NHS

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

BSW CCG Governing Body Meeting in Public
Thursday 17 March 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
9:55	5	Minutes from the BSW CCG Governing Body Meeting held in Public on 17 February 2022	Chair	Approve	GB/21-22/135
	6	Action Tracker	Chair	Review	GB/21-22/136
10:00	7	Reports from the BSW CCG Clinical Chair and Locality Clinical Leads	Chair, Dr Bryn Bird, Dr Amanda Webb, Dr Edward Rendell	Note	Verbal
10:05	8	BSW CCG Chief Executive's Report	Tracey Cox	Note	GB/21-22/137
10:10	9	Medical Director's Report	Dr Ruth Grabham	Note	Verbal
Business items					
10:15	10	BSW Performance, Quality and Finance Report	Julie-Anne Wales, Gill May, Caroline Gregory	Note	GB/21-22/138
10:35 - Short break – 10 mins					

Timing	No	Item title	Lead	Action	Paper ref.
10:45	11	Workforce Disabilities Equality Standard	Damian Gallagher	Approve	GB/21-22/139
11:00	12	BSW Operating Plan 2022-23	Richard Smale	Note	Presentation in meeting
11:20	13	Integrated Care System Development and Transition Update	Richard Smale, Catherine Phillips	Note	Presentation in meeting
Items for information *Items in this section will be taken as read and not discussed unless members raise specific points*					
11:40	14	Summary Report from Governing Body Committees	Chair	Note / Approve	GB/21-22/140
Closing Business					
11:45	15	Any other business	Chair		

Next meeting: Thursday 19 May 2022

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

Thursday 17 February 2022, 9:30hrs

Virtual meeting held via Zoom

Present

Statutory Members
Clinical Chair - Chair of Governing Body, Dr Andrew Girdher (AG)
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)
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)
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey, (SD)
Director of Nursing and Quality, Gill May, (GM)
Director of Strategy and Transformation, Richard Smale (RS)
Medical Director, Dr Ruth Grabham (RG)

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)
Wiltshire Director of Children's Services, Lucy Townsend (LT)
BaNES Director of Public Health, Rebecca Reynolds (RR)
BSW Integrated Care Board Chair Designate, Stephanie Elsy (SE)
BSW Integrated Care Board Chief Executive Designate, Sue Harriman (SH)
Board Secretary, Sharon Woolley (SW)
Associate Director of Finance Swindon, Matthew Hawkins (MH) - *for item 10*
Head of Emergency Preparedness Resilience & Response, Louise Cadle (LC) – *for item 12*
Programme Director for Transition, Catherine Phillips (CP) – *for item 14*

Apologies

Swindon Director of Public Health, Steve Maddern (SM)
Chief Financial Officer, Caroline Gregory (CG)
Interim BSW Executive Director for People and OD, Alison Kingscott (AS)
Deputy Director of Communications and Engagement, Tamsin May (TM)
BaNES Council Director of Adult Social Care, Suzanne Westhead (SWe)
Locality Clinical Lead (BaNES), Dr Bryn Bird, (BB)

1 Welcome and Apologies

1.1 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.

1.2 The meeting was declared quorate.

1.3 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. Consideration is being given to future Board meetings and some moving back to face to face. Further details will be shared with members in due course.

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 The patient story focussed on the patient experience of using the additional out of hospital capacity that had been put into place across BaNES, Swindon and Wiltshire (BSW), to meet the challenges with discharging those patients who were assessed as medically fit to leave hospital. BSW as a system had considered the alternative options available, reviewing also those that had been put into place by other systems.

4.2 The system response focussed on supporting the flow of patients through the acute and community settings. Extra bed capacity had been secured through temporary wards at St Martin's Hospital (Ward 4), at the rehabilitation hospital in South Newton near Salisbury and at a temporary care facility at a hotel in central Bath. These settings provide a peaceful and relaxed environment for patients to recover before being discharged home or to a care home. Additional home care provision across the region continued to be sought to support the position.

4.3 The Discharge Grant Scheme was being trialled across BSW, helping people leave hospital when it was safe and appropriate for them to go home, but who may require some extra care and support for a short period of time (maximum 4 weeks). Significant due diligence and safeguards were in place to monitor the use of the grant and mitigate against financial exploitation and abuse.

4.4 The Director of Nursing and Quality shared case studies for patients on Ward 4 at St Martin's and staying at the Bath Care Hotel, both providing that dedicated recovery and rehabilitation support for patients before being discharged.

4.5 These temporary alternative solutions had been established during extreme pressures on the BSW system, whilst discharge options were limited, in the interest

of those patients who were fit to leave hospital, giving time to regain confidence and make any necessary adjustments at home to ensure supported. Patients and people remain central to these arrangements to feedback on their experience. The HCRG Care Group were running Ward 4 and auditing and reviewing the situation to gather feedback. The CCG's Quality Team were auditing and reviewing the Care Hotel and Discharge Grant scheme. This additional resource through HCRG ensured staff were not being moved across the system, providing insight into the resource needed to deliver the new care model.

4.6   A double in fall admissions were seen over winter. Under the BSW Academy umbrella, fall leads and collaborative work was putting more preventative measures and support into place. Virtual wards were to provide that earlier intervention to also prevent admissions.

4.7   Through the BSW Ethical Advisory Group, the BSW Discharge and Admission Framework was soon to be published, supporting colleagues with that difficult decision-making, to raise the risk appetite to support the professional judgement. Patients were to be involved and engaged in all elements of the discharge planning as early as possible to enable time to make decisions. It is important that patients and the public were involved in co-producing new BSW services and additional out of hospital capacity. Home remained the best scenario where possible. Support to carers remained a focus to ensure they were retained and incentivised. Future pipelines and development opportunities for carers were fundamental. Modelling ahead of next winter was underway to consider the capacity needed.

4.8   Funding for this additional capacity was currently funded through the national Hospital Discharge Programme (HDP) fund and those monies that had been made available at year end to support the Omicron surge. This was to discontinue on 31 March 2022, detailed work was underway to look at discharge and capacity plans for 2022-23 to understand the recurring requirements. Difficult conversations were to be held with system partners to consider the choice of investments against the limited allocation.

4.9   These two high quality examples were taking the pressure off the hospital through innovative solutions. Efforts will also focus on virtual wards ahead of next winter to ensure all avenues were explored to reduce the anticipated winter surge. Medical and nursing support was a limiting step to enable people to be cared for at home.

5   Minutes from previous meetings:

5a.   BSW CCG Extraordinary Governing Body Meeting held in Public on 11 November 2021

5.1   The minutes of the meeting held on 11 November 2021 were **approved** as an accurate record of the meeting.

5b.   BSW CCG Governing Body Meeting held in Public on 18 November 2021

5.2   The minutes of the meeting held on 18 November 2021 were **approved** as an accurate record of the meeting.

6   Action Tracker

6.1 The four actions recorded upon the tracker were noted as CLOSED, with updates added for member information.

7 Reports from the BSW CCG Clinical Chair and Locality Clinical Leads

7.1 The Clinical Chairs report was **received and noted.** Sincere thanks were expressed to all staff across the system who had adapted during the pandemic and severe system pressures, to go above and beyond to continue providing health care services to the BSW population.

7.2 The reports from the Locality Clinical Leads were **received and noted**.

7.3 A key system development had seen practices and primary care networks (PCNs) engage in the SHREWD system reporting and escalation planning, to ensure system partners were aware of the increased pressures and demand also seen across primary care. The significant response of the system collective to respond to pressures and demand was building those required system links. This had shown the value of collaborative working to the practices, linking more with community pharmacies and community services for additional mutual support enabling core services to continue through sharing of resources and innovative solutions.

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:
- As of 16 February 2022, BSW had stood down its system OPEL level 4 status, staff absence had improved, and a small recovery had been recorded to ambulance handover delays. The critical status had been removed, however would be kept under daily review.
- Correction to item 1.4 – BSW had benefited from a total of £30m of additional HDP monies over the past year.
- Contingency plans to cover the Director of Corporate Affairs role would be shared in due course. Julie-Anne Wales was to retire at the end of March, after many years in the NHS. The Board noted their thanks to Julie-Anne for the excellent support provided to the Governing Body over the years.

9 BSW Performance, Quality and Finance Report

9.1 The Governing Body **received and noted** the BSW Performance, Quality and Finance Report to end January 2022, which set out the system's performance against statutory targets and agreed prioritisations in view of performance data and transforming services. The report highlighted areas of continuing challenge and concern.

9.2 Discussions noted in particular:
- This was a reduced report due to teams being redirected to support other activities during the planning of the anticipated Omicron surge.
- Clinicians and patients were welcoming the benefits seen from the newly implemented, high quality Advice and Guidance service, changing the way that primary and secondary care connected.
- The CCGs Quality and Performance Assurance Committee would be reviewing the patient harm risk framework, which would include the risk heat map developed as a consequence of system demand.

- As a requirement of the national 'Joanna, John and Ben' Cawston Park report, each system was required to undertake comprehensive direct reviews of all inpatients by 31 January 2022. BSW had achieved this, and was capturing the learning from each review.
- The HCRG Care Group and PCNs continued to support the vaccination programme across the patch. BSW was noted as the best in the South West in relation to 12 to 15 year olds vaccination rates.
- BSW was reporting a breakeven forecast at month 9. The CCG expected to deliver and meet all its statutory duties.
- The risks at year end were largely due to receipt of additional national monies and timings of reimbursement of claims.
- Community Development Medicinal Units (CDMUs) were being established in localities to support the new set of treatments prescribed and delivered by the acutes for those vulnerable COVID-19 positive patients. Contact was to be made with patients within 5-7 days of a positive test. This required urgent contact, assessment of the suitability of the treatment, and then delivery of the treatment – all within a short timescale. No additional funds were available to support this, bringing additional demands during an already pressurised period.
- The Board recognised the significant amount of work being carried out by CCG and health and care colleagues during this unprecedented period, and whilst BSW transitioned to an ICB. Health and wellbeing of staff remained a focus.

10 Annual Operational Planning Round Headlines

10.1 The Governing Body received an update on the BSW planning for 2022-23 and the approach being taken to bring value to the system and the population it served. Working with system partners, clear commitments and outcomes for 2022-23 were being defined, bringing together local and national planning cycles.

10.2 Although complex with influence from related strategic plans and enabling elements, the BSW Care Model remained at the heart, with a focus on prevention and wellbeing, whilst ensuring the best use of resources in the right way, driving efficiencies and productivity.

10.3 Interim leadership arrangements were in place until the BSW ICB Executive Director of Planning and Performance was recruited to, with the System Planning Group co-ordinating production of the plan. A 'Red Review Team' was being established to quality assure the plan before submission. The draft submission deadline was 17 March 2022, with the final to be submitted on 28 April 2022.

11 People and Organisational Development:
11a. BSW CCG Gender Pay Gap Report

11.1 The Board received the gender pay gap report, providing BSW CCG's statutory disclosure, using figures as of 31 March 2021, in comparison to September 2020. This was the first time the CCG has been required to complete the disclosure following the CCG merger in 2020, which took the overall employee headcount to over 250 employees.

11.2 Although the mean and median hourly rates of pay gap had decreased for March 2021, there was still a significant gap to address. Men were earning more whilst in certain pay bands, particularly band 8c, Very Senior Managers (VSM) and ad hoc salaries, although it was noted that there was a higher percentage of females than males in the CCG. A deep dive of Bands 6, 8c and VSM & ad hoc salaries was to

be undertaken to understand the significant difference. The report identified a number of recommended actions for the CCG to take forward.

11.3 Discussion highlighted the following:
- The difference in the mean hourly rate of pay between males and females may be attributed to various factors, including increments within pay bands which is affected by length of time employed and also by career breaks.
- Systems, processes and pay structures needed to be reviewed to ensure this fully supported the action to be taken to reduce the gender pay gaps, acknowledging that structures and pay scales were guided nationally. This would be taken forward into the ICB to ensure this remained front and centre of decision-making.
- Comparison with other CCGs and NHS organisations would be undertaken.
- A deep dive of pay Bands 6, 8c and VSM & Ad hoc salaries would be welcomed, to better understand factors affecting the difference in the mean hourly pay rate between males and females. It was noted that this should include the review of the training undertaken, and in broader terms to promote the training function and support available to all staff. This tied in with the work being progressed around the Workforce Racial Equality Standards and the Disability Standards.
- Whilst there is a difference between the mean hourly rate of males and females in pay bands, it was confirmed that all CCG employees are subject to the Nationally set and negotiated terms and conditions of employment for all NHS staff under Agenda for Change or Medical and Dental terms and conditions of employment.

ACTION: Update against the CCG Gender Pay Gap actions to be brought to the April Governing Body meeting.

11.4 The Governing Body **noted** the report and the findings within the BSW CCG Gender Pay Gap Report 2021, and **approved** the formal publication of the BSW CCG Gender Pay Gap Report 2021.

12 Annual Emergency Preparedness Resilience and Response Assurance Report

12.1 Louise Cadle, the Head of Emergency Preparedness Resilience and Response (EPRR) was in attendance to inform and assure the Governing Body of the BSW annual assurance programme undertaken. Each partner organisation was assessed against 60-70 core standards.

12.2 The report provided the position statement of the CCG and NHS Funded Providers, details of partially compliant organisations and areas of notable EPRR best practice. It was acknowledged that the findings were in the context of responding to a protracted Covid-19 incident, EU Exit, continued demand and capacity challenges, and the management of the quarantine, Afghan resettlement, and bridging hotels.

12.3 BSW Integrated Care System (ICS) was confirmed as substantially compliant, maintaining the core duties of the Civil Act 2004. Partners had maintained their EPRR compliance.

12.4 Common themes for improvement, areas of good practice and next steps were noted. EPRR staffing resources within partners had already increased to ensure the statutory duty was met.

12.5 The Board wished to record their thanks to Louise Cadle for the considerable and exemplar work undertaken and support given to the system, placing it in a good position.

12.6 The Governing Body **accepted** the report and **noted** the assurance and feedback provided by NHSE England and NHS Improvement.

13 Risk Management

13.1 The Governing Body **received and noted** the risk management report, consisting of the CCGs Corporate Risk Register, Corporate Risk Map and the Board Assurance Framework. Business as usual had been stood down in December and January, therefore this report had not been presented to the Audit Committee on this occasion. The risks and board assurance framework had however been updated for this report.

13.2 Discussion highlighted the following:
- 28 risks were noted on the register, 11 of which were high, 17 moderate. Six new risks had been added. Three risks had been closed.
- Although staffing remained a concern for maternity services, risk 58 had been closed following assurance given during the deep dive, that the Local Maternity and Neonatal Service were sharing processes to review and manage risks.
- A paper was to be taken to the BSW Executives on 18 February 2022 to consider the ICB's approach to managing risk.
- The ICB Chair Designate, ICB Chief Executive Designate and the ICB Non-Executive Director (NED) Designates would be invited to observe the CCGs Risk Management Panel to view the current CCG process and help the transition process.

14 Integrated Care System Development and Transition

14.1 The Governing Body **received and noted** the ICS Development Programme update, which provided progress updates against the system operating model, clinical and care professional leadership (CCPL), BSW's digital strategy and the HR transition elements.

14.2 The following was highlighted to the Board:
- A series of activity was being undertaken to ensure the CCPL framework was agreed, ICB Board appointments were made, and plans and governance materials were drafted. Some may evolve over time, but a platform to commence the ICB was to be in place.
- The Governing Body was to support the smooth transition from the CCG to the ICB. Capacity to support closedown was a notable risk.
- The learning from the CCG merger was being applied and was supporting progress.
- The principles underpinning the approach to governance had been developed by the System Architecture Local System Working Group (SALSW), looking at how the ICB will behave as a new organisation and how its governance would support functions and operations.
- BSW Partners were working collaboratively or in partnership through place-based partnerships, system wide collaboratives or provider collaboratives. As future arrangements were formalised, the role and responsibility of each needed to be clear, and how these Groups related to those committees established as

part of the ICB arrangements. The maturity matrix would be adapted and refreshed to support this development.

- The CCPL model was focused on defining engagement, decision-making accountability and responsibility – linking with other ICB programmes and structures. It recognised the need for a supportive network to enable clinical colleagues to undertake their ICB roles. The CCPL model was to be submitted to NHS England in May, with an interim submission.
- The BSW Digital Strategy was in development, building on the digital innovation during the pandemic.
- The CCG Executive Consultation had now concluded. It was acknowledged that this was a difficult time for the Executives, whilst managing system pressures and demands.
- Four of the ICB NED roles had been appointed to. The NED Finance role would be readvertised, with interviews to be held on 5 April 2022.
- CCG colleague consultation would commence 4 April 2022.
- A workshop was to be held on 9 March 2022 to consider the 10 People Function Outcomes with system partners.

15   Summary Report from Governing Body Committees

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

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

16   Corporate Registers

16.1   The CCG holds and maintains the statutorily required corporate registers for conflicts of interests; gifts, hospitality, and sponsorship and procurement decisions. These are regularly presented to the Audit Committee and Governing Body for information and assurance, in line with good practice.

16.2   The Governing Body **noted** the update, and **took 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; and to manage the regular review and implementation of its policies.

17   Any Other Business

17a   BSW Partnership Sponsoring Board Meeting in Public – 25 February 2022

17.1   The BSW Partnership Board Meeting being held on 25 February 2022 would be a meeting held in public and Board members, and members of the public were welcome to observe the meeting.

17.2   There being no other business, the Chair closed the meeting at 12:05hrs.

Signed as a true record and as approved by the BSW CCG Governing Body at the meeting held on 17 March 2022:
Name:
Role:
Signature:
Date:

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

Updated following meeting held on 17/02/2022

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status
17/02/2022	11a. BSW CCG Gender Pay Gap Report	Update against the CCG Gender Pay Gap actions to be brought to the April Governing Body meeting.	Sheridan Flavin, Alison Kingscott	Noted on the forward planner for the April GB meeting.	CLOSED

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 March 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. My Planned Care Digital Platform

As part of the Elective Recovery Plan, NHSEI have recently launched the first phase of the My Planned Care Patient Digital Platform.

This site provides people waiting for a hospital appointment, operation or treatment (excluding cancer) direct access to the latest waiting time information for all acute trusts across England. The platform is easy to access and navigate and is designed for patients who are on an NHS waiting list, as well as their relatives, carers and supporting healthcare teams, including their primary care team.

Over the coming months the site will also be expanded to include the latest clinical guidance and details about locally available support to help people look after their health and well-being whilst they wait. There will be a wider 'public' launch in a few months' time once the majority of trusts have had the opportunity to add their supporting details.

1.2   New GP Contract Published

On 2nd March NHS England published headline details for the 2022/23 GP Contract, including for the Primary Care Network Directed Enhanced Service (PCN

DES). The Contract shifts primary care away from vaccinations, returning the focus to long-term condition management and chronic disease control in line with primary care and wider NHS integration goals. There is also a requirement to improve access to primary care from October 2022 through extended access provision. The new arrangements aim to remove variability across the country and improve patient understanding of the service. The new offer is based on PCNs providing bookable appointments outside core hours within the Enhanced Access period of 6.30pm-8.00pm weekday evenings and 9.00am-5.00pm on Saturdays, utilising the full multi-disciplinary team, and offering a range of general practice services, including 'routine' services such as screening, vaccinations and health checks, in line with patient preference and need. We will work with PCNs over the coming months to develop a response to these requirements.

1.3   New NHS Reservists Recruitment Process Launched

Health Careers has now set up a dedicated page for people to register interest in becoming an NHS reservist – a role that can help the NHS during peak times and emergencies. NHS reservists are members of the public who have signed up to work 30 days a year for the NHS. People currently working as NHS reserves have taken up roles in COVID-19 and flu vaccination programmes, helped to run hospital wards and supported basic patient feeding and hydration. Full training is provided before deployment. A pilot programme saw 17,000 people sign up. The proposal is after people are trained and ready to work, NHS trusts will be able call on NHS reservists depending on staffing requirements and pressures in the local area, creating an additional bank of workers. More information can be found out about the programme on its website.

1.4   Clinical Commissioning Groups – Transferring the Legacy into Learning

NHS Clinical Commissioners have published a report to consider the legacy of CCGs and offer reflections for the benefit of ICSs. The report highlights that during CCGs' nine years of operation, they have evolved from promoting competition, moved towards collaboration and successfully combined clinical and managerial leadership to make commissioning decisions to drive quality improvements. The report also sets out that CCGs' progress towards integration and clinical leadership at a place level, which was then accelerated during the COVID-19 pandemic, has the potential to be a significant enabler for ICSs. The report sets out 11 recommendations for ICS leaders.

2.   BaNES, Swindon and Wiltshire Integrated Care System Developments

2.1   Launch of the BSW Academy

The BSW Academy was launched on 28th February for all health and care staff working in Bath and North East Somerset, Swindon and Wiltshire (BSW).

The BSW Academy has been possible due to agreement with partner organisations to working together differently. The Academy will aim to provide inclusive, rewarding career progression and opportunities for everyone and work collaboratively with existing organisational academies and networks.

Founded on five pillars of leadership, learning, inclusion, innovation and improvement each pillar works both independently on key priorities and collectively to deliver the aspirations of the academy.

- **Leadership** – providing a united voice across BSW, which sets clear direction, enables cultural transformation and listens to its workforce and communities.
- **Learning** – increasing the quality, quantity and access of the learning and development opportunities on offer.
- **Inclusion** – being clear about our ambition. Starting the conversation with our workforce and communities to define and address the unmet need.
- **Innovation** – proactively supporting our partners to identify, adapt, implement and evaluate innovations and share learning
- **Improvement** – building and spreading a consistent, continuous, improvement culture across BSW

More details can be found at our BSW Academy website. New developments and opportunities will also be shared by following the BSW Academy on Twitter and LinkedIn.
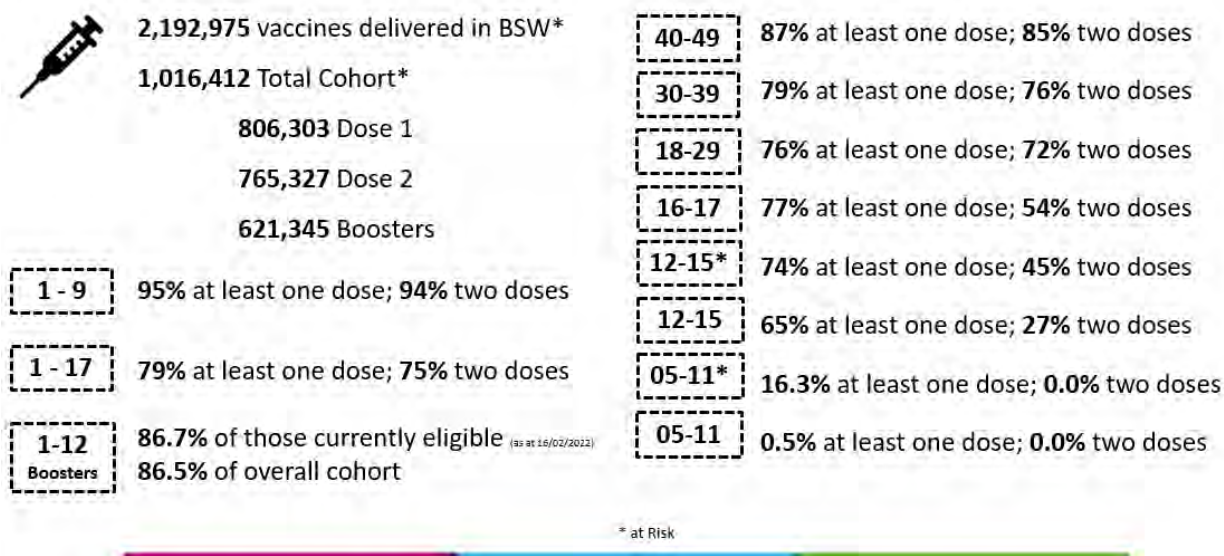
2.2 BSW Mass Covid Vaccination Programme

A total of 18 pop-up vaccination clinics were held across Bath and North East Somerset, Swindon and Wiltshire during February. A variety of unique and diverse venues, including pubs, places of worship, sports stadiums and universities, played host to the pop-up sites, which offered people the chance to get vaccinated close to home and without an appointment. More than 700 people visited one of the sites, with more than 100 of these coming forward for their very first vaccine dose.

BSW Vaccination: Summary   1st March 2022

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 22nd February 2022

2,192,975 vaccines delivered in BSW*

1,016,412 Total Cohort*

806,303 Dose 1

765,327 Dose 2

621,345 Boosters

1 - 9	95% at least one dose; 94% two doses
1 - 17	79% at least one dose; 75% two doses
1-12 Boosters	86.7% of those currently eligible (as at 16/02/2022) 86.5% of overall cohort

40-49	87% at least one dose; 85% two doses
30-39	79% at least one dose; 76% two doses
18-29	76% at least one dose; 72% two doses
16-17	77% at least one dose; 54% two doses
12-15*	74% at least one dose; 45% two doses
12-15	65% at least one dose; 27% two doses
05-11*	16.3% at least one dose; 0.0% two doses
05-11	0.5% at least one dose; 0.0% two doses

* at Risk

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

Governing Body, 17/3/22, Item no. 10

BSW Performance, Quality and Finance Report – March 2022

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

1

Report summary

Key points	This is a regular report produced for BSW key meetings to provide a high level review of performance, quality and finance focusing on: • The current key issues and actions in delivering and transforming services • Programme exception reporting against the 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
Recommendation(s)	Action or decision required by the Committee e.g. 1. The Committee is asked to **note** the contents of the report.
Key risks	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: • BSW47 – Ambulance delays in response and handover – impact on patient care and experience & staff welfare • BSW44 – Seasonal Planning – Urgent and Planned Care impacted by capacity to safely manage seasonal surges. • 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 – Elective Recovery & Performance – delivery risks • BSWtbc – Midwifery staffing shortages – risk of maternity services needing to divert care reducing place of birth choice. As per risk register 04/02/2022
Resource implications	These are included in the report

2

Area	Key Issues	Key Actions	Accountability
Urgent care	• System continues to experience increased escalation as a result of the ongoing pressures across the patch due to lack of flow, and Covid -19 and Winter infections. Two providers declared internal critical incidents and BSW declared System OPEL 4 at beginning of January; and also during early February. • Significant impact on workforce with high demand and limited capacity that has seen a deterioration in performance across all areas, and a decrease on flow out to community. • System has not achieved the required 30% reduction in non criteria to reside position by the end of January. • There is an emerging theme related to busy crowded Emergency Department with 4 stroke incidents (Dec/Jan) and one neurology emergency incident in 2 months. This is a shift from harm being seen in pre hospital setting due to demand. This is caveated with the point that SWAST are working through a backlog of incidents and are currently reporting incidents that occurred Oct / Nov 2021.	• NHS Emergency Care Improvement Support Team (ECIST) supporting BSW with a whole system Discharge review process, with Interim Head of Flow. • Identification of a senior ops manager to oversee flow into additional capacity areas (Ward 4, Care Hotel and Additional Carers). Risk assessment underway to understand impact to patients and system with planned step downs of the non recurrent additional capacity schemes. • Recovery plan for Non Criteria to Reside recovery identified, revised trajectories and monitoring in place. • Review of schemes at Integrated Care Alliance IICA) level that will be required to continue into Q1 of 22/23 to support hospital discharge and flow • Deep dive related Stroke care to be undertaken and reported to April QPAC	Urgent Care and Flow Board ICA localities Quality and Performance Committee (QPAC)
Workforce	• NHS sickness absence is stabilising at between 5.5% and 6.0% (1st Feb 2022) , this is high compared to a historical winter average of between 4% and 4.5%. • 2021/22 Half 2 (H2) Workforce Plans – December - further negative movement against the workforce plans from H2, this under delivery is now across all staff groups with the exception of healthcare scientists and medical staffing who remain ahead of the planned position. NHS providers now have 987 wte vacancies, this is 200 wte more vacancies than planned at this point. • 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. *VCOD is now on hold for public consultation and parliamentary discussion	• 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 Health Education England (HEE) funding submissions for Strategic Workforce Programme workstream funding. The governance process for these includes OPDG, SCPG and workstream networks.	• Operational People Delivery Group (OPDG) • System Capability and People Group (SCPG) • BSW Academy

Area	Key Issues	Key Actions	Accountability

Integrated Care Alliance – B&NES	• 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
		• Increasing surge capacity to assist with flow to include:
		  – Ward 4 (22 beds to support P0/P1/P2/P3 patients from BSW)
		  – Care Hotel (15 beds to support P1 patients from BSW)
		  – Increasing home care -core care block capacity (Pathway 1)
		  – Utilising live in care to assist with flow
		  – Daily calls to assist with identifying NC2R patients
			BSW Gold Call
			BSW Silver Call
			Tactical calls
			B&NES Alliance Operational Delivery Group

Integrated Care Alliance – Wiltshire	• Projects underway in the Integrated Care Alliance (ICA) which are not directly contributing to incident response and resolution have paused to support Omicron response. These are now under review to assess for re-start. • Continued high demand for all discharge pathways – pressure point is Pathway 2 with high numbers of care homes closed and beds unavailable – 7 of the 10 Discharge to Assess and Intensive Reablement care homes are closed. • Significant levels of complexity in the non criteria to reside cohort, which impacts on ability to rapidly identify discharge plans and capacity.	• System Risk and Operational Calls remain in place and an effective priority and weekend planning mechanism. • Continue to work in incident response however Wiltshire has begun returning to pre-response activity and work programmes. • Continue to maximise effectiveness of all discharge channels by focussing resources and staffing in key areas – both for existing and additional capacity. • Continue to measure and monitor NCR recovery plan, prioritising work to maximise effectiveness. • Develop and agree a plan to assess and exit additional flow capacity in a managed way. • Plan to return CCG staff from deployment by April 1st.	All issues and actions are recorded and progressed via the Alliance Delivery Group and the Alliance Primary and Community Response Cell Hub meetings – these are running in parallel. Actions are progressed in the Operational Delivery Group meetings.

Integrated Care Alliance – Swindon	• Covid numbers in the community and the Trust have steadily fallen in the last period but demand and capacity pressures persist
	• Planning underway for 2022/23 with a significant challenge around the end of Hospital Discharge Plan funding on 31 March. The loss of this funding will significantly impact flow and response to care/support needs
	• The Integrated Care Alliance (ICA) has launched the Shadow ICA governance arrangements with the Shadow Joint Committee and Shadow Delivery Executive Group meeting for the first time in February
		• Daily ICA Response Hub calls and partner bulletin sharing positional awareness to support management of unintended consequences.
		• Various pressure surge management operations & processes in place:
		  ○ Daily Swindon Borough Council internal Gold calls
		  ○ Increase in hospice bedded capacity to assist flow
		  ○ Trusted Assessor 7-day support
		  ○ 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
		• Opening of additional capacity (8 x beds) plus developing the live-in carer model
		• The 2022/23 planning round will include review of 21/22 schemes and demand and capacity modelling to support a sustainable approach to out of hospital provision.
			Actions are recorded and progressed via the Locality's ICA Response Hub.
			Progress reported into UEC and Silver Tactical calls and Gold.

Executive Summary 3 of 6

Area	Key Issues	Key Actions	Accountability
Elective Care Recovery	RTT 104 week waiters (on incomplete pathways): • BSW are currently targeted by NHSE on managing long waiting patients, at key BSW Acute providers (NHS & IS, patients from any STP). BSW providers have 17 people waiting over 104 weeks at SFT, RUH and BMI Bath Clinic (20th Feb – weekly provisional data). Some risks to treating people by 31th March have been identified for patients with no decision to admit. (N.B. Ramsay Newhall and Sulis Hospitals are not included in this data.) • Patients at BSW providers (reported on NHSE list) at risk of breaching 104 weeks before 1st April 22 has been reduced to 39 (20th Feb – weekly provisional data) and has some risk to delivery as it includes recent patient transfers from other systems. • The BSW population view at the end of Jan is there are 50 people waiting over 104 weeks, 25 being treated by BSW providers (RUH, SFT and Sulis) and 25 with neighbouring systems or specialist providers. • Elective Recovery activity is running (week of 20/2) at 99% of normal day case and 97% ordinary elective against our 2021/22 plan but was significantly below plan in January contributing to the net growth in the waiting list.	• 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 weeks to support the system. • Elective recovery group meeting fortnightly to review actions to assure recovery to 21/22 activity plans and 22/23 delivery. • IS Sector – engaged with IS about further support for long waiters. • Reviews in the impact on patients of long waits including delays to cancer diagnosis and treatment are ongoing. A BSW Action plan to focus on Quality and Safety within Elective Care is being completed with aim to have sign off at Elective Care Board in March.	Elective Recovery Programme of Elective Care Board
Cancer	• Cancer performance data for Dec confirms the previously reported areas of most challenge within BSW, for which recovery plans are in place. • BSW improved on 5 of 8 and achieved 1 of the 8 national performance measures in Dec. For the new measure of 28 day Faster Diagnosis (not yet included in the main national reporting suite) BSW achieved 73.5% - 1.5% below the standard but 3% above the national average. • 2 of the targets which were failed at BSW level were primarily or wholly 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 mid 2021 – surgery involving general anaesthetic, and certain diagnostic tests, not recommended within 7 weeks of positive covid).	• Continued focus on performance, volumes and recovery actions, at regular review meetings. BSW continues to see a higher volume of 2 week waiters as out patients, and initiate more cancer treatments, compared to pre-covid, than most other systems in the SW. • Focus on those waiting over 62 days to start to reduce the number for the rest of the current FY, after several months of omicron-induced increases: H2 trajectory target (premised on no further covid surges) was 379 by end Dec; actual on 26 Dec was 423 = 10% over trajectory. By 6 Feb actual had further increased to 504 (11.3% of all patients on 62d pathway). H2 trajectory target is 285 by 31/3/22. • Targeted GP clinical education event focussing on 3 areas where 2ww cancer referrals have not returned to pre-pandemic levels (haematology, urology, gynaecology)	Elective Care Board

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Area	Key Issues	Key Actions	Accountability
All age Mental Health (MH)	• BSW position for adult inpatient mental health beds has improved, previously 11 wards affected by covid, currently one, which itself expects covid safeguards to lift before month end. Out of area placements (OOA) are currently at 9, and Delayed transfers / discharges further reduced to 9. • No further section 140 enactments on Health Based Place of Safety. • Attention Deficit Hyperactivity Disorder (ADHD) waiting times continue to grow. • BSW routine AWP waiting list approx. 950 patients. Risk stratification plans and system response (enhanced resource through third sector) now mobilising. • IAPT (psychological / talking therapies) recovery rate has dipped further following final phase of waiting list cleansing exercise.	• AWP weekly inpatient meetings continue with focus on flow. MADE(multi agency discharge events) focused on B&NES locality as area with high ongoing pressures 24/2/22. • Section 136 group leading review of BSW section 140 policy. • BSW Escalation and Complex case hub continues – More than 80 cases to date to support at system and patient level • BSW IAPT rapid review progressing, proposal will ensure a consistent model across BSW which is compliant with NICE, LTP and 'IAPT manual standards'. Impact to people accessing the service will be improved outcomes achieved.	BSW Thrive Programme Board
All age Learning Disabilities /Autism Spectrum Disorder (LD / ASD)	• Co-production of system response to national recommendations from 'Joanna, John and Ben' Cawston report continuing, with comprehensive direct reviews of all inpatients completed; 19 by BSW CCG, a further 7 by the provider collaborative. • Children & Young People Autism Spectrum Disorder waiting times continue to increase, transformation initiative is mobilising phase 2 which should see greater and sustained impact to pathway improvements. • As at 31st January 2022, a total of 2,176 (45.3%) of Health Checks have been carried out; the Q4 Plan for 2,162 (45%) patients on the Learning Disability Register to have received an Annual Health Check by March 2022 has been exceeded by 14.	• Executive ICS panel(s) 28 Feb 22 to give assurance to BSW and to NHSE and develop an Action Improvement Plan in response to lessons learnt. • Internal Quality Assurance progress progressing. • NHS E I regional summary report expected Feb – March 2022 • 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 regarding engagement challenges. First Option Health Care initiative commencing focused offer for those aged 14+ attending specialist schools across BSW; March 22.	BSW LD/ASD Programme Board
Maternity	• Continued challenges with midwifery, obstetric and neonatal staffing to meet operational pressures. Home births and Midwifery led births now resumed in all areas. Some delays with inductions of labour at times of peak demand but improving • Maternity transformation still paused nationally with deliverables deadlines revised dates not yet announced. • LTP work continues but impacted due to staffing issues (maternal mental health, smoke free pregnancies). • Increased Induction of Labour delays at RUH and GWH	• Mutual aid across LMNS and BSW system and regional at times of peak demand and in escalation. • Point of care vaccination in place in RUH and SFT , planning for GWH. • Plan of action for resumed transformation activities including LTP work, continuity of carer, maternal mental health (midwifery) recruitment of smoke free pregnancy advisors. • Perinatal quality Surveillance model in line with Ockenden requirements to be formally agreed with developing ICS structure and ICB Board including structure of LMNS support team.	BSW Local Maternity and Neonatal System (LMNS)

Area	Key Issues	Key Actions	Accountability
Primary Care	• Continued demand and pressures across General Practices • Even with pressure Primary Care has delivered good delivery of appointments and maintained the proportion that are face to face. • January saw the continued accelerated programme for Covid Vaccinations Boosters and now open for Clinically Extremely Vulnerable (CEV) 5-11 year olds. • The flu vaccination programme is at 70% of the eligible groups • Ongoing risk with limited Primary Care Quality metrics to provide early warning indicators across BSW Primary care. • The Medical Examiner role roll out into primary care, community and mental health is now expected to evolve over a period from summer 2022.	• 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) • Focus on 3 nationally defined priority areas until end March whilst using professional judgement to clinically prioritise care – continued delivery of general practice services, management of symptomatic Covid -19 patients in the community; and ongoing delivery of the Covid-19 vaccination programme. • Support for continued focus on the flow of patients through both acute and community settings and the provision of extra bed capacity in the community, out of hospital. • The Quality Team is leading development of core quality metrics to support service transformation discussions, plans and proactively identify any areas of concern and learning at the earliest juncture. Expected initial roll out during quarter 1 FY 2022/23. • BSW CCG have introduced a project group to support the Medical examiner roll out	Primary Care Commissioning Committee (PCCC)

Area	Key Issues	Key Actions	Accountability

Quality	**Urgent Care and Flow**
	• Increasing Serious incidents in ED relating to the mis-match in demand and capacity (Overcrowding ED's)
	
	Infection Prevention & Control - Outbreaks
	• Outbreaks have continued into February 2022 across all providers in BSW system, this is largely down to community cases occurring along elective pathways, there have been less nosocomial cases compared to the previous waves of Covid-19 we have seen throughout the pandemic.
	• Alongside Covid-19 outbreaks we have also seen the re-emergence of Norovirus outbreaks within 2 of our acute providers, there have also been outbreaks across care homes and educational settings.
	• Clostridium Difficile (CDI)- The annual (April – March) threshold set by NHSE/I for BSW CCG for 21/22 was 179 cases, we have now breeched this threshold. Total numbers of CDI cases across BSW system is 195 (as at Jan 22).
		• To Improve patient flow and further reduce ambulance conveyance and reduce the delay in ambulance handovers. Areas of suggested improvement being taken forward by the system:
		   • Falls pathway review
		   • EOL pathway
		   • Cat Validation project
		   • Care Home Conveyance
		• Quality Team to lead on a review of the stroke pathway
		• Development of the Patient Safety Risk Framework to enable the construction of a system wide 'heat map' to support system mitigations
		
		• Communications have gone out via the CCG comms to the public to be vigilant
		
		• The BSW CDI collaborative continues, learning from the Hospital Onset/ Hospital Acquired cases reported throughout November and December will be bought for discussion to share the learning wider.
		• Despite this rise, we are still the best performing CCG for CDI rates across the South-West and the rising trend is also seen in other CCGs nationally and BSW is not highlighted as an outlier, greater understanding is required from these cases in order to create an action plan that will impact the case rates and ensure sustained reductions. Local authority public health colleagues are supporting the CDI collaborative and wider determinants of public health are being considered as potential contributory factors.
			Quality and Performance Committee (QPAC)
			
			Quality Surveillance Group (QSG)
			
			Elective Care Board
			
			Urgent Care Board
			
			BSW Thrive Board
			
			Primary Care Commissioning Committee (PCCC)

Workforce

BSW Workforce Position

Latest Workforce Intelligence Available			
NHS	Primary Care	Adult Social Care	Children Services
31st December 2021	31st December 2021	31st March 2021	30th September 2020

Table 1. BSW Vacancies by Care Setting

Setting	Supply	Demand	Vacancies		
	Staff in Post (WTE)	Workforce Plans	WTE	Rate (%)	+/- Change
NHS	16,304	17,292	987	5.71%	↑
Primary Care	2,685	2,850	164	5.76%	↓
Adult Social Care	15,075	15,999	924	5.78%	→
Children's Social Care	430	535	105	19.61%	→
BSW	34,495	36,675	2,181	5.95%	↓

Table 1. shows an improving overall vacancy position across the system with vacancies currently below 6% (around 2,200 wte).

Vacancy rates in the NHS have marginally increased from the previous period but continue to follow a downward trend. Vacancy rates also continue to reduce in Primary Care and have retracted to below 6%.

Table 2. BSW Vacancies by Staff Group

Staff Group	Supply	Demand	Vacancies		
	Staff In Post (WTE)	Workforce Plans	WTE	Rate (%)	+/- Change
Allied health professionals	1,327	1,406	80	5.66%	↓
Health Care scientists	415	434	19	4.40%	↓
Medical and Dental	2,420	2,516	96	3.83%	↑
Infrastructure support	6,589	6,955	366	5.26%	↓
Other scientific, therapeutic and technical staff	1,395	1,566	171	10.91%	↓
Registered nursing, midwifery and health visiting staff	5,643	6,124	482	7.87%	↑
Support to allied health professionals	234	275	41	14.86%	↑
Support to nursing staff	13,146	13,943	797	5.72%	↑
Support to STT & HCS Staff	823	890	67	7.57%	↓
*Other	2,503	2,564	62	2.41%	→
BSW	34,495	36,675	2,181	5.95%	↓

Table 2 demonstrates a mixed position by staff group, however for all 4 staff groups that have seen an increase in vacancies since last month (indicated by the red arrow in table 2), the increase is <1%.

Registered Nursing and midwifery vacancies remain high but differ considerably by setting.

Medical workforce vacancies continue to grow, driven by growing GP vacancies in Primary Care. Although the total number appears low, this is a balance of high vacancies in Consultant and Qualified GP positions, in contrast to low vacancies in Junior and Registrar grades.

Vacancies for Allied Health Professionals (AHPs) are retracting overall, but the gap is predominantly within NHS Providers and Primary Care. Vacancies for AHPs in Primary Care is being driven by strong demand growth driven by the Additional Roles Reimbursement Scheme.

H2 Workforce Plan Monitoring

Figure 1. is used for monthly monitoring of the progress against the workforce plans compiled during the 2021 Half 2 (H2) NHS Operational Planning Round. These plans cover Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), Great Western Hospitals NHS Foundation Trust (GWH), Royal United Hospitals Bath NHS Foundation Trust (RUH), Salisbury NHS Foundation Trust (SFT) and Wiltshire Health and Care LLP (WH&C).

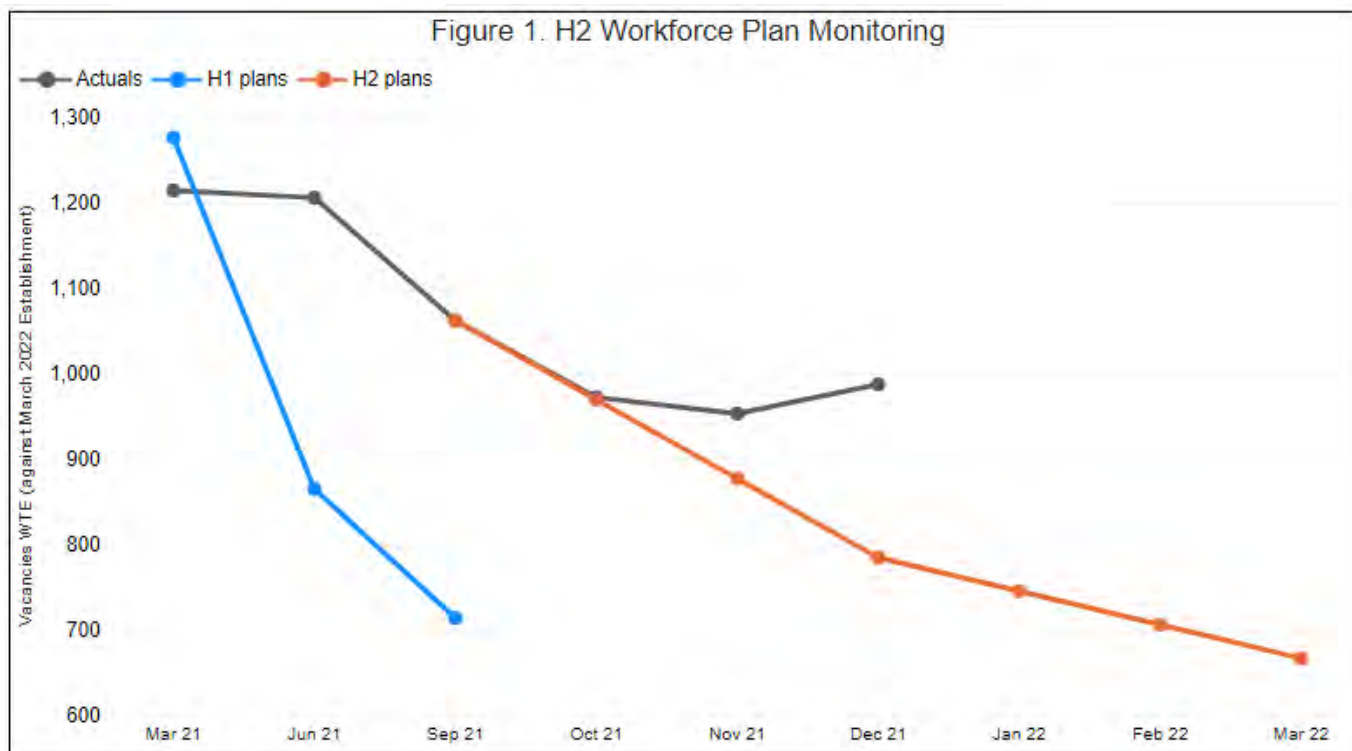Figure 1. BSW H2 Workforce Vacancy Plan Monitoring

Figure 1. H2 Workforce Plan Monitoring

Figure 2. December 2021 Vacancies (against March 2022 Establishment)

Staff Group	Planned Vacancy WTE	Actual Vacancy WTE	Difference Planned vs. Actual Vacancy	Current vs. previous month movement
Allied health professionals	30.58	48.72	-18.14	↓
Health Care scientists	25.21	19.11	6.10	↑
Medical and Dental	78.29	45.38	32.91	↑
NHS Infrastructure support	255.19	278.33	-23.14	↑
Other scientific, therapeutic and technical staff	21.40	35.61	-14.21	↓
Registered nursing, midwifery and health visiting staff	311.39	364.04	-52.65	↓
Support to clinical staff	66.25	215.96	-149.71	↓
Any Others	-4.45	-20.02	15.57	→
All Substantive	**783.86**	**987.13**	**-203.27**	↓

December 2021

Between November and December there has been further negative movement against the workforce plans from H2, this under delivery is now across all staff groups with the exception of healthcare scientists and medical staffing who remain ahead of the planned position. Providers now have 200 wte more vacancies than planned at this point.

There are a number of factors impacting the delivery of the 2021/22 Half 2 plan including: Covid-19, attrition, a hold or significant delay in the International Recruitment process, and ongoing development of provider plans for establishment / vacancies that will be refreshed in the 2022/23 operational plan. There are also issues with the mix of vacancies (e.g. more Consultants than junior doctors as noted on the previous slide)
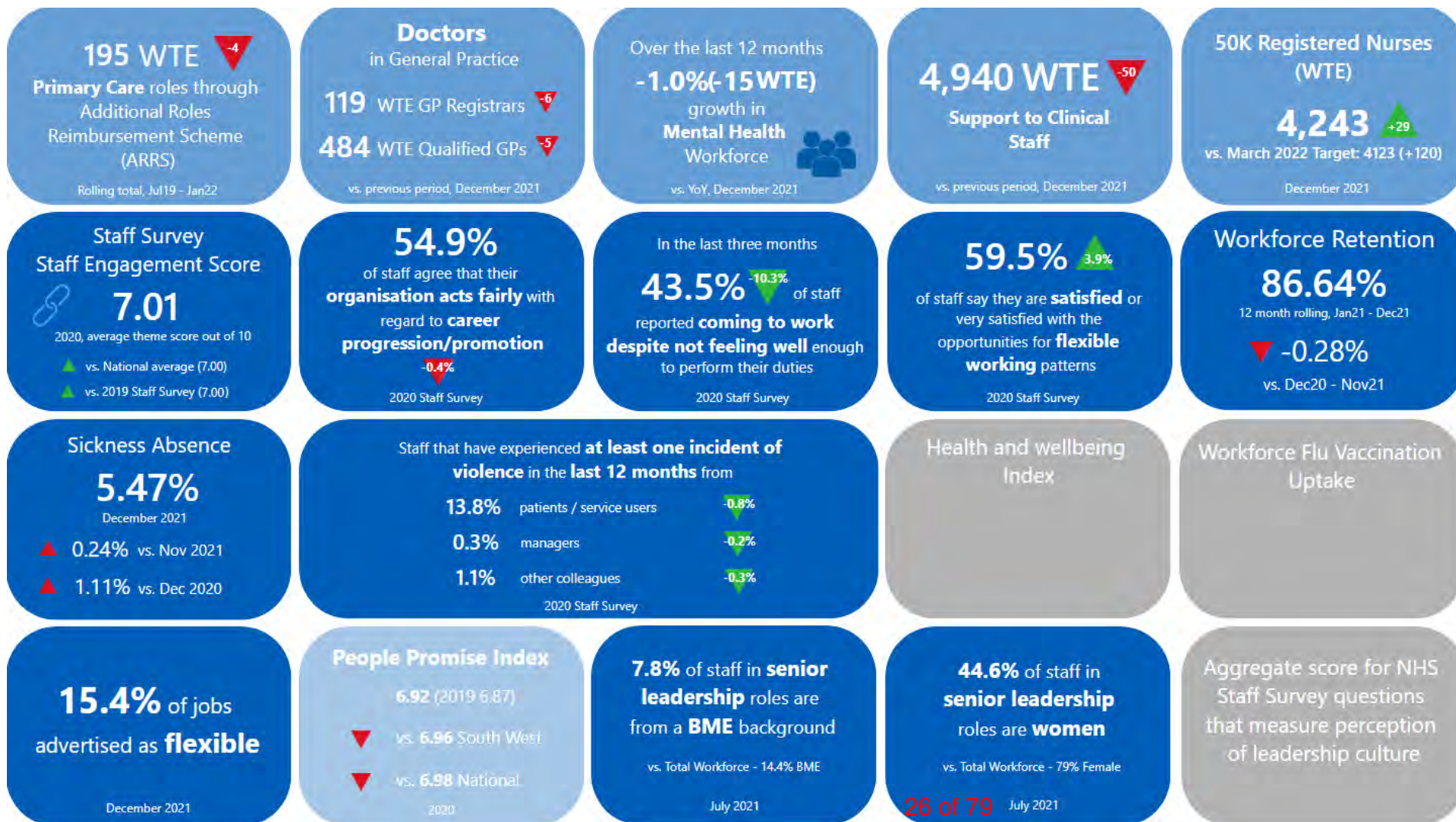
2022/23 operational plans are currently being collated and a first draft of these plans will be included in this pack next month.

NHS System Oversight Metrics for 2021/22 - BSW

Latest Workforce Intelligence Available			
NHS	Primary Care	Adult Social Care	Children Services
31st December 2021	31st December 2021	31st March 2021	30th September 2020

195 WTE ▼-4
Primary Care roles through Additional Roles Reimbursement Scheme (ARRS)
Rolling total, Jul19 - Jan22

Doctors in General Practice
119 WTE GP Registrars ▼-6
484 WTE Qualified GPs ▼-5
vs. previous period, December 2021

Over the last 12 months
-1.0%(-15 WTE) growth in **Mental Health** Workforce
vs. YoY, December 2021

4,940 WTE ▼-50
Support to Clinical Staff
vs. previous period, December 2021

50K Registered Nurses (WTE)
4,243 ▲+29
vs. March 2022 Target: 4123 (+120)
December 2021

Staff Survey Staff Engagement Score
7.01
2020, average theme score out of 10
▲ vs. National average (7.00)
▲ vs. 2019 Staff Survey (7.00)

54.9% of staff agree that their **organisation acts fairly** with regard to **career progression/promotion**
-0.4%
2020 Staff Survey

In the last three months
43.5% ▼-10.3% of staff reported **coming to work despite not feeling well** enough to perform their duties
2020 Staff Survey

59.5% ▲3.9%
of staff say they are **satisfied** or very satisfied with the opportunities for **flexible working** patterns
2020 Staff Survey

Workforce Retention
86.64%
12 month rolling, Jan21 - Dec21
▼ -0.28%
vs. Dec20 - Nov21

Sickness Absence
5.47%
December 2021
▲ 0.24% vs. Nov 2021
▲ 1.11% vs. Dec 2020

Staff that have experienced **at least one incident of violence** in the **last 12 months** from
13.8% patients / service users -0.8%
0.3% managers -0.2%
1.1% other colleagues -0.3%
2020 Staff Survey

Health and wellbeing Index

Workforce Flu Vaccination Uptake

15.4% of jobs advertised as **flexible**
December 2021

People Promise Index
6.92 (2019 6.87)
▼ vs. 6.96 South West
▼ vs. 6.98 National
2020

7.8% of staff in **senior leadership** roles are from a **BME** background
vs. Total Workforce - 14.4% BME
July 2021

44.6% of staff in **senior leadership** roles are **women**
vs. Total Workforce - 79% Female
July 2021

Aggregate score for NHS Staff Survey questions that measure perception of leadership culture

The NHS System Oversight Metrics are prescribed by NHS England as part of the Systems Oversight Framework to monitor the performance of Integrated Care Systems in England. Details of these metrics can be found here - NHS System Oversight Framework. This matrix is focused on the workforce related metrics from within this framework.

Where a metric is presented on a grey tile, it is currently under development and can not yet be reported.

The has been movement against a number of metrics in this period:

- We are now ahead (+120) of the BSW 50k Nursing Target for March 2022.

- Sickness absence has increased from last month (+0.24%) and remains high for this time of year in comparison to previous years (+1.11% December 2020). More up to date Daily Absence monitoring is available "SW Daily Absence Tracker "

- Workforce retention (12m rolling) has worsened for the 4th consecutive period .

BSW Strategic Workforce Programme Performance

Work Package		Measure	Update Frequency	Latest Data Date	Previous Position	Latest Position	Change (+/-)
Supporting our 55+ workforce	1)	Rate of Leavers over the age of 55+ (NHS)	Monthly	Dec-21	2.25%	2.34%	0.10%
	2)	Proportion of retirements that are flexi (NHS)	Monthly	Dec-21	21.59%	14.24%	-7.35%
Deployment of a suite of BSW Leadership development training	3)	Number of training places delivered in an ALL BSW collaborative delivery model	Quarterly	Q3	7	9	2
Development of L&D communities of practice for sharing and collaboration	4)	Number of Communities of practices joined and attended	Quarterly	-	-	-	-
Enhancing EDI awareness in recruitment	5)	Number of recruiting staff trained in unconscious bias recruitment and equality impact assessment training	Quarterly	Q3	-	60	-
Increase pipelines into the entry level roles	6)	Number of learners supported on employability programmes (Kickstart, SWAP, Princes Trust)	Quarterly	Q3	-	59	-
	7)	Number of T level students supported	Annually	Sep-21	-	24	-
	8)	Growth in support worker roles – NHS (WTE)	Monthly	Dec-21	494	501	7
Increasing Apprenticeships	9)	Total number of apprentices within the organisation (Headcount)	Quarterly	Dec-21	525	527	2
	10a)	The amount of sunsetting levy in the last quarter (levy paying employees only) (£)	Quarterly	Q3	-	80,932	-
	10b)	The amount of levy transferred in the last quarter (levy paying employees only) (£)	Quarterly	Q3	-	11,426	-
Passporting of mandatory training	11)	Number of organisation signed and adhering to MoU for mandatory training passporting	Quarterly	-	-	-	-
OD and Leadership	12)	Number of staff completed Structural Dynamics Facilitator Training	Quarterly	Jan-22	10	13	3
	13)	Number of staff completed the BSW System Leadership Development Programme	Quarterly	Feb-22	0	22	22
	14)	Number of staff completed a Structural Dynamics Profile	Quarterly	-	-	-	-
Deploy a BSW L&D sharing platform	15)	Number of course places offered across the system on the BSW digital platform	Quarterly	Q3	0	24	24
Passporting of the Care Certificate across BSW employers	16)	Employers signed MoU for care certificate passporting	Quarterly (from 2022)	-	-	-	-
Broadening Work Experience Opportunities	17)	Number of students supported with work experience (excluding pre-registration, headcount)	Quarterly	Q3	400	0	-400
Develop a collaborative approach to international recruitment	18)	Number of international recruits that have been employed using the BSW collaborative approach (headcount)	Quarterly	Q3	0	0	0
Developing 'New ways of working'	19)	Monthly leavers citing work-life balance (NHS)	Monthly	Dec-21	39.41	29.60	-9.82
	20)	Percentage of jobs advertised as flexible	Quarterly	Dec-21	28.86%	15.37%	-13.49%

These metrics are designed to monitor the impact and deliverables of the Strategic Workforce Programme within BSW. The majority of this Intelligence is collected via a provider return, that is intended to be collected quarterly, and currently is in its trial phase.

As is common with provider returns, data coverage will differ from collection to collection, as such the organisations whose data is represented are listed below:

- Wiltshire Health and Care
- Royal United Hospital Bath NHS Foundation Trust
- Avon & Wiltshire Mental Health Partnership NHS Trust

For quarter 3, only 3 of our providers have returned data so far, this must be considered when drawing any conclusions.

There has been improvement against a number of metrics in quarter 3 with a reduction in the number of leavers citing work-life balance, as well as growth in the number of support worker roles.

The percentage of jobs advertised as flexible within BSW has significantly reduced from the previous period to ~15%.

There has also been a reduction in the proportion of flexible retirements to 14%.

Data Note - Metrics 3, 9, 10a, 10b, 15, 17, 18, 20 are collected via collection and are representative of listed returnees. Metrics 1, 2, 8, 19 represents NHS Providers. All other metrics are represent total system coverage.

Workforce Exception reporting

Exceptions Analysis

- Delay in mandatory training passporting in Primary Care due to operational pressures
- No progress with care certificate passporting as employers are not supportive of concept
- NHS Cadets delayed by one month due to slow recruitment of young people in some areas
- BSW Workforce Intelligence Dashboard is live and is with system partners for feedback

What did we achieve in the past month?

- Our mini procurement is complete and we have contracted with Springpod for our BSW virtual work experience platform delivering 3 x 2 week system wide work experience programme over the next year to 1,750 students/school children.
- Scoping and indicative approval to increase passporting of mandatory training to include Higher Education Institutes and BNSSG
- Work with training hub to establish links with PCNs and practice managers to facilitate passporting of mandatory training
- Project kick off and plan written for Nursing Associate direct entry programme (with Oxford Brookes University). Course information and promotion material and Expressions of interest designed and sent to education leads for cascade across BSW. Business case written to secure pastoral care post for above course in WHC as lead employer
- UWE URL/ payment contracting supported for 2021/22
- Training Needs Analysis (TNA) compiled for demand for Higher Education Institute modules across BSW and submitted to UWE (includes GWH, RUH, WHC, SFT, Medvivo, Prospect, Dorothy House, Primary care – awaiting HCRG)
- Cardiopulmonary Exercise Testing (CPET) – 1:1 meeting with project group second round commenced – placements found and expanded in Primary Care, AWP and Community so far. Allied Health Professional (AHP) faculty role advert to recruit out on NHS jobs, work with Beute clinic to devise guidance document for smaller private employers.
- 3rd Sector-based work academy programme (SWAP) programme commenced for Health Care Support Worker (HCSW) roles.
- Work commenced with training hub. DWP and Wiltshire college to design a non-clinical SWAP for BSW
- NHS cadets schemes x 6 recruitment to commence February / March 2022
- Devise 2022/23 PID – inc. meeting with Workforce planning lead and Recruitment, retention & supply (RRS) lead as well and Academy staff to coordinate projects
- Individual meetings x 11 with Education leads to discuss PID ideas and new governance structure inc. more devolved leadership and delivery across key project groups
- Support meeting with Health Education England (HEE) transformation manager to advise re possible HEE transformation projects
- Support via Return To Practice (RTP) group to promote RTP for AHPs
- Draft PID 2022/23 Organisation, Development & Leadership (OD&L) submitted
- Meeting with SWLA (South West Leadership Academy) planned on 1st February 2022 to discuss collaborative opportunities
- Final workshop for the first cohort of the BSW System Leadership Programme took place on 9th February
- The first workshop for the second cohort of the BSW System Leadership Programme planned took place on 21st February 2022
- Developing alumni network for the BSW System Leading Programme
- Structural Dynamics cohorts next steps planning including network development and further support for current practitioners
- OD&L team planning meeting agreed that the workstream will become a key part of the BSW Academy Leadership Pillar

Plans in the coming Month

- Module and content design for Work experience platform
- Nursing Associate (NA) direct entry programme marketing and collation of EOIs
- Open evening for NA direct Entry programme with OBU
- Finalisation of PIDs
- Work with BNSSG to combine processes for Continuing Professional Development including TNA form to be adopted by wider SW
- Recruitment and contracting of NA direct entry pastoral care role
- Recruitment of outstanding CPET roles in PC – training hub, AHP faculty
- Deep data dive to establish baseline for AHP, L2/3 apprenticeships and SC in BSW
- Completion of SWAP HCSW and planning of next cohort
- Provisional programme for non-clinical SWAP
- TORs, Objective setting and scoping and identifying members for new project groups (for approval via Academy committee)
- Project plan writing for new projects
- Delivery of the second cohort of the BSW System Leadership Programme continues
- Continuing development of the Structural Dynamics network and CPD
- Development of Structural Dynamics and Leadership Programme case studies
- Continuing development of BSW System Leading Programme
- Structural Dynamics alumni
- Continue develop of Structural Dynamics network development planning
- Support in the BSW Academy Launch

How will you address any quality and inequalities?

- Setting clear measurable objectives and timelines with BSW organisations for projects and agree monitoring and reporting to ensure these are met.
- Ensure relevant organisation staff are connected, consulted and engaged in system work via system of steering groups and Community of Practice (COP) for different project areas
- Continue work with Equality, Diversity and Inclusion leads to ensure projects support maximum accessibility and inclusion

Programme Exception Reports

Urgent Care Exception reporting

Related Oversight Framework Metric/Metrics – *Acute emergency care and transfers of care*

Exceptions Analysis

% of patients referred to an emergency department with a booked time slot:

- RUH and GWH ED's have suspended their directly bookable slots and therefore NHS 111 have seen a reduction in the number of patients being given a booked slot. Patients are still being able to referred through to ED with information from NHS 111, or through 111 online.
- 68.4 % of ED dispositions were validated in January , with 38.4% downgraded, 58% remaining the same and 3.6% upgraded.
- Activity within the clinical assessment service still remains high due to 111 call demand and initial dispositions requiring validation through clinical input is adding to long queue times as the majority of validations are now being delivered by Medvivo since change of new 111 subcontractor.

30 Minute Handover Breaches:

- SWAST Immediate release response implemented from 11th Jan for Cat 1. New SOP means that Hospital Ambulance Liaison officer (HALO) unable to oversee and patients in corridor (impact for GWH)
- Handover delays have increased in January and February across the system, as result of lack of flow with high number non Criteria to reside position in the acute trusts and delays across the community.
- The increase in Covid admissions and Covid close contacts impacts bed availability thus affecting front door admissions i.e. patients cannot be admitted to beds next to someone with Covid.
- Covid is continuing to affect staffing levels in ED and wards, as staff themselves are isolating, this affects the ability to deal with demand.
- SAFER week initiatives have been adopted in January and early Feb, have seen success in diverting some conveyances away from Emergency Department (ED) or SDEC (same day emergency care).

What did we achieve in the past month?

- Improvement in NHS 111 call answering and an increase in clinical validation with a high percentage of patients not requiring 999 or ED
- Meeting with NHS pathways team and South West Urgent & Emergency Care clinical lead
- Directory of Services (DOS) ranking changed in line with national recommendations
- SAFER weeks at each of the 3 acute trusts
- Navigation hub initiatives trialled at GWH and RUH
- Small scale Cat 2 111 pilot with Medvivo and SWAST on 4th February
- Minor Injury Unit (MIU) improvement workstream initiated, with QI methodology approach

Plans in the coming Month

111 ED Booking – Provider and System:

- 111 program to review current progress and identify actions to take forward in line with 2022/23 operational plan
- Confirmation with GWH and RUH on plan to turn back on ED Arrival time slots
- Review Urgent Treatment Centre (UTC) Directory of Services (DOS) profiles and confirm MIU DOS profiles in line with national recommendations

Handover Delays:

- Increase awareness of single point of access for crews to avoid Emergency Department and to use community and Same Day Emergency Care routes
- Systematic review of Acute Provider Handover Improvement Plans
- Awaiting feedback from NHSEI regarding support identified in BSW for admission avoidance to reduce risk for handover delays and Cat 1 / 2 performance times. These include support for completing 3-month pilots of Cat 2 validation, Navigation hubs.
- Senior nurse review / risk assessment of boarding across the system to ensure consistency in practice
- Synapsis clinical workshop in March to review opportunities for UEC for admission avoidance

How will you address any quality and inequalities?

- There is an emerging theme of significant risk being held in our acute hospitals, in particular related to busy crowded ED with 4 stroke incidents (Dec/Jan) and one neurology emergency incident in 2 months. This is a shift from harm being seen in pre hospital setting due to demand. This is caveated with the point that SWAST are working through a backlog of incidents and are currently reporting incidents from Oct / Nov 2021.
- Complaints with GP out of hours services (OOH) have returned to expected levels with 5 reported complaints in January 2022. 3 of the 5 complaints relate to delayed call back. New processes implemented in response to increase complaints including enhancing the roll of coordinator in managing the queue.
- Equality Impact Assessments (EQIA's) in progress for Cat 2 validation project and Emergency offload SOP

B&NES Discharge & Flow Exception reporting

Related Oversight Framework Metric/Metrics – % Discharges by 5pm, % Non - Criteria to Reside discharged

Exceptions Analysis

- Flow from acute to community continues to be impacted due to COVID
- Staff sickness across the system impacting capability to deliver care to include the community and care home providers
- COVID impacting access to bedded capacity on discharge due to staffing, infection control and access to limited bed capacity
- Patients on No Criteria to Reside (NC2R) with high acuity and complex needs – bedded capacity opting to receive less complex patients due to localised staffing issues
- Discharge from reablement service impacted due to limited care to support transfer of care
- Daily integrated flow calls continue to support system wide discharges and challenge any issues
- Daily BSW flow calls to surge bedded capacity (Ward 4 and Care Hotel)

What did we achieve in the past month?

- Temporary opening of Ward 4 St Martins to support system flow for BaNES and Wiltshire patients 22 beds (P0/P1/P2/P3 patients), early signs of positive impact on acute discharges and system wide flow (evaluation underway)
- Opening of Care Hotel 15 beds (accommodate BaNES/Wiltshire/Swindon Discharge to Assess (D2A) No Criteria to Reside Pathway 1 patients) adding to flow out from Salisbury, RUH and GWH
- Increasing home care core care block capacity (Pathway 1)
- Commissioning further D2A bedded capacity (Pathway 2 / Pathway 3)
- RUH incident review meetings during internal critical incident / MADE (multi agency discharge events) events for Pathway 2 discharges
- Continuing to explore options for further Dementia Bedded resources (P2/P3)
- Continuing to develop and recruit to BaNES Council and RUH in house home care
- BSW Action cards and patient leaflets – trial and evaluation of their use commenced Feb 2022
- BSW Discharge Grant scheme in place
- 2 hour crisis response soft launch and continuing to recruit to support full capacity in line with go live April 2022
- Additional live in care and block care (up to 46 carers) from AbiCare and Brighter Days
- Weekly strategic leads group (RUH, HCRG, Local Authority, CCG) restarted to progress home first approach.

Plans in the coming Month

- Reablement transformation plan ongoing, continued development of the demand and capacity dashboard.
- Continued recruitment into and development of Care Coordination Centre (CCC) to support system wide flow.
- Coordination of the additional live in care and block care to support Pathway 1 & Pathway 2 across BSW
- Further work to support recommendations from ECIST, MADE events, Discharge Process Review
- Currently reviewing all schemes with funding ending March 2022 to establish 22/23 operational plan
- Recruitment to a partnership role of Head of Home First Transformation , hosted by the RUH on behalf of the health and social care system
- Recruitment to Complex Case Coordinator role focussing on providing a person-centred approach with discharges and transfers of care for people with complex needs

How will you address any quality and inequalities?

- Completing Quality Impact Assessments for each project.
- Maintaining regular discussion with safeguarding and quality teams to review impact
- Identifying key performance indicators for all emergency schemes to support outcome analysis.
- Obtaining and actioning patient feedback for emergency schemes.
- Monitoring and learning from any serious incidents relating to Discharges and Flow.
- Development of a tracker measuring KPIs/outcomes and reporting these on a monthly basis through winter.
- Safeguarding issues are identified and addressed during the Patient Flow Calls.

Swindon Discharge & Flow Exception reporting

Related Oversight Framework Metric/Metrics – % Discharges by 5pm, % Non - Criteria to Reside discharged

Exceptions Analysis

- Significant pressures on Swindon system. GWH continues to remain at OPEL4.
- Continued ambulance handover delays at the front door.
- NCTR (no criteria to reside) numbers increasing which is impacting flow.
- High proportion of NCTR patients are awaiting discharge into the Gloucestershire system which is experiencing significant delays in sourcing packages of care and discharge to assess beds. This has an impact on the flow at GWH with at least 10 patients outlying in Swindon Intermediate Care Centre (SWICC).
- Steady decrease in Covid positive numbers.
- Low numbers of Swindon patients being transferred to alternative pathways in Bath.
- Seeing an increase in capacity in domiciliary care resulting in timely discharges for pathway 1 for Swindon.

What did we achieve in the past month?

- Changes to the Swindon team around flow with two staff being moved in to interim roles (three months) under the new BSW Urgent Care and Flow structure – Jo Williamson is now Head of System Flow and Sally Smith is the Integrated Patient Flow Lead.
- New format of No Criteria To Reside (NCTR) calls, now being led by Swindon Borough Council are working well.
- Temporary opening of Ward 4 St Martins to support system flow for BaNES and Wiltshire patients 22 beds (P0/P1/P2/P3 patients), early signs of positive impact on acute discharges and system wide flow (evaluation underway)
- Opening of Care Hotel 15 beds (accommodate BaNES/Wiltshire/Swindon D2A NC2R P1 patients) adding to flow out from Salisbury, RUH and GWH
- Additional live in care and block care (up to 46 carers) from AbiCare and Brighter Days

Plans in the coming Month

- SAFER weekend event planned to look at weekend discharges.
- GWH proposal to move to a Co-ordination Hub in Swindon to be considered.
- Re-consider a Care Hotel in Swindon to accommodate out of area long waiters.
- Workshop arranged to look at moving Swindon to a fully integrated discharge to assess model.
- Workshop arranged to review the flow processes across BSW.
- Review of Gloucestershire No Criteria To Reside (NCTR) escalation calls.

How will you address any quality and inequalities?

- Monitoring any serious incidents relating to Discharges and Flow.
- Looking at patient journeys to identify any trends on discharge
- Safeguarding issues are identified and addressed during the daily integrated discharge calls

Wiltshire Discharge & Flow Exception reporting

Related Oversight Framework Metric/Metrics – % Discharges by 5pm, % Non - Criteria to Reside discharged

Exceptions Analysis

- Non Criteria to Reside numbers remain higher than the required level. Recovery agreed across partners regularly monitored.
- Capacity across all discharge pathways remains challenged. Whilst Pathway 1 maintains flow, Pathway 2 is impacted by large scale care home closures as a result of COVID cases. Of 132 block-purchased beds, only 31 are available but are fully occupied. There are 24 empty but closed beds. Council and NHS colleagues are working to support the care homes with advice and practical support during their period of closure to return beds to the system as soon as possible.
- High number of Pathway 2 discharges are waiting for a placement to be identified. Partners are working together to prioritise flow from Community Hospital and Home First / Reablement placements in order to support onward discharges from hospitals
- Referrals to the Flow Hub for discharge remain at higher than predicted levels – additional staff have been recruited to the Flow Hub and Brokerage Teams.

What did we achieve in the past month?

- Wiltshire Rapid Response team can now respond to non-injurious fall, this means fewer people will need to go to hospital after experiencing a fall.
- The Overnight Nursing Service has commenced for 3 nights a week in the South of Wiltshire – this will roll out over time to the whole county.
- Additional staff have joined the Wiltshire Support at home service, expanding capacity to support discharges home.
- Additional beds have opened at South Newton hospital until the end of April – this adds to our Pathway 2 capacity for discharge. These beds remain full.
- Attended and supported a MADE (multi agency discharge event) event at RUH and a SAFER week at SFT
- Stood up Discharge Grant service for across acute trusts.
- Implemented multiple virtual MDT (multi-disciplinary team) models to support discharge planning.

Plans in the coming Month

- Virtual Wards; Continue to expand virtual care home clinics to increase the capacity and support admission avoidance.
- Rapid Response and the Front Door ; Visit to SWASFT hub planned on March 4th to facilitate access to the stack for the Rapid Response Team who can then attend situations within criteria and avoid ambulance attendance.
- Pathway 1 Efficiency;   Continue to develop options for Web Discharge Referral Form which is aimed at reducing length of stay and information gathering.
- Pathway 2 Bed Review;   Launch bed strategic group to 'right size' capacity and implement the more flexible model developed with partners in 2021/22.
- End of Life Care Pathway Process Review; Continue to progress with planned review and development of new model, full business case in development.
- Urgent Care and Flow Improvement KPI and metric reporting – continue to develop this further to support decisions and actions.
- 2 Hour Rapid Response and Overnight Nursing service roll-outs continue. Recruitment is ongoing however remains challenging. There is limited capacity to cover the vacancies with existing staff so this remains the most significant risk.

## How will you address any quality and inequalities?

- Safeguarding issues are identified and addressed during the Patient Flow Calls.
- Operational Response Meetings (weekly) identify and escalate risks for mitigation and resolution.
- Identified risk around people who are discharged with Family Bridging Support who were not known to the Flow Hub. Actions have been taken to address this risk and to ensure safety check process in now in place.
- People living in rural areas are waiting longer for packages of care – Wiltshire Council in house domiciliary care service (Wiltshire Support @ Home) implementation is progressing well, and use of assistive technology and alternative placement options are explored for each individual. Runs have been batched and incentive payments offered to providers.

Non-Criteria to Reside - discharges

These charts provide a view of the average number of people that are recorded with no criteria to reside each day in the month (the bars), with the average number of no criteria to reside patients that are discharged each day in darker blue.
Percentages of those discharged as a % of all people that are recorded with no criteria to reside each day (the lines) are reported for each hospital and South West and England averages.

RUH - NC2R patients discharged

GWH - NC2R patients discharged

SFT - NC2R patients discharged
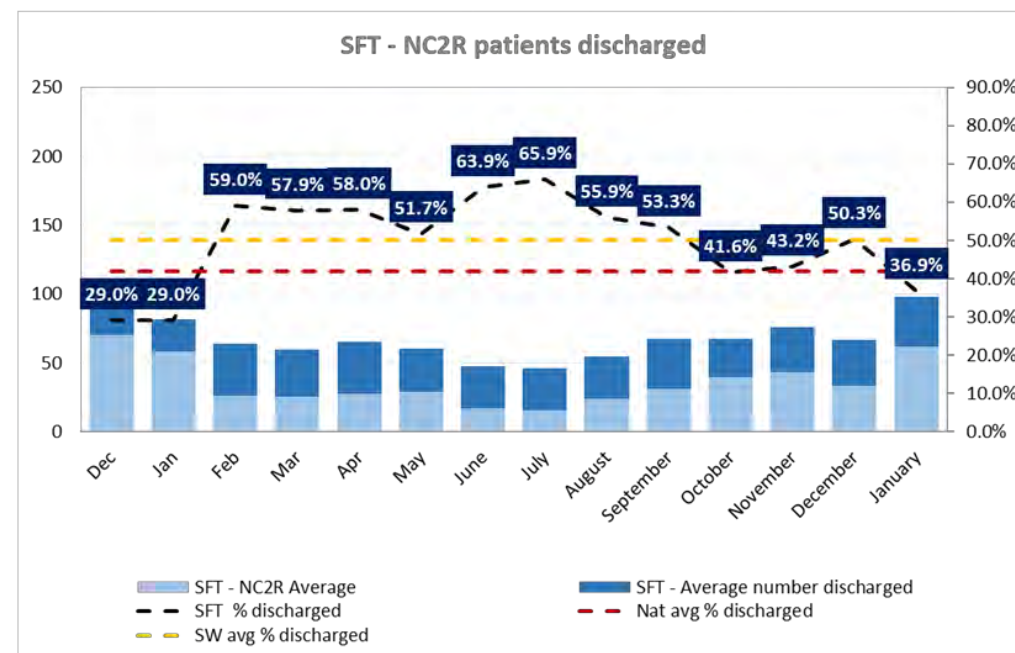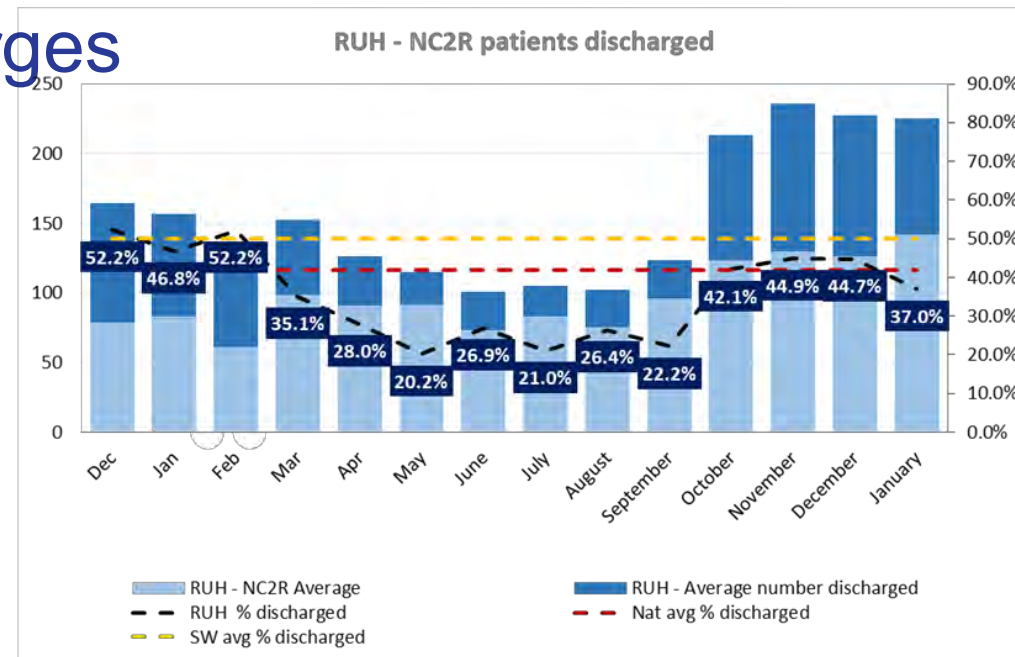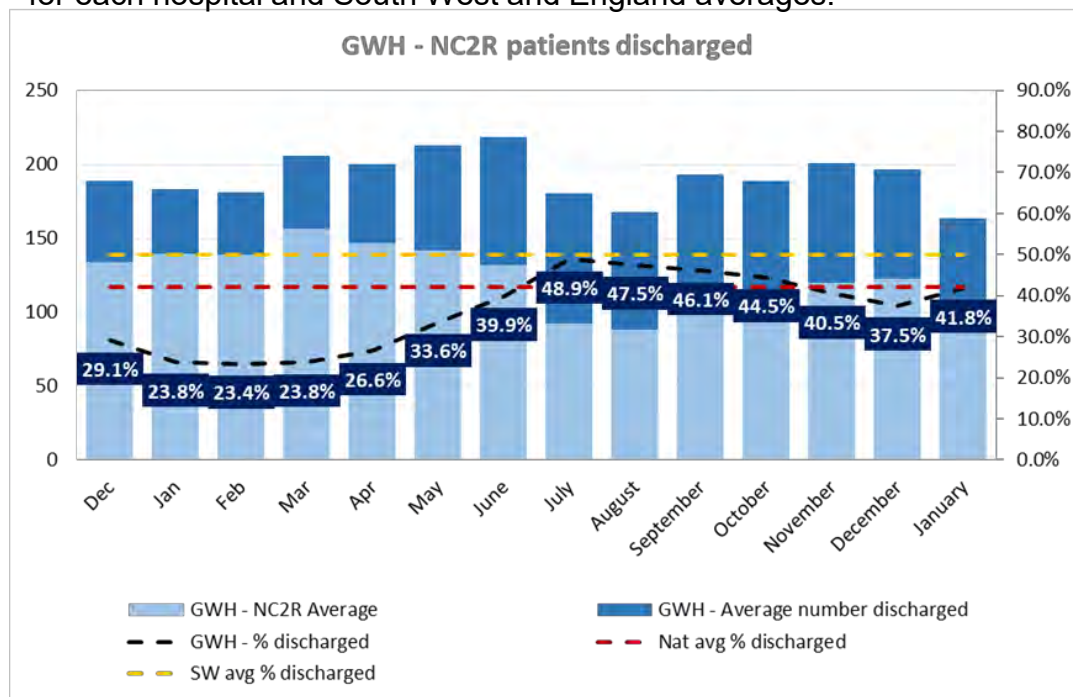
Non-Criteria to Reside – discharges by 5pm

These charts provide a view of the average number of people that are discharged each day (the bars), with the average number of patients that are discharged each day by 5pm in darker blue. Percentages of those discharged by 5pm (the lines) as a % of all people that are recorded with no criteria to reside each day (not shown on these charts) are reported for each hospital and South West and England averages.

RUH - Patients discharged by 5pm

GWH - Patients discharged by 5pm

SFT - Patients discharged by 5pm
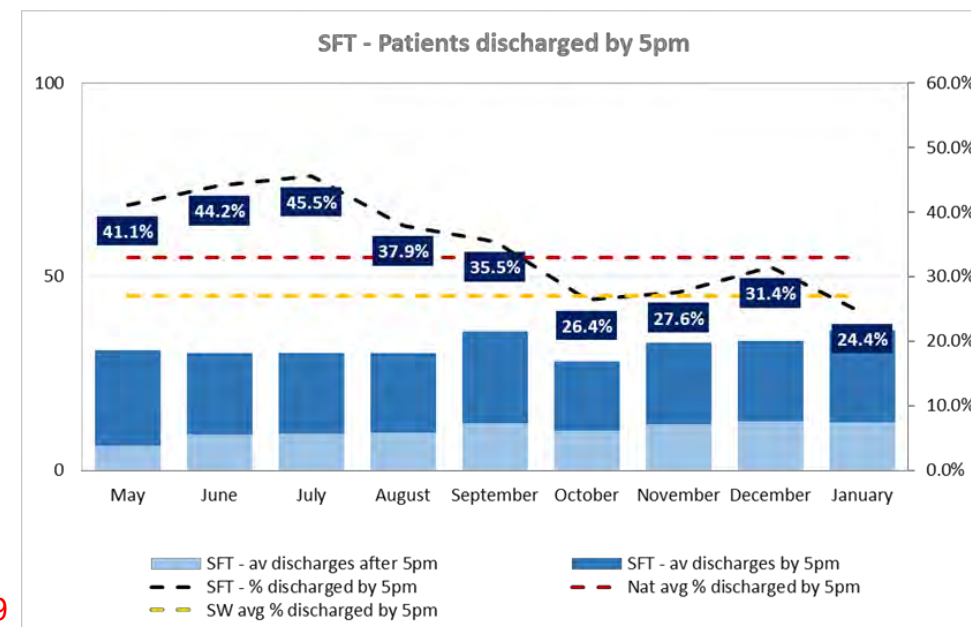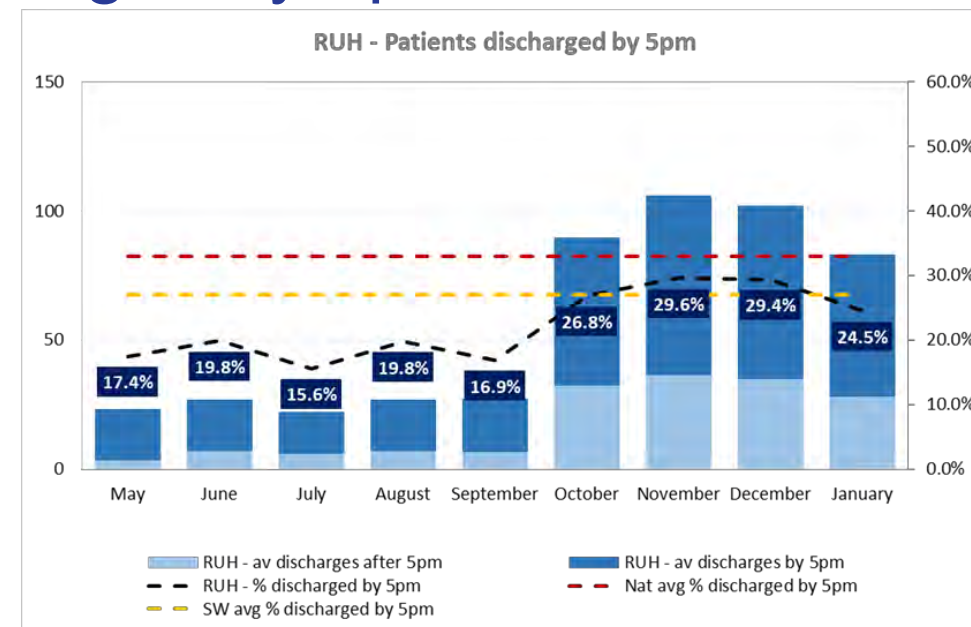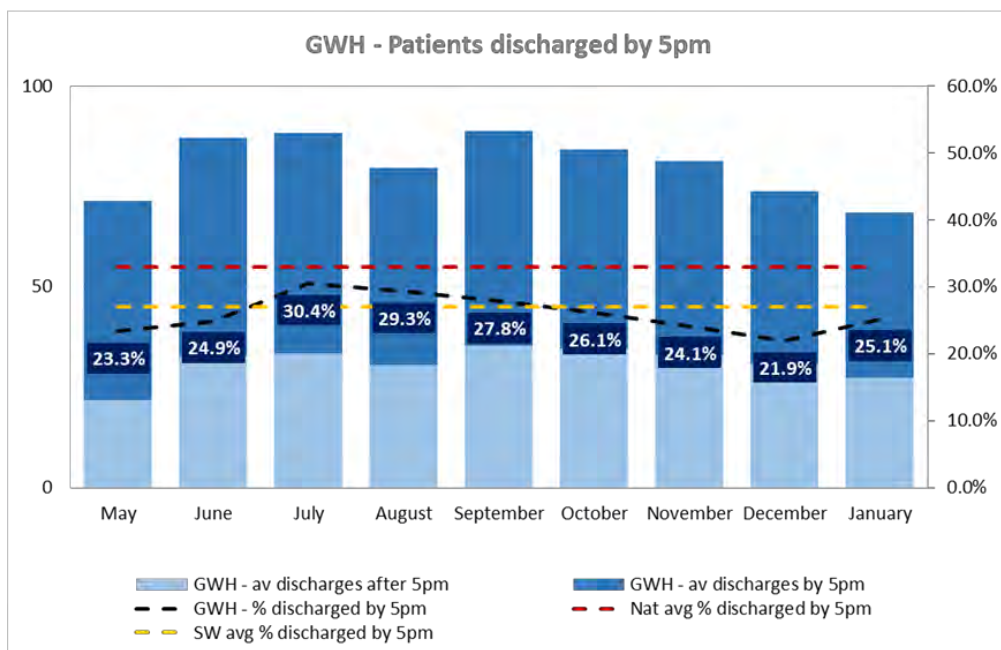
BSW Patient Discharge Pathways

10 months discharges (April 21 – January 22)

Pathway 0 – No additional support	Pathway 1 – Additional support at home/usual place of residence required	Pathway 2 – Additional support required but not able to go home	Pathway 3 – Long-term specialist/complex care is require
• Fully independent with no additional post discharge support required	• Safe to be at home/usual residence • Assessment with additional care/support	• Unsafe to be at home/usual residence • Temporary bedded rehab/ reablement assessment required	• Complex health/social care needs • Longer term support • Complex support in usual residence
0	**1**	**2**	**3**

	Pathway 0	Pathway 1	Pathway 2	Pathway 3
BANES	**84.5%** 65+ patient discharges (53.3%)	**8.7%** 65+ patient discharges (88.8%)	**5.8%** 65+ patient discharges (92.5%)	**1.1%** 65+ patient discharges (85.1%)
SWINDON	**86.6%** 65+ patient discharges (46.4%)	**7.6%** 65+ patient discharges (88.5%)	**5.1%** 65+ patient discharges (82.9%)	**0.7%** 65+ patient discharges (92.3%)
WILTSHIRE	**85.8%** 65+ patient discharges (55.5%)	**7.32%** 65+ patient discharges (92.1%)	**6.0%** 65+ patient discharges (92.6%)	**0.9%** 65+ patient discharges (87.2%)

65+ proportion is a subset of the pathway 0 discharges only

65+ proportion is a subset of the pathway 1 discharges only

65+ proportion is a subset of the pathway 2 discharges only

65+ proportion is a subset of the pathway 3 discharges only

Planned Care Exception reporting

Related Oversight Framework Metric/Metrics – Cancer 31 day treatments, Cancer Access to Treatment in 62 days, Diagnostic, Outpatient and Elective activity

Exceptions Analysis

- BSW is focussed on removing 104 week waiters for BSW providers but there is some risk to delivery by March 22 as it includes transfers to IS providers from other systems. The target has been extended to June 2022 in recognition of the challenges nationally.
- Elective Recovery activity is running at 102% of normal day case and 92% ordinary elective (wk of 13/2) but was significantly below plan in January (average of Jan 85% of normal day case and 73% ordinary elective) contributing to the net growth in the waiting list.
- In January 2022, there were 2481 52 week plus waiters, . A 25% reduction on April 2021, as the numbers increase since the 38% reduction seen in July 2021.
- Cancer referral and treatment volumes still compare favourably to England and the South West, although most cancer performance metrics remain challenged; most noticeably at RUH, resulting in slower diagnosis and a higher proportion of patients waiting more than 62 days for cancer treatment to begin. Recovery plans are in place and being implemented; expected improvements from December reporting onwards have not been achieved due to omicron surge and periods in critical escalation. Pressure on 2 week wait (2ww) breast service is a cyclical but recurrent theme, in particular at SFT and RUH due to staffing and other pressures. RUH insourcing and running weekend clinics to clear breast 2ww backlog.
- Diagnostics capacity constraints remain a local and regional challenge.

What did we achieve in the past month?

- 19 practices in B&NES are participating in the FeNO (Fractional Exhaled Nitric Oxide) testing project, supporting early diagnosis for asthma, COPD (Chronic obstructive pulmonary disease) and other lung conditions. Early diagnosis will help inform therapeutic and referral interventions.
- Second blood collection service now in place across BSW, in line with plans to standardise access to community phlebotomy.
- Cancer Clinical Nurse Specialist (CNS) workforce largely protected from redeployment despite significant other pressures in trusts. Cancer recovery plans in place at RUH for prostate, Lower GI and breast 2ww. SFT additional CNS and radiology capacity in place. Additional funding achieved for 86 additional dermatoscope kits to support tele-dermatology A&G
- Second B&NES PCN went live with cancer non-site-specific rapid diagnostic pathway.
- Extension of Wilts Macmillan GP role to Apr 23
- Extension of Swindon cancer projects manager to Apr 23
- Salisbury cancer Personalised Care & Support (PC&S) nurse facilitator in post
- SWAG and TVCA/Swindon Targeted lung health check (TLHC) projects progressing well
- Inequalities - Community First report - actions shared with external partners

Plans in the coming Month

- Outpatient transformation board to identify how the policy actions underway i.e. Advice & Guidance and PIFU (patient initiated follow-ups) release capacity to support patients being seen more quickly for first Out Patient appointment.
- 12 FeNO devices have been purchased and will be deployed in Swindon and Wiltshire with the aim that all practices in these localities will begin FeNO testing.
- Ongoing implementation of 21/22 Targeted Investment Funding schemes.
- Sign up practices for voluntary QFIT audits Feb-July 22
- Seek feedback from practices on what they have done to deliver PCN DES (Cancer) 21/22
- Offer funding to practices for targeted PCN DES (cancer) plans for 22/23
- Receive and begin to distribute additional dermatoscope kits
- Additional comms on tele-dermatology to SFT-facing and GWH-facing practices to increase uptake
- Finalise dates for tele-dermatology training 22/23
- Deliver a clinical education event for GPs focussing on 3 areas where 2ww cancer referrals have not returned to pre-pandemic levels
- Complete submissions for planning round for BSW and TVCA (Thames Valley Cancer Alliance) and SWAG (Somerset, Wiltshire, Avon and Gloucestershire) cancer alliances in line with published cancer planning guidance

How will you address any quality and inequalities?

- Action plan to look at Quality and Safety within Elective Care to be completed with aim to have sign off at Elective Care Board in March. This has been delayed due to the current system pressures.
- Reviews of delays to Cancer diagnosis / treatment at GWH & SFT have provided assurances and these will be backed up with planned care validations and patient stories.
- Quality Team will be working with the acute Trusts to ensure that waiting list validation is taking place for people who are waiting more than 52 weeks.
- Review national/local data sources for evidence of inequality in access to and provision of cancer care and determine how to address these
- Quality Team are monitoring and complaints or serious incidents relating to delays in elective treatments

Mental Health, Learning Disabilities & Autism Exception reporting

Related Oversight Framework Metric/Metrics – CYPMH Access, SMI Annual Health Checks, Out Of Area Admissions

Exceptions Analysis

- Community Services Framework 22/23 transformation plans co-produced with system partners. Proposal has successfully completed NHS E panel review process, with only minor queries raised requiring additional responses required.
- BSW IAPT (psychological / talking therapies) services data quality improvement exercise discharging all open inactive cases is in the final phase (completion in month). The expected consequence of this continues to be realised of a lower recovery rate; 14-22% across BSW. Trajectory for recovery to regain national target provisionally set as Aug 22.
- Ongoing pressures to access to Eating Disorder Inpatient beds (consistent with national position), especially for patients on a NG (nasogastric) refeeding pathway. Clinically led working group mobilised to develop acute pathway and community facing intervention and treatment offer.
- Children & Young People (CYP) Access and Activity NHS E Benchmarking workshop held for BSW system, key data implications to be taken forward to inform BSW strategy to address service pressures, and transform services. Initial phase to triangulate NHS E data with local data (including outcomes data) and service configuration detail. Work to be led by CYP Access group, led by OHFT.

What did we achieve in the past month?

- Further and final wave of age MH and LDA 22/23 investment proposals submitted and reviewed by MH FOG.
- Mobilise Serious Mental Illness (SMI) Annual Health Check (AHC) phase 3 initiative with First Option Health Care working in partnership with AWP.
- University of Bristol evaluation of innovative delivery model for SMI and LDA Physical health reviews has been completed, report with key recommendations presented by researchers to Thrive.
- Completion of LDA safe and wellbeing reviews, progression through to initial phase of NHS E review process.
- Mobilisation of BSW Complex Needs task and finish group; to define system pressure relating to complex MH LDA needs, and develop response strategy.

Plans in the coming Month

- Part 2 Multi-agency BSW Places of Calm workshop held, co-creating a system improvement plan to evolve the access and operational specification; to develop resources as alternatives to A&E, and to accept direct referrals from emergency services and 111 (postponed from Feb due to workforce pressures).
- Thrive subgroup inaugural meeting; objective to provide system development forum for performance and delivery of transformation, improving connectivity between system and place, and enhancing equity of focus on CYP agenda.
- Final wave of age MH and LDA 2022/23 investment proposals to be reviewed by Thrive.
- BSW IAPT rapid review progressing, proposal will ensure a consistent model across BSW which is compliant with NICE, LTP and 'IAPT manual standards'. Impact to people accessing the service will be improved outcomes achieved. Final proposal to be presented to Thrive.

How will you address any quality and inequalities?

- Locality Commissioners are working with specialist schools to prepare for LD annual health checks (AHC) for 14-25 cohort – focused effort over 3-4 months with a target of 712 CYP across 16 schools.
- SMI AHC offer developing with recruitment to Third Sector Outreach practitioner posts who will operate alongside First Option Health Care (FOHC) (initially and AWP as mobilisation progresses). Focus on proactive engagement, holistic wellbeing review and individualised post review support to engage with any subsequent health follow ups, interventions/treatments required, and/or positive health behaviour changes people want to pursue. University of Bristol report recommendations to be integrated into next phase of delivery.
- CYP Multi-agency discharge planning event held in month.
- NHS E confirmed the BSW proposal for Bereavement Liaison Support Practitioners was successful, awarding £55k. Mobilisation plans are rapidly progressing.

Primary Care Exception reporting

Exceptions Analysis

- Focus on 3 nationally defined priority areas until end March whilst using professional judgement to clinically prioritise care – continued delivery of general practice services, management of symptomatic Covid -19 patients in the community; and ongoing delivery of the Covid-19 vaccination programme.
- 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.

What did we achieve in the past month?

- All practices reporting via SHREWD (Single Health Resilience Early Warning Database) – with workforce and demand to understand practice/PCN/locality situation (SHREWD reporting now standing at 100% of practices not all daily)
- BSW report of appointments in January 2022 shows the total appointments booked was 409,000 compared to 405,000 in January 2021.
- BSW report of mode of appointments in January 2022 shows face to face appointments are 57.6% of the total appointments compared to 56.5% in January 2021.
- January saw the continued accelerated programme for Covid Vaccinations Boosters delivering over 86% (of all cohorts where eligible) by 09.02.22 and continuing all eligible cohorts as evergreen offer with focus on unvaccinated and now open for Clinically Extremely Vulnerable (CEV) 5-11 year olds.
- The flu vaccination programme is also continuing with B&NES vaccinating 69.3% of the eligible groups (aged 65+, 50-65, At Risk ad pregnant women) by 24.01.22; Swindon 69.5% and Wiltshire 70.8%

Plans in the coming Month

- Managing continued demand across General Practices and across whole system.

How will you address any quality and inequalities?

- Scoping work to understand shared learning has commenced with the Quality Team engaging with Practices Points of specialist support have been identified within the CCG to assist and advise on specific topics identified within each action plan. A monthly Primary Care Quality Oversight Assurance Group has been implemented to monitor the completion of improvements 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, IPC, Governing Body GPs and externally with the CQC 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, BSW Primary Care Quality Oversight Assurance Group 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. Presentations have been delivered via PCOG with the next one planned for the BSW PCOG 3 Mar 2022, it is proposed a project group be introduced to support development and the roll out. The Primary Care Quality metrics dashboard will capture national, in house and practice data in one single reference point on a Power BI platform to incorporate key quality metrics to better inform the CCG and enable triangulation of data to provide a richer understanding and focus of support. This work is planned for initial implementation during quarter 1 FY 2022/23.

COVID-19

As reported 02/03/2021

COVID-19 Capacity Thresholds and Triggers - Acute Providers

System/Locality
BSW

OPEL Status

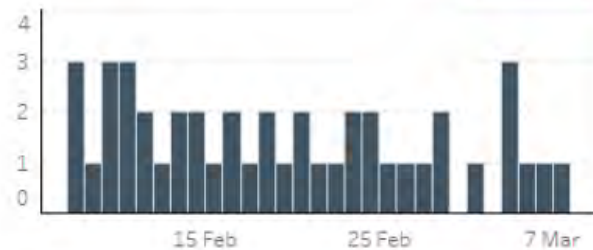|	26 Feb	27 Feb	28 Feb	01 Mar	02 Mar	03 Mar	04 Mar	05 Mar	06 Mar	07 Mar	08 Mar
GWH	4	4	4	4	4	4	4	4	4	4	4
RUH	4	4	4	4	4	4	4	4	4	4	4
SFT	4	4	4	4	4	4	4	4	4	4	4

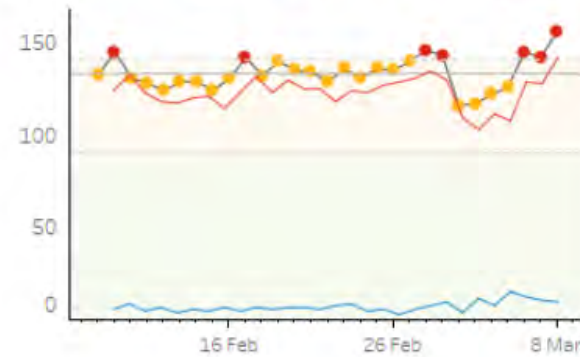Confirmed & Suspected COVID Cases (Acute) 08 Mar **156**

Total No of confirmed COVID cases (Acute) **147**

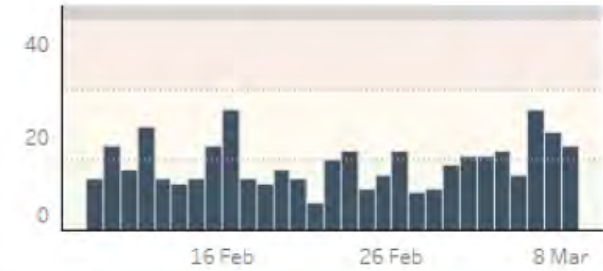Total No of suspected COVID cases (Acute) **9**

% COVID Bed Base	5%	5-10%	10-15%	>15%
No of Beds	91	141	211	>211

Inpatients diagnosed with COVID 08 Mar **18**

Total No of patients in ITU 08 Mar **43**

Total No of confirmed COVID patients in ITU **6**

Number of COVID-19 patients on non-invasive ventilation 08 Mar **5**
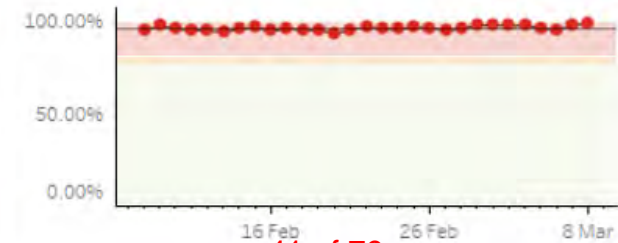
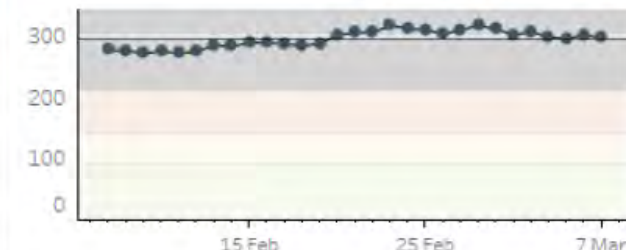No of Deaths from COVID 07 Mar **1**
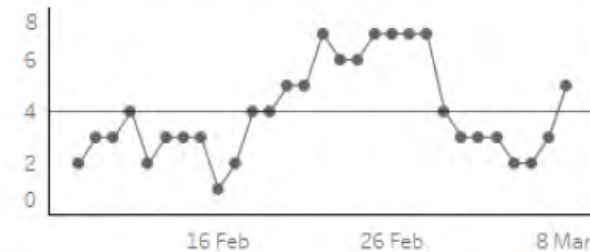
Acute Bed Occupancy 08 Mar **99.21%**

Super-Stranded (Acute) 07 Mar **296**

COVID-19 Capacity Thresholds and Triggers - Community Providers

System/Locality
BSW

OPEL Status (Community)

	26 Feb	27 Feb	28 Feb	01 Mar	02 Mar	03 Mar	04 Mar	05 Mar	06 Mar	07 Mar	08 Mar
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

Oximetry (BSW)

On Boarding / Off boarding

	17 Jan	24 Jan	31 Jan	07 Feb	14 Feb	21 Feb
On	143	142	188	222	196	181
Off	184	91	159	197	176	194

No of Deaths from COVID
07 Mar — **0**

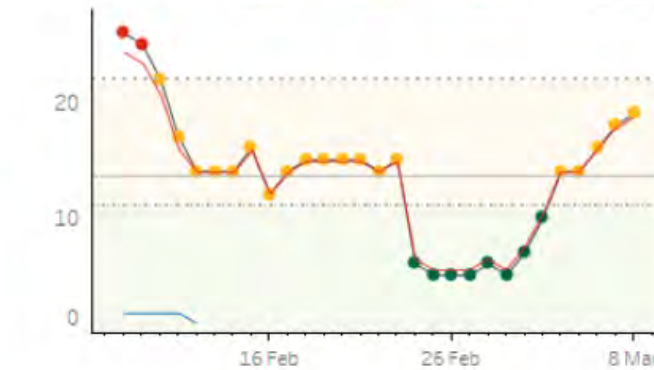Confirmed & Suspected COVID Cases (Community) — 08 Mar — **19**

Total No of confirmed COVID cases (Community) — **19**
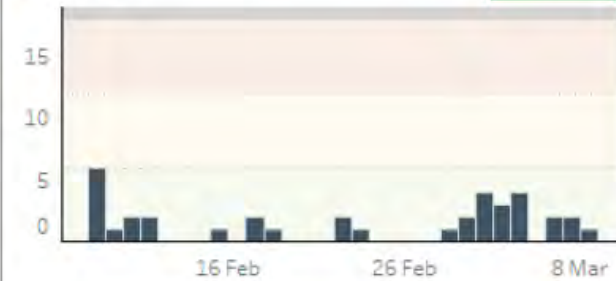
Total No of suspected COVID cases (Community) — **0**

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

Bed Occupancy (Community)
08 Mar — **96.81%**

Community Inpatients diagnosed with COVID
08 Mar — **1**

Number of COVID-19 patients on non-invasive ventilation
08 Mar — **0**
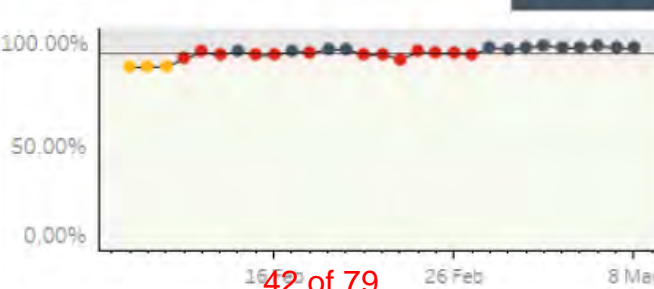
Super Stranded (Community)
07 Mar — **117**
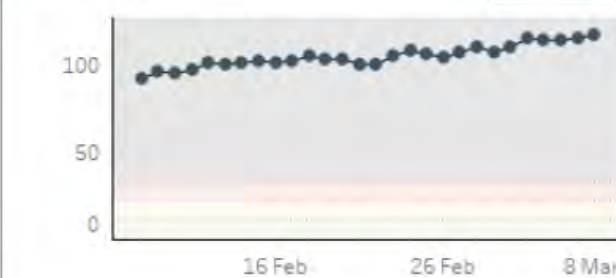
Cases

Number of cases in the last 7 days (Line Graph) **& Daily cases** (Bar Graph)   **3 March 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 todays date. Inline with how its reported on the Gov.UK website.

England

No. of cases in the last 7 days	190,603
Thu, Mar 03, 2022	31,681

South West

No. of cases in the last 7 days	25,372
Thu, Mar 03, 2022	4,162

BSW

No. of cases in the last 7 days	3,695
Thu, Mar 03, 2022	569

Bath & NE Somerset

No. of cases in the last 7 days	835
Thu, Mar 03, 2022	134

Swindon

No. of cases in the last 7 days	900
Thu, Mar 03, 2022	148

Wiltshire

No. of cases in the last 7 days	1,960
Thu, Mar 03, 2022	287
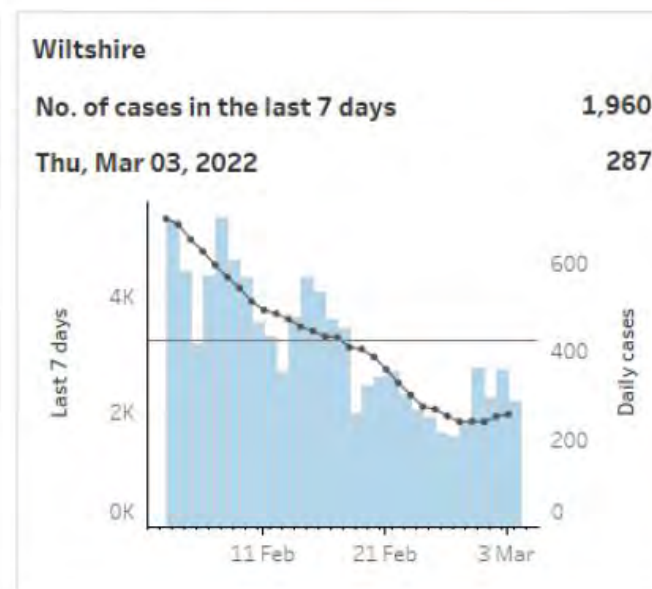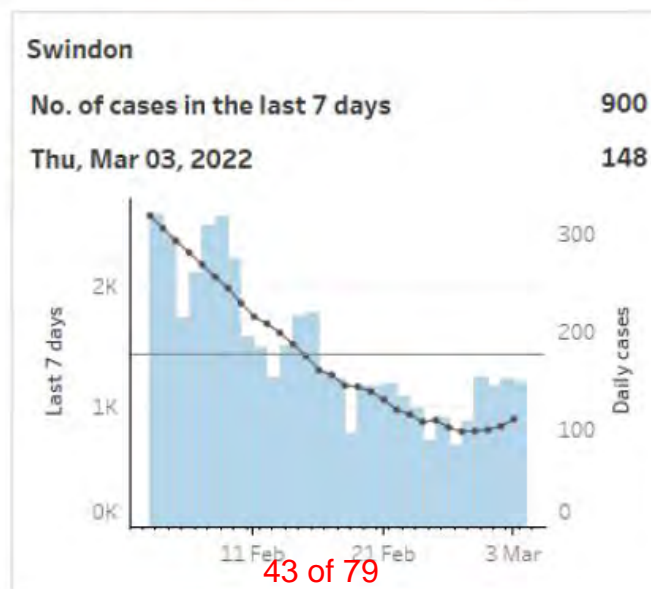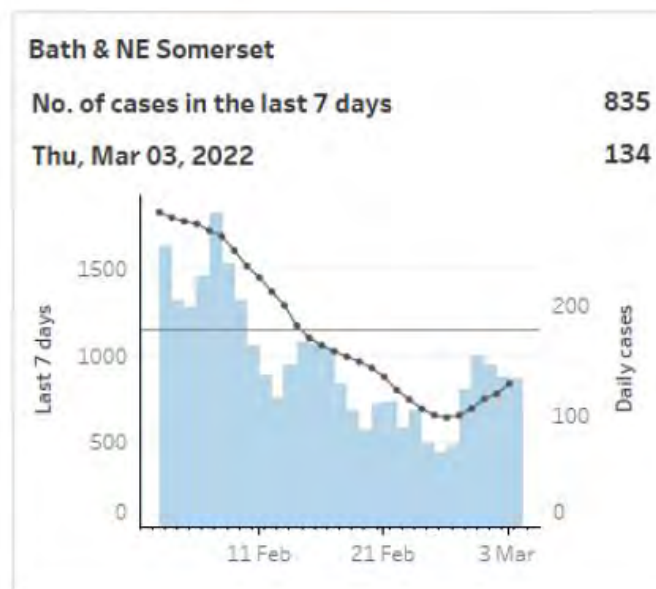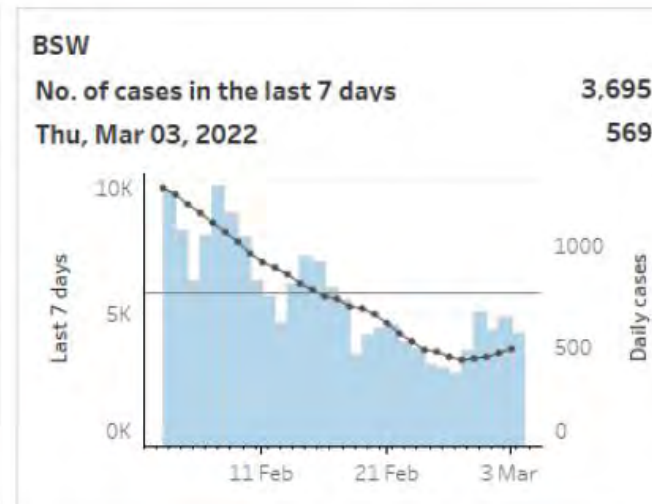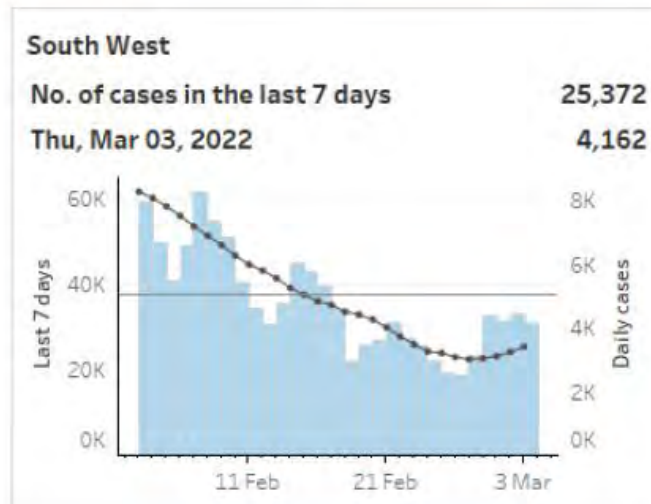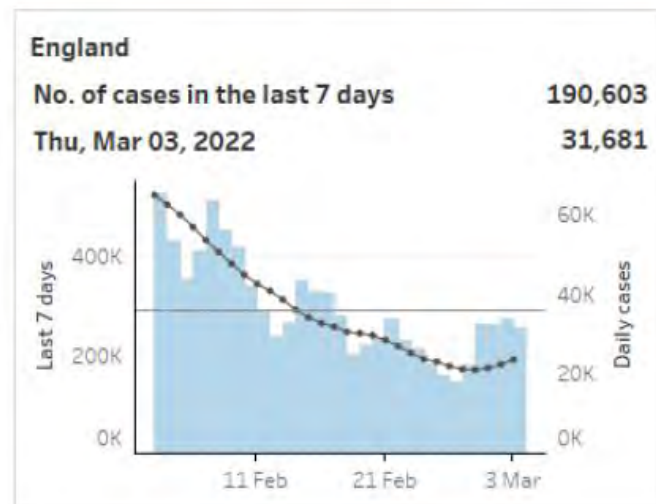
Prevalence

3 March 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 todays date. Inline with how its reported on the Gov.UK website.

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

	17 Feb	18 Feb	19 Feb	20 Feb	21 Feb	22 Feb	23 Feb	24 Feb	25 Feb	26 Feb	27 Feb	28 Feb	01 Mar	02 Mar	03 Mar
England	503.95	475.01	460.56	459.16	460.66	435.49	411.20	380.85	355.86	343.84	336.39	342.57	340.09	349.25	358.06
South West	721.92	678.08	658.09	649.38	638.72	597.07	555.43	513.62	478.05	469.72	463.62	477.30	477.90	490.96	503.98
Bath and North East Somerset	529.80	513.24	498.24	479.61	452.19	412.87	384.41	356.47	337.33	330.09	336.81	357.51	386.48	401.49	432.01
Swindon	569.77	530.62	526.57	508.12	477.51	439.26	422.61	394.25	401.45	373.55	357.80	360.50	365.00	378.50	405.05
Wiltshire	658.57	623.57	617.77	590.57	547.37	500.78	458.78	418.18	408.98	385.38	365.78	367.38	365.58	384.18	391.98
Bournemouth, Christchurch and Poole	623.02	591.91	578.00	545.62	499.58	471.00	445.20	418.64	411.05	386.76	380.69	385.50	382.72	394.10	405.23
Bristol, City of	675.04	648.93	653.46	633.39	601.24	552.25	505.20	465.50	448.45	422.33	416.51	419.53	432.91	460.75	493.55
Cornwall and Isles of Scilly	523.55	484.22	471.05	452.44	429.44	404.51	373.96	356.93	364.48	346.75	347.10	353.77	363.25	379.75	405.91
Dorset	562.47	533.15	510.95	496.16	460.23	426.41	395.50	374.63	366.70	366.44	355.61	352.96	358.25	367.50	380.71
Devon	605.20	581.27	570.93	553.23	523.94	487.55	451.78	431.34	418.63	405.80	390.59	391.46	399.07	427.11	440.19
Gloucestershire	693.17	670.10	654.87	639.33	612.49	576.70	541.86	514.70	507.95	490.37	480.64	481.42	491.00	507.64	521.92
North Somerset	624.97	595.20	593.34	569.63	544.52	506.85	485.46	462.68	451.52	437.10	442.22	439.89	449.19	478.02	500.34
Plymouth	674.55	648.23	630.29	595.57	536.82	484.55	446.01	405.95	391.45	371.61	362.46	374.67	394.89	413.20	441.82
Somerset	669.66	640.31	626.97	619.50	586.95	557.78	524.52	484.50	485.21	467.78	448.57	452.13	463.34	472.94	501.93
South Gloucestershire	666.10	640.49	616.99	588.23	553.15	520.53	488.61	459.15	454.24	442.31	443.36	448.98	458.10	463.36	492.47
Torbay	604.71	580.49	570.95	540.13	507.10	452.06	424.18	400.69	395.56	383.08	392.62	416.84	441.06	467.47	526.92

Data correct as of 23 February 2022

BSW Covid-19 vaccination programme

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

784,671 first doses

2,147,996 vaccines given

743,895 second doses

619,430 boosters

Cohort 1-9
95% had 1 dose
94% had 2 doses

Cohort 1-16
86% had 1 dose
82% had 2 doses

Aged 40-49
87% had 1 dose
85% had 2 doses

Aged 30-39
79% had 1 dose
76% had 2 doses

Aged 18-29
76% had 1 dose
72% had 2 doses

Aged 16-17
77% had 1 dose
53% had 2 doses

Aged 12-15
64% had 1 dose
25% had 2 doses

Aged 12-15*
73% had 1 dose
43% had 2 doses
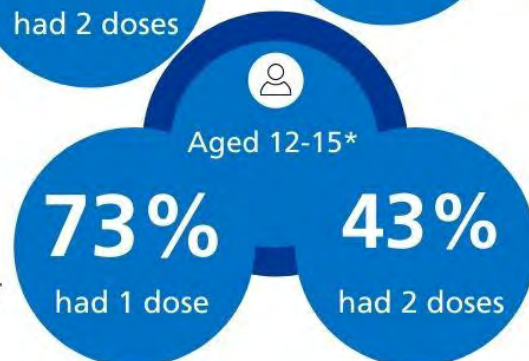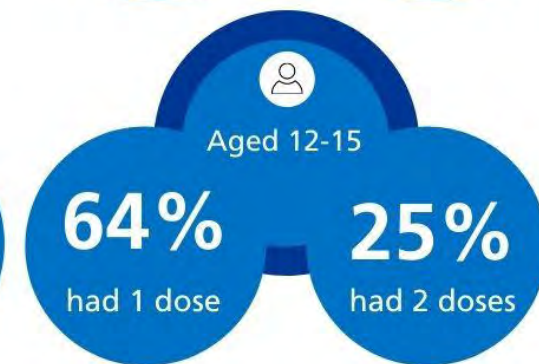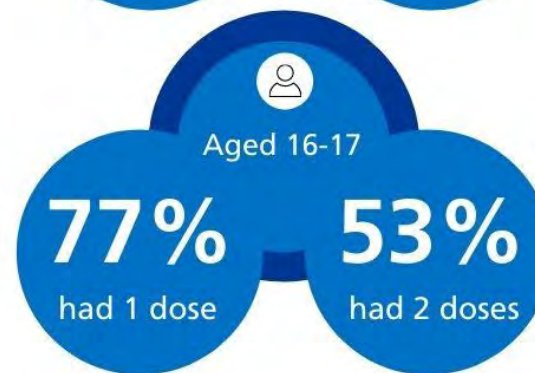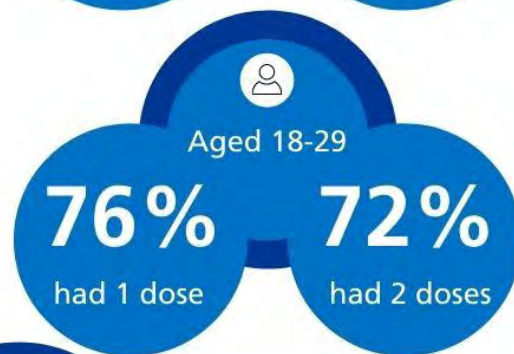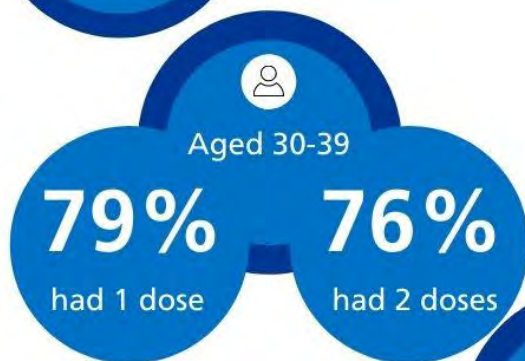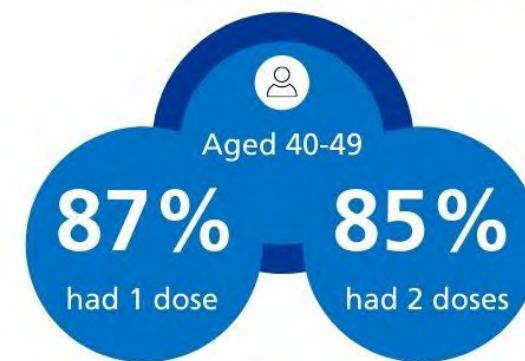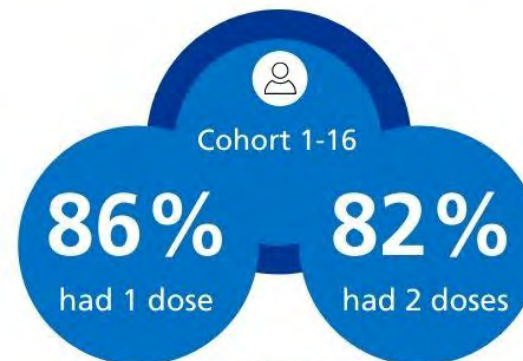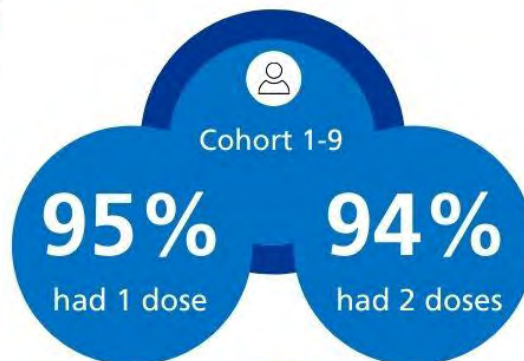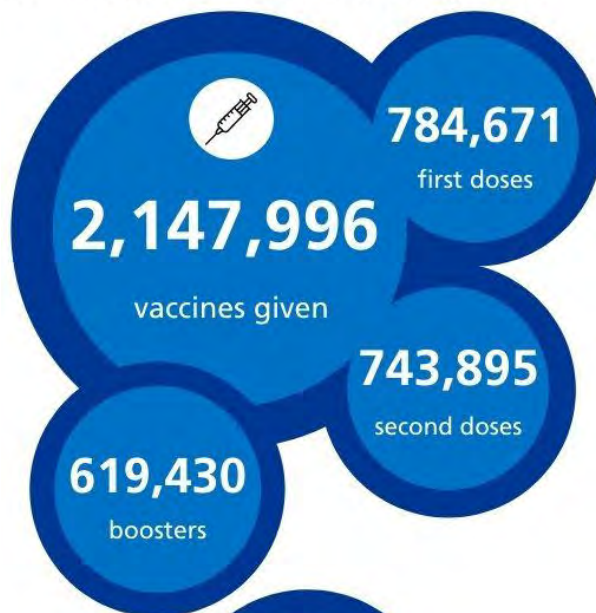
*neuro disability, immunosuppressed or household contact of

Aged 5-11*
12% had 1 dose

Cohort 1-12 boosters
86% had booster

Finance

2021/22 Month 10 Financial Overview

Executive Summary

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

	21/22 M1	21/22 M2	21/22 M3	21/22 M4	21/22 M5	21/22 M6	21/22 M7	21/22 M8	21/22 M9	21/22 M10	21/22 M11	21/22 M12
NHS System YTD Plan	0.000	(0.133)	0.066	(0.081)	(0.220)	0.000	(2.015)	(0.535)	(1.122)	(1.601)	0.000	0.000
NHS System YTD Actual / Forecast	0.000	0.154	0.200	0.031	0.043	0.076	(1.939)	(0.144)	0.450	0.207	0.000	0.000
NHS System YTD Variance Against Plan	0.000	0.287	0.134	0.112	0.263	0.076	0.076	0.391	1.572	1.808	0.000	0.000
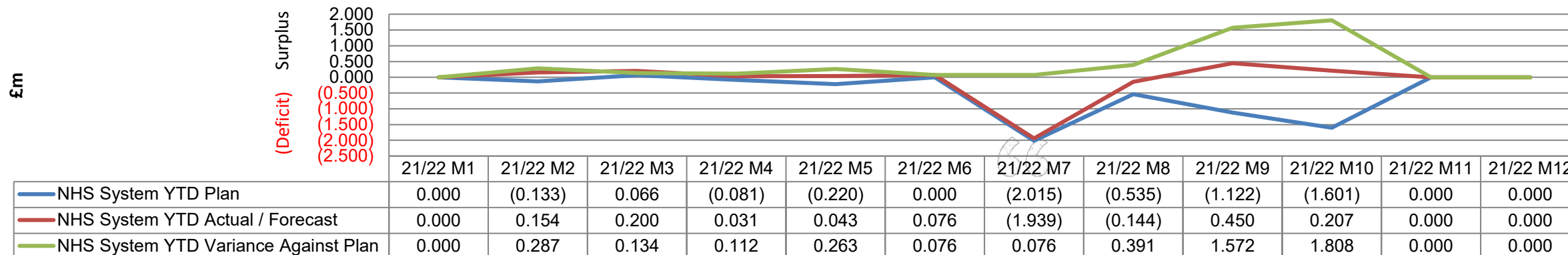
Financial Summary

This report is based on organisations reported Month 10 finance positions. At the end of January 2022 Health were reflecting a positive variance against their H2 plan of £1.8m due to slippage against additional schemes agreed in year to support elective recovery, as this is not expected to continue into the following months and we are forecasting a break even position at year end.

Adult Social Care are forecasting a cumulative positive variance against plan of £4.3m with BaNES and Wiltshire underspending and Swindon overspending.

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

Risks and Mitigations

Our key risks and mitigations for 21/22 are:

- Further schemes to support flow out of hospital which cannot be covered from HDP funding
- 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

Organisation	2021/22					
	Planned YTD Outturn at Month 10	**Actual YTD Outturn at Month 10**	**Variance from YTD Plan at Month 10**	**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	(1,536)	172	1,708	0	32	32
Royal United Hospitals FT	0	0	0	0	0	0
Salisbury NHS FT	(65)	35	100	0	38	38
Total Acute Providers	**(1,601)**	**207**	**1,808**	**0**	**70**	**70**
Total BSW NHS Position	**(1,601)**	**207**	**1,808**	**0**	**70**	**70**
Avon and Wiltshire MH Partnership @ 45%	0	0	0	0	0	0
Total NHS	**(1,601)**	**207**	**1,808**	**0**	**70**	**70**
B&NES Adult Social Care			0	0	2,000	2,000
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**	**4,332**	**4,332**
Total Health & Adult Social Care (deficit/overspend)/ surplus/underspend	**(1,601)**	**207**	**1,808**	**0**	**4,402**	**4,402**

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

January 21 data

Acute emergency care and transfers of care

	Deterioration		Below Standard	✗
Improvement		Meets Standard	✓
No Change			

	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 2022 01	9.3%	12.8%	⬆	75%	✗
Implementation of Agreed Waiting Times	30-Minute Ambulance Handover Breaches	BSW CCG	Monthly 2022 01	1,573	1,623	⬆	0	✗
Transforming Community Services and Improving Discharge	% of Discharges by 5pm	GWH	Monthly 2022 01	59.0%	41.8%	⬇		N/A
		RUH	Monthly 2022 01	65.9%	37.0%	⬇		N/A
		SFT	Monthly 2022 01	64.2%	36.9%	⬇		N/A
	% of Patients Meeting the Criteria to be Discharged that are Discharged	GWH	Monthly 2022 01	39.7%	48.0%	⬆		N/A
		RUH	Monthly 2022 01	43.7%	67.5%	⬆		N/A
		SFT	Monthly 2022 01	59.0%	32.9%	⬇		N/A

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. 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	Home care hours per week (18+) (last full week of the month)	BaNES LA	Monthly 2022 01	2,524	2,375	N/A		N/A
		Swindon UA	Monthly 2022 01	10,523	10,572	N/A		N/A
		Wiltshire LA	Monthly 2022 01	4,002	4,186	N/A		N/A
Keeping People Safe	Number of new safeguarding concerns per 100,000 population (18+)	BaNES LA	Monthly 2022 01	93.6	69.4	N/A		N/A
		Swindon UA	Monthly 2022 01	74.4	74.9	N/A		N/A
		Wiltshire LA	Monthly 2022 01	113.6	114.9	N/A		N/A
Residential / Nursing Care Provision	New permanent admissions to residential and nursing homes per 100,000 population (65+)	BaNES LA	Monthly 2022 01	19.1	5.5	N/A		N/A
		Swindon UA	Monthly 2022 01	16.3	2.7	N/A		N/A
		Wiltshire LA	Monthly 2022 01	11.8	5.4	N/A		N/A
	Number of people in nursing and residential placements at month end per 100,000 population (65+)	BaNES LA	Monthly 2022 01	1,172	1,137	N/A		N/A
		Swindon UA	Monthly 2022 01	1,193	1,144	N/A		N/A
		Wiltshire LA	Monthly 2022 01	959	937	N/A		N/A

Deterioration — Below Standard ✕
Improvement — Meets Standard ✓
No Change

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

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	86.6%	86.6%	⬆	85%	✔
Quality	Clostridium difficile infection rate	BSW CCG	Monthly 2022 01	21	13	⬇		N/A
	E. coli bloodstream infections	BSW CCG	Monthly 2022 01	42	34	⬇		N/A
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	BSW CCG	Monthly 2022 01	0	0	➡	0	✔
	Serious Incidents	BSW CCG	Monthly 2022 01	18	29	N/A		N/A

Finance

	Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
Performance Against Financial Plan	BSW System Variance Against Plan YtD	BSW CCG	Monthly 2022 01	(+)1,572,000	(+)1,808,000	⬆	(-)£1,601,000	✔

Primary Care & Community Services

	Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
Improvements for people with conditions such as diabetes, CVD and obesity	Number of Referrals to the NHS Diabetes Prevention Programme	BSW CCG	Monthly 2022 01	410	522	⬆	337	✔
Primary and community services including new community services response times	Access to general practice – number of available appointments	BSW CCG	Monthly 2021 12	527,381	431,350	⬇	443,904	✖

Legend:

🟥 Deterioration		Below Standard	✖
🟩 Improvement		Meets Standard	✔
⬛ No Change			

Screening and vaccination programmes

Legend		
🟥 Deterioration	Below Standard	✗
🟩 Improvement	Meets Standard	✓
⬛ No Change		

	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	COVID Vaccination: % of adults vaccinated	BSW CCG	Monthly 2022 01	89.6%	89.7%	⬆	90%	✗

Mental Health

	Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
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 11	7,135	7,140	⬆	6,814	✓
	IAPT Access - Patients entering treatment	BSW CCG	Monthly 2021 11	2,930	3,085	⬆	5,856	✗
	LD Inpatients Adults CCG Funded	BSW CCG	Quarterly 21-22 Q2	18	18	⬇	17	✓
	LD Inpatients Adults NHSE Funded	BSW CCG	Quarterly 21-22 Q3	7	8	⬆	7	✗
	LD Inpatients Children NHSE Funded	BSW CCG	Quarterly 21-22 Q3	7	3	⬇	4	✓
	Out of Area Admissions (Count of OBDs)	BSW CCG	Monthly 2021 11	440	420	⬇	1,429	✓
	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 Q3	26.0%	34.1%	⬆	40%	✗
Learning disability and autism: reducing inpatient rate and increasing learning disability physical health checks	The percentage of people with a learning disability on the GP register receiving an annual health check	BSW CCG	Quarterly 21-22 Q3	19.5%	39.6%	⬆	32%	✓

Restoration of elective and cancer services*

Legend	
🟥 Deterioration	Below Standard ✗
🟩 Improvement	Meets Standard ✓
⬛ No Change	

	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 12	460	493	🔼	463	✓
	RTT Incomplete 52+ wks	BSW CCG	Monthly 2021 12	2,102	2,245	🔼	2,126	✗
	Numbers of patients seen in a first outpatient appointment following urgent referrals	BSW CCG	Monthly 2021 12	3,809	3,582	🔽	3,504	✓
	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 2022 01	148	153	🔼	60	✗
		RUH	Monthly 2022 01	319	273	🔽	194	✗
		SFT	Monthly 2022 01	126	144	🔼	90	✗
Diagnostic Activity Levels	Diagnostic Activity Against Plan	BSW CCG	Monthly 2022 01	5,719	5,652	🔽	5,585	✓
Elective Activity Levels	Daycase Activity Against Plan	BSW CCG	Monthly 2022 01	1,668	1,840	🔼	1,699	✓
	Elective Activity Against Plan	BSW CCG	Monthly 2022 01	207	218	🔼	237	✗
	Outpatient Activity Against Plan	BSW CCG	Monthly 2022 01	17,627	19,709	🔼	16,749	✓

Meeting of the BSW CCG Governing Body Meeting
Report Summary Sheet

Report Title	Workforce Disabilities Equality Standard Report 2021	Agenda item	11
Date of meeting	17th March 2022		

Purpose	Approve	x	Discuss		Inform	x	Assure	

Executive lead, contact for enquiries	Alison Kingscott and Sheridan Flavin, Interim BSW Executive Director for People and Organisational Development							

This report concerns	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Alison Kingscott and Sheridan Flavin, Interim Executive Directors for People and Organisational Development							

Executive summary	This paper outlines the CCG's performance against the Workforce Disability Equality Standard (WDES) and outlines a number of actions that can be taken over the coming 12 months to address issues identified by the data.
Equality Impact Assessment	N/A
Public and patient engagement	N/A
Recommendation(s)	1. The Governing Body is asked to review and note the information contained within the BSW CCG WDES Report 2021. 2. The Governing Body is asked to provide approval for the formal publication of the BSW CCG WDES Report 2021. 3. Governing Body is asked to support, where necessary, with the implementation of the actions stated within the report.
Link to Board	Please indicate here if the report subject links back to the Board Assurance Framework or risks already noted upon the Corporate

Assurance Framework or High-level Risk(s)	Risk Register, and list those it references.
	Please click this link to view the latest BAF and Risk Register - https://intranet.bswccg.nhs.uk/tools-and-resources/resource-library/governance
	5. Preparing to become a Strategic Commissioner in the context of the developing ICS - Workforce Elements: - Develop and implement a People Strategy for BSW CCG - Drive colleague satisfaction and engagement

Risk (associated with the proposal / recommendation)	High		Medium		Low x		N/A	

Key risks	Low representation of disabled colleagues.
Impact on quality	A more inclusive and diverse workforce impacts positively on the quality of services provided
Impact on finance	N/A
	Finance sign-off: [insert name]	
Conflicts of interest	1. N/A
This report supports the delivery of the following CCG's strategic objectives:	☐ BSW approach to resetting the system ☐ Realising the benefits of merger ☒ Improving patient quality and safety ☒ Ensuring financial sustainability ☒ Preparing to become a strategic commissioner
This report supports the delivery of the following BSW System Priorities:	☒ Improving the Health and Wellbeing of Our Population ☐ Developing Sustainable Communities ☐ Sustainable Secondary Care Services ☐ Transforming Care Across BSW ☐ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan

BSW CCG NHS Workforce Disability Equality Standard Report 2021

March 2022

Executive Summary

This BSW CCG Workforce Disability Equality Standards (WDES) report and action plan 2021 details the WDES data that the CCG submitted for the WDES return for 2020/2021 to NHS England and Improvement. This report details the WDES workforce data and presents the information on the WDES indicators 1-10 as described below.

WDES Indicators

Data from ESR	
1	The percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.
3	Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.
Data from Staff Survey in 2020	
4a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in the last 12 months. Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months. Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.
4b	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months.
5	Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion.
6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work.
8	Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9a	Staff engagement score for disabled staff.
9b	Has your organisation taken action to facilitate the voices of disabled staff in your organisation to be heard?
Data from ESR	
10.	Board membership.

One of the benefits of publishing this data annually is that NHS organisations can compare their progress from previous years – as this is our first WDES report we can only present the data in isolation. We recognise that for some metrics the percentages appear quite significant however the absolute numbers of staff that declared themselves disabled are in small numbers.

1. Introduction

The Workforce Disability Equality Standard (WDES) is a set of ten specific metrics that measure the workplace and career experience for disabled and non-disabled staff. The main purpose of the WDES is to enable organisations to better understand the

experiences of their disabled staff and to make positive changes for them and for new staff recruited in the future. We aim to provide equal access to the same career opportunities for all colleagues. For disabled colleagues this includes making reasonable adjustments and support wherever possible. One report and action plan (Appendix A) has been produced for the organisation to take forward.

2. Background

The Workforce Disability Equality Standard (WDES) aims to improve the workplace and career experiences of disabled colleagues in the NHS. It aims to:

- Help local and national NHS organisations (and other organisations providing NHS services) to review their data against the relevant indicators.
- To produce action plans to close the gaps in workplace experience between relevant groups of colleagues, and
- To improve Disabled people representation at the Board level of the organisation.

3. WDES 2021 data collection and new reporting framework

This is the first year that the BSW CCG has reported on the WDES data. This report provides a summary of the national data analysis and presents key findings, recommendations for continued focus and actions by the organisation. At a national level, the evidence clearly highlights disabled colleagues continue to experience inequalities within the workplace, when compared to their non-disabled colleagues. The analysis supports the continued need for all organisations to take robust action, in terms of monitoring and evaluation, to ensure that progress takes place and to embed the WDES into ongoing work programmes that continue to support positive change.

4. Responsibilities under the Public Sector Equality Duty

Under the Public Sector Equality Duty that was created under the Equality Act 2010 organisations must have due regard to the following: -

- To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act,
- To advance equality of opportunity between people who share a protected characteristic and those who do not.
- To foster good relations between people who share a protected characteristic and those who do not.
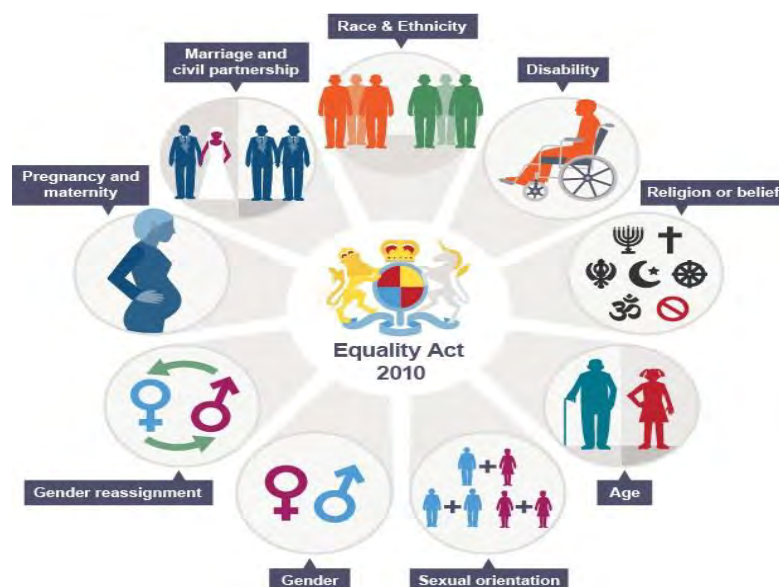
The Act explains that advancing equality involves removing or minimising disadvantages suffered by people due to their protected characteristics and taking steps to meet the needs of people from protected groups where these are different from the needs of other people. As an employer the CCG must have "due regard" to the WDES. This means that BSW CCG uses the WDES data to help improve workplace experiences and representation at all levels for disabled colleagues.

5. BSW CCG's position against WDES indicators

WDES Data Analysis

Some data (indicators 1-3, and indicator 10) is drawn from the Electronic Staff Record (ESR). It is important to note therefore that the numbers given reflect those colleagues that have chosen to disclose details through ESR. Some data (indicators 4-9) is taken from the national Staff Survey 2020. The data provided below is for the BSW CCG's position against the WDES indicators based on a snapshot of the workforce on 31st March 2020 using ESR, and Staff Survey data from 2020.

Indicator 1:

Percentage of colleagues in each of the Agenda for Change (AfC) pay-bands or medical and dental subgroups and very senior managers (including Executive Board Members) compared with the percentage of colleagues in the overall workforce.

NON CLINICAL STAFF	Disabled		Non Disabled		Unknown		TOTAL (Headcount by Band)
	Headcount	(%)	Headcount	%	Headcount	%	
Bands 1 to 4	5	4.7%	96	90.6%	5	4.7%	106
Bands 5 to 7	5	5.9%	75	88.2%	5	5.9%	85
Bands 8A to 8B	1	1.9%	50	94.3%	2	3.8%	53
Bands 8C to 9 and VSM	1	2.0%	46	93.9%	2	4.1%	49
TOTAL	12		267		14		293

CLINICAL STAFF	Disabled		Non Disabled		Unknown		TOTAL (Headcount by Band)
	Headcount	(%)	Headcount	%	Headcount	%	
Bands 1 to 4	0	0.0%	2	100.0%	0	0.0%	2
Bands 5 to 7	3	6.0%	41	82.0%	6	12.0%	50
Bands 8A to 8B	1	4.0%	18	72.0%	6	24.0%	25
Bands 8C to 9 and VSM	0	0.0%	26	61.9%	16	38.1%	42
TOTAL	4		87		28		119

- Indicator 1 shows the proportion of disabled staff by pay band as a percentage of total headcount in that pay-band. We are required to distinguish between clinical and non-clinical staff.
- The total percentage of disabled staff in our workforce is 3.8% (4.09% for non-clinical and 3.36% for clinical).
- The disability status of 10.19% of staff on ESR is not known.

Indicator 2:
Relative likelihood of non-Disabled colleagues compared to Disabled colleagues being appointed from short listing across all posts.

- The relative likelihood of **non-disabled** colleagues compared to disabled colleagues being appointed from shortlisting across all posts is **0.61**. A figure below 1.0 indicates that disabled staff are more likely to be appointed from shortlisting.
- The number of shortlisted applicants that were disabled was 17, compared to 229 non-disabled applicants.
- The number of disabled candidates appointed was 4 compared to 33 non-disabled candidates.

Indicator 3:

Relative likelihood of disabled staff compared to non-Disabled colleagues entering the formal capability process, as measured by entry into the formal capability procedure.

	Disabled	Non-Disabled	Not stated
Number of colleagues in workforce	16	354	42
Number of colleagues entering the formal capability process	0	0	0
Likelihood of colleagues entering the formal capability process	0	0	0

- As no disabled staff entered the formal capability process, the relative likelihood compared to non-disabled staff is zero.

Indicator 4a:

Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
  Patients/Service users, their relatives or other members of the public
  Managers
  Other colleagues

- 21.6% of disabled staff experienced at least one incident of harassment, bullying or abuse from patients, relatives or the public in the last 12 months as opposed to 8.8% of non-disabled staff. The national average for CCGs is 11.4% and 8.7% respectively.
- 23.5% of disabled staff and 9.3% of non-disabled staff experienced harassment, bullying or abuse from a manager in the last 12 months. The national average for CCGs was 16.9% and 8.7% respectively.
- 25.5% of disabled staff and 9.9% of non-disabled staff have experienced at least one incident of harassment, bullying or abuse from a colleague in the last 12 months. The national average for CCGs was 18.0% and 9.1% respectively.

Indicator 4b:

Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
- 45.5% of disabled staff and 31.6% of non-disabled staff stated that they, or a colleague reported their last incident of harassment, bullying or abuse. The national average for CCGs is 45.5% and 43.2% respectively.

Indicator 5:

Percentage of disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion.

- 75% of disabled staff believe that the organisation provides equal opportunities for career progression or promotion compared to 89.9% of non-disabled staff. The national average for CCGs is 81.8% and 87.0% respectively.

Indicator 6:

Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

- 26.3% of disabled staff and 12.3% of non-disabled staff have felt pressure to come to work despite not feeling well enough. The national average for CCGs is 19.8% and 12.7% respectively.

Indicator 7:

Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

- 42.3% of disabled staff feel that the organisation values their work compared to 59.8% of non-disabled staff. The national average for CCGs is 49.4% and 59.8% respectively.

Indicator 8:

Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

- 80.8% of disabled staff say that the organisation has made adequate adjustment(s) to enable them to carry out their work. The national average for CCGs is 85.8%.

Indicator 9a:

The staff engagement score for disabled staff compared to non-disabled staff

- The overall staff engagement score for the CCG is 7.0. For disabled staff the figure is 6.4 and for non-disabled staff 7.1. The national average for CCG staff is 6.9 for disabled staff and 7.3 for non-disabled staff.

Indicator 9b:

Has your organisation taken action to facilitate the voices of Disabled colleagues in your organisation to be heard (Yes) or (No)?

Yes or No?	Yes

Indicator 10:

Percentage difference between the organisation's Board Membership and its overall workforce, disaggregated by:

- **Voting Membership of the Board**
- **Non-Voting membership**

	Disabled Colleagues	Non-Disabled Colleagues	Unknown	Total Overall
Total Board Members	1 (4%)	21 (81%)	4 (15%)	26
of which: Voting Board members	1 (5%)	15 (75%)	4 (20%)	20
of which: Non-Voting Board members	0 (0%)	6 100%)	0 (0%)	6
Number of Colleagues in overall workforce	16 (4%)	354 (86%)	42 (10%)	412

6. Links to the People Plan and the BSW CCG People Strategy

The NHS People Plan details practical actions that employers and systems should take to make their organisations better places to work. These actions are also referenced in the BSW CCG People Strategy. It identified four key themes to deliver against the wider people agenda:

The NHS People Plan focuses on:

- Looking after our people – with quality health and wellbeing support for everyone.
- Belonging in the NHS – with a particular focus on the discrimination that some colleagues face.

- New ways of working and delivering care – capturing innovation, much of it led by our NHS people.
- Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return.

Achieving strong diversity and inclusion of disabled colleagues at BSW CCG will provide a significant benefit for our organisation:

- Our colleagues will feel included, engaged and supported and have greater personal resources and resilience to offer thorough and compassionate care
- Colleagues who are differently abled may offer enhanced empathy and support to patients due to their lived experience of disability
- Patients with disabilities may be more able to identify with and related to our disabled staff
- Stronger team performance by maximising our blend of skills, talents, knowledge and professional experience
- Stronger individual performance as enabling disabled colleagues to use their disability at work as advantage instead of a disadvantage.
- Improved retention of our colleagues, especially our disabled colleagues (including colleagues may have become disabled).
- A reduction in bullying, harassment, discrimination and other forms of exclusion by building greater understanding, appreciation and respect for people with disabilities.
- supporting our organisational journey towards adopting a more compassionate and inclusive culture.

7. Engagement

We know that employee engagement is important in a workplace, resulting in the right conditions for all employees of an organisation to give their best each day, committed to their organisation's goals and values, motivated to contribute to organisational success, with an enhanced sense of their own well-being.   We will ensure that colleagues have all they need which will support them to look forward to working as part of the BSW CCG team, have a sense of their personal contribution and achievement and their impact on their team and the organisation.

This WDES report will focus on the actions detailed in the NHS People Plan that need to be taken in to account in relation to supporting disabled colleagues. A CCG WDES action plan has been developed, and work will continue to advance the WDES agenda.   The golden thread running throughout the NHS People Plan is the need to continue "to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people and work together differently to deliver patient care". Risk assessments were carried out for all disabled colleagues within BSW CCG during the start of COVID 19 and colleagues supported as necessary.

8. Conclusion

The WDES report highlights key areas for BSW CCG to take action to improve the experiences for disabled colleagues and continue to build on areas where improvements have been made.   While some of the answers involve small numbers of staff and big percentages, the data is still a useful indicator. Of more value will be the next report which will then demonstrate if there has been progress made or a deterioration in the experience

of disabled staff in our workforce when compared to the results in this report. This WDES report is valuable in enabling the CCG to better understand the experiences of their disabled colleagues and to support positive change for all existing colleagues by creating a more inclusive environment for disabled people working and seeking employment in the CCG. Equality, diversity and inclusion is at the forefront of the culture BSW CCG is trying to develop and foster whilst achieving the organisations vision of "working together to empower people to lead their best life". One of the CCGs five values is inclusion, and it is highlighted that this is shown through colleagues continually ensuring their own behaviours support equality of opportunity and diversity.

A WDES action plan has been developed for BSW CCG to take forward and implement based on the data and is attached at Appendix A.   Some work is already underway to achieve the actions detailed within the WDES action plan. In analysis of the above data, the CCG recognises the need to recruit and retain a workforce that more closely represents the local population, this along with several other actions aimed to reduce the gap in differences of representation and treatment, is reflected in the CCGs E&D action plan. Further actions are being developed to continue to improve the representation and inclusion of disabled colleagues at the CCG, and continue to create a more inclusive working environment, as well as better understand the experiences of disabled employees. We have further demonstrated our commitment to this within our People Strategy.

9. Next Steps

In line with the WDES guidance BSW CCG will publish their annual WDES report and action plan on their website. The CCG is committed to providing further opportunities for disabled colleagues and in continuing to improve the environment. The CCG is committed to ensuring a culture of inclusion and belonging that is continually fostered for all BSW CCG colleagues. The WDES action plan, CCG People Strategy, Model Employer, the WRES Report 2021, and the People Strategy will enable the CCG to achieve this.

APPENDIX A
WDES Action Plan January 2022 to December 2022
The following action plan will be implemented in line with BSW CCG values of caring, collaborative, inclusive, accountable and innovative and will be delivered alongside the CCG's Interim Equality and Diversity Strategy actions and the People Strategy actions.

Caring   Innovative   Inclusive   Accountable   Collaborative

Area of Focus	Action	Measure of Success	Link to other strategies/plans	Target completion date	Lead
To maintain the BSW CCG's commitment to being a "Disability Confident employer".	To ensure that effective training for managers is in place to support being a more inclusive and welcoming employer for people with disabilities. To work more closely with our diverse workforce to ensure that all CCG colleagues voices are heard.	To complete the Disability Confident Self-Assessment. Following the assessment further details to be reviewed regarding actions.

To provide ongoing training opportunities for managers and colleagues to ensure that the culture is inclusive for disabled colleagues. | People Strategy.

Dignity at Work Policy.

Civility and Respect Toolkit. | Qtr 1 2022 | CSU HR

Director for People and OD/Head of People Programmes &OD |
| To look at recruiting a Disability Diversity Champion to lead the development of a colleagues' network. | To identify and recruit a Disability Diversity Champion to lead the development of a colleagues' network to support people who identify with a disability and improve engagement with this group.

Promote membership of staff networks in the wider NHS system. | To support the Disability Diversity Champion to engage with similar colleagues' networks across BSW CCG to facilitate the development of the Disability Colleagues Network and to share best practice. | Interim Equality and Diversity Strategy. | Qtr 1 2022 | Director for People and OD/Head of People Programmes &OD. |
| Career promotion and progression | Promoting all development opportunities widely and encouraging | Ensure all training and development opportunities are fully accessible. Risk assessments | The BSW CCG People Strategy. | August 2022 | CSU HR

Director for People |

	applications from under-represented groups.	and Equality Impact Assessments completed for Job descriptions and change programmes, to ensure barriers and possible reasonable adjustments identified in advance.			and OD/Head of People Programmes &OD
Ensure we have effective recruitment processes to promote inclusion	We need to fully identify where improvements could be made in our recruitment and selection processes, including ensuring that we have a single process for the organisation. We will ensure that interview panels have access to recruitment and selection training and consider whether this will be a mandatory requirement for interview panels.	The CCG continues to refine its recruitment arrangements to ensure equality of opportunity is provided to all applicants to the CCG. Mandatory recruitment training has been delivered to line managers.	The BSW CCG People Strategy. Interim Equality and Diversity Strategy.	Qtr 1 2022	CSU HR Director for People and OD/Head of People Programmes &OD
Promote the zero-tolerance commitment to bullying and harassment	Exec Team to publicise their commitment to the zero-tolerance approach to bullying and harassment. Training to be given to line managers on prevention of bullying and harassment and dealing with cases if and when they arise. Training & guidance to be given to managers on how to have difficult conversations.	Improved staff survey scores. Improved WDES & WRES scores. Reduction in formal employee relations activity. Increased engagement scores for staff with protected characteristics.	The BSW CCG People Strategy. Interim Equality and Diversity Strategy.	Qtr 2 2022	CSU HR Director for People and OD/Head of People Programmes &OD

	Promotion of the Just & Learning Culture with appropriate training for managers.				
Create the environment and mechanisms that allow staff to feel confident that they can safely raise concerns.	Promote the roles of the Freedom to Speak Up Guardian/s, Colleague Partnership Forum & other routes open to staff to safely raise concerns.	Improved staff survey scores demonstrating confidence in reporting of issues. Improved WRES and WDES scores	The BSW CCG People Strategy. Interim Equality and Diversity Strategy.	Qtr 2 2022	CSU HR Director for People and OD/Head of People Programmes &OD
Commitment to the delivery of the 10 People Outcomes that have been agreed for the new ICS People Function with a particular emphasis on Outcome 4 (Valuing & Supporting Leadership at all levels).	Provide training for managers at all levels on Compassionate & Inclusive Leadership. Clarify and publicise the leadership behaviours that are expected of all who manage or supervise staff.	Leaders at every level live the behaviours and values set out in the People Promise and make strides so that this is the experience of work for all of their staff. Improved WDES & WRES scores. Improved staff survey outcomes.	NHS People Promise. The BSW CCG People Strategy. Interim Equality and Diversity Strategy.	Qtr 3 2022	CSU HR Director for People and OD/Head of People Programmes &OD

Meeting of the BSW CCG Governing Body
Report Summary Sheet

Report Title	Summary Report from Governing Body Committees					Agenda item	14
Date	17 March 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	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. 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. 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						
Recommendation(s)	The Governing Body is asked to **note** the contents of this report, and **approve** the revised At Scale Commissioning Committee Terms of Reference						
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 17 February 2022 was chaired by the CCG Clinical Chair, Dr Andrew Girdher. The Committee undertook the following business:
   - ASCC Terms of Reference – (changes highlighted in appendix 1 to this report)

- Community Urgent Eyecare Service for 2022/23
- Community Based Skin Surgery Service in B&NES
- Neutralising Monoclonal Antibodies Treatment Update
- MJOG Software Contract Renewal
- Care Hotel – Single Tender Waivers
- Community Prescribing - Apomorphine
- Mental Health Community Services Framework (CSF); Year 1 3rd Sector Service Specification
- Wiltshire Medequip Change of Control Letter

1.3 The next meeting of the BSW CCG At Scale Commissioning Meeting is to be held on 17 March 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 3 March 2022 was chaired by the Lay Member for Audit, Ian James. The Committee undertook the following business:
- External Audit Progress Report
- Informing the Audit Risk report – *including the Going Concern Assessment*
- Internal Audit Progress Report
- Internal Audit Reports:
  - Safeguarding
  - GP IT Follow Up
  - Delegated Commissioning
  - Core Financial Systems
- Internal Audit Plan Discussion Draft – 2022-23
- Update on Outstanding Internal Audit Management Actions for Continuing Healthcare and Learning Disability Local Provision
- Local Counter Fraud Progress Report and Work Plan for 2022-23
- Security Management Progress Report and Work Plan for 2022-23
- Integrated Care Board Recruitment Fees - Single Tender Waiver
- Service Audit Report by Deloitte - NHS England and NHS Improvement South, Central and West Commissioning Support Unit – Follow Up
- Information Governance Issues and Lessons Learned
- Risk Management
- Cyber Security Update
- BSW CCG Annual Report and Accounts
  - Draft Head of Internal Audit Opinion
  - First Draft of BSW CCG Annual Report 2021-22
  - Month 9 Accounts Submission
- Plan for Closing the CCG Accounts for the 3-Month Period
- Transition to the Integrated Care System - Focus on Governance Arrangements
- BSW CCG Audit Committee Forward Planner to June 2022
- Annual Review of Services
  - Internal Audit

- o External Audit
- o Local Counter Fraud and Security Management

2.4 The next meeting of the BSW CCG Audit Committee will be held on 21 April 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 meeting of the BSW CCG QPAC held on 10 March 2022 was chaired by Julian Kirby, Lay Member for Patient and Public Engagement. The Committee considered the following business:
- BSW Quality and Performance Report
- BSW Learning Disabilities Mortality Review (LeDeR) 6-monthly update
- BSW CCG Continuing Healthcare Service Delivery
- Contract Status Tracker

3.3 The next meeting of the BSW CCG Quality and Performance Assurance Committee will be held on 14 April 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 meeting of the BSW CCG Finance Committee held on 3 March 2022 was chaired by Julian Kirby, Lay Member for Patient and Public Engagement. The Committee considered the following business:

- BSW CCG Financial Position for Month 10
  - o Hospital Discharge Programme Funding Update
  - o Locality Reports
  - o COVID-19 - Monitoring Spend and Financial Position
- High Cost Placements
- Medvivo Contract Update
- Due Diligence of Places
- Update on BSW Financial Sustainability Programme
- Approved Minutes from the Information Governance Steering Group meeting held 12 January 2022
- BSW CCG Finance Committee Forward Planner to June 2022

4.4 The next meeting of the BSW CCG Finance Committee will be held on 7 April 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 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 The meeting held on 17 February 2022 was chaired by Suzannah Power, Lay Member for Primary Care Commissioning.

6.4 The next meeting of the BSW CCG Remuneration Committee will be held on 6 April 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 22 March 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   At the BLCG meeting held on 3 March 2022, the Group considered the following business:
- Review of 2021/22 Discharge and Flow Schemes and Spend & Planning for 2022/23
- Specialist Mental Health Care and Support for Adults (18-64)
- Update on Crisis Accommodation Procurement Process
- 2021/22 Better Care Fund Performance & Financial Position and 2022/23 Uncommitted Funding
- Updates on the Learning Disabilities Pooled Budget Review
- Update on Joint Agency Panel Review
- Direct Payments Update
- CCG and B&NES Council Finance Update
- Social Care Fee Uplifts for 2022/23

9.3   The next meeting of the BLCG will be held on 5 May 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

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 10 February 2022 was chaired by Julian Kirby, Lay Member for Patient and Public Engagement, and considered the following business:
- Public questions
- People and Communities Update
- B&NES Locality Update

12.3 The next meeting of the BaNES Your Health Your Voice forum will be held on 9 June 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:
- The Agenda for Change update
- SBC Finance Update
- CCG Finance Update
- ICA Development Update
- SEND Update
- Voluntary Sector Contracts
- Better Care Fund

13.3 The next meeting of the SLCG is to be held on 22 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

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 The Forum held on 17 February 2022 was chaired by Julian Kirby, Lay Member for Patient and Public Engagement, and considered the following business:
- Swindon Locality Update
- Public Questions
- People and Communities Update

15.3 The next date for the meeting to be confirmed.

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 23 February 2022, the Group considered the following business:

- Community Services Contract and Recommissioning
- Complex Needs Children's Cases
- System Expectation on Demands Capacity Planning
- Better Care Fund Dashboard
- Active Health Funding
- Medequip Change of Control Letter

16.3 The next meeting of the WLCG will be held on 30 March 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

17.3 The next meeting is scheduled for 31 March 2022.

Appendix 1

BSW CCG 'At Scale' Commissioning Committee

Terms of Reference

1.   Introduction

1.1   In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW 'At Scale' Commissioning Committee (the Committee) is established by the BSW CCG Governing Body]

1.2   These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

1.3   The Joint Contracting Forum reports to this Committee.

1.4   The BSW Partnership has established the Urgent Care and Flow Board; Elective Care Board; Thrive MH Board; LD/ASD Programme Board; and the Local Maternity and Neonatal System Programme Board to facilitate collaboration between BSW providers and the commissioner. These groups may make commissioning proposals to this committee, for approval within this Committee's remit, or for consideration and onward recommendation to the BSW CCG Governing Body.

2.   Purpose

2.1   The Committee's purpose is to:

- Oversee procurements for services that are commissioned strategically, and that do not fall within the remits of the CCG's Locality Commissioning Committees;

- Consider any commissioning proposals that impact both 'place' and 'at scale', and for which funding from sources other than the BCFs may be required;

- Identify opportunities for cost efficiencies by commissioning services at scale

- Provide clinical leadership in relation to the commissioning cycle and service redesign, and lead the dissemination of good practice

- Test commissioning approaches in preparation for the formal establishment of the BSW ICS as a statutory body including the transfer of any commissioning responsibilities from NHSE/I.

- Overseeing the work of the Joint Contracting Forum.

3.   Responsibilities/Duties

3.1   The BSW CCG Governing Body has delegated to the Committee decision making authority for 'at scale' commissioning, de-commissioning, and redesign of health and care services for the populations of BSW where there is clear benefit in commissioning at scale.

3.2   The B&NES, Swindon and Wiltshire localities each have a Locality Commissioning Group which is responsible for commissioning, de-commissioning and redesign of services at place (including under the umbrella of local S75 agreements), and where

a local understanding is beneficial in designing services to meet the locality's specific needs.

This Committee will concern itself solely with services which are best commissioned at scale. It will ensure links with the Locality Commissioning Groups to ensure there are no service gaps or overlaps.

3.3 For the avoidance of doubt, primary care commissioning is not included within this Committee's remit and remains the responsibility of the BSW CCG's Primary Care Commissioning Committee.

3.4 Within this remit, and adhering to the CCG's Delegated Financial Limits (DFLs), the Committee shall consider and approve 'at scale' commissioning and procurement proposals up to a value of £250K for the DOF or AO to endorse as per DFLs for the following services (not exhaustive), or recommend approval to the CCG Governing Body for proposals over £250K:

- Mental Health (Including Child and Adolescent Mental Health Services)
- Learning Disabilities
- Children, Young People
- Maternity
- Acute Paediatric services
- Cancer Services
- Acute Contracts – incl RTT and A&E
- Acute planned and Urgent Care – Including A&E, 111 & OOH, Ambulance
- Specialised commissioning
- Non urgent Patient Transport
- RSS
- Advice and Guidance services
- Pilot projects

4. Membership

4.1 The following are members of the Committee, i.e. they have the right to receive meeting documents and to vote:

- Clinical Chair of the BSW CCG Governing Body
- BSW CCG Director of Strategy and Transformation
- BSW CCG Chief Finance Officer
- BSW CCG Director of Nursing and Quality
- BSW CCG Medical Director
- The Registered Nurse of the BSW CCG Governing Body
- A Lay member of the BSW CCG Governing Body; the Chair of the BSW CCG Governing Body's Audit Committee shall not be a member of this Committee;
- Two of the elected members of the BSW CCG Governing Body
- The Chief Operating Officers of the BSW CCG's BaNES, Swindon and Wiltshire localities

4.2 The following normally attend Committee meetings, i.e. they may receive meeting documents but cannot participate in the Committee's decision-making and must not vote:

- The BSW CCG Director of Commissioning
- The BSW CCG Director of Planning and Transformational Programmes
- <mark>The BSW CCG Deputy Director Contracts and Performance</mark>

4.3 In addition, the Chair, on behalf of the Committee, may invite such individuals to the Committee's meetings as are considered necessary to enable the Committee to conduct its business effectively. For the avoidance of doubt, such invited attendees cannot participate in the Committee's decision-making and must not vote.

4.4 The Clinical Chair of the BSW CCG Governing Body will chair the Committee. The Registered Nurse member will be the Deputy Chair of the Committee.

5. Quorum

5.1 A quorum shall be five members, one of whom should be a BSW CCG Executive Director and three who should be clinical members.

5.2 If the meeting becomes inquorate, it shall either be suspended, or decisions ratified at the next quorate meeting of the Committee.

6. Reporting

6.1 After each of its meetings, the Committee will report, through its Chair and / or its Deputy Chair to the BSW CCG Governing Body about business transacted and decisions taken. Reports will be in the form of standard cover sheet, highlighting reporting items as agreed by the Committee at each meeting, together with the minutes of that meeting.

6.2 In addition, and as agreed with the Committee, the Chair shall report on any matters within the remit of this Committee which in the Chair's view require the BSW CCG Governing Body's attention and/ or decision making.

7. Authority

7.1 In furtherance and support of its business, this Committee is authorised to request and review reports from external experts, from individual functions within the CCG, and from organisations in the BSW Partnership, as appropriate.

8. Frequency of Meetings

8.1 Meetings shall normally be held monthly, and otherwise as required.

9.   Secretary

9.1   The Secretariat for the Committee is provided by the BSW CCG Corporate Office. The Secretariat shall:
- provide Committee members with governance advise as required;
- ensure timely provision of meeting papers / materials to Committee members;
- record in formal minutes the business transacted, and decisions taken by the Committee.

10.   Conduct of meetings

10.1   Committee meetings will be conducted in accordance with the BSW CCG's Constitution and Standing Orders.

10.2   Members of the Committee will
- conduct the Committee's business in accordance with any national guidance and relevant codes of conduct / good governance practice, including the Nolan principles of public life;
- comply with the standards of business conduct, including the protocols for managing conflicts of interest, as determined in the CCG's Constitutions, Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations .

10.3   A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

10.4   Provided the meeting is quorate, the Committee will take decisions through consensus. Should a vote become necessary, a simple majority of those present will carry the vote. In the case of equality of votes, the Chair will have a casting vote.

11.   Review

11.1   The Committee will regularly review its performance, its membership and these terms of reference, and recommend to the CCG's Governing Bodies any amendments it considers necessary to ensure it continues to discharge its business effectively.

Effective date: February 2022
Review date: July 2022
Contact: helen.evans56@nhs.net