30-Minute Ambulance Handover Breaches	BSW CCG	Monthly 2021 12	1,574	1,573	↓	0	✗		
Transforming Community Services and Improving Discharge % of Discharges by 5pm and Improving Discharge	GWH	Monthly 2021 12	59.5%	59.0%	↓		N/A		
	RUH	Monthly 2021 12	65.8%	65.9%	↑		N/A		
	SFT	Monthly 2021 12	63.9%	64.2%	↑		N/A		
	% of Patients Meeting the Criteria to be Discharged that are Discharged	GWH	Monthly 2021 12	40.5%	39.7%	↓		N/A	
	RUH	Monthly 2021 12	44.9%	43.7%	↓		N/A		
	SFT	Monthly 2021 12	43.2%	59.0%	↑		N/A		

↓ Deterioration Below Standard ✗
↓ Improvement Meets Standard ✓
■ No Change



BSW Oversight Framework Scorecard 2 of 5



The NHSE defined oversight framework does not include Adult Social Care measures so BSW have worked locally to agree measures to be developed and included. For the first time this month, example measures from the agreed list are included, as the measures are developed further those to be used in this scorecard will be reviewed.

Adult Social Care measures have not had clear national definitions and can be differently defined and recorded at each Authority. Home Care hours is particularly complex with their being many types of care provided at home as well as domiciliary care and these can not always be separately reported, including: extra care, sheltered care, supported living

Adult Social Care (by Local Authority)

Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
Home Care provision	BaNES LA	Monthly 2021 12	2,498	2,524	N/A		N/A
	Swindon UA	Monthly 2021 12	10,766	10,523	N/A		N/A
	Wiltshire LA	Monthly 2021 12	4,288	4,315	N/A		N/A
Keeping People Safe	BaNES LA	Monthly 2021 12	97	94	N/A		N/A
	Swindon UA	Monthly 2021 12	95	74	N/A		N/A
	Wiltshire LA	Monthly 2021 12	115	113	N/A		N/A
Residential / Nursing Care Provision	BaNES LA	Monthly 2021 12	44	19	N/A		N/A
	Swindon UA	Monthly 2021 12	33	16	N/A		N/A
	Wiltshire LA	Monthly 2021 12	9	8	N/A		N/A
	BaNES LA	Monthly 2021 12	1,189	1,172	N/A		N/A
	Swindon UA	Monthly 2021 12	1,204	1,193	N/A		N/A
	Wiltshire LA	Monthly 2021 12	973	949	N/A		N/A

■ Deterioration Below Standard ✗
■ Improvement Meets Standard ✓
■ No Change

N.B. Swindon home care hours include extra care and sheltered care.



BSW Oversight Framework Scorecard 3 of 5



Delivering safe, high quality care overall

	Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
Patient experience of GP services	Percentage of people who report that their overall experience of GP services was 'very good' or 'fairly good' (Annual GP Survey)	BSW CCG	Annually 2021 03	84.6%	86.6%	↑	85%	✓
Quality	Clostridium difficile infection rate	BSW CCG	Monthly 2021 12	20	21	↑		N/A
	E. coli bloodstream infections	BSW CCG	Monthly 2021 12	37	42	↑		N/A
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	BSW CCG	Monthly 2021 12	0	0	↓	0	✓
	Serious Incidents	BSW CCG	Monthly 2021 12	21	18	N/A		N/A

■ Deterioration Below Standard ✗
■ Improvement Meets Standard ✓
■ No Change

Finance

Performance Against Financial Plan	BSW System Variance Against Plan YtD	BSW CCG	Monthly 2021 12	(+)£391,000	(+)1,572,000	↓	(-)£1,122,000	✓
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Primary Care & Community Services

Improvements for people with conditions such as diabetes, CVD and obesity	Number of Referrals to the NHS Diabetes Prevention Programme	BSW CCG	Monthly 2021 12	435	410	↓	337	✓
Primary and community services including new community services response times	Access to general practice – number of available appointments	BSW CCG	Monthly 2021 11	528,933	527,381	↓	504,299	✓



BSW Oversight Framework Scorecard 4 of 5



Screening and vaccination programmes

Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
Screening and vaccination programmes meet base levels in the public health agreement or national goals	BSW CCG	Monthly 2021 12	89.1%	89.6%	↑	90%	✗

■ Deterioration Below Standard ✗
■ Improvement Meets Standard ✓
■ No Change

Mental Health

Deliver the mental health ambitions outlined in the NHS Long Term Plan, expanding and transforming core mental health services	CYPMH Access - Patients having at least 1 contact (Rolling 12 mths)	BSW CCG	Monthly 2021 09	6,660	7,135	↑	6,038	✓
	IAPT Access - Patients entering treatment	BSW CCG	Monthly 2021 10	2,970	2,930	↓	5,856	✗
	LD Inpatients Adults CCG Funded	BSW CCG	Quarterly 21-22 Q2	19	18	↓	17	✗
	LD Inpatients Adults NHSE Funded	BSW CCG	Quarterly 21-22 Q2	7	7	→	5	✗
	LD Inpatients Children NHSE Funded	BSW CCG	Quarterly 21-22 Q2	5	7	↑	4	✗
	Out of Area Admissions (Count of OBDs)	BSW CCG	Monthly 2021 10	490	440	↓	1429	✓
	The percentage of people with SMI on GP Registers to receive the complete list of physical health checks in the preceding 1..	BSW CCG	Quarterly 21-22 Q2	21.2%	26.0%	↑	60%	✗
Learning disability and autism: reducing inpatient rate and increasing learning disability physical health checks	BSW CCG	Quarterly 21-22 Q2	7.6%	19.5%	↑	22%	✗	



BSW Oversight Framework Scorecard 5 of 5



Restoration of elective and cancer services*

Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
Cancer 31 day treatments. Number of patients receiving first definitive treatment following a diagnosis (decision to treat) within the period, for all cancers.	BSW CCG	Monthly 2021 11	478	460	↓	489	✗
RTT Incomplete 52+ wks	BSW CCG	Monthly 2021 11	2,208	2,102	↓	2124	✓
Numbers of patients seen in a first outpatient appointment following urgent referrals	BSW CCG	Monthly 2021 11	3,663	3,809	↑	3,794	✓
The number of cancer 62 day pathways (patients with and without a decision to treat, but yet to be treated or removed from the PTL) waiting 63 days or more after an urgent suspected cancer referral.	GWH	Monthly 2021 12	113	148	↑	80	✗
	RUH	Monthly 2021 12	294	319	↑	209	✗
	SFT	Monthly 2021 12	136	126	↓	90	✗
Diagnostic Activity Levels Diagnostic Activity Against Plan	BSW CCG	Monthly 2021 12	6,237	5,719	↓	5,263	✓
Elective Activity Levels Daycase Activity Against Plan	BSW CCG	Monthly 2021 12	1,831	1,668	↓	1,537	✓
Elective Activity Against Plan	BSW CCG	Monthly 2021 12	233	207	↓	215	✗
Outpatient Activity Against Plan	BSW CCG	Monthly 2021 12	19,390	17,627	↓	16,610	✓

■ Deterioration ✗ Below Standard
■ Improvement ✓ Meets Standard
■ No Change

Meeting of the BSW CCG Governing Body

Report Summary Sheet

Report Title	BSW CCG Gender Pay Gap Report 2021				Agenda item	11		
Date of meeting	17 February 2022							
Purpose	Approve	x	Discuss	x	Inform	x	Assure	x
Executive lead, contact for enquiries	Alison Kingscott and Sheridan Flavin - Executive Directors for People and OD							
This report concerns	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Alison Kingscott and Sheridan Flavin Executive Directors for People and OD							
Executive summary	<p>This report provides BSW CCG's statutory disclosure on the gender pay gap. It includes figures as of 31 March 2021, and reviews the gender pay gap figures for September 2020. A comparison of the progress in addressing the BSW CCG's gender pay gap is reported on from the position in September 2020 to the current position as of 31 March 2021.</p> <p>The report provides information relating to key areas: -</p> <ul style="list-style-type: none"> • An analysis of the gender pay gap report is presented looking at the mean and median gender pay gap, and the proportion of males and females in each quartile pay band. • The BSW CCG do not pay staff bonuses; therefore, reporting on bonuses does not apply to the CCG and this is not covered in this report. • A narrative is provided for the results of the mean and median gender pay, and the proportion of males and females in each quartile pay band, to explain the possible reasons for the pay gap within each of these areas, and to discuss what the data means to BSW CCG. • Benchmarking data against the 2011 census and NHS Workforce figures for gender has been undertaken. • A summary is presented to identify the main areas where BSW CCG needs to focus, and a discussion on the next 							

Report Title	BSW CCG Gender Pay Gap Report 2021	Agenda item	11					
	<p>steps that the CCG needs to take to further close the gender pay gap.</p> <ul style="list-style-type: none"> The mean gender pay gap has reduced since 2020 from 50.52 % to 39.67% as of 31 March 2021 and there has been an increase to the mean hourly rate for females from £19.76 in September 2020 to £21.66 as of 31 March 2021. This shows that improvements are being made and the pay gap is being reduced for BSW CCG. The paper includes action to further explore the underlying factors that have contributed to a gender pay gap of nearly 40%. 							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	<ol style="list-style-type: none"> The Governing Body is asked to note the report and the findings within the BSW CCG Gender Pay Gap Report 2021. The Governing Body is asked to approve the formal publication of the BSW CCG Gender Pay Gap Report 2021. 							
Link to Board Assurance Framework or High-level Risk(s)	None							
Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	
Key risks	The overall level of risk associated with this paper is low.							
Impact on quality	N/A							
Impact on finance	N/a							
	Finance sign-off: N/A							
Conflicts of interest	N/A							
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input checked="" type="checkbox"/> Realising the benefits of merger <input type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

BANES, WILTSHIRE AND SWINDON CLINICAL COMMISSIONING GROUP

GENDER PAY GAP REPORT 2021



1. Executive Summary

This report provides BSW CCG's statutory disclosure on the gender pay gap. It includes figures as of 31 March 2021, and reviews the gender pay gap figures for September 2020. A comparison of the progress in addressing the BSW CCG's gender pay gap is reported on from the position in September 2020 to the current position as of 31 March 2021.

An analysis of the gender pay gap report is presented looking at the mean and median gender pay gap, and the proportion of males and females in each quartile pay band. BSW CCG do not pay staff bonuses; therefore, reporting on bonuses does not apply to the CCG and this is not covered in this report. An analysis has been carried out in relation to the difference in the hourly pay rate between males and females for each pay band and ad hoc pay scales across BSW CCG.

We are pleased to report that the mean hourly rate for females has improved from £19.76 in September 2020 to £21.66 as of 31 March 2021. The mean hourly rate for males has decreased from £39.92 in September 2020 to £35.90 as of 31 March 2021. This is a mean hourly rate difference of £14.24 as of 31 March 2021, compared to a mean hourly rate difference of £20.16 in September 2020.

Therefore, the overall mean gender pay gap has decreased from 50.52% to 39.67% as of 31 March 2021.

A narrative is provided for the results of the mean and median gender pay, and the proportion of males and females in each quartile pay band, to explain the possible reasons for the pay gap within each of these areas, and to discuss what the data means to BSW CCG.

Benchmarking data against the 2011 census and NHS Workforce figures for gender has been undertaken and the female composition of the BSW CCG workforce is significantly higher compared to the percentage of females within the BSW population and 3.58% higher than the whole NHS workforce in relation to females. The number of females within the BSW workforce has increased by 0.38% since September 2020 and was 80.58% as at 31 March 2021.

A summary is presented to identify the main areas where BSW CCG needs to focus, and a discussion on the next steps that the CCG needs to take to further close the gender pay gap.

Some of these actions include reviewing BSW CCG's recruitment, selection and appointment process to ensure there is no gender bias, to continue to hold training on unconscious bias and Equality, Diversity and Inclusion training, and mandatory recruitment training is in place for all line managers to attend. We will also continue to monitor applicants by gender to ensure our recruitment campaigns appeal to both male and female

candidates. A further review will be undertaken on the CCG's gender pay gap against national trends and to highlight where additional actions are required. Benchmarking is underway against other CCG's gender pay, amongst other key actions to continue to address the gender pay gap at BSW CCG.

BSW CCG is committed to further addressing the gender pay gap and to improve on the organisation's position. An action plan has been agreed and is in place, with a range of initiatives and key actions that have been identified, to enable BSW CCG to further close the gender pay gap.

2. Introduction

Organisations with more than 250 employees are required by law to publish their gender pay gap every year. The gender pay gap shows the difference in the average pay between men and women in an organisation.

3. Definitions and Scope

The Equality Act 2020 (Gender Pay Gap Information) Regulations 2017 (the act) requires public authority employers to base their employee data on the 'snapshot' date of 31 March each year. It is required to be published on the 30 March of the following year. BSW CCG welcomes the opportunity to publish this information and to take a collaborative approach beyond compliance to promote gender equality across the organisation and within all policies, procedures, and practices. Equal pay means that men and women in the same employment who are performing equal work must receive equal pay, as set out in the Equality Act 2010 (equal pay for work of equal value).

The gender pay gap should not be confused with equal pay, which is covered in the Equal Pay Act 1970. The gender pay act prohibits less favourable treatment between men and women in relation to their terms and conditions of employment. Equal pay is about work of equal value receiving equal pay. If an employer has a gender pay gap this does not necessarily mean that there is an equal pay issue. A gender pay gap might show that there are less women in higher paid jobs, but not that they are being paid less for doing the same or equivalent roles as men.

The gender pay gap is a measure that shows the difference in average earnings between men and women across an organisation or the labour market. There are six steps to gender pay gap reporting these include: -

1. Step one: Planning the report
2. Step two: Use ESR reports to produce the figures
3. Step three: Enter the data into the government website
4. Step four: Analyse the reasons behind the figures
5. Step five: Write a narrative

6. Step six: Create an action plan to the narrative

This will be BSW CCGs first Gender Pay Gap report which is based on data as at 31 March 2021. The BSW CCG must report and publish gender pay gap information by 30 March of the following year. Due to Covid-19 publishing requirements for the Gender Pay Gap 2020 were put on hold but have recently been re-instated. The report will be published on the CCGs external Equality and Diversity webpage and the CCG intranet site.

Since 31 March 2017, all public sector organisations in England employing more than 250 staff have been required to publish annually their gender pay gap information.

NHS bodies such as the CCGs must follow the Equality Act 2020 (Specific Duties and Public Authorities) Regulations 2017 to calculate and publish the following information:

1. Mean gender pay gap
2. Median gender pay gap
3. Their mean bonus gender pay gap (CCGs do not pay staff bonuses)
4. Their median bonus gender pay gap (CCGs do not pay staff bonuses)
5. Their proportion of males receiving a bonus payment (CCGs do not pay staff bonuses)
6. Their proportion of females receiving a bonus payment (CCGs do not pay staff bonuses)
7. Their proportion of males and females in each quartile pay band

The CCG will therefore be reporting on the mean gender pay gap, the median gender pay gap and the proportion of males and females in each quartile pay band. The CCG do not pay staff bonuses; therefore, reporting on bonuses does not apply to the CCG. (Reporting on 1, 2 and 7 above).

A mean¹ average and a median² average. Using these two different types of average is helpful to give a more balanced overview of an employer's overall gender pay gap. The gender pay gap shows the difference between the average (mean or median) earnings of men and women in an organisation. It is expressed as a percentage of earnings. Mean averages are useful because they give a good overall indication of the gender pay gap, but very large or small pay rates can 'dominate' and /or distort the results. For example, a median average might show a better indication of the 'middle of the road' pay gap whereas a mean average might be distorted by very highly paid specific employees and board members, but it could also fail to pick up as effectively where the pay gap issues are most pronounced, for example in the lowest paid or highest paid employees

4. Gender Pay Gap Data

¹ Mean average - add up all the numbers, then divide by how many numbers there are.

² Median average is the middle number in a sorted, ascending or descending, list of numbers

TABLE BELOW SHOWS HEADCOUNT & FTE FOR THE YEAR APRIL 2020 – MARCH 2021

Please note the headcount figures do not include bank colleagues.

CCG	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Headcount	376	381	383	380	390	394	392	392	396	406	413	412
FTE	323.43	329.13	331.27	325.98	330.53	330.90	332.16	331.54	334.33	344.66	351.44	353.08

The table and graph below highlight that the biggest increases from April 20 to March 21 in relation to FTE have been within the Medical Directorate by 31.82 FTE and the Nursing and Quality Directorate by 12.64 FTE. Within the Medical Directorate 12 Clinical Leads were recruited during August and October 2020 and several new colleagues joined the Prescription Ordering Department and Medicines Management Team which also sit under the Medical Directorate.

Within the Nursing and Quality Directorate there were 8 new recruits who joined the Continuing Healthcare team, 4 new recruits to the Nursing and Quality Programme and new colleagues also joined the Safeguarding, Exceptions and Prior Approval, and Mental Health and Individualised Commissioning Teams.

Directorate	Headcount (Mar 21)	FTE (Mar 21)	FTE (Apr 20)
983 Corporate Services Directorate	26	24.24	27.09
983 Executive Directorate	28	15.61	17.12
983 Finance Directorate	60	56.87	49.56
983 Locality Directorate - BaNES	11	9.96	9.56
983 Locality Directorate - Swindon	10	10.00	12.64
983 Locality Directorate - Wiltshire	11	10.44	7.00
983 Medical Directorate	110	84.34	52.52
983 Nursing & Quality Directorate	83	77.49	64.85
983 Strategy & Transformation Directorate	68	60.83	70.15
983 Workforce & OD Directorate	5	3.30	16.08
Total	412	353.08	326.57

5. BENCHMARKING DATA AGAINST 2011 CENSUS AND NHS WORKFORCE FIGURES FOR GENDER

The table below shows how the CCG workforce compares to the BSW population it serves and the NHS workforce in relation to gender.

The table highlights that the female composition of the CCG workforce is significantly higher compared to the percentage of females within the BSW population and 3.58% higher than the whole NHS workforce in relation to females. The number of females within the BSW workforce has increased by 0.38% since September 2020.

With regards to the male composition of the BSW CCG workforce, this is significantly lower compared to the percentage of males within the BSW population and slightly lower compared to the NHS workforce in relation to males, 2.58%. The number of males within the BSW workforce has decrease by 0.38% since September 2020.

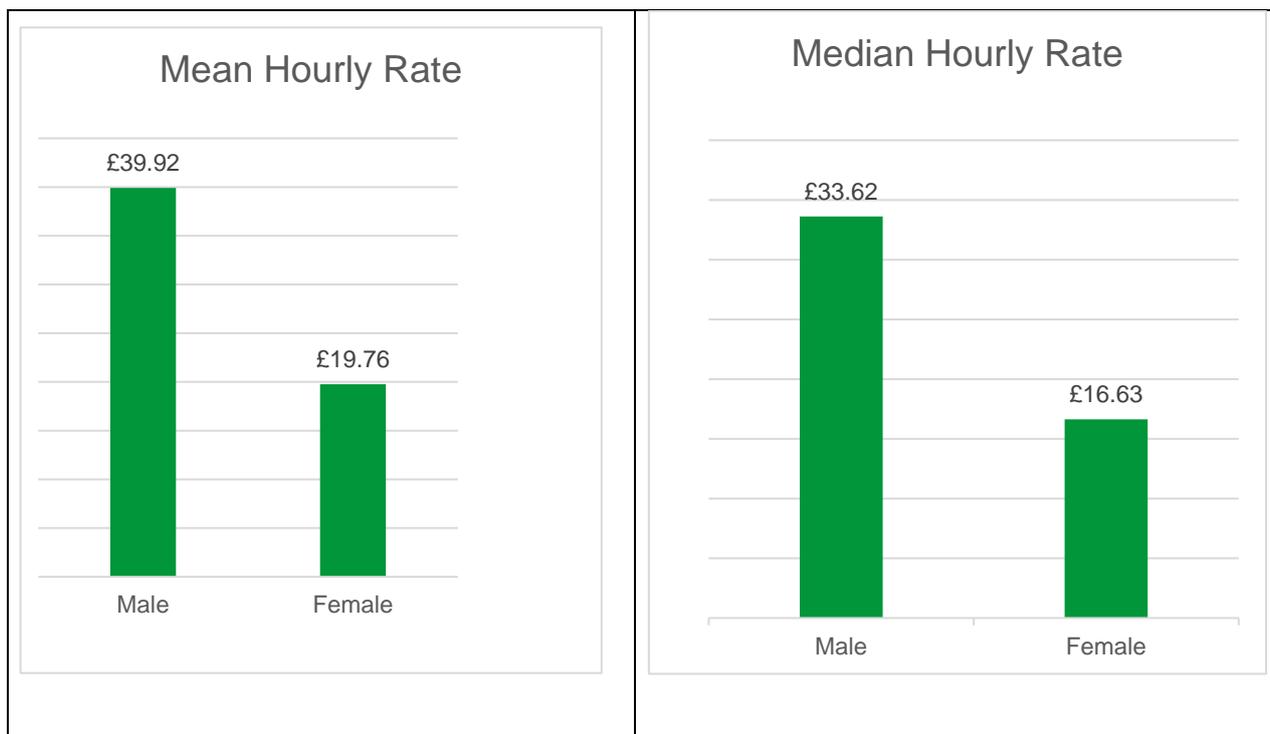
Female				Male			
2011 Census statistics (England) of population	% of NHS workforce who are female	CCG (30 Sept 20)	CCG (31 March 21)	2011 Census statistics (England) of population	% of NHS workforce who are male	CCG (30 Sep 20)	CCG (31 Mar 21)
50.82%	77%	80.20%	80.58%	49.18%	22%	19.80%	19.42%

The data above shows that there are considerably more female staff employed in the NHS - 77% females and 22% males. As shown above within the CCG as at 31 March 2021 females equated for 80.58% of the workforce compared to 19.42% of the workforce being males. So females employed in the CCG is slightly more than the NHS as a whole.

6. The Gender Pay Gap for BSW CCG as at 30 September 2020

The chart below shows that the mean hourly rate of pay for males is £20.17 higher than that of females, a gender pay gap of 50.52%.

The second chart shows that the median pay for males is £16.98 higher than females, a gender pay gap of 50.52%.



As at 30 September 2020

The mean pay gap is the difference between the pay of all male and all female colleagues when added up separately and divided respectively by the total number of males and the total number of females in the workforce.

The median pay gap is the difference between the pay of the middle male and middle female when all employees and then all female employees are listed from the highest to the lowest paid.

7. BSW CCG'S GENDER PAY GAP AS AT 31 MARCH 2021

The gender pay gap is defined in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and means the difference between the average hourly earnings of men and women. It is unlawful to pay people inequitably because of gender. The gender pay gap highlights any disparity of average pay across an organisation. BSW CCG is required by law to report on and publish their gender pay gap on a yearly basis based on a snapshot from 31st March each year. Previously the legacy CCGs were not required to do this as they had less than 250 employees. BSW CCG will be required to publish their gender pay gap report by 30 March of the following year on both the government website and the CCG website.

The majority of BSW CCG colleagues are on Agenda for Change pay scales, which provide a clear process of paying employees equally, irrespective of their gender. CCG job descriptions for roles (excluding VSM and ad hoc roles) are evaluated using the national NHS job evaluation system and from this evaluation process a band is identified for the role based on the skills and experience required to undertake the role and the duties and responsibilities that make up the role.

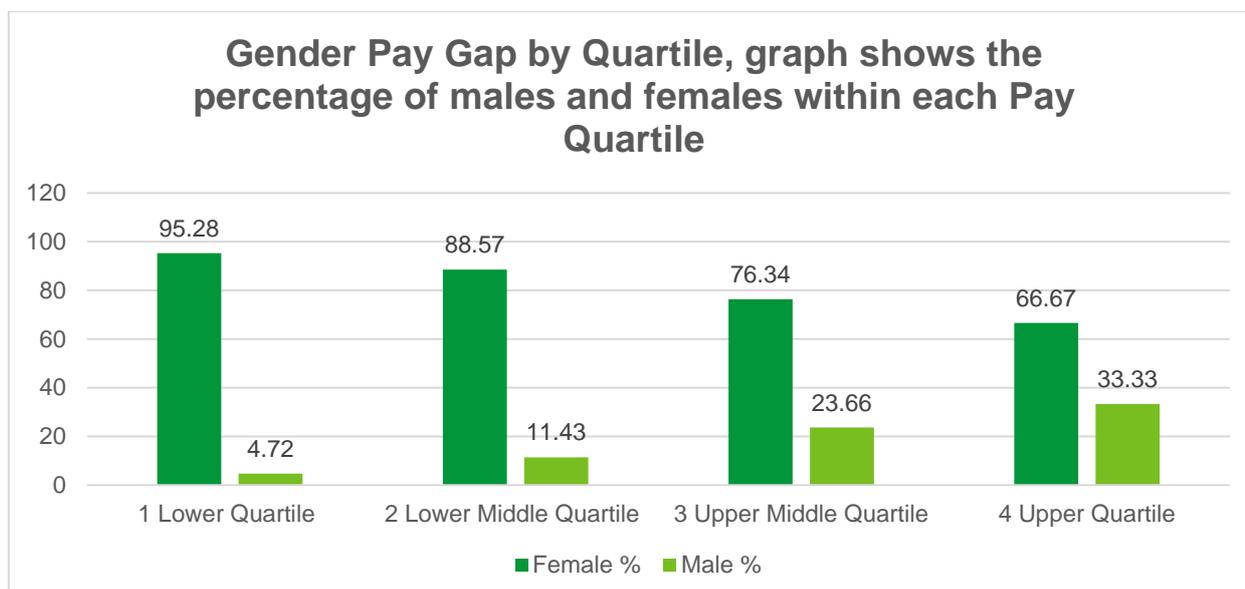
The table below shows that the *mean* hourly rate of pay for males is £12.90 higher than that of females within the CCG, a gender pay gap of 39.67%. This has significantly reduced since the CCG reviewed its gender pay gap in September 2020 where the gender pay gap based on average hourly rate was 50.52% and a difference of £20.17 between males and females' average hourly rate.

The data also demonstrates that the *median* pay for males is £7.81 higher than females, a gender pay gap of 28.73%. Again, this has significantly reduced since the gender pay gap was reviewed in September 2020, where the gender pay gap based on the median pay was 50.52% and a difference of £16.98 between males and females' median hourly rate.

Gender	Mean Hourly Rate £	Median Hourly Rate £
Male	35.90	27.19
Female	21.66	19.37
Difference	14.24	7.81
Pay Gap %	39.67%	28.73%

As at 31 March 2021

The pay gender data has also been split into pay quartiles (blocks of 25%) and show the proportion of males and females in each quartile. The results of the split are shown below, as at 31st March 2021.



Analysis has been carried out in relation to the difference in the hourly pay rate between males and females for each pay band and ad hoc pay scales and the table below shows:

- Females earn more than males in the lower pay bands, bands 2 to 5 and band 7 and 8b.
- Males earn more than females in band 6 and 8a and the highest pay bands, 8c to 9 and ad hoc salaries
- There are no males in band 4, compared to 34 females.
- There are 36 females in band 6, compared to only 5 males but the males earn more per hour than the females
- The male hourly rate is higher at band 6 - £18.47, compared to £17.54 for the female hourly rate.
- The female hourly rate at band 7 is slightly higher at £21.56, comparative to the male hourly rate of £20.92.
- The male hourly rate at band 8a is slightly higher at £24.41, compared to £24.32 for female staff.
- The female hourly rate at band 8b is slightly higher at 28.84, compared to the male hourly rate of £27.59, a difference of £1.24.
- Males earn £2.27 more per hour within pay band 8c compared to females.
- Males earn £6.68 more than females within the ad hoc salaries & VSM pay scales.

	Quartile	Female Headcount Less than 10	Female Headcount more than 10	Male Headcount Less than 10	Male Headcount More than 10	Female Average Hourly rate £	Male Average Hourly rate £	Difference £ Female V Male Hourly rate
Band 2	1 Lower Pay Quartile	Yes		Yes		9.89	0.00	NA
Band 3			Yes	Yes		10.47	10.38	+£0.09
Band 4			Yes	Yes		11.95	0.00	NA
Band 5	2 Lower Middle Quartile		Yes	Yes		14.24	13.32	+£0.92
Band 6			Yes	Yes		17.54	18.47	-£0.93
Band 7			Yes	Yes		21.56	20.92	+£0.64
Band 8a	3 Upper Middle Quartile		Yes		Yes	24.32	24.41	-£0.09
Band 8b			Yes	Yes		28.84	27.59	+£1.24
Band 8c			Yes	Yes		34.12	36.39	-£2.27
Band 8d		Yes		Yes		42.22	42.35	-£0.13
Band 9		Yes		Yes		51.36	51.75	-£0.39
Ad Hoc & VSM	4 Upper Quartile		Yes		Yes	58.13	64.81	-£6.68

Therefore, in reviewing the above information, and considering the differences in the male and female hourly rates there are various factors which may be causing this pay gap, including length of service as traditionally the rate of pay has increased with length of service.

Women taking on childcare commitments or taking a career break may be a factor that has caused them to have shorter length of service and has contributed to the gender pay gap.

8. Proportion of Males and Females by Quartile Pay Bands

The above figures can be used to establish if the quartiles are representative of the CCGs workforce profile by gender.

Lower Quartile Pay Band (Bands 2, 3 & 4)

- Female staff are overrepresented in this quartile when compared to the combined workforce by female or a male.

Lower Middle Quartile Pay Band (Bands 5, 6 & 7)

- Female staff are overrepresented in this quartile when compared to the combined workforce by female and male. Through the overrepresentation is slightly lower in this quartile compared to the Lower Quartile Pay Band.

Upper Middle Quartile Pay Band (Bands 8a, 8b, 8c, 8d & 9)

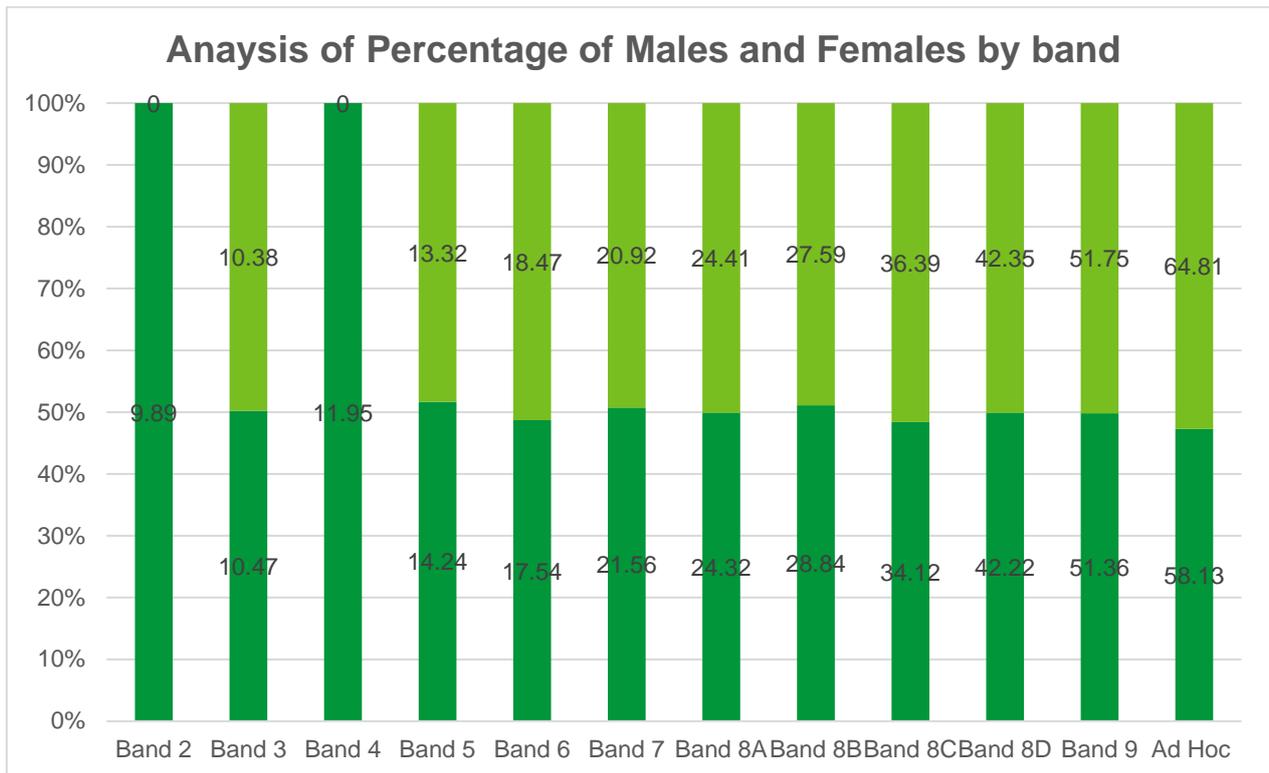
- There are more females than males represented when compared to the overall workforce, however the hourly pay rate for males is £2.27 per hour higher than females in band 8c. Further work is required to reduce this pay gap and to ensure parity. Next steps are detailed within the action plan, to address this.

Upper Quartile Pay Band (Ad hoc salary scales & VSM)

- Female staff are overrepresented in this quartile when compared to the combined workforce by female or male, however males earn £6.68 per hour more than females. This demonstrates that there is further work to be undertaken to reduce this pay gap within the more upper pay quartile pay bandings.

The reasons for overrepresentation in the lower and lower middle quartile may be attributed to historical factors such as preferred part time working arrangements for women with families or who have carer commitments. It is important to consider the various types and roles available as well as other considerations within the organisation and the different gender profiles that occur within specific roles.

This graph below shows the percentage of males and females by banding and shows that within the lower pay bands females occupy a higher percentage of Bands 2 and 4, and males occupy a slightly higher percentage from Bands 8b upwards.



Dark Green – Females
 Lighter Green - Males

9. Next steps regarding Gender Pay Gap

This full gender pay gap report as required by law and is based on the workforce composition as at 31st March 2021. This report provides an in-depth analysis to examine the gender composition within each pay band. The findings of this first report will be shared with the Executive Team, Governing Body and Colleague Partnership Forum for their input, with a view to developing further reporting and monitoring and to work towards the gender pay gap action plans in 2021/2022.

The 2021 Gender Pay Gap Report will be published both internally and in the public domain. Following this report an action plan will be developed, which will aim to address any inequalities experienced by men or women in the workforce and to enhance the experiences for both genders within BSW CCG.

10. Summary

The gender pay gap at BSW CCG has reduced since 2020. The overall mean gender pay gap has decreased from 50.52 % to 39.67% as of 31 March 2021 and there has been an increase to the mean hourly rate for females from £19.76 in September 2020 to £21.66 as of 31 March 2021. This shows that improvements are being made and the pay gap is being reduced for BSW CCG.

The reasons for the overrepresentation of females in the lower and lower middle quartile may be attributed to historical factors such as preferred part time working arrangements for women with families or who have carer commitments. Therefore, it is important to consider the various types and roles available within the organisation and that all roles should be available on a part time or flexible working pattern.

In order to understand what may have contributed to the difference in the rates of pay between males and females, we will complete a deep dive analysis for all colleagues that currently occupy Band 6, Band 8c and Ad Hoc & VSM to review all factors in the determination of pay to identify which factors have impacted on the mean hourly pay gap.

Further work will also be undertaken to benchmark the gender pay gap variance against like for like organisations in the NHS, and to review the gender pay gap of BSW to other similar organisations, this is further outlined within the recommendations section of this report.

11. Recommended Actions for the CCG:

Recommendation	Actions Underway	Action Required	Target Date	Responsible for Action
To review all roles that are advertised and ensure that there is consideration to roles being available on a part time/flexible working basis.	The HR Framework has been published and asks all organisations to review flexible working options	Review of roles due to advertisement. Review of appointments made to less than full time	April 2022	CSU HR
To check for any gender bias within the CCGs recruitment, selection and appointment process.	We have held training on unconscious bias and EDI and have plans in place for mandatory recruitment training for all line managers.	To review the Recruitment, Selection and appointment process documentation and policies.	April 2022	CSU HR
To further monitor applicants by gender and to report on the outcome in the 2022 gender pay gap report.	To continue to monitor applicants by gender.	To monitor the applications received by gender and provide reporting for this.	April 2022	CSU HR
To complete a deep dive analysis for all colleagues in Band 6	Currently reviewing all colleagues in Band 6 to identify the factors that have influenced a higher mean average rate of pay for males	Review all factors in the determination of pay to identify which factors have impacted the mean hourly pay gap.	May 2022	CSU HR / CCG People Team
To complete a deep dive analysis for all colleagues in Bands 8c and Ad Hoc & VSM	Recommendations in the CCG GPG report	Review all factors in the determination of pay to identify which factors have	May 2022	CSU HR / CCG People Team

Recommendation	Actions Underway	Action Required	Target Date	Responsible for Action
		impacted the mean hourly pay gap.		
To benchmark the GPG variance to like for like organisations in the NHS	Currently collecting this data	To review the GPG gap of BSW to other similar organisations	May 2022	CSU HR

Meeting of the BSW CCG Governing Body

Report Summary Sheet

Report Title	Annual Emergency Preparedness Resilience and Response Assurance Report 2020/21						Agenda item	12
Date of meeting	17 February 2022							
Purpose	Approve		Discuss		Inform	X	Assure	X
Executive lead, contact for enquiries	Julie-Anne Wales Director of Corporate Affairs and Data Protection Officer							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Not applicable							
Executive summary	<p>The purpose of the report is to:</p> <ul style="list-style-type: none"> Outline the current position of BSW CCG and BSW system against its requirements under the NHS England EPRR Core Standards in support of the legal requirements under the Civil Contingencies Act 2004 and Health and Social Care Act 2012. Confirm that BSW CCG has been assured as <i>Substantially Compliant</i>. Confirm the compliance of key providers EPRR Assurance position. 							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The Governing Body is asked to accept this report and note the assurance and feedback provided by NHSE England and NHS Improvement.							
Link to Board Assurance Framework or High-level Risk(s)	This report is linked to the risk BSW 18 Moderate Risk – EPRR Readiness to cope with significant incidents							

Report Title	Annual Emergency Preparedness Resilience and Response Assurance Report 2020/21				Agenda item	12
Risk (associated with the proposal / recommendation)	High		Medium	X	Low	N/A
Key risks	The key risk is that the CCG will not be able to fulfil its role in supporting the local health economy in its response to an emergency incident whilst maintaining high levels of service for the local population.					
Impact on quality	Effective arrangements for the management of any emergency within the health economy will support the ongoing provision of high-quality care for patients.					
Impact on finance	Effective arrangements for the management of any emergency within the health economy should minimise any financial consequences.					
	Finance sign-off: Not required					
Conflicts of interest	No conflicts of interest have been identified					
This report supports the delivery of the following CCG's strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input checked="" type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input checked="" type="checkbox"/> Preparing to become a strategic commissioner					
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan					



Bath and North East Somerset,
Swindon and Wiltshire
Clinical Commissioning Group

Bath & North East Somerset, Swindon and Wiltshire Emergency Preparedness, Resilience and Response (EPRR) Assurance Position Statement 2021

Summary of the BSW Integrated Care System

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1. Executive Summary

This assurance summary has been completed by Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group in fulfilment of the NHSEI South West Emergency Preparedness Resilience and Response (EPRR) Core Standards assurance process. The summary includes the following elements:

1. Final provider assurance levels for the last three years
2. Details of partially compliant organisations
3. Areas of notable EPRR best practice

The summary findings of providers should be noted in the context of responding to a protracted Covid-19 incident response, EU Exit and continued demand and capacity challenges. It would also be fair to say that BSW has had a number of ‘curve balls’ thrown into the ongoing response which has meant any return to business-as-usual activity for EPRR colleagues hasn’t been as successful as hoped because a number of response plans and support has had to be prepared at pace e.g., school aged covid-19 vaccination programme, extended seasonal flu programme, Managed Quarantine Service, humanitarian repatriation efforts in support of Afghanistan, Bridging Hotels and an Asylum Seeker hotel.

2. BSW CCG Assurance Position Statement

The following provides a position statement from last year’s assurance and confirmation of this year’s position confirmed by NHS England and Improvement on 3rd December 2021.

	2020	2021
Bath & North East Somerset, Swindon & Wiltshire CCG	Substantial	Substantial

Summary of compliance concerns:	<p>Areas of partial compliance fall largely into:</p> <ol style="list-style-type: none"> 1. Mass Casualty (core standard 18) 2. Business Continuity (core standard 32 & 51)
Summary of improvement monitoring process:	<p>Mass Casualty (core standard 18)</p> <p>At the time of the confirm and challenge meeting the BSW Incident Response Plan did not reference mass casualty incidents. However, this has been rectified with links to local mass casualty planning arrangements and the development of a systemwide Emergency Treatment Centre plan prepared to support ‘walking wounded’ casualties in such a scenario</p> <p><i>Action – No further action required. Full compliance.</i></p> <p>Business Continuity (core standard 32 & 51)</p>

	<p>A review of business continuity plans, and procedures is required however it should be noted that the CCG has effectively been utilising current plans to maintain business as usual alongside the protracted response to Covid-19 and escalation challenges</p> <p><i>Action – A review of all business continuity processes is planned early Spring 2022.</i></p>
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3. BSW Providers' Assurance Position Statement

As a result of the response to COVID-19 and several concurrent events experienced from September 2019 to date, providers have built solid EPRR foundations and tested all elements of plans, managed a protracted command and control structure and used the response to continue to reflect and take forward continued learning.

Organisation	2019	2020	2021
Great Western Hospital NHS Foundation Trust	Substantial	Substantial	Substantial
Royal United Hospital NHS Foundation Trust	Substantial	Substantial	Substantial
Salisbury NHS Foundation Trust	Full	Full	Full
Medvivo	Full	Full	Full
Virgin Care BaNES	Partial	Substantial	Substantial
Virgin Care Wiltshire	Substantial	Substantial	Substantial
Wiltshire Health and Care	Substantial	Substantial	Substantial

4. Areas of Notable EPRR Good Practice

As a system the last year has strengthened relationships with the number of additional challenges that have occurred alongside the protracted response to Covid-19, disruption of supplies, establishment of a Managed Quarantine Hotel, Asylum Seeker Hotel and two Bridging Hotels as well as continued demand and capacity impacting all providers across health and social care. BSW could not have managed without all health and social care partners input and indeed support from both Avon & Somerset and Wiltshire & Swindon (W&S) Local Resilience Forum (LRF) colleagues.

Mutual Aid

The close operational and tactical working across BSW and both LRFs meant that support from other Category One responders was offered in support of staffing challenges in NHS organisations and support with use of venues for the Covid-19 Vaccination programme.

Staffing was utilised with the acutes for portering, HR support to recruitment for vaccination programme, staff supporting the vaccination centres, staff to assist in the hospital mortuaries moving bodies from wards to the mortuary and meeting funeral directors, security guidance around vaccination sites and direct support with anti-vaxx protests experienced.

Notwithstanding robust communication arrangements with sharing of public messages warning and informing the public where appropriate e.g., sharing of vaccination programme across their networks thus reaching a far wider audience.

It should be noted that all providers have stepped up over the last year to offer support whether that be staff, supplies and or clinical equipment.

NHS Support to Managed Quarantine Hotel, Asylum Seeker Hotel and two Bridging Hotels

These 3 projects were led by national government departments and set up at short notice with little guidance or direction to the local teams expected to support the facilities. An NHS group was pulled together supported by W&S LRF to agree patient pathways for the 3 facilities that meant guests in the facilities had the most appropriate level of healthcare and alleviated as much pressure as possible on local NHS organisations by collaborative working, jointly agreed risks, and robust information sharing.

Covid-19 Vaccination Programme

BSW system has worked extremely closely with all partners including those of the LRF and voluntary sector to roll out the national Covid-19 programme which frankly hasn't been an easy task alongside business-as-usual activity. This work cannot be underestimated not only vaccinating the public and health and social care colleagues but with the everchanging governance around the programme.

Collaborative working and creative thinking has really enabled the project to reach normally hard to reach groups – who would have thought a boat and a bus would have been part of the roving model to reach all communities!

Robust links with local authority public health and endless webinars, frequently asked question sessions and social media to improve take up and alleviate concerns about the vaccination programme also proved successful.

Training and Exercising

Several Strategic Leadership in Emergencies were delivered across BSW system which involved all providers as well as CCG on-call, this enabled on-call staff to network and run through some short typical scenarios.

A paediatric surge exercise was delivered in August to help review current plans and inform preparation of a BSW Paediatric Surge escalation and triggers plan. An exercise is planned for 23rd November to test the agreed plan.

Medvivo

Medvivo have been a key partner over the last year, their strengths lie with their ability to be flexible in their support and whilst many of the EPRR core standards do not apply to them, they do consider where their support could be of value and what they can do to assist all parts of the system. Medvivo have been assessed as fully compliant.

Great Western Hospital (GWH)

GWH have had to review their service delivery plans to support many 'curveballs' thrown at them, particularly in support of the MQF, Bridging hotels and Asylum Seeker Hotel. These have been done at pace and it has been helpful that many staff from GWH have been involved in the preparations and response to this. This has meant the support has been evidenced as corporate ownership.

Throughout Covid-19 – their internal email briefings should be held as a matter of good practice – they are informative short and concise. In the early days they were daily but have now moved to when required or weekly. Also, staff were invited to nominate staff or services who went over and above and this was shared as part of the briefing. Also, at the start of the incident, staff were invited to nominate a song in relation to how they were feeling, and this was pulled together as a playlist for all staff to listen too!

Royal United Hospital (RUH)

The EPRR team sought financial funding to renew their CBRN decontamination unit. The previous unit was old, outdated and potentially would not have worked. A new unit and associated storage capacity were agreed and is currently being put in place. We are told it's the Rolls Royce of all units!

The unit is about to go live and will be exercised with a live exercise in the New Year.

Salisbury Foundation Trust (SFT)

The team in the last year has significantly increased (albeit some temporary), however this has been reflected in their full compliance rating and their ability to maintain a response to the NHS Alert level 3 and continue with many EPRR activities which would ordinarily be paused e.g., steering group meetings, training and exercising.

EPRR Awareness now forms part of mandatory training for all staff with various methods of learning - online, induction and an EPRR leaflet. An EPRR Awareness week was held 19-23rd July to showcase the EPRR function and share training opportunities with all staff. What a great way to showcase the work!

Virgin Care – BaNES and Wiltshire

Despite a significant role in the protracted response over the last year EPRR leads have worked tirelessly to keep their EPRR workstreams on target. The BaNES team also have the dual role of providing NHS support and social care provision so close work is underway with BaNES Local Authority to ensure rest centre support is provided.

07/12/21

Louise Cadle Head of EPRR

Virgin Care's Wiltshire team must be commended for the outstanding role they played in setting up the school covid-19 vaccination programme across BSW with less than 2 weeks' notice to go live and on top of the extended schools flu vaccination programme this year. An internal critical incident was declared to enable teams to focus efforts on these two crucial programmes. The timing of delivery ran parallel with extended support required at the Bridging Hotels to families with young children.

Wiltshire Health & Care

A review of on-call arrangements has taken place and on-call rota is now split into two, this has provided staff with confidence in their respective roles and enabled more dedicated training:

1. on-call for patient facing / staffing issues supported by those staff who deal with this daily
2. on-call for EPRR type of issues

5. Common Challenges / Issues

Common themes that have been identified across all organisations is the inability to resume normal business as usual activities because of the longevity of the incident response and the amount of additional time that has had to be spent pulling procedures and services together to coordinate the response to some of the additional 'curveballs' thrown in some of which haven't necessarily impacted other EPRR teams across the South West. Many of the processes and response arrangements have had to be built from scratch because of this.

Review of business continuity plans is an area that will need a review over the next year noting the changes to many organisations and service delivery models.

Whilst training and exercising has been delivered it has been virtual and it's not always as effective when people are behind screens, and you lose the richness of conversations that would have been held in person.

Staff fatigue because of the protracted response and continued demand and capacity must not be underestimated.

6. Deep Dive – re Piped Oxygen Resilience

As discussed with NHSEI, providers have submitted the deep dive assurance where appropriate within their assurance returns. These will be shared with estates leads across the system as well.

Appendix A – Provider Assurance Summary

Partially Compliant Core Standards

Great Western Hospital NHS Foundation Trust (GWH)

Organisation:	Great Western Hospital NHS Foundation Trust (GWH)
Summary of compliance concerns:	<p>Areas of partial compliance fall largely into:</p> <ol style="list-style-type: none"> 3. EPRR resource (core standard 5) 4. Governance (core standard 3) 5. Risk (core standard 7 & 8) 6. Business Continuity (core standard 48 & 53)
Summary of Provider improvement monitoring process:	<p>EPRR resource (core standard 5) GWH EPRR staffing resource has increased in the last year to 2 x FTE EPRR posts, by withdrawing EPRR resource support to Wiltshire Health and Care in 2020.</p> <p>Unfortunately, the EPRR Manager has been on long-term sick and subsequently left the organisation. During this period the EPRR Officer stepped up to cover and additional interim resource was put in place to support the ongoing response to Covid-19. A review of responsibilities and salary grading has meant the EPRR Manager has recently been advertised, interviews took place in November and the post has been filled.</p> <p>Governance (core standard 3) As the EPRR assurance was a light touch in 2020, a Board report was not submitted 2021 however a full report of EPRR activity will be tabled in January 2022 and shared with BSW CCG. A review of Governance internally has been completed with a new structure in place to ensure full line of sight to Trust Board.</p> <p>Risk (core standard 7 & 8) An EPRR steering group has been established to provide a robust governance structure to ensure consistency and corporate ownership of EPRR and associated risks. A review of the risk process is underway to fully incorporate EPRR risks as part of GWH Corporate Risk Management Programme to ensure any EPRR risks are reviewed alongside the organisation's risk process. This review will be completed and embedded by March 2022</p> <p><i>Action – BSW CCG Head of EPRR is monitoring progress of this action and with the intention of completion by March 2022</i></p>

	<p>Business Continuity (core standard 48 & 53) CS 48 - Following events over the last 18 months, GWH are reviewing their Business Continuity Policy as part of an overhaul of processes. This is to be agreed by June 2022.</p> <p>CS 53 – A more formal audit process is being developed and integrated in to the governance structure. Learning will be incorporated into plans and reported within the Board report in January 2022.</p> <p><i>Action – BSW CCG Head of EPRR is monitoring progress of this action and will feedback on progress with the intention of completion by June 2022</i></p>
Summary of any support requested/required:	No support has been requested. BSW CCG has shared its EPRR Corporate Risk Register with GWH for information.

Royal United Hospital NHS Foundation Trust

Organisation:	Royal United Hospital NHS Foundation Trust
Summary of compliance concerns:	Areas of partial compliance fall largely into: <ol style="list-style-type: none"> 1. Business Continuity 2. CBRN/Hazmat planning
Summary of Provider improvement monitoring process:	<p>Business Continuity (core standard 51 and 53) An internal review of business continuity is underway following events over the last 18 months with a series of planned internal audits to review and agree divisional plans.</p> <p><i>Action – BSW CCG Head of EPRR is monitoring progress of this action and will feedback at quarterly intervals.</i></p> <p>CBRN / Hazmat Planning arrangements (core standard 57 and 59) A new decontamination unit has been established at RUH to replace an out-of-date unit providing robust arrangements for decontamination. This means that the trust’s CBRN response plans remain mostly valid however because of changes to the estate and storage of kit, plans need to be amended to reflect the new unit.</p>

	<p><i>Once the unit is fully functioning all staff will be provided with training on the new unit and refresher as appropriate.</i></p> <p><i>A live CBRN decontamination exercise will be carried out with the new unit to consolidate plans and training.</i></p> <p><i>BSW CCG Head of EPRR is monitoring progress of this action and will feedback at quarterly intervals.</i></p>
Summary of any support requested/required:	Potential support required for the CBRN Live exercise.

Virgin Care BaNES

Organisation:	Virgin Care BaNES
Summary of compliance concerns:	<p>Areas of partial compliance full largely into:</p> <ol style="list-style-type: none"> 1. Mass Casualty 2. Shelter & Evacuation 3. Lockdown
Summary of Provider improvement monitoring process:	<p>Mass Casualty (core standard 18)</p> <p>This core standard is marked as partial however it should be noted that Virgin Care does have robust surge and capacity plans that would be utilised to support any mass casualty scenario whether that be supporting P3 'walking wounded' or escalated discharges to support admissions to acute trusts. Virgin Care are keen to review their mass casualty plans and align to any lessons identified from Salisbury rail crash and the recently updated BSW Emergency Treatment Centre Plan.</p> <p><i>Action – BSW CCG Head of EPRR is monitoring progress of this action and will feedback at quarterly intervals.</i></p> <p>Shelter and Evacuation (core standard 20)</p> <p>Virgin Care has a unique role within incident response being a provider of NHS services and Local Authority social care. This core standard is marked as partial because detailed planning is underway in supporting BaNES Council in their rest centre plans and a training programme is underway for Virgin Care staff.</p> <p>From an NHS perspective Virgin Care has plans in place for its staff and patients in relation to shelter and evacuation.</p>

	<p>This partial compliance is in relation to the local authority support only.</p> <p>Lockdown (core standard 21) Processes for locking down sites need to be reviewed (although they have been tested on several occasions over the last year when inpatient areas were closed for infection prevention). With the changes to sites, fewer people working in offices, plans are due a review</p> <p><i>Action – BSW CCG Head of EPRR is monitoring progress of this action and will feedback.</i></p>
Summary of any support requested/ required:	<p>CBRN / Hazmat – it was felt that plans and further training could be carried out for MIU staff. This will be picked up as part of the LHRP work plan.</p> <p>Strategic Leadership in an Emergency – several new senior members of staff have come into post and will require training going forward. Support for delivering SLE training would be helpful.</p>

Virgin Care Wiltshire

Organisation:	Virgin Care Wiltshire
Summary of compliance concerns:	Areas of non-compliance full largely into: 1. Business Continuity
Summary of Provider improvement monitoring process:	<p>Business Continuity (core standard 50) Business Continuity plans are in place, but a review is required to incorporate changes to services following on from lessons identified over the last year.</p> <p>Virgin Care – however are confident their plans are still fit for purpose should a business continuity incident impact them.</p> <p><i>Action – plans to be reviewed by Spring 2022.</i></p>
Summary of any support requested/ required:	Strategic Leadership in an Emergency – several new senior members of staff have come into post. Support for delivering SLE training would be helpful.

Wiltshire Health and Care

Organisation:	Wiltshire Health and Care
Summary of compliance concerns:	<p>Areas of non-compliance full largely into:</p> <ol style="list-style-type: none"> 1. Business Continuity Audit (core standard 53) 2. Equipment and supplies (core standard 60) 3. Staff training decontamination (core standard 68)
Summary of Provider improvement monitoring process:	<p>Business Continuity (core standard 53) There is an outstanding action around governance processes for WHC Audit Committee to align business continuity into the risk process. A meeting is being held on 16th November 2021 to address this with further quarterly meetings to be put in place to review.</p> <p>Equipment and supplies (core standard 60) A review of equipment and supplies hasn't been carried out in 2021. This will be rectified by the end of March 2022 alongside a review of training for CBRN Hazmat response arrangements. There are ample stocks of supplies, but a formal inventory record hasn't been carried out.</p> <p><i>Action – BSW Head of EPRR to review action in the next quarter.</i></p> <p>Staff Training decontamination (core standard 68) MIUs have been closed for walk in appointments until very recently and with staff changes, there is a requirement to provide basic CBRN training to frontline staff working in the MIUs. Work is underway to complete this</p> <p><i>Action – BSW Head of EPRR to review action in the next quarter.</i></p>
Summary of any support requested/required:	<p>As with Virgin Care BaNES it was agreed that the CBRN / Hazmat – it was felt that plans and further training could be carried out for MIU staff. This will be picked up as part of the LHRP work plan.</p>

Meeting of the BSW CCG Governing Body

Report Summary Sheet

Report Title	Risk Management						Agenda item	13
Date of meeting	17 February 2022							
Purpose	Approve		Discuss	✓	Inform	✓	Assure	✓
Executive lead, contact for enquiries	Julie-Anne Wales, Director of Corporate Affairs							
This report concerns	BSW CCG	✓	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	The Corporate Risk Register, Risk Map and Board Assurance Framework have been reviewed by the Executive Team, the Senior Leadership Team, and the Risk Management Panel.							
Executive summary	The purpose of this paper is to present the risks on the CCG's Corporate Risk Register and Board Assurance Framework for comment and for the Governing Body's assurance that risk management remains integral to its current work.							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The Governing Body is asked to note the report and to make any comments or suggestions regarding the nature of the risks identified; the content; or format of the report.							
Link to Board Assurance Framework or High-level Risk(s)	The latest BAF has been included.							
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	✗
Key risks	This paper identifies the key risks that face the CCG.							

Report Title	Risk Management	Agenda item	13
Impact on quality	This risk management process includes the management of quality risks.		
Impact on finance	This risk management process includes the management of financial risks.		
	Finance sign-off: N/A		
Conflicts of interest	None identified.		
This report supports the delivery of the following CCG's strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input checked="" type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input checked="" type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Risk Management

1. Executive Summary

- 1.1 The purpose of this paper is to present the risks on the CCG's Corporate Risk Register and Board Assurance Framework for comment and for the Governing Body's assurance that risk management remains integral to its current work.

2. Recommendation(s)

- 2.1 The Governing Body is asked to note the report and to make any comments or suggestions regarding the nature of the risks identified; the content or format of the report.

3. Background

3.1 Corporate Risk Register and Risk Map

There are currently 28 risks on the Corporate Risk Register (CRR), with 11 risks scoring as High / Red having a current score of 16 or over. A further 17 risks are scored as Moderate / Amber, with scores between 9 and 15.

The risk categories that have the highest number of High / Red risks is that of 'Capacity and Capability', with 5 risks and 'Public, Patient and Staff Safety including Clinical Harm' with 4 risks.

New Risks

There were six new risks added to the Corporate Risk Register since the Governing Body last considered the Corporate Risk Register and Risk Map. They were:

- BSW 53 Cancer Recovery
This new risk relates to access and long waiters. There is a risk that patients may come to harm as a result of long waits for cancer diagnosis and treatment, due to coming forward later with symptoms that reflect more advanced disease together with capacity limitations in secondary care. This risk has been scored as 12 (4x3).
- BSW 54 Parity of Stroke Services
As outlined in the Long Term Plan (LTP), the NHS recognises the importance of tackling the growing impact of stroke in England, with stroke listed as the fourth single leading cause of death in the UK and the single largest cause of complex disability.
In Wiltshire, there is a risk that the current stroke service provided by Wiltshire Health and Care, does not meet the National Stroke Service specification / requirements due to a lack of clinical staff in this area, which in turn does not support the vision of the LTP.
This risk has been scored as 12 (4x3).

- BSW 55 Transition

The BSW CCG will be closing down at the end of March 2022 and a new organisation will be established from the 1st of April 2022. There are a range of activities that must be undertaken to deliver a safe transition from one organisation to the other.

There are risks related to publication of national guidance; multiple demands on limited system capacity and the slow response of 3rd party suppliers which may result in delays to the process.

The major risk post transition is the loss of organisational memory as a result of changes in leadership during this crucial period and this loss will carry over into the new organisation.

This risk has been scored as 12 (3x4).

- BSW 56 Major Procurements

BSW CCG will be making several decisions relating to the procurement of significant services which will become the responsibility of the Integrated Care Board (ICB) from April 2022.

The CCG has to manage the conflicts of interest in play in respect of these decisions and a truly transparent and inclusive process of decision making is therefore not possible.

In respect of some of these procurements, the CCG is commissioning services in partnership with a partners such as the local authority. If partners perceive they are negatively impacted and have not been able to influence the decision, they may be unhappy with the outcome and wider implications for them and may seek to undermine the outcome which may cause delay, damage working relationships and this would be detrimental to patients.

Additional system responsibilities of the ICB, for example to support partners within the system to be financially sustainable, adds complexity to the decision making process.

This risk has been scored as 15 (3x5).

- BSW 57 Great Western Hospital PCN

During 2019, Swindon CCG transferred five GP Practices run by Integrated Medical Holdings (IMH) to other local providers.

It was agreed that all the practice transfers resulting from the IMH withdrawal would be supported by Section 96 agreements to provide additional resources and investments. There were no local Practice expressions of interest for supporting Abbey Meads and Moredon practices (a combined list of approx. 30,000 patients) and GWH FT agreed to acquire the practices via a 10 year Alternative Provider of Medical Services (APMS) Contract and acquire Abbey Meads via an in perpetuity Personal Medical Services (PMS) Contract on 27.11.19.

This in effect created the GWH Primary Care Network (PCN). By taking on the practices it was recognised that GWH would be inheriting significant delivery

and care issues, including problems with the surgery buildings and staffing structures; Swindon CCG therefore formulated an agreement with GWH to cover excess financial pressures for three years, from November 2019 to November 2022.

The agreed target was to put the practices on a sustainable performance and financial footing by the end of 2022. There is a risk that the recovery timeline will exceed the 3 years previously agreed. Within this, the risk of financial pressures will continue and may exceed the financial envelope.

This risk has been scored as 16 (4x4).

- BSW 58 Midwifery Staffing

There is an increased risk of maternity services needing to divert care due to vacancies and staffing issues in midwifery over the next 2- 3 month period, whilst awaiting recruited staff to commence in post.

There are concerns relating to potential risk in not being able to recruit sufficient midwives to cover vacancies. This is impacted by the pandemic and the increased need for staff to isolate due to COVID contact.

The impact on obstetric staffing is also impacting on the ability to recruit an obstetric safety lead for LMNS and mental health psychological wellbeing midwives for LTP transformation relating to Maternal Mental Health.

There is also an increased risk of suspension of home birth or midwifery led place of birth choices and a potential risk of adverse outcomes for women and babies due to demand versus capacity.

This risk has been scored as 16 (4x4).

Closed Risks

Three risks on the Corporate Risk Register were closed by the Risk Management Panel. These related to:

- BSW 46 The Development of ICS and the future of the CCG

The Panel agreed to close this risk as it is covered in Priority 1 of the Board Assurance Framework, so was duplication;

- BSW 41 Patients being prescribed HCQ in acutes are not receiving eye screening as per RCOphthal

The Panel agreed to close this risk as the issue had been discussed at QPAC and the overall view was that this is a trust-level risk not CCG level risk; all acutes should be offering the necessary eye screening when prescribing HCQ, as part of normal business.

- BSW 07 Delay in the Maternity Transformation Plan

The Panel agreed to close this risk as sufficient progress had been made to reduce the risk score to 6.

Deep Dives

Two deep dives have taken place at the Risk Management Panel since the Governing Body last considered the Corporate Risk Register. They were:

- A Deep Dive focusing on cancer performance, access and long waiters. This comprehensive presentation outlined the performance targets for cancer and the current position for providers within this ICS.
In summary, there are fewer longer waiters and a greater volume of patients being seen, diagnosed and treated compared to a pre-Covid baseline and better performance in BSW than regional and national averages.
- A Deep Dive around the BSW Local Maternity and Neonatal System (LMNS). This detailed presentation focused on the risk management processes of the LMNS and outlined the current risks that face the service, potential risks and actions undertaken to mitigate the risks.

3.2 Board Assurance Framework

A Board Assurance Framework (BAF) for 2021 / 2022 has been developed and sets out the risks to the CCG achieving its strategic objectives.

As the CCG will cease to exist as a legal entity from the 1st of April 2022, a decision has been made to base the BAF on the corporate objectives agreed for the CCG in 2021/22.

The eight objectives that have been identified are as follows:

1. Workforce recovery, health and wellbeing;
2. Recovering from COVID;
3. Developing the ICS to meet expectation set out in Integrating Care and in preparation for April 2022;
4. Improving Patient Quality and Safety and embedding our system approach;
5. Ensuring Financial Sustainability;
6. Transforming services and developing local priorities;
7. Running things well;
8. Enablers.

Each objective has an Executive owner of the risk and an overall risk rating and risk appetite. The risks to delivering the objective are identified as well as actions to mitigate the risk and to fill any identified gaps in the controls and assurances.

4. Other Options Considered

4.1 None.

5. Resource Implications

5.1 None.

6. Consultation

6.1 The Corporate Risk Register is reviewed by the Executive Team, the Senior Leadership Team and the Risk Management Panel.

7. Risk Management

7.1 This paper identifies the key risks that face the CCG.

8. Next Steps

8.1 None.

BSW 08	Quality and Patient Experience	Moderate	Maternity records interoperability may be delayed	29-Nov-19	Lucy Sibley Director of Transformational Programmes	Sandra Richards, LMS Project Mileste	29-Jan-22	3	3	Threat	<p>Risk that Maternity IT systems will not be compliant with ISOX standard to submit data to MSSO/26 and that national target for volume of maternity digital care records with all women in BSW being able to access records through hand-held electronic devices by 23/24 may not be achieved due to financial costs and work required to identify solution for interoperability between the three provider maternity systems.</p> <p>Aligned work with BSW digital board and interoperability group.</p> <p>Women have hand-held paper maternity records currently.</p> <p>Successful BSW bid for Wi-Fi enabled laptops - currently being built by provider trusts.</p> <p>LMS agreement to fund maternity digital project manager to scope project and recommend solutions (short and longer term).</p> <p>Amendments to action plan - digital lead suggested short term outsource for initial mapping of interdependencies between BSW draft digital strategy and maternity digital requirements prior to recruiting maternity digital project manager - considering options.</p> <p>Maternity national digital team contacted regarding possible national ICE solution for blood results sharing between maternity services.</p>	<p>1. LMS project milestone to explore interim of agreements with neighbouring provider maternity services for ICE access to results for women with cross boundary care provision.</p> <p>2. TPP Hub for maternity access to system One for midwives working in community hubs to be investigated</p> <p>3. SR to discuss with SFT IT lead to identify provider care led for volume</p> <p>4. Funding for Initial Phase Personalised care plan record agreed at LMS programme board Dec 2020.</p> <p>5. Each maternity provider to complete digital strategy for maternity by March 2022</p>	<p>1. End of October 2020</p> <p>2. End of October 2020</p> <p>3. Dec 2021</p> <p>4. Dec 2020</p> <p>5. 30 March 2022</p>	Sandra Richards, LMS Project Mileste	<p>National maternity digital lead contacted and telephone conversation with lead took place</p> <p>TPP digital lead advice requested regarding options for maternity digital project lead and scoping. Support provided.</p> <p>12.02.20 - West of England A&EB offer to contribute support to joint maternity/mental health project lead for BSW digital project manager.</p> <p>20.06.20 - Project team now commissioned to scope BSW Maternity and Mental Health digital options (shared support also working 1 day per week for West of England A&EB. Has commenced scoping but initially delayed by Covid situation and unavailability of staff</p> <p>National digital team are not actively progressing ICE solution for blood results sharing for maternity services. LMS project midwife exploring potential IG agreements with bordering Provider trusts including CCG to make results available as interim solution.</p> <p>TPP community hub solution for access to System One for Midwives in community hubs being progressed.</p> <p>10.08.2020 - Delayed by provider availability to discuss specification and admin support. Revised target date a 15.09.2020. 20.20.2020 TPP not yet in place due to no agreement yet from provider to own module to support rollout.</p> <p>20.10.2020 - PWR pilot scoping progressing with planned presentation to Population and Health board November 2020. Working groups in progress- Potential funding issue identified as money allocated may not be sufficient for integration costs</p> <p>20.10.2020 - PWR Board presentation delayed to Dec 2020 board</p> <p>20.11.20 - discussed with deputy business manager Maternity SFT to organise meeting with IT manager</p> <p>15.12.2020 - No update from SFT yet regarding IT lead to support rollout</p> <p>12.02.2021 - No update from SFT - please can this be escalated (need for IT lead to support set up of TPP module for SFT</p> <p>06.04.2021 - tabled for BSW Digital Board April 2021</p> <p>29.06.2021 SFT have amended contracts to provisionally provide TPP access for maternity staff with other providers reviewing. Progress made but risk remains the same</p> <p>13.08.21 All providers progressing plans to provide access to maternity staff to TPP via NHS systems - RSH piloting maternity access through Center GWA4. LMS maternity digital group to be re-commenced in September 21</p> <p>18.01.2022 - Standards in Maternity Executive Scheme now amended so that each Maternity provider has to have a digital strategy in place to meet the targets</p>	On target	*****	3	3	3	
BSW 52	Capacity and Capability	Moderate	Operational plan promises may not be delivered	12/10/2021	Julie-Anne Wales, Director of Corporate Affairs	David Jobbins, Interim Deputy Director Planning and Programmes	16-Dec-21	3	3	Threat	<p>The BSW System has submitted an operational plan for delivery in 2021. This includes a number of commitments covering a wide range of issues. There is no system currently in place to identify lead managers responsible for delivery of all the commitments and to track progress.</p>	<p>The current controls rely on Directors taking responsibility for delivery of the Operational Plan commitments. Where a commitment is part of a current transformation programme, there is a system of highlight reporting to the BSW Partnership Executive meeting. Given the level of pressure currently being experienced in the CCG and across the BSW system, this is not an adequate control. There is a danger we will be prioritising the wrong things if it is not possible to deliver everything and we do not have line of sight of our progress. This will important when we come to</p>	<p>The Transformation Control Centre will create a master list of commitments in the Operational Plan, identify leads and establish a reporting process with appropriate timelines based on the nature of the commitments.</p>	End of December 2021	David Jobbins		On target	---	3	3	3

Last Updated: 10/02/2022

Map of BSW Risks - January 2022

Legend: **High** - Risk Score 16-25 **Mod (moderate)** - Risk Score 9-15 **Low**—Risk Score 1-8 **01** - Unique Risk Identifier

- Capacity and Capability**
- High** 47 Hospital Handover Delays & Ambulance Call Stack Delays
 - High** 11 Demands on Primary Care / GP Practices
 - High** 22 Mental Health & LD/ASD Workforce
 - High** 50 Elective Recovery
 - High** 58 NEW: Midwifery Staffing
 - Mod** 13 Primary Care Workforce
 - Mod** 18 EPRR Readiness to cope with significant incidents
 - Mod** 42 Lack of Community Respiratory Services in South Wiltshire
 - Mod** 51 Contract Management
 - Mod** 52 Operational Plan promises may not be delivered
 - Mod** 53 NEW: Cancer Recovery

- Key NHS Constitutional Targets**
- Mod** 23 Mental Health Performance Targets

- Quality /Patient Experience**
- High** 48 Delays in hospital discharges.
 - Mod** 10 Delay of community hubs for maternity transformation may be delayed
 - Mod** 24 Mental Health Crisis
 - Mod** 09 BSW Local Maternity system will not meet the target for women booked on to a continuity of carer pathway
 - Mod** 08 Maternity records interoperability may be delayed
 - Mod** 54 NEW: Parity of Stroke Services
 - Low** 07 Delay in Maternity Transformation Plan

- Information Governance**
- Mod** 14 IT / Cyber Security risk for BSW

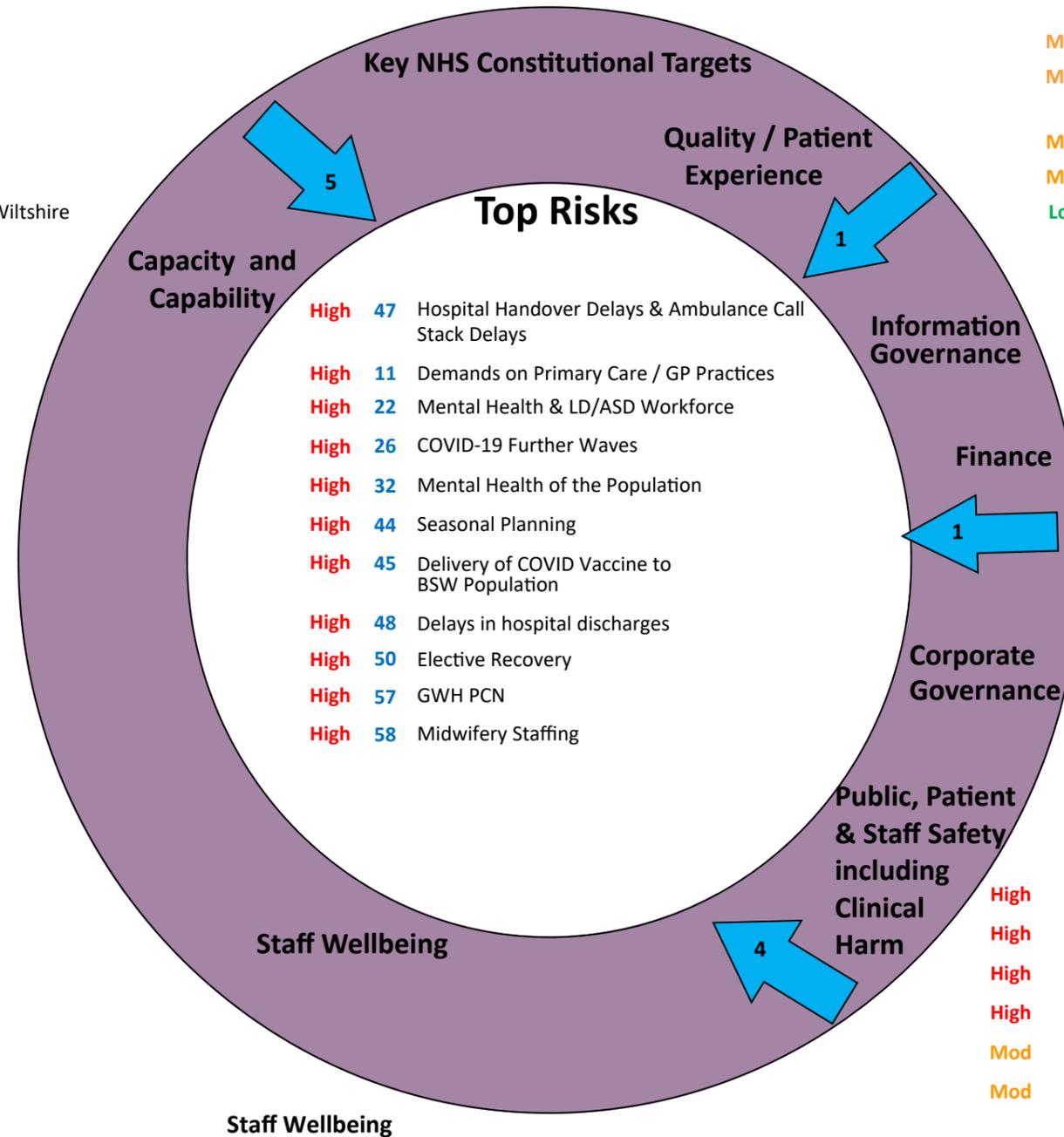
- Finance**
- High** 57 NEW: GWH PCN

- Corporate Governance**
- Mod** 56 NEW: Major Procurements
 - Mod** 55 NEW: Transition

Public, Patient and Staff Safety including Clinical Harm

- High** 26 COVID-19 Further Waves
- High** 32 Mental Health of the Population
- High** 44 Seasonal Surge Planning for 2021 / 2022
- High** 45 Delivery of COVID Vaccine to BSW Population
- Mod** 06 Provider Elective Performance
- Mod** 01 Diabetes

Risk statistics	Mod	High	Low	Total
Corporate Governance	2	0	0	2
Capacity and Capability	6	5	0	11
Staff Wellbeing	0	0	0	0
Finance	0	1	0	1
Information Governance	1	0	0	1
Key NHS Constitutional Targets	1	0	0	1
Public, Patient and Staff Safety including Clinical Harm	2	4	0	6
Quality/Patient Experience	5	1	0	6
Total	17	11	0	28



Summary					
Executive owner(s) of risk	BSW Priority	Overall risk rating	Risk appetite	Strength of controls	Strength of assurance
1 Alison Kingscott and Sheridan Flavin Directors for People and OD	Workforce recovery, health and wellbeing Health and wellbeing recovery; recruitment, retention and supply; clinical placements; new ways of working, collaboration across health and care workforce planning and flexible deployment Support colleagues to thrive in the changing environment in which the CCG is operating and prepare them to transfer from the CCG into the ICS Actively drive the equality agenda in relation to CCG workforce Improve colleague satisfaction and engagement. Support and monitor the implementation of directorate action plans following the staff survey. Developing our leaders to work collaboratively across the BSW system Provide a suite of training and education programmes to build the skills of all CCG colleagues Work with strategic workstreams to develop system architecture and local system working arrangements i.e. as an ICS, the three localities/integrated care alliances and at neighbourhood Support the BSW Academy to establish professional leadership networks Refresh the BSW People Strategy and Continue to implement the CCG People Strategy Supporting CCG colleagues to embrace and work in an agile way	8: Low risk	1-8: Low risk	No gaps	Some gaps
2 Richard Smale, Director of Strategy and Transformation and Ruth Grabham, Medical Director; Gill May, Director of Nursing and Quality; Julie-Anne Wales, Director of Corporate Affairs; Mark Harris, Director of Commissioning; Jo Cullen, Director of Primary Care; Corinne Edwards; Elizabeth Disney; David Freeman; Chief Operating Officers: B&NES; Wiltshire and Swindon	Recovering from COVID Continue to co-ordinate the BSW System response to COVID and prepare as appropriate to respond to intelligence regarding future waves Ensure capacity is in place to continue to deal with COVID demand: including critical care; recruitment, retention and supply strategies; flexible workforce deployment, maximising bed capacity, developing virtual wards, seasonal delivery of elective capacity. Restore service delivery in Primary Care - recovery of access to pre pandemic levels, support to COVID (home oximetry and vaccination), re-introduction of QOF and long term condition management reviews. Recovery maximum elective activity possible taking into account opportunities to transform service delivery - focus on clinical urgency, very long waiters and health inequalities; work with IS; develop community diagnostic hubs. Restore full operation of all cancer services to pre pandemic levels, 62 days cancer performance at 19/20 levels by March 21, deliver faster cancer diagnosis target at 75% by July. Continue to support vaccination programmes and re-vaccination requirements.	6: Low risk	9-15: Moderate risk	No gaps	Some gaps
3 Richard Smale, Director of Strategy and Transformation and Tracey Cox, Chief Executive	Developing the ICS to meet expectations set out in Integrating Care and in preparation for April 22 Develop our Care Model transformation programmes including population health management, with effective stakeholder involvement embedded throughout. Ensure addressing inequalities is central to the developments within BSW ICS, including designation of an SRO and clear system objectives Facilitate delivery of, and alignment between the key enabling programmes for workforce, digital and estates. Further our BSW Academy development, including appointment of key individuals, continuation of our System Intelligent Leadership Programme and optimising use of the apprenticeship levy. Continue development of new ICS structures including place based partnership arrangements, neighbourhood/PCN development, provider collaboratives, ICS NHS Board and Health and Care Partnership(s). Develop appropriate agile oversight and governance frameworks to support operating at neighbourhood, place, system and supra-system levels and create a performance oversight framework that aligns with the ambitions of BSW. Develop memorandums of understanding with Regional NHSE/ Improvement teams and between ICS and Place (x3), in line with new proposed BSW System Oversight Framework Ensure all ICS developments promote sustainability in terms of workforce, environmental and financial elements. Continue wider ICS/Regional collaboratives and transition of relevant NHSEI services into the ICS. Develop future arrangements for the commissioning of services in the context of the ICS and new ways of working.	9: Moderate risk	9-15: Moderate risk	Some gaps	Some gaps
4 Gill May, Director of Nursing and Quality; and Ruth Grabham Medical Director, Director of Urgent Care and Flow	Improving Patient Quality and Safety and embedding our system approach Improving quality of care for patients and improving patient experience of care. Develop a System approach to BAU - seasonal planning; diagnostics; immunisations + arrangements for safeguarding, and CHC. Moving towards a system approach to quality oversight and assurance in BSW. Maintaining access to services for patients and restarting services in a measured way to recognise constraints. Reduce the impact of our COVID response on inequalities. Develop common systems and approaches across BSW e.g. monitoring and managing of infection prevention and control. Develop our quality improvement methodology and approaches. The CCG will be equal partners with the Police and Local Authorities to Safeguard Children and Adults. Ensure that any service redesign improves the level of access to health and care by ethnic minority populations.	9: Moderate risk	9-15: Moderate risk	Some gaps	Some gaps
5 Caroline Gregory Chief Financial Officer; and Matthew Hawkins; Mark Harris, Director of Commissioning	Ensuring Financial Sustainability Managing ICS level financial allocations- strengthening financial governance arrangements and optimising system resources. Lead the BSW System Planning Process utilising the resources of the system to deliver a robust plan. Develop robust control mechanisms. Understanding drivers underpinning systems financial challenge and refreshing sustainability programme. Embed the interim financial regime to ensure all organisations costs are being covered. Enable the culture change that is required across BSW to manage resources through shared accountability. Understand the drivers underpinning systems financial challenge and refreshing sustainability programme. Delivering the efficiency benefits associated with new ways of working.	12: Moderate risk	1-8: Low risk	Some gaps	Some gaps
6 Corinne Edwards; Elizabeth Disney; David Freeman; Chief Operating Officers: B&NES; Wiltshire and Swindon and Richard Smale, Director of Strategy and Transformation	Transforming Services and developing local priorities Avoid unnecessary admissions and transform community services Expand and improve Mental Health services and services for people with learning disabilities Delivery improvements in Maternity Care Expand and accelerate roll out of prevention services and personalised care Ensure inequalities lens used to influence priorities for recovery and new service developments Continue to focus on the programmes of work identified by BSW as priorities in our LTP: Ageing Well; LD and Autism; Mental Health and Outpatient transformation Develop and embed population management approaches.	9: Moderate risk	1-8: Low risk	Some gaps	Some gaps
7 Julie-Anne Wales, Director of Corporate Affairs; and Caroline Gregory, Chief Financial Officer; all members of the Executive Team	Running things well Improve our performance in line with the NHS Oversight Framework Ensure good governance at system and locality Meet all our statutory obligations Deliver quality improvement, safety and effectiveness Involve and co-produce with our patients, carers and public. Close down the organisation at the end of March 2022 and ensure safe handover to the ICS Support the governance work to establish the ICS as a legal entity from 1st April 2022.	9: Moderate risk	9-15: Moderate risk	Some gaps	Some gaps
8 Caroline Gregory, Chief Financial Officer	Enablers Harnessing the resources of the whole system to work on delivering our priorities together. Develop performance reporting and outcome measures to monitor progress and the impact on the health and wellbeing of our population. Continue to develop BSW Digital and data capability including roll out of the BSW Shared Care record and improved Business Intelligence Tools. Develop our strategic estates/infrastructure and priorities across BSW. Assess opportunities to work collaboratively across the whole of BSW to increase productivity, reduce duplication and provide resilience.	6: Low risk	1-8: Low risk	Some gaps	Some gaps

Key:

Risk rating	Likelihood of Occurrence				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Very likely
5 Critical	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Controls or Assurances	
Significant gaps	Significant gaps in controls or assurances
Some gaps	Some gaps in controls or assurances
No Gaps	No gaps in controls or assurances

BSW CCG Board Assurance Framework 2021-22

BSW Priority:

1) Workforce Recovery, health and wellbeing

Health and wellbeing recovery; recruitment, retention and supply, clinical placements; new ways of working; collaboration across health and care, workforce planning and flexible deployment

Support colleagues to thrive in the changing environment in which the CCG is operating and prepare them to transfer from the CCG into the ICS.

Actively drive the equality agenda in relation to CCG workforce.

Improve colleagues satisfaction and engagement. Support and monitor implementation of directorate action plans following the staff survey.

Developing our leaders to work collaboratively across the BSW system.

Provide a suite a suite of training and education programmes to build the skills of all CCG colleagues.

Work with strategic workstreams to develop system architecture and local system working arrangements i.e. as an ICS, the three localities/integrated care alliances and at neighbourhood.

Support the BSW Academy to establish professional leadership networks

Refresh the BSW People Strategy and continue to implement the CCG People Strategy.

Supporting CCG colleagues to work in an agile way.

Governing Body:	Governing Body Meeting 17th of February 2022
Executive Owner(s):	Alison Kingscott and Sheridan Flavin, Interim Directors for People and Organisational Development
Date last reviewed:	Risk Management Panel 29th of November 2021

What is the risk to delivering this priority?

The workforce recovery, health and wellbeing priorities are numerous and the need to deliver against these is a challenge. Ensuring that the available capacity is allocated correctly to deliver priorities presents a challenge and not having the capacity or capability regarding workforce to support system partners in delivery of the services to become an Integrated Care System is the biggest risk.

What controls are in place to manage the risk to delivering the priority?

Monthly meeting with CSU HR to review current strategic priorities and operational BAU activities. Monthly meetings with Colleague Partnership Forum (CPF). Monthly Workforce Dashboard to executive team and Quarterly Workforce Report to Exec and SLT, and six monthly report to GB. Regular colleague briefings to drive and support engagement, including Ways of Working drop in sessions aimed at managers and colleagues. Ways of Working and Agile Working survey completed with colleagues in March 2020 and in April 2021 in order to develop the CCG approach to new Ways of Working and reflection in the colleague consultation.

Launch of Ways of Working consultation in support of Agile working. Attendance at SLT by Director of People and OD (DPOD) to support discussions and provide updates on workforce initiatives. Leadership and Development Programmes commissioned via CSU OD; including Me & We programme, EDI and Unconscious bias as well as Change maker programmes; GP Mastermind and Leading Across Boundaries. Pilot in place to attend Wilts Council EDI training and will extend to all CCG colleagues if feedback positive. Coaching and mentoring offer to Exec and SLT members and the publication of the Leadership Academy programmes.

CCG Peoples Strategy update provided to Governing Body in February 2021 and a planned review refresh of the strategy in Q3. Presented to GB 21/10/2021.

CCG WRES report (2020) and action plan in place and ongoing work to deliver against the identified actions. New WRES report (2021) now published on CCG website and action plan updated.

Bi-annual Workforce Report, containing Equality data, presented to Governing Body members on a 6 monthly basis. CCG Colleague Engagement Survey completed on regular basis throughout the year and results shared with Governing Body.

NHS Staff survey participation in 2020 and directorate action plans being developed to be shared with Exec and SLT. A review of action plan progress undertaken and reported on a regular basis to Execs and SLT.

Review of the Workforce governance structure at system level and a member of SCPG and chair of OPDG as well as support to the development of the BSW Academy

What assurance do we have that our controls are working?

Monthly Colleague Briefings and NHS Staff Survey Results provide evidence of how colleagues are feeling and how effective the work that we are completing impacts on colleagues and their working lives. Monthly workforce data demonstrates positive trends and improvement in areas of workforce management. E.g. statutory/mandatory training, appraisal compliance and sickness. The Workforce Data Dashboard is shared with Executive colleagues and Senior Leadership Team for discussion and escalation of any concerns or issues to address. The CCG has a "pulse survey" timetable in place for the rest of the financial year, as per action 2. Health & Wellbeing is a standing agenda item on the Colleague Partnership Forum, which meets monthly. Regular Line Manager Newsletters are sent from the People Team highlighting areas of good practice and resources to support colleagues. Ad Hoc Wellbeing Newsletter sent to all colleagues highlighting resources and support available. Within the Appraisal documentation and process, there is a dedicated section to Wellbeing conversations between the manager and the individual. As part of the transition arrangements, the Wellbeing conversations are planned for January and March 2022.

Are there any gaps in our controls (and what are we doing about them)?

The diversity of the CCG workforce has not significantly changed during the last 6 months and ongoing work on the delivery of the WRES action plan will impact this position. The EDI and unconscious bias training may prove to have an impact on our recruitment decisions and this will be reviewed on a regular basis.

Are there any gaps in our assurance (and what are we doing about them)?

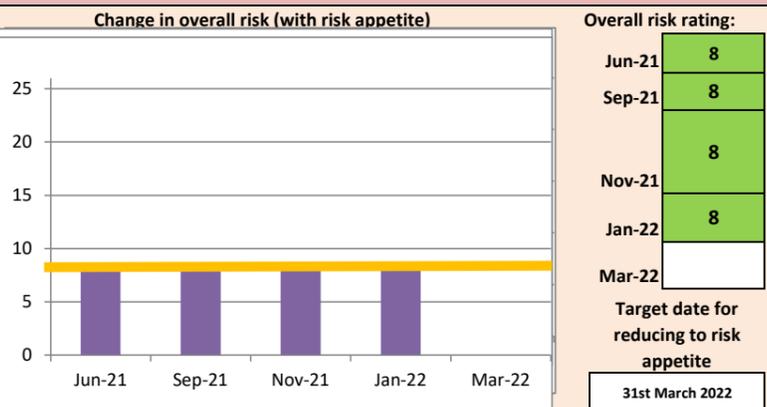
The CCG has made the decision that we will not participate in the national NHS Staff Survey in 2021 due to the white paper impact on CCG's and also need to focus on the outputs of the 2020 Staff Survey. As a result we need to develop a comms and engagement plan to support the review, delivering and publication of action progress arising out of the staff survey results.

Actions to mitigate risk and to fill the gaps in controls and assurance

	Action	By whom?	When?	Progress
1	All directorates to complete action plans in response to the NHS Staff Survey for review by Exec and SLT for information.	SF/AK lead Exec Dir's	End of January 2022	Review of directorate action plans on the Exec meeting agenda on 14 June Plan is currently being reviewed and progress presented to Execs end of January 21.
2	Develop a pulse survey timetable for the remainder of the financial year.	SF/AK lead Jenna Richards / Comms	Q4 21/22 Q1 22/23	Discussion with Comms to be arranged. Completed. 1st survey Oct. 2nd planned for Dec, 3rd for February. Results will inform engagement activities and any additional colleague support and wellbeing. Action Plans for 2nd Q4 and 3rd Q1 surveys. Lead by Comms Team, supported by People Team.
3	Review the CCG People Strategy	SF/AK lead	Q4 21/22	There is a summary of all workforce objectives covering, WRES, NHS Staff Survey, CCG People Plan DPOD personal objectives, this provides oversight of activities and progress supporting the delivery of the CCG's Peoples Strategy. Focus will be where actions have not progressed as planned in Q4.
4	Ensure safe transfer of all colleagues into the ICB as per HR Framework.	SF/AK lead	By end of Q4.	HR Transition Plan setting out clearly the milestones to achieve in order to enact safe transfer which will include consultation, engagement and information.

Overall risk rating: 8: Low risk	Likelihood 2: Unlikely	Impact 4: Major
Strength of controls: No gaps	Strength of assurance: Some gaps	Risk appetite: 1-8: Low risk

Rationale for overall risk rating:
Whilst there is a lot of support in place for the workforce, factors outside of our control such as impact of COVID, workforce fatigue, gaps in workforce numbers, may impact on our ability to recruit and retain a resilient and healthy workforce.



BSW CCG Board Assurance Framework 2021-22

BSW Priority:

2) Recovering from COVID

Continue to co-ordinate the BSW System Response to COVID and prepare as appropriate to respond to intelligence regarding future waves.
 Ensure capacity is in place to deal with Covid demand - including critical care, recruitment, retention and supply strategies, flexible workforce deployment, maximising bed capacity, developing virtual wards, seasonal delivery of elective capacity.

Restore service delivery in primary care - national plan (27.01.22) for the period up until 31.03.22 for Practices and PCN to focus on 3 key priority areas whilst using professional judgement to clinically prioritise care. Continued delivery of general practice services, which includes timely ongoing access for urgent care with clinical prioritisation, the ongoing management of long-term conditions, suspected cancer, routine vaccination and screening, annual health checks for vulnerable patients, and tackling the backlog of deferred care events; management of symptomatic COVID-19 patients in the community; and ongoing delivery of the COVID-19 vaccination programme.

Recover maximum elective capacity possible taking into account opportunities to transform service delivery - focus on clinical urgency, very long waiters and health inequalities; work with IS; develop community diagnostic hubs.

Restore full operation of cancer services to pre-pandemic levels; 62 day performance by March 21; deliver faster cancer diagnosis target at 75% by July.

Continue to support vaccination programmes and re-vaccination requirements.
 Locality Team response to recovering from covid is reflected in the Transforming Services section of the BAF.
 Incorporate recovery from Covid in the Operational Planning for 2022/23.

Governing Body: Governing Body Meeting
17th of February 2022

Executive Owner(s): Richard Smale, Director of Strategy and Transformation

Date last reviewed: Risk Management Panel
29th of November 2021

What is the risk to delivering this priority?

There is a risk of harm to individuals if they are not able to access the services they need in a timely and appropriate manner. BSW will miss the opportunity to make progress in addressing our System Priorities if an effective approach to recovery is not in place:
Recovery from COVID (addressing backlogs and long waiting lists where they exist and taking a clinical risk and reducing inequalities approach);
Improving Flow in and Out of Hospital (home is best - Wherever possible people are supported to be cared for at home, wherever that might be);
Developing new models of care (investing to reshape service provision to deliver improvements in national and locally identified priorities for mental health; learning disabilities and ageing well services) and
Supporting our People (expand and improve services to support our workforce across BSW including wellbeing initiatives, recruitment and retention and the development of the BSW Academy) , it will take much longer to address the impacts of the pandemic on our population.

What controls are in place to manage the risk to delivering the priority?

System wide groups reporting into the BSW Executive Group which has overall responsibility for delivery of the Plan.
 Regular reports to CCG Governing Body and BSW Partnership Board via Performance Report.
 Programme reporting arrangements to demonstrate delivery of our Transformational Projects.
 System groups taking responsibility for delivery of their elements of the Programme - Elective Care Board; Urgent Care and Flow Board; ICA's; BSW LMS Board; LD/ASD Programme Board; Mental Health Thrive Board; Acute Hospitals Alliance and Directors of Finance Group, Primary Care Commissioning Committee.
 Capacity Planning work overseen by the Urgent Care and Flow Board including latest intelligence from PHE regarding COVID modelling.
 Incident Co-ordination Centre is still in place acting as a hub to respond to intelligence and initiate actions system wide.
 BSW Vaccination Delivery Group planning and monitoring delivery of our plans

What assurance do we have that our controls are working?

Elective Recovery and Urgent Care Plans
 Reports to committees and Boards
 Performance Reporting
 Programme Updates
 Weekly Vaccination update reports
 Weekly updates for on call managers and directors regarding system pressures
 Daily System Trigger reports with key metrics for system pressures and monthly COVID Triggers report and COVID deaths reports

Are there any gaps in our controls (and what are we doing about them)?

Primary Care Recovery response to national requirements being developed.
 Ongoing development of key metrics and patient outcomes.
 BSW performance Report undergoing further development and testing.
 Oversight and Delivery Framework approach in development.
 Clarity on how we demonstrate progress in tackling inequalities.

Are there any gaps in our assurance (and what are we doing about them)?

Performance and Programme Reports are not yet adequately demonstrating delivery of key metrics and outcomes for patients
 Agreed performance metrics associated with tackling health inequalities.

Actions to mitigate risk and to fill the gaps in controls and assurance

Action	By whom?	When?	Progress
1 Development of KPIs and outcome measure by System Groups	System Group Chairs	April 22 (part of Operational Planning)	Revision of System Performance Pack ongoing - new metrics being introduced including greater detail around impact on inequality (e.g. Elective recovery, Urgent Care and Flow)
2 Ongoing development of our system performance report to ensure we have effective reporting between organisations, collaborative forums and the BSW Partnership.	LB and JC with BI team	July 22 (as Part of transition to ICB)	ICS Performance pack being redesigned to meet current and future needs of the ICS. Transformation programme highlight reports being generated and shared with Population Health and Care Group and BSW Partnership Executive.
3 Transition of performance management arrangements into ICS/ICB Governance arrangements.	RS	1st July 2022	Clarity on Performance Management process within the ICS/ICB.
4 Primary Care Recovery	PCCC	April 22 (link to Operational Planning)	Ongoing work in localities implementing Winter Access Fund plans that will support all 89 GP Practices across BSW in providing the most appropriate access for all of our patients. Focussed work in developing surge planning across primary care with daily reporting into SHREWD and practice/PCN surge plans Developing suite of documents and support

Overall risk rating: 6: Low risk

Likelihood: 2: Unlikely

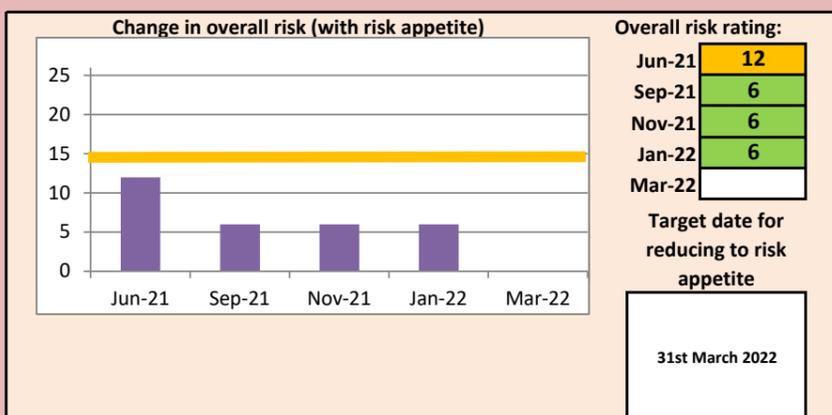
Impact: 3: Moderate

Strength of controls: No gaps

Strength of assurance: Some gaps

Risk appetite: 9-15: Moderate risk

Rationale for overall risk rating:
 Governance forums and reporting arrangements are in place.
 Performance indicators are still in development.



BSW Priority:

3) Developing the ICS

Develop our Care Model transformation programmes including population health management, with effective stakeholder involvement embedded throughout.

Ensure addressing inequalities is central to the developments within BSW ICS, including designation of an SRO, clear system objectives and coordination through the Population Health and Care Group.

Facilitate delivery of, and alignment between the key enabling programmes for workforce, digital, estates and financial sustainability.

Further our BSW Academy development, including appointment of key individuals, continuation of our System Intelligent Leadership Programme and optimising use of the apprenticeship levy.

Continue development of new ICS structures including place based partnership arrangements, neighbourhood/PCN development, provider collaboratives, Integrated Care Board and Integrated Care Partnership.

Develop appropriate agile oversight and governance frameworks to support operating at neighbourhood, place, system and supra-system levels and create a performance oversight framework that aligns with the ambitions of BSW. Extensive work on the development of the System Performance Report to enable effective communication between different forums.

Develop memorandums of understanding with Regional NHSE/I Improvement teams and between ICS and Place (x3), in line with new proposed BSW System Oversight Framework

Ensure all ICS developments promote sustainability in terms of workforce, environmental and financial elements.

Continue wider ICS/Regional collaboratives and transition of relevant NHSEI services into the ICS.

Develop future arrangements for the commissioning of services in the context of the ICS and new ways of working.

Governing Body:

**Governing Body Meeting
17th of February 2022**

Executive Owner(s):

Richard Smale : Director of Strategy and Transformation

Date last reviewed:

**Risk Management Panel
29th of November 2021**

What is the risk to delivering this priority?

Competing operational pressures compromise the time that can be dedicated to the development work (especially relationship building) that is needed to develop successfully as an ICS.

Organisational changes and uncertainty result in a loss of key colleagues and the loss of organisational memory/expertise.

Approaches to short term performance management impact negatively on the development of collaborative working and new governance arrangements.

Communication of developments is not robust or consistent enough across BSW to ensure the depth of understanding and commitment to the changes that is needed across the partner organisations.

What controls are in place to manage the risk to delivering the priority?

A distributed approach to Leadership across BSW is being developed to draw upon a broad skill set, create ownership and share the burden of work associated with the development of the ICS.

Regular staff briefings are conducted, providing an open reflection forum for discussing and understanding the changes and identifying how individuals skills and expertise can contribute to the future success of the ICS.

Development of memorandums of understanding between NHSEI and the ICS and between the ICS and Place (x3) provide a clear framework for operating. Focus on 'measurement for improvement, rather than measurement for judgement'.

Development of effective communication approaches across BSW which ensure consistency of messaging, sharing of information and effective gathering of feedback. Robust stakeholder mapping and engagement activities undertaken.

Readiness to Operate Checklist and System Development Plan submissions.

What assurance do we have that our controls are working?

Demonstrable progress in ICS developments in line with key milestones, combined with effective operational delivery during 2021/22.

Turnover of colleagues remains low, with evidence of progression with BSW.

BSW and NHSEI colleagues working collaboratively on system oversight and providing supportive interventions as and when needed. Place Based Partnerships increasingly able to demonstrate effective self governance arrangements. Indications of favourable outcome and performance metrics will be critical indicators of our success.

Staff surveys and informal networks demonstrate that colleagues feel well informed about the changes that are underway and confident in how they can engage with the process.

Regular updates on Readiness to Operate Statement Checklist

Reviews of System Development Plan.

Are there any gaps in our controls (and what are we doing about them)?

A significant number of our controls should be recognised as in development and will require ongoing refinement during 2021/22 and beyond.

Our performance dashboard is being redeveloped to support the requirements of the ICS.

Are there any gaps in our assurance (and what are we doing about them)?

The evolutionary nature of these changes will impact on our ability to be fully assured during 2021/22. We will need to consider risks and issues that arise on an ongoing basis and determine whether extra assurance mechanisms are required. This should be undertaken in the context that the previous way of doing things was not perfect and needs to change (e.g. our historic effectiveness in tackling inequalities) and that in order to make change happen we will need to take appropriate risks and experiment with different approaches.

Actions to mitigate risk and to fill the gaps in controls and assurance

	Action	By whom?	When?	Progress
1	-ICB Executive Recruitment -System intelligent Leadership Programme. -Structural Dynamics capability -Organisational development support to ICAs -LGA support to Local Authorities -Collaborative work with NHSEI to develop updated System Oversight Framework	Richard Smale, Sarah Green	Jul-22	ICS Chair and CEO appointments made. ICB Executive recruitment end of March, Place Executive recruitment expected in April 2022. Structural Dynamics Cohort 1 & 2 completed. ICA developments impacted by winter pressures, but expected to recommence in February 2022. Viability of adopting the joint committee option at each Place being assessed. Local Authority development session with LGA 4th March ICS System Oversight Framework approved. Financial management arrangements within the ICS under development. Mapping of CCG services into ICS structure underway.
2	ICS Communication and Engagement Strategy - extensive programme of engagement and communications activities aimed at creating an exciting narrative about the future of integrated working within the BSW Partnership. - support to colleagues across BSW to understand and become part of the change process. - Development of Care Model	Tamsin May	April 21- March 22	SRO appointed for comms and engagement. Collaborative discussions between Comms and engagement leads across the ICS. Stakeholder Map developed. Regular staff briefings underway for CCG colleagues via All Colleague briefing and ICS updates a standing item on the CCG Executives Agenda. Updated ICS website and branding developed. Public consultation activity on the Care Model completed. Broad engagement with partner organisations on the Care Model.
3	ICS Transition Programme being managed to provide a framework for coordination and oversight of delivery between June 2021- March 2022.	Richard Smale, Ben Irvine	Delivery milestones until July 2022.	System Development Plan being delivered, with regular check in sessions with NHSE. Focus on delivering as many elements as possible by 31st March to ease transition to ICB in July. Interim operating arrangements between April-June to be confirmed. Readiness to Operate Checklist being used to track progress.

Overall risk rating:

9: Moderate risk

Likelihood

3: Possible

Impact

3: Moderate

Strength of controls:

Some gaps

Strength of assurance:

Some gaps

Risk appetite:

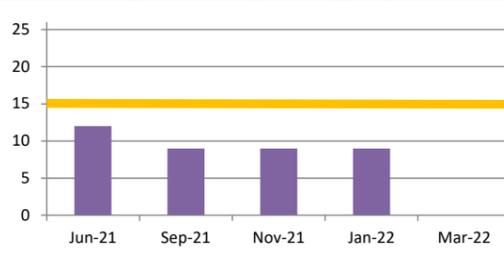
9-15: Moderate risk

Rationale for overall risk rating:

The ongoing development of our ICS is a complex and significant change programme involving multiple stakeholders. It is being undertaken at a time of significant pressures within the system including the ongoing challenge of the Covid pandemic, the delivery of the vaccination programme, the challenge of significant seasonal demand. The workforce is both tired from the challenge of responding to the Covid pandemic and under pressure due to the vacancies and skill shortages that exist. Successful development as an ICS during this period is therefore a significant challenge, but one that organisations across BSW are working together to deliver.

Guidance continues to be released on key elements of ICS development. Careful consideration needs to be given as to the level of change that can be achieved by July 2022 and the further change activities that will need to be undertaken after this date.

Change in overall risk (with risk appetite)



Overall risk rating:

Jun-21	12
Sep-21	9
Nov-21	9
Jan-22	9
Mar-22	9

Target date for reducing to risk appetite

31st March 2022

BSW CCG Board Assurance Framework 2021-22

BSW Priority:

4) Improving Safety and Quality

Improve the quality of care for and improving patient safety and experience of care.
 Develop a system approach to business as usual - seasonal planning; diagnostics; immunisations and arrangements for safeguarding and continuing health care.
 Move towards a system approach to quality oversight and assurance in BSW.
 Maintaining access to services for patients and restarting services in a measured way to recognise constraints.
 Reduce the impact of our ongoing COVID response on inequalities.
 Develop common systems and approaches across BSW e.g. management and monitoring of infection prevention and control standards as a BSW system.
 Develop our quality improvement methodology and approaches.
 The CCG will be equal partners with the Police and Local Authorities to safeguard children and adults.
 Ensure that any service redesign improves the level of access to health and care by ethnic minority populations.

Governing Body:

Governing Body Meeting
17th of February 2022

Executive Owner(s):

Gill May
Director of Nursing and Quality

Date last reviewed:

Risk Management Panel
29th of November 2021

What is the risk to delivering this priority?

Potential for reduced system capacity for specialists / clinical leads to actively engage in key transformation programmes, alongside the ongoing development of systems and processes for effective quality planning, improvement and assurance across ICAs and ICS.
 Robustness of EQIA's and adequate training to support completion. Must be aligned to planning and transformation priorities.
 Workforce capacity challenges across ICA / ICS. Potential risk of reduced patient experience and delivery of safe, effective care.
 Further wave of COVID-19.
 Demand on providers in recovery planning. Potential impact on patient safety transformation and implementation of PSIRF.
 Some limited ability to carry out supportive peer quality assurance visits due to current Covid 19 restrictions.
 Failure in delivering this priority would cause harm to the BSW population.
 We do not want to tolerate any regulatory breaches and want to ensure compliance with regulatory expectations around all of our statutory functions and legal duties. The Local Authority, Clinical Commissioning Group and Chief Officer of Police as safeguarding partners have equal and joint responsibility for local safeguarding arrangements.
 We only want a minimal risk to our reputation as the maintenance of relationships, confidence and trust across partners, regulators and stakeholders is vital to the effective delivery of our strategic objectives.

What controls are in place to manage the risk to delivering the priority?

BSW Quality Surveillance Group has strong representation from across the health, care, regulatory and education system. EQIAs.
 Serious Incident management systems.
 Triangulation of Performance of Quality data.
 IPC BAF.
 CHC framework (2018).
 National Safeguarding reporting.
 Quality Schedules.
 WRES data.
 Staff surveys.
 People's experience / service user feedback.
 Collaborative working at regional level to support transformation.
 Collaborative relationships with provider quality teams to support QA and QI.
 Fully established Safeguarding and Looked after Children team in place in line with the inter-collegiate document.
 BSW safeguarding standards in place in all contracts for all commissioned services.
 Safeguarding policies and procedures in place.
 Safeguarding information available on staff intranet and CCG websites.
 All CCG staff trained to the appropriate level as laid out in the intercollegiate document, including Governing Body members.

What assurance do we have that our controls are working?

Governance arrangements to monitor progress - QSG, QPAC.
 CQC reporting.
 Transformation Programmes.
 Safeguarding Partnership Boards.
 System Quality Panel to scrutinise EQIAs/ planning guidance.
 Established working relationships with the Safeguarding Partnership Boards.
 Leadership roles for Safeguarding and LAC clearly defined within CCG and key Providers.
 Safeguarding Annual Report and Looked After Children Annual Report presented to QPAC and Governing Body.
 Annual Governing body Safeguarding and LAC training.
 Statutory training compliance reported.
 Quarterly Safeguarding return to NHSE / I.
 Safeguarding Transformation and Assurance Group (STAG) meets monthly.
 Annual CDOP report detailing annual review of work undertaken and recommendations.
 Action plans developed following SAR'S, DHR'S and CSPP are monitored by multi-agency arrangements.

Are there any gaps in our controls (and what are we doing about them)?

Review further guidance/ policy from NQB.
 PSIRF.
 PSIMS.
 Technology to support quality oversight in real time.
 Contract monitoring currently aligned to NHSEI. H2 contract arrangements being progressed. Some identified process gaps in collating fully triangulated quality schedule reporting across ICA and ICS.
 Commissioner attendance at provider quality meetings is in place to support joint working / monitoring, however need to build on positive BSW QSG framework and further promote collaborative quality dashboards and outcome reporting.
 Designated Safeguarding Doctor post vacant in Swindon presently being recruited.
 Designated LAC Dr in Wiltshire has dual role of Named LAC Dr and Designated DR, this is not in line with guidance. Swindon named Dr LAC vacant - Review of medical role with LAC. underway
 Training needs analysis is underway to ensure all BSW CCG staff trained to appropriate level, this will establish clearly defined safeguarding training levels specific to role.
 Woods review of the new Safeguarding Partners arrangements published in May 21 highlights the need to provide additional support to the three lead representative safeguarding partners and their delegates to act with the full authority of their role as laid out in legislation - this support has not been clarified by central government.

Are there any gaps in our assurance (and what are we doing about them)?

System Oversight/ Learning from Mortality - to implement a system learning approach to mortality. Working collaboratively with NHSEI.
 Patient Safety Specialist Community of Practice to monitor Patient Safety Strategy Key priorities.
 Understanding of patient outcomes. Aim to reduce reporting burden and enable focused quality and safety outcome metrics to pathways of care to support quality and transformation priorities.
 Primary care complaints data currently remains responsibility of NHSE/I.
 CCG is working with NHSEI to develop more robust feedback mechanisms from region and triangulate with local intelligence / data. Outcomes focused.
 Developing ICA /ICS reporting culture and metrics as part of joint contract discussions.
 Workforce reporting - understanding staffing resilience and use of temporary staffing. Deeper dive into safer staffing and the way assurance is provided.
 Thematic reviews.
 Robust collaborative oversight of ICA/ICS quality improvement plans and EQIAs.
 Quarterly reporting for Safeguarding and LAC to QPAC to ensure quality assurance information analysis is reported, this will include contextual safeguarding information available through safeguarding partnerships. This will commence in July 2021.
 Learning from safeguarding reviews needs to be embedded within practice and also influence the commissioning cycle to ensure outcomes are improved for the most vulnerable - this work will be taken forward within the ICS/ICA development.

Actions to mitigate risk and to fill the gaps in controls and assurance

	Action	By whom?	When?	Progress
1	Defined Governance and escalation process aligned to ICS development Development of ToR's for System Quality Group	GM	01-Aug-21	
2	Development of an ICS Integrated Quality Assurance Framework and Governance structure	GM	01-Sep-21	
3	Development of ICS strategy to deliver robust processes for quality improvement, planning and assurance	SP/ S-JP	01-Oct-21	

Overall risk rating:

9: Moderate risk

Likelihood

3: Possible

Impact

3: Moderate

Strength of controls:

Some gaps

Strength of assurance:

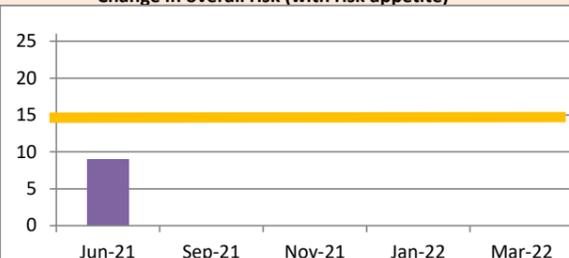
Some gaps

Risk appetite:

9-15: Moderate risk

Rationale for overall risk rating:

Change in overall risk (with risk appetite)



Overall risk rating:

Jun-21	9
Sep-21	
Nov-21	
Jan-22	
Mar-22	

Target date for reducing to risk appetite

BSW Priority:

5) Supporting System Sustainability

Managing ICS level financial allocations - strengthening financial governance arrangements and optimising system resources.
 Lead the BSW planning process utilising the resources of the system to deliver a robust plan.
 Develop robust control mechanisms.
 Embed the interim financial regime to ensure all organisations costs are being covered.
 Enable the culture change that is required across BSW to manage resources through shared accountability.
 Understand the drivers underpinning systems financial challenge and refreshing sustainability programme.
 Deliver the efficiency benefits with new ways of working.

Governing Body:

**Governing Body Meeting
17th of February 2022**

Executive Owner(s):

Caroline Gregory, Chief Financial Officer

Date last reviewed:

**Risk Management Panel
29th of November 2021**

What is the risk to delivering this priority?

Interim financial arrangements put in place during H1 are extending into H2 though the financial challenge will increase because the envelope will reduce as nationally an efficiency or waste reduction target has been applied to all systems across the NHS. There are risks associated with CCG meeting its financial target for H1 which we are still trying to address mainly associated with HDP programme where the allocation we received was not sufficient to cover the costs incurred. We prepared a case to NHSEI for extra funding which we are waiting feedback for. The changes to the ERF scheme has also resulted in the system not qualifying for any further payments during Q2 so discussions have been had over whether we can afford to continue to commission all of the extra Independent Sector activity into H2. We now understand the guidance will change so once we have seen sight of what this looks like we will be in a better position to decide. The system has received its H2 financial allocation and is working through the implications of stretched financial target.

What controls are in place to manage the risk to delivering the priority?

The CCG will continue to undertake a detailed review of the allocations it has received for H2 of 2122 by NHSEI and reported risks to achieving its breakeven position through to its Finance Committee and Governing Body. This process of review, reconciliation and reporting of variances will continue on a monthly basis to ensure when risks materialise they are highlighted upwards to relevant committees as soon as possible and mitigating actions are put in place. The particular risks highlighted concerning the HDP allocation and meeting the ERF threshold have been reported through to the CCG Executive Team, the wider BSW Partners and the CCG Finance Committee. There is also a process in place instigated by NHSEI to review costs compared to other systems across the Region relating to HDP to identify outliers and opportunities to review and reduce costs. Internally, the CCG has set up a specific process to consolidate and analyse covid-19 costs to ensure they are reasonable and externally benchmarking is happening across a wider SW footprint. This has been reported on separately through to the Finance Committee and Governing Body. Concerns regarding impact of costs from partners are being raised and discussed with BSW FDs and Regionally through SW ICS FDs to understand size of impact, work through mitigating actions and ensure consistency of treatment. The added requirement of an efficiency target at H2 is being worked through with system partners to clarify what can be delivered and results will be shared and reported through to Finance Committee and Governing Body.

What assurance do we have that our controls are working?

The CCG is actively working through a series of mitigating actions to address the financial issues that have been flagged up in the financial year pertaining to H2. All partners are involved and with external support being provided by NHSEI, it is gaining traction on finding ways in which costs can be reduced and risks mitigated. The CCG has robust controls in place to assess the impact of the funding it has received and by already having carried out the analysis to determine what schemes it should continue with for the remainder of the year, in support of system partners, is able to ascertain scope to review and reduce costs where feasible. The CCG has worked closely with system partners to consider use of the non recurrent Service Development Funding it will receive during 2021/22 and by agreeing use of in May, it will be able to ensure investments are used to maximum effect to take forward local priorities. It is monitoring KPIs/Outcomes vs each of these programmes to ensure value for money and benefit realisation.

Are there any gaps in our controls (and what are we doing about them)?

Now the CCG has received its H2 allocation, the size of the financial challenge will increase significantly as the Government sets more challenging financial efficiencies to address the deficit that has been incurred during covid. The BSW health system already recognises that it has an underlying financial problem that it needs to address and all partners are working through a recovery plan to identify opportunities to address this. The SW Regional NHSEI team have also confirmed that every ICS system across the SW will have an underlying financial deficit and has asked all organisations to sign up to a series of financial controls to be put in place during 2021/22.

Are there any gaps in our assurance (and what are we doing about them)?

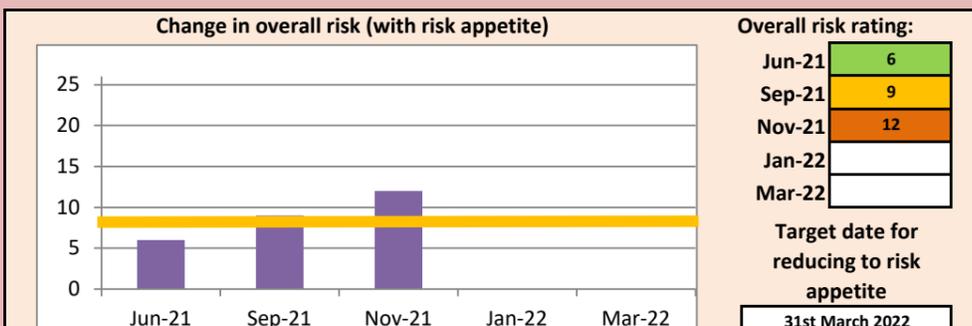
There are risks to delivering financial sustainability plan including ability to meet NHSEI expectations over timescales to achieve; changes to the systemwide architecture which could distract and deplete resources; covid and winter pressures from flu which could reduce clinical engagement; ongoing workforce pressures; materialisation of risks as funding sources cease in areas such as HDP. The CCG has discussed the important role of the Finance Committee and the need to expand this so all organisations across the system are engaged in oversight and delivery of this agenda.

Actions to mitigate risk and to fill the gaps in controls and assurance

	Action	By whom?	When?	Progress
1	Have received our H2 allocation which includes new efficiency target, reductions in funding for covid and capped envelope for HDP	CG/MH/BY	31-Oct-21	Working through the impact to understand the financial challenge and risks the system faces to deliver its financial target of break even.
2	Risks around meeting financial target for H1 such as ERF funding and HDP reimbursement	CG/BY/MH	31-Oct-21	Case put to NHSEI for further HDP funding to cover costs and awaiting clarity on changes to ERF for IS providers
3	Developing the financial sustainability programme with clear schemes identified which organisations can take forward	CG/LT	30-Nov-21	focusing on workshop to be held in October/November to discuss key stages to develop our recovery plan

Overall risk rating: 12: Moderate risk	Likelihood 3: Possible	Impact 4: Major
Strength of controls: Some gaps	Strength of assurance: Some gaps	Risk appetite: 1-8: Low risk

Rationale for overall risk rating:
 This risk rating is based on H1 for 2122. Currently the CCG is reporting break even though there are some risks associated with HDP funding which have not been addressed. As we head into H2 we are working through the impact of the BSW allocation and the scale of the financial challenge required to break even.



BSW CCG Board Assurance Framework 2021-22

BSW Priority:

6) Transforming Services

Use the BSW Care Model framework to inform the design of services.
 Avoid unnecessary hospital admissions and transform community services - full restoration of community activity to pre-pandemic levels, bookable urgent care services, accelerated roll out of 2 hour crisis response, Same Day Emergency Care (SDEC) and acute frailty, supporting timely discharge.
 Expand and improve Mental health services and services for people with learning disabilities and autism - deliver Mental Health implementation plan to at least 20/21 ambition. Meet investment standard.
 Deliver improvements in Maternity care. LTP and Ockendon review.
 Expand and accelerate roll out of Prevention services and personalised care: Deliver whole pathway transformation in Cardiac, musculo-skeletal and eye care services.
 Primary Care: Develop and accelerate the delivery of existing requirements including new Additional Roles Re-imbursment scheme (ARRs) roles to address the wider determinants of health.
 Ensure inequalities lens used to influence priorities for recovery and new service developments.
 Continue to focus on the programmes of work identified by BSW as priorities in our LTP: Ageing Well; LD and Autism; Mental Health and Outpatient Transformation.
 Develop and embed Personalised Care and population health management approaches.

Governing Body:

Governing Body Meeting
17th of February 2022

Executive Owner(s):

Corinne Edwards; Elizabeth Disney; David Freeman, Chief Operating Officers

Date last reviewed:

Risk Management Panel
29th of November 2021

B&NES contribution

- 1) Reablement transformation, including 2-hour urgent community response building on the admission avoidance pathway linked with district nursing and falls rapid response services
- 2) Adult social care transformation plan
- 3) Continued engagement with, and support from, the 3rd sector through the B&NES Community Wellbeing Hub with a specific work cell supporting hospital discharge/admission avoidance
- 4) Development of integrated community nursing (primary care and community) starting with the development of a community pharmacy service
- 5) System review of P2 bed-based requirements and how this can be best met
- 6) Continue to embed partnership working with Social Care Providers through Care Home and Home Care forums to ensure an engaged and sustainable market to meet P3 and longer-term care requirements
- 7) Conclusion and evaluation of the RUIH Hospital @ Home pilot which aims to support rapid discharge of individuals who are not yet medically fit, where clinically appropriate, into a supportive community MDT service
- 8) Progressing personalised care planning and the use of the ReSPECT template, the roll out of which is being progressed and supported by the AHSN
- 9) Further work to define future growth in social prescribing taking learning from how the social prescribers worked with the community wellbeing hub to support people who were shielding and supporting the vaccination programme
- 10) Evaluation of the HIU service pilot currently delivered by Mediviva, with a view to securing funding to continue the service
- 11) In-housing of community equipment service and procurement of minor adaptations service
- 12) Children & young people transformation plan including front door access, Spot purchasing packages, Fostering, particularly carers for complex children, Complex care pathway review, Review of Liquid Logic system
- 13) Roll out of community services framework through the B&NES MH collaborative
- 14) Complete a review of step up / step down mental health crisis accommodation including levels of funding required
- 15) Complete a strategic review of community provision for people with LD and autism to reduce reliance on high end packages, residential care and out of area placements
- 16) Hospital discharge policy gap analysis and delivery of improvement plan
- 17) Improvement in the quality and use of the Criteria to Reside and No Criteria to Reside data
- 18) Developing a stip of key metrics to support flow to improve oversight, assurance and impact of actions taken
- 19) Further development and implementation of the Shred dashboard to ensure it provides data and insight into all aspects of urgent care and flow across BSW in real time
- 20) Team development including reviewing options for joint structure arrangements in conjunction with locally senior leadership team

Swindon contribution

- 1) Implementation of the 2-hour urgent community response building on HDP programmes in 20/21 that enabled new response/admission prevention services
- 2) Continued development of the Home First/Reablement pathway - additional capacity and improving response times, with a view to expanding thresholds for eligible patients
- 3) Pilot project to develop Discharge to Assess Home from all Wards in GWH - target of 100% of all patients on Pathway 1 to be referred and discharged within 24hrs of becoming medically discharged (thus further reducing length of stay & improving patient outcomes)
- 4) Review step-down/step-up bedded capacity with a view to reducing core numbers and/or expanding use of existing bed stock (therefore eliminating bed base growth)
- 5) Expansion of Home Care and Fire-assessment in 21/22 and review of impact to support long-term developments
- 6) Investment in VCSE sector to tackle specific inequalities (carers, MH, Citizens Advice, mobility /access) and expand capacity
- 7) Further investment in VCSE sector to support resilience and recovery of all services and to release more time for VCSE leadership within the Swindon ICA
- 8) Developing shared partnership resources to accelerate delivery of ICA priority workstreams in relation to Left Shift of care, new care models, community assets & resources and strength based approach programme.
- 9) Roll-out of MH Community Service Framework - key priority in Swindon will be delivery of 3rd sector workforce programme in partnership with PCNs and main providers.
- 10) Review of HIU pilot (in partnership with BARNES & Wilts) with a view to maintaining throughout 2022/23.
- 11) Conduct a full commissioning review of CAMHS/FAMHS services across Swindon to identify best practice and areas for improvement. Transformation funds set aside to support our response to recommendations (expected December 2023)
- 12) Appointment of an advanced care practitioner to support care co-ordination and delivery of service improvements for patients in Swindon with MND
- 13) Progressing personalised care planning and the use of the ReSPECT template, the roll out of which is being progressed and supported by the AHSN
- 14) Improvement in the quality and use of the Criteria to Reside and No Criteria to Reside data
- 15) Developing a stip of key metrics to support flow to improve oversight, assurance and impact of actions taken
- 16) Further development and implementation of the Shred dashboard to ensure it provides data and insight into all aspects of urgent care and flow across BSW in real time
- 17) Support development and delivery of EoL strategic priorities with focus on Single Point of Contact and synergies with the SELECT service model in Swindon
- 18) Complete a strategic review of community provision for people with LD and autism to reduce reliance on high end packages, residential care and out of area placements (across BSW), and to ensure appropriate crisis care and accommodation is available (LD/A Roadmap)
- 19) Evaluation of LD/A Intensive Enablement Team 12 month proof of concept to support to feed in to strategic review.
- 20) Primary Care and PCN development along with service reviews / best practice models of care to support left shift from primary care and left shift into primary care PCNs, starting with out of hospital / out of hours care
- 21) Health and care estate review (especially in Primary Care) and development of new facilities in new housing developments in Swindon
- 22) Creation of second Primary Care Fire Hot hub, located in postcode SN3 with a catchment of SN1, SN2 and SN3 which are some of our most deprived communities

Wiltshire contribution

- 1) Continued development of the Home First/Reablement pathway - additional capacity and improving response times
- 2) Implementation of the 2-hour urgent community response building on prioritised free pathways from 20/21
- 3) Wiltshire care home bed review - using demand and capacity data to drive commissioning and developing consolidated community teams in fewer locations
- 4) Implementation of overnight nursing service to reduce number of block purchased DZA beds
- 5) Review of hospital discharge and of life care pathway in partnership with LA commissioners and brokerage team
- 6) Expansion of the care home MDTs with primary, community and social care partners (Enhanced Health in Care Homes)
- 7) Review of assessment and funding process for CHC, continuing health care, complex non-CHC (adults and children), PAC, S117
- 8) Further integration of brokerage model with LA
- 9) Progressing personalised care planning, use of PHBs including a focused project for wheelchair users, and the use of the ReSPECT template, the roll out of which is being progressed and supported by the AHSN
- 10) Evaluation of the HIU service pilot currently delivered by Wiltshire CH
- 11) Home from Hospital service development and procurement
- 12) Development of Wiltshire ICA escalation process linked to partnership operational meetings. Developing a stip of key metrics to support flow to improve oversight, assurance and impact of actions taken
- 13) Development of a balanced scorecard for the ICA
- 14) Hospital discharge policy gap analysis and delivery of improvement plan
- 15) Improvement in the quality and use of the Criteria to Reside and No Criteria to Reside data
- 16) Further development and implementation of the Shred dashboard to ensure it provides data and insight into all aspects of urgent care and flow across BSW in real time
- 17) Neighbourhood focus: all partners piloting new approach to working together in Towbridge including:
 - a) Understanding community strengths and assets
 - b) Mapping current service inputs and developing joint neighbourhood teams
 - c) Focused anticipatory care pathways and population groups
 - d) Joint workforce planning and use of ARRS
 - e) Population risk stratification - LTCs and admission avoidance focus
 - f) NH CSF implementation priorities
 - g) Year one implementation priorities of the MM CSF - local implementation and delivery through close working between Wiltshire MH Group and Thrive Programme Board
- 19) Complete a review of step up / step down mental health crisis accommodation including levels of funding required
- 20) Complete a strategic review of community provision for people with LD and autism to reduce reliance on high end packages, residential care and out of area placements (across BSW), and to ensure appropriate crisis care and accommodation is available (LD/A Roadmap)
- 21) Evaluation of LD/A Intensive Enablement Team 12 month proof of concept to support to feed in to strategic review.

System level coordinated programmes - these need to be effectively linked in with locally organised workstreams, with a clear shared purpose and effective information exchange between both.

1. Elective Care
2. Urgent Care and Flow
3. Mental Health
4. Learning Disabilities and Autism
5. Maternity
6. Outpatients

What is the risk to delivering this priority?

B&NES, Swindon and Wiltshire - the CCG's Locality Teams and partners capacity to deliver all the priorities identified. Also CCG staff facing significant organisational change as the CCG transitions into the ICS and place-based arrangements and staff not entirely clear what this means. Significant staffing issues in providers leading to challenges with system flow. Uncertainty of ongoing national Hospital Discharge Policy funding. Coordination of transformation work across BSW between the respective programmes.

What controls are in place to manage the risk to delivering the priority?

BSW system level governance arrangements being confirmed as part of transition to Integrated Care Board, these will help the system to clarify the respective contributions of individual organisations, place based partnerships, provider collaboratives and system wide programmes.
 B&NES locality governance arrangements in place, including ICA, LCG and relevant project/working groups
 Wiltshire: Alliance Governance Framework agreed and approved by all partners. This includes a strong but flexible PMO approach and Programme Management structure. Programme Board established with links to all other groups / oversight forums including LCG, Alliance Leadership Team and into BSW Partnership.
 Wiltshire locality MH/LD/A group established as vehicle for locality discussions on CSF and LD/A transformation plans. This meeting is included in BSW MH & LD/A overarching governance framework.
 Swindon ICA Delivery Group operational and taking the lead for developing, recommending and monitoring transformation plans.
 The Swindon Locality Commissioning Group (SLCG), meeting in common with the Council's commissioning group now operating and maturing under new arrangements, updated ToR and scope of work. Minutes/key decisions shared with CCG GB.

Are there any gaps in our controls (and what are we doing about them)?

Whilst we transition to the new ICB arrangements and the confirmation of respective responsibilities there are some gaps in our collective understanding and governance approach. This will be addressed as we transition to the new arrangements.

What assurance do we have that our controls are working?

Transformation Programme reports generated for some BSW based transformation programmes, providing a partial update on the transformation work being undertaken.
 All localities: Good engagement by partners in the development of the ICA and other working groups associated with the priorities identified
 Wiltshire: Shared participation and leadership of the Alliance work programme aligned to the agreed Alliance priorities. Monthly Programme Board providing assurance and identifying risks, escalating as necessary.
 Wiltshire locality MH/LD/A group reviewed attendance and engagement remains high. ToR being reviewed and updated. Good partnership working across the system newly established 6 monthly rotating chair (LA and CCG).
 Swindon: SLCG minutes, action logs which are reported to GB.
 Internal Audit review of locality commissioning arrangements found good practices with minor recommendations for further improving arrangements.

Are there any gaps in our assurance (and what are we doing about them)?

Effective coordination of Transformation Programmes across BSW is needed. A proposal for establishing a BSW Transformation Portfolio Board is being developed as part of our ICS Governance. This will bring together Programme Directors/Managers to share information and ensure alignment between programmes.
 B&NES - quoracy of LCG can be problematic from both the CCG and Council at times with will need to review the CCG membership in light of the resignation of the locality GP rep.
 Wiltshire: None currently identified. The Alliance Work Programme projects are at varying stages of set up however the Programme Board ensures each project has appropriate governance structure and oversight. Some delay to delivery due to ongoing system pressures and response (has also meant some projects have been accelerated due to higher priority of impact).
 Swindon: None currently identified.

Actions to mitigate risk and to fill the gaps in controls and assurance

Overall risk rating:	Likelihood	Impact	Action		By whom?	When?	Progress
9: Moderate risk	3: Possible	3: Moderate	1	Definition of the BSW Transformation programmes for 2022/23 to be undertaken as part of the Operational Planning process (Jan 22 - April 22). This includes locality based and system wide programmes.	Programme Directors.	30th April 2022	Initiation as part of the planning process.
Strength of controls: Some gaps	Strength of assurance: Some gaps	Risk appetite: 1-8: Low risk	2	Transformation and Change Centre (TCC) being established to support the delivery of transformation programmes across BSW. TCC alignment with the BSW Academy being established to ensure adoption of common methodologies and approaches and embedding of practice in the wider BSW workforce.	Director of Planning and Transformational Programmes	Mar-22	Recruitment to core team undertaken. Common methodologies and templates in development.
Rationale for overall risk rating: The health inequality, performance and sustainability challenges facing BSW necessitate delivery of robust transformation programmes. This need to have clearly defined intended outcomes that align with the needs of the population and our strategic approach in terms of our Care Model. They also need to be properly constructed, managed and resourced.			3	Developing understanding of the health inequalities across BSW and identification of key outcomes that are desired through our transformation programmes during 2022/23. Links to local work on Joint Strategic Needs Assessments and development of our longer term plans.	Programme SROs, Inequality Leads. Support from Operational Planning Team.	Apr-22	Work on ISNAs underway across BSW.

BSW CCG Board Assurance Framework 2021-22

BSW Priority:

7) Running things well

Improve our performance in line with the Oversight Framework
 Ensure good governance at system and locality level
 Meet all our statutory obligations
 Involve and co-produce with our patients, carers and public. Close down the organisation at the end of March 2022 and Support the governance work to establish the ICS as a legal entity from 1st April 2022

Governing Body: Governing Body Meeting
17th of February 2022

Executive Owner(s): Julie-Anne Wales,
Director of Corporate Affairs

Date last reviewed: Risk Management Panel
29th of November 2021

What is the risk to delivering this priority?

The risk is that during a period of change and transition the CCG may not have effective governance systems and processes to enable it to meet statutory obligations and deliver high standards of governance, and as result, harm may come to patients or colleagues and there may be reputational damage for the CCG and the developing ICS. The CCG may not be in a position to transfer responsibilities to the ICS in good shape.

What controls are in place to manage the risk to delivering the priority?

Effective Governing Body and Committee Structure for the CCG including locality governance structures. Decision making and decision taking responsibilities clear within the CCG and ICS. SALSW Group overseeing design of Partnership Structures and Governance Frameworks for the ICS. ICS Development Plan submitted to NHSE and kept under review. CCG Transition Group and ICS Engine room working collaboratively to oversee close down of the CCG and set up of the ICS. CCG closure and transitions Oversight Group established. CCG and ICS Communications and Engagement Plans in place and approved by the Governing Body and ICS Partnership Board.

What assurance do we have that our controls are working?

Recent review of GB and Committees by members.
 Reports to GB from Committees.
 Audit Reports and Audit of Accounts; Annual Report.
 NHSE led CCG Assessment Process.
 Reports from ICS Groups to ICS Partnership Executive and Board
 Ongoing review and feedback of ICS Development Plans by NHSE.
 Ongoing development sessions with the Governing Body and ICS Partners to keep everyone engaged and appraised.
 BSW Performance Report
 Readiness to operate statement a work in progress with review points

Are there any gaps in our controls (and what are we doing about them)?

New System Oversight Framework not yet in place but responsibility for System Performance has already transferred to the CCG on behalf of the System.
 National guidance supporting the establishment of the ICS has now started to be published.
 Timescales are still very tight.
 The ICB will require Risk Management arrangements to be in place. This is being managed as part of the transitions workstream.

Are there any gaps in our assurance (and what are we doing about them)?

Format of BSW Performance Report to evolve to meet requirements in 2021/22. A presentation to the BSW Partnership Executives group in October has set out the milestones for the remainder of the year.

Overall risk rating: 9: Moderate risk

Likelihood: 3: Possible

Impact: 3: Moderate

Strength of controls: Some gaps

Strength of assurance: Some gaps

Risk appetite: 9-15: Moderate risk

Rationale for overall risk rating:

Change in overall risk (with risk appetite)

Month	Overall Risk Rating
Jun-21	9
Sep-21	9
Nov-21	9
Jan-22	9
Mar-22	9

Overall risk rating:

Jun-21	9
Sep-21	9
Nov-21	9
Jan-22	9
Mar-22	9

Target date for reducing to risk appetite: 31-Mar-22

Actions to mitigate risk and to fill the gaps in controls and assurance

Action	By whom?	When?	Progress
1 Agree future Partnership Structures and Governance Frameworks	SALSWA Group	01-Jan-22	Guidance has been received and governance structures are being developed for the ICB. Options have been set out and discussions have commenced led by the System Architecture group. <u>Update</u> the ICB will not now be established until July 2022. Work on governance structures continues
2 Develop reporting from Transitions Group and Engine Room to BSW Executives and Governing Body	Transitions Group and Engine room	Jan-22	The CCG Transitions Oversight Group has been established and is meeting regularly. The Engine Room which is responsible for the establishment of the ICS is reporting regularly to the BSW Partnership Executives group.
3 Development of the BSW Performance Report and Risk Management arrangements for the ICB	BSW Partnership Executives	Jan-22	Agreed developments requested by the Partnership Executive have been developed. No further development until the needs of the ICB are clearer. A paper setting out the plan to develop appropriate risk management arrangements will be reviewed by the Partnership Executive in February.

BSW CCG Board Assurance Framework 2021-22

BSW Priority:

8) Enablers

Harnessing the resources of the whole system to work on delivering our priorities together.
Develop performance reporting and outcome measures to monitor progress and the impact on the health and wellbeing of our population.

Continue to develop BSW Digital and data capability including roll out of the BSW shared care record and improved Business Intelligence tools.

Develop our strategic estates/infrastructure and priorities across BSW.
Assess opportunities to work collaboratively across whole of BSW to increase productivity, reduce duplication and provide resilience.

Governing Body: Governing Body Meeting
17th of February 2022

Executive Owner(s): Caroline Gregory, Chief Financial Officer

Date last reviewed: Risk Management Panel
29th of November 2021

What is the risk to delivering this priority?

The CCG has developed systemwide forums across BSW to take forward the agendas for the Enabling Workstreams including Business Intelligence (BI), Digital and Estates. All three of these forums are working well with strong engagement from system partners. The initial focus has been on developing their strategies and clear priorities with underpinning work programme. These are now in place for BI and Digital and are being actively worked on for Estates. Estates are slightly behind the curve because they were distracted during covid with a need to focus on enhancements to critical acute infrastructure and vaccination programme. Establishing what the Enabling Functions will look like for an ICS is not without its risks and these are currently most apparent in: all partners agreeing what the service might look like at an ICS level and how far they wish to integrate. Resources to take forward this work along with managing the day job. Expertise and skills available in house to develop future options and where this is not apparent identifying sufficient resource to commission independent specialist support.

What controls are in place to manage the risk to delivering the priority?

The three Enabling systemwide forums that have been established are being used to mitigate risk by ensuring opportunities and benefits are derived from working across different organisations and sectors. By reviewing and benchmarking progress being achieved and sharing best practice within BSW and with other systems. Ensuring strong engagement from NHSEI who can help provide national steer and good matrix working with other systemwide committees.

What assurance do we have that our controls are working?

BSW has managed to make progress on the Enabling Workstreams and delivered a number of its priorities; it has managed to access funds to make necessary improvements and has good engagement and support from system partners.

Are there any gaps in our controls (and what are we doing about them)?

The two most significant issues relate to having capacity to take forward the priorities and the financial resource to deliver new initiatives and schemes which will help improve our estate, use of data and digital technologies. These are being addressed by looking at how we can share staff- skills and expertise across BSW. By being on the front foot with preparing proposals and business cases when national funds become available and by thinking more innovatively about how we access funds by e.g. being part of the Academic Health Science Network and piloting new approaches, partnering with other public bodies such as 3rd sector and LAs to take forward joint ventures.

Are there any gaps in our assurance (and what are we doing about them)?

Getting a better understanding of future vision of these Enabling functions in the ICS and have a clear plan of how this will be achieved.

Overall risk rating: 6: Low risk

Likelihood: 3: Possible

Impact: 2: Minor

Strength of controls: Some gaps

Strength of assurance: Some gaps

Risk appetite: 1-8: Low risk

Rationale for overall risk rating:
Putting in place actions to address risks over the next 6 months and will be in a clearer position once this work has concluded to understand how significant they will be as we become an ICS.

Actions to mitigate risk and to fill the gaps in controls and assurance

	Action	By whom?	When?	Progress
1	Clarifying future vision for Enabling functions in an ICS	CG	Dec-21	Further guidance received on governance arrangements for ICS and firmed up on financial framework for Place from April 2022. This is being discussed with various systemwide committees and forums.
2	Ensuring sufficient capacity to deliver on priorities	CG	Dec-21	Functional mapping exercise is helping clarify future structures under and ICS. Review of resilience across teams has taken place and decisions taken to put in place some short term additional support particularly in the areas of BI and Estates.
3	Identifying further funding opportunities	CG	Mar-22	Will become clearer once we understand future funding regime for NHS and ICS as we move out of the current covid financial arrangements. Changes in the way funding is flowing for areas such as digital and data and the need to ensure sufficient financial resilience and oversight have been discussed across the team and are being addressed.



Meeting of the BSW CCG Governing Body Report Summary Sheet

Report Title	Summary Report from Governing Body Committees						Agenda item	15
Date	17 February 2022							
Purpose	Approve		Discuss		Inform	X	Assure	X
Author	Sharon Woolley, Board Secretary							
This report concerns	BSW CCG	X	BaNES locality	X	Swindon locality	X	Wiltshire locality	X
Executive summary	<p>This summary report provides an update of meetings of Governing Body committees and other committees since the last meeting of the Governing Body in public.</p> <p>The minutes of Governing Body committees' meetings in public are enclosed with this report where available. The minutes of Governing Body committees' meetings held in private will be made available to Governing Body Members only.</p> <p>Committee Terms of Reference can be found in the BSW CCG's Constitution and the BSW CCG's Governance Handbook, Link to CCG Key Documents: https://bswccg.nhs.uk/about-us/governance/key-documents</p>							
Recommendation(s)	The Governing Body is asked to note the contents of this report.							
Appendices	None							

CCG Governing Body Committees

1. BSW CCG At Scale Commissioning Committee

- 1.1 The BSW CCG At Scale Commissioning Committee (ASCC) has a remit to oversee procurements for services that are commissioned strategically, and that do not fall within the remits of the CCG's Locality Commissioning Committees. It will consider any commissioning proposals that impact both 'place' and 'at scale', and for which funding from sources other than the Better Care Funds may be required.
- 1.2 The meeting of the BSW CCG ASCC held on 25 November 2021 was chaired by the CCG Registered Nurse, Maggie Arnold. The Committee undertook the following business:
 - Continuous Glucose Monitoring for type 1 adults and children with diabetes - policy update
 - Diabetes Transformation Update

- Wiltshire heart failure and community cardiology procurement
- Spirometry
- Suicide prevention funding - Single Tender Waiver
- Neutralising Monoclonal Antibodies Treatment Update
- Archiving CCG records

1.3 The December and January meetings were cancelled in view of system pressures. The next meeting of the BSW CCG At Scale Commissioning Meeting is to be held on 17 February 2022.

2. BSW CCG Audit Committee

2.1 The BSW CCG Audit Committee of the BaNES, Swindon and Wiltshire (BSW) CCG Governing Body is a statutory committee.

2.2 The Committee is responsible for critically reviewing the Clinical Commissioning Group's financial reporting and internal control principles. It ensures that an appropriate relationship with both internal and external auditors is maintained, and seeks positive assurances regarding the overall arrangements for governance, risk management and internal control.

2.3 The meeting of the BSW CCG Audit Committee held on 6 January 2022 was chaired by the Lay Member for Audit, Ian James. The Committee undertook the following business:

- External Audit Progress Report
- Internal Audit Progress Report
- Internal Audit Reports:
 - Conflicts of Interest
 - Integrated Care System Development
- Sustainability Discovery Session Report
- Local Counter Fraud Progress Report
- Security Management Progress Report
- Suicide Prevention Funding - Single Tender Waiver
- Review of Outstanding Legacy Invoices at the End of Quarter Three
- Risk Management
- BSW CCG Corporate Registers and Policy Register - Update
- BSW CCG Annual Report and Accounts Production Schedule
- BSW CCG Audit Committee Forward Planner 2021-22

2.4 The next meeting of the BSW CCG Audit Committee will be held on 3 March 2022

3 BSW CCG Quality and Performance Assurance Committee

3.1 The BSW CCG Quality and Performance Assurance Committee (QPAC) has an oversight function at both system and locality level, setting the strategic direction for quality and performance of commissioning for the BSW CCG, and reviewing the quality, performance, and value for money of services commissioned by the CCG to provide assurance regarding the delivery of all of these areas to the Governing Body.

3.2 The meetings of the BSW CCG QPAC held on 9 December 2021, 13 January 2022 and 10 February 2022 were chaired by Julian Kirby, Lay Member for Patient and Public Engagement. The Committee considered the following business:

9 December 2021

- BSW Quality and Performance Report

- BSW – responding to Joanna, “Jon” and Ben, Cawston Park
- Urgent Care update
- Clinical Policies:
 - Tonsillectomy – Policy review
 - Adenoidectomy - Policy review
 - Septoplasty / Septorhinoplasty / Rhinoplasty – Policy review
 - Grommets in Adults and Children – Policy review
 - Rhinosinusitis – New policy
 - Assisted conception – New combined BSW Policy
- Contract Status Tracker
- Quality Surveillance Group update – November minutes
- Risks Identified / Matters to be Escalated
- External Agencies Reports / Updates

13 January 2022

- BSW Quality and Performance Report
- Liberty protection safeguards update
- Children Looked After (CLA) update
- NICE Guidance (NG205) – BSW CCG compliance and recommendations
- Local Maternity and Neonatal System Update Ockenden Assurance and Equity Needs Analysis
- Urgent Care update
- Contract Status Tracker
- Risks Identified / Matters to be Escalated
- External Agencies Reports / Updates

10 February 2022

- BSW Quality and Performance Report – Executive summary and QPAC quality update only.
- Surge Initiatives Equality and Quality Impact Assessments
- Children Looked After (CLA) Update
- Medicines Management update
- National Quality Board guidance and ICS governance arrangements update
- Responding to Joanna, “Jon” and Ben, Cawston Park – update on quality reviews
- Contract Status Tracker
- System Quality Group update

3.3 The next meeting of the BSW CCG Quality and Performance Assurance Committee will be held on 10 March 2022.

4 BSW CCG Finance Committee

- 4.1 The BSW CCG Finance Committee has a strategic, planning, and assurance function towards the Governing Body.
- 4.2 The Committee’s remit extends to setting the strategic direction for finance for the BSW CCG, and to monitor the delivery of the financial strategy across the CCG. Within this remit, the Committee shall cover financial planning, monitoring performance, demonstrating value for money, delivery of the productivity plan, risk identification and management and development of financial policies.

4.3 The meetings of the BSW CCG Finance Committee held on 2 December 2021 and 3 February 2022 were chaired by Julian Kirby, Lay Member for Patient and Public Engagement. The Committee considered the following business:

2 December 2021

- BSW CCG Financial Position for Month 7
 - Hospital Discharge Programme Funding Update
 - Locality Reports
 - COVID-19 - Monitoring Spend and Financial Position
- H2 Plans
 - Targeted Investment Fund and Elective Recovery Fund Plus
- Financial Oversight of Primary Care
- Risk Stratification Policy
- Update on BSW Financial Sustainability Programme
- Update on System Wide Finance Committee Arrangements
- Approved Minutes from the Information Governance Steering Group meeting held 13 October 2021
- BSW CCG Finance Committee Forward Planner 2021-22

3 February 2022

- BSW CCG Financial Position for Month 9
 - Hospital Discharge Programme Funding Update
 - Locality Reports
 - COVID-19 - Monitoring Spend and Financial Position
- Implementation of IFRS 16 - Leases
- Update on Pooled Budgets with BSW Local Authorities for 2021/22 for BaNES, Swindon and Wiltshire
- Medvivo Contract Update
- Primary Care Finance and Investment Position
- BSW Integrated Care System Financial Planning 2022/23
- Update on BSW Financial Sustainability Programme
- Approved Minutes from the Information Governance Steering Group meeting held 10 November 2021
- BSW CCG Finance Committee Forward Planner March 2022 – June 2022

4.4 The next meeting of the BSW CCG Finance Committee will be held on 3 March 2022.

5 BSW CCG Primary Care Commissioning Committee

5.1 The BSW CCG Primary Care Commissioning Committee (PCCC) is a mandatory committee. Its meetings are normally held in public.

5.2 NHS England has delegated to BSW CCG authority to exercise primary care commissioning functions. The PCCC was set up to function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

5.3 The meetings of the BSW CCG PCCC held on 9 December 2021 and 10 February 2022 were chaired by Suzannah Power, Lay Member for Primary Care Commissioning. The Committee considered the following business:

9 December 2021 Meeting in Public:

- Summary of Decisions made at the PCCC Private Meetings

- British Medical Association Ballot Result
- Operational Items:
 - Current Demands and Challenges
 - Update on COVID-19 Vaccination Programme
 - Winter Planning
 - Phlebotomy Collections
- BSW Integrated Care Alliances Update and Developments
- Quality Report
- Finance Report
- Primary Care Operational Groups Update Report
- Primary Care Risk Register

10 February 2022 Meeting in Public

- Summary of Decisions made at the PCCC Private Meetings held on 9 December 2021 and 13 January 2022
- Out of Committee Decision Report - Prescribing Incentive Scheme Suspension
- Operational Items:
 - Current Demands and Challenges
 - Update on COVID-19 Vaccination Programme
 - Surge Planning
 - Vaccination as a Condition of Deployment (VCOD)
 - Primary Care Operational Group Recommendations for Approval:
 - Wiltshire Prescribing Incentive Scheme Payment
 - Personal Medical Services to General Medical Services Requests from Hathaway Medical Partnership and Sixpenny Handley Surgery
 - Special Allocation Service Contract Extension
 - BSW Primary Care Handbook
- Primary Care Flexible Staff Pool
- Quality Report
 - Included evaluation of the First Option pilot service to improve uptake of Physical Health Checks for people with severe mental illness in Primary Care
- Finance Report
- Primary Care Operational Groups Update Report
- Primary Care Risk Register

5.4 The next meeting of the BSW CCG Primary Care Commissioning Committee in public will be held on 14 April 2022. At that point in time, the Committee will formally approve the minutes of its last meeting held in public. Following that approval, the minutes will be published on the CCG website.

6 BSW CCG Remuneration Committee

- 6.1 The BSW CCG Remuneration Committee of the BSW CCG Governing Body is a statutory committee.
- 6.2 The Remuneration Committee supports the CCG's Governing Body and Chief Executive by making recommendations regarding remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG, ensuring the consistent application of relevant national guidance and local policies.
- 6.3 In November 2021, the Governing Body endorsed the proposal to utilise the CCG Remuneration Committee to support the safe close down of the CCG and transition to ICB.

6.4 The meeting held on 25 November 2021 was chaired by Suzannah Power, Lay Member for Primary Care Commissioning.

6.5 The next meeting of the BSW CCG Remuneration Committee will be held on 17 February 2022.

7 Ambulance Joint Commissioning Committee

7.1 A collaborative commissioning model is in place for the commissioning of ambulance services across the South West. The Ambulance Joint Commissioning Committee (AJCC) has been established to jointly commission emergency ambulance services across the south west and to manage the commissioning contract with the provider of emergency ambulance services. The CCGs covered by these joint commissioning arrangements are BSW CCG; Bristol, North Somerset and South Gloucestershire CCG; Devon CCG; Dorset CCG; Gloucestershire CCG; Kernow CCG and Somerset CCG.

7.2 The next meeting of the AJCC is scheduled for 23 February 2022.

8 COVID-19 Governance

8.1 From April 2020, structures were put into place to govern the BSW-wide COVID-19 response. Regular meetings were held of the Strategic Clinical Reference Group, Local Clinical Reference Group, Ethics Advisory Group and Medicines Optimisation Group.

8.2 The Strategic Clinical Reference Group has since morphed into the BSW Partnership Population Health and Care Group (PHCG), as part of the BSW system's journey to becoming an Integrated Care System. The PHCG continues to meet monthly, looking at the ambitions as a system and a BSW integrated care model. The remit of the PHCG is to lead on the use of population health analytics across the BSW system, to support how we provide care and in particular, the inequalities in our area and what that means for our services.

8.3 An informal BSW Clinical Reference Group was established during the third wave of COVID-19 cases, providing a place for clinical discussion.

8.4 The BSW CCG Medical Director has been involved in the South West Ethical Reference Group, which has largely looked at its position in terms of governance and support from the South West Clinical Senate.

Committees with a Locality Focus

The committees below have a focus on the respective localities. Summaries of their recent meetings are provided in this section of the report.

9 B&NES Locality Commissioning Group

9.1 The BaNES Locality Commissioning Group (BLCG) is responsible for the BSW CCG's commissioning activities in the BaNES locality, including collaborative and joint commissioning arrangements, as permitted, with Bath and North East Somerset Council. The Group operates in common with the relevant committee within the Council.

9.2 As a result of the level 4 incident declared in December 2021 due to the COVID-19 pandemic, non-urgent meetings across the BSW system were stood down for January 2022. The

meeting in common of the BLCG scheduled for 6th January 2022 was therefore cancelled, and the following business conducted by email:

- Better Care Fund - Approval of Scheme 66 Community Equipment Transition HR Support
- Off the Record - Approval of the continuation of the Off the Record Listening Support Service for 18–25-year-olds,

9.3 The next meeting of the BLCG will be held on 3 March 2022.

10 BaNES Health and Wellbeing Board

10.1 The BaNES Health and Wellbeing Board is a committee of the B&NES Council. It oversees, monitor and make recommendations in respect of the development of strategy and performance management of adult health and social care, children's health and social care and public health in the Bath & North East Somerset Council area (including services for those living outside the area where the services are provided by any one of the Partners), on behalf of NHS Bath & North East Somerset and Bath & North East Somerset Council.

10.2 [Meeting papers and minutes can be found on the B&NES Council website here: https://democracy.bathnes.gov.uk/mgCommitteeDetails.aspx?ID=492](https://democracy.bathnes.gov.uk/mgCommitteeDetails.aspx?ID=492)

10.3 The next meeting is scheduled for 29 March 2022.

11 BaNES Health and Care Board

11.1 The BaNES Health and Care Board has currently been stood down; therefore, no future meetings dates have been scheduled.

12 BaNES Your Health Your Voice

12.1 *Your Health, Your Voice* is regularly held for members of the public to provide feedback on the CCG's plans for improving local health services.

12.2 The Forum held on 8 December 2021 was chaired by Julian Kirby, Lay Member for Patient and Public Engagement, and considered the following business:

- Public questions
- Shaping a Healthier Future
- B&NES Locality Update

12.3 The next meeting of the BaNES Your Health Your Voice forum will be held on 10 February 2022.

13 Swindon Locality Commissioning Group

13.1 The Swindon Locality Commissioning Group (SLCG) is responsible for the BSW CCG's commissioning activities in the Swindon locality, including collaborative and joint commissioning arrangements, as permitted, with Swindon Borough Council (SBC). The Group operates in common with the relevant committee within the Council.

13.2 At the SLCG meeting held on 23 November 2021, the Group considered the following business:

- Agenda for Change Update
- Swindon Borough Council Finance Update
- BSW CCG Finance Update

- Swindon Integrated Care Alliance Development Update
- Special Educational Needs and Disability (SEND) Update
- Voluntary Sector Contracts, Extensions, and Tenders update
- Better Care Fund sign off and Review of Better Care Fund schemes proposal

13.3 The next meeting of the SLCG is to be held on 1 March 2022.

14 Swindon Health and Wellbeing Board

14.1 The Swindon Health and Wellbeing Board is made up of a collection of people from different organisations (including the NHS, the local authority officers and elected members, the Clinical Commissioning Group and the voluntary sector), who will work together on issues to do with being healthy and feeling well. The Board aims to find out what people in Swindon need to be healthy and feel well and work together to agree a strategy (plan) that will promote positive change towards making things happen. The Board also aims to reduce the health differences between poorer and better off groups across Swindon (health inequalities).

14.2 [Meeting papers and minutes can be found on the Swindon Borough Council website here: http://ww5.swindon.gov.uk/moderngov/mgCommitteeDetails.aspx?ID=933](http://ww5.swindon.gov.uk/moderngov/mgCommitteeDetails.aspx?ID=933)

14.3 The next meeting is scheduled for 1 March 2022.

15 Swindon Patient and Public Engagement Forum

15.1 The Swindon Patient and Public Engagement Forum is regularly held with patient engagement group members to provide feedback on the CCG's plans for improving local health services.

15.2 There have been no meetings of the Swindon Patient and Public Engagement Forum since November 2021. The next meeting of the Forum will be held on 17 February 2022.

16 Wiltshire Locality Commissioning Group

16.1 The Wiltshire Locality Commissioning Group (WLCG) is responsible for the BSW CCG's commissioning activities in the Wiltshire locality, including collaborative and joint commissioning arrangements, as permitted, with Wiltshire Council. The Group operates in common with the relevant committee within the Council.

16.2 At the WLCG meetings held on 24 November 2021 and 26 January 2022, the Group considered the following business:

24 November 2021:

- Bed Review
- Medvivo Contract Review
- Intensive Enablement Service
- Wiltshire Children's Community Health Contract
- High Impact Change Model

26 January 2022

- Children's community service contract
- Review of 3 year plan position (with H2 impact)
- Progress up-date on closing the recurrent funding gap
- Intensive Rehab and Discharge to Assess Performance report

16.3 The next meeting of the WLCG will be held on 23 February 2022.

17 Wiltshire Health and Wellbeing Board

17.1 The Wiltshire Health and Wellbeing Board oversees the preparation of the Joint Strategic Assessment (JSNA); the Pharmaceutical Needs Assessment (PNA) and Joint Health and Wellbeing Strategy (JHWS) for Wiltshire. The Board has a duty to encourage integrated working between health and social care commissioners in connection with the provision of health and social care services.

17.2 [Meeting papers and minutes can be found on the Wiltshire Council website here: https://cms.wiltshire.gov.uk/mgCommitteeDetails.aspx?ID=1163](https://cms.wiltshire.gov.uk/mgCommitteeDetails.aspx?ID=1163)

17.3 The next meeting is scheduled for 31 March 2022.

Meeting of the BSW CCG Governing Body Report Summary Sheet

Report Title	BSW CCG Corporate Registers and Policy Register - update						Agenda item	16
Date of meeting	17 February 2022							
Purpose	Approve		Discuss		Inform	X	Assure	X
Executive lead	Julie-Anne Wales, Director of Corporate Affairs							
Clinical lead	n/a							
Author	Anett Loescher, Deputy Director of Corporate Affairs							
Appendices	1 – BSW CCG Procurement register 2 – BSW CCG Register of Governing Body members' interests 3 – BSW CCG Policy register							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	BSW CCG Audit Committee – 6 January 2022							
Executive summary	<p>On behalf of the BSW CCG, the CCG Corporate Office holds and maintains the statutorily required corporate registers re conflicts of interests; gifts, hospitality, and sponsorship; procurement decisions.</p> <p>We regularly present these registers to the Audit Committee and Governing Body for information and assurance, in line with good practice.</p> <p>The CCG Corporate Office also maintains the CCG's policies and monitors implementation. This is aided by a register of policies, which we also present to the Audit Committee and Governing Body for information.</p>							
Recommendation(s)	<p>The Governing Body is invited to note this update, and to take assurance that the CCG has processes in place that enable it</p> <ul style="list-style-type: none"> to comply with statutory requirements regarding transparency around, and management of, interests wherever and in whatever form they may arise; 							

Report Title	BSW CCG Corporate Registers and Policy Register - update						Agenda item	16
	<ul style="list-style-type: none"> to manage the regular review and implementation of its policies 							
Link to Board Assurance Framework or High-level Risk(s)	N/A							
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	x
Key risks	N/A							
Impact on quality	N/A							
Impact on finance	N/A							
	Finance sign-off: N/A							
Conflicts of interest	N/A							
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

BSW CCG Corporate Registers and Policy Register - update

1. Executive Summary

1.1 On behalf of the BSW CCG, the CCG Corporate Office holds and maintains the statutorily required corporate registers re conflicts of interests; gifts, hospitality, and sponsorship; procurement decisions.

We regularly present these registers to the Audit Committee and Governing Body for information and assurance, in line with good practice.

1.2 The CCG Corporate Office also maintains the CCG's policies and monitors implementation. This is aided by a register of policies, which we also regularly present to the Audit Committee and Governing Body for information.

2. Recommendation(s)

2.1 The Governing Body is invited to note this update, and to take assurance that the CCG has processes in place that enable it

- to comply with statutory requirements regarding transparency around, and management of, interests wherever and in whatever form they may arise;
- to manage the regular review and implementation of its policies

3. BSW CCG Corporate Registers

Register of interests

3.1 In line with its Standards of Business Conduct policy, BSW CCG holds a register that logs interests as declared by CCG staff (permanent, fixed-term, temporary agency staff); members of the CCG Governing Body; individuals that perform services for the CCG.

3.2 The interests of members of the Governing Body are published on the CCG's website, while the full register is kept as an internal document. The register underpins the CCG's approach to managing conflicts of interests, as stipulated in the CCG's Standards of Business Conduct Policy.

Procurement register

3.3 A procurement register for BSW CCG is in place. The Deputy Director of Corporate Affairs and Deputy Director Contracts & Performance meet regularly to review and update the register, against minutes and decision logs of the GB and its committees, and against the CCG's contract register.

3.4 To note, the BSW CCG procurement register that is published on the CCG's website shows contracts awarded / completed procurements. This information is extracted from an internal register where we track all procurement decisions from agreement to procure through to contract award.

Register of gifts, hospitality and sponsorship

- 3.5 A register is in place. As with the register of interest and the register of procurement, the CCG's Standards of Business Conduct Policy and relevant declaration form are clearly signposted, and colleagues are made aware of their responsibility to declare offers and / or acceptance of gifts, hospitality or sponsorship.
- 3.6 No declarations of offers of gifts, hospitality or sponsorship have been received in 2021/22.

4. BSW CCG Policy Register

- 4.1 BSW CCG currently has 67 live non-clinical policies available on the intranet. The policies include some that were adopted by BSW CCG from its predecessor organisations. As with the business year 2020/21, in 2021/22 the prioritisation of the response to the pandemic and the transition to becoming the BSW ICB influence our approach to updating and / or developing policies. In line with ICB establishment guidance and timelines, we endeavour to ensure that essential policies are identified through risk assessment (e.g. commissioning, safeguarding, HR) and prepared in time for the ICB go-live.
- 4.2 The ICB development guidance and timeline identifies two policies in particular that must be prepared, in view of relevant regulation and guidance, in readiness for the ICB go-live, namely the ICB standards of business conduct / conflicts of interest policy, and a public involvement and engagement policy for the BSW ICB. Both policies are referenced in the BSW ICB draft constitution, and we expect that region may ask us to evidence that both policies are under development and on track for approval at the ICB Board's first meeting. At the time of writing, expected regulation and national guidance re conflicts of interests has not been issued; the public involvement and engagement strategy, which will inform public involvement and engagement policy, is under development.
- 4.3 BSW clinical policies are not managed by Corporate Affairs. Of the clinical policies transferred to BSW CCG, only two remain to be reviewed. Clinical policies and associated Standard Operating Procedures are set for review at a three yearly interval. It is planned that the existing policies will be adopted for use by the ICB.

BSW CCG Register of Procurement Decisions and Contracts Awarded 2021/22

Project Status	Procurement reference	Contract/ Service title	Procurement Description	Type of Procurement	Existing contract or new procurement (if existing include details)	Procurement type (CCG procurement, collaborative procurement with partners)	CCG lead	CCG contract manager	Decision making process and name of decision making committee	Summary of conflicts of interest declared and how these were managed	Contract Award (supplier name & registered address)	Contract value (£) Total	Contract Value to CCG	Commencement Date	Contract Duration	Possibility of Extension	Procurement Status
Completed		Community urology		Direct award off of the national framework	Existing contract	CCG (Swindon locality)	Andy Jennings	Lisa Samak	n/a	n/a	GP Care UK Ltd (ODS NWV01), 2340-2440 The Quadrant, Aztec West, Bristol, BS32 4AQ	£170,500	£170,500	01/04/2021	6 months	n/a	Awarded
Completed		JungleGreen MRC LTD	Communications and engagement across BSW	Extension of existing contract	Extension of existing contract		Tamsin May		Executive Management Team, 18 January 2021	n/a	JungleGreen MRC LTD	£26,300	£26,300	18/02/2021	12 month	No	Awarded
Completed		Sexual assault therapeutic service	Regulation 32 Notice Published 03/08/21 Closing Date 30/09/21	Regulation 32 award notice	Existing contract	CCG (Wiltshire locality)	Emily Shepherd	Lisa Samak	GB, 24 June 2021 (agreement to open procurement)	n/a	Revival (the Incumbant)		£70,000 per annum	01/04/2021	2 Years	Yes Up to a period of 12 Months	Awarded
Completed		High Intensity User Service Pilot		Single Tender Waiver	Existing Contract	Swindon Locality BSW wide tbc	Amanda Fox	Lisa Samak	At Scale Commissioning Committee Date?	N/A	Medvivo and Wiltshire Centre for Independent Living		£343,387	1st January 2021	12 months		Awarded
Completed		Demand and Capacity Modelling Project		Competitive quote process in line with SFIs	New	CCG procurement	Sam Wheeler	Lisa Samak	BSW Partnership Executive		Whole System Partnership	£94,100	£94,100	13-Sep-21	8 months	No	Awarded
Completed		GP flexible pool	Digital solution for the deployment of sessional clinical capacity in primary care	Low resource local tender process	New	CCG procurement	Rachael Cook	Lisa Samak	Waiver of Tender Business Case Signed by DoF within delegated authority	N/A	Lanturn	£120,000	£120,000	29-Sep-21	24 months	No	Awarded
Completed	OJEU REF: 2020/S 120-293597 Closing Date 17/02/21	Advice & Guidance Services	Provision of Advice and Guidance Services	Clinical Communication Tool Framework	Existing	collaborative procurement with partners	Anna Field	Lisa Samak	At Scale Commissioning Committee ??/??/?? Governing Body ??/??/??		MONMEDICAL LIMITED (TRADING AS CINAPSIS) ACCOUNTS DEPARTMENT RED HOUSE, CEMETARY PALES BROOKWOOD WOKING GU24 0BL	£2,670,000	£500,000 pa £1500000	01/04/2021	24 Months	Yes Plus 1 year optional extension	Awarded
Completed		Suicide Prevention	co-created posts will align to the Community Mental Health Framework (CSF), to support people who present to the system with suicidal ideation, but do not currently meet the threshold for secondary mental health services.	Single Tender Waiver	New PILOT	CCG Procurement	Kristina Clay	Lisa Samak	At Scale Commissioning Committee 25/11/21	N/A	BANES – Bath Mind Swindon – Swindon Mind Wiltshire - Alabare	£107,790 PA £215,580	£107,790 PA £215,581	From the successful recruitment into the roles	24 months PILOT	No	Awarded
Completed		Flutrack	IT system for flu vaccine season to support our providers	Waiver of Tender Business Case	New PILOT	CCG	Connie Timmins	N/A	???	N/A	FluTrack QH Solutions Ltd	£155,000	£155,000	Winter 21	12 Months	No	Awarded

Register of interests for members of the BSW CCG Governing Body (January 2022)

Name	Current position/s held in the CCG	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
Dr Andrew Girdher	Chair of the CCG Governing Body; Member of the CCG GB's <ul style="list-style-type: none"> Finance Committee At Scale Commissioning Committee (Chair) 	Partner at Box Surgery	X			Direct	2010	Present	Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy
		Dr Girdher is a Member of BEMS and Medvivo	X			Direct	2015	Present	
		Senior Medical Officer at MOD Corsham	X			Direct	2015	Present	
		Member of Wiltshire GP Alliance	X			Direct		Present	
		Wife is a nurse practitioner and Lecturer University West of England				Indirect		Present	
		Ad hoc work for Vocare Remote Triage	X			Direct	2007	Present	
Dr Bryn Bird	Locality Clinical Lead (BaNES) of the CCG Governing Body; Member of the CCG GB's <ul style="list-style-type: none"> Quality Performance and Assurance Committee; Locality Commissioning Group (BaNES) 	Wife is Dermatology Registrar at Bristol Royal Infirmary and Royal United Hospital;			X	Indirect	Jan 2017	Present	Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy, incl. no involvement in discussions and / or decisions regarding Cadbury Heath, St Augustine's, RUH dermatology, as appropriate.
		Cadbury Heath GP partner	X			Direct	Jul 2019	Present	
		Sessional GP at St Augustine's Surgery	X			Direct	Sept 2019	Present	
		Bank locum, BEMS Improved Access	X			Direct	Apr 2020	Present	
		Member of the RUH Board of Governors		X		Direct	Apr 2020	Present	
Dr Amanda Webb	Locality Clinical Lead (Swindon) of the CCG Governing Body; Member of the CCG GB's <ul style="list-style-type: none"> Quality Performance and Assurance Committee; Locality Commissioning Group (Swindon); 	Salaried GP at Westrop Medical Practice	X			Direct	Dec 2014	Present	Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy Declaration raised when required. To be assessed whenever decisions regarding GWH are made, and may consider exclusion from discussion and/or decision-making
		Member of GWH Board of Governors		X		Direct	May 2020	Present	
Dr Edward Rendell	Locality Clinical Lead (Wiltshire) of the CCG Governing Body;	Wife employed by Wiltshire Council (Educational Psychologist)			X	Indirect	Jun 2015	Present	Would declare as and when relevant; conflicts of interests to be managed in

Name	Current position/s held in the CCG	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
	Member of the CCG GB's Quality Performance and Assurance Committee	<p>GP Retainer at the Orchard Partnership (Wilton)</p> <p>GP Appraiser</p> <p>Working ad hoc for Care Quality Commission as GP specialist ceased</p> <p>Sister works as a bank nurse at University Hospitals Bristol NHSFT</p> <p>Governor for Salisbury Foundation Trust</p> <p>Appointed as Medical Director of the Wessex LMC, taking post in April 2022</p>	X			Direct	Sept 2020	Present	accordance with the CCG's Standards of Business Conduct policy
			X			Direct	Dec 2018	Present	
			X			Direct	Jun 2019	2 Dec 2021	
						Indirect		Present	
				X		Direct	July 2020	Present	Declaration to be raised when required. To be assessed whenever decisions regarding SFT are made, and may consider exclusion from discussion and/or decision-making re SFT
				X		Direct	Dec 2021		Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy
Locality Healthcare Professional (BaNES) – vacant									
Dr Francis Campbell	Locality Healthcare Professional (Swindon) of the CCG Governing Body Member of the CCG GB's Finance Committee	<p>Board Member of Brunel Health Group</p> <p>Partner at Elm Tree Surgery. Role includes GP management, Diabetes and Information Management and Technology (IM&T) in Primary Care</p> <p>Member / Chair of the BSW Area Prescribing Committee</p>	X			Direct	Apr 2019	Present	Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy
			X			Direct	Dec 2017	Present	
				X		Direct	Oct 2020	Present	
Dr Sam Dominey	Locality Healthcare Professional, (Wiltshire) of the CCG Governing Body;	<p>GP partner at Three Chequers Medical Practice</p> <p>Occasional locum / second on call cover for Salisbury Walk in Health Centre</p>	X			Direct		Present	Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy
			X			Direct			
Dr Nick Ware	Locality Healthcare Professional, (Wiltshire) of the CCG Governing Body	GP Partner at Northlands Surgery, Calne	X			Direct	April 2020	Present	Would declare as and when relevant; conflicts of interests to be managed in

Name	Current position/s held in the CCG	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
	Member of the CCG GB's At Scale Commissioning Committee	Director, North Wiltshire Primary Care Consortium of GPs (dormant organisation) Governor at GWH Hospital Swindon Wife is locum consultant psychiatrist with AWP		X		Direct	April 2020	Present	accordance with the CCG's Standards of Business Conduct policy
				X		Direct	June 2020	Present	
						Indirect	June 2021	Present	
Dr Catrinel Wright	Locality Healthcare Professional, (Wiltshire) of the CCG Governing Body Member of the CCG GB's <ul style="list-style-type: none"> Audit Committee At Scale Commissioning Committee 	Cotswold Surgical Partners, GPwSI in Dermatology GP Partner Lovemead Practice, Trowbridge Stakeholder Governor, RUH	X	X		Direct	Feb 2018	Present	Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy
						Direct	Dec 2017	Present	
				X		Direct	July 2021	Present	
Suzannah Power	Lay Member, PCC, Deputy Chair of the CCG's Governing Body; Member of the CCG GB's <ul style="list-style-type: none"> Primary Care Commissioning Committee (Chair), Audit Committee, Remuneration Committee (Chair), Your Health Your Voice PPI group, 	Chair, Health Literacy Collaborative, NHSE Co-Applicant NIHR/RFPB & University of Birmingham Institute of Cardiovascular Sciences Research into AF and CBT Family member is a GP Partner at The Tolsey GP Surgery, Sherston, Wilts Member of NICE Guideline Development Group Steering Committee: Investigation and Management of Heart Disease in Adults Family member is Associate Postgraduate Dean at the University of Bath, has close association with all GP teaching practices in the BaNES footprint (through curriculum design) British Heart Foundation and Data Research UK as a member of their cardiovascular disease – COVID-UK approval and Oversight Board Committee member, Great Western Hospital NHS Foundation Trust – End of Life Alliance		X		Direct	Feb 2014	Present	Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy
				X		Direct	Feb 2014	Present	
					X	Indirect	Jan 2019	Present	
				X		Direct	Jan 2019	Present	
					X	Indirect	Jan 2019	Present	
				X		Direct	Oct 2020	Present	
				X		Direct	2020	Present	

Name	Current position/s held in the CCG	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
		BNSSG CCG -CVD Programme Board – Patient representative			X	Direct	2021	Present	
Julian Kirby	Lay Member, PPE of the CCG's Governing Body; Member of the CCG GB's <ul style="list-style-type: none"> • Finance Committee (Chair) • Remuneration Committee, • Primary Care Commissioning Committee (Deputy Chair), • Quality Performance Assurance Committee (Chair) • At Scale Commissioning Committee 	No interests to declare							
Lay member, vacant	The Lay member (Audit) stepped down 30 September 2021.	No interests to declare							
Ian James	Lay Member Audit of the CCG's Governing Body; Chair of the CCG GB's Audit Committee	No interests to declare							
Maggie Arnold	Registered Nurse of the CCG's Governing Body; Member of the CCG GB's <ul style="list-style-type: none"> • Quality Performance Assurance Committee • Primary Care Commissioning Committee, • Remuneration Committee • Audit Committee • At Scale Commissioning Committee (Deputy Chair) 	No interests to declare							
Dr Paul Kennedy	Secondary Care Specialist of the CCG's Governing Body; Member of the CCG GB's Remuneration Committee	Bespoke Innovation and Services Ltd IP relating to above for De Novo vaginal speculum, listed and part owner of patent Partner has approx. £15000 value of Astra Zeneca shares	X X X			Direct Direct Indirect	2004	Present	Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy, incl. reculsion

Name	Current position/s held in the CCG	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
Tracey Cox	BSW CCG CEO; Member of the CCG GB's <ul style="list-style-type: none"> Finance Committee, Primary Care Commissioning Committee 	Board Member of the NHS Clinical Commissioners		X		Direct	Sept 2017	April 2022	Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy
Caroline Gregory	BSW CCG CFO; Member of the CCG GB's <ul style="list-style-type: none"> Finance Committee, Primary Care Commissioning Committee At Scale Commissioning Committee 	Parish Councillor on Hook Norton Parish Council			X	Direct	2020		Would declare when applicable
Gill May	BSW Director of Nursing; Member of the CCG GB's <ul style="list-style-type: none"> Quality Performance Assurance Committee At Scale Commissioning Committee 	No interests to declare							
Richard Smale	BSW Director of Strategy and Transformation; Member of the CCG GB's <ul style="list-style-type: none"> Finance Committee, Primary Care Commissioning Committee At Scale Commissioning Committee 	Coach and Trustee of Keynsham Town Junior Football Club. Member of the Football Foundation Grants panel			X	Direct	2003	Present	Would declare as and when relevant; conflicts of interests to be managed in accordance with the CCG's Standards of Business Conduct policy
					X	Direct	01/06/22	31/05/25	
Dr Ruth Grabham	BSW Medical Director; Member of the CCG GB's <ul style="list-style-type: none"> Primary Care Commissioning Committee At Scale Commissioning Committee 	No interests to declare							

BaNES, Swindon and Wiltshire CCG Policy Register

Policy Title	Version	Author	Executive Lead	Policy Approval Date	Approving Committee	Review Date	Comment
Acceptable Use of IT Policy	1.1	Jagjit Mandair	Caroline Gregory	Apr-20	Governing Body	Apr-23	
Adult Continuing Healthcare Policy	1.0	Kirstie Jackman – Head of Operations and Clinical Quality for CHC/ENC	Gill May	Oct-21	Quality and Performance Assurance Committee (QPAC)	Oct-23	
Aftercare Services under section 117	1.0	Beatrix Hajdu-Howe	Gill May	Apr-20	Governing Body	Apr-21	Under review, draft policy available shortly
Annual Leave Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Jan-23	
Anti Fraud, Bribery and Corruption Policy	2.0	Kim Hampson, LCFS, TIAA	Caroline Gregory	Oct-21	Finance Committee	Apr-23	
Appeals Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Mar-23	
Bullying and Harassment Policy	1.0	HR Business Partner	Interim Director of People and OD	May-20	Governing Body	Jan-23	
Career Break Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Jan-23	
CCTV Policy - Swindon CCG	2.0	Yvonne Knight	Caroline Gregory	Apr-20	Governing Body	Apr-21	CCTV in Pierre Simonet Building is not active and is in process of being decommissioned - no further instances of CCTV in CCG. Policy will be archived when decommissioning completed.
CHC Dispute Resolution Policy	8.0	Sarah-Jane Peffers, Associate Director of Patient Safety and Quality	Gill May	Jun-21	Quality and Performance Assurance Committee (QPAC)	Jun-23	
CHC Local Resolution Policy - Wiltshire CCG	4.0	Yvonne Le Brun/Nita Hughes	Gill May	Apr-20	Governing Body	Apr-21	Under review and will be replaced by BSW CCG Local Resolution Policy during 2022
Childrens Continuing Healthcare Policy	1.0	Fiona Corless	Sharren Pells	Jan-21	Quality and Performance Assurance Committee (QPAC)	Jan-22	
Colleague Health & Wellbeing Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Mar-23	
Compassionate Employment Aspirations (End of Life) Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Mar-23	
Compliments, Concerns and Complaints Policy	4.1	Complaints & PALS Manager	Gill May	May'20	Quality and Performance Assurance Committee (QPAC)	Jan-23	
Confidentiality and Safe Haven Policy	1.1	Susannah Long	Caroline Gregory	Apr-20	Governing Body	Apr-23	
Data Quality Policy	1.0	Susannah Long	Gill May	Oct-20	Quality and Performance Assurance Committee (QPAC)	Apr-23	
Disciplinary Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Jan-23	
Display Screen Equipment Policy	1.0	Yvonne Knight, Head of Risk and Information Governance	Julie-Anne Wales	Oct-20	Executive Management Team	Apr-22	
Domestic Violence & Abuse Policy	2.0		Interim Executive Director for People and OD	Oct-20	Executive Management Team	Jul-23	
Emergency Preparedness, Resilience & Response Policy	1.0	Louise Cadle, Head of EPRR	Julie-Anne Wales	Jul-20	Governing Body	Jul-22	
Exceptional Funding Requests, Prior Approval and Criteria Based Access Policy	1.1	Head of Medicines Optimisation, Exceptions and Prior Approvals	Gill May	Apr-20	Governing Body	Apr-22	
Freedom of Information Policy	1.0	Susannah Long	Caroline Gregory	Apr-20	Governing Body	Apr-23	
Freedom to Speak up: Raising Concerns Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Feb-23	

BaNES, Swindon and Wiltshire CCG Policy Register

Policy Title	Version	Author	Executive Lead	Policy Approval Date	Approving Committee	Review Date	Comment
Fully Funded Adult Continuing Healthcare Choice and Resource Allocation Policy	1.0	Kirstie Jackman – Head of Operations and Clinical Quality for CHC/ENC	Gill May	Oct-21	Quality and Performance Assurance Committee (QPAC)	Oct-23	
Grievance Policy and Procedure	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Jan-23	
Health & Safety Management Policy	1.0	Susannah Long	Julie-Anne Wales	Apr-20	Governing Body	Apr-21	Adjusted for Covid-19 arrangements - full review to reflect new working arrangements
Incident Management Policy - BaNES CCG	3.0	Head of Corporate Governance & Planning	Julie-Anne Wales	Apr-20	Governing Body	Apr-21	BSW CCG Procedure prepared to replace policy - due for imminent approval
Individual Rights Policy	1.0	Susannah Long	Caroline Gregory	Apr-20	Governing Body	Apr-23	
Information Governance Framework	2.0	Susannah Long	Caroline Gregory	May-21	Finance Committee	Apr-22	
Information Security Policy	1.0	Susannah Long	Caroline Gregory	Apr-20	Governing Body	Apr-23	
Learning Disabilities (Challenging Behaviour) CTR and Blue Light Protocol Guidance and Policy (Adults and Children)	1.0	Lynette Glass	Gill May	Apr-20	Governing Body	Apr-21	
Management of Vexatious Applicants Policy	1.1	Susannah Long	Caroline Gregory	Apr-20	Governing Body	Apr-23	
Managing Poor Performance Policy	1.0	HR Business Partner	Interim Director of People and OD	May-20	Governing Body	Apr-23	
Management Sickness Absence Policy and Procedure	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Mar-23	
Maternity, Paternity, Adoption and Shared Parental Leave Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Feb-23	
Mental Capacity Act and Deprivation of liberty Policy and Procedure - Wiltshire CCG	1.0	Lynn Franklin	Gill May	Apr-20	Governing Body	Apr-21	
Non-Emergency Patient Transport Policy	1.0	Pete Justin	Mark Harris	Apr-20	Governing Body	Nov-22	
Organisational Change Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Mar-23	
Other Leave Policy	1.0	HR Business Partner	Interim Director of People and OD	May-20	Governing Body	Apr-23	
Overpayment and Underpayment Correction Policy	1.0	HR Business Partner	Interim Director of People and OD	May-20	Governing Body	Apr-23	
Pay Protection Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Jan-23	
Personal Health Budgets Policy	1.0	Catherine Phillips	Gill May	Jan-21	Quality and Performance Assurance Committee (QPAC)	Apr-22	
Policy for the development, approval and management of policies	1.0	Susannah Long	Julie-Anne Wales	Apr-20	Governing Body	Apr-23	
Prevent Policy	1.0	Colette O'Neill	Gill May	Jun-21	Quality and Performance Assurance Committee (QPAC)	Apr-24	
Probation Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Jan-23	
Procurement Policy	1.0	CSU	Caroline Gregory	Apr-20	Governing Body	Apr-22	
Professional Registration Policy	1.0	HR Business Partner	Interim Director of People and OD	May-20	Governing Body	Apr-23	

BaNES, Swindon and Wiltshire CCG Policy Register

Policy Title	Version	Author	Executive Lead	Policy Approval Date	Approving Committee	Review Date	Comment
Records Management Policy	1.0	Susannah Long	Caroline Gregory	Apr-20	Governing Body	Apr-23	
Recruiting Ex-offenders Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Jan-23	
Recruitment & Selection Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Feb-23	
Research Governance Policy - BaNES CCG	6.0	Dr Ian Orpen	Gill May	Apr-20	Governing Body	Apr-21	
Research Policy - Swindon CCG	1.0	Liz Olden	Gill May	Apr-20	Governing Body	Apr-21	
Retirement Policy	1.0	HR Business Partner	Interim Director of People and OD	May-20	Governing Body	Jan-23	
Retirement Award for Long Service Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Mar-23	
Risk Stratification Policy	1.0	Jason Young	Caroline Gregory	Dec-21	Finance Committee	Dec-23	
S117 Funding Policy - Swindon CCG	1.0	Thomas Kearney	Gill May	Apr-20	Governing Body	Apr-21	
Safeguarding Adults, Children and Looked After Children Policy	1.0	Rob Mills, Jane Murray, Jackie Mathers & James Dunne	Gill May	Apr-20	Governing Body	Jan-22	
Secondment Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Mar-23	
Security Management Policy	1.0	Carver Tedstone, LSMS, TIAA	Julie-Anne Wales	Oct-21	Finance Committee	Oct-23	
Serious Incident Policy	3.0	Sarah-Jane Peffers, Associate Director of Patient Safety and Quality	Gill May	May'21	Quality and Performance Assurance Committee (QPAC)	May'23	
Social Media Policy	1.0	Tamsin May	Julie-Anne Wales	Jul-20	Governing Body	Jul-22	
Standards of Business Conduct Policy	1.1	Anett Loescher, AD Corporate Affairs	Julie-Anne Wales	Apr-20	Governing Body	Apr-23	
Temporary Promotion Policy	1.0	HR Business Partner	Interim Director of People and OD	May-20	Governing Body	Apr-23	
Travel and Expenses Policy	1.0	HR Business Partner	Interim Director of People and OD	May-20	Governing Body	Apr-23	
Ways of Working Policy	1.0	HR Business Partner	Director for People and OD	Jan-21	Governing Body	Jan-24	
Working Time Directive Policy	1.0	HR Business Partner	Interim Director of People and OD	Apr-20	Governing Body	Jan-23	

As at 30 December 2021