

BSW Integrated Care Board – Board Meeting in Public

Tuesday 30 August 2022, 9:30hrs

Virtual meeting via Zoom

Agenda

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
9:30	1	Welcome and apologies	Chair	Note	Verbal
	2	Declarations of Interests	Chair	Note	Verbal
	3	Minutes from the ICB Board Meeting held in Public on 1 July 2022	Chair	Approve	ICBB/22-23/007
	4	Action Tracker - <i>No actions recorded</i>	Chair	Note	Verbal
Business items					
9:50	5	Questions from the public <i>Pre-submitted questions and answers</i>	Chair	Note	Verbal
9:55	6	Community Story from the Wiltshire Locality	Pam Webb	Note	Presentation in meeting
10:05	7	Workforce Story	Jas Sohal, Maggie Crowe (Dorothy House Hospice)	Note	Presentation in meeting
10:20	8	BSW ICB Chair's Report	Chair	Note	Verbal
10:25	9	BSW ICB Chief Executive's Report	Sue Harriman	Note	ICBB/22-23/008

Timing	No	Item title	Lead	Action	Paper ref.
10:35	10	BSW ICB and System Financial Position	Gary Heneage	Note	ICBB/22-23/009
		a. BSW Integrated Care Strategy	Richard Smale	Note	ICBB/22-23/010
11:05 - Break – 10 minutes					
11:15	11	Primary Care	Richard Smale, Jo Cullen	Note	ICBB/22-23/011
		a. Delegation of Accountability for Commissioning of all Primary Care Services		Approve	ICBB/22-23/012
		b. Enhanced Access			
11:35	12	BSW Performance, Quality, Finance and Workforce Report	Rachael Backler, Gill May, Gary Heneage, Jas Sohal	Note	ICBB/22-23/013
11:55	13	BSW Green Plan	Gary Heneage, Simon Yeo	Approve	ICBB/22-23/014
12:05	14	BSW ICB Committee Reports	Chairs of Committees	Note	ICBB/22-23/015
Closing Business					
12:15	15	Any other business and closing comments	Chair	Note	

Next ICB Board Meeting in Public: 1 November 2022

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

Friday 1 July 2022, 10:30hrs

Virtual meeting via Zoom

Members present:

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
Chief Executive, Sue Harriman (SH)
Community Provider Partner Member, Douglas Blair (DB)
Local Authority Partner Member – Wiltshire – Deputy, Claire Edgar (CE)
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
Chief Finance Officer, Gary Heneage (GH)
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
Chief Nurse Officer, Gill May (GM)
Non-Executive Director for Finance, Paul Miller (PM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector – Deputy,
Alison Smith (AS)
Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise Partner Member, Pam Webb (PW)

Attending:

Chief of Staff, Richard Collinge (RC)
Deputy Director of Corporate Affairs, Anett Loescher (AL)
Director of Equalities, Innovation and Digital Enterprise, Jane Moore (JM)
Director of Place – Swindon, Gordon Muvuti (GM)
Programme Director for Transition, Catherine Phillips (CP) – *for item 9*
Assistant Director of Communications and Engagement, Jenna Richards (JR)
Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
Director of Strategy and Transformation, Richard Smale (RSm)
Chief People Officer, Jasvinder Sohal (JS)
Board Secretary, Sharon Woolley (SW)

Apologies:

Local Authority Partner Member – BaNES, Will Godfrey (WG)
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector, Dominic Hardisty (DH)
Local Authority Partner Member – Wiltshire, Terence Herbert (TH)
Local Authority Partner Member – Swindon, Susie Kemp (SK)
Non-Executive Director for Quality, Professor Rory Shaw (RS)

1. Welcome and Apologies

- 1.1 The Chair welcomed members, officers and observing members of the public to this inaugural Board meeting of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB). A historic day for health and social care services across England, with key Government reforms introduced by the Health and Care Act following approval by Parliament.
- 1.2 The agenda for this first meeting was not a usual Board agenda. However, the approval of the governance framework and appointments enabled the establishment of the organisation as a statutory NHS body.
- 1.3 The ICBs (Establishment) Order 2022 had been signed by the NHS England Chief Executive on 27 June 2022, legally establishing 42 ICBs across England with effect from midnight at the start of the day on Friday 1 July 2022. The BSW ICB Constitution had also been brought into effect through the establishment order. Therefore the BSW ICB was legally established. The Constitution was available to view on the BSW ICB website, and would be reviewed during this first year.
- 1.4 The BSW Clinical Commissioning Group (CCG) had now been dissolved, and the Chair wished to record her thanks to all those involved in ensuring the safe transition and closure. Except for Board level members, all CCG staff had transferred to the BSW ICB.
- 1.5 The formal appointment by the Chair (with NHS England approval) of the BSW ICB Chief Executive Officer, Sue Harriman, was recorded. A meeting of the BSW ICB Board Appointment Committee had been held earlier that morning to formally confirm the appointment of all Board Members, thereby creating the Board.
- 1.6 The above apologies were noted.
- 1.7 The meeting was declared quorate.
- 1.8 Board members introduced themselves and their roles at appropriate points during the meeting.

2. Declarations of Interest

2a. BSW Integrated Care Board Declarations of Interest Register

- 2.1 The ICB holds a register of interests for all staff and Board members. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.
- 2.2 ICBs are legally required to manage conflicts of interest, this includes maintenance of the register of interests of all staff and Board members. The register of Board members' interests would be published on the ICB website following the meeting.
- 2.3 The register would be regularly reviewed and updated, and additional interests should be made known to the Governance Team for the record. The BSW ICB

Standards of Business Conduct policy details how the ICB manages conflicts of interest, and colleagues' responsibilities.

3. Receive the constitution of NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB)

3.1 The Chair advised that as the Health and Care Bill had progressed through parliament, NHS England had issued several iterations of an ICB model constitution to make sure ICBs would be constituted in proper alignment with the legislation. ICBs were strongly steered to adopt the model constitution. BSW had adopted and adapted the model, working closely with the South West NHSE regional team while developing the BSW ICB Constitution.

3.2 The BSW ICB Constitution was approved by NHS England in June 2022 and had been made available upon the ICB website. The Board **noted** the BSW ICB Constitution.

4. BSW ICB governance documents

4.1 ICBs are required to be transparent about how they make decisions. ICB Constitutions stipulate the documents that each ICB must have and must publish, which form part of the ICB's governance framework – namely, ICB Standing Financial Instructions, ICB Scheme of Reservation and Delegation and ICB Functions and Decisions Map.

4.2 The Chair assured the Board that the arrangements set out in the documents are not fixed and would be reviewed and amended over the course of year one. The Board has powers to approve changes to these documents.

4a. BSW ICB Standing Financial Instructions

4.3 The Board **approved** the BSW ICB Standing Financial Instructions.

4b. BSW ICB Scheme of Reservation and Delegation

4.4 The Board **approved** the BSW ICB Scheme of Reservation and Delegation.

4c. BSW ICB Functions and Decisions Map

4.5 The Board **approved** the BSW ICB Functions and Decisions Map.

5. Establish BSW ICB Committees:

5.1 The Chair advised that ICBs are required under the Act to maintain an Audit Committee and a Remuneration and Nomination Committee. Other committees are as decided by the ICB. Each of the Committee terms of reference have been developed and aligned to the national guidance issued. Further development of terms of committees' remits are anticipated as ICB and system operations embed,

particularly regarding place governance. Further guidance was expected in relation to the Integration White Paper.

- 5.2 The Chairs of committees were identified in the paper. Committee membership was still to be confirmed where the terms of reference stipulates *'Partner member/s of the Board'*:

5a. BSW ICB Audit Committee

- 5.3 The Board **approved** the establishment of the BSW ICB Audit Committee, the committee Terms of Reference, and the appointment of the Non-Executive Director (NED) for Audit and Governance, Dr Claire Feehily, as the Committee Chair.

5b. BSW ICB Remuneration and Nominations Committee

- 5.4 The Board **approved** the establishment of the BSW ICB Remuneration and Nominations Committee, the committee Terms of Reference, and the appointment of the NED for Remuneration and People, Suzannah Power, as the Committee Chair.

5c. BSW ICB Finance Committee

- 5.5 The Board **approved** the establishment of the BSW ICB Finance Committee, the committee Terms of Reference, and the appointment of the NED for Finance, Paul Miller, as the Committee Chair.

5d. BSW ICB Quality Committee

- 5.6 The Board **approved** the establishment of the BSW ICB Quality Committee, the committee Terms of Reference, and the appointment of the NED for Quality, Professor Rory Shaw as the Committee Chair.

5e. BSW ICB People Committee

- 5.7 The Board **approved** the establishment of the BSW ICB People Committee, the committee Terms of Reference, and the appointment of the NED for Remuneration and People, Suzannah Power, as the Committee Chair.

5f. BSW ICB Commissioning Assurance Committee

- 5.8 The Board **approved** the establishment of the BSW ICB Commissioning Assurance Committee, the committee Terms of Reference, and the appointment of the NED for Finance, Paul Miller, as the Committee Chair.

5g. BSW ICB Community Engagement Committee

- 5.9 The Board **approved** the establishment of the BSW ICB Community Engagement Committee, the committee Terms of Reference, and the appointment of the NED for Public and Community Engagement, Julian Kirby, as the Committee Chair.

5h. Locality Commissioning Groups

5.10 The Board **agreed** to adopt the terms of reference defined for the BaNES, Swindon and Wiltshire Locality Commissioning Groups.

5i. BSW ICB Primary Care Commissioning Committee

5.11 The Board **approved** the establishment of the BSW ICB Primary Care Commissioning Committee, the committee Terms of Reference, and the appointment of the NED for Finance, Paul Miller, as the Committee Chair.

6. Appointments – Board level champions

6.1 National guidance requires ICBs to identify Board-level champions for specific areas where non-executive Board level assurance and perspective is deemed appropriate and beneficial. The Chair proposed that the roles should therefore be assigned to ICB NEDs as follows:

- Conflicts of Interest guardian – Claire Feehily, NED Audit
- Wellbeing guardian – Suzannah Power, NED People and Remuneration
- EPRR guardian – Julian Kirby, NED Public and Community Engagement
- Freedom to Speak Up guardian – Rory Shaw, NED Quality

6.2 The Board **approved** these four appointments.

7. Approval and adoption of BSW Integrated Care Board Policies:

7.1 The Board were advised that this was largely a 'lift and shift' exercise, for the ICB to adopt CCG organisational and clinical policies. The paper covered the catalogue of organisational and clinical policies that the ICB should adopt as part of its framework for how it / ICB colleagues work.

7.2 The BSW ICB Standards of Business Conduct Policy and BSW ICB Public Involvement and Engagement Strategy/Policy are stipulated in the ICB Constitution as required policies. Emergency Preparedness, Resilience and Response (EPRR) Policy and BSW ICB Health and Safety Management Policy are key policies for the the ICB's function as category 1 responder under the Civil Contingencies Act, and as a people policy as part of the ICB's duties as an employer.

7a. Adoption of organisational and clinical policies

7.3 The Board **approved** those organisational and clinical policies listed in Appendix 1 and Appendix 2 of the paper, for use within BSW ICB.

7b. BSW ICB Standards of Business Conduct Policy

7.4 The Board **approved** the BSW ICB Standards of Business Conduct Policy.

7c. BSW ICB Public Involvement and Engagement Strategy/Policy

7.5 The intent within the Public Involvement and Engagement Strategy concerning the establishment of the Integrated Care Alliance (ICA) people and communities sounding boards was noted. These were to be set up in due course, bringing that important local flexibility and adaptation as required.

7.6 The Board **approved** the BSW ICB Public and Communities Engagement Policy.

7d. Emergency Preparedness, Resilience and Response (EPRR) Policy

7.7 The Board **approved** the BSW ICB Emergency Preparedness Resilience and Response (EPRR) Policy.

7e. BSW ICB Health and Safety Management Policy

7.8 The Board **approved** the BSW ICB Health and Safety Management Policy.

8. Integrated Care Partnership

8.1 The Health and Care Act stipulates that each Integrated Care System (ICS) must have an Integrated Care Partnership (ICP) – a committee jointly established by the ICB and the local authorities in the ICB's area. The main function of the ICP is to develop an integrated care strategy for delivery by the system; this is to be in place by December 2022.

8a. Appoint ICB founder member of the ICP

8.2 The Act determines that the ICB and the local authorities must each appoint one member to the ICP – this nucleus ICP can then appoint other members.

8.3 The Board **agreed** the appointment of the ICB Chair, Stephanie Elsy, as the ICB founder member of the BSW ICP.

8b. Development update

8.4 The Chair advised that discussions continued with the Leaders and Chief Executives of each of the local authorities to determine the establishment of the BSW ICP.

9. CCG closure and due diligence report

9.1 Programme Director for Transition, Catherine Phillips, was in attendance to present the CCG closure and due diligence report. The report summarised the actions undertaken to safely close the CCG and facilitate the establishment of the ICB.

9.2 Work largely focussed on the closure of the CCG, the next steps of ICB development and the safe transfer of people, property, and statutory duties. NHS England had maintained oversight of the due diligence process and the completion of the Readiness to Operate Statement (ROS).

- 9.3 Assurance was given to the ICB Board that those areas of focus ahead of 1 July 2022 had been completed.
- 9.4 Two areas of priority remained for post 1 July 2022 concerning records management and contracts; although not presenting an area of risk, this focus would ensure the processes and procedures for each were orderly and continued to meet the needs of the organisation. Risks for the ICB as the receiving organisation were noted within the paper.
- 9.5 The Board were assured that the CCG closure and ICB establishment processes were undertaken in line with national guidance and expectations. The Board **noted** the report.
- 9.6 The Chair had received excellent feedback from the Director of Strategy and Transformation at NHS England, Mark Cooke, with regards the great work done for the BSW transition. The Chair wished to note her thanks to CP and the CCG team for the work completed to ensure we reached this pivotal position.

10. Questions from the public

- 10.1 The Chair informed the Board and observing members of the public that this would be a standing agenda item for those Board meetings held in public. The ICB website details the current process of how the public can submit questions to the Board, ensuring these are sent to the ICB communications team seven business days before the meeting. Summaries of questions and responses will then be read out at the meeting and published in full on the ICB website.
- 10.2 The Chair was keen to give the opportunity for the public to ask questions more openly, the mechanisms to support this would be further developed.
- 10.3 No questions had been received ahead of this inaugural meeting.

11. Any other business and closing comments

- 11.1 There being no other business, the Chair closed the meeting at 11:23hrs

Next meeting: Tuesday 30 August 2022

Meeting of the BSW ICB Board – Meeting in Public

Report Summary Sheet

Report Title	Chief Executive’s Report to the BSW ICB Board	Agenda item	9
Date of Meeting	30 August 2022		
Purpose	Approve		Discuss
			Inform
			x
			Assure
Author	Sue Harriman, Chief Executive		
Executive summary	The CEO reports to the Board on sector developments that are expected to impact the ICB, and on key issues relating to the ICB’s plans, operations, and performance.		
Recommendation(s)	The ICB Board is invited to note the contents of this report.		

1) National Context

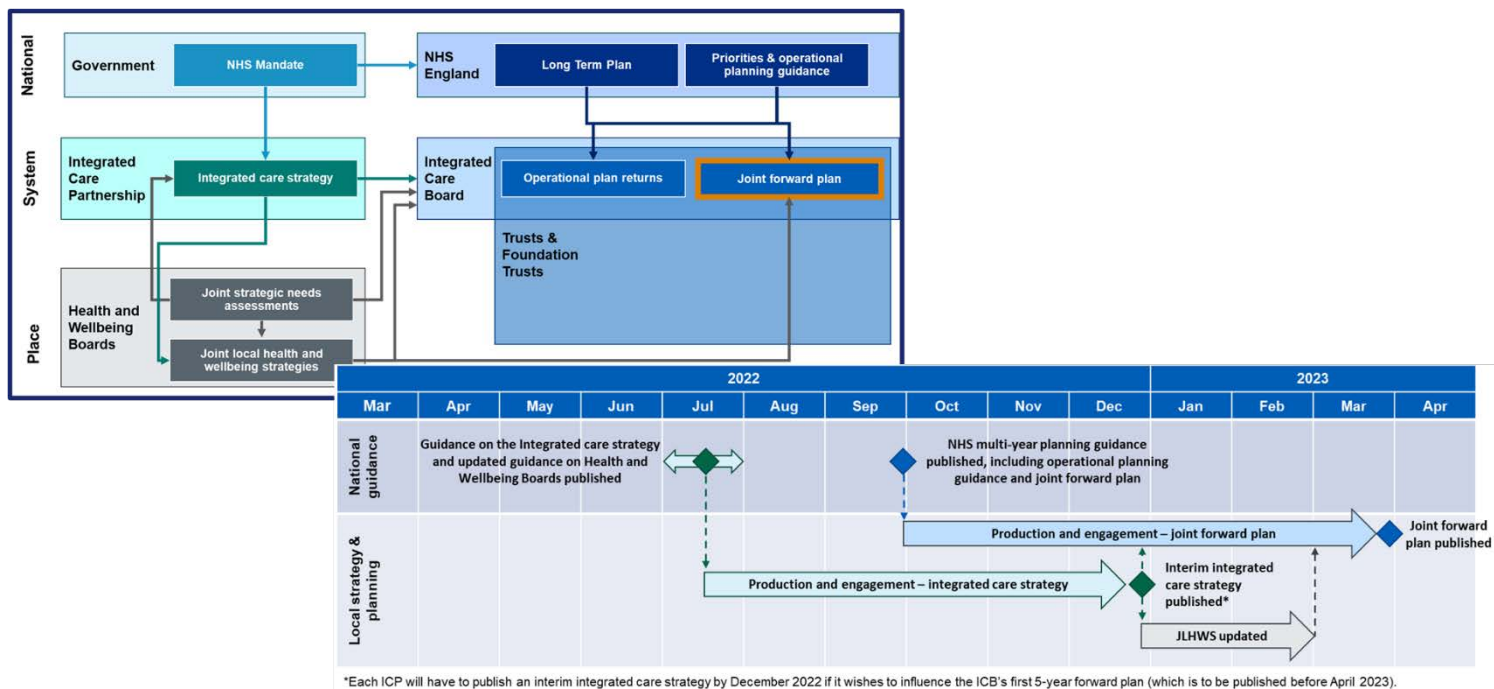
On 1st July 2022, the Government established 42 Integrated Care Boards (ICB) simultaneously, so Bath, NE Somerset, Swindon, and Wiltshire (BSW) is not unique, and not the only ICB developing new ways of working. The imperative to rapidly become effective and deliver decisive outcomes is great. It is widely accepted that this winter will be challenging and nationally the NHS is seeking to ready itself for increased pressures, while seeking to recover from the impact of Covid. The Elective Recovery Plan has delivered significant gains, shortening waiting times by the more effective use of hospital beds, and creating new facilities. Much energy is being focused on Primary Care to improve care in the community, which will not only provide a better service to our population, but also reduce the pressures on over-stretched Urgent and Emergency Care Services. There are local and national efforts to enhance recruitment and retention but, in a deep economic crisis, our workforce is a fragile and precious resource that needs outstanding management.

Integrated Care Partnership (ICP) and the Integrated Care Strategy:

The ICP will form the second statutory element of our Integrated Care System (ICS). The ICP will bring together a very wide range of stakeholders to work in partnership to create an Integrated Care Strategy that will deliver improved health and care outcomes for our population, seek value for money and reduce costs, while enhancing productivity and tackling health inequalities. Our approach to developing

the strategy is to build on the work undertaken on the three Joint Strategic Needs Assessments (JSNA) and to co-create the strategy alongside local Place-based strategies. This is an exciting proposition and sits at the heart of how we will deliver better outcomes for the people of BSW.

The ICB must work to a clear and compelling strategy for health and care and the work of the Integrated Care Partnership (ICP) to create that Strategy is key. The diagram below indicates how ICB/ICP efforts are aligned and synchronised, with national initiatives, in a coherent manner.



*Each ICP will have to publish an interim integrated care strategy by December 2022 if it wishes to influence the ICB's first 5-year forward plan (which is to be published before April 2023).

The link below is to the guidance that NHS England (NHSE) has recently provided on the preparation of Integrated Care Strategies.

<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

2) Regional Context

Winter planning has commenced earlier than in previous years and the partners within the Integrated Care System (ICS) have co-produced plans that increase the available health and care capacity and focus on service efficiency across care pathways. These plans supported by SW Region, will receive additional national funding to ensure capacity is in place ready for winter. Although the plans are funded, they carry risk, since workforce capacity is a limiting factor. SW Region will work closely with BSW to monitor delivery against our plans and ensure risks are identified and managed.

3) BSW Context

Context:

As an Integrated Care System, we are known as *BSW Together*. We must pay attention to not just what we do but how we do it. As such we must work differently, breaking down historic barriers between organisations and learning about each other. We must be able to make safe and effective decisions in an agile way. Making sure

our new formal governance is appropriate and working for us, all must be supported with equal attention to creating safe and inclusive partnerships.



ICB Executive Team



Sue Harriman
Chief Executive
Officer- Designate



Richard Smale
Director of
Strategy &
Transformation



Gill May
Chief Nurse
Officer



Dr Amanda Webb
Chief Medical
Officer



Jasvinder Sohal
Chief People
Officer
Joined 18 July



Gary Heneage
Chief Finance
Officer



Rachael Backler
Director of
Planning &
Performance
Joined 9 August



Laura Ambler
Director of Place
B&NES
Joined 14 August



Gordon Muvuti
Director of Place
Swindon



Fiona Slevin Brown
Director of Place
Wiltshire



Jane Moore
Director of Equalities, Innovation
and Digital Enterprise

There are three equally important but, at times competing, areas for attention as a new Integrated Care Board. The Board must grow its organisational capability and develop ways of working to enhance efficiency and effectiveness. Members of the Executive Director team have been arriving since 1st July and the final member, Rachael Backler, did not arrive until 15th August, so this really is work in progress. Importantly this new team must continue to deliver the strategic transformational plans that are in train or beginning while also responding to dynamic, unpredicted issues. These are vital to deliver the outcomes that we desire, and our population deserve.

ICBs are required to document the working arrangements supporting their relationships through a Memorandum of Understanding (MOU) with NHS England. We are preparing this document and once complete will share at a future meeting.

The MOU must also contain our local approach to NHS oversight as set out in the NHS Oversight Framework 2022/23 (<https://www.england.nhs.uk/publication/nhs-oversight-framework-22-23/>). BSW ICB is currently working through its responsibilities in relation to the NHS Oversight Framework.

Operational Demand/Pressures:

Operational services across BSW remain under extreme pressure in both elective and non-elective pathways. Recovery from the impact of the pandemic continues but demand for all services is high. This risk is exacerbated by high levels of staff

vacancies and on-going impact of Covid. The performance data later in this Board paper demonstrates performance against key indicators. It is essential that we develop and build these key indicators to be truly representative of our services from all partners in the ICS.

Advanced, a third-party software supplier, was recently subject to an external cyber incident. Advanced provides software that supports some NHS services, including NHS 111, some Out of Hours services, some Urgent Treatment Centres (UTCs) and some mental health providers in the BSW area. While a national investigation is carried out, some of the software that these services use has been taken offline to limit the risk of further impact. This presents a significant challenge to these services. They have deployed their standard business continuity measures to ensure that services to patients are still available, but these measures are slower and more labour intensive. The National Cyber Security Centre (NCSC) is supporting Advanced with the investigation and response to the cyber-attack. BSW ICB colleagues have been working in collaboration to support the providers who have been impacted by the outage and reduce further impact on the System. This has been supported by provision of a detailed equality, quality, and impact assessment.

The South West Ambulance Service Foundation Trust (SWASFT) remain at highest level of escalation with challenges in response times across all categories of acuity. This is driven by hospital handover delays. SWASFT are carrying out regular Reset days to manage the clinical call stack, with the quality and safety impact of the Reset days being monitored through the Quality Assurance Sub Group, led by Dorset ICB. Actions from a patient safety demand investigation are being progressed, including actions by SWASFT to improve safety netting via clinical safety welfare calls for those people who are waiting for an ambulance. All the recommendations from the SWASFT report have been incorporated into the BSW ICB Ambulance Improvement Plan and monitored through the Urgent Care and Flow Board.

Royal United Hospitals (RUH), in Bath, has extended the suspension of community and home births until at least 30th September 2022, however, the maternity units at Chippenham, Frome, Paulton and Trowbridge will continue to offer antenatal, day assessment and postnatal care. This is due to ongoing staff shortages and the need to prioritise the safety of women, birthing people, and their babies. Recent midwifery recruitment campaigns have however been successful.

Financial Position:

At M4 the ICB is reporting a breakeven position against plan, with £5.7M surplus year to date in line with the plan, excluding income outside envelope expected of £0.1m. The ICB continues to forecast a full year surplus position of £51.1M to offset the £51.1M NHS provider deficit. At M4, the national financial reporting requirements have been limited to allow for closing legacy CCG organisations and transition to ICB finance systems.

BSW ICS has reported achievement of the planned surplus of £5.8M including out of envelope income to NHSE, whilst the providers are reporting a position £2.4M behind plan with a combined deficit of £20.1M. This gives a net position for BSW ICS of a £14.3M deficit, £2.4M behind the planned deficit of £11.8M. The System is holding to a breakeven forecast for the full year, despite increased operational pressures and slippage on efficiency targets.

Delivery of a breakeven position is dependent on:

- Focus on productivity/efficiencies
- Achievement of system stretch efficiency improvements
- Achievement of Elective Recovery Fund target activity
- Managing excess inflationary costs within the additional £20.3M envelope.
- Managing impact of operational pressures
- Non recurrent improvements

The CCG AR&A for 2021-22 was signed off by NHSE in June. Our CFO will comment further but they are linked for further reference.

<https://bsw.icb.nhs.uk/document/bsw-ccg-annual-report-2021-22/>

Quality and Safety:

National guidance on Quality Risk Response and Escalation in Integrated Care Systems was recently published, supporting BSW System leaders to review and develop quality assurance and management, providing clarity on:

- The expected approach to managing System-level concerns and risks – including categorising concerns, reporting, escalating, de-escalating, and monitoring.
- The expected role of Integrated Care Systems, working with NHS England (NHSE) and wider partners in managing quality concerns.
- What should happen when there are quality concerns that justify escalation to a regional or national response.
- The significant opportunity for ICBs to improve quality structures to reduce bureaucracy and support integration

The BSW Quality Assurance Committee and System Quality Group has considered the guidance to further develop quality and safety reporting and monitoring structures, recognising risks should be managed as close to the point of care as possible, and reflect key components of effective risk profiling and processes for rapid quality review and quality improvement. The System Quality Group will collectively agree and monitor the level of assurance and support required for any identified risks within the ICB/ICS as outlined in the guidance. Reporting of outcomes will be via quality assurance reporting to System Quality Group, Quality Assurance Group and ICB Board.

NHS England's Deputy Chief Nursing Officer (CNO) visit to BSW:

Gill May, the ICB Chief Nurse, joined Duncan Burton, Deputy Chief Nurse for NHSE on a visit to Great Western Hospital (GWH) on the 12th August 2022. While visiting wards including the Neonatal and Maternity Unit, both were able to listen and chat to staff about their experiences and ideas for the future. The drive for quality improvement in the organisation is well embedded with innovation that is now being spread nationally. Duncan commented that the visit really demonstrated that the System works well together, with a strong professional commitment and sharing across the System. Duncan is planning to join Gill on a visit to the RUH in the Autumn.

Health Inequalities:

BSW ICB has received £2.4M of funding to support work to reduce health inequalities across the BSW ICS. We want to ensure that this funding drives real change that

impacts on our seldom heard communities. Therefore, three quarters of the funding has been allocated to the three places in BSW. It will be for Places to determine how they use this funding within a broad framework (in line with the national health inequalities programme) of 4 areas of activity:

- Population Health Management to improve our understanding of inequalities.
- Recovery (ensuring services address inequalities as part of the delivery and development of services).
- Core20Plus5* with the focus on prevention (*Core20Plus 5 is an approach where ICSs are asked to focus on the 20% most deprived parts of the population, together with the Plus which is the additional inclusion groups chosen by the ICS (e.g. homeless) and the 5 is the 5 key clinical areas of health inequalities which are maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension (high blood pressure) case finding. This focus meant to drive targeted action to improve health inequalities).
- Community engagement/wider determinants.

Places are expected to include clinical, public health and community involvement in the decision-making processes. The remainder of the funding will be used to ensure that the ICS delivers the work on Health Inequalities set out in the ICS operational plan for this year. Specific work on the Core20Plus5 includes:

- Mapping our local Core20 and 'plus' populations and providing resources to support our partners to focus work on these groups in BSW.
- Setting up the BSW Inequalities Strategy Group to bring together leads for each of the five clinical areas of the Core20+5. Each lead is accountable for a Core20+5 action plan and reports each six weeks into the strategy group.
- For maternity, the BSW Local Maternity and Neonatal System (LMNS) continue work on the Equity Needs Analysis. Work is ongoing to ensure the right data is in place to support this work. Trajectories have been mapped and plans developed to improve staffing to achieve continuity of carer models across BSW by 2024.
- Targeted commissioned services for completing physical health checks for those with Severe Mental Illness (SMI) has led to a significant improvement of those with SMI receiving all six elements of the health check (latest figure 41.2%; target 60%).
- For respiratory, there is now an Inequalities Vaccine Manager in post to support reducing inequalities, and increasing uptake for Covid, flu and pneumonia vaccines in BSW in the Core20+ populations.
- Targeted Lung Health Check programmes are now going live across BSW to support the improvement in early cancer diagnosis.
- Increasing uptake of the BP@home programme in priority groups this year to increase hypertension case finding by providing blood pressure monitors to at risk groups.
- Work is ongoing on our treating tobacco dependency work, which crosscuts all clinical elements of the Core20+5 programme.

Delegated Commissioning of Primary Care Services: In April 2023 BSW ICB is required to take on the delegated commissioning functions in respect of Pharmaceutical Services, General Ophthalmic Services, and Dental (Primary, Secondary and Community) Services. Work is underway to prepare for the transfer of these responsibilities. A Steering Group has been established and work is ongoing to complete a Pre-Delegation Assessment framework which is due for submission on

the 19th September. Once complete this Assessment Framework will be shared with members of the ICB for information. The delegation of these functions brings opportunities with regards to integrating the commissioning of these services within our wider approach to integrated care, alongside the risks with regards to the additional workload and expertise that it will require. The ICB will need to consider our progress on preparing for delegation for these services at subsequent meetings.

Winter Planning: We are expecting a challenging winter ahead with Covid and Influenza providing additional demand on services, combined with the economic situation exacerbating health inequalities generally, and specific chronic conditions. These external challenges are intensified by national workforce issues across all providers.

Winter planning is underway within each provider to provide oversight at respective Boards and visibility at local ICA level. The system has national and regional approval for several winter schemes to mitigate the business planning bed gap. A governance structure has been established through Urgent Care and Flow Board to monitor the delivery of system-wide schemes, with ICA schemes being reviewed weekly at Urgent and Emergency Care (UEC) tactical meetings.

The Winter letter dated 12th August 2022 outlines the expectations for winter planning and a UEC Assurance Framework is clearly defined. The System is working towards completion of the requirements within this letter, and this will inform the overall System position and subsequent actions.

Focus on Place

Wiltshire:

Demand Pressures, and Winter Planning

The Wiltshire Integrated Care Alliance (ICA) are developing a winter plan which will encompass the roll out of Virtual wards, the expansion of bedded capacity including the plans for the extended use of the South Newton facility and securing of additional domiciliary care provision in South Wiltshire area.

ICA Development

The Wiltshire ICA is undergoing a period of reset following the appointment of the Place Director. Shadow ICA Joint Committee meetings are now scheduled monthly from October. The Place Primary Care Lead roles have been successfully recruited and are starting in September. These roles will provide clinical leadership across a range of key transformation programmes including the development of our Neighbourhood Collaboratives. The Place Healthcare Professional Director role recruitment is underway with interviews early September. ICA Partners are currently working on the Place proposals for use of BSW ICB allocated Health Inequalities funding in 2022/23. The development of this proposal is being led by the Wiltshire Director of Public Health. Areas of focus include cost of living service enhancements such as fuel poverty, food poverty and housing, along with support with entitlements for children and young people.

Connecting with our Communities (CWOC)

As part of our Integrated Care Alliance work transformation programme, the CWOC work stream is hosting a Voluntary, Community, and Social Enterprise (VCSE) led away day on the 30th August with the aim of working towards strong community engagement, including the planning of listening events across Place, paying particular attention to inclusion of our most vulnerable and marginalised residents. This workstream will be informed by the latest NHSE guidance outlining the revised legal responsibilities for statutory NHS organisations <https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/> and the outputs will inform the development of our ICB People and Engagement Strategy.

Swindon:

Demand Pressures and Winter Planning

We have started preparing for winter and there are currently several Non Criteria To Reside (NCTR) workstreams underway within the ICA. These include Home First and Care Coordination. The Care Coordination model has been developed in partnership with agencies within the ICA. It is aimed at identifying people at the earliest opportunity so the correct response to an ongoing or emerging health or social care need can be understood before an urgent need arises.

We have also undertaken an ICA wide Residential and Nursing Home workshop and from this hope to progress several initiatives including the expansion of the Trusted Assessor role, the implementation of 'Restore 2', which is a physical deterioration and escalation tool, across all homes.

ICA Development

The Swindon Alliance has been on a positive journey in the lead up to the formal establishment of the ICB. We have designed our structure using national guidance. We opted for a joint committee approach, with the professional leadership network as our consultative forum. We have also put in place the Delivery Executive Group. The Delivery Executive holds the operational responsibility for progress of plans, and management of delivery and is accountable to the Joint Committee. The Locality Commissioning Group will continue as the statutory vehicle for discharging the joint responsibilities between health and social care.

Broader ICA Developments.

There are several strategic programmes of work that make up the ICA delivery plan. These include the Swindon Communities Together Programme. The programme is aimed at building purposeful relationships between individual residents, workers, and the wider links within the community. Some of the key outcomes we aim to achieve are that local people live the life they want and have choice and control to be creative in the support they need; people are experiencing, valuing, and contributing to community-based solutions; more people are accessing the right support, at the right time and in the right place.

GWH opened its doors to the new Urgent Treatment Centre on the 27th July 2022. The new facility was made possible after the trust successfully bid for £15M of funding. It was designed with input from patients and staff. Changes are also now in place for patients accessing the Emergency Department with clinical navigator in

post. This will ensure that patients are triaged and directed to the location in the hospital more suitable for their clinical needs.

Looking ahead, the ICA has started preparing for business planning 22/24. Between now and the end of winter, we will review our current delivery plan, build on the intelligence and data we have, and refresh our delivery plan in line with the ICB strategy which is due to be published later in the year. We will be using the recently updated Joint Strategic Needs Assessment (JSNA) for Swindon to frame our medium to long term transformation priorities around population health, health inequalities, improving productivity & efficiency and social and economic development.

Bath and NE Somerset (B&NES):

B&NES Integrated Care Alliance and B&NES Locality Commissioning Groups meet in common; meetings take place monthly. B&NES ICA is supported by the B&NES Alliance Delivery Operational Group, with development modules with facilitators in place until end of September, to support development of the ICA.

Local Flow from acute hospitals to the community continues to be challenged with increasing reported delays. The numbers of patients in hospital who are classified as not meeting criteria to reside (NCTR), i.e. they do not meet the nationally agreed criteria for remaining in an acute hospital setting, remains high and above the agreed reduction targets of 30% and 50%. This is primarily because they have high dependency needs and this, coupled with the lack of both available Care provision at home, and the increasing lack of nursing bed spaces in the community, is causing increasing delays. The focus is on improvements in processes in RUH and working with Council and Care partners, to increase capacity and achieve the 30% reduction in the first instance. Care Home provider capacity remains challenged, but RUH are looking at assisting with Care Home workforce, a new prevention escalation multi-disciplinary team set up to support flow through Discharge to Assess (D2A) beds, and work in concordance with the RUH flow transformation programme. A successful Multi Agency Discharge Event (MADE) occurred at the end of July which demonstrably reduced NCTR patients within the RUH. Joint weekly B&NES long-stay patient reviews are taking place within the RUH on an ongoing basis. A further MADE is occurring in community inpatient beds next week and over the coming months in preparation for Winter pressures. The Care Coordination Centre at Peasedown St John, run by HCRG Care Group, is fully operational with further recruitment and onboarding underway. In line with national guidance on coordination and transfer hubs, there is potential for further integration, particularly with the ambulance service.

The CEO RUH and CEO ICB welcomed NHS England colleagues on a positive visit to the Sulis Hospital Bath, which is recognised as a key asset for the South-West region in reducing elective waits both in region and across our ICB.

Our People:

Work continues across the System on international recruitment, and discussions are developing around the opening of potential new routes of supply from other countries. Retention initiatives are progressing including development of a System Employee Value Proposition (EVP) and career navigators to signpost and support recruits into BSW. Salisbury Foundation Trust (SFT) are leading on the introduction of an NHS Reservist Model across BSW and have recently commissioned the Commissioning Support Unit to support with capacity on delivery of the project. The

Reservist model is a flexible workforce model whereby members of the public commit to an agreed minimum number of paid days work.

The BSW Academy was launched in February 2022 and developed through the BSW partners to forge collaborative working across health and care, reduce duplication and enhance scalability for workforce transformation. The BSW Academy is formed through the five pillars of Leadership, Learning, Inclusion, and Innovation; each pillar has a pillar lead working toward identified priorities and as part of a collective Academy team.

Core initiatives for 2021/22 in the Academy are outlined below:

- Coordinating workforce priority areas identified through the ICB as core areas of risk these being Domiciliary Care, Maternity Care, Community Diagnostic Centres and Temporary Staffing.
- Completion of the second cohort of a System leadership programme with a planned leadership alumni network planned from September 2022.
- Partnership working with Health Education England (HEE) on several regional and national programmes such as increasing the numbers of nursing associates; a BSW strategy for Advanced Clinical Practice, Clinical Placement Expansion, enhanced collaboration with universities, and the introduction of T level placements.
- An apprenticeship programme utilising levy sharing for workforce priority areas and skills development.
- Development of a BSW combined action plan for EDI workforce data.
- Publication of an Organisational Development (OD) framework for the ICB as part of further enabling OD programmes able to drive forward the change required for System working
- Launch of a System wide Princes Trust programme supporting recruitment into identified clinical and non-clinical roles
- Collation of quality improvement resources and establishing a BSW quality improvement community of practice.

Flu and Covid Vaccination Autumn and Winter Planning (Phase 5):

BSW ICB Autumn and Winter plans for Flu and Covid vaccination have been submitted to NHSE. The campaign commences week of the 5th September starting with residents in care homes for older adults, and staff working in care homes for older adults.

Subsequent sessions will then gradually open to invite:

- Frontline health and social care workers
- All adults aged 50 years and over
- Persons aged 5 to 49 years in a clinical risk group
- Persons aged 5 to 49 years who are household contacts of people with immunosuppression
- Persons aged 16 to 49 years who are carers

We will maximise opportunities to co-promote and co-administer vaccinations where possible and clinically advised (eg COVID-19, flu and pneumococcal), especially where this improves patient experience and uptake, but this will not be done if there is a risk to the administration of either job.

In line with the JCVI recommendation, the NHS will deploy a single type of vaccine (bivalent vaccines) – the mRNA bivalent Omicron BA.1/Original 'wild-type' vaccines for adult booster doses. The national protocol ensures the minimum use of registered healthcare professionals, and an updated Patient Group Directive (PGD) and national protocol is expected by 31 August.

The majority of Primary Care Networks (PCNs) are participating in phase 5, so good geographic coverage across BSW is expected, and where PCNs are not participating, discussion with NHSE regarding additional pharmacy cover is planned. We continue to have the Vaccination centres at Bath Racecourse and Salisbury City Hall. They will remain open throughout the autumn programme to deliver Covid vaccinations via the National Booking Service (NBS) and walk-ins to any patient, regardless of who they are registered with. A roving team is established to support housebound patients and a dedicated outreach team working closely with Public Health to ensure those who find it difficult receive the vaccine will be offered it. This includes the successful team who vaccinated boaters, homeless and rough sleepers. The plans include Making Every Contact Count (MECC) to offer health checks and signposting to other services.

Meeting of the BSW ICB Board – Meeting in Public

Report Summary Sheet

Report Title	BSW ICB and System Financial Position						Agenda item	10
Date of meeting	30 August 2022							
Purpose	Approve		Discuss		Inform	X	Assure	
Executive lead, contact for enquiries	Gary Heneage, Chief Finance Officer							
This report concerns	BSW ICB	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Gary Heneage, CFO BSW ICB							
Executive summary	This report gives a high-level overview of the key financial issues in the 2022/23 financial plan.							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The Board is asked to note the report.							
Link to Board Assurance Framework or High-level Risk(s)	This report links to risk on the corporate risk register.							

Report Title	BSW ICB and System Financial Position				Agenda item	10
Risk (associated with the proposal / recommendation)	High		Medium	x	Low	N/A
Key risks	There is a risk that the financial position will not be achieved.					
Impact on quality	N/A					
Impact on finance	The report is created by finance and uses information from system wide Finance teams.					
	Finance sign-off:				Joss Convey	
Conflicts of interest	No conflicts of interest have been noted during the production of this report and we are not aware of any conflicts for the Committee members receiving this report.					
This report supports the delivery of the following ICB strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input checked="" type="checkbox"/> Realising the benefits of merger <input type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner					
This report supports the delivery of the following BSW System Priorities:	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan					

BSW ICB and System Financial Position

30 August 2022



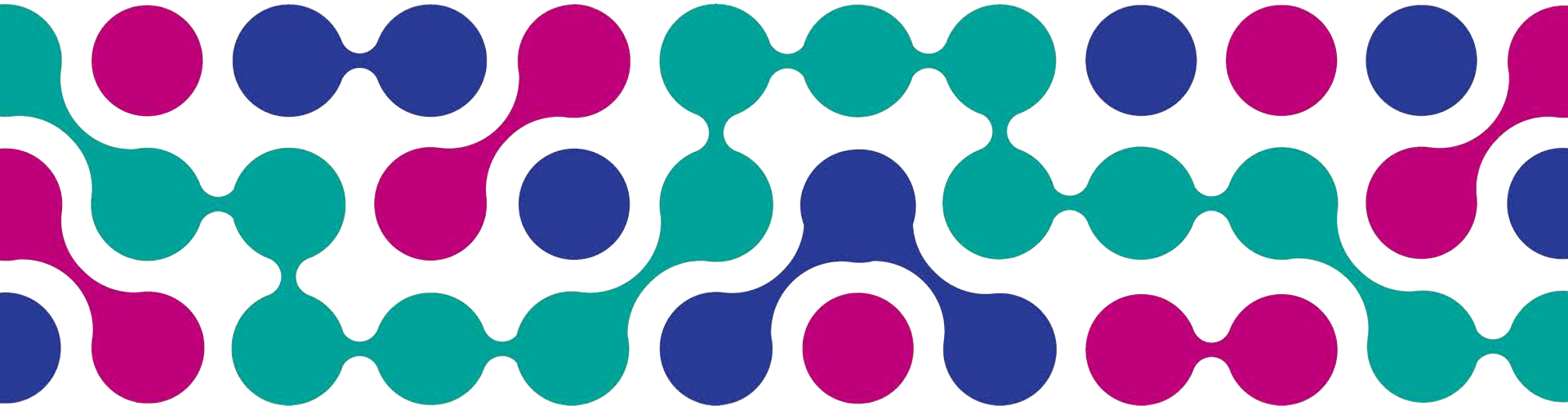
Setting the Scene

- BSW - ICS comprises 1 ICB, three acute providers (GWH, RUH and SFT), two mental health providers (AWP & OH) and one ambulance trust (SWAST) all of whom also serve neighbouring ICS footprints, three community providers (GWH, WH&C & HCRG) and an integrated urgent care provider (Medvivo).
- BSW ICS also comprises three local authorities (Bath and North East Somerset Council, Swindon Borough Council and Wiltshire Council).
- BSW covers a challenging geographical area (2,414km²) with a mix of urban in Swindon and Bath and a wider rural district extending across the whole of Wiltshire and down into Salisbury. Rurality related issues drive diseconomies of scale in delivering access for patients.
- Patient referral pathways for tertiary services face three ways with flows into Bristol, Oxford and Southampton. This impacts on the ability to develop clinical pathways across BSW and how emergency services such as SWAST access our acute providers.
- Access to Community Services varies, discharges from acute providers flow to multiple community providers.
- BSW healthcare system is underfunded (Distance from Target)

Key messages -22/23 Plans

- BSW held a system finance summit in June 2022 which agreed stronger measures to improve finances across the system in the short term. The summit reaffirmed
 - collective ownership of risk, financial and operational challenges
 - committed to increasing efficiencies to over 3%
 - committed to further review of the timing and scope of local investments
- The ICS has submitted a balanced plan for 22/23 but this does include some material risks to delivery
- Operational pressures are having an impact on delivering both productivity and efficiency schemes
- Reliance on non recurrent measures in the plan - must focus now on delivery of recurrent schemes ahead of 23/24
- BSW has prioritised capital spend to within the funded limits but is carrying significant capital risk

Appendix 1



What allocations are received and how are they used?

ICB Allocation £1,651m



£17.7m



£148.4m



£1,391.5m



£93.2m

Running Costs

- Pay costs
- Governing Body
- Executives
- Corporate Governance
- Finance
- Contracts
- Estates
- Communications
- Commissioning
- CSU support costs
- Non pay costs including rent, rates

Delegated Primary Care

- GP Contract
- Premises reimbursements

Core Programme

- Acute
- Mental Health
- Community Services
- Prescribing
- Continuing Care
- Better Care Fund
- GP IT
- Pay costs e.g. Nursing & Quality and CHC Team

Non Recurrent Projects

- Ring fenced funding for a specific purpose
- Includes SDF “service development funding” and primary care transformation funding

How are allocations calculated

National budget is agreed for Health and Care

Target share of budget is derived for each ICB taking into account relative needs, costs and avoidable mortality

Minimum growth set for every ICB

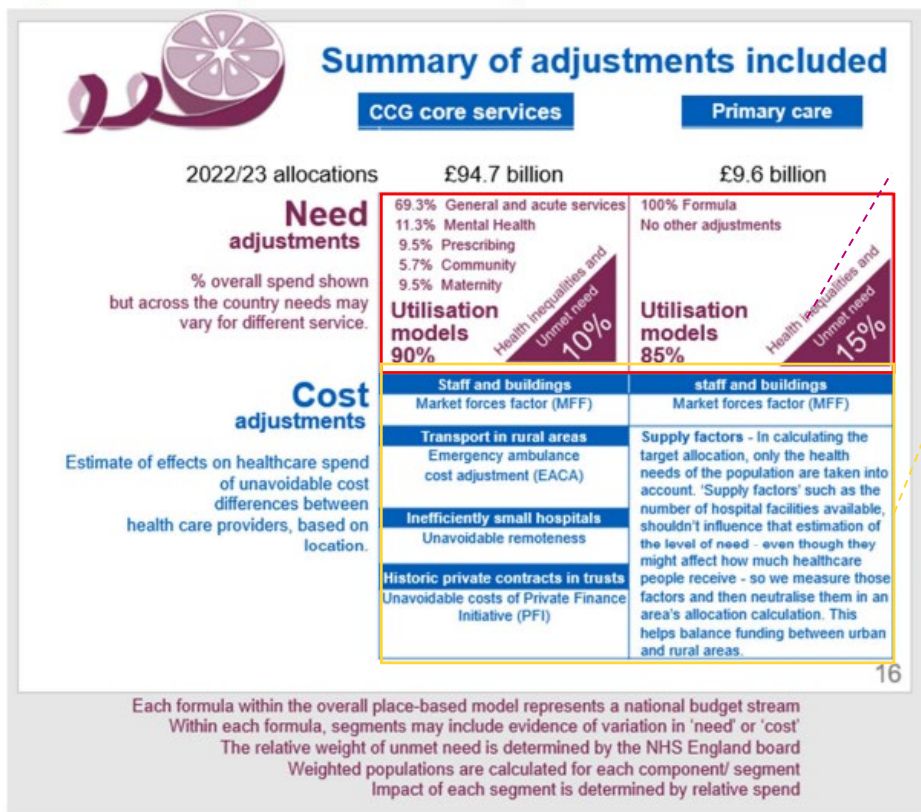
Additional growth if outlier vs Target (convergence adjustment)

This approach is used to disaggregate Delegated Primary Care allocations and Core Programme allocations.

Running cost allocations are based on a weighted population share of a national budget.

How are target allocations calculated

Figure 2.1: Summary of ICB formula and adjustments



Allocations are built up by looking at the relative needs of different healthcare services – for example ICBs with higher maternity needs would receive a greater share of national funding than others for that service.

Location factors are also built in to take account of urban and rural differences. For 22/23 adjustments have also been made for historic PFI.

Health inequalities are factored into the funding formula with adjustments made to account for age and sex with an additional adjustment made for “unmet need” based on a measure of avoidable mortality. 10% of core funding and 15% of primary care funding is redistributed between ICBs using this measure.

Based on GP registered patients.

BSW ICB Board – Meeting in Public

Report Summary Sheet

Report Title	Integrated Care Strategy						Agenda item	10a
Date of meeting	30 August 2022							
Purpose	Approve		Discuss		Inform	X	Assure	
Executive lead, contact for enquiries	Richard Smale, Executive Director of Strategy and Transformation							
Clinical lead	Amanda Webb, Chief Medical Officer							
Author	Richard Smale, Executive Director of Strategy and Transformation							
Appendices	Development of the BSW Integrated Care Strategy							
This report concerns	BSW ICB	X	BaNES locality	X	Swindon locality	X	Wiltshire locality	X
This report was reviewed by								
Executive summary	<p>The Integrated Care Partnership is required to develop an Integrated Care Strategy for our health and care system.</p> <p>Additional guidance on the development of Integrated Care Strategy's was released on the 29th July 2022 and is available here: https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies</p> <p>The attached slides set out the context in which the Integrated Care Strategy will be developed, some of the key elements included in this guidance and describe how the task of producing the strategy will be undertaken within BSW.</p>							

Report Title	Integrated Care Strategy	Agenda item	10a
	The Integrated Care Partnership (ICP) holds responsibility for the development of the Integrated Care Strategy.		
Recommendation(s)	<ol style="list-style-type: none"> 1. The Board is asked to note the requirement for the ICP to develop an Integrated Care Strategy for BSW. 2. The Board is asked to note the proposed approach for the development of the Integrated Care Strategy within BSW. 		
Link to Board Assurance Framework or High-level Risk(s)	The strategy will be designed to address the strategic risks facing BSW including tackling health inequalities and improving health outcomes for the local population, maintaining or improving the quality and safety of services, responding to the workforce and financial constraints that exist and enhancing social and economic recovery.		
Risk (associated with the proposal / recommendation)	High	Medium	X Low
Key risks	<p>Key risks:</p> <ul style="list-style-type: none"> • Health inequalities • Quality and safety of services • Workforce capacity • Financial sustainability 		
Impact on quality	The strategy will draw on the Joint Strategic Needs Assessments developed across BSW and, through co-creation with our local populations, set out a set of desired outcomes that we are seeking to achieve.		
Impact on finance	The strategy will be designed to address the financial sustainability challenge that BSW faces. This will include initiatives that target the efficiency of how current services are delivered as well as the transformation of services to achieve improved sustainability.		
	Finance sign-off:	N/A	
Conflicts of interest	None identified.		
This report supports the delivery of the following ICB strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input checked="" type="checkbox"/> Preparing to become a strategic commissioner		

Report Title	Integrated Care Strategy	Agenda item	10a
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Equality and Diversity	Applicable	X	Not applicable	
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An Equalities Impact Assessment will be generated as part of the Strategy.

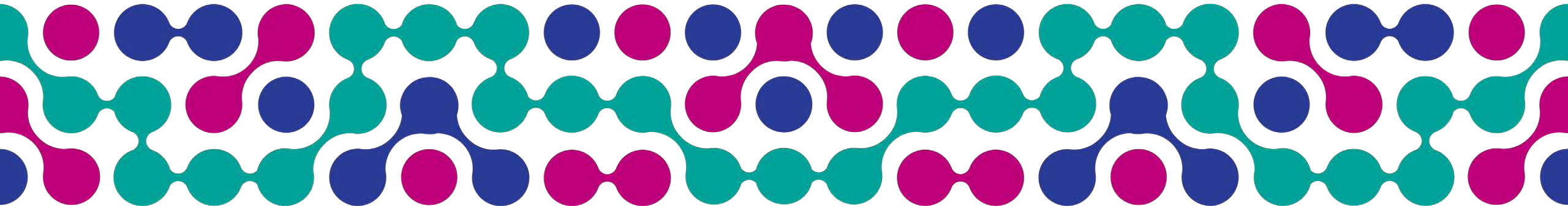
The approach to co-creation will include a significant focus on engagement and involvement of diverse groups/communities across BSW.

Public and Patient Engagement	Applicable	X	Not applicable	
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Public and patient Engagement will be an essential element in the development of the Integrated Care Strategy. This will be undertaken in a manner that is complimentary to existing engagement processes that are underway within BSW.

Development of the BSW Integrated Care Strategy

August 2022

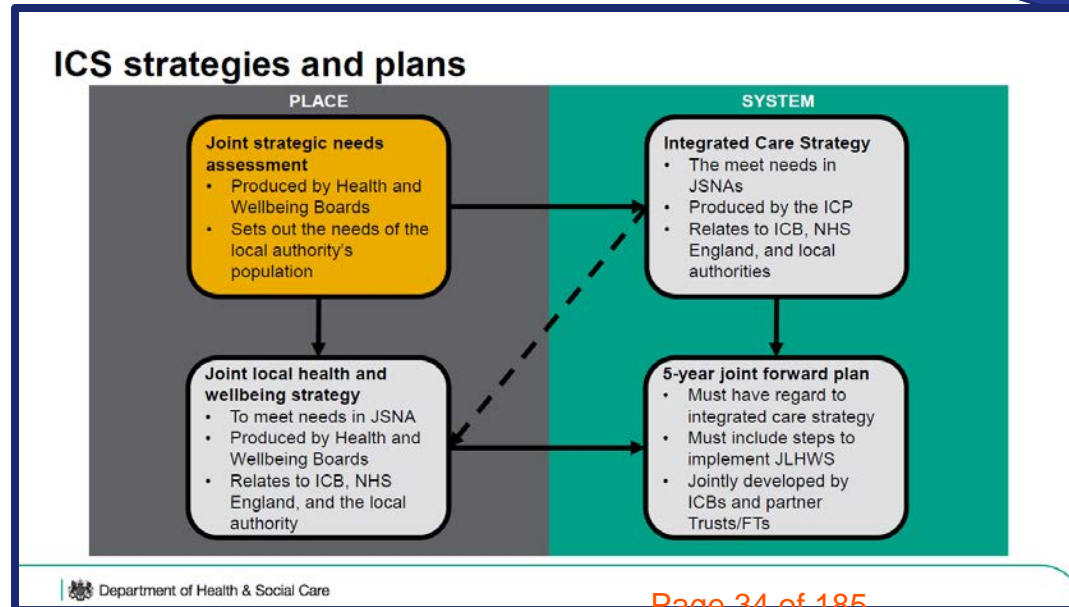


Context – Integrated Care Strategy

New guidance issued on 29th July 2022

- Develop in partnership with communities and organisations
- Evidence-based system-wide priorities that will improve the public's health and wellbeing and reduce disparities.
- Aligned to local Joint Strategic Needs Assessments

The integrated care strategy should set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. The integrated care strategy presents an opportunity to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.



Link to the Guidance

<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

Context

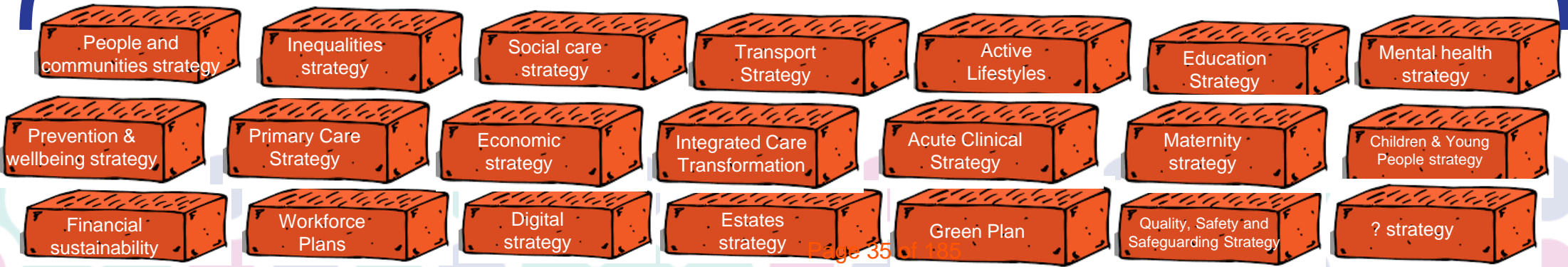
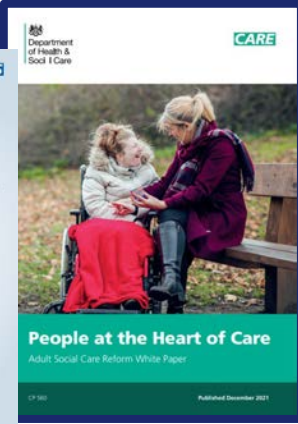
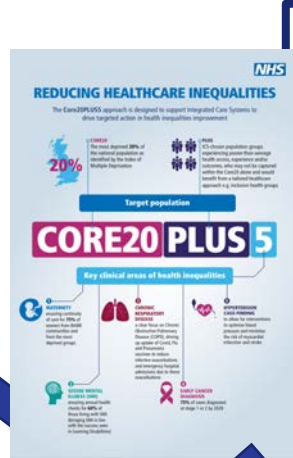
3x Joint Strategic Needs Assessments

Population Health Management Information

Delegated Commissioning

Elective Recovery

Urgent and emergency Care Programme



Illustrative of the multiple strategies and plans that exist across BSW and have a link to the Integrated care Strategy if our focus on the wider determinants of health.

Some of these will be replicated in multiple organisations.

Role of the Integrated Care Partnership (ICP)

What is an Integrated Care Partnership?



A broad alliance of organisations concerned with health and wellbeing of the population



The author of the Integrated Care Strategy, and other system-level integration strategies



An advocate for innovation, new approaches and improvement

The Integrated Care Partnership will be responsible for overseeing the development of the Integrated Care Strategy.

Our expectations for Integrated Care Partnerships

We have five expectations for Integrated Care Partnerships, that they will...



be a core part of Integrated Care System, driving their direction and priorities.



be rooted in the needs of people, communities and places.



create a space to develop and oversee population health strategies to improve health outcomes and experiences.



support integrated approaches and subsidiarity.



Be open and inclusive in strategy development and leadership, involving communities and partners to utilise local data and insights.

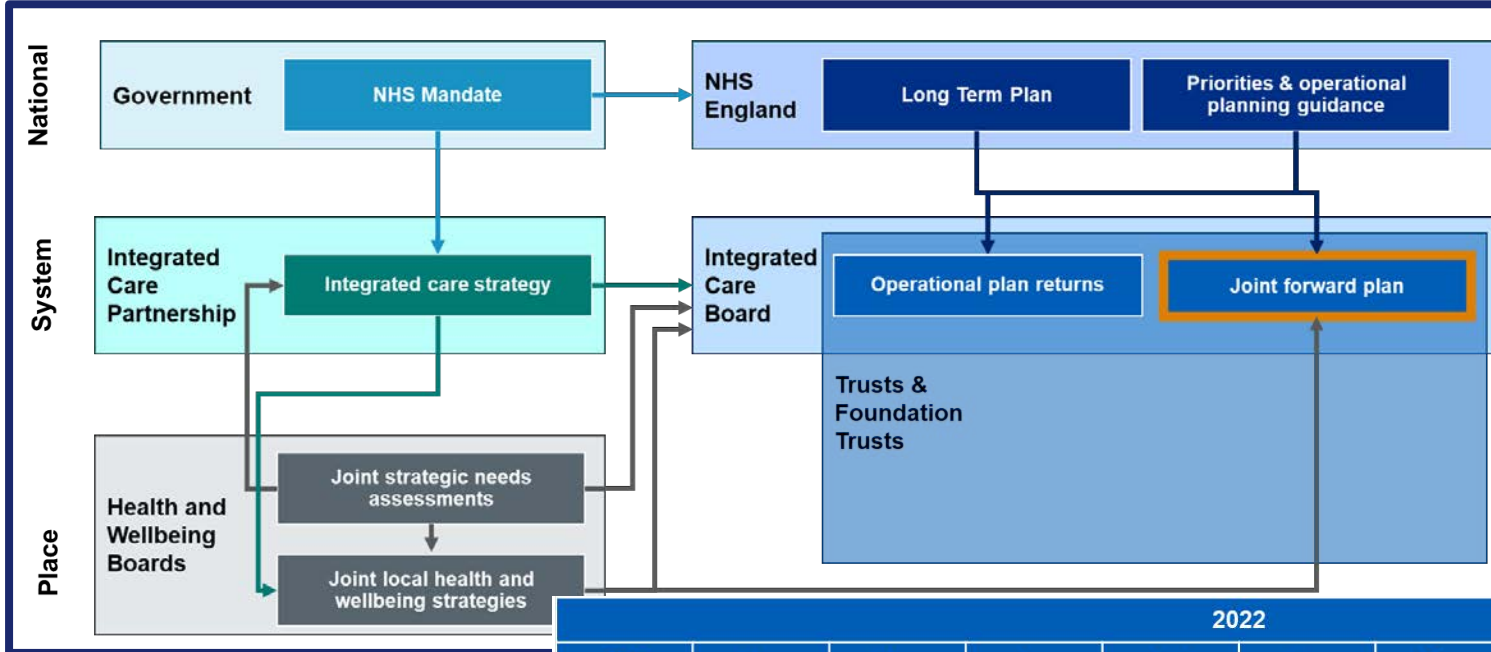
A BSW Steering Group is being established to coordinate the production of the Integrated Care Strategy on behalf of the ICP. Membership will be drawn from local organisations, Healthwatch, the Voluntary and Community Sector and will include strong representation from Public Health.

Integrated Care Strategy and the Joint Forward plan

Integrated care strategy
<ul style="list-style-type: none"> • Developed by the Integrated Care Partnership (ICP) • Describes how the assessed health, care and wellbeing needs of the local population are to be met by the ICB, LAs and NHSE. • Must address integration of health, social care and health-related services.

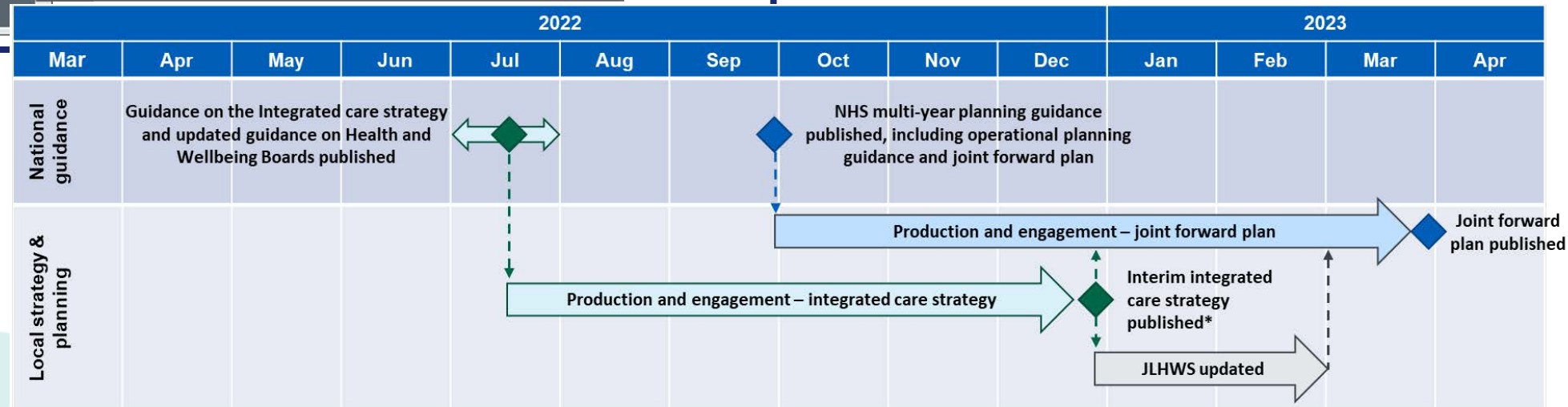
Five year planning exercise	
Multi-year planning returns	Joint forward plan
<ul style="list-style-type: none"> • The Long Term Plan refresh and multi-year planning guidance will be published by NHSE • Detailed operational returns will be required for Years 1 & 2 (as per current funding settlement) 	<ul style="list-style-type: none"> • Developed by the Integrated Care Board (ICB) and partner trusts / foundation trusts • 5-year plan describing the local NHS contribution to delivery of the integrated care strategy and universal NHS commitments • Will reflect local priorities and address the four core purposes of ICSs • Should be coherent with planning returns

Systems are required to produce an integrated care strategy, NHS planning returns and a joint forward plan in 2022/23



JSNA status

- **BaNES** – Strategic Evidence Base published 7/7/22 which covers public health, housing etc. BaNES HW strategy due in Feb 2023
- **Swindon** – JSNA refresh launched at H&WBB a couple of weeks ago. New H&W Strategy due 02/23
- **Wiltshire** – Recovery JSNA published 02/21. Refresh of JSNA and H&WB strategy underway and should be completed in time for LTP refresh



*Each ICP will have to publish an interim integrated care strategy by December 2022 if it wishes to influence the ICB's first 5-year forward plan (which is to be published before April 2023).

Integrated Care Strategy

Points for consideration

- Opportunity to focus on outcomes and tackling inequalities.
- ‘Something new’ or ‘iteration’ of current work?
- ‘Interim’ or ‘long term’ (due to timescales for completion)
- Neighbourhood, Place and System elements
- Level of alignment desired across BSW organisations
- Approach to collaborative production
- Generating the right insight/evidence base
- Resourcing the production of the Integrated Care Strategy

“Our aim is not to focus on the production of a lengthy or glossy document, but to use the development of the strategy to stimulate activities which make a meaningful difference to the population of BaNES, Swindon and Wiltshire”

Integrated Care Strategy development timeline



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

BSW Integrated Care Strategy Development - Timeline

	August	September	October	November	December	January	February	March
Evidence review and analysis	Discussion with DPH and ICB Lead	Collation of key information and analysis for the Integrated Care Strategy						
Engagement activities and identification of des	Design engagement approach	Initiate engagement with stakeholder groups		Stakeholder event (TBC)	Stakeholder Review and feedback			
Strategy Production	Collation and review of existing BSW organisational strategies		Drafting of Integrated Care Strategy and alignment with local strategies			Update of the interim Integrated Care Strategy		
Strategy Version Reviews					Organisational/Place level reviews			
Integrated care Strategy Steering	Draft TOR and recruit membership	Steering group Meeting	Steering group Meeting	Steering group Meeting	Steering group Meeting	Steering group Meeting	Steering group Meeting	
Reporting								
Integrated Care Partnership		Initial briefing and review of approach with the ICP			Approval of interim Strategy			Approval of final Strategy
Integrate Care Board	Initial Briefing to ICB							
Integrated Care Alliances				Review of interim strategy			Review of final strategy	
Individual organisations	Briefings and updates provided as and when required by individual organisations							
Project Management	Identification of a Project Manager for the Integrated Care Strategy	Monthly Highlight reports generated	Monthly Highlight reports generated	Monthly Highlight reports generated	Monthly Highlight reports generated	Monthly Highlight reports generated	Monthly Highlight reports generated	Monthly Highlight reports generated

Appendix



**Bath and North East Somerset,
Swindon and Wiltshire**
Integrated Care Board

1. BSW Design Principles

Appendix 1: BSW design principles

1. We will improve the health of our population through prevention of illness, early intervention and promoting wellbeing and independence through all stages of life.
2. We take responsibility for addressing the wider determinants of health and will reduce health inequalities in our communities.
3. We work as one system without boundaries with parity of esteem between services.
4. We make the best use of our combined available resources to deliver the highest quality care.
5. We use shared evidence, listening, learning and co-designing care around the individuals we serve.
6. We treat and support people at home or as close to home as possible.
7. We nurture a flexible and ambitious workforce.
8. We innovate and maximise the use of digital technology to improve care and access to care while supporting those with limited access to technology.
9. We make decisions as close as possible to those people they affect.
10. We are a learning system in everything we do.

BSW ICB Board – Meeting in Public

Report Summary Sheet

Report Title	Delegation of Accountability for Commissioning of all Primary Care Services (local pharmaceutical services, primary ophthalmic services, and local pharmaceutical services) from NHSE to ICB from April 2023						Agenda item	11a
Date of meeting	30 August 2022							
Purpose	Approve		Discuss		Inform		Assure	
Executive lead, contact for enquiries	Richard Smale, Executive Director of Strategy and Transformation Jo Cullen, Director of Primary Care							
Clinical lead								
Author	Jo Cullen, Director of Primary Care							
Appendices	None							
This report concerns	BSW ICB	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	BSW ICB Primary Care Commissioning Committee BSW Delegation Steering Group							
Executive summary	<ul style="list-style-type: none"> BSW Clinical Commissioning Group (CCG) secured delegated responsibility for commissioning primary medical services in 2017, and the ICB continues the ability to commission GP contracts under the signed Delegated Agreement on 1st July 2022. The Health and Care Act 2022 makes provision for the delegation of accountability for the commissioning of all primary care services from NHSEI to ICBs. This includes local pharmaceutical services, primary ophthalmic services, and local pharmaceutical services. 							

Report Title	Delegation of Accountability for Commissioning of all Primary Care Services (local pharmaceutical services, primary ophthalmic services, and local pharmaceutical services) from NHSE to ICB from April 2023	Agenda item	11a
	<ul style="list-style-type: none"> • For BSW this covers: <ul style="list-style-type: none"> • community pharmacies = 147 • ophthalmic services contracts = 83 • dental services contracts = 126 • From April 2023, it is expected that all ICBs will have taken on delegated responsibility for dental, general ophthalmic services, and pharmaceutical services. [Timing for delegation arrangements for Specialised Commissioning are still to be confirmed]. • The Southwest Collaborative Commissioning Hub will be established for the Direct Commissioning directorate in NHSE Southwest for 2022/23 to support continued delivery of the Long-Term Plan commitments through transition arrangements and to provide stability to systems during transition. The Hub will incorporate the functions involved in commissioning services for ICBs that will be delegated in April 2023. • The Pre-Delegation Assessment Framework (PDAF) must be submitted to NHSE Regional Team in September for its passage to NHS England Board for formal approval in December. The PDAF outlines the minimum standards across four domains which should be met by ICBs prior to delegation: <i>Transformation & Quality; Governance and Leadership; Finance; and Workforce Capacity and Capability.</i> <p>Southwest Commissioning Hub Operating Model and Pre-Delegation Assurance Framework – available from Jo Cullen upon request</p>		
Recommendation(s)	<ol style="list-style-type: none"> 1. The Board is asked to note the work undertaken to date in the preparation for delegation of the primary care services to BSW ICB from April 2023 2. The Board is asked to note that a submission of the PDAF will be made to NHSE in September providing as assessment of the approach being adopted for BSW. 		

Report Title	Delegation of Accountability for Commissioning of all Primary Care Services (local pharmaceutical services, primary ophthalmic services, and local pharmaceutical services) from NHSE to ICB from April 2023	Agenda item	11a
Link to Board Assurance Framework or High-level Risk(s)	Risks have been captured on the Corporate Risk Register for Primary Care (and will be reviewed at the next ICB Risk Panel). The Risk Register will be updated to reflect the assessment being completed during the PDAF process.		
Risk (associated with the proposal / recommendation)	High	Medium	X Low
Key risks	Risks have been identified against each of the 4 domains of the PDAF.		
Impact on quality	A Quality Framework has been developed in the Southwest to support the Collaborative Commissioning Hub and delivery of delegated commissioning functions. This is being adopted nationally.		
Impact on finance	A due diligence exercise continues to be carried out to identify the financial allocation, financial risk, and potential mitigations to help inform our ICB's full delegation decision. This has been conducted by senior finance representatives from NHSE Southwest Regional Team and ICB finance leads from each of the seven South West ICBs.		
	Finance sign-off:		
Conflicts of interest	None identified.		
This report supports the delivery of the following ICB strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input checked="" type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW		

Report Title	Delegation of Accountability for Commissioning of all Primary Care Services (local pharmaceutical services, primary ophthalmic services, and local pharmaceutical services) from NHSE to ICB from April 2023	Agenda item	11a
	<input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Delegation of accountability for commissioning of all primary care services

1. Executive Summary

- 1.1 BSW Clinical Commissioning Group (CCG) secured delegated responsibility for commissioning primary medical services in 2017, and the ICB continues the ability to commission GP contracts under the signed Delegated Agreement on 1st July 2022.
- 1.2 From April 2023, it is expected that all ICBs will have taken on delegated responsibility for dental, general ophthalmic services, and pharmaceutical services. [Timing for delegation arrangements for Specialised Commissioning are still to be confirmed].
- 1.4 The Southwest Collaborative Commissioning Hub will be established for the Direct Commissioning directorate in NHSE Southwest for 2022/23 to support continued delivery of the Long-Term Plan commitments through transition arrangements and to provide stability to systems during transition. The Hub will incorporate the functions involved in commissioning services for ICBs that will be delegated in April 2023.
- 1.5 The Pre-Delegation Assessment Framework (PDAF) is due to be submitted to NHSE Regional Team in September for its passage to NHS England Board for formal approval in December. The PDAF outlines the minimum standards across four domains which should be met by ICBs prior to delegation: Transformation & Quality; Governance and Leadership; Finance; and Workforce Capacity and Capability.

2. Recommendation(s)

- 2.1 The Board is asked to note the work undertaken to date in the preparation for delegation of the primary care services to BSW ICB from April 2023.
- 2.2 The Board is asked to note that a submission of the PDAF will be made to NHSE in September providing an assessment of the approach being adopted for BSW.

3. Background / Statutory Considerations and Basis for Proposal

- 3.1 BSW Clinical Commissioning Group (CCG) secured delegated responsibility for commissioning primary medical services in 2017, and the ICB continues the ability to commission GP contracts under the signed Delegated Agreement (DA) on 1st July 2022.

- 3.2 The Health and Care Act 2022 makes provision for the delegation of accountability for the commissioning of all primary care services from NHSEI to ICBs. This includes local pharmaceutical services, primary ophthalmic services, and local pharmaceutical services.
- 3.3 For BSW this covers:
- ✓ community pharmacies = 147
 - ✓ ophthalmic services contracts = 83
 - ✓ dental services contracts = 126
- 3.4 The Delegation Agreement signed by BSW ICB 1st July delegates the Delegated Functions to the ICB from NHSE under section 65Z5 of the NHS Act while retaining the Reserved Functions. The DA will be used to underpin the governance mechanism supporting the delegation of primary medical services from 1 July 2022. Subsequent delegation of local pharmaceutical services, dental services, and ophthalmic services from NHSE to Integrated Care Boards (ICBs), planned for April 2023, will be handled through the same over-arching agreement, but with updates to the relevant schedules.

4. Southwest Collaborative Commissioning Hub

- 4.1 Due to the delegation of primary care services, it was agreed that there is a need to produce an effective Southwest Operating Model to ensure stability and continuity of service during transition. As part of the transition, a Commissioning Hub will be established for the Direct Commissioning directorate in NHSE Southwest to support continued delivery of the Long-Term Plan commitments through transition arrangements whilst the infrastructure for delegation of Direct Commissioning functions is designed together with systems. The aim of the hub is to provide stability to systems during transition, using the experience, expertise, and capacity of the Direct Commissioning team through a collaborative and partnership way of working.
- 4.2 The Hub will incorporate the functions involved in commissioning services for ICBs that will be delegated in April 2023. The Hub will therefore incorporate strategic and operational commissioning activity, which includes the processes of service improvement, financial management and the procurement and contract management of suppliers.
- 4.3 The Hub Operating Model is described at a high-level (Appendix 1) and it will continue to be reviewed during the transition period of July 2022 to March 2023 to ensure that it reflects the requirements needed to support systems to deliver their duties under delegated arrangements.
- 4.4 In developing this proposed model, different methods of engagement with systems leads have been undertaken through 121 meetings, individual system meetings and regional system workshops. This proposal is intended to help systems to

conceptualise plausible approaches to the design of the Hub and to facilitate a focused debate around key design issues.

- 4.5 The governance for the hub will be built on existing NHSE/I Southwest Regional Direct Commissioning Governance arrangements with proposals for alignment to ICB Primary Care Committees which all systems have confirmed will be retained, along with ICB Quality Committees as appropriate.
- 4.6 An MOU and Data Sharing Agreement is in place between NHSE and ICBs as the operating model is in place as part of testing the arrangements through transition working as closely as possible and as if delegated, ahead of formal delegation on 1 April 2023.
- 4.7 As part of the agreement to test the Collaborative Commissioning Hub, BSW is a member of NHSE Southwest Direct Commissioning meetings including Direct Commissioning Senior Leadership Team and Primary Care and Public Health Operational Group with terms of reference agreed with systems for these meetings.

Operating Principles:

OPERATING PRINCIPLES	
Accountable	Develop a model that links into governance processes between ICBs and NHSE/I SW that enables both to commission effectively, responsive to local health needs and recognising benefits of scale-working and reflecting the delegation of commissioning responsibilities to systems over the next 2 years.
Open and Transparent	Open and transparent processes in place between NHSE/I SW and ICBs. Routine sharing of information/ risk and issues at system level.
Responsive	A workforce model that is responsive and proactive across organisational boundaries with established mechanisms about how each ICB will connect with NHSE/I SW.
Retain Talent	Recruit and retain the best people to work in collaborative commissioning teams in NHSE/ISW and ICBs (subject to model agreement) with the right skills and values to commission health services in the SW.
Achieving Best Quality Care and Value	Work together through continuous improvement to review and ensure that the delivery of care and support represents the best quality care and value, including, securing the best possible health and wellbeing outcomes, while ensuring the sustainable use of resources through continuous improvement
Team of Teams	Develop 'Teams of Teams' who work collaboratively across organisations to deliver the best possible commissioning outcomes, making the most of the collective capabilities of ICBs, their wider partnerships and NHSE/I by working together demonstrating the principles of "One Team SW" and the NHS People Plan.
Commissioning Opportunities	A model that creates opportunities for best practice commissioning drawing on system local relationships and evidence based commissioning.

5. Pre-Delegation Assessment Framework (PDAF)

- 5.1 The PDAF is designed to support ICBs to prepare for the delegation of POD functions from April 2023. [NB: There is a separate but aligned PDAF for specialised services]



- 5.2 The Framework outlines the minimum standards across four domains which should be met by ICBs prior to delegation: *Transformation & Quality; Governance and Leadership; Finance; and Workforce Capacity and Capability*.
- 5.3 A Quality Framework has been developed to support delegated commissioning and set out how intelligence will be shared with ICBs to deliver continuous improvements in service-related outcomes, including the effectiveness of services, the safety of services and the quality of patient experience.
- 5.4 A due diligence exercise continues to be carried out to identify the financial allocation, financial risk, and potential mitigations to help inform our ICB's full delegation decision. This has been conducted, led by senior finance representatives from NHSE Southwest Regional and ICB finance leads from each of the seven South West ICB's to:
- Confirm financial allocations and agree basis of calculation and the split by Southwest ICBs using the 2022/23 allocation as the basis. (The impact of the national rebase exercise and 23/24 uplift to be shared at a future point).
 - Understand the commitments against this budget including any reserves or contingencies set.
 - Identify the surplus or deficit position for each of the transferring functions by Southwest ICB.
 - Identify any efficiency requirements.
 - Confirm any other financial risks inherent in the functions to be transferred and their impact.
 - Understand the impact of COVID on contractual performance and funding flows.

The Southwest region received a regional allocation based upon previously communicated LTP allocations for "other primary care" for 2022/23. An exercise has been undertaken to determine a fair methodology for apportioning this allocation to ICB's for the three functions to be delegated.

- 5.5 There is an expectation that ICBs will take on delegated responsibility for POD functions in April 2023 and there are no withdrawal dates before April 2023 (as there were in earlier waves). The PDAF is therefore focused on identifying any *key risks or support needs* in order that these can be addressed prior to delegation.
- 5.6 ICBs will need to submit their proforma to the Regional Team to be signed off prior to submission to the National Team by 3 October 2022. NHSE are asking for submission of the PDAF on the 19th September - BSW Primary Care Commissioning Committee (PCCC) will meet on the 22nd September and will formally review the PDAF at this time).
- 5.7 The submissions will be reviewed by a National Moderation Panel on 12 October 2022. The Panel will provide their recommendations to the NHS England Board for formal approval in December.

5.8 Alongside the PDAF, ICBs will also work through a Safe Delegation Checklist which sets out key actions to be completed to support a safe and smooth transition to new delivery arrangements.

6. ICB Delegated Steering Group

6.1 The ICB Delegated Steering Group has been established for the purpose of developing the ICB's approach to assuming responsibility for the delegation of primary care services from April 2023 and to assure the PCCC of the ICB's capability and competency to fulfill its responsibilities safely.

6.2 Membership includes representatives across the ICB (including primary care, finance, quality, digital, medicines optimisation, estates, contracting) NHSE Relationship Manager and LMC.

6.4 The Group's responsibilities and duties are:

- a) To develop the ICB's approach to delegation of primary care services from April 2023.
- b) Review including the resources (capability and capacity) necessary to support the delegation.
- c) To provide wider ICB understanding of the Delegation Agreement as the governance mechanism for primary medical services and then subsequent delegation of pharmaceutical, dental, and ophthalmic services.
- d) To review and understand the developed model of the Southwest Commissioning Hub and how this will support the ICB with delegated functions.
- e) To prepare the submission of the Pre-Delegation Assessment Framework for ICB sign off and submission to NHSE.
- f) To provide assurance for PCCC that the approach and plans are fit for purpose and enable ICB compliance with the responsibilities set out in the Delegation Agreement.
- g) To set up task and finish groups as necessary to report back to the Steering Group to fulfil its functions.
- h) To fulfil any other tasks as requested by PCCC or other ICB Programme Board.

6.3 The Steering Group will report to PCCC but need to confirm reporting to wider ICB

7. Resource Implications

7.1 A due diligence exercise continues to be carried out to identify the financial allocation, financial risk, and potential mitigations to help inform our ICB's full delegation decision.

7.2 A review of the workforce resources (capacity and capability) implications needs to be undertaken.

8. Risk Management

8.1 Risks have been identified against each of the 4 domains of the PDAF

9. Next Steps

9.1 Once approved, BSW will submit the PDAF to NHSE for review and submission.

9.2 The Steering Group will meet monthly to progress this week and report to PCCC

Equality and Diversity	Applicable		Not applicable	
To be completed as part of the due diligence work.				

To be completed as part of the due diligence work	Applicable		Not applicable	
To be completed as part of the due diligence work				

Public and Patient Engagement	Applicable		Not applicable	
None as this stage – under national legislation.				

BSW ICB Board – Meeting in Public

Report Summary Sheet

Report Title	Primary Care Enhanced Access						Agenda item	11b
Date of meeting	30 August 2022							
Purpose	Approve	x	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Jo Cullen – Director Primary Care, BSW ICB							
Clinical lead								
Author	Louise Tapper Assistant Director Primary Care, BSW ICB Supported by BSW Primary Care Team							
Appendices	Appendix 1 - BSW PCN Enhanced Access Plans							
This report concerns	BSW ICB	x	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	<ul style="list-style-type: none"> • This Paper was taken to the BSW ICB Primary Care Commissioning Committee in Public on 17.08.22, and was supported. • A preliminary report has been shared with BSW Primary Care Operational Group, 28 July 2022. • The content of this report has been shared with: <ul style="list-style-type: none"> ○ The Enhanced Access Panels which included representation from ICB Quality and IT, as well as Wessex Local Medical Committee and Healthwatch for BaNES and Swindon, and Wiltshire. ○ Swindon and Wiltshire Place Directors ○ BaNES Alliance Delivery Operational Group 							
Executive summary	<ul style="list-style-type: none"> • In March 2022, as part of the Primary Care Network Directed Enhanced Service (PCN DES), NHS England published the new model of 'Enhanced Access for General Practice'. The new service brings together the existing extended hours 							

Report Title	Primary Care Enhanced Access	Agenda item	11b
	<p>(£1.44 per head) and the improved access services (£6 per head) and sets out to offer a more standardised consistent approach to patients across the country, with Enhanced Access appointments available between 6.30pm – 8pm Monday to Friday and 9am to 5pm on Saturdays. This period of time is to be known as the ‘network standard hours.’</p> <ul style="list-style-type: none"> • Primary Care Networks (PCNs) have developed their Enhanced Access Plans with support from representatives from the ICB ready to operationalise their services within BSW by 1st October 2022. • PCNs are required to submit their plans to the ICB by the 31st July, and the plans need to be signed off by commissioners by 31st August. <p>2 PCN Plan Criteria</p> <ul style="list-style-type: none"> • The PCN Plans must meet certain NHSE criteria, the main three being: <ul style="list-style-type: none"> • Plans cover the Network Standard Hours • Plans can demonstrate patient engagement • A range of appointments are offered (face to face, digital, telephone) <p>3 Sign – off Process</p> <ul style="list-style-type: none"> • A BSW Enhanced Access Panel has been established with primary care, IT and quality representatives from the ICB, Healthwatch and Wessex LMC to review the Enhanced Access plans. • Meetings have also taken place with the Swindon and Wiltshire Place Directors to discuss the final submitted plans. BaNES Alliance Operational Delivery Group have also been informed. <p>4 Primary Care Strategy</p> <ul style="list-style-type: none"> • The PCN DES Enhanced Access meets the BSW Vision for Primary Care within the BSW Primary Care Strategy, namely Improvements in Access to Primary Care. 		
Recommendation(s)	<p>The recommendations are that the ICB Board;</p> <ol style="list-style-type: none"> 1. is assured by the robust process undertaken that the submitted PCN Enhanced Access Plans meet the requirements of the PCN DES and; 		

Report Title	Primary Care Enhanced Access	Agenda item	11b
	2. will support and sign off these Plans to enable the ICB to assure NHSE.		
Link to Board Assurance Framework or High-level Risk(s)	The PCN DES Enhanced Access meets the BSW Vision for Primary Care within the BSW Primary Care Strategy, namely Improvements in Access to Primary Care.		
Risk (associated with the proposal / recommendation)	High	Medium	Low ✓ N/A
Key risks	There are risks relating to recruitment that some PCNs may have difficulties in delivering their full plans.		
Impact on quality	The increase in appointment capacity for patients will improve the patient experience that some patients face in accessing primary care. The quality aspects of service development and delivery have been key to the development of the PCN plans as well as the assurance of the sign-off of the plans.		
Impact on finance	The resource for Enhanced Access is ring-fenced from NHSE for this purpose. BSW ICB Finance have been involved in advising on the allocation and hours requirements of the resource.		
	Finance sign-off:	Matthew Hawkins / John Ridler	
Conflicts of interest	None		
This report supports the delivery of the following ICB strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Primary Care Enhanced Access

1. Executive Summary

- 1.1 In March 2022, as part of the Primary Care Network Designated Enhanced Service (PCN DES), NHS England published the new model of 'Enhanced Access' for General Practice. The new service brings together the existing extended hours (£1.44 per head) and the improved access services (£6 per head) and sets out to offer a more standardised consistent approach to patients across the country, with Enhanced Access appointments available between 6.30pm – 8pm Monday to Friday and 9am to 5pm on Saturdays. This period of time is to be known as the 'network standard hours'.
- 1.3 In preparation for the delivery of the Enhanced Access service, Primary Care Networks (PCNs) have been working collaboratively with the BSW ICB colleagues to produce Enhanced Access Plans which meet the Network Contract DES Specification, and which are ready to operationalise from 1st October 2022. PCN's were required to submit their plans to the ICB by the 31st of July, and the plans need to be signed off by commissioners by 31st August.
- 1.4 An Enhanced Access Panel was established with primary care, IT, and quality representatives from the ICB, Healthwatch and Wessex LMC to review the submitted plans. Meetings have taken place with the Swindon and Wiltshire Place Directors, to discuss the final submitted plans, and as the BaNES Place Director is not in post yet, the BaNES, Alliance Operational Delivery Group has been informed.
- 1.5 The new PCN DES Enhanced Access meets the BSW ICB's Vision for Primary Care within the BSW Primary Care Strategy, namely Improvements in Access to Primary Care.

2. Recommendation(s)

- 2.1 The recommendations are that the ICB Board;
 - is assured by the robust process undertaken that the submitted PCN Enhanced Access Plans meet the requirements of the PCN DES and;
 - will support and sign off these Plans to enable the ICB to assure NHSE.

3. Background / Statutory Considerations and Basis for Proposal

- 3.1 The new Enhanced Access arrangements aim to remove variability across the country by putting in place a more standardised and better understood offer for patients. They will bring the Additional Roles Reimbursement Scheme (ARRS) workforce more consistently into the offer and support Primary Care Networks (PCNs) to use the Enhanced Access (EA) capacity for delivering routine services. There is opportunity to develop a better blend of appointment modes including

taking advantage of a more digitally enabled offer, facilitating convenient access for patients and flexible working for staff. Introducing a more multidisciplinary offer means patients can access a broader set of services including, screening and vaccination.

- 3.2 PCNs are required to provide 60 minutes per 1000 PCN adjusted population, across their PCN and within that time a range of primary care appointments are to be provided by the PCN's multi-disciplinary team. Most of these appointments are planned to be delivered within the network standard hours, but appointments can be delivered within core contract hours and outside of network standard hours to make sensible shift patterns as well as being in line with patient feedback. In addition, within the resource, some PCNs are planning to provide additional hours beyond that of the core contract and network standard hours.
- 3.3 Specific requirements that PCNs need to consider within their EA service plans are:
- A mixture of in-person face-to-face and remote (telephone, video or online) appointments.
 - Delivered by a multi-disciplinary team of healthcare professionals.
 - Emergency and same day or pre-booked appointments to be offered.
 - Any unused appointments to be made available on the day for use by NHS 111.
 - PCNs need to agree with the commissioner the blend of appointment types which would best meet the needs of their patient population, and they should be able to show how recent patient engagement has informed their proposals.
 - PCNs must ensure appropriate senior clinical cover and supervision are always in place for the multi-disciplinary team.
- 3.4 The mode of patient appointment can include the following:
- GP face to face, telephone and online
 - Advanced Nurse Practitioner routine and same day appointments
 - Additional Roles Reimbursement Scheme (ARRS) e.g., clinical pharmacist, physiotherapy
 - Cervical screening
 - Contraceptive services
 - Immunisation services
 - General nursing services
 - Phlebotomy
 - Chronic disease management clinics clinical pharmacy led medication reviews,
 - Health checks including carer health checks,
 - Group consultations
- 3.5 Patient engagement is a key aspect within Enhanced Access. PCNs are required to engage with their population to develop their Enhanced Access Plans through surveys, reports, posters, texts, and Practice Participation Group consultation. Some PCNs have engaged directly with Healthwatch Swindon and BaNES and Healthwatch Wiltshire, plus the ICB has included representatives from both

Healthwatch on its assurance panel. Communication with patients about the new services will be key to enable patients' understanding of the options of care available to them and along with the practices and ICB, Healthwatch are planning to support the Enhanced Access messages when they have opportunity to.

- 3.6 The plans being put forward by the PCNs include a range of models including single PCN working providing all the additional appointments themselves; hybrid models of joint PCN working and hybrid models including some subcontracting arrangements of remote appointments to third party remote Primary Care providers. GP IT interoperability is an essential element to ensure the plans can be enacted and NHS England is working with NHSD and suppliers to understand and work through each of these requirements and put into place a roadmap that addresses each.
- 3.7 The role of the commissioner within Enhanced Access includes supporting the development of EA plans; assure and sign off the plans and ensure there is a cohesive Integrated System approach; and monitor and report to NHS England. ICB colleagues have supported PCNs ranging from simple conversations to assuring that PCNs have where appropriate have Data Sharing Agreements, Data Protection Impact Assessments and Equality Impact Assessments in place.
- 3.8 PCNs plan to audit patients accessing the services and will assess to identify any health inequalities which can be improved. This Quality Improvement approach will enable the PCNs to tailor their services to their population need and maximise their patient experience and outcomes. In addition, the ICB responsibilities do include monitoring the delivery of the Enhanced Access services in line with the PCN DES requirements, and there is an NHSE reporting tool to be submitted weekly in the first instance.

4. Requirements within the Enhanced Access Plan

- 4.1 The roll-out of Enhanced Access within Primary Care is a national requirement of the Network Contract. If there is a GP practice not within a PCN, it is the ICB's responsibility to provide the Enhanced Access service for the population of that practice. There is currently one practice within BSW ICB which is not within a PCN, and that practice has offered to provide the Enhanced Access service to its patients with local arrangements.

5. Other Options

- 5.1 'None' – this is a national requirement within the PCN DES.

6. Resource Implications

6.1 The main risk to all the Enhanced Access plans is the recruitment of additional staff into primary care to provide the additional capacity.

7. Consultation

7.1 Patient engagement and consultation has been a key part in the development of the Enhanced Access plans as outlined in 3.5. above.

8. Risk Management

8.1 There are risks relating to recruitment that some PCNs may have difficulties in delivering their full plans.

9. Next Steps

9.1 Once the ICB has approved the assurance process that the Enhanced Access plans meet the requirements of the PCN DES and have been through a process of appropriate service development and quality and data review, the ICB will inform the practices to commence delivery of their Enhanced Access plans from 1st October 2022.

Equality and Diversity	Applicable	Y	Not applicable	
Equality impact Assessments have been undertaken and will continue to be undertaken on the Enhanced Access plans which required additional assurance.				

Health Inequalities Assessment	Applicable	Y	Not applicable	
As above.				

Public and Patient Engagement	Applicable	Y	Not applicable	
As per 3.5.				

Appendix 1 - BSW PCN Enhanced Access Plans

PCN Name	Plan approved in full (meets all contractual requirements)	Plan covers all Network Standard Hours (18.30-20.00 weekdays, 09.00-17.00 Saturdays)	Model of delivery	Appointment Type Offered
BaNES				
Bath Independents	√	√	Practice / PCN Model	F2F, T / V, O
Heart of Bath	√	√	Practice / PCN Model + subcontract to BEMS	F2F, T / V, O
Keynsham	√	√	Practice / PCN Model	F2F, T / V, O
Minerva	√	√	Practice / PCN Model	F2F, T / V, O
Three Valleys	√	√	Practice / PCN Model + subcontract to BEMS	F2F, T / V, O
Unity Medical Group	√	√	Practice / PCN Model + subcontract to BEMS	F2F, T / V, O
Swindon				
Brunel 1	√	√	Practice / PCN Model + subcontract to Livi	F2F, T / V, R
Brunel 2	√	√	Practice / PCN Model + subcontract to Livi	F2F, T / V, R
Brunel 3	√	√	Practice / PCN Model + subcontract to Livi	F2F, T / V, R
Brunel 4	√	√	Practice / PCN Model + subcontract to Livi	F2F, T / V, R
Great Western Healthcare	√	√	Practice / PCN Model + subcontract to Livi	F2F, T / V, R
Sparcells	√	√	Practice / PCN Model + subcontract to Brunel & Livi	F2F, T / V, R
Wyvern	√	√	Practice / PCN Model + subcontract to Brunel & Livi	F2F, T / V, R
Wiltshire				
Calne	√	√	Practice / PCN Model on rotation	F2F, T
CCB	√	√	Practice / PCN Model on rotation	F2F, T / V, O
Devizes	√	√	Practice / PCN + Multi-PCN Model	F2F, T / V
East Kennet	√	√	Practice / PCN Model	F2F, T / V, R
Melksham and Bradford on Avon	√	√	Practice / PCN + Multi-PCN Model	F2F, T / V, O
North Wilts Border	√	√	Practice / PCN Model on rotation	F2F, T / V, R
Salisbury Plain	√	√	Practice / PCN Model + subcontract to WilCoDoc	F2F, T / V
Sarum Cathedral	√	√	Practice / PCN Model + subcontract to WilCoDoc	F2F, T
Sarum North	√	√	Practice / PCN Model + subcontract to WilCoDoc	F2F, T
Sarum Trinity	√	√	Practice / PCN Model + subcontract to Mid Hants Heal	F2F, T / V, R, O
Sarum West	√	√	Practice / PCN Model + subcontract to WilCoDoc	F2F, T / V, O
Trowbridge	√	√	Practice / PCN + Multi-PCN Model	F2F, T / V
Westbury & Warminster	√	√	Practice / PCN + Multi-PCN Model	F2F, T / V
Practice				
Patford House Partnership	√	√	Practice Model + subcontract to Medloop	F2F, T / V, R, O
Code for Appointment Type				
Face 2 Face	F2F			
Telephone / Video	T / V			
Remote	R			
Online	O			

BSW ICB Board – Meeting in Public

Report Summary Sheet

Report Title	BSW Performance, Quality and Finance Report					Agenda item	12
Date of meeting	30 August 2022						
Purpose	Approve		Discuss		Inform	X	Assure
Executive lead, contact for enquiries	Gill May – Chief Nurse Richard Smale – Director of Strategy and Transformation Gary Heneage – Chief Financial Officer Rachael Backler – Director of Planning and Performance Contact: Jo Gallaway - bswicb.performance@nhs.net						
This report concerns	BSW ICB	x	BaNES locality		Swindon locality		Wiltshire locality
This report was reviewed by	Quality Assurance Committee						
Executive summary	The executive summary can be found on slides 3 to 8 of the report.						
Equality Impact Assessment	BSW ICB / ICS is committed to working to better understand the equality and diversity issues that exist and how we can use our approach to performance and quality to improve our response on issues of equality and diversity. Our approach to performance and quality will be developed to enable us to measure our success in addressing equality and diversity and demonstrate this in our performance reporting.						
Public and patient engagement	N/A						
Recommendation(s)	The Board is asked to note the contents of the BSW Performance, Quality and Finance Report.						
Link to Board Assurance Framework	There are a number of high-level risks on the BSW ICB Corporate Risk Register that reflect the challenges and risks to delivering Quality Care, Performance and Financial Stability:						

Report Title	BSW Performance, Quality and Finance Report	Agenda item	12
or High-level Risk(s)	<ul style="list-style-type: none"> • BSW47 – Ambulance delays in response and handover – impact on patient care and experience & staff welfare • BSW44 – Seasonal Planning – Urgent and Planned Care impacted by capacity to safely manage seasonal surges. • 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 recovery of BAU services and transformation • BSW48 – Delays in hospital discharges due to capacity issues and increased demand for community & social care support. • BSW58 – Midwifery staffing shortages – risk of maternity services needing to divert care reducing place of birth choice. <p>As per risk register 06/07/2022</p>		
Risk (associated with the proposal / recommendation)	High	Medium	Low
Key risks	N/A		
Impact on quality	Quality impacts linked to the performance of the organisation are noted within the report.		
Impact on finance	Finance performance headlines for the organisation and system are within the report.		
	Finance sign-off:	Gary Heneage	
Conflicts of interest	N/A		
This report supports the delivery of the following ICB strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input checked="" type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		



Bath and North East Somerset,
Swindon and Wiltshire Together

ICB Board, 30/08/22, Item no. 12

BSW Performance, Quality and Finance Report – August 2022

ICB Executive Leads:

Richard Smale – Director of Strategy and Transformation

Gill May – Chief Nurse

Gary Heneage– Chief Finance Officer

Rachael Backler– Director of Planning and Performance



Report summary

Key points	<p>This is a regular report produced for BSW key meetings to provide a high level review of performance, quality and finance focusing on:</p> <ul style="list-style-type: none">• The current key issues and actions in delivering and transforming services• Programme exception reporting against the oversight framework key metrics including performance against the operational plans submitted by BSW partners.• Workforce update• COVID and Vaccination update• BSW Financial System Summary.
Recommendation(s)	<p>Action or decision required by the Committee e.g.</p> <ol style="list-style-type: none">1. The Committee is asked to note the contents of the report.
Key risks	<p>There are a number of high level risks on the BSW ICB Corporate Risk Register that reflect the challenges and risks to delivering: Quality Care, Performance and Financial Stability:</p> <ul style="list-style-type: none">• BSW47 – Ambulance delays in response and handover – impact on patient care and experience & staff welfare• BSW44 – Seasonal Planning – Urgent and Planned Care impacted by capacity to safely manage seasonal surges.• 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 recovery of BAU services and transformation• BSW48 – Delays in hospital discharges due to capacity issues and increased demand for community & social care support.• BSW58 – Midwifery staffing shortages – risk of maternity services needing to divert care reducing place of birth choice. <p>As per risk register 06/07/2022</p>
Resource implications	<p>These are included in the report</p>



Executive Summary 1 of 6

Area	Key Issues	Key Actions	Accountability
Urgent care	<ul style="list-style-type: none"> The system has continued to see an increase in the non criteria to reside (NC2R) patient position as well as an increase in COVID infections in the COVID Oximetry at home service, and an increase in incidental COVID admissions at each of the three acute trusts with significant impacts on staffing numbers across all providers. Demand and capacity modelling continues to predict a surge of covid over the summer and into the winter months with predictions of staffing impacts into the winter months. Ambulance handover delays remain a challenge with some slight improvements noted, though achieving the current submitted trajectory remains a risk due to impact of system flow, NC2R and capacity in the community 	<ul style="list-style-type: none"> System OPEL 4 declared on 11th July Ongoing weekly discussions at the Urgent and Emergency Care (UEC) tactical meeting to identify solutions Request for additional programme support for Urgent Care and Flow board priority areas, remains an issue Urgent Care and Flow board transformation programmes agreed and Exec sponsors and Programme Managers being identified 351 bed gap submission revised and recosted – awaiting regional feedback Approval given for 20 additional beds for B&NES locality and ongoing funding agreed for 30 Wiltshire locality beds at GOLD on 16th July Ongoing MADE (multi agency discharge events) across acute and community to support the longest waits Bi monthly steering group and task and finish group for Demand and capacity focusing on pre hospital and post hospital discharge, attendees from across the system 	<p>Urgent Care and Flow Board ICA localities</p>
Workforce	<ul style="list-style-type: none"> Planning for the Inaugural BSW Workforce Summit on 20th September 2022. Scoping for support from SCW Commissioning Support Unit on delivering BSW reservist programme. Recruitment to BSW Direct Entry Nursing Associate has been slow. Further activity around marketing is underway 	<ul style="list-style-type: none"> Continuing development of BSW Talent Pool platform with Medico. A pilot is to be run through Wiltshire Health and Care. Submission of funding request to Health Education England to support the areas identified by the Trainee Nurse Associate upskilling needs analysis. 	<p>Operational People Delivery Group (OPDG) BSW People Committee BSW Academy</p>



Executive Summary 2 of 6

Area	Key Issues	Key Actions	Accountability
Integrated Care Alliance – B&NES	<ul style="list-style-type: none"> Flow from acute to community continues to be impacted. Care Home provider capacity remains challenged with Covid prevalence continuing to impact staffing and result in closures. Staff sickness across the system still challenging. Patients in hospital with no criteria to reside (NC2R) with high acuity and complex needs - challenges in finding bedded capacity to receive complex specialist patients due to localised staffing issues and existing residents with high acuity. Discharge from reablement service impacted by limited home care capacity. 	<ul style="list-style-type: none"> Joint weekly B&NES long-stay patient reviews are taking place within the RUH for the next 10 weeks. Admission avoidance – working with SWASFT, HCRG Care Group Coordination Centre and Care Homes to prevent admissions and divert people onto the optimal pathways New Prevention Escalation multi disciplinary team being set up to support flow through D2A beds. Urgent care two hour crisis response continuing to recruit to full capacity. B&NES Council and RUH in-house home care continue recruiting with recent recruits starting in July and August. 	BSW Gold Call BSW Silver Call Tactical calls B&NES Alliance Operational Delivery Group
Integrated Care Alliance – Wiltshire	<ul style="list-style-type: none"> Care Home COVID Closures are rising again – providing a challenge to Pathway 2 flow. Waits for discharge continue to improve in Pathway 2 but have remained static for Pathway 1. Progress in reducing the backlog of people waiting more than 48 hours to be discharged across Pathways 1 to 3 has slowed and in some places has declined. The gap between the number of people waiting >48hrs for discharge continues to widen with more people waiting in community services than acute. COVID Staff sickness across all services has been a significant factor in flow challenges this period. Average Length of Stay has improved across all providers except GWH Recruitment to Ageing Well service areas is slower than anticipated – action and mitigations are in place to address this. 	<ul style="list-style-type: none"> Intensive support remains in place for care home providers via POST team and multi disciplinary team (MDT) support. Non criteria to reside (NC2R) recovery plan in place and monitored weekly via the Operational Group. Issues are escalated as appropriate. The Virtual Ward development programme will begin at pace following agreement of the BSW definition and submission to NHSE. Draft ICA Urgent Care and Flow improvement plan in draft form – to be finalised in July. Agree actions against 100 Day Challenge Gap Analysis Implement daily ICA calls re escalation and operational challenges Continue with focus to reduce community NC2R delays 	All issues and actions are recorded and progressed via the Alliance Delivery Group and weekly Partner meetings and 3 x weekly ICA Escalation calls Actions are progressed in the Operational Delivery Group meetings.
Integrated Care Alliance – Swindon	<ul style="list-style-type: none"> COVID numbers in GWH have increased, however GWH has been maintaining OPEL 3 (Operations Pressure Escalation Levels) for the first half of July. NC2R (non criteria to reside) numbers had dropped to close to the 30% target, but we now see a rapid increase. Workforce issues impacting Social care (staffing shortages) and the Home First pathway (leave and sickness) 	<ul style="list-style-type: none"> GWH proposal to move to a Co-ordination Hub in Swindon is being developed as part of no Criteria to reside (NC2R) Q2-Q4 plans Discharge to Assess Home First pathway to be implemented (delays due to leave and sickness) 	Actions are recorded and progressed via the Locality's ICA Response Hub. Progress reported into UEC, Silver and Gold Calls.



Executive Summary 3 of 6

Area	Key Issues	Key Actions	Accountability
Elective Care Recovery	<p>RTT 104 week waiters (on incomplete pathways):</p> <ul style="list-style-type: none"> BSW providers have made good progress in clearing 104 week waiters for BSW providers that have not requested to delay their treatment. Currently there are 3 104+ week waiters (provisional data 24/7, excludes Ramsay New Hall). Focus is now moving to 78 week waiters with BSW providers having 259 pathways over 78 weeks. The BSW population view at the end of June 2022 for BSW patients (provisional), there were 269 78 week plus waiters and 3202 52 week plus waiters, was is an increase on recent months. <p>Elective Recovery:</p> <ul style="list-style-type: none"> Elective activity for BSW patients at all providers for Q1 is showing a mixed picture against the latest plans, with June in particular impacted by the recent increased COVID prevalence. The number of RTT pathways completed is above plan. Elective admissions and first outpatients appointments are below plan though some providers have been able to make more progress. More detailed reporting including BSW provider total will be available in future months. 	<ul style="list-style-type: none"> The system is focussing on the elective recovery programme, with targets to increase activity and reduce long waiters. The system is currently working to create additional capacity particularly in the high risk specialties and optimising mutual aid. The outpatient transformation programme is working through the 9 agreed focus specialties with workshops to identify plans to support 25% reduction in follow ups and delivery of personalised outpatient service continued. Developing a Quality Dashboard for Elective Care. The aim is to link this with the Quality Tool Kit and also the NHS Oversight Metrics 	Elective Recovery Programme of Elective Care Board
Cancer	<ul style="list-style-type: none"> National focus on long waiters cancer pathways waiting over 62 days is an area of national focus. With BSW patients waiting over 62 referral to start of treatment remaining at 8.2% of the 62d WL (417 patients), with BSW just outside the best performing quartile nationally. Cancer waiting times performance for May (the most recent published monthly data) shows 2 of 9 national targets were achieved, and the England average was exceeded for all except one target. Main issues are around diagnostics capacity to support cancer, and staffing, in particular oncology consultants to support increasing numbers requiring chemotherapy, resulting in mutual aid requests. Also identification of a cohort of long wait skin cancer patients at GWH. 	<ul style="list-style-type: none"> Disburse BSW's SWAG Cancer Alliance allocations for 22/23, once received Continued focus on performance, volumes and recovery actions Start targeted lung health checks in Swindon and Bath Review mid-year reports from PCN early diagnosis projects Plan next cancer education event Contribute to debate on revised QFIT guidance, in both SWAG and TVCA Open new high-risk BCC community-based consultant-led services, in Bath and Royal Wootton Bassett Implement Salisbury non-symptom specific rapid diagnostic pathway Escalate concerns regarding future funding of essential posts established with time-limited cancer alliance funding 	Elective Care Board



Executive Summary 4 of 6

Area	Key Issues	Key Actions	Accountability
All age Mental Health (MH)	<ul style="list-style-type: none"> Continued improvement in Out of Area performance (reduced to 3 as at 26/07) during AWP Acute Focus month, in addition to reduction in numbers of patients with Length of Stay of >60 days. Dementia Diagnosis Rate (DDR) dropped slightly from 57% (May) to 56.6% (June) Q1 performance shows improvement in Children and Young People Eating Disorder (CYP ED) access rates – 70.6% within 1 week and 80.6% within 4 weeks Continued growth in numbers of people receiving 2 meaningful contacts in the community for Adult MH services Annual Health Checks (AHC) for serious mental illness (SMI) – 2,921 checks (rolling 12 month) against trajectory of 3,282 IAPT (talking therapies) access performance below trajectory – 2,722 people accessing services against trajectory of 3,925 (rolling 12 months) 	<ul style="list-style-type: none"> Ongoing support to AWP during Acute Focus month, including embedding MH escalation processes across all providers DDR improvement plan in development with range of actions overseen by Older Adults MH Working Group Children and young people (CYP) recovery plan developed with detailed modelling provided by Oxford Health – revised recovery plan co-created with all system partners. Further sessions planned in relation to identified risks in the Swindon system Annual Health Checks revised proposal being finalised between First Options Health Care, AWP and Third Sector IAPT improvement plan being finalised 	BSW Thrive Programme Board
All age Learning Disabilities / Autism Spectrum Disorder (LD / ASD)	<ul style="list-style-type: none"> Action Plan for Safety & Wellbeing (S&W) Reviews will be used to establish priorities for BSW, linked to Learning Disabilities (LD) / Autism Spectrum Disorder (ASD) Roadmap. Locality commissioner capacity is stretched by vacancy levels – could impact our ability to deliver the programme of work and subsequently impact on our performance indicators. Work to be commenced to understand the best way to support the LDA agenda across Place and System as we transition to an ICS We are seeing an increase in people with complex ASD needs across BSW. Urgent work commenced to explore alternative options to support people in their local communities and facilitate discharge from acute providers. Children & young People’s waiting times for access to ASD services continue to increase – we will use the engagement events to develop people’s understanding and to look to the ASD Pathway development to establish greater equity across localities. Discharge Support Grant (DSG) monies confirmed for 2022/23 but significantly reduced from 2021/22. DSG for 2022/23 is £293k – this grant is really helpful to facilitate discharges 	<ul style="list-style-type: none"> S&W Reviews Action Plan needs refining in light of commissioner capacity pressures and to agree priority tasks. Children and young people ASD Pathway development - series of stakeholder engagement events planned for June and July 22. Annual health check (AHC) work underway to establish steering group to focus on key priorities for SMI, ED and LD AHC delivery performance Work underway to establish local project group to progress national capital spend to develop local LDA beds. Regional steering group in place and work commenced on rapid co-design of clinical model as part of the end to end pathway – Clinical Reference Group meeting 27th July 22 to finalise clinical model and pathway flow in/out of hospital admission. Wiltshire “piloting” use of Transforming Care Coordinator post (using vacancy/mat leave funding) to ensure CTR compliance Lessons Learnt event to be scheduled with partners on case escalation. MoU signed by LAs (prerequisite to release Discharge Support Grant) 	BSW LD/ASD Programme Board



Executive Summary 5 of 6

Area	Key Issues	Key Actions	Accountability
Maternity	<ul style="list-style-type: none"> Continued suspension of home- birth and midwife led birth at Chippenham and Frome Midwife Led Units due to staffing challenges. Continued challenges with staffing vacancies and capacity at times to provide timely Inductions of labour Cluster of Healthcare Safety Investigation Branch (HSIB) reportable / Serious Incidents at RUH relating to babies requiring head cooling, one maternal death and one early neonatal death. Maternal death being investigated as Serious Incident with rest being reviewed by HSIB. RUH invited NHSE Maternity support review against Maternity Self Assessment standards. CQC visit to RUH last week noted. SFT continues on National Maternity Support programme. Unable to submit updated Equity needs analysis as BI intelligence required from providers not yet made available. Risk to completion of LMNS Equity and Equality plan by September 2022. 	<ul style="list-style-type: none"> Second virtual public meeting held 21st July 2022 Face to Face Public engagement events being planned by RUH supported by LMNS Academy led Workforce workstream in progress – linking in to Acute Alliance Active recruitment and retention actions in progress. Noted challenges with accessing OSCE (Objective Structured Clinical Examination) assessments for internationally recruited midwives. Managed through daily system escalation meetings and mutual support across services when required Continuing LMNS overview of RUH serious incidents Providers to supply required data for LMNS equity and equality needs analysis urgently – provider Business Intelligence / data analyst support to be prioritised to enable evaluation of outcomes for those babies and women with babies most at risk of poor outcomes Sourced external project support for completion of Equality and Equity Action plan 	BSW Local Maternity and Neonatal System (LMNS)
Primary Care	<ul style="list-style-type: none"> Continued demand and pressures across General Practices; in June there were 390,000 appointments and maintaining at 63% were face to face. For BSW, activity has decreased in June by 12% from the previous month, and in comparison to the same period last year shows a decrease of 6%. Sites have continued to provide Covid Vaccination Spring Boosters (Phase 4) for 75+ and Care Home residents, 12+ immunosuppressed; and non at risk 5-11 and now planning for the Autumn/Winter Programme for Covid and Flu with 18 PCNs opting in for delivery. Ongoing support from primary care for refugees and asylum seekers in accommodation across BSW and supporting registration of people arriving from Ukraine in BSW Preparation for Delegation from NHSE for pharmacy, dental and optometry services from April 23. 	<ul style="list-style-type: none"> Task and finish group established, meeting monthly to support the development and roll out of a Quality Metrics Dashboard. First Steering Group set up 5th August to prepare for Delegation of Pharmacy, Dental and Optometry from NHSE April 2023 	Primary Care Commissioning Committee (PCCC)



Executive Summary 6 of 6

Area	Key Issues	Key Actions	Accountability
Quality	<p>Infection Prevention and Control (IPC)</p> <ul style="list-style-type: none"> Outbreaks associated with SARS-CoV-2 and Norovirus have plateaued across BSW and are beginning to decline (this is positive) <p>Elective Care- Waiting list management</p> <ul style="list-style-type: none"> Plastic Surgery / Dermatology elective wait list incident update. Following review, 1,179 of the 2,713 were not on an official waiting list. 138 require a minor operation, 226 overdue initial review and 437 overdue follow up.(data subject to change) <p>Mental Health</p> <ul style="list-style-type: none"> CAMHS and TAMHS review update - Group established to look at recommendations from previous review and progress actions but needing to ensure the current position is reflected in the action plan. <p>Urgent Care</p> <ul style="list-style-type: none"> Pre-hospital harm continues to relate to patients in queues /stacks and continues to be related to Cardiac /respiratory. No incidents related to stroke in June 2022 <p>Maternity</p> <ul style="list-style-type: none"> Whilst maternity SI's in month have returned to expected levels, RUH remains challenged and continues to stop home births and births at midwifery led birthing units 	<ul style="list-style-type: none"> A planning meeting is scheduled for mid August to discuss winter plans to ensure that patient flow and safety are maintained with robust infection prevention and control measures Harm review is still taking place. Cancer specialist nurse is reviewing the patients that were validated. If reviewer feels harm has been caused due to delayed follow-up etc., they will be seen by a clinician as a priority. To gather baseline data to establish current position re waiting times, incidents, vacancy rates and capacity to identify where the risks are. CAMHS looking at 60% vacancy rate from September – business continuity plans stepping up. Plan to focus on 'red' patients, but 'green' is where slippage likely to be and support is likely to be needed from 3rd sector and primary care. Further understanding needed about how these patients will be supported. Quality, commissioners and contracting meeting to discuss Oxford Health contract review going forward Discussion with SWAST about prioritising the call stack – there are a high number of chest pain calls where only a very low number deteriorate to cardiac arrest. System demand investigation published in July 2022 – immediate action in progress to align recommendations with BSW improvement plan Equality impact assessment to be reassessed related to 'No Send' escalation SOP that is invoked when SWAST under peak demand. Continued communication with staff and families Healthcare Safety Investigation Branch oversight, NHSE national team undertaking deep dive at the request of RUH, this will be against their self-assessment Director of Midwifery interviews w/c 1/8/2022 	<p>Quality Assurance Committee</p> <p>Quality Surveillance Group (QSG)</p> <p>Elective Care Board</p> <p>Urgent Care Board</p> <p>BSW Thrive Board</p> <p>Primary Care Commissioning Committee (PCCC)</p>



Workforce



NHS Workforce Plan Monitoring

Figure 1. is used for monthly monitoring of the progress against the workforce plans compiled during the NHS Operational Planning Rounds. 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). N.B Representation of AWP within this monitoring is prorated to account for their cross system service provision

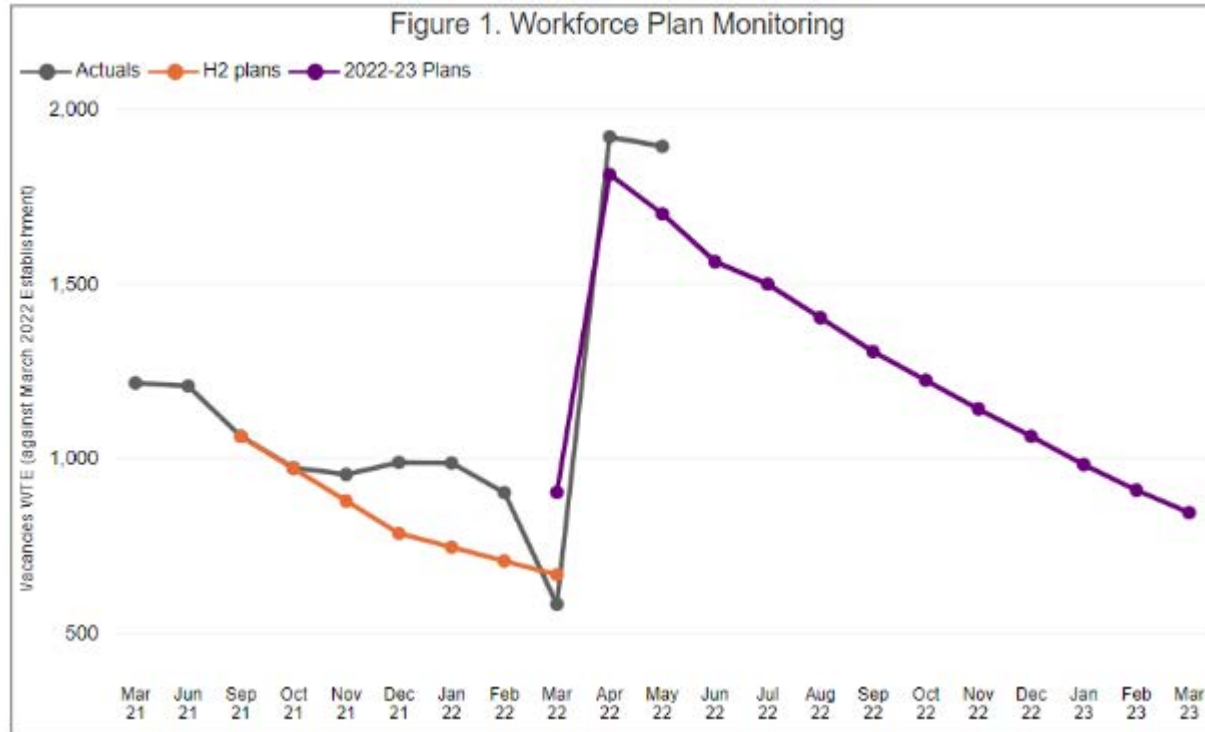


Figure 2. May 2022 Vacancies

Staff Group	A) Planned Vacancy WTE vs. Planned Establishment	B) Actual Vacancy WTE vs. Planned Establishment	Difference Planned vs. Actual Vacancy	Current vs. previous month movement (B)
Allied health professionals	85.27	88.78	-3.51	↑
Health Care scientists	30.82	51.60	-20.78	↓
Medical and Dental	139.30	178.91	-39.61	↑
NHS Infrastructure support	456.32	484.81	-28.49	↓
Other scientific, therapeutic and technical staff	36.70	28.02	8.68	↑
Registered nursing, midwifery and health visiting staff	373.07	494.53	-121.46	↓
Support to clinical staff	579.97	553.42	26.55	↓
Any Others	-2.59	12.20	-14.79	→
All Substantive	1,698.86	1,892.25	-193.40	↓

Currently (May 2022) total vacancies within NHS providers are 1,892wte, this is 193wte higher than was planned for. The total vacancy position did improve between April 2022 and May 2022 but only by 30wte. In some staff groups there is minimal variation between planned position and actual position (e.g. Allied Health Professionals: 3.5wte variance), but in others the variation is large (e.g. Registered Nursing: 121wte variance).

Planned vacancy vs forecast establishment: The vacancy position determined by planned staff in post vs forecast establishment (NHS 2022/23 Operational Planning)

Actual vacancy vs forecast establishment: The vacancy position determined by actual staff in post vs forecast establishment (NHS 2022/23 Operational Planning)

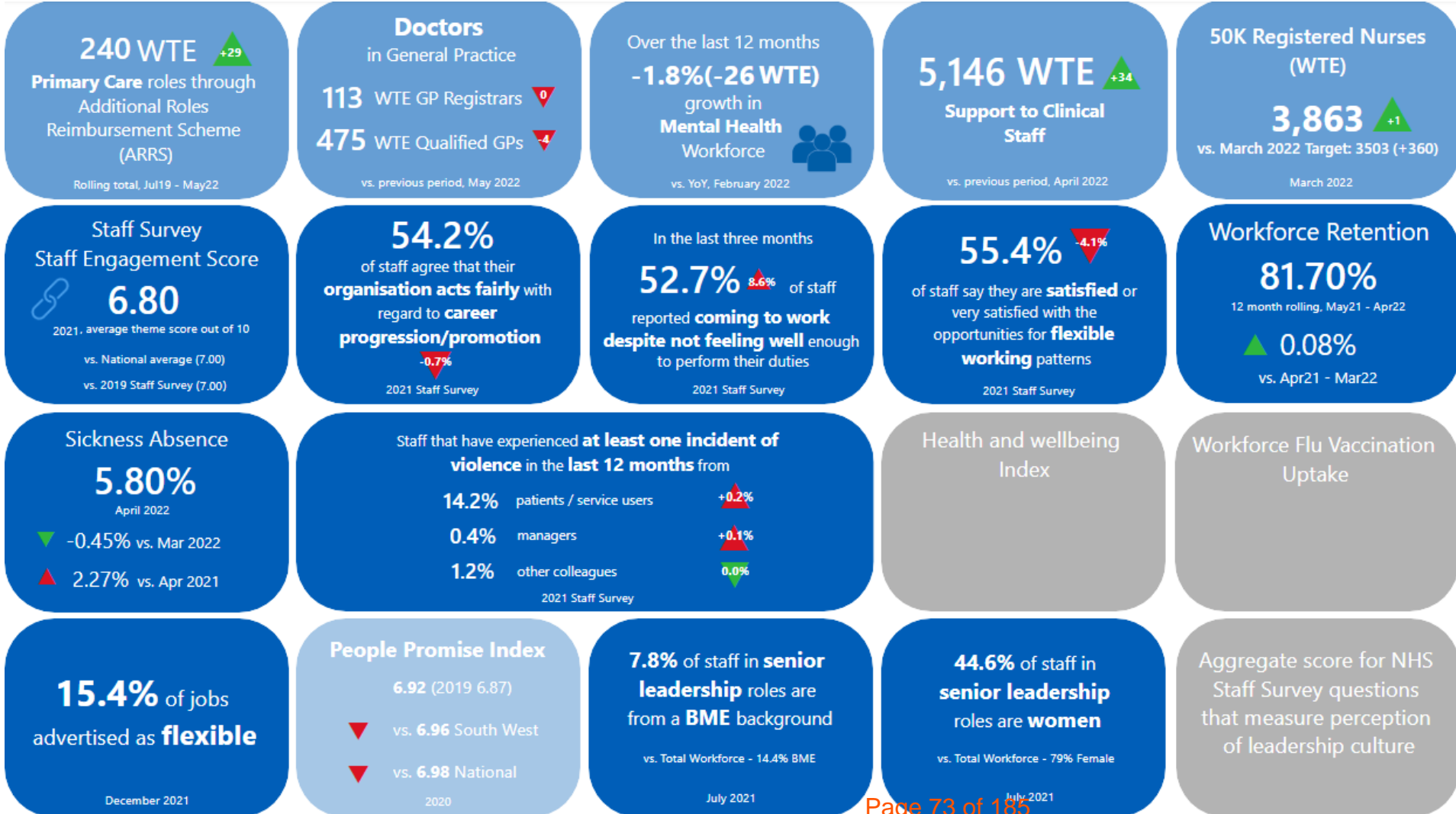
Organisational level plan monitoring can be found on the "Workforce Plan Monitoring" page of the BSW Workforce Intelligence Dashboard ([Dashboard](#))



NHS System Oversight Metrics for 2021/22 - BSW

This is a new, complex dataset with a very high number of data sources. The data contained brings together the most recent publications of these sources, as listed below. To note, Adult Social Care and Children's Services data is only reported annually so will appear static between some reports and change greatly in others.

Latest Workforce Intelligence Available			
NHS	Primary Care	Adult Social Care	Children Services
30 th April 2022	31 st May 2022	31 st March 2021	30 th September 2021



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 (+360 wte) of the BSW 50k Nursing Target for March 2022.
- Sickness absence decreased from last month (-0.45%) but remains high for this time of year in comparison to previous years (+2.27% Apr 2021). More up to date Daily Absence monitoring is available "SW Daily Absence Tracker"
- Workforce retention (12m rolling) has stabilised following 7 consecutive periods of worsening .



Workforce Exception reporting

Exceptions Analysis

- Planning for the Inaugural BSW Workforce Summit on 20th September 2022.
- Scoping for support from SCW Commissioning Support Unit on delivering BSW reservist programme.
- Recruitment to BSW Direct Entry Nursing Associate has been slow. Further activity around marketing is underway

What did we achieve in the past month?

- International Recruitment Programme has successfully been collaboratively implemented and Local responsibility is being administered.
- Development of a draft workforce scorecard for the ICB transformation programmes as part of the Transformation and Change Centre (TCC) review.
- BSW system work experience programme procured and contracted with Springpod. Set to deliver 3 x 2 week system wide work experience programme over the next year to 1800 students/ school children. The first programme has been written with speakers booked – over 400 have been recruited to the first programme.
- Development of a Staffing model for BSW Virtual ward expansion
- NHS Cadets recruitment – 40 recruited in BaNES, 41 recruited in Swindon, Wiltshire recruitment has now begun.
- Bournemouth University and Oxford Brookes University confirmed as UK Care Skills Framework compliant for Passporting of mandatory training between providers
- New pipeline programmes planned:
 - Princes Trust system programme pilot Sept 22
 - Non clinical [SWAP](#)– Sept 22
 - Clinical [SWAP](#) (blended and expanded programme) Oct 22
- Education Widening participation strategies written in draft and circulated
- Functional skills system promotion and single point of application set up on website
- Voluntary sector training needs analysis underway to align ICS support to areas of need.
- Trialling of a new placement management tool (Iplace) agreed and commenced with Health Education England
- A review of Allied Health Professional Trainee placement provision across all BSW providers is underway.
- Scenario planning programme designed and schedules with Education leads – for CPD funding scenarios next year – to establish early conversations, agreement and plans
- Work commenced to identify 10 Bath T level student placements in social care.

Plans in the coming Months

- Health Education England workforce transformation consultation to support progress with 8 key lines of enquiry for Allied Health Professions.
- Development of TCC workforce scorecards in the BSW Workforce Intelligence Dashboard.
- Recruitment to:
 - System Workforce planning analyst (HEE funded)
 - System workforce analyst (HEE funded)
- Continuing work on the *New to Care* programme
- Formation of steering group for oversight of pre registration placements in BSW
- Continuing Professional Development Funding - scenario planning session complete with written outcomes/ next steps agreed for BSW priorities.
- Continuing development of *BSW Talent Pool* platform with Medico. A pilot is to be run through Wiltshire Health and Care LLP.
- Continuing work toward delivery of the BSW Workforce Summit in September.
- Reporting to commence against the NHS Oversight Framework metrics for 2022/23
- Working with BaNES ICA to pilot the implementation of a place/locality level workforce intelligence infrastructure to support work at this level.
- Engagement with Locality Career hubs to develop mechanisms to raise the profile of health and care careers to students.
- Submission of funding request to Health Education England to support the areas identified by the Trainee Nurse Associate up skilling needs analysis.
- Developing a proof of concept for Career Navigators to support employed staff planning their development.



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:

- June 22 figures show a marginal decrease of Emergency Department (ED) booked slots to 16.1% in Jun compared to 16.9% in May
- 2281 (61.5%) of calls with an ED disposition were validated with 44.2% downgraded, 52.4% remaining the same and 3.4% upgraded.

30 Minute Handover Breaches:

- Small decrease in handovers in over 30mins (+4 on May 22 position); however position decreasing further in July as a result of system pressure and an increase in covid infections on workforce and flow
- GWH have maintained standing up care coordination and SAFER

Plans in the coming Month

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

- Confirmation that RUH have resolved EDDI booking issue for RUH ED and UTC
- Ongoing South West discussions around Regional Call Management

30 Minute handover breaches:

- Partners to complete follow-up actions for SWAST SDEC (same day emergency care) discussions on key actions and dates being taken for delivery of consistent services
- Re-refresh of ambulance handover trajectory for aggregated trust positions in line with SWAST request.
- Urgent and Emergency Care (UEC) team with quality team support are updating BSW's ambulance improvement plan to ensure capturing of actions from SWAST's Quality group recommendations
- Further ICA discussions on admission avoidance schemes and reviewing how the system can support 999 Category 3 and 4 patients into community 2hr urgent response services.
- SWAST BI team updating handover reporting in line with 2022/23 national changes

What did we achieve in the past month?

- Review of BSW Ambulance improvement trajectory with NHSE regional team and SWAST
- Regional Call management meeting with national Integrated Urgent Care leads
- Attendance at regional meetings about development of Mental Health first response via NHS111. (Call NHS 111 and press option 2)

How will you address any quality and inequalities?

- System demand report published and discussed at regional System Quality Group. Recommendations accepted and approved. Final version of the report being shared with patients and their families by SWAST. Next steps – Align the recommendations with the BSW improvement plan.
- Workshop held by out of hours organisation and partners to identified improvement needed for queue safety in the Clinical assessment service.
- EQIA has been reviewed regarding NHSE/I Regional Call Handling proposal. 7 Risks identified that scored over 12 with regard to patient safety and governance particularly related to quality assurance and local systems and processes. Under monthly review in line with regional and national meetings.



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. Care Home provider capacity remains challenged with Covid prevalence continuing to impact staffing and result in closures.
- Staff sickness across the system still challenging.
- Patients in hospital with no criteria to reside (NC2R) with high acuity and complex needs - challenges in finding bedded capacity to receive complex specialist patients due to localised staffing issues and existing residents with high acuity.
- Discharge from reablement service impacted by limited home care capacity.
- Daily integrated flow calls continue with some changes to support system wide discharges with a weekly escalation call with senior representatives.

What did we achieve in the past month?

- B&NES Council and RUH in-house home care continuing to recruit (plan to deliver up to 500 Hours). Went live in June but staffing impacted due to Covid. 22 job roles offers made and 18 accepted, with start dates staggered between July and mid-August.
- Amicus Home Care tendered to deliver a total of 320 hours of care in June and July with a further 60 hours in August for complex needs and hard to reach localities. All hours utilised and planning underway to support transfer of packages of care.
- Urgent care two hour crisis response continuing to recruit to support full capacity.
- Admission avoidance – working with SWASFT, HCRG Care Group Coordination Centre and Care Homes to prevent admissions and divert people onto the optimal pathways.
- One MADE event has taken place looking at NC2R within the RUH.
- Joint weekly B&NES long-stay patient reviews are taking place within the RUH for the next 10 weeks.
- Two-week scrutiny of B&NES discharges has taken place to monitor impact of Covid on planned discharge dates.
- Funding agreed for an additional 20 discharge to assess D2A beds.
- Care Coordination Centre recruited and onboarding underway.
- New Prevention Escalation Team has been agreed to include a social care professional, reablement specialist, discharge liaison nurse and trusted assessor to support flow through D2A beds.

Plans in the coming Month

- Continued onboarding and development of staff recruited into the Care Coordination Centre (CCC) to support system wide flow.
- Block care capacity with Brighter Days has ended with seven patients remaining on the caseload. All patients will need to be transferred by the hard end date of 12 August. Reablement Block Home Care Capacity demand and utilisation review.
- In house home care progressing with education and training in readiness to increase care capacity.
- BSW end of life (EOL) review across system partners.
- Ongoing SHREWD (Single Health Resilience Early Warning Database) system development and review.
- Development and implementation of Prevention Escalation Team.

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. Working with providers to support Improvement plans and actions.
- Development of a tracker measuring KPIs / outcomes and reporting these on a monthly basis.
- Safeguarding issues are identified and addressed during the Patient Flow Calls.
- Investigation ongoing into 4 patients on the Discharge to Assess (D2A) who were discharged from RUH to a B&NES Care home. This is completed and currently looking at how to share this with system partners.
- CQC have announced an Inspection for HGRC Care Group on 26th and 27th July.



Swindon Discharge & Flow Exception reporting

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

Exceptions Analysis

- GWH have been maintaining OPEL 3 (Operational Pressures Escalation Levels) since the 14 July 2022, dipping to OPEL 2 over the weekend of 16/17 July
- COVID numbers have been on the increase (currently over 80)
- NC2R (no criteria to reside) numbers had dropped to close to the 30% target, but we now see a rapid increase
- Seeing an increase in partner referrals for all pathways.
- Staffing shortages within Social Care teams are seeing delays in allocations and assessments, causing extended length of stay
- Home First pathway delays due to leave and sickness

Plans in the coming Month

- GWH proposal to move to a Co-ordination Hub in Swindon is being developed as part of no Criteria to reside (NC2R) Q2-Q4 plans
- Discharge to Assess Home First pathway to be implemented (delays due to leave and sickness)
- Continue to develop community matrix for Swindon to be developed on SHREWD (Single health resilience early warning database) .

What did we achieve in the past month?

- Continued working with GWH in the Coordination Centre (SAFER)
Move into OPEL 3 consistently for a week
- Reduction in NCTR numbers – close to the 30% target
- Pre-assessment service now live on SHREWD

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

- Average time to discharge rates have continued to improve with the exception of Pathway 1 which continues to perform at above 11 days. Referrals year on year for Pathway 1 are approximately 33% higher.
- The discharged within 48 Hours metric mirrors this performance with improvement in Pathway 2.
- Readmission Rates remain within normal performance although have slightly increased this reporting period.
- Bed occupancy rates have reached their highest levels in line with previous peak COVID periods.
- Backlogged discharges (people waiting for >2 days across Pathways 1 to 3) have slightly increased this month but overall are 39% reduced from the baseline (42% previously). The acute backlog has reduced by 42%. The community backlog has reduced by 18% (previously 25%).
- Performance continues in line with the NC2R Trajectory although not at 30% delivery; risks to this as COVID cases increase. Pathway 3 challenges remain.

Plans in the coming Month

- Continue development of a permanent process solution.
- Award and commence the re-tendered additional domiciliary care hours for the South region to backfill recruitment gaps in Wiltshire Support at Home.
- Continue the planning towards implementing the revised Pathway 2 Care Home bed model, aiming for contract awards in October 2022. Modelling work and programme boards are under way.
- Evolve the Wiltshire demand analysis to include capacity modelling and implement actions to address any identified gaps in planned demand and capacity Review and consider central modelling once available to add to the planning.
- Continue prioritisation of work to reduce Non Criteria to Reside numbers in acute and community settings.
- Implement ICA calls on every day of the week to continue efforts around system flow and escalation.
- Carry out efficiency review of the Flow Hub together with the interface with the Brokerage Team
- Commence Discharge Communications project – aiming to have key resources in place during September.

What did we achieve in the past month?

- Implementation of the interim End of Life Care pathway process improvements
- Developed ICA plan to respond to key learning from the SAFER / MADE (multi agency discharge event) weeks – currently in draft format to be finalised during July.
- Carried out 100 Day Challenge gap analysis – actions to be added to ICA plan.
- Reviewed Wiltshire demand profile for the last 14 months.
- Completed review of cases waiting for Pathway 3 discharge at SFT. Actions have been identified and added to the ICA action plan.
- Anticipatory Care – work continues to define Virtual Wards and workshops continue during July 2022.
- Length of stay has continued to reduce in all domains across all providers, with the exception GWH with a slight increase.

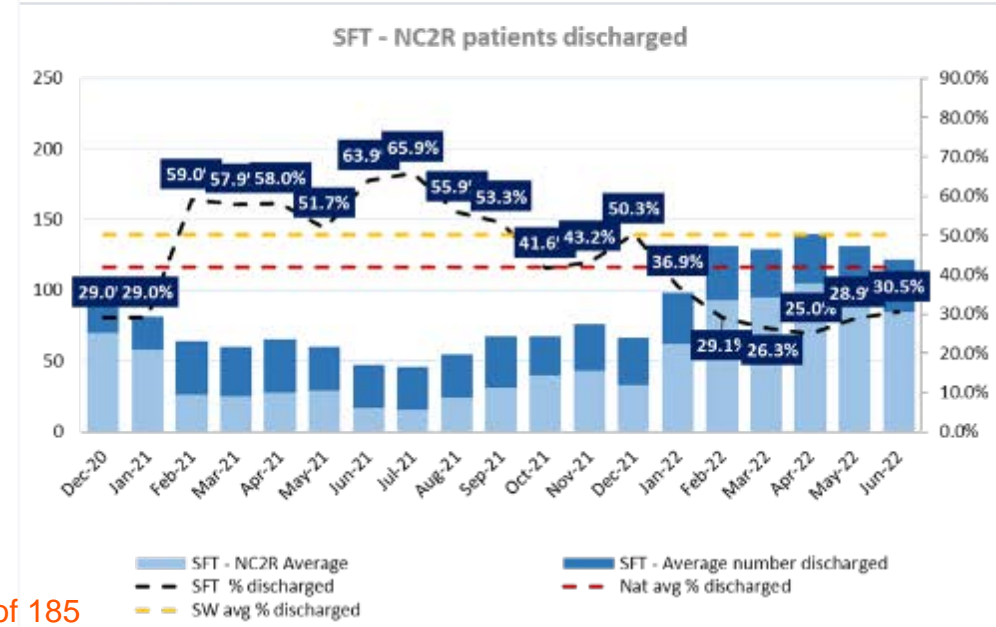
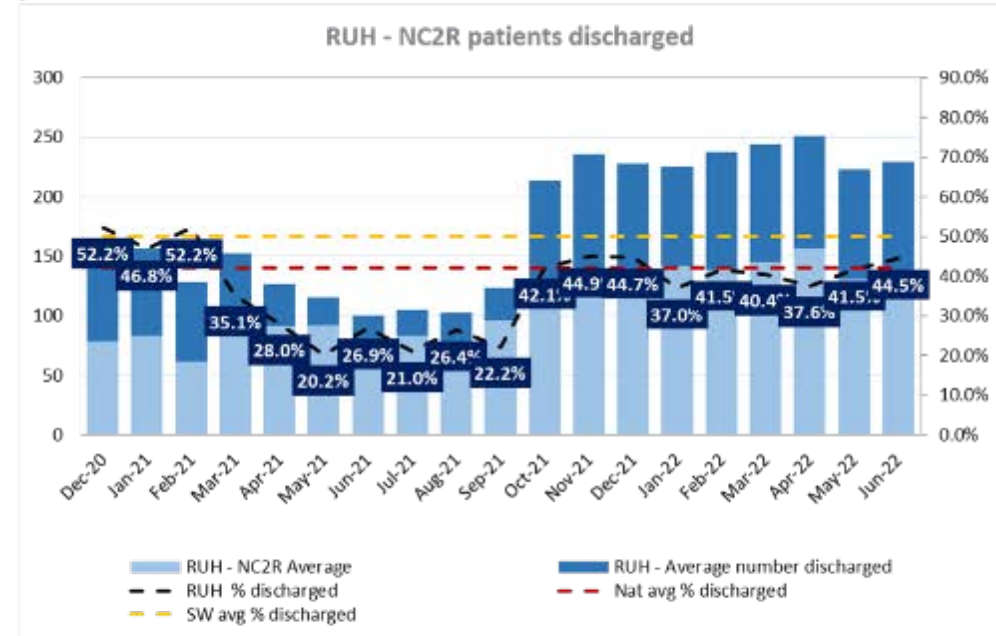
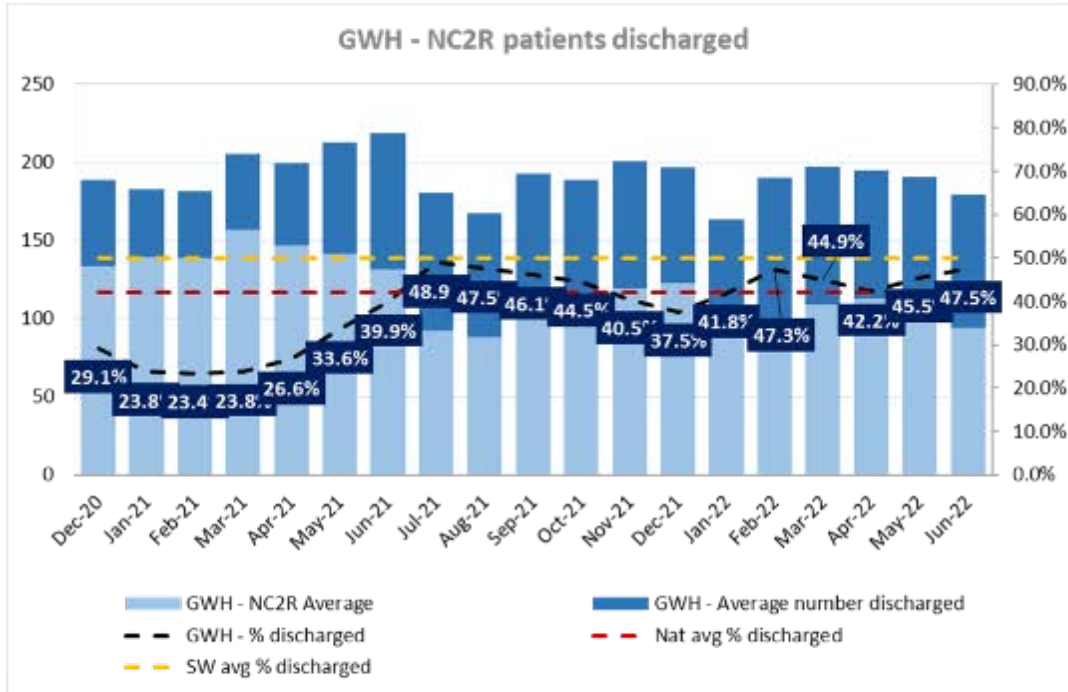
How will you address any quality and inequalities?

- Safeguarding issues are identified and addressed during the Patient Flow Calls.
- Operational Response Meetings (weekly) identify and escalate risks for mitigation and resolution.
- 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.
- Working with the BSW Quality Team to agree a BSW-wide process for Harm Reviews of delayed discharges as per 100 Day Challenge requirements.



Non-Criteria to Reside – discharges

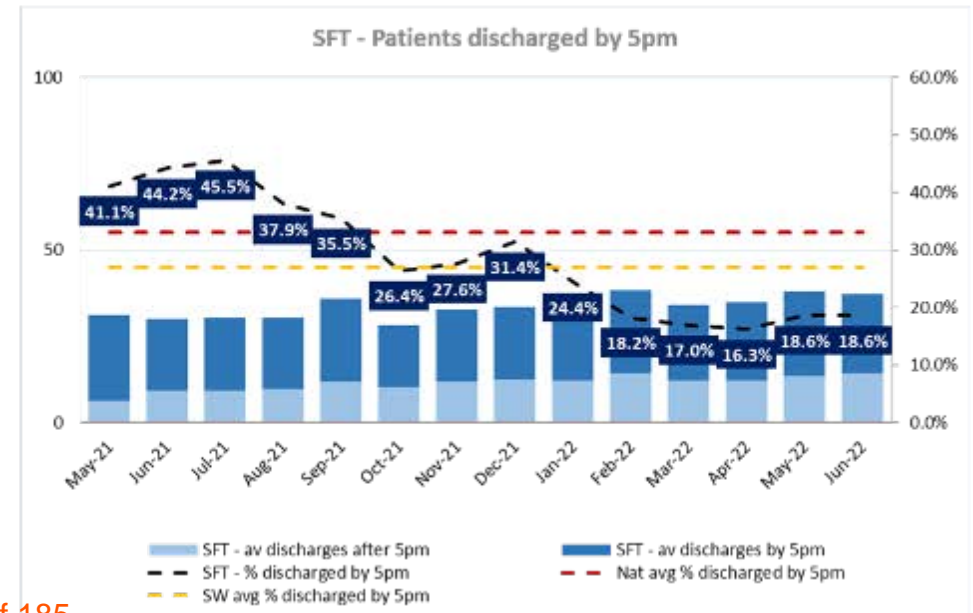
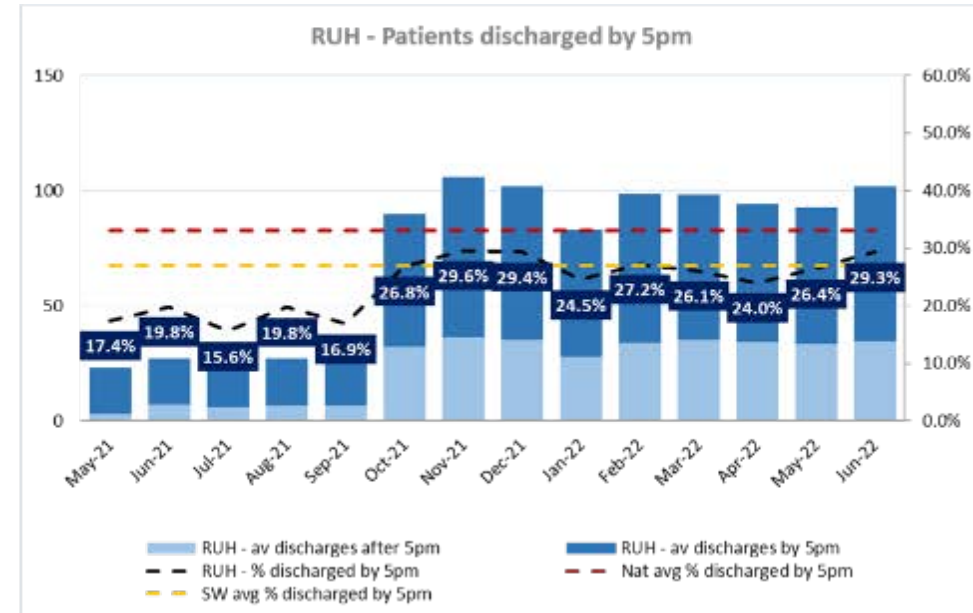
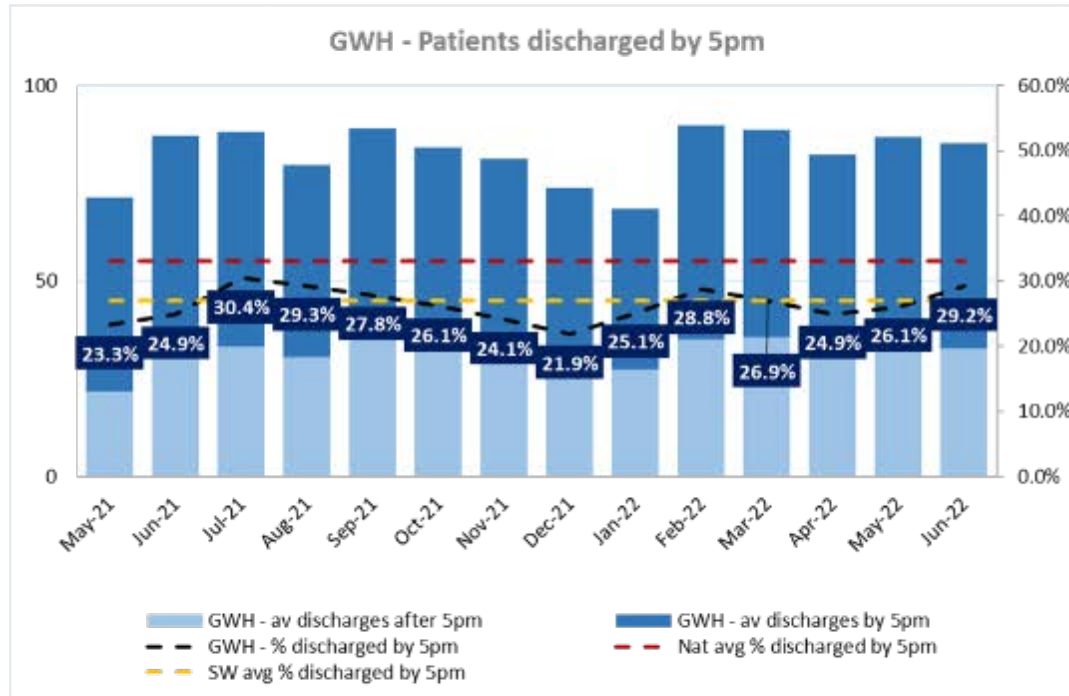
These charts provide a view of the average number of people that are recorded with no criteria to reside each day in the month (the bars), with the average number of no criteria to reside patients that are discharged each day in darker blue. Percentages of those discharged as a % of all people that are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





Non-Criteria to Reside – discharges by 5pm

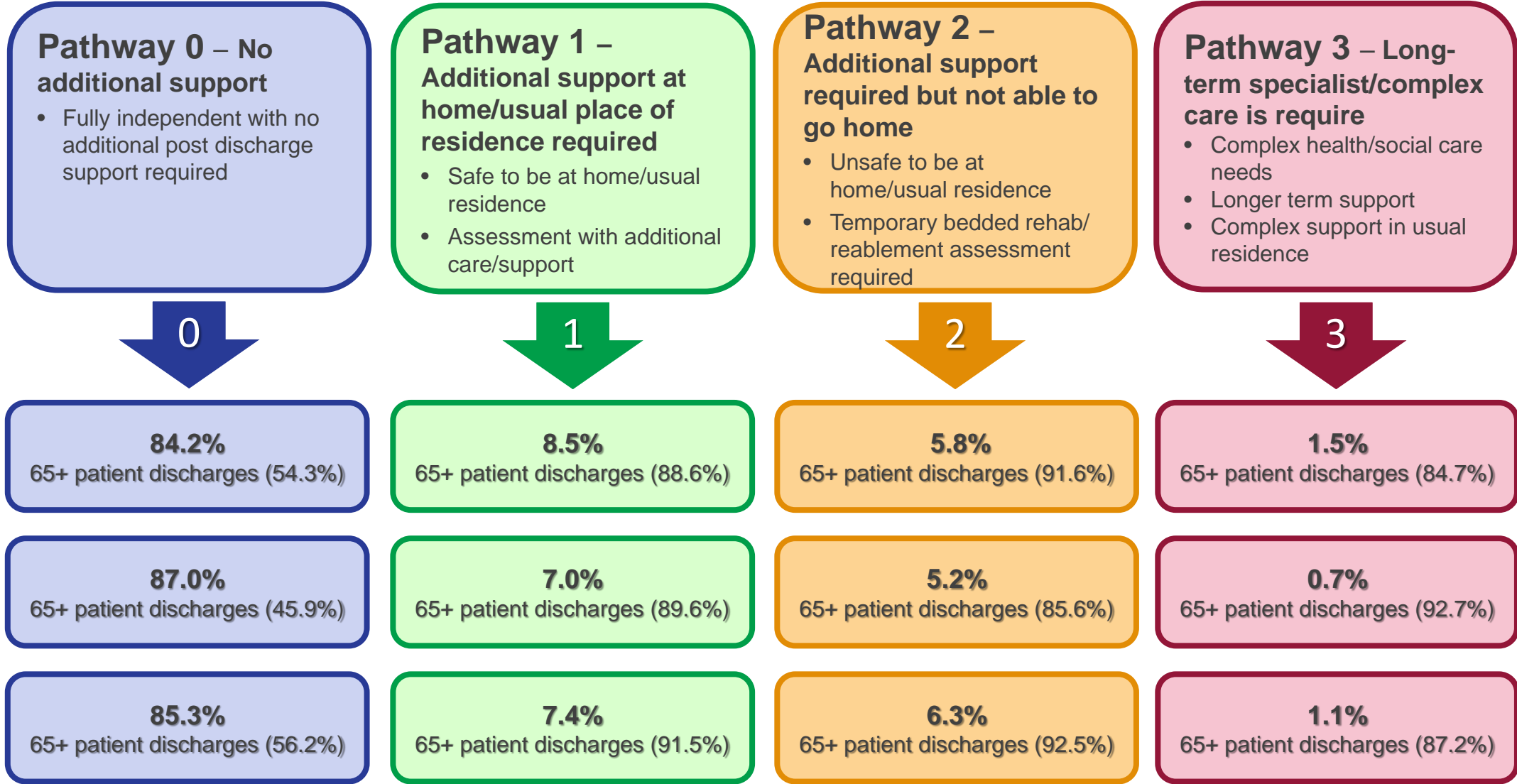
These charts provide a view of the average number of people that are discharged each day (the bars), with the average number of patients that are discharged each day by 5pm in darker blue. Percentages of those discharged by 5pm (the lines) as a % of all people that are recorded with no criteria to reside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





BSW Patient Discharge Pathways

12 months discharges (July 21 – June 22)



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 providers have made good progress in removing 104 week waiters for BSW providers that have not requested to delay their treatment. Currently there are 3 104+ week waiters (provisional data 24/7, excludes Ramsay New Hall.)
- Elective activity for BSW patients for Q1 is showing a mixed picture against the latest plans, with June in particular impacted by the recent increased COVID prevalence. The number of RTT pathways completed is above plan. Elective admissions are below plan though a few providers are doing well. More detailed reporting including trust total will be available in future months.
- In June 2022 (provisional) for BSW patients, there were 269 78 week waiters and 3202 52 week plus waiters, increased on recent months. 66% of 52 week waiters are with BSW Acutes, 17% with BSW Independent Sector Providers and the remaining 17% with other providers.
- Cancer waiting times performance for May improved with 2 of 9 national targets achieved, and the England average was exceeded for all except one target.. Main issues are around diagnostics capacity, and staffing, in particular oncology consultants to support increasing numbers requiring chemotherapy, resulting in mutual aid requests. A cohort of long wait skin cancer patients have been identified at GWH.
- BSW patients on cancer pathways waiting over 62 days from referral to start of treatment remains at 8.2% of the 62d WL (417 patients), with BSW just outside the best quartile nationally.
- BSW is one of the challenged systems in the South West with 39% of those waiting at the end of June waiting more than 6 weeks. Regional Performance is being monitored via the SW Diagnostic Programme Board.

What did we achieve in the past month?

- Outpatient Transformation workshops taking place for 9 focus specialties to support 25% reduction in follow ups and delivery of personalised outpatient service continued with Ophthalmology and Dermatology both held 12 July.
- Dermatology : Completed the distribution of additional dermatoscope kits. Reviewed ICB skin clinical policies. Confirmed use of Cotswold Surgical Partners' second site to support GWH.
- Ophthalmology : Distributed proposed BSW eyecare strategy for stakeholder feedback;
- Cancer Services: Achieved regional sign-off of our proposals for use of the BSW funding allocation 22/23 from SWAG. Identified and recruited a clinical lead for the SFT NSS RDS (non-specific symptoms rapid diagnostic service) pathway to enable implementation. Progressed preparations for targeted lung health checks in Swindon & Bath.

Plans in the coming Month

- Elective Activity: The system is currently working to create additional capacity, particularly in the high risk specialties, and optimising mutual aid. Elective activity plans were resubmitted at the end of June and will be monitored at an overall system level.
- Out patient transformation actions for Ophthalmology and Dermatology from the workshops. Further workshops being planned Sept and Oct.
- Dermatology: Begin transferring GWH long waiters to Cotswold Surgical Partners' at Royal Wootton Bassett for skin surgery and plan to start new referrals. Open new ID Medical service in Bath for community-based consultant-led skin surgery. Finalise review of BSW benign skin lesions & BCC (basal cell carcinoma) clinical access policies.
- Ophthalmology: Complete the amending of specifications for certain independent sector provider contracts to ensure alignment with ICB direction of travel, including direct referrals & follow ups. Further develop eyecare hubs model proposal; continue to seek to resolve cataracts minimum dataset MDS issue.
- Cancer Services: Confirm opportunity to expand BEMS NSS RDS (non-specific symptoms rapid / faster diagnostic service) for all B&NES practices. Complete implementation of actions from SWAG skin cancer pathway review. Seek clarity on changes to QFIT guidance. Start targeted lung health checks in Swindon & Bath. Mid year review of primary care BSW-funded cancer projects. Prepare to open Salisbury NSS FDS pathway.

How will you address any quality and inequalities?

- Developing a Quality Dashboard for Elective Care. The aim is to link this with the Quality Tool Kit and also the NHS Oversight Metrics
- Looking at a process to identify incidents of harm which are not reported as Serious Incidents that has been caused through delays in elective care. Identify any key themes or emerging risks
- Work with providers to ensure there is a robust clinical validation process for people on the waiting list and how inequalities are considered when validating the waiting lists.
- Work with Patient Experience Leads to establish if there are any key or emerging themes relating to waiting times. Use of patient stories to capture patient experience
- ICB Quality Team are monitoring 2 Serious Incidents . One concerning GWH waiting list for Plastic Surgery and the other relating to an unmonitored email box in RUH Urology



Mental Health, Learning Disabilities & Autism Exception reporting

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

Exceptions Analysis

- Individual escalation and system capacity escalation continues to consume capacity at place and at system.
- Health and Care Bill 2022 mandates training for workforce on LDA (learning disabilities and autism) – linking with BSW Academy and partners to understand system-wide implications. Liaising with Health Education England who expect a training module to be rolled out Summer 2022 for Tier 1 – still to understand numbers and roles who need to receive this mandatory training. Continue to work with partners until this requirement and delivery of training is clear.
- Revised governance approach in development with new Oversight Groups being established for Urgent MH, CAMHS (children and young people mental health services) and Physical Health (strategic group)
- System wide MH Workforce Planning Group in development to address issues with workforce data across BSW
- Detailed CAMHS (children and young people mental health services) access recovery plan has been developed (and submitted to NHSE regional team)
- Capital Expression of Interest (GWH & CAMHS) reviewed and adjusted following feedback from regional team. Two other bids approved for 5th community wellbeing house (16-25 year olds) and extended access for our three community Places of Calm

What did we achieve in the past month?

- Project management resource secured from Transforming Care Co-ordinator – will lead on CYP Key working scheme and Sensory environment audits of MH acute settings – funding allocated in-year.
- Mandatory training for workforce on LDA – partners briefed in LDA Programme Board
- CAMHS Away Day on 7 July – well attended and agreed key system priorities to contribute to wider MH strategy development
- Revised escalation process reviewed at Thrive Programme Board and implemented
- Plan to develop system wide MH Strategy approved at Thrive Programme Board
- Mental Health Response Vehicle proposal from SWASFT approved in principle for BSW, subject to further activity analysis.

Plans in the coming Month

- Begin Delivery of Action Plan in response to learning from LD Safe & Wellbeing Reviews and review of this action plan in the context of LDA Long Term Plan to agree priorities
- Conduct Lessons Learnt with all partners on individual case escalation with the ambition to highlight both tactical and strategic improvements
- Continue with focus on annual health check (AHC) progress/governance
- MH Community Services Framework mid year progress check in to take place in September
- Revised governance approach for Urgent MH, CAMHS and Physical Health to be implemented from September
- Revised capital expression of interest for GWH/CAMHS to be provided to regional team by 22 August, supported by revised capital trajectory for all three schemes

How will you address any quality and inequalities?

- Mandatory training for Learning Disabilities and Autism in Health & Care Act 2022
- Consider Long COVID questions as part of Annual Health Check – proposal to be co-developed
- Continued work in Swindon in relation to CAMHS and TAMHS (targeted mental health in schools) services, working to establish current risks
- Working with AWP, Oxford Health, Nottinghamshire and Berkshire NHS Trusts on 'Making Families Count' project looking at supporting families through bereavement and incident processes, ensuring accessibility and inclusivity of resources provided (e.g. easy read, different languages)
- Supporting the procurement of new Sexual Violence Therapies service in Swindon and Wiltshire, offering quality input and support in terms of quality measures and outcomes



Primary Care Exception reporting

Exceptions Analysis

- Continued high demand and pressures across General Practices; BSW report of appointments in June with 390,000 appointments of which 63% were face to face.
- Ongoing support from primary care for refugees and asylum seekers in accommodation across BSW and supporting registration of people arriving from Ukraine in BSW. To date 478 people have been registered with BSW GP Practices and are having health assessments completed and immunisations and vaccination status confirmed.

Plans in the coming Month

- Continued rollout of the national PCN Service and Estate Planning Toolkit which will enable PCNs to identify estates requirements in order to be able to deliver care to address local population's health needs and priorities; support the development of the workforce, and plan for the future service needs; followed by individual PCN support and engagement.
- PCN Enhanced Access Plans (draft by 31.07.22 with final by 31.08.22) to deliver from October (with details of patient engagement, mix of services and appointment types, staffing / skill mix, system interoperability and any planned sub-contracting etc). Early assessment panels being set up to review plans to date.
- Further development of digital locum GP plans to support the flexible staff pool
- First Steering Group set up to prepare for Delegation of Pharmacy, Dental and Optometry from NHSE April 2023
- Planning for Phase 5 Autumn/Winter Covid and Flu Vaccination Programme

What did we achieve in the past month?

- Sites have continued to provide Covid Vaccination Spring Boosters (Phase 4) for 75+ and Care Home residents, 12+ immunosuppressed; and non at risk 5-11s plus the "evergreen" offer to all for 1st,2nd and boosters. There are 64 PCN sites participating in Phase 4 (with total of 118 sites across BSW)
- BSW CCG partnership with Lantum via funding from NHSE for the primary care flexible multi disciplinary staff pool continues with 62 practices (70%) signed up and 122 staff across a range of GPs, Practice Nurses, Advanced Nurse Practitioners, Advanced Clinical Practitioners and Clinical Pharmacists

How will you address any quality and inequalities?

- Monthly Primary Care Quality Oversight Assurance Group to monitor the completion of improvements plans, mitigations and to ensure appropriate level of support from the ICB.
- Work collaboratively to design and implement a Quality Surveillance Model.
- A Task and Finish Group has been set up to support development and the roll out of the Primary Care Quality metrics dashboard to 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 ICB and enable triangulation of data to provide a richer understanding and focus of support

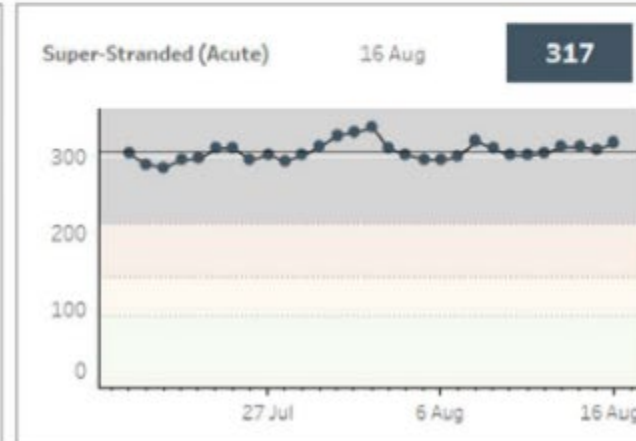
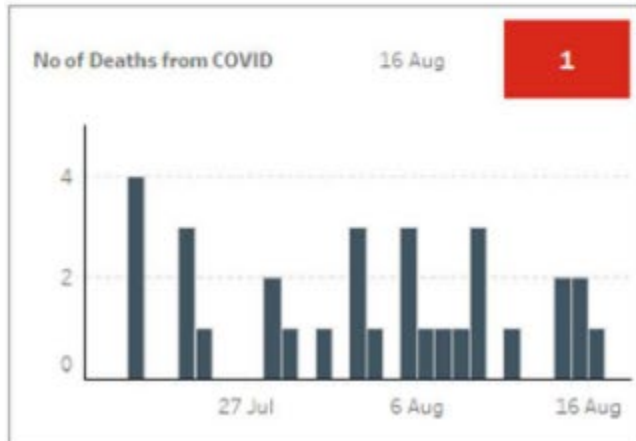
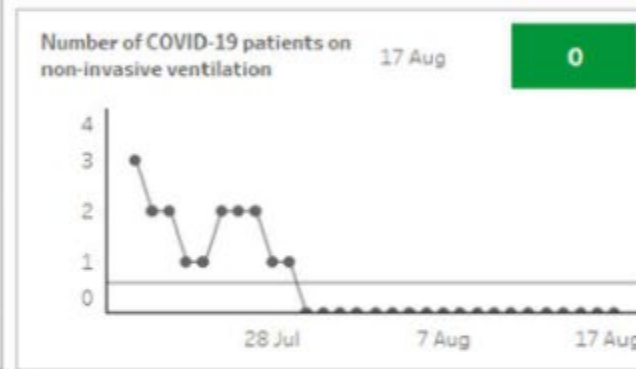
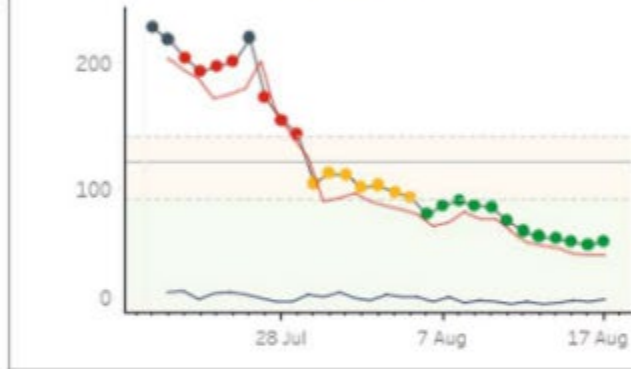
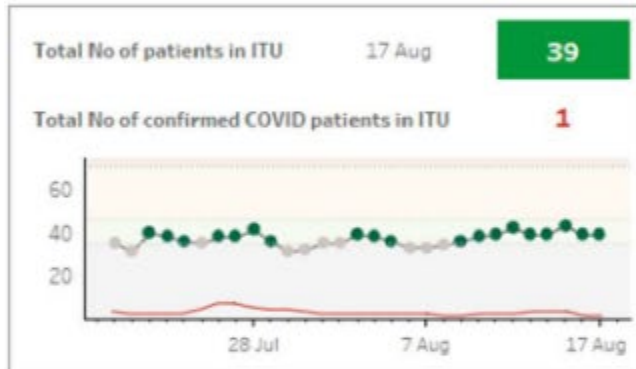
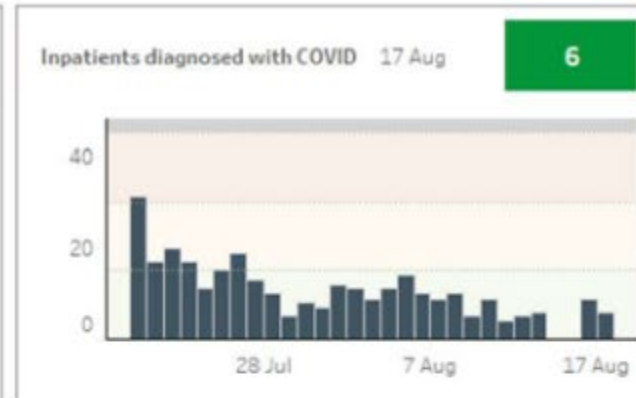
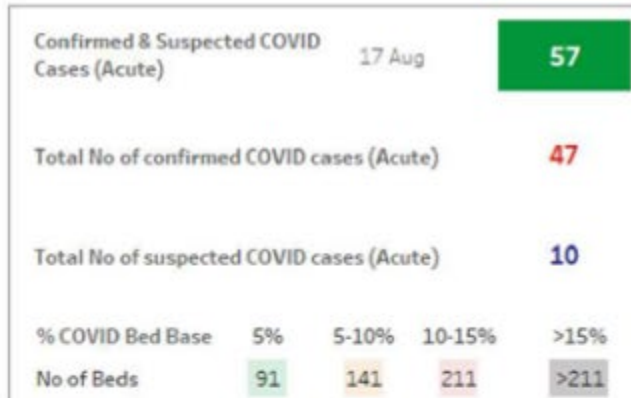


COVID-19

As reported 18/08/2022



COVID-19 1 of 5 Capacity thresholds and triggers – Acute providers





COVID-19 2 of 5 Capacity thresholds and triggers – Community providers

OPEL Status (Community)

	07 Aug	08 Aug	09 Aug	10 Aug	11 Aug	12 Aug	13 Aug	14 Aug	15 Aug	16 Aug	17 Aug
HCRG	3	3	3	3	3	3	3	3	3	3	3
SCHS	4	4	4	2	2	2	2	2	3	3	3
WHC	3	3	3	3	3	3	3	3	3	3	3

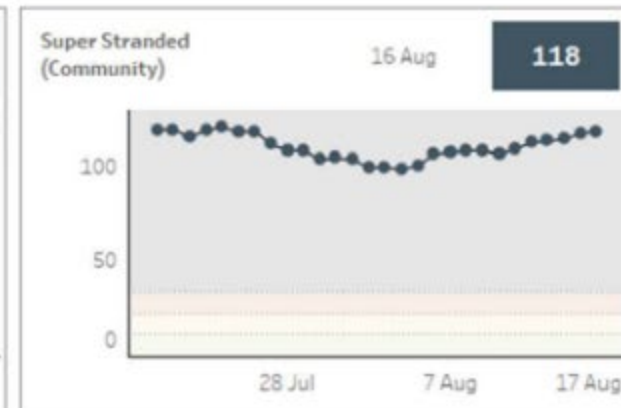
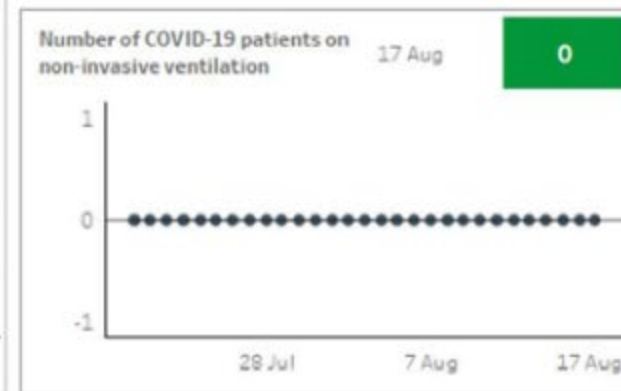
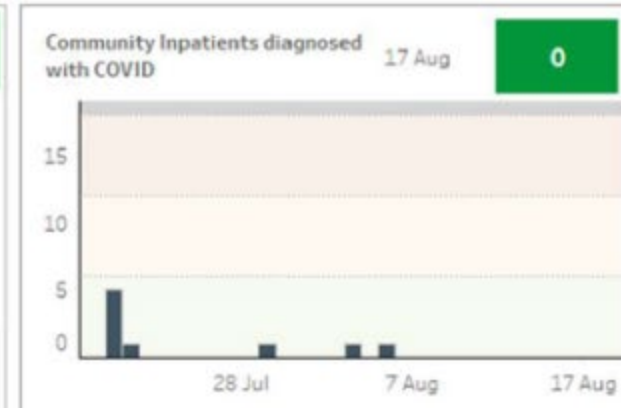
Confirmed & Suspected COVID Cases (Community) 17 Aug **0**

Total No of confirmed COVID cases (Community) **0**

Total No of suspected COVID cases (Community) **0**

% COVID Bed Base

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



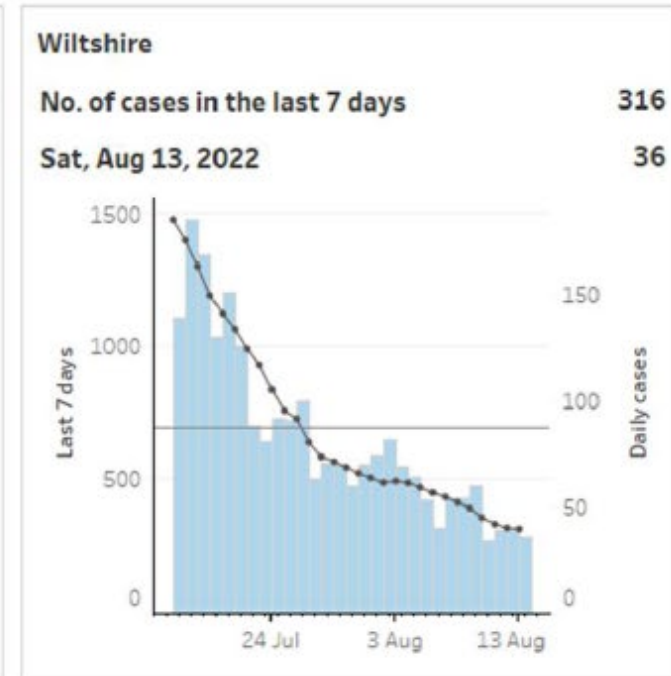
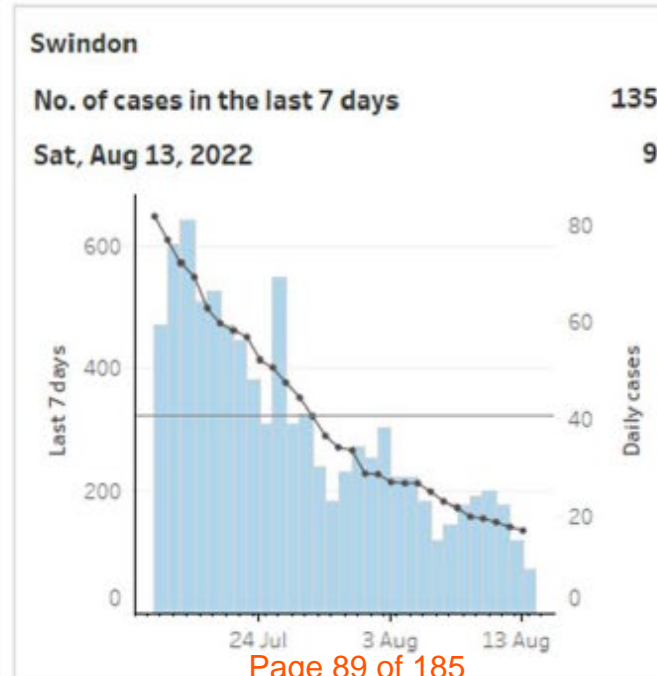
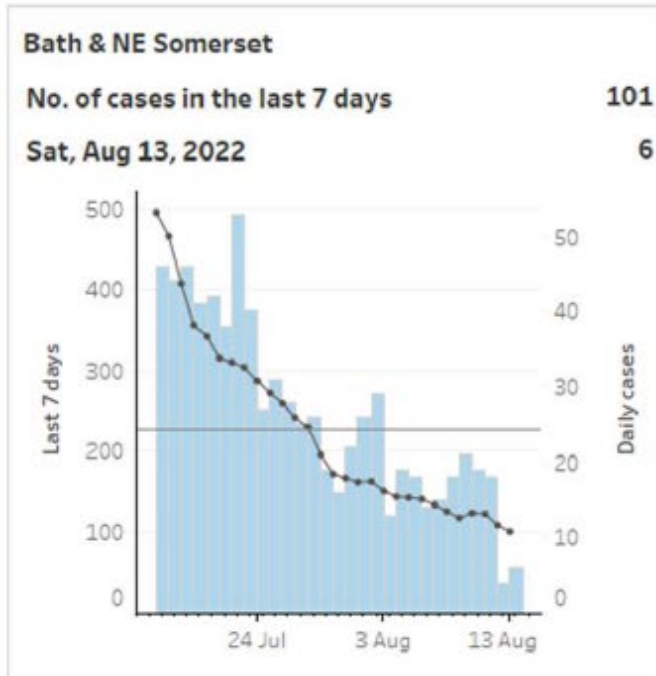
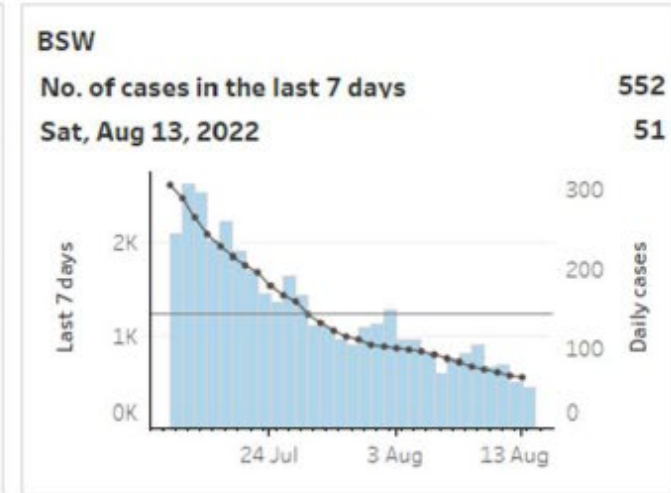
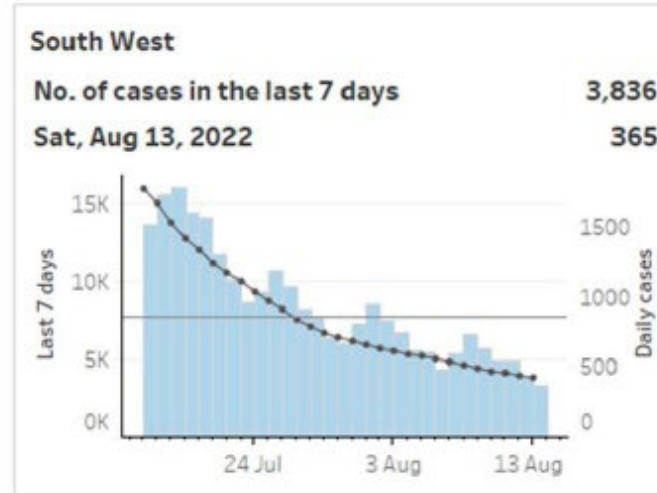
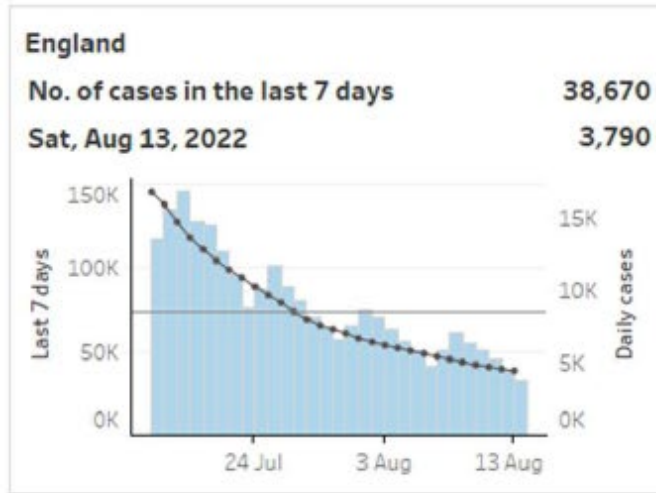


COVID-19 3 of 5

Number of cases in the last 7 days (Line graph) & Daily cases (Bar graph)

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

13 August 2022





COVID-19 4 of 5

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

30 July 2022

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

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

	30 Jul	31 Jul	01 Aug	02 Aug	03 Aug	04 Aug	05 Aug	06 Aug	07 Aug	08 Aug	09 Aug	10 Aug	11 Aug	12 Aug	13 Aug
England	121.44	119.38	117.00	110.92	105.96	101.34	97.39	92.96	91.76	90.94	87.03	83.23	80.20	77.42	74.40
South West	131.29	128.63	126.99	120.75	114.86	109.74	105.63	101.72	100.51	99.28	93.59	88.29	84.61	81.23	76.85
Bath and North East Somerset	88.99	86.40	83.82	84.33	78.12	74.50	73.99	72.95	69.33	65.19	61.05	64.15	63.64	56.39	52.26
Swindon	121.52	119.27	102.61	102.16	96.31	95.41	95.41	89.11	81.91	77.41	71.11	69.76	67.06	63.46	60.76
Wiltshire	109.39	104.99	101.60	98.00	99.20	97.80	94.40	90.40	87.20	83.20	78.80	71.80	66.80	64.00	63.20
Bournemouth, Christchurch and Poole	116.11	111.55	110.29	108.01	107.50	101.43	97.89	92.33	88.79	84.49	80.44	74.87	71.84	69.56	71.59
Bristol, City of	94.96	91.93	86.75	82.87	80.71	76.18	75.53	75.53	70.78	66.90	63.66	59.56	58.27	57.40	53.30
Cornwall and Isles of Scilly	114.30	111.84	109.38	104.11	100.78	97.62	100.60	97.62	97.79	93.58	87.96	83.57	81.29	71.28	67.24
Dorset	126.29	123.38	120.47	111.75	108.06	100.92	94.85	95.37	89.30	82.96	83.49	79.26	81.37	80.84	76.62
Devon	122.64	118.27	114.29	107.56	102.57	99.45	96.84	95.09	92.10	89.48	85.75	83.25	82.51	79.51	77.40
Gloucestershire	105.95	99.99	91.04	86.96	84.14	81.00	80.68	75.66	70.48	70.16	67.03	61.69	61.53	58.24	57.45
North Somerset	121.83	118.11	121.37	117.65	116.25	111.60	113.00	105.56	102.30	98.58	96.26	94.40	89.28	79.52	82.31
Plymouth	124.00	113.32	107.59	103.40	103.78	103.01	96.91	92.33	88.52	90.04	88.13	86.61	80.50	77.83	76.31
Somerset	115.79	113.83	113.66	109.92	109.74	106.36	105.65	98.71	92.49	83.42	78.08	71.50	70.26	70.61	70.43
South Gloucestershire	115.05	109.79	101.37	102.07	92.95	81.38	78.57	80.32	78.57	77.17	71.91	72.96	77.17	77.87	72.96
Torbay	134.30	127.69	124.76	114.48	104.21	100.54	96.87	97.60	98.34	93.20	94.67	96.87	96.87	95.40	82.93



COVID-19 5 of 5



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

BSW Covid-19 vaccination programme

Data correct as of 6 August 2022





Finance

As reported for Month 3 (June 2022)



Financial Summary

The BSW ICS at M3 has initially declared a surplus of £9.6m to NHSE. An allocation transfer has subsequently been processed to transfer £11.1m of allocations from the CCG to the ICB. This has resulted in a break-even position for the CCG at the end of Q1. The system is forecasting a breakeven position for the full year. Tables within this report have been produced showing the position prior to the transfer of funds.

Delivery of breakeven relies on:

1. Achievement of Elective Recovery Fund (only 25% or £7m is currently secured of the £17m assumed in the plan)
2. Managing excess inflationary costs within the additional £20.3m envelope.
3. Achievement of system stretch efficiency improvements of £29m
4. Non recurrent improvements
5. Focus on productivity/efficiencies
6. Managing impact of operational pressures

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Delivery of these programmes will be owned through existing BSW wide forums. The financial risk linked to these and held by the system is high.

Although the ICB has recognised a surplus of £51.1m in the planning submission, offsetting system deficits, BSW ICS are managing the overall financial position at a system level. During 2022-23 they will determine, as the anticipated benefits materialise, how they should be distributed on a statutory basis. It is expected that as the financial position improves, distribution of benefits will be subject to a risk share arrangement.

Table 1:

2022-23 ICS Key Financial Indicators

	Plan	Actual	Variance		Change to previous month
	£m	£m	£m	%	
Year to date surplus / (deficit)	(12.9)	(3.4)	9.6	2.4%	↑
Forecast surplus / (deficit)	(0.0)	0.0	0.0	0.0%	→
Provider Capital Controls (FOT)					
- Excluding IFR16	39.9	39.9	0.0	0.0%	→
- Including IFR16	51.1	51.1	0.0	0.0%	→



Finance Updates M3 by Exception

Closure of the CCG Accounts

- The ICB is finalising auditable Q1 financial statements for the CCG. This means that ICB budgets which are dependent on the final CCG position will not be available to finance systems until the end of July/early August depending on national guidance. Given the pressure of this extraordinary workload it is also understood that there will be a limited requirement for ICB national reporting at M4.

GWH

- GWH are reporting a £1.3m year to date adverse variance to plan
- Income is above plan in month (£0.2m) driven primarily by high-cost drugs with the offset included within expenditure.
- Pay costs continue to be above plan within Unscheduled Care (£0.5m) and are the key driver of the overspend year to date with the need for agency cover for substantive vacancies, particularly medical staff.

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RUH

- RUH are reporting a £0.5m year to date adverse variance to plan.
- The RUH delivered a deficit of £6.7 million against a plan of £6.5 million, this is made up of a deficit of £6.2 million for the RUH and £550,000 for Sulis.
- Pay is over plan by £1.3 million in month and £3.1m ytd. Largely driven by the vaccination programme of £871k which is offset by income from NHSE and the Primary Care Networks. The main underlying pay pressures are within ED (medical and nursing) and due to an increase in the use of 1:1 special nursing. High agency usage continues in June covering staff absences.

SFT

- SFT are reporting a £0.3m year to date favourable variance to plan, mainly because of slippage in recruitment to substantive vacancies.

Capital

- The planned capital programme for 2022-23 which amounted to £86.9m has already been reduced by £6m reflecting a prior period adjustment for GWH. The programme is fully funded with a capital allocation of £51.1m and National initiatives such as STP wave 4 monies, Elective Recovery and Targeted Investment funding (ESRF/TIF) and New Hospital Programme funding (NHP) alongside PFI capital charges.



Oversight Framework

BSW Oversight Framework Scorecard 1 of 5

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

Acute emergency care and transfers of care								
	Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
	% of patients referred to an emergency department by NHS 111 that receive a booked time slot to attend	BSW CCG	Monthly 2022 06	16.9%	16.1%	↓	75%	✗
Implementation of Agreed Waiting Times	30-Minute Ambulance Handover Breaches	BSW CCG Providers	Monthly 2022 06	1,672	1,676	↑	0	✗
	Patients waiting 4-Hours in A&E	GWH	Monthly 2022 06	2,823	2,523	↓		N/A
		RUH	Monthly 2022 06	3,120	3,278	↑		N/A
		SFT	Monthly 2022 06	1,624	1,800	↑		N/A
Transforming Community Services and Improving Discharge	% of Discharges by 5pm	GWH	Monthly 2022 06	26.0%	27.2%	↑		N/A
		RUH	Monthly 2022 06	27.0%	30.7%	↑		N/A
		SFT	Monthly 2022 06	18.6%	18.8%	↑		N/A
	% of Patients Meeting the Criteria to be Discharged that are Discharged	GWH	Monthly 2022 06	45.4%	43.2%	↓		N/A
		RUH	Monthly 2022 06	42.3%	45.3%	↑		N/A
		SFT	Monthly 2022 06	28.8%	31.8%	↑		N/A

BSW Oversight Framework Scorecard 2 of 5

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

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 06	2,283.8	2,248.5	N/A		N/A
		Swindon UA	Monthly 2022 06	9,090.4	9,031.6	N/A		N/A
		Wiltshire LA	Monthly 2022 06	4,249.5	4,263.5	N/A		N/A
Keeping People Safe	Number of new safeguarding concerns per 100,000 population (18+)	BaNES LA	Monthly 2022 06	91.7	91.1	N/A		N/A
		Swindon UA	Monthly 2022 06	76.7	90.6	N/A		N/A
		Wiltshire LA	Monthly 2022 06	139.0	139.5	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 06	43.6	27.3	N/A		N/A
		Swindon UA	Monthly 2022 06	40.7	27.1	N/A		N/A
		Wiltshire LA	Monthly 2022 06	22.7	10.9	N/A		N/A
	Number of people in nursing and residential placements at month end per 100,000 population (65+)	BaNES LA	Monthly 2022 06	1,210.4	1,207.7	N/A		N/A
		Swindon UA	Monthly 2022 06	1,223.1	1,239.4	N/A		N/A
		Wiltshire LA	Monthly 2022 06	872.6	864.5	N/A		N/A

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

BSW Oversight Framework Scorecard 3 of 5

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

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 06	18	13	↓		N/A
	E. coli bloodstream infections	BSW CCG	Monthly 2022 06	50	31	↓		N/A
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	BSW CCG	Monthly 2022 06	1	0	↓	0	✓
	Serious Incidents	BSW CCG	Monthly 2022 06	32	21	N/A		N/A

Finance								
Performance Against Financial Plan	BSW System Variance Against Plan YtD	BSW CCG	Monthly 2022 06	(-)£358,000	(+)£9,600,0..	↑	(-)£12,900,0..	✓

Primary Care & Community Services								
Improvements for people with conditions such as diabetes, CVD and obesity	Number of Referrals to the NHS Diabetes Prevention Programme	BSW CCG	Monthly 2022 06	477	264	↓	337	✓
Primary and community services including new community services response times	Access to general practice – number of available appointments	BSW CCG	Monthly 2022 05	407,129	466,320	↑	436,307	✓



BSW Oversight Framework Scorecard 4 of 5

■ Deterioration
■ Improvement
■ No Change

Below Standard ✗
 Meets Standard ✓

Screening and vaccination programmes

	Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target/ Standard?
Screening and vaccination programmes meet base levels in the public health agreement or national goals	COVID Vaccination: % of adults vaccinated	BSW CCG	Monthly 2022 06	89.9%	90.0%	↑	0.9	✓

Mental Health

Deliver the mental health ambitions outlined in the NHS Long Term Plan, expanding and transforming core mental health services	CYPMH Access - Patients having at least 1 contact (Rolling 12 mths)	BSW CCG	Monthly 2022 04	8,275		→	8,794	✗
	IAPT Access - Patients entering treatment	BSW CCG	Monthly 2022 03	3,080		→	5,936	✗
	LD Inpatients Adults CCG Funded	BSW CCG	Quarterly 21-22 Q4	20	19	↓	17	✗
	LD Inpatients Adults NHSE Funded	BSW CCG	Quarterly 21-22 Q4	8	9	↑	7	✗
	LD Inpatients Children NHSE Funded	BSW CCG	Quarterly 21-22 Q4	3	6	↑	4	✗
	Out of Area Admissions (Count of OBDs)	BSW CCG	Monthly 2022 03	435		→	709	✓
	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 Q4	34.1%	40.9%	↑	0.398	✓
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 Q4	39.6%	61.8%	↑	0.45	✓



BSW Oversight Framework Scorecard 5 of 5

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

Restoration of elective and cancer services									
Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?		
Numbers of patients seen in a first outpatient appointment following urgent referrals	BSW CCG	Monthly 2022 05	3,282	3,766	↑		N/A		
RTT Incomplete 52+ wks	BSW CCG	Monthly 2022 05	2,830	2,904	↑	2,774	✗		
RTT Incomplete 78+ wks	BSW CCG	Monthly 2022 05	350	329	↓		N/A		
RTT Incomplete 104+ wks	BSW CCG	Monthly 2022 05	51	43	↓		N/A		
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 2022 05	427	509	↑	521	✗		
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 06	197	217	↑	175	✗		
	RUH	Monthly 2022 06	138	127	↓	137	✓		
	SFT	Monthly 2022 06	145	128	↓	80	✗		
Percentage of patients receiving a communication of diagnosis for cancer or a ruling out of cancer, or a decision to treat if made before a communication of diagnosis within 28 days following	BSW CCG	Monthly 2022 05	73.4%	71.7%	↓	70.2%	✓		
Diagnostic Activity Levels	Diagnostic Activity Against Plan % Variance	BSW CCG	Monthly 2022 06	-7.2%	-32.4%	↓	71,009	✗	
Elective Activity Levels	Daycase Activity Against Plan % Variance	BSW CCG	Monthly 2022 06	-6.4%	-6.1%	↑	24,133	✗	
	Elective Activity Against Plan % Variance	BSW CCG	Monthly 2022 06	-11.6%	-4.7%	↑	4,025	✗	
	Outpatient Activity Against Plan % Variance	BSW CCG	Monthly 2022 06	-5.4%	-1.4%	↑	305,249	✗	

BSW ICB Board – Meeting in Public

Report Summary Sheet

Report Title	BSW Green Plan						Agenda item	13
Date of meeting	30 August 2022							
Purpose	Approve	x	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Gary Heneage, Chief Finance Officer							
This report concerns	BSW ICB	x	BaNES locality	x	Swindon locality	x	Wiltshire locality	x
This report was reviewed by	Gary Heneage Finance Committee ICB Executive Management Team Net Zero Design Authority							
Executive summary	<p>The climate emergency is a health emergency. Climate change threatens the foundations of good health, with direct and immediate consequences for our patients, the public and the NHS.</p> <p>The NHS has set a national ambition to achieving net zero https://www.england.nhs.uk/greenernhs/national-ambition/. The BSW Green Plan is aligned to these targets and has ambitions to improve on them.</p> <p>To support the national NHS ambition, each ICS and trust are required to have a Green Plan that is signed off by the Board, with a board-level 'net zero lead'. For BSW the board-level lead is Gary Heneage.</p> <p>The BSW ICS has come together to develop and agree an ambitious and co-created system-wide vision and set of</p>							

Report Title	BSW Green Plan	Agenda item	13	
	<p>commitments to begin our journey towards delivering net zero health and care services in BSW.</p> <p>In the Green Plan we set out how we will begin to reduce the environmental and carbon impact of our health and care services, estate and wider activities over the next 3 years, with a view to achieving net zero by 2040 for direct emissions, and 2045 for wider emissions.</p> <p>Although most of the actions within this plan are intended for NHS organisations, we have engaged with wider health and care partners such as non-NHS providers, local authorities and beyond, through the development of the plan and we hope that many of the actions can be delivered across the Integrated Care System (ICS).</p> <p>The main risks to delivery are capability, capacity, and funding.</p> <p>Next steps:</p> <ul style="list-style-type: none"> • deliver on the activities identified in the Green Plan • establish governance including sponsoring group • adequate resource to meet the ambition 			
Equality Impact Assessment				
Public and patient engagement				
Recommendation(s)	The Board is asked to approve the BSW Green Plan			
Link to Board Assurance Framework or High-level Risk(s)	The key risks are not noted on the corporate risk register. They should be escalated for consideration by the Risk Panel.			
Risk (associated with the proposal / recommendation)	High		Medium x Low	N/A
Key risks	<ul style="list-style-type: none"> • The effects of climate change are already impacting on the population we serve, and in-turn the services we deliver. 			

Report Title	BSW Green Plan	Agenda item	13
	<p>Climate change to be included as key strategic risk on corporate register/ business continuity plans.</p> <ul style="list-style-type: none"> • Without adequate capability, capacity and funding, BSW will not achieve the national net zero targets, and will be unable to deliver its system wide Green Plan ambitions. • Reputational risk in not meeting the national and local commitments. 		
Impact on quality	<p>Patients, families, and carers will benefit from receiving care and support in a 'Greener' system helping to reduce health inequalities (i.e., poor air pollution leading to respiratory problems, lack of green spaces impacting on mental health) and general improvements to public health, reducing demand on health services over the long term.</p>		
Impact on finance	<p>Financial impact yet to be quantified.</p>		
	Finance sign-off:	Gary Heneage	
Conflicts of interest	None		
This report supports the delivery of the following ICB strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input checked="" type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input checked="" type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		



Bath and North East Somerset,
Swindon and Wiltshire Together



BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE TOGETHER



GREEN PLAN 2022-25

Welcome

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Section 1

FOREWORD

Health and care organisations are facing many challenges - hours spent waiting in A&E, long and growing waiting lists, record numbers of vacancies across the board. Among these high-profile challenges, the climate emergency may not be something that immediately springs to mind as impacting healthcare.

However, as we state clearly in this plan, the climate emergency is a health emergency and requires our immediate attention. If we fail to take coordinated action on climate change, then we are failing to address the biggest health risk that we face as a society.

Coordinating our action is vital. We are proud that BSW Together, our integrated care system for Bath and North East Somerset, Swindon and Wiltshire, brings together brings together NHS trusts, primary care, local authorities, voluntary, community and social enterprise organisations, and many other partners who all share a purpose in serving the 940,000 people who live in Bath and Northeast Somerset, Swindon and Wiltshire.

If we work alone, we can make meaningful local changes. Like every household, we can make sure we are using energy efficiently, we can change the way we power and heat our buildings, we can reduce our waste. But if we work together, we can tackle the fundamental issues that stand in the way of achieving net zero for our population.

We can provide reimagined, greener services by working together in new ways. We can utilise our collaborative buying power to ensure that we are promoting sustainability and adding social value when we buy things or commission services. We can reorganise the way that we travel and transport supplies around BSW to reduce our carbon footprint.

The NHS is under pressure as never before, and it will not be easy, but this plan represents a firm commitment from all of us as partners to achieve net zero and to do our part to avert the climate crisis. We are committing to a shared purpose, to a shared set of goals and to a shared conviction that we must work together to achieve the goals we have set.

We believe this plan, supported by the fantastic people who work in the BSW Partnership, can make a difference. We are proud to publish this plan and we start this journey together with confidence.



Gary Heneage
Chief Finance Officer
BSW Integrated Care Board

Section 1

EXECUTIVE SUMMARY



The BSW Together integrated care system has come together to develop and agree an ambitious and co-created system-wide vision and set of commitments to begin our journey towards delivering net zero health and care services in BSW.

In this document we set out how we will begin to reduce the environmental and carbon impact of our health and care estate, services and wider activities over the next 3 years, with a view to achieving net zero by 2040.

Although most of the actions within this plan are intended for NHS organisations, we have engaged with wider health and care partners such as non-NHS providers, local authorities and beyond, through the development of the plan and we hope that many of the actions can be delivered across the Integrated Care System (ICS).

This plan reflects our discussions as a system on where we are now and where we would like to be, and provides the basis for working collaboratively on our net zero ambitions and maximising our collective progress and impact on our communities going forward.

OUR VISION



60% of BSW Together members will achieve net zero for the emissions we directly control by **2030**



100% of BSW Together members will achieve net zero for the emissions we directly control by **2040**



100% of BSW Together members will achieve net zero for the emissions we can influence by **2045**

Section 1

EXECUTIVE SUMMARY



SUMMARY OF TARGETS BY THEME

SUSTAINABLE CARE MODELS



- Establish and agree target for reduction in carbon impact of care models by March 2023
- Reduction in carbon impact of care models by 2025

ESTATES AND FACILITIES



- Switch to 100% renewable suppliers by October 2022
- Create a high-level roadmap for carbon reduction milestones in estates by March 2023
- Reduce NHS Carbon footprint (including reduction in estates - energy, water, waste footprint) by 80% by 2032*
- NHS Carbon footprint (including reduction in estates - energy, water, waste footprint) net zero by 2040

** All interim carbon reduction targets will be calculated based on the nationally mandated baseline year of 1990 subject to centrally provided data availability (due to data at organisational level not being available)*

WORKFORCE AND SYSTEM LEADERSHIP



- Board-level lead identified at organisational and ICS level by March 2023
- Integrated Care Board to undertake sustainability training by March 2023
- Staff are made aware of the relevant Green Plans (ICS/Trust) via training/ inductions/comms by March 2023
- Staff have access to a sustainability/green peer network by March 2023
- Staff have access to sustainability training/sustainability information within their induction by 2025

TRAVEL AND TRANSPORT



- NHS Trusts signed up to clean air hospital framework by March 2023
- At least 90% of fleet and salary sacrifice cars are ultra low emissions or zero emissions by 2028
- Reduce business and fleet emissions by 80% by 2032*
- Business and fleet emissions net zero by 2040

Section 1

EXECUTIVE SUMMARY



SUMMARY OF TARGETS BY THEME

SUPPLY CHAIN AND PROCUREMENT

- From April 2022, all BSW partners will include 10% social value weighting in all procurement tenders
- 100% paperless or, if essential, using 100% recycled paper content within all office-based functions by 2025
- Reduce carbon footprint from supply chain by 80% by 2039
- Achieve net zero for our supply chain carbon footprint by 2045

MEDICINES

- All NHS Trusts to reduce use of desflurane in surgical procedures to <5% by 2022/23
- Reduce overall carbon footprint of inhalers by 50% by 2028
- Reduce carbon footprint from anaesthetic gases and inhalers by 80% by 2032*
- Carbon footprint from anaesthetic gases and inhalers net zero by 2040

** All interim carbon reduction targets will be calculated based on the nationally mandated baseline year of 1990 subject to centrally provided data availability (due to data at organisational level not being available)*

FOOD AND NUTRITION

- Review and adapt menus at least twice a year to maximise use of seasonal ingredients by March 2023
- Establish and agree target for reduction in single use plastics used within catering by March 2023
- Reduce the use of all single use plastic items used within catering services by 2025

DIGITAL TRANSFORMATION

- 25% of outpatient appointments conducted as virtual appointments online, where clinically appropriate, by 2025
- Carbon footprint from information and communications technology (ICT) energy usage to net zero by 2040
- Carbon footprint from ICT procurement to net zero by 2045

Section 1

EXECUTIVE SUMMARY



SUMMARY OF TARGETS BY THEME

ADAPTATION



- Climate change included as key strategic risk on corporate risk registers and business continuity plans by March 2023
- Undertake additional climate risk assessments and create additional adaptation plans as required by 2025





INTRODUCTION

The climate emergency is a health emergency. Climate change threatens the foundations of good health, with direct and immediate consequences for our patients, the public and the NHS. We are already facing significant increases in the intensity of heatwaves, more frequent storms and flooding and increased spread of infectious diseases such as tick-borne encephalitis and vibriosis.

Over the last 10 years, the NHS has taken notable steps to reduce its impact on the climate. As the biggest employer in this country, there is more that the NHS can do. Action must not only cut NHS emissions, which currently equates to 4% of England’s total carbon footprint, but also build adaptive capacity and resilience into the way care is provided.

This action will lead to direct benefit for patients, with research suggesting that up to one-third of new asthma cases might be avoided as a result of efforts to cut emissions. This is because the drivers of climate change are also the drivers of ill health and health inequalities. For example, the combustion of fossil fuels is the primary contributor to deaths in the UK caused by air pollution, disproportionately affecting deprived and vulnerable communities. It is for this reason that the NHS has committed to tackling climate change by reducing our emissions to ‘net zero’. In doing so, our aim is to be the world’s first ‘net zero’ national health service.

As leading health and care providers and employers across Bath and North East Somerset, Swindon and Wiltshire, our activities, travel and use of materials and resources means we have an impact on the environment. All our activities, properties and the health of our staff and patients will be increasingly affected by extreme weather events as they become more common. For this reason, Bath and North East Somerset, Swindon and Wiltshire (BSW) Together is fully committed to achieving ‘net zero’ in response to the health emergency that climate change brings. This will need to be embedded into everything we do now and in the future.

A greener NHS is not only concerned with reducing the CO2 emissions we are emitting but also protecting the environment and ensuring that we are working with partners to make BSW a safer and more welcoming place to live and work. This will therefore include not only understanding and reducing our carbon impact but also focusing on wider environmental impacts such as chemical pollution and protecting biodiversity, as well as wider issues relating to social value such as tackling inequalities and contributing to a healthy local economy.

Addressing climate change is important in helping us to meet our system-wide goals of developing healthier communities, improving health outcomes and addressing the wider social determinants of health that can lead to health inequalities. This Green Plan lays out the first steps of our roadmap to achieving our ambitious net zero carbon targets, addressing the role we play in tackling the climate health emergency and helping us to meet our commitments to the population of BSW, now and for future generations to come.

Section 2

INTRODUCTION



BSW TOGETHER

Bath and North East Somerset, Swindon and Wiltshire (BSW) Together is an integrated care system (ICS) made up of NHS and local authority organisations working together to deliver Health and Care services for the BSW population.

Our ICS brings together 88 GP practices, three acute hospital trusts, three community health providers, two mental health trusts, an ambulance trust, three local authorities and voluntary sector organisations.

Collectively, we take responsibility to improve the health and wellbeing of local people, tackle inequalities and achieve better outcomes and access for everyone. We ensure that health and care services are high-quality and resources are used efficiently. We have been working together since we formed a sustainability and transformation partnership in 2016 and we established our new integrated care board in July 2022.

This means that we have a long history of integrated working. Collectively, we work towards a vision which guides our collaboration and inspires the action needed to make change happen. That vision is: 'Working together to empower people to lead their best life.'



Section 2

INTRODUCTION

**Our strategic aims:**

- Improve the health and wellbeing of the population
- Reform quality and experience of care
- Reduce health and care inequalities
- Improve the experience of those delivering care
- Maximise the value from the resources we use
- Contribute to social and economic recovery

We serve a population of 940,000 people across a varied geographical area that includes the densely populated town of Swindon to the north, Salisbury plain to the south, and Bath and the rolling Mendip Hills to the west.

Our partners are:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board
- Bath & North East Somerset Council
- Great Western Hospitals NHS Foundation Trust
- Healthwatch: Bath and North East Somerset
- Healthwatch: Swindon
- Healthwatch: Wiltshire
- Medvivo
- Oxford Health NHS Foundation Trust

- Royal United Hospitals Bath NHS Foundation Trust
- Salisbury NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Swindon Borough Council
- HCRG Care Group
- Wessex Local Medical Committees
- West of England Academic Health Science Network
- Wiltshire Council
- Wiltshire Health and Care

We are also pleased to work in partnership with a wide range of voluntary and community sector organisations that provide invaluable support to our populations and our health and care services.

Section 2

BSW IN NUMBERS



POPULATION

BSW Together serves a combined local population of **940,000**



MENTAL HEALTH

180,000 people in BSW have some form of mental health condition



DIABETES

In BSW **5.56%** of the population has diabetes yet 20% of the COVID deaths were in people with diabetes



LONG-TERM HEALTH

156,000 people in BSW have 3 or more long-term conditions



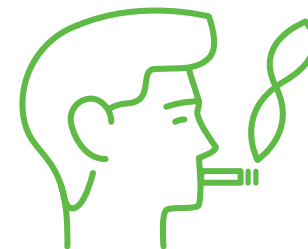
PRESCRIPTIONS

85,000 people in BSW aged 65+ are receiving 10 or more medicines and treatments on prescription



SMOKING

There are approximately **100,000** adult smokers in BSW





OUR GREEN PLAN

Purpose of the document

BSW Together has developed and agreed an ambitious and co-created system-wide vision and set of commitments to begin our journey towards delivering a net zero BSW health service.

The BSW Green Plan outlines our approach to delivering sustainability across the priorities set out in delivering a Net Zero National Health Service and accompanying Green Plan guidance. This includes considerations on estates, travel and transport, use of resources, workforce and future care models across the ICS health and care system.

This plan reflects our discussions as a system on where we are now and where we would like to be, and provides the basis for working collaboratively on net zero and maximising our collective impact on our communities. In this document we set out how we will begin to reduce the environmental and carbon impact of our healthcare estate, services and wider activities over the next 3 years, with a view to achieving net zero by 2040 for the emissions we directly control.

The set of actions outlined within each chapter of this document are by no means an exhaustive list of what will need to be delivered in order to achieve this ambition.

This plan is intended to reflect some of the agreed priority actions that will help us on our journey to reducing carbon emissions as a system, and will be reviewed annually to ensure it remains relevant, achievable and ambitious. It is important to note the ability to deliver on these

actions and achieve the NHS net zero ambitions will be subject to increasing capability, capacity, and availability of funding.

Scope of the document

In reading the plan it is important to keep in mind the wider context of its development and implementation. Every NHS Trust and ICS in England has been required to produce a board approved Green Plan by 31st March 2022.

In line with this requirement, each NHS organisation within the BSW system (Avon and Wiltshire Mental Health Partnership, Salisbury NHS Foundation Trust, Royal United Hospitals NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust) has developed their own three-year Green Plan.

In this plan we aim to build on the great work already done by NHS trusts to develop their own organisational Green Plans and net zero strategies. Fantastic work has already been achieved and is planned over the next few years across all of our partners, and you will see examples of this progress throughout this plan.

It is important to highlight that this BSW Green Plan does not replace individual organisational plans but it is intended to confirm common and collaborative actions and timelines across partner organisations. This plan builds on individual plans and organisational level actions, and starts to identify actions where the ICS partnership can add value and accelerate progress towards net zero across the system. This includes maximising opportunities for joint working, collaboration and sharing

Section 2

OUR GREEN PLAN



best practice. In this way, this BSW Green Plan is partly a joint plan where aims and targets are aligned and have been signed up to by partners, and also a collection of organisational level actions which are progressed locally by individual partners in support of the BSW Green Plan.

It is also important to note that, all BSW Together partners (including those not required to have Green Plans) have endorsed the vision and high-level commitments set out in this plan. However, due to the lasting impacts of the pandemic and the evolving nature of the ICS, the level of engagement in the development of the plan, and the involvement in the delivery of actions will vary across partners.

Although most of the actions within this plan are for NHS organisations, we are committed to collaboration with wider health and care partners such as non-NHS providers, local authorities and beyond, and we hope that many of the actions can be delivered across the ICS. With this aim in mind, we have engaged with Wiltshire Council, Bath and North East Somerset Council, Swindon Borough Council and other organisations including HCRG Care Group, Wiltshire Health and Care, NHS Property Services and West of England Academic Health Science Network throughout the development of this Green Plan.

Most of these partners have their own sustainability targets and net zero strategies and several have already been leading the way on the sustainability agenda for some time. Wherever possible we have tried to identify opportunities for supporting our common ambitions, working together and scaling our impact across the region.

BSW Together is on a journey towards greater cooperation and cohesion across Green Plan and net zero strategies, and we will increasingly integrate our plans and work collaboratively to deliver our joint ambitions in future.



Section 2

OUR VISION

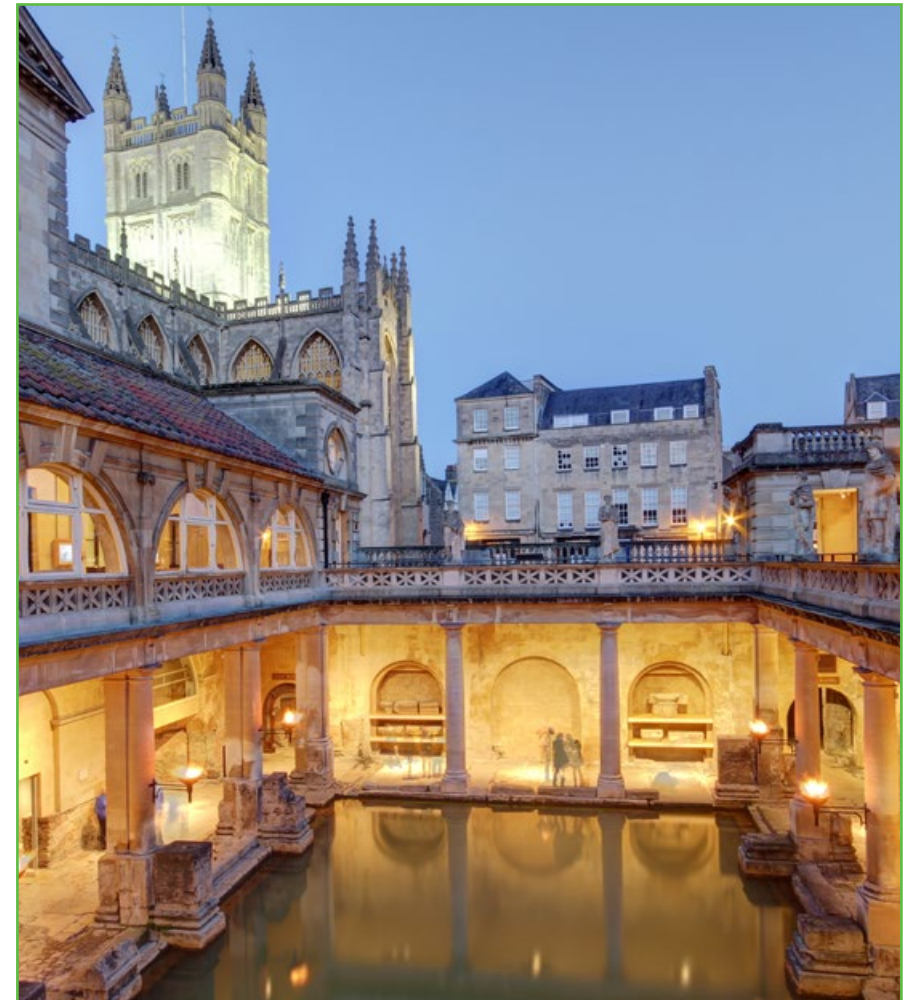


DEVELOPING OUR VISION

In October 2020, the NHS published its new strategy, delivering a Net Zero National Health Service and committed to deliver the world's first net zero carbon health service.

The report sets out trajectories and actions for the entire NHS to reach net zero carbon emissions:

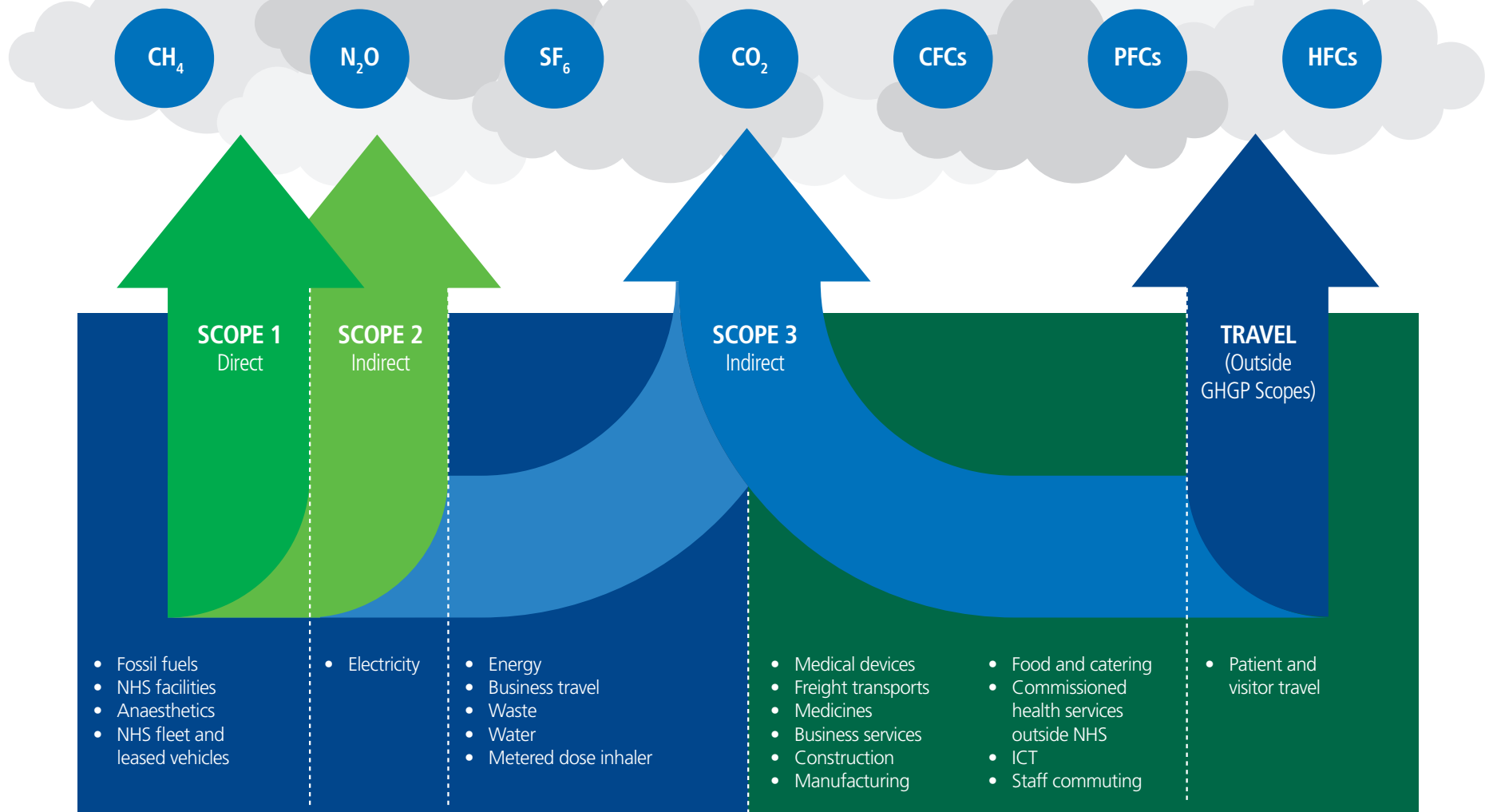
- For the emissions we control directly (the NHS Carbon Footprint) we will achieve net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence such as those embedded in the supply chain (the NHS Carbon Footprint Plus), we will achieve net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.





OUR VISION

MAJOR EMISSIONS



NHS Carbon Footprint (Net Zero by 2040)

NHS Carbon Footprint PLUS (Net Zero by 2045)

Section 2

OUR ICS TARGETS



BSW Together is fully committed to achieving the net zero targets of the NHS, with 60% of the ICS partners already committed to improving on the 2040 national NHS target for NHS Carbon Footprint for emissions we directly control.



Meeting this commitment will only be achievable if every part of the BSW system works together. Whether it is a physiotherapist keeping their patients active with sustainable mobility aids, a mental health nurse providing high quality care via telemedicine or a hospital chef sourcing their ingredients from the local community. We all have a role in delivering a net zero BSW, providing high-quality health and care for all, now and for future generations.

As anchor organisations the ICS partners will focus on how, through purchasing power and as large employers, we can support the mass movement needed to make us all reconsider how we deliver care; by educating people around key facts and helping them to see where the carbon is now in the system, they can make informed choices about how to reduce it.



- **60%** of BSW Together members will achieve net zero (scopes 1 and 2) by 2030
- **100%** of BSW Together members will achieve net zero (scopes 1 and 2) by 2040
- **100%** of BSW Together members will achieve net zero (scopes 1-3) by 2045

We will keep this target under review and seek to accelerate achievement if possible.

EMISSIONS WE CONTROL

	2028 – 32 Reduce greenhouse gas emissions by 80%
	2040 Net zero

EMISSIONS INFLUENCE

	2036 – 39 Reduce greenhouse gas emissions by 80%
	2045 Net zero

Section 2

OUR CARBON FOOTPRINT



The BSW NHS Carbon Footprint for 2019/20 was 80,490 tonnes of CO2 equivalents (tCO2e) – these are the emissions that we can directly control and the target for net zero is 2040.

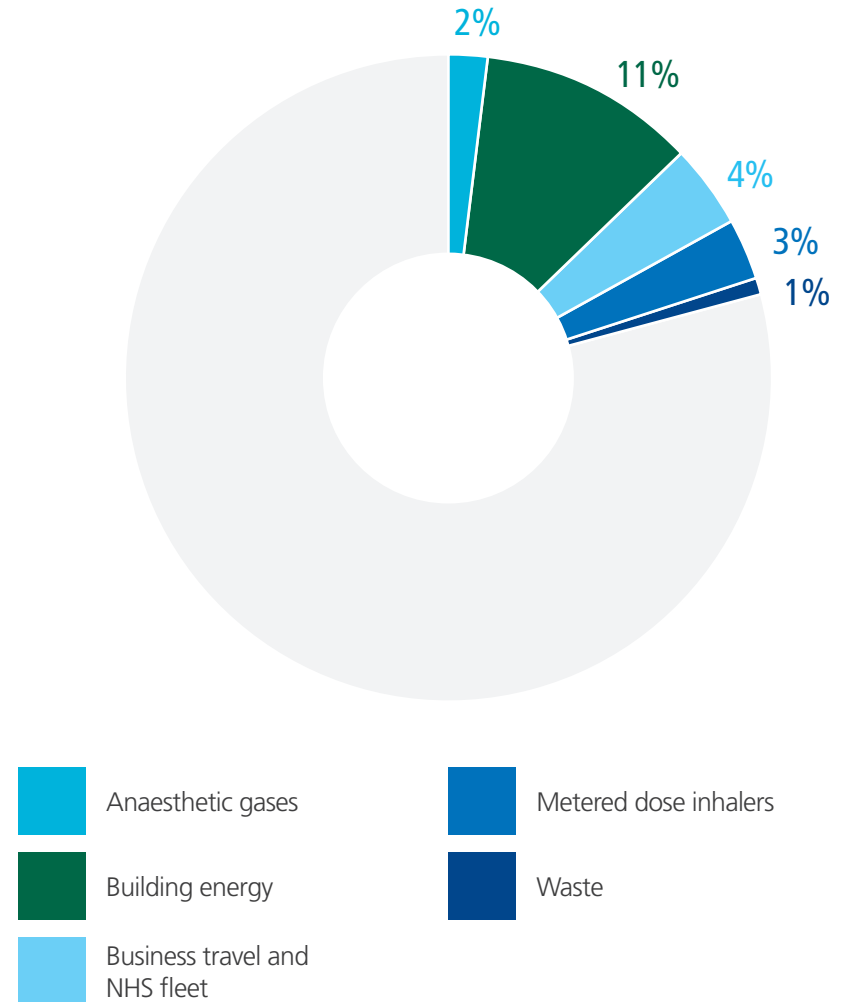
The categories included in these figures are:

- Scope 1: Fossil fuels, NHS facilities, anaesthetics, NHS fleet and leased vehicles
- Scope 2: Electricity
- Scope 3: Business travel, water, waste and inhalers. It also includes well-to-tank and transmission and distribution emissions related to fuel consumption

Building energy accounts for 11% and business travel accounts for 4% of our overall emissions. These represent our biggest opportunities in terms of direct action.

Metered dose inhalers (3%) and anaesthetic gases (2%) also present great opportunities for targeted work to reduce emissions.

These figures are broadly in line with national NHS averages across all categories. It is important to note that this data was provided centrally by the national Greener NHS team. More work on the quality and availability of data will be required to measure and monitor our carbon footprint going forwards and ensure we meet our net zero targets.





OUR CARBON FOOTPRINT PLUS

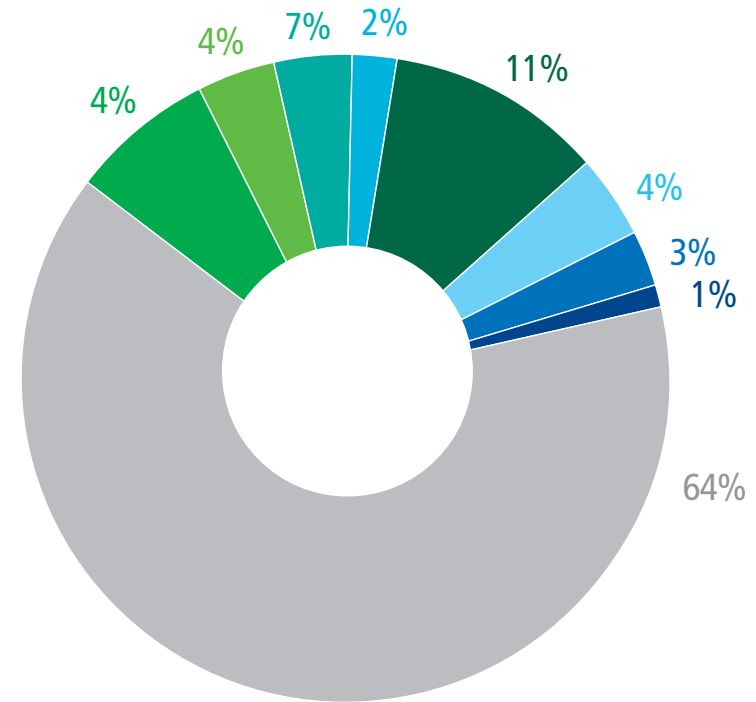
The BSW NHS Carbon Footprint Plus for 2019/20 was 366,820 (tCO2e) – this is our overall carbon footprint including emissions that we can influence and the target for net zero is 2045.

The categories included in these figures are:

- Scope 3: Staff commuting and the wider supply chain including (medical devices and medicines, freight transports, business services, construction, manufacturing, food and catering, commissioned health services outside NHS, ICT)
- Outside of GHGP scopes: Travel (including patient and visitor travel)

Our supply chain accounts for 64% and represents our biggest opportunity to reduce our carbon emissions overall. We also have a big opportunity to reduce emissions from travel and transport, which accounts for 15% in total if business travel, NHS fleet, staff commuting and patient and visitor travel are combined.

Again it is important to note that this data was provided centrally by the national Greener NHS team. More work on the quality and availability of data will be required to help measure and monitor our carbon footprint going forwards. In particular, we need to understand Scope 3 emissions such as our supply chain and other travel, which are not currently measured. Some actions have been identified in the following chapters to help support measuring and monitoring these emissions going forwards.



Section 3

KEY AREAS OF FOCUS

The content in the following chapter outlines the key areas of focus for action in line with the guidance published by the Greener NHS team.

Within each key area, examples of good progress and great work being delivered across the region are highlighted.

We also set out our system-wide commitments along with the priority actions at both system (BSW Together) and organisational (Partners) level to be delivered over the next three years in order to help achieve our ambitions. It is important to note the list of actions is not an exhaustive list and will be reviewed annually to ensure they remain relevant, ambitious and achievable.

SUSTAINABLE MODEL OF CARE

To deliver effective integrated and person-centred care that considers the associated social and environmental impacts



WORKFORCE AND SYSTEM LEADERSHIP

To inform, motivate and empower staff to make sustainable choices at the workplace and home, and enable them to live a sustainable, healthy lifestyle



ESTATES AND FACILITIES

To reduce the environmental impact of our health and care estate and contribute to local biodiversity through enhancing low-carbon and green infrastructure



TRAVEL AND TRANSPORT

To reduce the environmental impact of our travel by encouraging sustainable low-carbon and active travel



SUPPLY CHAIN AND PROCUREMENT

To work with our wider supply chain to optimise our resource use and reduce the associated cost and environmental impacts



MEDICINES MANAGEMENT

To reduce the environmental impact of our prescribing activities and the use of medicines by reducing use and switching to lower carbon alternatives



Section 3

KEY AREAS OF FOCUS



DIGITAL TRANSFORMATION

To harness existing digital technology and systems to streamline service delivery and support care delivery while improving the associated use of resources and reducing carbon emissions



ADAPTATION

To ensure our system is resilient to the consequences of climate change whilst simultaneously investing in mitigation measures



FOOD AND NUTRITION

To reduce the carbon emissions from the food made, processed or served by our partners by ensuring the provision of healthier, locally sourced and seasonal menus and reducing overall food waste



DELIVERING OUR GREEN PLAN

To measure and reduce our carbon emissions yearly in order to enable us to achieve net zero carbon by 2040



Section 3

OUR SUSTAINABLE MODEL OF CARE



THE BSW CARE MODEL

In 2021/22 BSW Together developed a new, shared model for health and care which is our strategic vision for what we want health and care to be like for the BSW population in the future.



Section 3

OUR SUSTAINABLE MODEL OF CARE



Examples of good progress

- The COVID-19 pandemic saw accelerated digital transformation and a substantial increase in the delivery of care supported by digital technology across the BSW system (see Digital section on page 44 for more information)
- There has been significant work done to date to develop and promote the ICS Health and Care model which will not only improve health and care delivery across BSW for the benefit of patients, but will also deliver a number of environmental co-benefits
- A number of partners already offer successful nature-based interventions and therapy programmes
 - Oxford Health Foundation Trust's 'Marlborough House Going Greener' initiative – focuses on benefits to Children's mental health services and wellbeing when connecting with nature
 - Avon and Wiltshire Mental Health Partnership NHS Trust – encourages the use of green spaces to improve physical and mental health for our patients and service users through various initiatives such as the use of allotments and therapeutic gardens



Section 3

OUR SUSTAINABLE MODEL OF CARE



Our commitments

1. PERSONALISED CARE



- We want everyone who lives in BSW to experience a personalised approach, however they interact with health and care
- Over time we expect this to reduce the demand for treatment and care as people are supported to live healthier lives and have better long-term health outcomes

2. HEALTHIER COMMUNITIES



- We want every community in BSW to be a healthier community with reduced health inequality so that everyone has a better chance to live a healthy life
- This work will focus on the wider determinants of health and supporting wellbeing, including things like travel and transport, access to green spaces, air quality and access to sustainable sources of healthy food – many of which will directly contribute to achieving net zero

3. JOINED-UP LOCAL TEAMS



- Multi-disciplinary teams, designed for and based in healthier communities, will be able to work together seamlessly to serve local people
- Local teams will help to improve health outcomes for populations at neighbourhood and place level which will reduce the demand for health and care services. They will be integral to supporting measures described elsewhere in this plan, for example helping people living with asthma to optimise the use of their inhalers

4. LOCAL SPECIALIST SERVICES



- We will make more specialist services available at home and closer to where people live
- This part of our model is expected to reduce travel to our specialist centres, reducing the overall carbon footprint for travel and transport as well as reducing traffic at specialist sites. This should reduce the production of carbon and improve environmental conditions locally. As we invest in local facilities to develop local specialist services, we will make sure that we will make these sites energy efficient and sustainable

Section 3

OUR SUSTAINABLE MODEL OF CARE



Our commitments

5. SPECIALIST CENTRES



- Our network of specialist centres will be developed to focus more on the most specialist care and less on routine services which we can provide elsewhere
- We plan to invest in our specialist centres and, as we do so, we can bring our estate up to modern standards – as described in our estates section
- We will look for opportunities for our specialist centres to collaborate which may allow for faster, more effective implementation of aspects of this plan. For example through centres collaborating to optimise the transport and supply chain across BSW or to procure more sustainable alternatives to single-use products

All of the above will be supported with inclusive access to digital technologies to support and facilitate care delivery wherever clinically appropriate to do so.



Section 3

OUR SUSTAINABLE MODEL OF CARE



Our action plan

BSW Together

- Use the Health and Care Model to guide our priorities for operational planning and to shape strategies that are currently under development e.g. for diagnostics and our Acute Hospital Alliance
- Develop programme of work from April 2022 to adopt the model as our strategic vision and align all our planning and transformation work
- Explore potential to include sustainability principles in service planning and commissioning and develop approach to assess and reduce the environmental and carbon impact of our care models
- Work collaboratively across the system to develop projects or low-carbon interventions which support wellbeing and add social value e.g. green social prescribing and nature-based activities and therapy
- Explore opportunities to embed sustainability into continuous quality improvement and leadership programmes via the BSW Academy
- Work collaboratively with the West of England Academic Health Science Network (WEAHSN) to support the adoption and spread of local, regional and national clinical carbon reduction innovations as they are developed

Partners

- Deliver plans for embedding the Health and Care Model and carbon reduction principles in the way that all care is delivered, including more personalised and digitally-enabled care, care closer to home and lower carbon interventions where clinically equivalent
- Embed assessment of environmental and carbon impact into decision making criteria in the development of care models and services
- Explore opportunities to embed sustainability into quality improvement programmes e.g. 'Improving Together'
- Work with clinicians locally to consider pathways or clinical specialities that could be decarbonised, and share best practice

Targets

- Establish and agree target for reduction in carbon impact of care models by March 2023
- Reduction in carbon impact of care models by 2025

Case Study

OXFORD HEALTH, MARLBOROUGH HOUSE 'GOING GREENER'

The Child and Adolescent Mental Health Service (CAMHS) Inpatient Service, based in Swindon is called Marlborough House. The unit is self-contained on the hospital site and offers both inpatient and day patient facilities.

Young people at Marlborough House believe it is important to think about the climate in our daily life. The Climate and Biodiversity crisis has a direct impact on mental health; whether this is depression, anxiety, or PTSD (Post Traumatic Stress Disorder) directly linked to weather events, or stress related responses to disrupted social networks and infrastructure.

Marlborough House are therefore 'Going Greener,' running a range of schemes to work towards this, including:

- Working in collaboration with Roger Duncan and Wiltshire Wildlife Trust, staff at Marlborough House adolescent unit and school aim to pilot a nature-based intervention for inpatients and their families based on the successful Families in the Wild programme at Riverside Adolescent Unit, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP).
- Once a month, staff and young people on the ward discuss issues and decide on a theme to pursue for that month. These have included reducing single use plastic in January, improving recycling in February, improving outdoor space in March, and increasing biodiversity in April.
- Looking forward, Marlborough House are aiming to develop their Green Care offer, continue their monthly goals, fix the thermostatic heating control and making progress on the targets set out in the trust Green Plan.



Section 3

WORKFORCE AND SYSTEM LEADERSHIP



A sustainable ICS health and care system is dependent upon building a culture of sustainability which is embedded in everything we do.

In order to achieve this, it is important that we provide colleagues with the skills, knowledge and opportunities to engage meaningfully with sustainability whilst at work and play their role in delivering more sustainable healthcare.

The success of our Green Plan relies on everyone playing a part. All colleagues need to be conscious of how their choices and behaviour at work (and at home) impact the environment. To embed sustainability successfully, it must be a consideration in all ICS planning, activities, processes and day-to-day decisions at every level. Sustainability must be considered everyone's responsibility.

That's why it's important that colleagues who join organisations in BSW are aware of our Green Plan and the role they play in delivering this important agenda.

Examples of good progress

- Most partners have existing or are planning to establish organisational level networks and groups focused on driving sustainability within their organisations
- Most partners have plans for staff training and inductions content on sustainability and Green Plans at organisational level

- There are significant examples of successful staff engagement campaigns and initiatives – already driving measurable action at individual staff and team levels

Our commitments

- We will have a board level lead responsible for our net zero targets and Green Plan
- We will inform and upskill our workforce on sustainability, so that everyone working in BSW can take action in their own area of work to help us to meet our net zero ambitions
- We will commit to sustainability as part of the BSW Academy training pathways and transformation programmes
- We will support collaboration and learning on sustainability across the ICS

Our action plan

BSW Together

- Undertake review of existing resource across partners, identify opportunities for shared roles and consider requirements for ICS-level resource to support delivery of the BSW Green Plan across the system
- Create a dedicated webpage for the BSW Green Plan on the BSW Together website, to act a central point in the system for communication and resources

Section 3

WORKFORCE AND SYSTEM LEADERSHIP



- ICB Board to undertake Net Zero Leadership Training
- Produce regular communications and updates on the BSW Green Plan to be distributed via BSW Together and partner organisations communications
- Explore potential to establish a BSW Green Champions Network and support this through the work of the BSW Academy
- BSW Academy to support collaboration on a system wide process for raising awareness of sustainability through staff training e.g. delivering the net zero NHS e-learning for healthcare module or carbon literacy training
- Explore opportunities to embed sustainability as part of the BSW Academy training pathways and transformation programmes
- Identify roles that could have a major impact on net zero commitments and explore options for more specialist or role specific training e.g. board-level sustainability leads and estates leads

Partners

- Identify a board-level lead for sustainability
- Identify operational-level resource to help drive forward the Green Plan(s) and net zero agenda
- Introduce sustainability training or a cascade for induction content covering the net zero commitments and Green Plans
- Receive and distribute BSW Green Plan communications via internal communications channels

- Capture and share case studies relating to Green Plan delivery – supported as required by the regional Greener NHS team
- Promote the Greener NHS network within the system as an NHS-wide sustainability community to help drive engagement and learning from outside of the ICS

Targets

- Board-level lead identified at organisational and ICS level by March 2023
- ICB board to undertake sustainability training by March 2023
- Staff are made aware of the relevant Green Plans (ICS/Trust) via training/inductions/comms by March 2023
- Staff across ICS have access to a sustainability/green peer network by March 2023
- Staff across ICS have access to sustainability training/sustainability information within their induction by 2025

Case Study

ROYAL UNITED HOSPITALS BATH – EMPOWERING OUR PEOPLE

Royal United Hospitals Bath has delivered a number of successful staff engagement activities in 2021/22 some examples include:

- Setting up training on ESR to educate staff on sustainability
- Launching the Green Impact Programme. There have been nine teams signed up and 102 actions completed
- Celebrating Sustainability Day with a solar powered ice-cream van. Staff were encouraged to pledge in return for an ice-cream and 686 sustainability pledges were made
- Developing a campaign to support Plastic Free July, which included audits completed by sustainability champions



Section 3

ESTATES AND FACILITIES

Building energy and other emissions relating to estates and facilities such as waste and water accounts for 12% of our BSW ICS Carbon Footprint.

Early action – between 2022 and 2030 – will focus on our areas of greatest opportunity, achieving operational reductions in emissions from building energy, water, waste and our estates and facilities fleet. Progress will also be made on longer term goals with buildings as they are upgraded and new buildings are developed, through engaging our suppliers. There is detailed national guidance relating to estates and facilities such as the Greener NHS Estates Delivery Plan and NHS Net Zero Building standard. BSW Together is fully committed to meeting national recommendations as a minimum and going further where we can.

Examples of good progress

- BSW Together is already committed to purchasing or generating 100% electricity from renewable sources. Target date for achieving this ambition is October 2022
- We are already implementing the steps to make every kWh count across all our estate, including:
 - Great Western Hospitals NHS Foundation Trust – 95% of lighting has been replaced with LED bulbs
 - Salisbury NHS Foundation Trust - already produces 4% of energy from solar panels on-site and has invested £100k in LED lighting

- There are a number of initiatives across the partner organisations to measure and reduce water consumption and waste
- A number of partners are already delivering projects to increase biodiversity and improve greenspaces:
 - Wiltshire Council's Community Environmental Toolkit supports local communities to improve biodiversity in their area
 - Royal United Hospitals Bath has carried out a Preliminary Ecology Assessment and a project group has been established to design an edible forest on site, for the benefit of staff, visitors and patients

Our commitments

- We will make every kWh count and implement energy efficiency changes across the estate of all our partner organisations, including primary care
- We will purchase or generate 100% electricity from renewable sources
- We will invest in facilities of the future to make our estate environmentally sustainable
- We will implement a circular economy approach to how we buy, use and dispose of things, minimising waste wherever possible
- We will work with local partners to improve green spaces available across the estate so they are more biodiverse and are better able to support wellbeing

Section 3

ESTATES AND FACILITIES



Our action plan

BSW Together

- Set up energy working group to drive forward considerations and requirements for decarbonising power
- Explore opportunities to decarbonise primary care estate through the rollout of the Primary Care Network (PCN) toolkit
- Rollout of agile working including desk and room usage booking and monitoring across ICS to help rationalise the back office estate
- Share best practice and support embedding of energy, water and waste efficiency and reduction technologies and practices throughout our estate and services
- Create a high-level roadmap outlining key milestones required to reach carbon reduction targets in estates
- Explore opportunities to work collaboratively and pursue joint funding bids across all partners including Local Authorities particularly in areas such as renewable energy projects, decarbonisation of heating systems and protecting and enhancing green space and biodiversity
- Build relationships with external stakeholders which could play a crucial role in the success of these plans e.g. South West Net Zero hub, Western Power Distribution and Scottish and Southern Electricity Networks
- Explore the potential to use analysis and modelling techniques combined with mapping the location of services to understand

potential demands on our future estate and transportation network e.g. the impact of introducing 450 'virtual ward' beds out of hospital and reducing the need for people to travel to appointments.

Partners

- Embed energy efficiency measures and assess opportunities to decarbonise the estate across the system (subject to funding), this will include:
 - Continuing to switch to LED lighting
 - Making effective use of building management systems and submetering
 - Complete switch to renewable electricity suppliers
 - Preparing buildings for electricity-led heating and hot water systems
 - Investing in on-site renewables generation
- Assess requirements to decarbonise estate scope out and cost up implications of achieving the net targets to help with prioritising estate and support bid funding development
- Ensure alignment to the Greener NHS Estates Delivery Plan and the NHS Net Zero Building Standard
- Aim for a minimum of BREEAM ratings of outstanding or excellent for new builds and major refurbishments

Section 3

ESTATES AND FACILITIES



- Where properties are leased from / managed by NHS Property services, work collaboratively with them to deliver on the Net Zero ambitions at those sites
- Review capital bids and business case processes for potential to include sustainability considerations
- Develop approaches to monitoring and reducing waste – with the aim of diverting waste from landfill and increasing recycling / reuse
- Carry out review of estates and identify opportunities to create and improve green space and biodiversity
- Ensure estates strategies and plans developed consider climate change adaptation and mitigation considerations

Targets

- Switch to 100% renewable suppliers by October 2022
- Create a high-level roadmap for carbon reduction milestones in estates by March 2023
- Reduce NHS Carbon footprint (including reduction in estates - energy, water, waste footprint) by 80% by 2032
- NHS Carbon footprint (including reduction in estates - energy, water, waste footprint) net zero by 2040





Case Study

AWP NHS TRUST SUCCESSFUL BEIS FUNDING BID

AWP NHS Trust operates out of around 30 leased or owned sites; this is where they aim to take direct action to reduce building related carbon emissions.

To help them work towards this, the Trust has received £4.5 million in BEIS funding (from the Department for Business, Energy and Industrial Strategy).

The funding has been allocated as follows:

- £2.1million for LED lighting
- £1.1 million for Air source heat pumps
- £1.02 million for Solar Photovoltaic (PV) systems
- £223K for Building Management Systems (BMS)
- £21K for Electric radiators
- £15K for Pipework insulation
- £8K for Air conditioning compressor controls

This will help AWP NHS Trust to achieve their target for carbon net zero by 2030, which they have committed to in their Green Plan.



Section 3

TRAVEL AND TRANSPORT



In the UK transport is the highest emitting sector, responsible for 27% of UK emissions. Within the NHS, transport is responsible for around 15% of total emissions.

These emissions are composed of scope 1 emissions from owned and leased fleet vehicles, along with scope 3 emissions from freight transport, business travel and staff commuting. In BSW, action is being taken to actively reduce emissions across all three scopes as well as those associated with patient and visitor transport which contributes to our Carbon Footprint Plus.

One key enabler to reducing patient and staff travel is a focus on delivering digital care alternatives and care closer to home where clinically safe and appropriate to do so – this is a central feature of the BSW ICS Care Model.

However, we acknowledge that across our BSW partners there will be different challenges around travel and transport related to delivering healthcare. For example, BSW is a largely rural geography and some of our healthcare delivery teams will likely need to continue traveling by cars, often alone.

Therefore, a big focus for our community health care partners will be on providing access to greener alternatives such as zero emission vehicles (ZEV's) or ultra-low emission (ULEV), eventually reaching 100% zero emissions vehicles. For our acute hospital trusts on the other hand, more focus will be given to how people travel to and from their sites

and encouraging and supporting more sustainable choices for example using public transport, cycling, walking or through lift-shares.

As well as reducing overall travel, there are specific initiatives to improve air quality in BSW. Poor air quality has a wide range of impacts on human health; Nitrogen dioxide may cause lung irritation, whilst particulate matter can be particularly problematic for individuals with pre-existing lung and heart conditions. Bath has a Class C Clean Air Zone (CAZ), which restricts commercial vehicles in the central areas of the city intended to improve air quality in the city.

Salisbury also have an Air Quality Management Area (AQMA) requiring efforts to bring air quality within legal limits.

Examples of good progress

Across the ICS a number of initiatives have been trialled and implemented by organisations, with the aim of reducing dependency on single occupancy vehicles and the emissions of our transport related activity. These have included:

- Many of the trusts are continually reviewing and improving 'active' and low-carbon travel facilities and provision such as Secure Cycle Storage and change facilities are available across the ICS, along with the offer of electric bikes and e-cargo bikes for colleagues to use.

Section 3

TRAVEL AND TRANSPORT

- Strides are being made to build upon the electric vehicle charging infrastructure. Plans have been produced to inform a phased approach to building capacity in line with the transition to battery electric vehicles. Installations have commenced demonstrating Trusts' charging infrastructure ambitions.
- A number of the BSW partners are already undertaking reviews of their fleet and salary sacrifice schemes to ensure they are working towards only purchasing or leasing zero emission vehicles or ultra-low emission
- Trusts actively monitor air quality and run campaigns to discourage vehicular idling by staff, patient, visitors and supply chain vehicles

Our commitments

- We will engage as a system on the topic of transport via the BSW Net zero design authority to encourage a systems approach to travel and logistics
- We will embed our care model and new ways of working focusing on digital care alternatives and care closer to home where clinically safe and appropriate to do so – leading to an overall reduction in staff and patient travel
- We will reduce the emissions of our transport related activity through encouraging and incentivising more sustainable modes of travel such as using zero emission and ultra-low emissions vehicles, public transport, car sharing and 'active modes' of travel (e.g. cycling and walking) where appropriate

- We will continue to make secure cycle storage and changing facilities available across BSW and develop schemes to make electric bikes and e-cargo bikes available for colleagues to use
- We will work with partners to understand current provision and build up our electric vehicle charging infrastructure
- We will actively monitor air quality at major sites like hospitals and continue campaigns to discourage vehicular idling by staff, patient, visitors and supply chain vehicles.

Our action plan**BSW Together**

- Engage as a system on the topic of transport via the BSW Net zero design authority to encourage a systems approach to travel and logistics
- Collaborate across the system to maximise opportunities and scale existing initiatives that support more sustainable travel e.g. shared or community electric vehicles for teams that need to travel a lot
- Share best practice and learning across the system in encouraging people to adopt more sustainable travel behaviours and choices e.g. car-sharing, cycling and walking
- Undertake a review of current arrangements in place to ensure zero emission and ultra-low emission vehicles across partner organisations become standard offering for both lease and fleet

Section 3

TRAVEL AND TRANSPORT

- Establish and agree a set of guiding principles around travel across the system e.g. an agreed travel hierarchy
- Explore options to standardise policies and schemes e.g. Business travel and flexible working policies and cycle to work and season ticket loan schemes where available
- Engage and collaborate with local authorities on travel planning and government transport decarbonisation plans
- Explore options for combined procurement and delivery management across BSW through existing central re-procurement programme of work
- Review existing and required charging infrastructure to support transition to zero emissions vehicles and work collaboratively with partners, particularly Local Authorities to understand infrastructure plans across the region

Partners

- Review fleet and lease car schemes and develop agreed plans and timescales for new purchases and lease arrangements to be ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs) where possible
- Deliver activities that help to monitor and reduce emissions from travel:
 - Develop understanding of current travel arrangements e.g. through development of travel surveys and develop targeted plans and interventions to tackle high-impact areas

- Encourage car-pooling, use of shared / community vehicles
- Encourage use of public transport
- Improve facilities available to encourage 'active' travel such as walking or cycling e.g. changing facilities and secure storage
- Ensure that information made available to patients highlights and encourages green travel options
- NHS Trusts to sign up to Clean Air Hospital framework

Targets

- NHS Trusts signed up to clean air hospital framework by March 2023
- At least 90% of fleet and salary sacrifice cars are ultra low emissions or zero emissions by 2028
- Reduce business and fleet emissions by 80% by 2032
- Business and fleet emissions net zero by 2040



Case Study

GREAT WESTERN HOSPITALS TRUST STAFF CYCLE HUB

Great Western Hospitals Trust aims to reach net zero by 2040 for the emissions they control directly, with an ambition to reach an 80% reduction by 2032.

It is an exciting time for the organisation; the net zero agenda has never been more prominent than now, and they are currently working on the delivery of their Green Plan.

The trust has identified a number of initiatives to help meet its sustainability objectives and net zero ambitions, one example of a successful initiative that is already underway is encouraging staff to cycle to work.

This has been supported by making a number of improvements to the staff cycle hub next to Commonhead offices which includes a new bike repair station, enhanced LED lighting, security fencing and new CCTV cameras.



SUPPLY CHAIN AND PROCUREMENT



Our supply chain accounts for 64% of our NHS Carbon Footprint Plus and as such represents the biggest opportunity for us to reduce our emissions.

The NHS Carbon Footprint Plus scope covers all the products procured from all of our suppliers. Whilst we do not control these emissions directly, we believe that we can and should use our considerable purchasing power to influence change. We can reduce our emissions from our supply chain in the following ways:

- More efficient use of resources
- Low-carbon substitutions and product innovation
- By ensuring our people are committed to and supported in their use of sustainable procurement practices
- By ensuring our suppliers are decarbonising their own processes

We believe that the decarbonisation of our supply chain is therefore crucial if we are to become net zero by 2045. To meet our commitment we want to ensure all our suppliers are aligned with this ambition.

The Greener NHS team have developed a comprehensive supplier roadmap to support the achievement of this ambition which BSW ICS is fully committed to delivering at a local level.

Net zero supplier roadmap

- From April 2023:
The NHS will adopt the Government’s ‘Taking account of Carbon Reduction Plans’ (PPN 06/21), requiring all suppliers with new contracts for goods, services and/or works with an anticipated contract value above £5 million per annum, to publish a carbon reduction plan for their direct emissions. From April 2024, the NHS will expand this requirement for all new contracts, irrespective of value.
- From April 2027:
All suppliers with contracts for goods, services and/or works for any value, will be expected to publish a carbon reduction plan that takes into account the suppliers’ direct and indirect emissions.
- From April 2028:
New requirements will be introduced overseeing the provision of carbon foot-printing for individual products supplied to the NHS. The NHSE will work with suppliers and regulators to determine the scope and methodology.
- From 2030:
Suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting through the supplier framework.

Section 3

SUPPLY CHAIN AND PROCUREMENT



Examples of good progress

Across the system good progress has already been made in these areas. Some examples include:

- Using resources more efficiently and reducing our reliance on disposable products:
 - Reduced reliance on office paper through increased digitisation of services
 - Reducing single-use products and devices and encouraging purchase of remanufactured or recycled assets
- Sustainable procurement:
 - Acting as a group of anchor institutions to accelerate the transition to a circular economy in our communities and to embed the 5Rs principle (Reduce, Reuse, Repair/Reprocess, Renewable, Recycle)
- Decarbonising the supply chain:
 - From April 2022, all BSW partners will include a 10% minimum social value weighting in procurement processes, building on our role as a group of anchor institutions and supporting our local economy

As we develop our integrated care system over the coming months, we will need to determine the precise dates, timelines and mechanisms to deliver our regional objectives. However, our long-term target is clear: before the end of the decade, we will no longer purchase from suppliers that do not meet or exceed our commitment to net zero, in line with the national roadmap.

Our commitments

- We will support collaboration on procurement and supply chain management in BSW and look for ways to use our scale and collaborative purchasing power to maximise the positive impact that we can have
- We will actively engage with suppliers to seek reductions in emissions in the supply chain and seek assurance that they are meeting the standards set out in the Greener NHS Supply Chain Roadmap as a minimum
- We will reduce the use of single-use plastics in BSW
- We will minimise printing and use 100% recycled paper when we do print
- We will use our influence as a group of anchor institutions to accelerate the transition to a circular economy and identify opportunities to enhance social value in BSW
- We will share resources and best practice across the ICS to help drive sustainable procurement

Section 3

SUPPLY CHAIN AND PROCUREMENT



Our action plan

BSW Together

- Explore potential for establishing joint approach to embedding social value and sustainability in procurement tenders. This could be by developing shared templates/resources or a joint sustainable procurement strategy
- Explore opportunities to drive sustainable procurement and supply chain across BSW through existing central re-procurement programme of work
- Explore options for establishing carbon footprint of supply chain and identify hotspots for targeted reduction initiatives at system
- Share best practice and scale up existing sustainable circular economy approaches and projects across the system e.g. existing waste reduction, remanufacture, reuse and recycling schemes
- Establish a target for reduction and support targeted work to reduce single-use plastics – share and rapidly adopt learning across partners

Partners

- Include a 10% minimum social value weighting in procurement processes, in line with the supply chain roadmap announced by NHS England and NHS Improvement
- Establish carbon footprint of supply chain following agreed approach and identify hotspots for targeted intervention at organisational level

- Engage with suppliers to seek reductions in emissions in the supply chain by working with them ensure compliance with the NHS supply chain roadmap and net zero ambitions via completion of the NHS supply chain Evergreen assessment reporting
- Sign up to the NHS Single-Use Plastics Pledge to demonstrate commitment to reducing single use plastics
- Explore potential to embed circular economy principles in procurement and disposal of equipment, furniture and other assets e.g. buying second-hand / reusing / recycling goods
- Plan and deliver projects to reduce single use plastics

Targets

- From April 2022, all BSW partners will include 10% social value weighting in all procurement tenders
- 100% paperless or, if essential, using 100% recycled paper content within all office-based functions by 2025
- Reduce carbon footprint from supply chain by 80% by 2039
- Carbon footprint from supply chain net zero by 2045

Section 3

MEDICINES MANAGEMENT



Medicines account for 25% of carbon emissions in the NHS (5% from inhalers and anaesthetics, 20% from the wider supply chain of medicines and medical equipment). The way we manage medicines has a significant impact on our carbon footprint.

To address the carbon emissions associated with medicines, we need to decarbonise medicine production, reduce the carbon footprint of medicine use and improve medicine disposal and reduce waste. We have already started to reduce our carbon emissions from our use of medical products, particularly for the two specific medical products that have the biggest carbon footprint:

- Metered dose inhalers account for 3% of our Carbon Footprint – because of the gas propellant they use, they have a much higher carbon footprint than other forms of inhalers such as Dry Powder Inhalers (DPIs). Optimising the choice of inhaler, as part of a shared decision-making conversation between the patient and the clinician, will play a significant role in achieving the NHS net zero target
- Anaesthetic gases account for 2% of our Carbon Footprint – gases such as desflurane and nitrous oxide are particularly harmful to the environment. Desflurane is the gas with the highest carbon footprint with a global warming potential which is 2,540 times higher than CO₂. Nitrous oxide contributes 75% of NHS total anaesthetic carbon footprint.

Examples of good progress

We have made good progress already across BSW, some examples include:

- Reducing the use of metered-dose inhalers - national data confirms that we are already in the lowest quartile for prescriptions of metered-dose inhalers compared to the national averages
- Reducing the use of medical gases like desflurane and nitrous oxide – all trusts have plans to significantly reduce or cease altogether the use of desflurane in theatres. Trust-level working groups have been set up to support this work and explore other reductions and more environmentally friendly swaps
- Use of patient decision aid that includes carbon footprint information to help people with asthma and their healthcare professionals discuss their options for inhaler devices

We can still do more and our Medicines Management team has a detailed engagement and support plan with GP practices and individual patients on the use and disposal of inhalers, using data to drive the plan to achieve the biggest possible impact.

The three acute hospital Trusts in BSW all have plans to reduce their use of medical gases and we are supporting all our providers to reduce the carbon footprint of their medicines and medical gases. We are committed to sharing knowledge and learning across BSW to continuously improve the way that we manage medicines to reduce waste and improve sustainability together.

Section 3

MEDICINES MANAGEMENT



Our commitments

- We will continue to reduce our carbon footprint related to metered dose inhalers – aiming to move from the lowest 25% to lowest 10% when compared to other regions
- We will minimise the use of medical gases that contribute significantly to our carbon footprint – notably desflurane
- We will share knowledge and learning across BSW to continuously improve the way that we manage medicines to reduce waste and improve sustainability

Our action plan

BSW Together

- Embed Green Plan ambitions within existing Medicines Management and Optimisation workstreams
- Benchmark prescribing on inhaler carbon footprint against national and/or local averages – using PrescQipp tool
- Provide support to practices to change prescribing behaviour and to initiate patients onto lower carbon footprint inhalers
- Provide resources for the public to explain the change and choices of low carbon footprint inhalers
- Promote greener disposal of inhalers – encouraging return of unused/empty inhalers to practices for safe disposal
- Identify hotspots for potential future lower carbon medicine switches and commit to these through annual business planning

- Promote effective medicines waste management across ICS to reduce overall environmental impact
- Establish multi-disciplinary and cross-organisational working groups on medicines as required e.g. around inhalers and anaesthetic gases

Partners

- Measure and benchmark the use of desflurane and nitrous oxide waste against national and/or local averages
- Continue to reduce use of desflurane by switching to alternatives with a lower carbon footprint where possible (e.g. Sevoflurane)
- Develop approach to optimise use and reduce nitrous oxide waste e.g. through reducing leaks and exploring use of medical gas harvesters/Mobile Destruction Units (MDU)
- Improve medicines waste management through initiatives such as electronic prescribing, prescription reviews, reuse of pharmaceuticals, stock management processes and exploring recycling options

Section 3

MEDICINES MANAGEMENT



Targets

In line with NHS Standard Contract requirements and NHS net zero national targets:

- All NHS Trusts to reduce use of desflurane in surgical procedures to <5% by 2022/23
- Reduce overall carbon footprint of inhalers by 50% by 2028
- Reduce carbon footprint from anaesthetic gases and inhalers by 80% by 2032
- Carbon footprint from anaesthetic gases and inhalers net zero by 2040



Section 3

DIGITAL TRANSFORMATION

Our digital strategy is a key enabler for BSW to deliver our Health and Care Model and to deliver other changes that will allow us to reach net zero carbon emissions by 2040 for the emissions we directly control.

Our partners will align themselves to the Sustainable Information and Communications Technology (ICT) and Digital Services Strategy 2020-25 and contribute to the Green Plan being developed within BSW ICS. Specific initiatives within the strategy that have carbon reducing benefits include:

- Agile working initiatives that reduce commuter miles through supporting virtual working and collaboration
- Virtual and remote consultations that reduce the need for patients to be physically present to receive care
- Advice and Guidance tool roll out which provides primary care clinicians with specialist patient centric advice that may remove the need for onward referral or make sure any referral is sent to the correct organisation/team
- A cloud first approach to new initiatives, where the cloud supplier is identified as using sustainable energy sources
- The use of refurbished equipment has been reviewed and identified as neither cost nor environmentally effective. As a consequence focus will be directed to the supply chain, making sure the equipment procured best minimises the impact to the environment.

Examples of good progress

- The COVID-19 pandemic has accelerated digital transformation across all health and care settings in the BSW system. It has meant exploring new ways of delivering care enabled and supported by digital technology. We've seen great examples of progress in the use of digital means to facilitate health care delivery:
- Video conferencing and digital messaging becoming 'business as usual' in staff communications, resulting in a reduced demand for meeting room space and meeting related travel
- The increased use of virtual and remote patient consultations and clinics in delivery of care where clinically appropriate, resulting in reduced travel for both staff and patients
- The drive towards digitalisation of patient records and electronic health and care record systems, as well as increased use of digital clinical and operational workflow management and messaging, reducing reliance on paper-based records and handovers

Our commitments

- We will continue to make the best use of technology and data as we deliver our BSW Health and Care Model to help reduce carbon emissions
- We will ensure our ICT and Digital Services Strategy aligns with NHSX's 'What Good Looks Like' framework sustainability requirements and best practice

Section 3

DIGITAL TRANSFORMATION

- We will seek to understand and minimise the environmental impact and carbon footprint of our ICT of equipment and infrastructure

Our action plan**BSW Together**

- Continue to support the rollout of digital transformation projects that help to reduce the need for travel and support the delivery of care e.g. Integrated Care Record, video/online consultations, virtual wards, patient held records, remote and flexible working for staff
- Explore carbon modelling tools to help quantify carbon reductions achieved from switching to digital delivery

Partners

- Develop case studies which demonstrate carbon reduction from switch to digital service delivery / online consultations
- Continue to digitise care and service delivery where clinically appropriate, taking into account patient preference
- Review 'What Good Looks Like' framework and HMG Sustainability Reporting Materials and consider baselining ICT sustainability and carbon footprint as required to support net zero commitments and targeted actions
- Review supplier alignment to net zero targets when contracting and procuring new ICT equipment and services
- Review current arrangements for reuse or recycling, disposal of devices and accompanying equipment e.g. bags and peripherals

- Identify processes that are still paper-based and explore options to replace with a digital process.

Targets

- 25% of virtual outpatient appointments conducted remotely, where clinically appropriate by 2025
- Carbon footprint from ICT energy usage to net zero by 2040
- Carbon footprint from ICT procurement to net zero by 2045



Case Study

GREAT WESTERN HOSPITALS TRUST AGILE WORKING AND VIRTUAL CLINICS

As within most health and care organisations, the COVID-19 pandemic has accelerated digital transformation in the way that Great Western Hospitals, some examples include:

- An increase in agile working, with around 30% of the workforce being able to work flexibly which has inadvertently reduced commuting miles, carbon emissions and local air pollution.
- Over 88,000 virtual clinics delivered in 21/22 which have meant fewer patient car journeys to the Trust. The mileage saved from these journeys is equivalent to 78 times around the Earth, carbon abatement from over 20,000 trees per year and has saved nearly 6 and a half years in time spent travelling.

Section 3

ADAPTATION

A resilient, net zero health service is an essential component of the response to climate change.

The NHS must also adapt to the impacts of climate change that are already occurring today, and those that cannot be avoided. Heatwaves, storms and floods are already affecting the way that care is delivered across BSW community, primary and secondary care settings, and the evidence suggests that these events will become more frequent and their impacts will increase over time and broaden to other areas including changing patterns of vector, food and water-borne diseases.

We must build resilience to our changing climate in BSW – and support our health and care partners to do the same – to ensure we adapt to those impacts, as well as working to mitigate them.

Examples of good progress

NHS England and Improvement carry out an annual Emergency Preparedness, Resilience and Response (EPRR) Assurance process which requires all NHS funded organisations to have business continuity plans, cold weather and heatwave plans in place.

BSW CCG's Emergency Preparedness, Resilience and Response team have been working closely with Local Resilience Forums (Avon and Somerset and Wiltshire and Swindon) and key stakeholders such as the Met Office, Environment Agency and local authorities to develop plans to mitigate the risks and effects of climate change including severe weather conditions such as flooding and heatwaves. In the event of an

incident as a result of the effects of climate change the Local Resilience Forums would implement special measures to support all organisations to mitigate and minimise the consequences of such an event.

Our commitments

- We will understand the risks climate change poses to our BSW health and care system in terms of impacts on healthcare outcomes, health inequalities and health and care delivery
- We will build resilience into health care delivery across BSW by planning effective system-wide climate mitigation and adaptation strategies that will ensure the high-level of health care provision we deliver is available now and for future generations to come

Our action plan

BSW Together

- Clarify responsibilities and remit of existing EPRR teams and estates teams in relation to adaptation at system level
- Review existing climate change risk assessments and climate adaptation and mitigation plans and identify any additional assessments or plans are required for the ICS
- Continue to maintain and continuously adapt our EPRR and business continuity plans in response to climate change
- Continue to work with Local Resilience Forums to mitigate impacts of climate change events

Section 3

ADAPTATION



Partners

- Clarify responsibilities and remit of existing EPRR team and estates team in relation to adaptation at organisational level
- Include climate change as key strategic risk on corporate risk register and business continuity plans (BCPs)
- Monitor risks associated with climate change through formal risk management frameworks and develop action plans in response

Targets

- Climate change included as key strategic risk on corporate register/ business continuity plans by March 2023
- Undertake additional climate risk assessments and create additional adaptation plans as required by 2025





Case Study

WILTSHIRE COUNCIL - SALISBURY RIVER PARK PROJECT

The Salisbury River Park project is a collaborative project between Wiltshire Council and the Environment Agency, with support from both the Swindon and Wiltshire Local Enterprise Partnership (SWLEP) and Salisbury City Council to deliver essential flood alleviation and major environmental improvements through the central riverside spine of the historic city of Salisbury.

The 'River Park' is a joined-up response to a range of challenges facing the city, including responding to flood risk across a large area of the city centre, improving the ecological condition of the River Avon Special Area of Conservation, enabling the city to adapt to climate change and promoting recovery and regeneration in response to both the nerve agent attacks in 2018, and the subsequent COVID-19 pandemic.

The River Park project has been ongoing for approximately 2.5 years. Since 2020, despite the challenges of Covid-19, strong collaborative working has ensured that major progress on the project has been made.

Construction works are expected to commence in early 2022, with completion in 2024.

Section 3

FOOD AND NUTRITION

The food we consume plays a significant role in the emissions we produce and the strength of our planet's ecosystems. 6% of NHS emissions are derived from food related operations.

Alongside the opportunity to reduce these emissions, there are also a plethora for wider social and health co-benefits to be realised by ensuring that our food and agricultural processes are sustainable. The BSW Together is a group of anchor institutions and we have a major role to play in embedding sustainable practice.

The new hospital food standards, which are currently under review, will build on the work already outlined in the Independent 2020 Review of NHS Hospital Food.

The review focusses on three key areas from which a series of key principles can be derived:

Procurement

- Utilising collaborative trust buying power
- Sustainable procurement standards (Defra's 'A plan for public procurement: food and catering: the balanced scorecard')
- Soil Association 'Food for Life Served Here' award can guarantee performance

Supply Chain

- Buying British to reduce food miles, support farmers, retailers and those working in food processing. Seasonal British food will also improve nutritional value and support animal welfare

Reduction in Food Waste

- Reducing food waste can bring improve both support all three pillars of sustainability, particularly environmental and financial
- Food waste requires monitoring
- Seek opportunities for collaborate to reduce food waste and work with third parties to distribute leftover food within the community

To become a sustainable system, we will work with stakeholders across the ICS to improve the health of our communities.

Along with the actions below, the system must hold working towards enabling access to nutritious, healthy meals as a golden thread throughout the efforts made to achieve the wider benefits of sustainable food and nutrition.

Section 3

FOOD AND NUTRITION**Examples of good progress**

- Great Western Hospitals NHS Foundation Trust - use Vegware, plant-based compostable food packaging
- Salisbury NHS Foundation Trust - Catering Team achieved the 'Food for life' bronze award in 2018, awarded to recognise the use of locally sourced, fresh produce and the use of seasonal menus
- Royal United Hospitals Bath Foundation trust - catering and food contract already exceeds government guidelines and meets Soil Association standards
- All Trusts are already actively working to reduce food miles by increasing the number of goods and services sourced locally, whenever possible

Our commitments

- We will work towards more sustainable, lower carbon food catering models
- We will implement approaches to monitoring and reducing food waste
- We will review and adapt menus to offer healthier, lower carbon alternatives for anyone visiting our sites
- We will utilise collaborative buying power and sustainable procurement standards to influence food supply chains and support a local and seasonal food economy
- We will reduce the volume the single use disposable plastic items used in catering and utilise more sustainable food packaging

Our action plan**BSW Together**

- Explore opportunities to utilise collaborative buying power and sustainable procurement standards to influence the food supply chain within BSW healthcare catering
- Share learning and best practice from existing initiatives that reduce carbon emissions from food, food waste, and the use of catering plastics
- Explore opportunities to work with Local Authority on long-term population health and promotion of healthy and sustainable eating

Partners

- Work towards Soil Association 'Food for Life Served Here' or similar accreditation
- Review available food waste metrics to help understand what is currently being measured
- Review current food waste disposal arrangements and explore different options that make better use of this waste e.g. moving away from macerators or diverting food waste away from general waste and composting
- Consider implementing approaches that help to proactively measure and reduce food waste e.g. electronic food ordering systems

Section 3

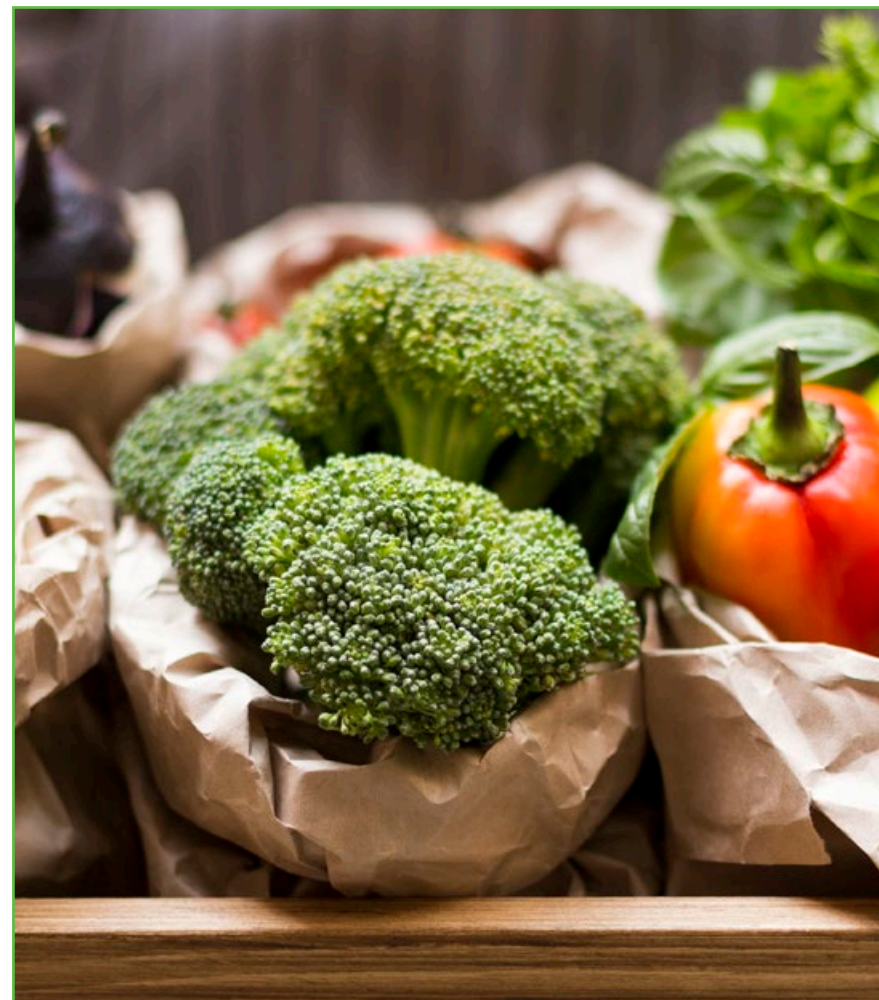
FOOD AND NUTRITION



- Review and adapt menus to offer lower carbon, seasonal, healthier options for staff, patients, and visitors
- Conduct assessment on use of single use catering plastics and explore options to switch to other materials
- Work with external catering providers to support the achievement of the system ambitions and actions as outlined above

Targets

- Review and adapt menus at least twice a year to maximise use of seasonal ingredients by March 2023
- Establish and agree target for reduction in single use plastics used within catering by March 2023
- Reduce the use of all single use plastic items used within catering (and vending) services, including beverage cups by 2025



DELIVERING OUR GREEN PLAN



This plan represents a new first for BSW Together – our first Green Plan written as a whole system. This is just the beginning of our work together.



OUR PLAN FOR THE NEXT THREE YEARS

SUPPLY CHAIN AND PROCUREMENT

From April 2022, all partners will include 10% social value weighting in all procurement tenders

From April 2023: the NHS will adopt the 'Taking account of Carbon Reduction Plans' (PPN 06/21)

100% paperless or, if essential, using 100% recycled paper content within all office-based functions by 2025

DIGITAL TRANSFORMATION

25% of virtual outpatient appointments conducted remotely, where clinically appropriate by 2025

ADAPTATION

Climate change included as key strategic risk on corporate risk registers and business continuity plans by March 2023

From April 2024, adopt PPN 06/21 all new contracts, irrespective of value

Undertake additional climate risk assessments and create additional adaptation plans as required by 2025

FOOD AND NUTRITION

Review and adapt menus at least twice a year to maximise use of seasonal ingredients by March 2023

Reduce the use of all single use plastic items used within catering services by 2025

ESTATES AND FACILITIES

Switch to 100% renewable suppliers by October 2022

Create a high-level roadmap for carbon reduction milestones in estates by March 2023

MEDICINES MANAGEMENT

All NHS Trusts to reduce use of desflurane in surgical procedures to <5% by 2022/23

TRAVEL AND TRANSPORT

NHS Trusts signed up to clean air hospital framework by March 2023

WORKFORCE AND SYSTEM LEADERSHIP

Staff are made aware of the relevant Green Plans (ICS / Trust) via training / inductions / comms by March 2023

Staff have access to a sustainability / green peer network by March 2023

Board-level lead identified at organisational and ICS level by March 2023

ICB to undertake sustainability training by March 2023

Section 3

DELIVERING OUR GREEN PLAN



Green Plan Governance

BSW Together established a new Integrated Care Board on 1st July 2022 and, at the time of publication, the governance structure for oversight of this plan has not yet been agreed.

However, the following principles will be in place and will be reviewed and amended as required when the ICS is ready to establish a more permanent governance structure for the delivery of this plan:

- A board level lead has been identified who will have responsibility over the delivery and oversight of this plan
- A Net Zero Design Authority which meets monthly has been set up with representation from key partners across the ICS – this will be the main vehicle for oversight of the Green Plan
- The Net Zero Design Authority will set up formal governance arrangements and report into the relevant ICS governance structures and meetings when established

In line with NHS England's How to Produce a Green Plan: A Three-Year Strategy Towards Net Zero guidance June 2021, we will ensure that any governance arrangements agreed meet the following requirements:

- The Green plan will be led by a designated board-level net zero lead/executive director
- Progress against the plan will be formally reported annually to the Integrated Care Board

- We will review the plan annually to consider:
 - Progress made and the ability to increase/ accelerate actions.
 - New initiatives generated by staff/ partner organisations.
 - Advancement in technology and enablers; and
 - The likely increase in ambition and breadth of national carbon reduction initiatives and targets the pace of implementation of actions as well as new initiatives that have been developed with partner organisations throughout the year.
- We will report at a national level towards the NHS net zero carbon emissions target and work with the regional Greener NHS teams as required.

Section 3

DELIVERING OUR GREEN PLAN



Tracking and monitoring our progress

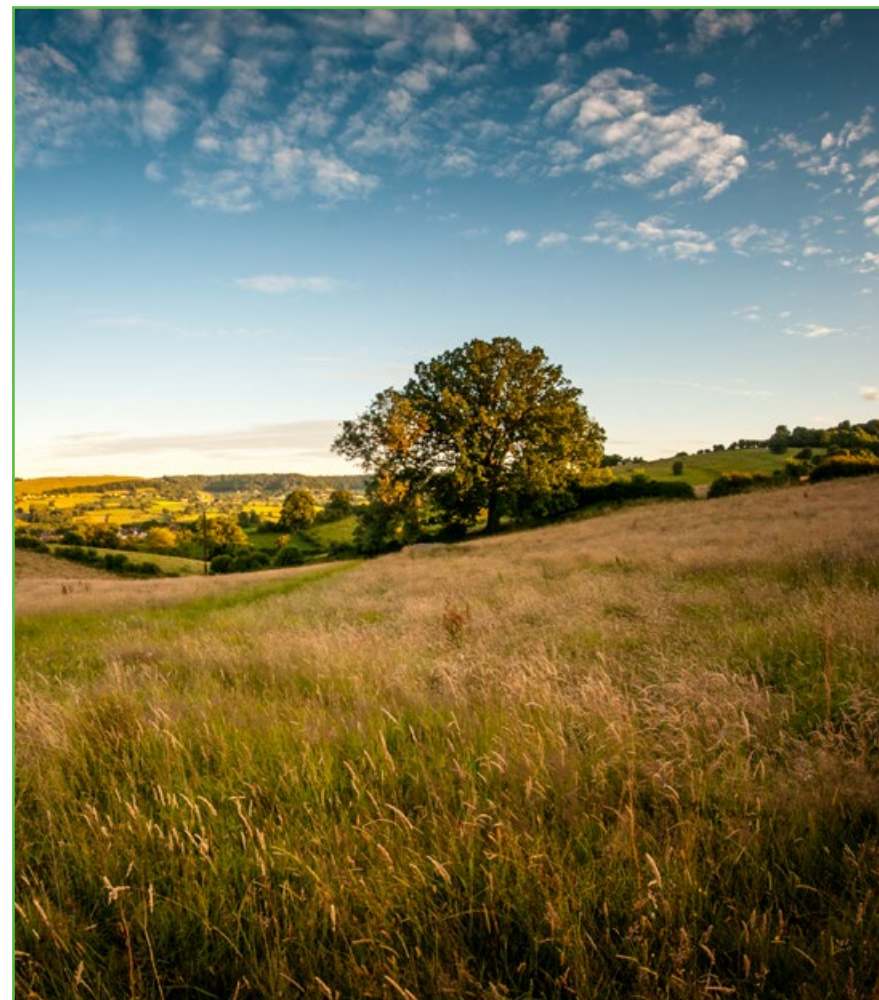
As above, tracking and monitoring arrangements will be subject to the ICS governance structures and processes.

On a temporary basis, any tracking and monitoring required will be undertaken by the Net Zero Design Authority and the Green Plan Board lead. BSW partners will continue to submit the quarterly data collection returns to the Greener NHS team as required to input into national monitoring.

In planning the implementation of the Green Plan over the coming months, we will develop a standard set of KPIs, metrics and targets where not already agreed, so we can establish a system and organisational baseline and then use that to track delivery and monitor the impact of our actions.

Our Action Plan

- Agree governance, delivery and reporting structure
- Agree metrics, KPIs and additional targets





GLOSSARY

Adaptation

The world has already warmed by 1.1-1.2C above pre-industrial levels and some of the impacts of the current heating are irreversible so, even if we succeed in cutting emissions drastically, we will still need to adapt to the impacts of more extreme weather. Things like infrastructure, including transport, telecommunications networks, housing and rural areas will need to be adapted and protected.

Anaesthetic gases

Anaesthetic gases are used to keep patients unconscious during surgery.

Biodiversity

The variety of plant and animal life in the world or in a particular habitat. A high level of biodiversity is usually considered to be important and desirable.

Climate Change

Climate change refers to long-term shifts in temperatures and weather patterns. These shifts may be natural but, since the 1800s, human activities have been the main driver of climate change. This is primarily due to the burning of fossil fuels (like coal, oil and gas), which produces heat-trapping 'greenhouse' gases.

Carbon Footprint

A carbon footprint is the total greenhouse gas emissions caused by an individual, event, organisation, service, place or product, expressed as carbon dioxide equivalent.

Decarbonising

Reducing the amount of carbon emissions released into the atmosphere, due to an environment or process.

Ecology Assessment

Ecological assessment is an assessment of the biodiversity found on a site.

Global Warming

A gradual increase in the overall temperature of the earth's atmosphere generally attributed to the greenhouse effect caused by increased levels of carbon dioxide and other pollutants.

Healthcare Estate

Healthcare estate describes buildings, offices, and sites leased or owned by healthcare organisations. These buildings can be owned by hospitals, health systems or private or public third party groups.

Metered-dose inhalers

A metered-dose inhaler is a device that delivers a specific amount of medication to the lungs, in the form of a short burst of aerosolized medicine that is usually self-administered by the patient via inhalation.

Section 4

GLOSSARY**Mitigation**

The term mitigation refers to efforts to cut or prevent the emission of greenhouse gases - limiting the magnitude of future warming. It may also encompass attempts to remove greenhouse gases from the atmosphere.

Net Zero

Reducing greenhouse gas emissions as far as possible and then offsetting any remaining irreducible emissions. The term “net zero” is increasingly used to describe a broader and more comprehensive commitment to decarbonization and climate action, moving beyond carbon neutrality by including more activities under the scope of indirect emissions, and often including a science-based target on emissions reduction, as opposed to relying solely on offsetting.

Procurement

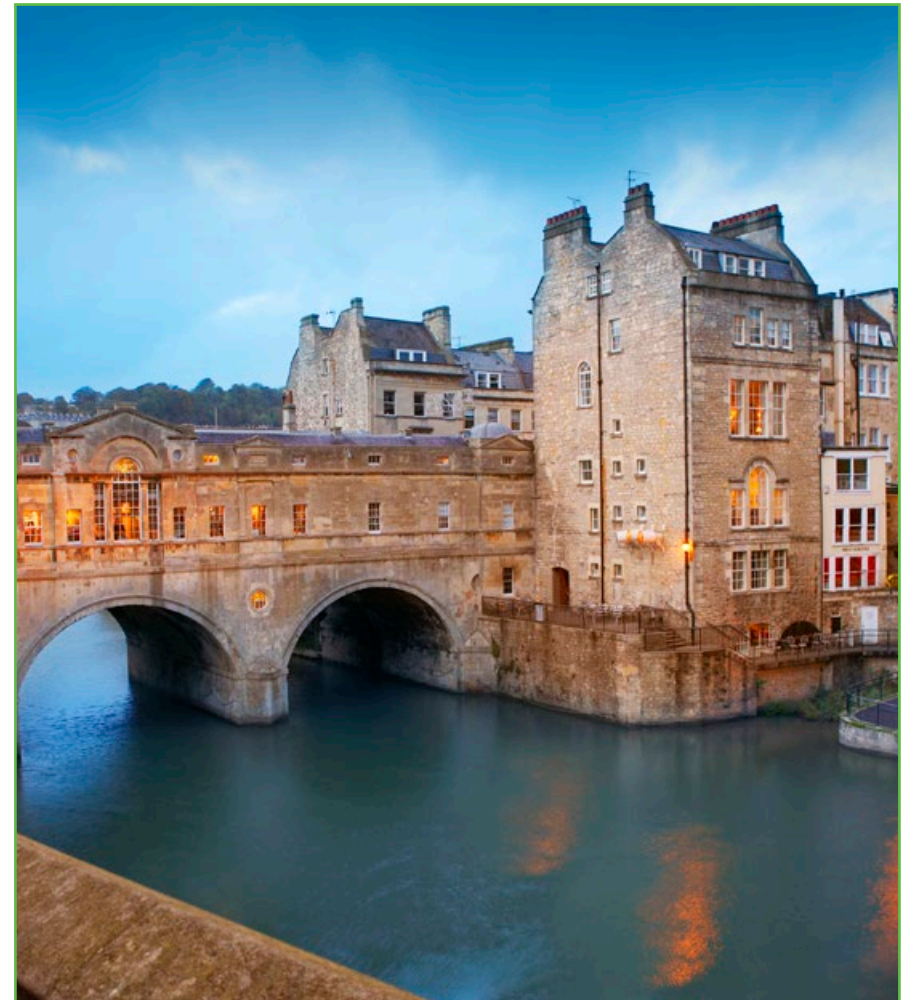
The process used to purchase goods and services.

Sustainability

Meeting our own needs without compromising the ability of future generations to meet their own needs. In addition to natural resources, we also need social and economic resources. Sustainability is not just environmentalism but includes concerns for social equity and economic development.

Telemedicine

The remote diagnosis and treatment of patients by means of telecommunications technology e.g. by telephone or online.



Section 4

ACRONYM BUSTER

1. AQMA – Air Quality Management Area
2. AWP – Avon and Wiltshire Mental Health Partnership
3. BEIS – Department for Business, Energy and Industrial Strategy
4. BREEAM – Building Research Establishment Environmental Assessment Method
5. BSW ICS – Bath and North East Somerset, Swindon and Wiltshire Integrated Care System
6. CAZ – Clean Air Zone
7. CCTV – Closed Circuit Television
8. CAMHS – Child and Adolescent Mental Health Service
9. DPI – Dry Powder Inhaler
10. EPRR – Emergency Preparedness, Resilience and Response
11. GWH – Great Western Hospital
12. ICB – Integrated Care Board
13. ICS – Integrated Care System
14. ICT – Information and Communications Technology
15. LA – Local Authority
16. LED – Light Emitting Diode
17. MD – Metered Dose Inhaler
18. PCN – Primary Care Network
19. PTSD – Post-Traumatic Stress Disorder
20. REGO – Renewable Energy Guarantees of Origin
21. RUH – Royal United Hospitals
22. SDMP – Sustainable Development Management Plan
23. SWLEP – Swindon and Wiltshire Local Enterprise Partnership
24. ULEV – Ultra-Low Emission Vehicle
25. WEAHSN – West of England Academic Health Science Network
26. ZEV – Zero Emission Vehicle

Section 4



REFERENCES TO OTHER STRATEGIES AND CORE DOCUMENTS

The BSW Green plan has been produced with reference to the following strategies and core documents:

- BSW Care Model
- BSW Estates Strategy 2022-25
- BSW ICT Strategy 2022-25
- GWH Green Plan
- RUH Green Plan
- Oxford Health Green Plan
- Salisbury Green Plan
- AWP Green Plan
- Bath and North East Somerset Council Climate Strategy
- Wiltshire Council Climate Strategy
- Swindon Council Climate Strategy





Bath and North East Somerset,
Swindon and Wiltshire Together



BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE TOGETHER GREEN PLAN 2022-25

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BSW ICB Board – Meeting in Public

Report Title	Summary Reports from Integrated Care Board (ICB) Board Committees	Agenda item	14
Date of meeting	30 August 2022		

Purpose	Approve		Discuss		Inform	x	Assure	x
This report was reviewed by	The Chair of each Committee has contributed to the relevant summary report.							
Executive summary	<p>This summary report provides an update of meetings of ICB Board committees since the last meeting of the ICB Board. The report brings to the attention of the Board key issues, risks, equality and inequality themes, and decisions as considered / made by the Committees.</p> <p>The minutes of ICB Board committee meetings that were held in public are made available on the website. The minutes of ICB Board committee meetings held in private will be made available to ICB Board Members only.</p> <p>The following Board Committee reports are enclosed:</p> <ul style="list-style-type: none"> • BSW ICB Audit Committee – 13 July 2022 • Swindon Integrated Care Alliance Shadow Joint Committee – 14 July 2022 • BSW ICB Primary Care Commissioning Committee – 18 July 2022 and 17 August 2022 • BSW ICB Commissioning Assurance Committee – 19 July 2022 and 16 August 2022 • BSW ICB Community Engagement Committee – 21 July 2022 • BSW ICB Finance Committee – 27 July 2022 • Wiltshire Locality Commissioning Group – 27 July 2022 • BSW ICB Audit Committee – 17 August 2022 <p>Committee Terms of Reference can be found on the BSW ICB website as part of the Governance Handbook - https://bsw.icb.nhs.uk/about-us/governance/our-constitution-and-governance-handbook/</p>							

Recommendation(s)	The ICB Board is asked to the note the content of this report.
Conflicts of interest	None

Committee Summary Report to the BSW ICB Board

Committee:	BSW ICB Audit Committee	Committee Meeting Date:	13 July 2022
This report was prepared by	Dr Claire Feehily, Non-Executive Director for Audit (Chair of Audit Committee)		

Recommendation(s) for the Board

The ICB Board is asked to **note** the content of this report, and to raise any questions with the Chair as appropriate.

Recommendation(s) for other Board Committees

- Quality Assurance Committee to sighted on Counter Fraud High Spend Continuing Healthcare report to support development of action plan.

Committee Decisions Made

None

Items for Escalation to Board

- Development of the ICB Board Assurance Framework (BAF)**
The Committee would maintain oversight of the BAF development work that was now underway. This was in parallel to the crucial work to commence with the Board concerning the ICB and system wide risk approach and risk tolerances.

Reports Received and Noted

The following reports were received by the Committee; satisfactory progress was reported and appropriate assurance received.

- ICB Statutory Functions and Duties
- External Audit Progress Report
- Internal Audit Progress Report

- Internal Audit Report - Integrated Care System Due Diligence
- Draft Internal Audit Plan 2022-23
- Anti-Crime Service (Counter Fraud)
 - Progress Report
 - High Spend Continuing Healthcare Final Report
 - ICB Annual Work Plan
- Risk Management
- Security Management Progress Report (verbal)
- ICB and CCG Due Diligence and Transition Update

Committee Summary Report to the BSW ICB Board

Committee:	Swindon ICA Shadow Joint Committee	Committee Meeting Date:	14 July 2022
This report was prepared by	Helen Evans on behalf of Susie Kemp, Chair of Swindon Shadow Joint Committee		

Recommendation(s) for the Board

The ICB Board is asked to **note** the content of this report, and specifically the progress made by the Shadow Joint Committee in its first 5 months of operation. The ICB Board is asked to raise any questions in Susie's absence, with Gordon Muvuti, Place Director, Swindon.

Recommendation(s) for other Board Committees

None

Committee Decisions Made – 14th July 2022

The Minutes of the meeting held on 9th June 2022 – The Minutes were approved by the Joint Committee. It was noted that the meeting was held via Teams and the minutes will be amended to show this.

Introduction to Out of Hospital schemes – The Committee received a combined partner's presentation on schemes in place to achieve NCTR. In terms of governance going forward, it was agreed that the Delivery Executive Group would oversee the workstreams for the NCTR reduction but that assurance/escalation would be taken to the Joint Committee quarterly.

Health Hydro - The Joint Committee agreed to endorse the Health Hydro bid offering a unique opportunity to develop a community health in the heart of Swindon.

Reports Received and Noted – 14 July 2022

Coordination Centre Options Appraisal – Received and supported by the SJC. This proposal is a key element of the locality's drive to reduce inappropriate admissions and speed up discharges.

End of Life Review – the committee received the review and noted its recommendations. The links to partners and opportunity to improve the end of life offer for people in Swindon was recognised.

Population Health Management – a presentation on PHM was given to the SJC. Links to key transformation programmes were noted and critical enablers within our partner organisations were recognised. Regular updates will be provided to the SJC going forward.

Items for Escalation to Board

There are no items to escalate for resolution, but the Chair would like to acknowledge the development of the Joint Committee in Swindon which has met since February 2022 in shadow form. In its first four months, the Joint Committee has focused on:

- identifying key priorities together through our ICA Delivery Plan – these include an absolute agreement to achieve our non-criteria to reside target, a focus on key transformation opportunities such as the development of community teams and regeneration (Swindon Communities Together) and the Care Co-ordination Centre, and recognizing the placing the reduction of health inequalities at the heart of our plan
- achieving a supported system financial position, enabling us to continue vital integrated discharge and admission prevention schemes through the winter of 2022-23 whilst recognizing our role to play in returning to system financial balance (across health and care)
- learning and development as a team with structural dynamics workshops planned for autumn 2022, identifying key partners to join the committee and taking the time to understand key priorities from each other partner's perspective.

Our shadow establishment in February 2022 followed nine months of preparation and development which saw Team Swindon develop its vision, objectives, priorities and governance. This was not without its challenges and we are realistic to know that many further challenges and opportunities will present themselves as we move forward. However, we have invested time in building trust and relationships and we know this will enable us to make changes together as partners for local communities that we could never make just within our individual organisations. We look forward to continuing to share our progress.

Committee Summary Report to the BSW ICB Board

Committee:	Primary Care Commissioning Committee (PCCC)	Committee Meeting Date:	18 July 2022
This report was prepared by	Paul Miller, Non-Executive Director for Finance (Chair of Primary Care Commissioning Committee)		

Recommendation(s) for the Board

The ICB Board is asked to **note** the content of this report, and to raise any questions with the Chair as appropriate.

Recommendation(s) for other Board Committees

None

Committee Decisions Made

(1) Clinical Waste procurement – There was a request to (a) approve the participation of BSW ICB in the NHSE/I national Clinical Waste Procurement and (b) approve the option of commissioning the managing agent to manage the operational day to day aspects of the contract for one year. The PCCC approved the joining of the NHSE/I national Clinical Waste Procurement. However whilst the PCCC supported the principle of Managing Agent, it felt this was an operational decision and therefore one for the appropriate budget holder or Executive to decide on, rather than one that should go to a Board assurance committee.

Items for Escalation to Board

(1) Ongoing primary care issues - Whilst this was the first PCCC since the ICB was created on the 1st July 2022 the committee still went through the previous minutes of the last Clinical Commissioning Group (CCG) meeting on the 16th June 2022 to be assured that ongoing risks were being managed. Verbal assurance was provided that noted issues were being appropriately taken forward by the Executive and the PCCC requested (a) these issues to be managed through the risk register and (b) these issues to be reported back through the PCCC and the ICB, in line with the governance decision making arrangements and the Committee 2022/23 workplan.

(2) PCCC terms of reference – These had been approved by the ICB at its first Board meeting on the 1st July 2022 and PCCC noted them, it was also agreed to review them after 6 months. Three

issues to escalate are firstly, as at the 18th July 2022, three of the eight members were still to be agreed (one Non-Executive and two Partners Members of the ICB). Secondly because there are currently only five members of the PCCC and the quoracy is 5, there is little headroom for absence of the current membership. Finally, under paragraph 6.2 of the terms of reference when the committee is not quorate the chairman has three options at his/her discretion, however these options are currently not consistent with other committees e.g. Commissioning Assurance Committee and it is suggested a consistent non-quoracy approach is adopted over all Board committees.

(3) Delegation agreement in respect of Primary Medical Services between NHS England and BSW ICB – The PCCC noted that this delegation agreement was signed by Sue Harriman (CEO) on the 1st July 2022. However it should be noted that further delegated services (primary dental, primary ophthalmic and pharmaceutical services) are planned to be delegated down to the ICB from the 1st April 2023 and the transfer of these new delegated services need to be effectively managed within the resources available.

(4) Primary Care Strategy – The PCCC received a presentation on the need to produce and approve an ICB primary care strategy, in light of the ongoing evolution of Primary Care Networks (PCN's), the recent Fuller Report (May 2022) "Next Steps for integrating Primary Care" and the ICB's Joint Forward Plan (2022/23). Some concerns were expressed at the meeting about the capacity of primary care to engage in this task. This risk should be noted, but the greater risk would be the lack of a future plan for primary care and how primary care works with the wider ICS health and social care system.

(5) PCCC Forward Planner 2022/23 – The current draft workplan was noted and it was recognised that it would evolve during the next three months

Reports Received and Noted

None.

Committee Summary Report to the BSW ICB Board

Committee:	Commissioning Assurance Committee	Committee Meeting Date:	19 July 2022
This report was prepared by	Paul Miller - Non-Executive Director for Finance (Chair of the Commissioning Assurance Committee)		

Recommendation(s) for the Board

The ICB Board is asked to **approve** the items below. The Committee makes this recommendation to the Board following the Committee's consideration of merits, risks, and implications of the proposal.

- **BSW Collaborate Contract for the Supply of IT Hardware**

This paper outlined the outcome of an BSW ICS wide tender for IT hardware. The contract once awarded would not directly lead to additional expenditure, but future IT purchases would be made through this contract. Commissioning Assurance Committee (CAC) endorsed the recommendation presented, but referred to the ongoing ICB decision making governance review, which is likely to clarify the process for dealing with such business cases.

This tender will be considered by the ICB Board during its private session.

- **Recommissioning of the Primary Care Software contract**

CAC supported the recommendation presented concerning the recommissioning of the primary care software contract, and in turn recommends to ICB Board that this be approved.

The business case will be considered by the ICB Board during its private session.

Recommendation(s) for other Board Committees

It was recognised that the relationship between the CAC, the Finance Committee, the Primary Care Commissioning Committee (PCCC), the Board and the Executive needed to be clarified with regard to decision making and business cases.

Committee Decisions Made

Minutes from At Scale Commissioning Committee 26th May 2022 - To be assured that there were no ongoing issues arising from the last ASCC, the ICB CAC went through the minutes of the last meeting. It was agreed that all issues had been effectively managed.

BSW CCG Continuing Healthcare Team Proposal Document – Resilience for Funded Nursing Care (FNC) and Continuing Healthcare (CHC) functions – CAC agreed that it was a high priority to reduce the current assessment backlog, but first this business case needed to go through the Executive team to ascertain their views on the best way of achieving the reduction and maintaining performance going forward. Once there is an agreed recommended course of action, the final business case would be signed off through the process identified by the ongoing ICB decision making governance review.

Tender Waiver – South Newton Beds - CAC received a tender waiver, which confirmed a decision to commission nine additional beds from the 1 June 2022 to the 30 September 2022. CAC noted the waiver and were assured that all quality assurance checks had been carried out and there was a need for additional capacity. CAC would welcome in the future a more strategic paper, which looked at future short, medium and long term options for commissioning ICS bed capacity of this type.

Update on expiring Contracts to March 2023 - CAC received an update on the health care contracts which are due to expire up to March 2023.

The CAC agreed the recommendations to roll over contracts, start new contracts or a review of the options needs to be carried out and these will come back at a later date, as set out in Appendix B of the supporting paper. These are long standing contracts, with no performance concerns and recurrently funded in budgets.

Update on the BSW Joint Forward Plan (JFP) 2022/23 – CAC received a presentation on the JFP and it was agreed that the Committee would receive monthly reports on progress and would position itself to do the “heavy lifting” on behalf of the Board. Thereby providing assurance that the JFP was being developed through an appropriate process, to deliver a high quality, with an owned outcome and by the required date.

Items for Escalation to Board

Terms of Reference - CAC membership, quoracy and financial delegation - CAC has a membership of 8 members (which currently exclude the Chief Executive and a member of the Finance team) and a quoracy requirement of 6 (section 4). This leaves very little headroom for members to be absent. When CAC is not quorate (section 5) there is no option to make decisions out of committee in a timely fashion (unlike PCCC which has that option), this is an issue that should be consistent across all committees. There is also a current role for CAC to approve business cases (section 3.1(h)) where CAC has a delegated approval limit of £250k. I am aware there is an ongoing governance review of ICB decision making and associated governance arrangements and this may impact on this current CAC delegation limit of £250k.

Further NHSE delegation of commissioning budgets - it was important to highlight that this would include the commissioning of specialised services, as well as ophthalmic, dental and pharmaceutical.

Therefore, going forward the ICB would need to properly plan to take on these new roles by 1 April 2023 and CAC would need to be assured.

Reports Received and Noted

Update on the development of BSW places and their future role in commissioning – Nothing significant to escalate, apart from the conversation on how CAC can best support the commissioning role of the three BSW places has begun.

Committee Summary Report to the BSW ICB Board

Committee:	BSW ICB Community Engagement Committee	Committee Meeting Date:	21 July 2022
This report was prepared by	Julian Kirby, Non-Executive Director for Public and Community Engagement (Chair of Community Engagement Committee)		

Recommendation(s) for the Board

The ICB Board is asked to **note** the content of this report, and to raise any questions with the Chair as appropriate.

Recommendation(s) for other Board Committees

None

Committee Decisions Made

None

Items for Escalation to Board

- Considering the discussions surrounding committee membership, representation, system and partnership working, the Committee suggests that the ICB Board needs to consider these observations at a forthcoming development session to ensure the Integrated Care System (ICS), ICB committees and the Board evolves and adjusts accordingly.

Reports Received and Noted

The following reports were received by the Committee; satisfactory progress was reported and appropriate assurance received.

- ICB Statutory Functions and Duties
- Draft BSW ICB's People and Communities Engagement Policy, Strategy and Plan - The Committee noted that next step was to engage with partners and the public to develop this further, ensuring public involvement at every stage to enable that co-design and co-production of services and outcomes.
- Working in Partnership with People and Communities statutory guidance shared with Committee for information.

Committee Summary Report to the BSW ICB Board

Committee:	BSW ICB Finance Committee	Committee Meeting Date:	27 July 2022
This report was prepared by	Paul Miller, Non-Executive Director for Finance (Chair of Finance Committee)		

Recommendation(s) for the Board

The ICB Board is asked to **note** the content of this report, and to raise any questions with the Chair as appropriate.

Recommendation(s) for other Board Committees

None

Committee Decisions Made

- Finance Committee Terms of Reference**

- agreed to amend the membership to ensure required Executive's and Members were involved.
- agreed to invite all NHS partner Directors of Finance and Chief Operating Officer's to future Finance Committee meetings.

(There is an ongoing governance review of decision making and business case processes/delegation, and the outcome of this review may impact on the future terms of reference of the Finance Committee and other committees e.g., Commissioning Assurance Committee and Primary Care Commissioning committee)

Items for Escalation to Board

- BSW ICB Operational and Financial Plan 2022/23** – This year's Integrated Care System (ICS) operational plan was submitted to NHSE/I on the 20 June 2022. The plan is financially balanced, but there are stretching financial and non-financial performance challenges/risks to address in the remaining eight months of 2022/23. Key issues for the Board to note are;
 - Whilst the plan is balanced in total there is currently an "in balance" within the plan, as the ICB is planned to underspend by £51.1m and the total provider planned overspend is £51.1m. Importantly this "in balance" may result in cashflow challenges for providers which may need to be addressed later in the year.

- b) The total system financial efficiency requirement is £72.4m (4.4%). As at the time of the July Finance Committee meeting not all efficiency schemes had been identified, let alone confirmed as achieved. In addition, currently 36% of identified system efficiency schemes are non-recurrent
 - c) The overall system plan requires a stretching level of elective productivity to be achieved by the 31 March 2023 and this is a further risk, given urgent care pressures e.g. Non Criteria to Reside (NC2R) patients
 - d) Finally taking into account all of the above, whilst the 2022/23 ICS operational plan is balanced, there is a likely recurring system wide deficit of £90m to £100m forecast going forward into 2023/24 and beyond
- **BSW ICS financial performance against 2022/23 plan, as at the 30 June 2022 (month 3)** – As at the 30 June 2022 (month 3) there is an overall ICS financial underspend of £9.6m. This is made up of an ICB underspend of £11m and a total provider overspend of £1.4m. However, caution needs to be exercised with regard to this position, and what it may mean for the year end. Therefore, the financial and performance risks identified above still remain.
 - **Development of Financial and Non-Financial system reporting arrangements** – It was acknowledged that ICS financial and non-financial reporting is on a journey and needs to be improved. Key to this is open transparent sharing of system wide information and the timely availability of data. Note there may be a balance to be struck between the timelessness *versus* accuracy of non-financial performance reporting and the Executive are sighted on this.
 - **Development of the BSW Finance Strategy and Recovery Plan** – work is already underway to plan to address the system wide deficit and there is an acknowledgement that the success of this financial recovery plan relies on the wider system strategies e.g. future Joint Forward Plan and clinical strategies.
 - **Business Case - BSW Gold call urgent emergency care decision**
On the 15 July 2022, the ICB on behalf of the ICS agreed to commit £1.123m of additional funds to system wide urgent care issues. The Finance Committee supported the principle of this decision and noted it.
 - **BSW Green Plan** – The Plan focuses on environmental sustainability and the NHS carbon neutrality challenged. The Finance Committee fully supported the direction of travel and recommended the Green Plan go to a future ICB Board meeting for formal discussion and approval.

Reports Received and Noted

- ICB Statutory Functions and Duties

Committee Summary Report to the BSW ICB Board

Committee:	BSW ICB Wiltshire Locality Group and the Wiltshire Council Strategic Commissioning Board meeting in common	Committee Meeting Date:	27 July 2022
This report was prepared by	Helen Evans on Behalf of Fiona Slevin-Brown		

Recommendation(s) for the Board
The ICB Board is asked to note the content of this report, and to raise any questions with the Chair as appropriate.
Recommendation(s) for other Board Committees
None
Committee Decisions Made
Minutes of the BSW Locality Commissioning Group and the Wiltshire Council Strategic Commissioning Group meeting in common on 25th May 2022 – Approved Joint, all-age Wiltshire Autism Strategy 2022/27 – Approved <ul style="list-style-type: none"> • The Wiltshire Autism Partnership Board is being re-launched and will be jointly chaired between a representative of the autistic community and the council. • A detailed work plan will be developed with autistic people following the sign-off of the principles of the strategy. • The implementation and development of the workplan will be overseen by the ICA with the overarching governance and ownership of the strategy being held by the Health & Wellbeing board • Whilst there are currently no financial implications to the strategy principles it was acknowledge that to deliver the plan there will need to be a financial commitment
Items for Escalation to Board
None

Reports Received and Noted

Updated position of the Disability Funding Grant

- In 2021/22, £2.5m of the overall grant was spent which meant a carry forward of £2.4m into 2022/23. A grant of £3.71m was received for 2022/23 which gives an in-year total of £6.1m to spend.
- There are several commitments and schemes against that total for this budget year with a forecast spend of £3.7m.
- There will be a £2.4m underspent within year which is non-recurrent capital funding. Several options have been identified that need to be considered

Plan for Better Care Fund (BCF) national visit

- A proposed agenda has been developed to demonstrate co-production, provider led approaches and integration to include:
 - Scene Setting
 - Trusted Assessor Service
 - Home First joint service
 - Rapid Response service
 - Results of the PW2 review
- Requests will be submitted to the national team for support with:
 - Good practice on falls prevention
 - Opportunities for BCF support for Learning Disabilities and Children's services

Position against BCF – Non-recurrent funding in 2022/23.

- The BCF schemes have been prioritised against three different funding sources:
 - Non-recurrent S256 funding
 - iBCF – agreed to fund IR beds non-recurrently
 - BCF
- The council's S151 officer needs to sign-off and be satisfied with the expenditure of the S256 funds. SR confirmed that she had an initial conversation with the S151 officer and in principle he was happy with the schemes allocated.
- There are some outstanding HDP claims for spot beds and domiciliary care. It is proposed to fund these from the £15k underspend in the s256 transformational fund. The council are currently working through the financial details.
- The earlier agreement to continue funding the HDP schemes is driving the BCF re-current funding gap which is now £2.069m.

BCF Planning 2022-23

The national guidance was noted

Children's Complex Case paper - Was noted as received

Committee Summary Report to the BSW ICB Board

Committee:	Commissioning Assurance Committee	Committee Meeting Date:	16 August 2022
This report was prepared by	Paul Miller - Non-Executive Director for Finance (Chair of the Commissioning Assurance Committee)		

Recommendation(s) for the Board

The ICB Board is asked to **approve** the items below. The Committee makes this recommendation to the Board following the Committee's consideration of merits, risks, and implications of the proposal.

Recommendation(s) for other Board Committees

None

Committee Decisions Made

Minutes from Commissioning Assurance Committee (CAC) 19th July 2022 – These were agreed as a true and fair record of the meeting

Items for Escalation to Board

- (1) **Process for agreeing business case decisions** - The committee received a business case and recommendation to extend a contract for a software system that facilitated BSW wide staff vaccination. Whilst the principle of the recommendation was fully supported, the committee did not approve it, as it was identified that this proposal had no source of funding in 2022/23 and neither had it been compared against other non-funded priorities. This illustrated the importance of the ongoing executive review of ICB business case decision making and associated revised scheme of delegation, budget setting and the board/committee roles in assuring and making large decisions.
- (2) **Medvivo contract** - The Committee received a briefing on the current Medvivo contract, which identified the possible need to make a number of decisions on key aspects of the contract by the early Autumn of 2022. The committee were sighted on these issues and the timescales,

which may require a Board decision and if required this needs to be included in the future Board meeting schedule.

- (3) **Community services contract** - The Committee also received a briefing on the future of community services in BSW, with the aim of implementing new models of integrated care by April 2024. It was agreed that a lot of work was required to be undertaken over the next 19 months to achieve this target and this work needed to be undertaken in partnership, following whatever NHS procurement arrangements exist at this time. With this in mind it is suggested the Board identify a number opportunities over the next 19 months to ensure (a) there is a partnership wide strategic consensus on the future vision, (b) the procurement process and programme timetable is signed off (c) the agreed procurement process is followed, with key milestones achieved and (d) the final recommended suppliers are approved, in line with the agreed procurement arrangements
- (4) **South Newton Hospital update** – a verbal report was received on this ongoing piece of work and it was agreed the any issues for Board decisions in the short/medium/long term, would come back to this Committee, for assurance purposes, in the next two months prior to going to the Board as required (timescales allowing).

Reports Received and Noted

- (1) **Winter Plan 2022/23** – a verbal report was received and a paper will come to the Committee meeting on the 23rd September 2022
- (2) **BSW Respiratory Services** – a presentation was made on an ongoing urgent bid to NHS England to access central NHS funding. The timescales, process and priorities were noted and supported.

Committee Summary Report to the BSW ICB Board

Committee:	BSW ICB Audit Committee	Committee Meeting Date:	17 August 2022
This report was prepared by	Dr Claire Feehily, Non-Executive Director for Audit (Chair of Audit Committee)		

Recommendation(s) for the Board

The ICB Board is asked to **note** the content of this report, and to raise any questions with the Chair as appropriate.

Recommendation(s) for other Board Committees

None

Committee Decisions Made

- Approval of the Counter Fraud Work Plan 2022-23

Items for Escalation to Board

None

Reports Received and Noted

The following reports were received by the Committee; satisfactory progress was reported and appropriate assurance received.

- BSW CCG – Draft 3-month Annual Report
- Draft External Audit Annual Report
- Internal Audit Progress Report and Recommendation Tracker
- Internal Audit Report – Procurement Challenge Review
- Internal Audit Report – Primary Care Workforce Review
- Internal Audit Report – IT Network Implementation Review – *BSW Digital Board to be sighted on report and actions to take forward*
- Head of Internal Audit Opinion 1 April 2021 to 30 June 2022

- Internal Audit Review of HFMA Checklist
- Anti-Crime Service (Counter Fraud)
 - Progress Report
 - ICB Annual Work Plan
- Security Management Progress Report
- Corporate Registers – *the BSW ICB Register of ICB Board members' interests, and BSW ICB Register of Gifts, Hospitality and Sponsorship to be published upon the ICB's website.*
- Tender Waiver – South Newton Beds
- Updates on Information Governance Steering Group and Risk Management Arrangements (verbal reports)

Committee Summary Report to the BSW ICB Board

Committee:	Primary Care Commissioning Committee (PCCC) both public and private meetings	Committee Meeting Date:	17 August 2022
This report was prepared by	Paul Miller, Non-Executive Director for Finance (Chair of Primary Care Commissioning Committee)		

Recommendation(s) for the Board

The ICB Board is asked to **note** the content of this report, and to raise any questions with the Chair as appropriate.

Recommendation(s) for other Board Committees

The Committee received a quality report and it was recommended that a similar quality report should also go to the Quality Committee on a regular basis. The rationale being the same report would trigger two different, but useful, conversations at both committees.

Committee Decisions Made

None, as the meeting was not quorate.

Items for Escalation to Board

- (1) **Calne Primary Care Network (PCN)** – Over the spring/summer considerable work has been undertaken to ensure the continuity of comprehensive PCN arrangements for the population of Calne. Interim arrangements have now been put in place, are intended to operate until the 31st March 2023. The Committee was assured that these interim arrangements ensure the continuity of services in the short/medium term, whilst maximizing the full benefits of PCN's in the long term.
- (2) **Further delegated Primary Care services** – The ICB signed a delegated agreement for primary medical services on the 1st July 2022. The Committee received papers outlining progress on further delegated services from NHS England (Pharmacy, Ophthalmic services and Dental), which are intended to come into effect on the 1st April 2023. A readiness assessment is expected to be returned to NHS England by mid September 2022 and a draft will be going to the ICB meeting on the 30th August 2022. The Committee are assured that a process to

manage this further delegation is being created, however there are a number of issues/risks that will need to be managed over the next seven months.

- (3) **Enhanced access plans** – Primary Care Network (PCN) enhanced access plans have been under preparation and approval for a significant period of time and these are intended to come into effect on the 1st October 2022. The Committee have reviewed the process and the current status of individual PCN plans are assured both are in a good place. The next step is for the enhanced plans to be signed off by the Commissioners by the 31st August 2022 and for this reason a paper will be going to the ICB meeting on the 30th August 2022 to gain this formal approval.
- (4) **Terms of reference of the committee** – the terms of reference of the Committee were approved by the ICB at its first meeting on the 1st July 2022. However after two PCCC meetings, post Clinical Commissioning Group, it is perhaps worth reflecting on whether the ICB going forward wishes the PCCC to operate more as a managerial decision making committee (chaired by a Non-Executive) or as an assurance committee (chaired by a Non-Executive)? The current terms of reference (paragraph 3.4) identify this Committee as having a managerial responsibility *“to carry out the functions relating to the commissioning of primary medical services....”*. However with an ongoing governance review in progress, which may look at the respective roles and responsibilities of executives and non-executives, the future role of the PCCC in make operational and managerial commissioning decisions may need to be looked at. That said until such time as an ICB decision is made the Committee will operate under its current terms of reference until further notice.

Reports Received and Noted

None.