

## BSW Integrated Care Board – Board Meeting in Public

Tuesday 1 November 2022, 10:00hrs

Sir Daniel Gooch Theatre, STEAM – Museum of the Great Western  
Railway, Fire Fly Avenue (off Kemble Drive), Swindon, SN2 2EY

### Agenda

Timing	No	Item title	Lead	Action	Paper ref.
<b>Opening Business</b>					
10:00	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 30 August 2022	Chair	Approve	ICBB/22-23/024
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/22-23/025
<b>Business items</b>					
10:05	5	Questions from the public <i>Pre-submitted questions and answers</i>	Chair	Note	Verbal
10:10	6	Community Story from the Swindon Locality	Pam Webb	Note	Presentation in meeting
10:20	7	The Impact of the Cost of Living Crisis on Our Workforce	Jas Sohal	Note	Presentation in meeting
10:35	8	BSW ICB Chair's Report	Chair	Note	Verbal
10:40	9	BSW ICB Chief Executive's Report	Sue Harriman	Note	ICBB/22-23/026
10:50	10	Swindon Locality Update	Gordon Muvuti	Note	Presentation in meeting
11:10	11	BSW Performance, Workforce and Quality Report	Rachael Backler, Jas Sohal, Gill May	Note	ICBB/22-23/027

Timing	No	Item title	Lead	Action	Paper ref.
11:25	12	NHS BSW Integrated Care System Finance Report – Month 5	Gary Heneage	Note	ICBB/22-23/028
<b>11:40 - Break – 10 mins</b>					
11:50	13	BSW ICS Urgent and Emergency Care Winter Plan	Gill May, Heather Cooper	Note	ICBB/22-23/029
12:10	14	Meeting the needs of our Population – Children and Young People	Gill May		Presentation in meeting
		a. Safeguarding Annual Report 2021-22		Note	ICBB/22-23/030
		b. Children Looked After and Care Experienced Young People Annual Report 2021- 2022	Professor Rory Shaw, Gill May	Note	ICBB/22-23/031
12:35	15	2021-22 Annual Equality and Inclusion Assurance Summary Report	Professor Rory Shaw, Gill May	Approve	ICBB/22-23/032
12:40	16	NHS England Operating Framework and 2022-23 Memorandum of Understanding	Rachael Backler	Note	ICBB/22-23/033
12:45	17	Review of ICB Governance and Recommendations	Rachael Backler	Approve	ICBB/22-23/034
12:55	18	Summary Reports from ICB Board Committees	Chairs of Committees	Note	ICBB/22-23/035
<b>Closing Business</b>					
13:00	19	Any other business and closing comments	Chair	Note	

**Next ICB Board Meeting in Public:** 12 January 2023

## Glossary of Terms and Acronyms

Acronym /abbreviation	Term	Definition
ALOS	Average Length of Stay	An average of the length of time a patient stays in a hospital when admitted. May be averaged for all patients or those with specific medical or social conditions. ALOS has national and local planning implications.
	Ambulatory Care	Rapid access, immediate and urgent care where the patient can walk into a centre and be seen or be directly referred by a doctor, nurse or therapist to avoid the need to admit a patient.
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust	Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a significant provider of mental health services across a core catchment area covering Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. The Trust also provides specialist services for a wider catchment extending throughout the south west.  <a href="http://www.awp.nhs.uk/">http://www.awp.nhs.uk/</a>
BSW	Bath and North East Somerset (BaNES), Swindon and Wiltshire	The area covered by the BSW Integrated Care System (ICS) and Integrated Care Board (ICB).
CAMHS	Child and Adolescent Mental Health Services	CAMHS are specialist NHS services. They offer assessment and treatment for children and young people who have emotional, behavioural or mental health difficulties.
CCG	Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
CHC	Continuing Healthcare	NHS Continuing Healthcare is free care outside of hospital that is arranged and funded by the NHS. It is only available for people who need ongoing healthcare. NHS Continuing Healthcare is sometimes called fully funded NHS care.

Acronym /abbreviation	Term	Definition
	Commissioning	Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a cycle of work from understanding the needs of a population, and identifying gaps or weaknesses in current provision, to procuring services to meet those needs.
D2A	Discharge to Assess	Funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. They can then be assessed for their longer-term needs in the right place.
DES	Directed Enhanced Service	Additional services that GPs can choose to provide to their patients that are financially incentivised by NHS England.
DTOC	Delayed Transfer of Care	Experienced by an inpatient in a hospital, who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons. Timely transfer and discharge arrangements are important in ensuring the NHS effectively manages emergency pressures. The arrangements for transfer to a more appropriate care setting (either within the NHS or in discharge from NHS care) will vary according to the needs of each patient but can be complex and sometimes lead to delays.
ED	Emergency Department	An accident and emergency department (also known as emergency department or casualty) deals with life-threatening emergencies, such as loss of consciousness, acute confused state, fits that are not stopping, persistent and severe chest pain, breathing difficulties, severe bleeding that can't be stopped, severe allergic reactions, severe burns or scalds. <a href="https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx">https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx</a>
	Elective Care	Elective care is pre-arranged, non-emergency care which includes scheduled operations. It is provided by medical specialists in a hospital or another care setting.
EFR	Exceptional Funding Request	An Exceptional Funding Request (EFR) is the route by which A health professional can apply on a patient's behalf for treatments, drugs and devices (collectively referred to as interventions) that are not routinely funded by a CCG.
FOT	Forecast Outturn	The total projected balance remaining at the end of the financial year.

<b>Acronym /abbreviation</b>	<b>Term</b>	<b>Definition</b>
HWB	Health and Wellbeing Board	The Health and Social Care Act 2012 established Health and Wellbeing Boards as forums where leaders from the NHS and local government can work together to improve the health and wellbeing of their local population and reduce health inequalities.
H2/HIP2	Health Infrastructure Plan	A rolling five-year programme announced in October 2019 of investment in health infrastructure, encompassing: capital to build new hospitals, modernise primary care estates and invest in new diagnostics and technology.
ICA	Integrated Care Alliance	Integrated Care Alliances (ICAs) involve commissioners, providers and other organisations working together to improve health and care for residents' in one locality, often co-terminous with local authority boundaries, working across organisational boundaries by choosing to focus on areas which are challenging for all partners and agreeing a picture of future population needs. In BSW, there will be three ICAs – Bath and North East Somerset, Swindon and Wiltshire.
ICB	Integrated Care Board	Each Integrated Care System (ICS) will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. When ICBs were legally established, clinical commissioning groups (CCGs) were abolished.
ICP	Integrated Care Partnership	<p>The Integrated Care Partnership (ICP) is a statutory committee formed by the Bath and North East Somerset Integrated Care Board (BSW ICB), and local authorities in the BSW area.</p> <p>The BSW ICP brings together the NHS, local government, the voluntary, community and social enterprise (VCSE) sector and other partners to focus on prevention, wider social and economic factors affecting people's health and reducing health inequalities.</p>
ICS	Integrated Care System	An Integrated Care System (ICS) is a way of working across health and care organisations that allows them to work closer together to take collective responsibility for managing resources, delivering care and improving the health and wellbeing of the population they serve. ICSs integrate primary and specialist care, physical and mental health services and health and social care
IG	Information Governance	Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information. Key areas are information policy for health and social care, IG standards for systems and development of guidance for NHS and partner organisations.

Acronym /abbreviation	Term	Definition
	Integrated Care	A concept that brings together the delivery, management and organisation of services related to diagnosis, treatment, care, rehabilitation and health promotion, in order to improve services in terms of access, quality, user satisfaction and efficiency.
JSNA	Joint Strategic Needs Assessment	A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.
KPIs	Key Performance Indicators	These are set out in contracts with providers and help to monitor performance. Examples of KPIs include length of stay in hospital for a particular treatment or how satisfied patients are with the care they receive.
LA	Local Authority	Local authorities are democratically elected bodies with responsibility for a range of functions as set out in government legislation. They have a duty to promote the economic, social and environmental wellbeing of their geographical area. This is done individually and in partnership with other agencies, by commissioning and providing a wide range of local services.
LES	Local Enhanced Service	Local scheme of additional services provided by GPs in response to local needs and priorities, sometimes adopting national NHS service specifications.
LMC	Local Medical Committee	LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities. They interact and work with – and through – the General Practitioners Committee as well as other branches of practice committees and local specialist medical committees in various ways, including conferences.
LOS	Length of Stay	The time a patient will spend in hospital.
LPC	Local Pharmaceutical Committee	Local Pharmaceutical Committees (LPCs) represent all NHS pharmacy contractors in a defined locality. LPCs are recognised by local NHS Primary Care Organisations and are consulted on local matters affecting pharmacy contractors.  In Swindon and Wiltshire, this is known as Community Pharmacy Swindon and Wiltshire.  <a href="https://psnc.org.uk/swindon-and-wiltshire-lpc/">https://psnc.org.uk/swindon-and-wiltshire-lpc/</a>
MASH	Multi Agency Safeguarding Hubs	Bringing key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children and young people more effectively.

<b>Acronym /abbreviation</b>	<b>Term</b>	<b>Definition</b>
MDT	Multi-Disciplinary Team	A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. psychiatrists, social workers, etc.), each providing specific services to the patient.
	Non-elective care	Non-elective care is admitted patient care activity which takes place in a hospital setting where the admission was as an emergency.
OD	Organisational Development	Organisational development is a planned, systematic approach to improving organisational effectiveness and one that aligns strategy, people and processes. To achieve the desired goals of high performance and competitive advantage, organisations are often in the midst of significant change.
OPEL	Operational Pressures Escalation Levels	Framework system implemented by NHSE to provide a consistent approach in times of pressure.
	Primary Care	Healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists, pharmacists and opticians.
PCN	Primary Care Network	Primary care networks were introduced in January 2019 to encourage local GP practices to link up with other neighbouring practices to deliver care to groups of between 30,000 – 50,000 patients.
QOF	Quality and Outcomes Frameworks	The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of quality care and helps to fund further improvements in the delivery of clinical care.
	Secondary Care	Secondary care is the services provided by medical specialists, quite often at a community health centre or a main hospital. These services are provided by specialists following a referral from a GP, for example, cardiologists, urologists and dermatologists.
RTT	Referral to treatment	NHS England collects and publishes monthly referral to treatment (RTT) data, which are used to monitor NHS waiting times performance against the standards set out in the National Health Service Commissioning Board and Clinical Commissioning Groups

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

Tuesday 30 August 2022, 9:30hrs

*Virtual meeting via Zoom*

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### **Members present:**

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)  
ICB Chief Executive, Sue Harriman (SH)  
Community Provider Partner Member, Douglas Blair (DB)  
Primary Care Partner Member, Francis Campbell (FC)  
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)  
Local Authority Partner Member – BaNES, Will Godfrey (WG)  
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector –  
Dominic Hardisty (DH)  
ICB Chief Finance Officer, Gary Heneage (GH)  
Local Authority Partner Member – Wiltshire, Terence Herbert (TH) *(from 10:20hrs)*  
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)  
Non-Executive Director for Quality, Professor Rory Shaw (RS)  
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

### **Regular Attendees:**

ICB Director of Place – BaNES, Laura Ambler (LA)  
ICB Director of Planning and Performance, Rachael Backler (RB)  
ICB Chief of Staff, Richard Collinge (RC)  
ICB Acting Director of Corporate Affairs, Anett Loescher (AL)  
ICB Assistant Director of Communications and Engagement, Jenna Richards (JR)  
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)  
ICB Director of Strategy and Transformation, Richard Smale (RSm)  
ICB Chief People Officer, Jasvinder Sohal (JS)  
ICB Board Secretary, Sharon Woolley (SW)

### **Invited Attendees:**

ICB Director of Primary Care, Jo Cullen (JC) – for item 11  
Director of Patient and Family Services, Dorothy House Hospice, Maggie Crowe (MC) –  
for item 7  
Dorothy House Hospice, Rebeka Jones (RJ) – for item 7  
Dorothy House Hospice, Sue Spanswick (SS) – for item 7

ICB Assistant Director of Estates, Simon Yeo (SY) – for item 13

**Apologies:**

Local Authority Partner Member – Swindon, Susie Kemp (SK)

ICB Director of Equalities, Innovation and Digital Enterprise, Jane Moore (JM)

ICB Director of Place – Swindon, Gordon Muvuti (GM)

ICB Chief Medical Officer, Dr Amanda Webb (AW)

**1. Welcome and Apologies**

1.1 The Chair welcomed members, officers and observing members of the public to the meeting of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) held in public. The Chair invited all Board members and ICB Executives to introduce themselves.

1.2 The above apologies were noted.

1.3 The meeting was declared quorate.

**2. Declarations of Interest**

2.1 There were none.

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

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

**4. Action Tracker**

4.1 There were no actions recorded upon the tracker, and the Chair advised there were no actions to carry forward from the CCG Governing Body public action tracker.

**5. Questions from the Public**

5.1 The Chair welcomed questions in advance of the Board meetings held in public. The ICB website details the process on how the public can submit questions to the Board, questions need to be sent in seven business days in advance of the meeting. For future meetings in public, the mechanism for asking questions during the meeting itself was being considered to develop that open opportunity for questions, with balancing the needs of the ICB business meeting.

5.2 Two questions were received in advance of the meeting. The Chair read out the questions and ICB responses. These would be published in full on the ICB website following the meeting.

**6. Community Story from the Wiltshire Locality**

6.1 VCSE Partner Member, Pam Webb, presented a Wiltshire based community story, focussing on the important role of unpaid carers and the value brought to the BSW economy and the Integrated Care System (ICS).

6.2 The subsequent discussion points were noted following the presentation:

- The triangle of care method could be utilised with patients, carers and providers, as a methodology to self-assess the services and support offered to carers, and impact of the caring role.
- The new BSW Care Model supported the move to prevention, and the need to raise awareness amongst carers of the support available to sustain their position. The BSW Carers Board would progress this area of work to bring the benefit to the wider system.
- There was a need of support to encourage care within the family and friend environment, alongside reflection and recognition that carers also wished to preserve their relationship with loved ones.
- The ICB and the Board needed to understand community lives and choices, to ensure support and services offered met the population need, including those required for the later stages in life.
- The gaps in the current provision were acknowledged, with further pressures in this area anticipated going forwards. There was an opportunity now to have that open and honest conversation amongst system partners, to take forward the Care Model, whilst considering what level of paid care is provided, alongside reasonable levels of unpaid care by those who are willing to be carers. Strategic intent needed to be considered with the deployment of the Care Model, recognising that the volume of demand was creating unnecessary pressures. This would form an important part of the Integrated Care Strategy.

## **7. Workforce Story**

- 7.1 The Chief People Officer introduced Maggie Crowe, Rebeka Jones and Sue Spanswick from Dorothy House Hospice, who joined the meeting to provide a workforce story from those colleagues working across BSW. Dorothy House colleagues had built good relationships across BSW, although the different ways of working of each locality was a challenge. Joint working was in place with the BaNES Care Homes, and with the RUH to offer joint specialist clinics and advanced care planning, supporting carers and patients.
- 7.2 In opening up the discussion, the following was noted:
- Work was required to test and raise awareness of the BSW End of Life Strategy, and the joining up of the workforce, bringing parties together to offer care to those who wish to remain at home, ensuring the model of care was embraced and the offer was meeting demand for services within the community.
  - The end of life pathway needed to be designed with lead providers and hospices to ensure integration.
  - The ability to be flexible and to have the time to spend with each patient gave that autonomy in the workplace, supporting a motivated workforce.
  - Availability of equipment for patients discharged from hospital was a noted barrier to the support offered. A link needed to be formed amongst those different organisations co-ordinating the equipment service.
- 7.3 Dorothy House colleagues were congratulated for maintaining their CQC outstanding rating. The Chair thanked colleagues for joining the meeting.

## **8. BSW ICB Chair's Report**

- 8.1 The Chair provided a verbal report to the Board on recent work undertaken:
- ICB internal – establishment of the new organisation and associated governance work, recruitment of the Primary Care Partner Member, and conducting one-to-one meetings with members.
  - Local ICS role – continuing the development of the ICS with colleagues. Cllr Richard Clewer of Wiltshire Council had been appointed as the Chair of the Integrated Care Partnership (ICP). The ICP was responsible for developing the integrated care strategy. Regular meetings were held with partner Chairs, and also with the three Council leaders. The Chair and Chief Executive had visited a number of NHS partner member Board meetings to raise the profile and understanding of the ICB. The Chair offered to attend local authority meetings also if this would be beneficial.
  - Regional responsibilities – links formed with the South West NHSE regional team, and regular attendance at meetings of the Regional Directors and ICB Chairs.
  - National aspect – the ICB is an active member of NHS Confederation. The Chair regularly attends the national ICS Chairs group, and had agreed to Chair the national forum of inequalities. The Chair had recently contributed to the provider collaboratives work, and frequently presented at national events to promote the work of BSW, and to learn from others.

## 9. BSW ICB Chief Executive's Report

- 9.1 The Board **received and noted** the Chief Executive's report as included in the meeting pack. The Chief Executive highlighted the following to members:
- The report acknowledged that the system and ICB were taking the opportunity through the new Government legislation to work differently with partners, recognising the Board was on a development journey, to better understand the roles, and the information and data required to enable the Board and members to discharge their duties.
  - The following statement was noted from the Chief Executive concerning the recent high court decision in relation to the Consult and Connect procurement – The Court ruling against BSW, Bristol, North Somerset and South Gloucestershire (BNSSG) and Gloucester CCG's made for sobering reading, and there was disappointment that the court found that procurement law had been broken. There would be no appeal against the court decision and the ICB was committed to understand what had gone wrong and how to learn from this process. Procurement had already commenced for these important services to ensure maintained service continuity for the citizens of BSW, taking robust steps to ensure the reprocurement was sound and in line with procurement law, working with the NHS South, Central and West Central Support Unit (CSU) to ensure effective and timely conclusion.
  - As the system continued to recover from the pandemic; challenges, risks and pressures remained across all elements of the pathway of care. Attention was on the elective care waiting lists and intervention, diagnostic and operation services. Good progress had already been made to recover elective services.
  - Partners were coming together to ensure these risks were managed, and services were prepared for what was expected to be an exceptionally challenging

winter. The Board would have the appropriate line of sight on performance and risk.

- Longer term the transformation of services was also a key task, recognising the challenges of winter and the continued demands on the workforce.
- The Board would continue to be appraised of the work at place level as the governance of the Integrated Care Alliances (ICA's) developed.

9.2 The Board discussion noted the following:

- As part of winter planning, consideration would need to be given to the challenges surrounding the cost of living increases, and the impact this is to have on our population and our workforce. Learning from the pandemic was being utilised. The Chief People Officer was working with South West peers to consider local and national initiatives to support the workforce. The cost of living was in affect a crisis for partners and the system to respond to, individually and collectively, with efforts focussed on improving outcomes going forwards. The Board would remain sighted on winter and crisis plans, and the system approach.
- The work undertaken over the last few months to bring together the new ICB organisation was recognised, and the progress to date. The Board would continue to focus on the required improvements for the system, however celebration of achievements and recognising success would also aid that learning and partnership building.
- The ICB and BSW Academy workforce plans needed to make a tangible difference to the system. A number of short term initiatives were being put into place; looking at reservist models and international recruitment. There was a need to value, grow, empower and retain the workforce. The strategy would clearly define the need to create that workforce pipeline to enable the wider system plans to progress.
- The Board development sessions would provide that opportunity for strategic thinking against these systematic issues, to collectively tackle the problems, discuss the options and different approaches, and transform areas as required for an improved future.

## 10. BSW ICB and System Financial Position

- 10.1 The Chief Finance Officer presented a high-level overview of the key financial issues and challenges faced by the system over 2022/23. The BSW system was notably underfunded and was a significant distance from target. Funding was expected to become closer to requirements over the next couple of years, bringing development opportunities. The slides referenced the 2022-23 allocation for BSW ICB, a total of £1,651m.
- 10.2 A BSW finance summit had been held in June 2022, at which partners agreed to submit a balanced plan for 2022-23, which included material risks and reliance on non-recurrent monies. A focus was now on development of recurrent schemes to improve efficiencies, productivity and transformation. A five year plan was to be developed to address the underlying deficit across the system, moving BSW into a sustainable position.

### 10a. BSW Integrated Care Strategy

- 10.3 The Executive Director of Strategy and Transformation advised the Board of the approach to be taken to develop the BSW Integrated Care Strategy, and the role of the ICP in its production.
- 10.4 The report noted the work underway that would feed into the Strategy, utilising existing connections, such as those with the Public Health Directors to align to the Joint Strategic Needs Assessments and evidence-based priorities.
- 10.5 The Strategy will recognise the priorities and synergies at local neighbourhood, place and system levels, and look to be ambitious with regard to integrated arrangements for health and social care.
- 10.6 The Board discussed and noted:
- Improvement work was ongoing to demonstrate integration and effectiveness of system working, this was not reliant on the production of the Strategy.
  - The timeline for the production of the Strategy was a challenge, particularly whilst planning was underway for Winter and the flu and COVID vaccination programmes.
  - Local authorities were also currently working on their strategies, these would be referenced in the Integrated Care Strategy. It would remain a dynamic document to iterate and evolve, binding partners to a common purpose, and committing to a forward look.
  - This high level strategy would not include the detailed operational plans, but was to focus on the key priority areas, giving an overview of population need and the choices to be made. The purpose and benefits of integrations were to be clear.
  - It was recognised this was a journey to help bring alignment across BSW organisations and there would be learning as this developed.
  - Production of the Integrated Care Strategy was a statutory requirement of the ICP, with the interim Strategy to be published by the end of December. This Strategy needed to be right for BSW, to ensure improved outcomes for the population, demonstrating the value to residents, partners and NHS England. Time pressures and requirements would be managed accordingly.
- 10.7 The Board **noted** the requirement for the ICP to develop an Integrated Care Strategy for BSW, and **noted** the proposed approach for its development.

## **11 Primary Care**

### **11a. Delegation of Accountability for Commissioning of all Primary Care Services**

- 11.1 Both primary care items had been discussed by the BSW ICB Primary Care Commissioning Committee at their meeting on 17 August 2022.
- 11.2 The Health and Care Act 2022 makes provision for the delegation of accountability for the commissioning of all primary care services from NHS England to ICBs. This includes dental, general ophthalmic services, and pharmaceutical services. These services were to be transferred to the ICB from April 2023. Considerable preparations were now underway with NHS England regional colleagues to ensure the ICB was able to take on these delegations, acknowledging the significant

operational and reputation risks involved. Communications would be a significant factor until April.

- 11.3 These delegations bring real opportunities, particularly at neighbourhood and place level, to truly deliver integrated and joined up care. There may be long term benefits to keeping some elements of service co-ordination at regional level due to economies of scale, however the decision making, considerations for the future, and the different ways of working were to be driven at the local level.
- 11.4 One key element will be the establishment of the South West Collaborative Commissioning Hub, to support continued delivery of the Long Term Plan commitments through transition arrangements, and retaining skills and expertise to provide stability to systems during transition. The Hub would exist for a two year transition period, whilst systems and delegation processes were established.
- 11.5 The Pre-Delegation Assessment Framework (PDAF) is to be submitted to NHS England regional team in September. This will be further reviewed by the Committee ahead of submission to gain assurance of readiness. BSW was working closely with the other South West systems to share learning and understanding of the four domain standards. The risks and mitigations against these domains are documented, incorporating learning from previous delegation arrangements.  
[ACTION: PDAF and recorded risks and mitigations to be shared with the Board for assurance and reference.](#)
- 11.6 Partners and stakeholders were able to engage with the process and preparations through sharing feedback and concerns directly with the primary care team, or through the Primary Care Commissioning Committee, ICB Delegated Steering Group and Primary Care Operational Groups. The clinical leadership element was still being developed with support from the Chief Medical Officer and Chief Nurse Officer.
- 11.7 The Board **noted** the work undertaken to date in the preparation for delegation of the primary care services to BSW ICB from April 2023, and that a submission of the Pre-Delegation Assessment Framework would be made to NHS England in September.

#### **11b. Enhanced Access**

- 11.8 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 and the improved access services. Enhanced Access services are to be operational by 1 October 2022, supported by plans developed by each Primary Care Network (PCN).
- 11.9 The Board discussion noted:
- PCN's were each developing their own enhanced access model and plan to best suit the requirements, demand and need of their local population. Patient engagement had been undertaken to consider appointment offers and to inform routine and urgent appointment arrangements.

- The 26 detailed plans, quality impact assessments and data sharing protocols had been reviewed and scrutinised by the Enhanced Access Panel, considering the risks such as interoperability and workforce. A peer review of plans amongst PCNs had been undertaken, focussing on outcomes and patient experience.
- Enhanced access did not necessarily present additional hours or require further capacity; however it ensured extended hours and improved access arrangements were in place by way of delivery at PCN level and some sub-contracting arrangements.
- There was no additional cost associated with enhanced access, current funds were being utilised to combine the two existing elements.
- Enhanced access was to commence from 1 October, with monitoring and review processes to be implemented. The Quality Assurance Committee would maintain oversight of the system impact.

11.10 As the Brunel Clinical Director for PCN 1, Primary Care Partner Member, Francis Campbell declared an interest in this item, however offered further assurance to the Board that each PCN had engaged patients to tailor the plan to suit population and practice needs. Partner GPs would also be monitoring the success of these arrangements to ensure their patients received a good service, it was in the interests of the practice for these plans to work well.

11.11 This Board were **assured** that a robust process had been undertaken, and that the submitted PCN Enhanced Access Plans met the requirements of the PCN DES. The Board therefore **supported and approved** the Plans to enable the ICB to assure NHS England.

## 12 BSW Performance, Quality, Finance and Workforce Report

12.1 The Board **received and noted** the BSW Performance, Quality and Finance Report as included in the meeting pack. The report was being further developed to have more than an NHS focus, and to include more performance at a glance metrics to enable that understanding of performance and data.

12.2 The Board discussion noted:

- Reference had been made to mental health services for the Swindon area, and the 60% vacancy rate at Oxford Health. ICB colleagues were meeting with Oxford Health colleagues to discuss mitigations, this will remain under close review with regards the impact for children and young people.
- The workforce summit would now be held on 12 October 2022, bringing system partners together to consider those innovative methods and processes to recruit and retain staff, and the use of technology to increase productivity. The summit would inform the production of the BSW Workforce Strategy.
- Cancer performance remained a concern, particularly the skin cancer long waits at GWH. The Chief Nurse Officer assured the Board that all patients concerned had been sent a letter of the process to be followed, and the Trust had followed its duty of candour and was managing the situation. The ICB Quality Team was now involved in provider meetings to seek assurance on actions to address the waiting list. Review and scrutiny was being carried out jointly between

commissioners and providers. The ICB was monitoring the situation monthly, the corporate risk register would be updated to reflect this.

- The timeliness of data for the report was an area to be looked at, recognising that data first need to be reviewed and validated before being presented to the Board.
- Inclusion of health and care data would enable that system view of the challenges faced, particularly the workforce, non-criteria to reside and domiciliary challenges. Data feeds were to be established.
- The BSW Patient Discharge Pathways data demonstrated the difference in system and locality positions, highlighting the implications of resources and different approaches. The BSW Urgent Care and Flow Board was working to address the fundamental issue of the variation in care across each place. This was not only driven by demographic differences.

### **13 BSW Green Plan**

- 13.1 To support the national NHS ambition of achieving net zero by 2040 for direct emissions, each ICS is required to have a Green Plan. BSW ICS partners have together developed and agreed an ambitious and co-created system-wide vision and set of commitments to begin the journey towards delivering net zero health and care services in BSW.
- 13.2 The ICB Assistant Director of Estates was in attendance as the lead for the BSW Green Plan, and briefed the Board on the overarching three year plan, ICS targets and the eight supporting key themes. The detailed delivery plan was being developed through an iterative process, going beyond the requirement of involving Trusts only by engaging NHS and local authority sustainability leads.
- 13.3 Though this was a BSW system owned plan which met the scope of NHS requirements, approval would not specifically commit Board members and their organisations. It was noted that the Local Authority Partner Member for BaNES was unable to approve the Plan at this stage whilst it had not gone through BaNES Council governance sign off routes.
- 13.4 The remaining members of the Board **endorsed** the BSW Green Plan and the direction of travel.

### **14 BSW ICB Committee Reports**

- 14.1 The Committee reports as prepared by each Committee Chair provided an update of those Board Committee meetings held since the last meeting of the ICB Board.
- 14.2 The Board **noted** the reports as made available in the meeting pack.

### **15. Any other business and closing comments**

- 15.1 There being no other business, the Chair closed the meeting at 12:45hrs

**Next ICB Board meeting in public: Tuesday 1 November 2022**

## BSW Integrated Care Board - Board Meeting in Public Action Log - 2022-23

Updated following meeting held on 30/08/2022

### OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status
30/08/2022	11 Primary Care 11a. Delegation of Accountability for Commissioning of all Primary Care Services	Pre-Delegation Assessment Framework (PDAF) and recorded risks and mitigations to be shared with the Board for assurance and reference.	Jo Cullen	<b>Update 07/10/22:</b> PDAF, risks and mitigations reviewed and agreed by the ICB Executive Team and PCCC ahead of submission to NHSE. The final submission has now been signed off by the Regional Team and passed to the National Moderation Panel. The Board to be kept apprised of the progress from the Delegation Steering Group against the national Safe Delegation Checklist and transition plan ahead of the delegated functions being in place for 1 April 2023. Update to the Board scheduled for January 2023.	CLOSED

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	9
Date of Meeting:	01 November 2022		

Title of Report:	CEO Report to BSW ICB Public Board
Report Author:	Sue Harriman, Chief Executive Officer
Board / Director Sponsor:	n/a
Appendices:	None

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	X

1	Purpose of this paper
The CEO reports to the Board on sector developments that are expected to impact the ICB, and key issues relating to ICB plans, operations, and performance.	

2	Summary of recommendations and any additional actions required
The ICB Board is invited to <b>note</b> the content of this report.	

## 1. Contextual update

- 1.1. **National:** NHS England, ICB and Trust CEOs met earlier this month in London. The focus of the event was on Ways of Working and winter preparedness. The recently published NHSE Operating Framework (NHS England operating framework) outlines the new ways of working and importantly describes the roles and relationships between National, Regional, ICB's and Providers. In addition, preparing for a challenging operational winter was considered. Subject areas covered included best use of data, considering operational oversight and delivery and sharing best practice. Finally, the new national approach to an improvement methodology was discussed.
- 1.2. Many of you may have seen the distressing content of a recent television documentary in relation to a mental health inpatient unit in Manchester.
- 1.3. Building on learning from the recent Cawston Park reviews in relation to our Learning Disability and Autism cohort, we are developing at pace a single view of any BSW resident who currently is cared for in an out of area mental health inpatient unit - irrespective of the commissioner - across health and social care. This will include a focus on 'eyes on' assurance, listening and hearing people, families and carers and clarity around discharge planning.
- 1.4. There are further expectations as part of a new national inpatient quality programme that include safeguarding actions and review of restrictive practice. We will continue to work as system partners across BSW to ensure we provide high standards of care and support for people requiring inpatient admission.
- 1.5. **Regional:** In line with the new Operating Framework, ICB Chairs and CEOs participated in a development session with the SW Regional leadership team to

consider new ways of working. A Leadership Compact was co-produced and consideration given to where Region adds value with at scale support and offers and how ICB's add value as members of a blended leadership team with Region.

## 2. BSW ICB corporate updates

- 2.1. **Organisational development:** We have continued to develop our new organisation while seeking to support transformational change and manage operational challenges. The operational challenges require a rapid and focussed effort, but it is also important that our organisational growth and transformational changes seek to reduce these operational risks, or at least, find us better poised to absorb them. So, we aim to apply equal focus to each of these areas and ensure we have a balance between the urgent issues of the moment and the change that is required to ensure sustainable services into the future. The creation of a BSW Operations Hub, to help manage winter challenges, seeks to deliver just such a benefit; allowing a few colleagues to manage operational risk to services in a highly efficient and effective manner, while allowing others to address less urgent, but not less important, workstreams.
- 2.2. **Operational Demand/Pressures:** Operational services across BSW remain under extreme pressure across non elective pathways. Covid continues to have an impact on overall urgent and emergency care performance through staff absence and impacts on capacity. Providers across the system remain in high levels of escalation with a declaration of Critical Incident Level 2 across two acute providers (as at 19 Oct 22). Challenges in system flow remain. This is resulting in continued high numbers of people that no longer have a criteria to reside in acute and community beds, and the impact on the front door and ambulance services remains significant. The South West Ambulance Service Foundation Trust (SWASFT) remain at the highest level of escalation with challenges in response times across all categories of acuity. SWASFT continue to hold Reset days to manage the clinical call stack, with the quality and safety impact of the Reset days being monitored through the Quality Assurance Subgroup, led by Dorset ICB. The BSW Ambulance Improvement Plan continues to be monitored through the Urgent Care and Flow Board.
- 2.3. **Winter Planning:** We are planning for a challenging winter due to expected impacts from Covid and Influenza, and other external factors such as the economic situation, winter fuel challenges and ongoing health inequalities, along with recognised national workforce issues across all system providers. BSW's winter planning started in the spring as part of the system operational planning processes informed by initial demand and capacity plans. The approach has been built from individual provider level, locality level through Integrated Care Alliances and at system level overseen by the Urgent Care and Flow Board, as well as other key parts of the system leading on specific areas of work. The winter plans incorporate all the expectations of the winter planning letters dated 12th August 2022 and subsequent letter of 18th October 2022, along with the UEC Assurance Framework. The actions that are aligned to the plans include additional beds, virtual wards, care coordination and a focus on improving escalation processes.
- 2.4. **Integrated Care Strategy:** Work continues on the development of our Integrated Care Strategy for BSW, the production of which is the responsibility of the Integrated Care Partnership. Our intention is to generate a concise document, which draws on the work already undertaken across BSW in the development of the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies. In developing the

strategy, we intend to focus on defining the outcomes we want to achieve as partner organisations within BSW and specifically the impact we want to have in addressing the health inequalities that are experienced by the populations we serve. An engagement plan is being created to ensure the Integrated Care Strategy is appropriately co-created with both the local population and care staff. The aim is to have an initial draft prepared by December 2022 and a definitive version by March 2023.

- 2.5. **Planning:** We are shortly expecting formal planning guidance to be issued with respect to the Joint Forward Plan. This document will describe how the ICB, and NHS trusts deliver our strategy. We have already met with partners to discuss how this requirement can best be delivered and how we can make sure that this has clear links into our ICP strategy. There will also be a requirement for NHS operational planning, and it is likely that guidance on this will be issued before Christmas.
- 2.6. **Oversight Framework:** In September, we submitted our recommendations to NHS England with respect to provider and ICB segmentations under the NHS Oversight Framework. These recommendations are now with NHS England for consideration and an update will be given to the Board when the outcome is known.
- 2.7. **Risk Management:** We are continuing our work to refresh the risk management arrangements for the ICB. The existing CCG arrangements were carried over into the new organisation, but these now require refreshing for our new responsibilities. We are developing a draft Board Assurance Framework that will be used to inform a Board discussion on risk at the next Board Development Session. We are also developing a revised corporate risk register and risk management policy.
- 2.8. **Governance:** Over the past month we have undertaken a short review of our current governance arrangements, with the aim of making sure that they are fit for purpose for the new organisation. This has resulted in several proposed changes to our committee arrangements. We have also embarked on a Board Development programme and have appointed the Good Governance Institute to support us in this work. The Board met for the first development session on 4<sup>th</sup> October and we are developing a plan for future sessions.
- 2.9. **Emergency planning, resilience and response:** We have continued to carry out our emergency planning responsibilities including undertaking EPRR assurance for our providers. We have also updated the ICB EPRR policy to clarify incident declaration levels and to take account of our responsibility for local co-ordination as a Category 1 responder. We also note that the guidance states that the Board and all NEDs should assure themselves that the EPRR requirements are being met.
- 2.10. **Financial Position:** At month six, the net position for BSW NHS ICS is a £14.0m deficit, £4.5m behind the planned deficit of £9.5m. The NHS system has undertaken a joint reforecast exercise this month and is holding to a breakeven forecast for the full year. The system has material risks to manage between now and the end of the financial year, although the net value of risks has reduced to £16.9m. The main risk being winter and workforce. The NHS ICS capital position reported by ICB, and providers, is to fully spend the capital allocation of £39.9m in 2022/23. Focus now turns to calculating and addressing the underlying deficit and recurrent schemes for 23/24. A system financial oversight group has recently been established to focus on system investments and system productivity and efficiency.
- 2.11. **Community Services:** Work is continuing between partner organisations across BSW to design and scope the programme of work needed for the future provision of

community services. This work includes understanding the needs of the local population, defining the outcomes that we are working to achieve, redesigning services in a range of priority areas and considering which organisations are best placed to deliver which services. We are monitoring carefully the development of the Provider Selection Regime and the flexibility this may offer in the approach we take to this programme. The Community Services Programme is a significant and important programme of work which will require both the direction and support of the ICB.

### 3. Quality and Safety

- 3.1. **Maternity Services:** A further report into the safety of maternity services was published this month following an independent investigation in East Kent. The BSW Local Maternity and Neonatal System (LMNS) is reviewing all the latest recommendations, which include giving care with compassion and kindness and teamworking with common purpose. We will continue to work with our partners, including our Maternity Voice Partnership, to ensure we deliver personalised and safe maternity and neonatal care.
- 3.2. **Urgent and Emergency Care Services:** Pressure on our frontline services continue. Our acute hospitals have needed to declare an internal critical incident on a number of occasions this past month. The root for this:
  - Reduced bed flow
  - Volume of patients in the ED department with evidence of impact on decision making
  - Increase in the number of patients admitted with Covid infection
  - Dependency of those patients attending and those waiting to be discharged from hospital
- 3.3. The acceleration of the Care Coordination Hubs is underway with dedicated leadership to drive this forward. This will improve patient flow and provide safety netting for patients discharged home. A BSW team will be visiting the BNSSG system to consider the risk dynamic assessment being used there, aimed at improving system flow.
- 3.4. Patient safety is continuously reviewed, which includes monitoring of incident, patient experience and safeguarding data. With an increase in reported ambulance handover delays, services have updated the Hospital Handover Standard Operating Procedure to continue to manage the safety of patients awaiting handover outside ED, this includes medicine administration and guidance supporting observations and recognition of a deteriorating patient (NEWS scores). Review of infection prevention and control practices takes place as a BSW system. Infection Prevention and Control specialists from within health, social care and public health work collaboratively to monitor infection surveillance data, including Covid and flu, to ensure appropriate risk assessments are supporting provision of safe care as well as improving admission and discharge processes across health and care services.
- 3.5. An additional 23 beds will be available on Ward 4 in BaNES from 24th October, with plans to also increase the number of care home registered beds available within the South Newton site from November 2022.

- 3.6. November 7<sup>th</sup> sees clinical and care colleagues come together to focus on risk. The outcome of this programme of work will be to fundamentally change the risk appetite in our decision making, ensuring patient safety and reduction of avoidable harm is central this.
- 3.7. **Elective Care:** Six incidents were reported in August for Elective Care and relate to management of wait lists. Four incidents relate to cancer pathways across the three BSW acute hospitals, which is now the focus of quality improvement workstream. Equality Quality Impact Assessment (EQIA) developed and shared learning is via Elective Care Board and Quality Assurance Committee.
- 3.8. **Health Inequalities:** Reducing Health inequalities (the unfair and avoidable differences in health across the population, and between different groups within society) is a key priority for the ICB. Having developed a Health Inequalities Strategy for BSW our current initiatives include:
  - Embedding inequality as “everybody’s business.” By developing an inequalities ‘hub’ within BSW Academy to host learning and development resources.
  - Reducing healthcare inequality using the Core20PLUS5 approach to focus on those with the greatest need. In November 2022, NHS System and clinical leads will develop a joint plan to outline our action on the five NHS priorities for reducing health inequalities and refine what we need to achieve as an ICB over the next year.
  - Increasing our influence on wider determinants of health through our status as an ‘anchor institution’ and anchor System.
  - Maximising outcomes from the ~£2.4 million funding for health inequalities 2022/23 which has been allocated across BSW, with £600,000 allocated to each Place and £600,000 retained for inequalities spending at System.

## 4. People

- 4.1. **Industrial action:** Formal notice of balloting for industrial action has been received from the Royal College of Nursing (RCN) and Unison. Further unions representing members of BSW health and care workforce are proposing formal ballots as well. The prospect of strikes is probable with RCN indicating that they will take place in January 2023. In addition, with the potential for strikes in the education sector, we expect an impact on our workforce with caring needs during any disruption. BSW system partners are now undertaking contingency planning to prepare for potential strikes, working closely with Local Resilience Forum partners. The priority for us will be to ensure that any disruption does not put patient welfare or safety at risk.
- 4.2. **Cost of Living:** Cost of Living continues to concern us and partners across BSW. Various initiatives have been implemented to support the financial and emotional wellbeing of our people. The National team are negotiating discounts for health and social care staff with supermarkets and fuel suppliers.
- 4.3. **Workforce:** With Covid numbers rising, staff absences are expected to rise placing further pressure on services when vacancy and retention rates are high and continue to rise. The NHS staff survey has opened with results expected early next year. Having moved to an ICB organisation, we are currently working on a framework which will describe how we will work in the future, known as a Target Operating Model.

## 5. Focus on Place

- 5.1. **Wiltshire:** As Wiltshire continues to experience operational pressures, we are prioritising the delivery of our community urgent care improvement plans. A review of all plans has been undertaken in September, which has supported the completion of our Integrated Care Alliance Winter plan.
- 5.2. Virtual wards implementation is a key focus for delivery in the coming months, with testing of the agreed BSW model having already started in September in South Wiltshire. The local winter plan is complemented by the BSW project around the use of the South Newton facility. A new pathway and model for the use of care home beds to support timely discharge from hospital has been live for six weeks in South Wiltshire and initial results are positive, demonstrating a reduced length of stay for those patients suitable for care in that setting.
- 5.3. In partnership with Wiltshire Council a plan to respond to the impact of the cost-of-living crisis is also being mobilised, including the introduction of warm hubs for the winter. The first Wiltshire ICA joint committee was held on the 20th October, key items include approval of plans to use of the BSW ICB health inequalities funding led by the Director of Public Health, the development of Place based performance reporting, and an update on all ICA transformation programmes, including the development of Neighbourhood collaboratives aligned to our Primary Care Networks. The Wiltshire ICA team have also taken part in the development of an NHSE Population Health approach podcast, enabling the sharing of learning from the collaborative approach started in Trowbridge with colleagues across the NHS, including our agreed plans to expand this to Salisbury and Devizes PCNs next. The place-based neighbourhood collaborative programme received strong support from the Wiltshire Health and Wellbeing Board in September.
- 5.4. **Swindon:** The care coordination centre based at Great Western Hospital (GWH) officially launched on the 1<sup>st</sup> September 2022 and has attracted national media coverage. The coordination centre brings together staff from across partner organisations to make the experience of people using our services more seamless. Given the current pressure on our urgent and emergency services, combined with the number of people in hospital who do not need to be there, this is an important part of our winter planning and preparedness.
- 5.5. The new radiotherapy centre in Swindon treated the first patient in October, following the official opening in June. This is a huge milestone and will mean patients no longer have to travel long distances to get the treatment they need.
- 5.6. The procurement process for the safe transfer of the two GP surgeries currently run by GWH, Abbey Meads and Moredon has commenced. This is following formal notice to stop delivering these services from GWH. The aim is to complete this process by December. GWH are working in partnership with the ICB to ensure that the transition is safe and causes as little disruption as possible to the patients.
- 5.7. We are collaborating with our local authority and wider partners to develop a response for supporting our most vulnerable communities with the cost-of-living crisis. Swindon's Director of Public Health is leading this piece of work on our behalf.
- 5.8. **Bath and NE Somerset (B&NES):** B&NES Integrated Care Alliance (ICA) has appointed Kate Morton, Chief Executive of Bath Mind, as Vice Chair and has welcomed a broader membership including from the Voluntary and Community Sector, meetings continue monthly. B&NES ICA was part of a National Development learning programme and the lessons learnt from these sessions are informing work programmes around the ICA priorities. These include Integrated Neighbourhood

Teams, Children and Young People, Learning Disability and Autism, Mental Health, and Social Prescribing.

- 5.9. As seen Nationally and across the System, Local Flow of patients from an acute hospital setting into our communities continues to be challenged impacting on ambulance hand overs and length of stay in acute and community hospitals. Care Home provider capacity and securing domiciliary care hours remain challenging. Covid and seasonal flu pressures have added to the severity of the issues. System and Place level measures are being put in place to address these challenges with a focus on admission avoidance, and Home is Best initiatives (Virtual Wards, Urgent 2 Hour Response and working closely with Medvivo 111 and the Ambulance Service with our Care Coordination Centre).
- 5.10. The ICA has invested in a Health Inequalities Network to develop our capacity and capability in Primary Care, the RUH and Local Authority, including direct support from an outreach wellbeing hub in the RUH to assist in discharging and supporting patients and their families.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11
Date of Meeting:	01 November 2022		

Title of Report:	BSW Performance, Quality and Workforce Report
Report Author:	Sarah-Jane Peffers – Associate Director of Patient Safety and Quality, Jo Gallaway – Performance Manager
Board / Director Sponsor:	Rachael Backler – Executive Director of Planning and Performance Gill May – Chief Nurse Jas Sohal – Chief People Officer Richard Smale – Executive Director of Strategy and Transformation
Appendices:	BSW Performance, Quality and Workforce Reporting Oct 2022

Report classification	
ICB body corporate	Yes
ICS NHS organisations only	
Wider system	Yes – NHS led, wider system in development

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	X
Noting	For noting without the need for discussion	

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Quality Assurance Committee	18 October 2022	Receive and review this report

1	<b>Purpose of this paper</b>
<p>The aim of this paper is to provide oversight and assurance on the safe and effective delivery of care to the ICB Board.</p> <p>This reporting is being developed to meet the needs of the ICB and ICS. This month the developments to the Quality and Patient Safety reporting have</p>	

continued and work has started to develop and align the Performance and workforce reporting.

**2 | Summary of recommendations and any additional actions required**

The Board is asked to review and discuss the contents of the report.

**3 | Legal/regulatory implications**

This report is part of the BSW assurance framework including the delivery of:  
NHS Oversight Framework (SOF)  
NHS Constitution

**4 | Risks**

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 and Performance. The corporate Risk Register is under development this month and once republished related risks will be noted here.

**5 | Quality and resources impact**

Quality impacts linked to the performance of the system are detailed within the reporting.  
Challenges in delivering the workforce plans are highlighted within this reporting.

Finance sign-off	n/a
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**6 | Confirmation of completion of Equalities Impact Assessment**

Our approach to performance and quality reporting will be developed to enable us to measure and demonstrate our success in addressing equality and diversity.

**7 | Statement on confidentiality of report**

This report has been prepared for the ICB Board, meeting in public.

# BSW Operational Performance & Workforce Report – October 2022

ICB Board , 01/11/22, Item no.11

**ICB Executive Leads:**

Rachael Backler– Director of Planning and Performance

Gill May – Chief Nurse

Jas Sohal – Chief People Officer

Richard Smale – Director of Strategy and Transformation



# Key BSW Performance Metrics

Key Performance Metrics		Unit	Current period	Last Period	This Period	Movement	Target	Target delivery	SPC
Non-Elective	% patients meeting Non Criteria to Reside*	%	Aug-22	35.8%	36.0%	↑	n/a		
	Virtual Ward activity			in development					in development
	Ambulance mean response Cat 1	mins	Aug-22	11.3	10.7	↓	7.0	✗	
	Ambulance mean response Cat 2	mins	Aug-22	65.9	46.5	↓	18.0	✗	
	Ambulance handovers by ICB > 30 mins	#	Aug-22	1,738	1,762	↓	0	✗	

\* BSW patients admitted to the 3 BSW trusts - local data source

Elective	RTT Incomplete 104 weeks - BSW population	#	Aug-22	6	9	↓	0	✓	
	RTT incomplete 78 weeks - BSW population	#	Aug-22	266	270	↓	n/a	✗	
	RTT incomplete 52 weeks - BSW population	#	Aug-22	3,390	3,687	↑	n/a	✗	
	Activity - Total First Outpatients (specific acute)	# YTD	Aug-22	96,716	120,186	↑	118,767	✓	
	Activity F/Up Outpatients (specific acute)	# YTD	Aug-22	153,866	192,016	↑	189,954	✗	
	Activity - Total Elective Admissions	# YTD	Aug-22	37,058	46,883	↑	47,291	✗	
	Diagnostics - % > 6 week wait	%	Aug-22	40.50%	44.2%	↑	<1%	✗	
	Cancer - 28 day Faster diagnostic standard	%	Jul-22	72.6%	72.6%	↔	75%	✗	
	Cancer - % Waiting > 62 day (GP)	%	Jul-22	70.0%	66.8%	↓	85%	✗	
	Cancer - 62 day backlog (Trust totals)	#	Aug-22	513	528	↑	391	✗	

Alongside the review of reporting, work is underway to collate a set of system level key performance, quality and workforce metrics.

They will reflect the NHS oversight framework and wider system metrics and the 22/23 Operational plan deliverables with additional in year ambitions set by NHSE and / or the system.

The metrics reported here this month are currently defined, in use and can be reported at a system level.

Workforce, Quality and ICA metrics are included within the body of the reports.

Future development will look to broaden the range of metrics to cover the wider services and responsibilities of the BSW system.

Reporting to support further drill down into these metrics ( outside of this report) is being developed.

# Key BSW Performance Metrics

	Key Performance Metrics	Unit	Current period	Last Period	This Period	Movement	Target	Target delivery	SPC
Primary Care and Community Access	Primary Care Access - available appointments	#	Aug-22	438,385	445,445	↑	433,204	✓	in development
	Primary Care Access - % face to face appointments	%	Aug-22	64%	65%	↑	n/a		
	Community Nursing - tbc	#							
	Community Hospital - Length of Stay	days	system level community health and care metrics to be developed						
Mental Health	Access to CYP MH services	#	Jun-22	8,550	8,770	↑	8,794	✗	in development
	Access to talking therapies	#	Jun-22	2,885	2,715	↓	3,925	✗	
	SMI Health checks	rolling 12 mth #	Apr-Jun 22	2,871	2,921	↑	3,282	✗	
	Out of area placements (bed days)	#	Jun-22	435	120	↓	209	✓	
LD	In patients - Adults & Children CCG & NHSE funded	#	Q1 22 23	34	36	↑	30	✗	in development
	LD Annual health checks	Q %	Q1 22 23	-	8.2%	-	10.8%	✗	

# Operational Performance Summary

Area	Key Issues	Key Actions	Accountability
Urgent care	<ul style="list-style-type: none"> <li>Non Criteria to Reside and ambulance handover trajectory are still significantly off track.</li> <li>The system has started to see increased pressure towards the end of September, with an increase in beds affected by Covid at each of the 3 acute hospitals and RUH declaring a Critical Incident (Level 2) on 28<sup>th</sup> September</li> <li>Issues with Paulton and Trowbridge MIUs remain, however Trowbridge MIU has reopened back to normal hours from 3<sup>rd</sup> October 22</li> <li>ICB issued a VEAT notice (Voluntary Ex-Ante Transparency Notice) regarding commissioner intentions around IUC contract extension following 111 subcontractor notice.</li> <li>External Cyber incident impacting Integrated Urgent Care (IUC) contract resolved however reporting remains offline until at least end of October 2022 and mitigations in place</li> </ul>	<ul style="list-style-type: none"> <li>An urgent review of winter schemes has been undertaken to understand impact.</li> <li>Continuation of 100 day challenge nationally led approach to improving Acute hospital discharge.</li> <li>Care Coordination Programme senior responsible officers (SROs) in place, starting October 2022 with a plan governance signed off at Urgent Care and Flow board in Sept 22</li> <li>Ongoing programmes of work for South Newton and St Martin's Ward 4 planning.</li> <li>Winter planning continuing and escalation processes under review</li> </ul>	<p>Urgent Care and Flow Board</p> <p>ICA localities</p>
Integrated Care Alliance – B&NES	<ul style="list-style-type: none"> <li>Flow from acute to community remains challenged, particularly with discharge to assess (D2A) capacity.</li> <li>Patients with no criteria to reside (NC2R) in the acute setting presenting with high acuity and complex needs resulting in challenges in finding bedded capacity to receive them due to localised staffing issues and existing residents with high acuity.</li> <li>Discharge from reablement service impacted by limited home care capacity.</li> </ul>	<ul style="list-style-type: none"> <li>Joint weekly B&amp;NES long-stay patient reviews are taking place within the RUH for 10 weeks</li> <li>Admission avoidance – working with SWASFT, HCRG Care Group Coordination Centre and Care Homes to prevent admissions and divert people onto the optimal pathways</li> <li>Prevention Escalation multi disciplinary team (PET) is in place until mid-October to support with the system review of D2A patients.</li> <li>Weekly community hospital multi agency discharge events (MADE) are taking place, primarily focusing on unblocking Pathway 2 challenges. These alternate between St Martin's Hospital (Sulis Ward) and Paulton.</li> <li>B&amp;NES Council and RUH in-house home care continue recruiting with 87 hours online to date.</li> </ul>	<p>B&amp;NES Alliance Operational Delivery Group</p>

# Operational Performance Summary

Area	Key Issues	Key Actions	Accountability
Integrated Care Alliance – Swindon	<ul style="list-style-type: none"> <li>Wiltshire Support at Home service in the south remains under resourced and two tender processes have been unsuccessful in delivering additional capacity.</li> <li>Virtual Ward in Wiltshire – delivery against required milestones and trajectories.</li> <li>The Urgent and Emergency Care work is complex and fast paced with many requirements for reporting, improvement and delivery – capacity is challenged to prioritise and manage these.</li> <li>Following intensive risk mitigation, recruitment and planning, the MIU has been able to return to full operational service delivery from October 3<sup>rd</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>Intensive recruitment programme planned for Nov '22</li> <li>Additional hours to come on line for North and West Wiltshire in September (existing 350 hours already in delivery) – supports wider capacity across the system.</li> <li>Test of concept pilot commenced week beginning 26/9/22.</li> <li>Wiltshire partners working group established to ensure successful Wiltshire launch.</li> <li>Review 2021/22 winter schemes to inform planning, building on work already completed for Wiltshire LCG.</li> <li>Refresh Wiltshire escalation framework and battle rhythm to ensure sustainability and reflecting change in staff</li> </ul>	<p>Alliance Primary and Community Response Cell Hub</p> <p>Operational Delivery Group</p>
Integrated Care Alliance – Wiltshire	<ul style="list-style-type: none"> <li>GWH has been achieving OPEL 3 throughout September, however has tipped into OPEL 4 towards the end of the month.</li> <li>COVID numbers in GWH fluctuating</li> <li>NC2R (no criteria to reside) numbers have continued to rise and the number of partner referrals has also increased</li> <li>Workforce issues impacting Social care (staffing shortages) causing delays to discharge and increased length of stay</li> </ul>	<ul style="list-style-type: none"> <li>Swindon Co-Ordination Hub launched on 1<sup>st</sup> September 2022, with ongoing recruitment into key roles.</li> <li>Discharge to Assess Home First pathway successfully discharging 1-2 patients per day and options appraisal in development to expand the scheme</li> <li>Implementation of the BSW Escalation Triggers, with Swindon specific additions, and locality escalation calls triggered when required</li> <li>Community MADE Event to be organised</li> <li>Ongoing development of the Swindon Community matrix on SHREWD</li> </ul>	<p>Locality ICA Response Hub</p>

# Operational Performance Summary

Area	Key Issues	Key Actions	Accountability
Workforce	<ul style="list-style-type: none"> <li>BSW Workforce Planning capacity limited due to turnover. This will limit ability to respond and provide system wide workforce data and information</li> <li>Attraction: Staff vacancies are very high with heavy reliance on temporary workforce. New supply routes being explored.</li> <li>Retention: supporting our current workforce, keeping healthy.</li> <li>Potential Industrial Action by several healthcare unions from November onwards (depending on outcome of ballots) will result in staffing gaps across the system.</li> <li>Impact of Cost of Living on workforce affecting retention, motivation, wellbeing</li> <li>Winter capacity plans and workforce impact – gaps in workforce need and heavy reliance on temporary workforce</li> <li>Increasing staff absence with winter ailments and COVID absence</li> <li>System leadership for new ways of working for system leadership and supporting career / talent management informed through workforce data</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting to several roles in the Workforce Planning and Intelligence team. Ongoing discussions with Health Education England to provide interim support on workforce information.</li> <li>System wide temporary staffing forum set up led by Director of Resourcing and Retention.</li> <li>BSW Academy developing new entry routes for roles and to support supply and demand</li> <li>Plans in place for expanded international recruitment model.</li> <li>Director of Resourcing and Retention in post 25<sup>th</sup> October –working with system leads and Academy Director on all areas of attraction and retention.</li> <li>BSW workforce cell stood up to plan and co-ordinate industrial action responses. Local providers working on internal industrial action plans (including ICB workforce implications).</li> <li>All providers working on plans to mitigate Cost of Living impact with signposting to resources and support (e.g. RUH 'You Matter' resource)</li> <li>Academy working with Local Authorities on domiciliary care workforce strategy</li> <li>Career development frameworks for maximising a BSW approach</li> <li>Workforce representation at all winter planning groups to identify risks and gaps and mitigation</li> <li>All partners taking proactive approach for staff to get their COVID booster.</li> <li>EDI (Equality diversity and inclusion) system wide talent management and strategy development</li> <li>Developing system leadership opportunities ,OD interventions and system wide quality improvement assessment and offer.</li> </ul>	<p>Chief People Officer</p> <p>BSW People Committee</p> <p>BSW Academy Committee</p>

# Operational Performance Summary

Area	Key Issues	Key Actions	Accountability
Elective Care Recovery	<ul style="list-style-type: none"> <li>BSW providers have 9 current 104 week waiters for BSW providers, (including 8 at Ramsay New Hall, all patients have requested to delay their treatment), 376 78 week waiters and 4913 52 week waiters (provisional data 25/9). There is a risk to meeting the 78 week target due to specific specialties being inhibited in clearing long waiters as there are high volumes of other patients with clinical priority ( e.g. trauma / cancer).</li> <li>The BSW population view at the end of Aug 2022 for BSW patients (provisional), there were 270 78 week plus waiters (a small increase) and 3,687 52 week plus waiters increasing on recent months.</li> <li>Elective activity for BSW patients at all providers for the 5 months to August is meeting the plan for First out-patients and is just under plan for elective admissions - day case and ordinary (99.1%). Follow up outpatients is targeted to reduce by 25% by the end of March 2023 and is currently 1% over trajectory.</li> <li>Overall BSW are delivering improved diagnostics activity but this is not clearing long waiters and the trajectory we have set ourselves is under pressure. 6 week performance worsened to 44% in August.</li> </ul>	<ul style="list-style-type: none"> <li>The system is currently working to create additional capacity particularly in the high risk specialties and optimising mutual aid.</li> <li>Discussions underway to increase theatre capacity in BSW for a mobile theatre at SULIS and to increase the anaesthetic risk that can be managed on site e.g. arthroscopy.</li> <li>The outpatient transformation programme is working through the 9 agreed focus specialties to identify plans to support 25% reduction in follow ups and delivery of personalised outpatient service continued. Actions continue from the Ophthalmology and Dermatology workshops in July and there are further workshops being planned in September and October.</li> <li>The process of monitoring of Patient safety and quality in relation to long waiters in BSW to be finalised</li> <li>Quality Dashboard being developed for Elective Care, metrics were agreed at the Elective Care Board.</li> </ul>	Elective Care Board
Cancer	<ul style="list-style-type: none"> <li>Proportion of people, waiting over 62 days for cancer treatment to start has increased from 10% to 10.2% reflecting local pressures on diagnostics and treatment capacity, including clinical oncologist capacity, pharmacist capacity for creation of chemo regimes; and impact of GWH cohort of recently-identified skin cancer long-waiters under the responsibility of OUH Plastics team; who were due to have been seen/treated by end of Aug but for which there is insufficient capacity.</li> <li>Cancer waiting times performance for July (the most recent published monthly data) shows no national targets were achieved, although BSW exceeded the England average for 7 measures, improved performance for 6 measures, and was top quartile nationally for 4 measures.</li> </ul>	<ul style="list-style-type: none"> <li>Cancer 62 day long-waiters recovery actions underway: skin cancer cases at GWH (service provided by OUH) continues to be a problem and discussions with TVCA and OUH over mutual aid, continue; (2) lower gastrointestinal pathway at RUH – issues with many elements of the pathway, (in particular CTC testing and reporting, for which no obvious solution exists); recovery plan in place including additional straight to test capacity and staffing, expected to improve position by/from Dec 22;</li> <li>Continue initial phase of targeted lung health checks in Swindon and Bath &amp; review initial uptake rates</li> <li>First patients to attend Salisbury non-symptom specific rapid diagnostic pathway</li> </ul>	Elective Care Board

# Operational Performance Summary

Area	Key Issues	Key Actions	Accountability
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>Increased escalation levels, demand and acuity. Out of area placements remain low despite system pressures but increase seen w/c 10/10. Work ongoing with acute partners to embed revised escalation approach.</li> <li>Delays to implementation of transformation programmes due to risk share conversations</li> <li>IAPT performance behind trajectory</li> <li>Children and Young People (CYP) access below national standard. Recovery plan in place and deep dive update to Thrive Programme Board 18/10</li> <li>Safeguarding concerns regarding some MH providers. National issue and request for reviews for all patients. Issue in neighbouring ICB</li> <li>Challenge around financial position. Risk remains around high cost placements.</li> </ul>	<ul style="list-style-type: none"> <li>Urgent Mental Health Oversight Group has held its first meeting and co-developing work programme. We are still trying to confirm acute hospital representation for this group. MADE events to continue – next focus older adults.</li> <li>Detailed analysis of Section 136 presentations conducted in partnership between Lived Experience Lead and Police, learning to be shared through Urgent Mental Health Oversight Group and with BNSSG to ensure cross system working. MH Response Vehicle deployment plan to be agreed with SWASFT as per MH winter plan</li> <li>Third Sector engagement programme to be developed in partnership with Oxford Health and Third Sector Alliance</li> <li>Risk summit to be convened to support system wide approach and deployment of new community models.</li> <li>Deep Dive review of IAPT to be presented to Thrive Programme Board 18/10</li> <li>CAMHS Planning Event taking place to prioritise key areas of focus for remainder of this year and 2023/24. CAMHS Appreciative Enquiry day held to support new model of care for CAMHS crisis and liaison services. Excellent support from young people with lived experience with input from acute partners. Mental Health Support Teams (MHSTs) evaluation to be completed</li> <li>System wide review of MH inpatients to be commenced following recent quality and safety reports into inpatient mental health services</li> <li>Review of financial investments and in year financial performance conducted for MH Finance Oversight Group. Further work underway in specific areas.</li> </ul>	BSW Thrive Programme Board
<b>Learning Disabilities &amp; Autism Spectrum Disorder</b>	<ul style="list-style-type: none"> <li>Number of Learning disability and autism (LDA) in-patients remains high – separate summary outline of issue and mitigating actions</li> <li>LDA capital bid for in area hospital beds – challenging timescales – delay to confirmation of funding</li> <li>Capacity to oversee individual complex cases to maximise opportunity for reduction in packages</li> <li>LD annual health check performance continues to be monitored</li> </ul>	<ul style="list-style-type: none"> <li>Focus on Quality Assurance and CTR activity</li> <li>National funding confirmation received w/c 30/09. “North” delivery Group established for Capital build</li> <li>Work to ensure appropriate and timely escalation stages adhered to</li> <li>Swindon trialling combined CYP/Transitions/Adult Dynamic Risk Register MDT</li> </ul>	BSW LD/ASD Programme Board

# Operational Performance Summary

Area	Key Issues	Key Actions	Accountability
Maternity	<ul style="list-style-type: none"> <li>Continued suspension of home- birth and midwife led birth at Chippenham and Frome Midwife- Led Units due to staffing challenges.</li> <li>RUH- NHSE National Maternity support review against Maternity Self Assessment standards completed with action plan in progress. SFT continues on National Maternity Support programme.</li> <li>Progressing LTP Objectives with fast follower status for Perinatal Pelvic Health services, Maternal Mental Health Services, Provision of Continuous Blood Glucose monitoring in pregnancy and treating tobacco dependency (smoke free pregnancies). Some progress with provider recruitment but not fully recruited to maternal mental health services yet</li> <li>BSW LMNS ( ICB) Equity Needs Analysis and Equality and Action plan delayed but expected to be submitted W/C 3<sup>rd</sup> October to national maternity team.</li> <li>Continued challenges with community clinical space available to provide midwifery care in BSW, particularly Swindon currently due to reduction in GP practice space availability</li> <li>Medical abortion services – Changes to service delivery of early medical abortion through amendment to the Abortion Act</li> </ul>	<ul style="list-style-type: none"> <li>Additional Face to Face Public meetings August and Sept 2022.</li> <li>Active recruitment, significant progress made with plan to review by end of Sept 22.</li> <li>RUH action plan to meet Maternity Self Assessment Standards</li> <li>SFT to agree Exit Criteria for Maternity Support Programme</li> <li>To complete provider recruitment to remaining posts.</li> <li>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.</li> <li>To progress estate initiatives in progress, particularly joint work in Local Authorities</li> <li>Need a system approach to provision of services located in community settings.</li> <li>Need to consider oversight and assurance of early medical abortion services within our system.</li> </ul>	BSW Local Maternity and Neonatal System (LMNS)
Primary Care	<ul style="list-style-type: none"> <li>Continued demand and pressures across General Practice; in BSW in August 2022 the total booked GP appointments was 427,000 compared to 366,000 in August 2021. Activity has increased in August by 2% from July, and an increase of 17% from last August. Face to face appointments are 65% of the total appointments August 2022 compared to 56% in August 2021.</li> <li>Sites have now commenced Phase 5 Covid Vaccination Programme for Over 50s, care homes, housebound, immunosuppressed, Health and social care workers, carers plus others. 18 PCNs opted in for delivery. Intention for co-administration with flu vaccine where ever possible.</li> <li>Ongoing support from primary care for refugees and asylum seekers in accommodation (increasing numbers) across BSW and supporting registration and health assessments of people arriving from Ukraine in BSW.</li> <li>Preparation for Delegation from NHSE for pharmacy, dental and optometry services from April 23.</li> </ul>	<ul style="list-style-type: none"> <li>Quality Metrics Dashboard project groups established, which meets monthly to steer the development and the roll out. Individual workshops will take place for information gathering in the 5 key identified areas. Expected initial roll out during quarter 2 FY 2022/23.</li> <li>Pre Delegation Assessment Framework supported by PCCC and ICB Board and submitted to NHSE by 19<sup>th</sup> September.</li> <li>Steering Group set up to prepare for Delegation of Pharmacy, Dental and Optometry from NHSE April 2023 with review of capacity and resources to complete Safe Delegation Checklist for ICB due diligence of the 4 domains: <i>Transformation and Quality; Governance and Leadership; Finance; and Workforce Capacity and Capability</i></li> </ul>	Primary Care Commissioning Committee (PCCC)

# Workforce

The BSW workforce dataset 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
31 <sup>st</sup> July 2022	31 <sup>st</sup> August 2022	31 <sup>st</sup> March 2021	31 <sup>st</sup> September 2021

# BSW Workforce Vacancies

**Table 1. BSW Vacancies by Care Setting**

Setting	Supply	Demand	Vacancies		
	Staff in Post (WTE)	Workforce Plans	WTE	Rate (%)	+/- Change
NHS	16,887	18,693	1,807	9.67%	↓
Primary Care	2,881	3,044	163	5.36%	↑
Adult Social Care	15,075	15,999	924	5.78%	→
Children's Social Care	450	583	133	22.77%	→
BSW	35,292	38,319	3,027	7.90%	↓

## Key points to note

- A minor overall decrease in vacancies across the system compared to the previous period, with vacancies at 7.9% (3,027 wte). Vacancies only measure a gap between Staff in Post and Funded Establishment, they do not quantified unfunded gaps.
- Vacancy rates in Primary Care have worsened but are comparatively low compared to other health settings.
- Vacancies increasing across most staff groups.

\*Other roles account for a range of special circumstances, including students on placement, novel roles, non executive directors etc.

**Table 2. BSW Vacancies by Staff Group**

Staff Group	Supply	Demand	Vacancies		
	Staff In Post (WTE)	Workforce Plans	WTE	Rate (%)	+/- Change
Allied health professionals	1,375	1,494	119	7.97%	↑
Health Care scientists	429	476	46	9.74%	↓
Medical and Dental	2,547	2,700	153	5.68%	↓
Infrastructure support	7,057	7,649	592	7.73%	↓
Other scientific, therapeutic and technical staff	1,302	1,562	261	16.68%	↑
Registered nursing, midwifery and health visiting staff	5,732	6,296	563	8.95%	↑
Support to clinical staff	14,376	15,574	1,198	7.70%	↑
*Other	2,475	2,569	94	3.66%	↑
BSW	35,292	38,319	3,027	7.90%	↓

# Workforce plan monitoring

Data note: Figure 1. is used for monthly monitoring of the progress against the workforce plans compiled during the 2022/23 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).

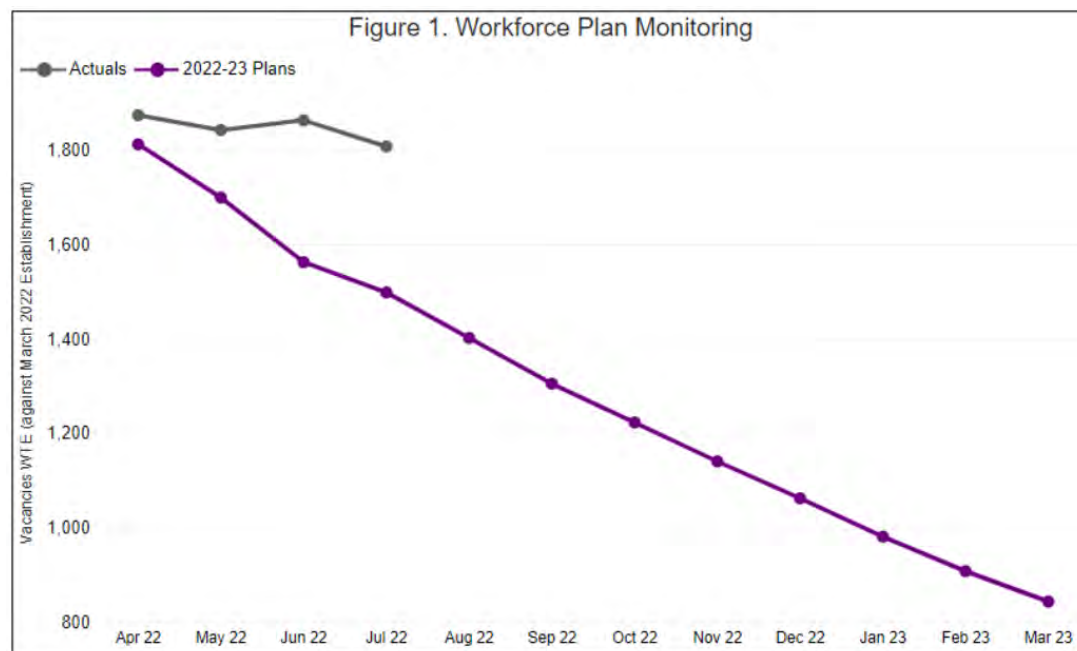


Figure 2. July 2022 Vacancies

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	89.50	83.31	6.19	↑
Health Care scientists	25.97	46.33	-20.36	↓
Medical and Dental	116.74	82.23	34.51	↓
NHS Infrastructure support	406.09	504.02	-97.93	↓
Other scientific, therapeutic and technical staff	28.23	122.09	-93.86	↑
Registered nursing, midwifery and health visiting staff	304.67	428.16	-123.49	↑
Support to clinical staff	529.39	528.56	0.83	↑
Any Others	-2.59	12.20	-14.79	↑
<b>All Substantive</b>	<b>1,497.99</b>	<b>1,806.89</b>	<b>-308.90</b>	<b>↓</b>

As of July 2022, there is a negative 309wte variance between the plan and the current position. The majority of this variance is within the Nursing (-123wte) and Infrastructure support (-98wte) workforces. The delivery of the 2022/23 NHS Operational Plans is dependent on achieving retention levels of around 86%, however system retention currently stand at just over 81%.

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).

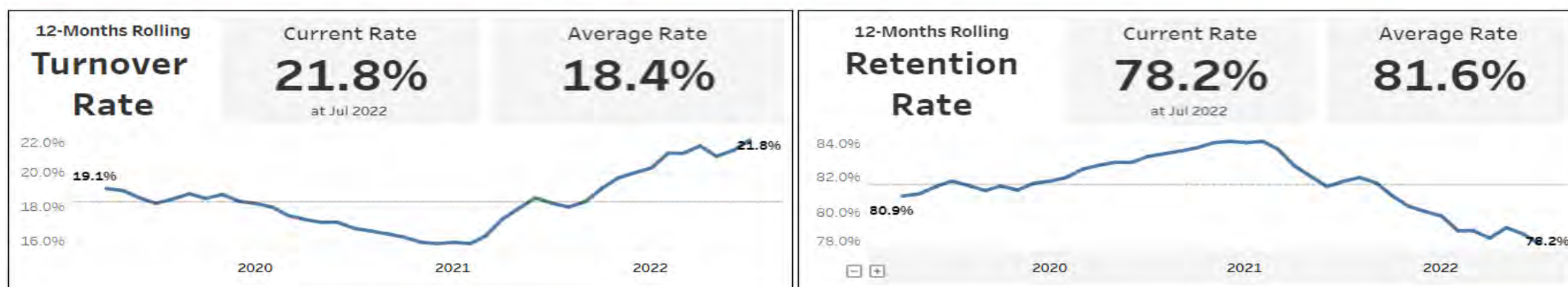
# Turnover and retention

Retention in BSW is currently at the lowest level since March 2017. Retention and Turnover differs by staff groups with Medical and Support to Clinical Staffing the most challenged areas. Total retention is currently 7% lower than planned (85%), this represents 800wte more than planned leaving BSW providers in a 12 month period.

**2,561.0 WTE Left**

between Jun 2021 and Jul 2022

## Flow Analysis: Turnover & Retention (HEFT Data) Bath and North East Somerset, Swindon and Wiltshire | All Workforce



### 12-Months Rolling Turnover Rate and Retention by Staff Group as at July 2022

High Level Staff Group	Turnover / Leaver %	Turnover Rate %	Retention %
Medical and Dental		33.8%	66.2%
Nursing & Midwifery		14.9%	85.1%
AHPs		18.9%	81.1%
Healthcare Scientists		11.3%	88.7%
Other Scientific, Therapeutic and Technical Staff		16.6%	83.4%
Support to Clinical		30.8%	69.2%
Administrative and Clerical		18.6%	81.4%

# Recruitment

## Joiner Insights (ESR Joiner Data)

Bath and North East Somerset, Swindon and Wiltshire | All Workforce

### 3,119 WTE Joined

between Jul 2021 and Jul 2022

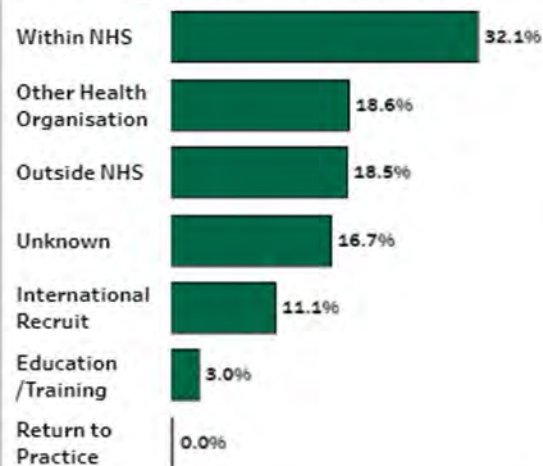
### 38 years

Average Age  
when Joining

### 32.1%

Joined from Within NHS

#### Joiners by Source of Recruitment



#### Joiner Trend



#### % of Joiners by Source of Recruitment and Staff Group

Select Dimension

Staff Group

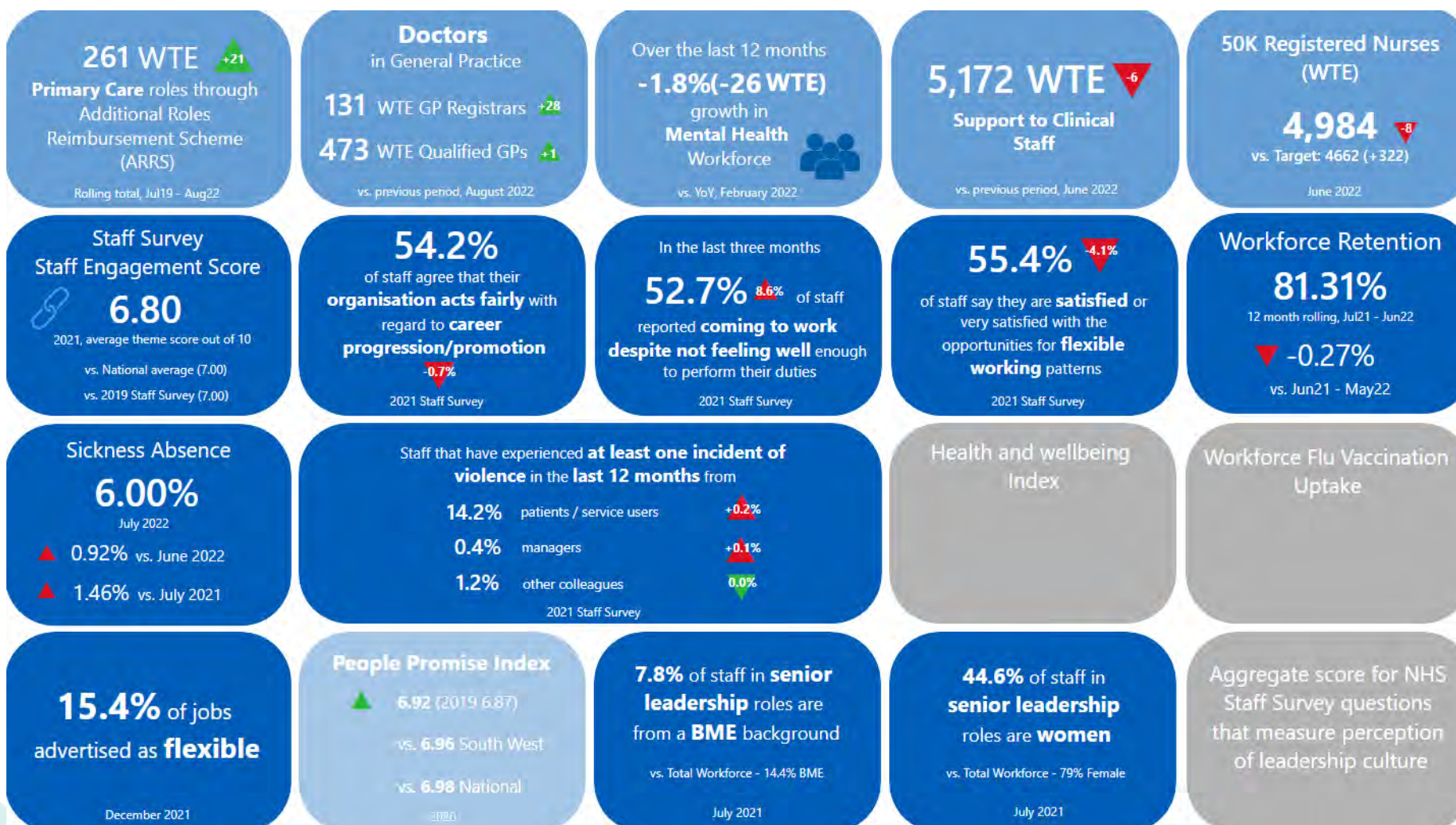
Joiner Measure

Source of Recruitment

Download to Excel

Staff Group	Joiner WTE	Average Age of Joiner	Within NHS	Outside NHS	Other Health Organisation	Education /Training	International Recruit	Return to Practice	Unknown
Overall Average			32.1%	18.5%	18.6%	3.0%	11.1%	0.0%	16.7%
Medical Consultant	70.1	44	78.4%	6.9%	4.2%		8.6%	0.5%	1.4%
Medical Career Grades	99.6	35	55.5%	10.8%	2.8%	0.0%	30.8%		0.0%
Registered Nursing, Midwifery and Health Visiting St...	517.6	42	63.0%	7.5%	17.1%	2.3%	0.9%	0.1%	8.9%
Allied Health Professions	226.6	37	50.4%	4.1%	21.7%	7.8%	7.6%		8.4%
Qualified Health Care Scientists	54.6	36	51.5%	18.3%	3.9%	1.8%	14.7%	0.7%	9.2%
Other Scientific, Therapeutic and Technical Staff	63.9	34	55.4%	12.5%	17.9%	3.1%	2.2%		8.9%
Support to Nursing & Midwifery	1,090.0	34	10.6%	15.0%	25.4%	2.1%	24.5%		22.4%
Support to AHPs	90.4	35	21.9%	30.1%	13.9%	5.0%	3.3%		25.8%
Support to and Trainees in Healthcare Science	69.6	33	16.4%	39.3%	10.1%	12.9%			21.3%
Support to and Trainees in Pharmacy	50.6	27	7.5%	29.3%	4.0%	21.7%			37.6%
Support to Other ST&T	25.9	37	29.3%	51.1%	4.2%	11.6%	3.9%		0.0%
NHS Infrastructure and Clinical Support	760.3	42	30.3%	32.6%	16.0%	1.6%	0.7%		18.7%

# NHS System Oversight Metrics for 2021/22 - BSW



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 2023, but nursing vacancies remain high.
- Qualified GP numbers not fallen for the first time in 2022/23.
- Sickness absence increased from last month (+0.92%) but remains high for this time of year in comparison to previous years (+1.46% Jul 2021). More up to date Daily Absence monitoring is available "SW Daily Absence Tracker"
- Workforce retention (12m rolling) has now fallen 9 consecutive periods.

# Workforce Development Update

## BSW Academy

- 2nd Non Clinical Sector Work based Academy Programme – Sept 22 commenced
- Clinical Sector Work based Academy Programme planning commenced – recruitment to be doubled and split across face to face delivery at Swindon New College and virtual delivery by Wiltshire College, in response to previous evaluations – for Nov 22 with 40 places
- Ambassadors programme – proposed BSW programme to increase activity and numbers planned with Social Care representatives and BSW Work experience Group
- Academy: Successful Health Education England (HEE) funding application – 93k with a focus on social care secured
- New clinical placement management system – aim to maximise utilisation of placements across each locality
- Oliver McGowan – Learning Disability and autism training funding agreed with Health Education England £50k. BSW task and finish group formed
- Maternity development pathways developed for BSW and recommendations on workforce data for workforce planning submission
- Widening participation funding secured from Health Education England (HEE) with agreement to fund 4 projects to continue, expand and start new routes into our careers for disadvantaged groups.
- A number of Structural Dynamics interventions and workshops are taking place across the system, including in place teams, led by Structural Dynamics Facilitators. The Structural Dynamics Network met for a ½ Day Continuing Professional Development session on 27<sup>th</sup> September. This was a productive session with actions confirmed to take forward Structural Dynamics in BSW
- Community Diagnostic Hubs: scoping meetings with each project lead completed with A3 (problem solving tool) scoping / proposal in place
- Domiciliary care: consensus on use of Health Education England funding for upskilling- based on training needs analysis from skills for care
- Organisational development (OD) framework in situ to enable access to external OD consultants
- Case examples of application of BSW Equality diversity and inclusion principles from across all partners
- Development of a co production module with Wessex voluntary community and social enterprise (VSCE)- disseminated across all partners

## BSW System

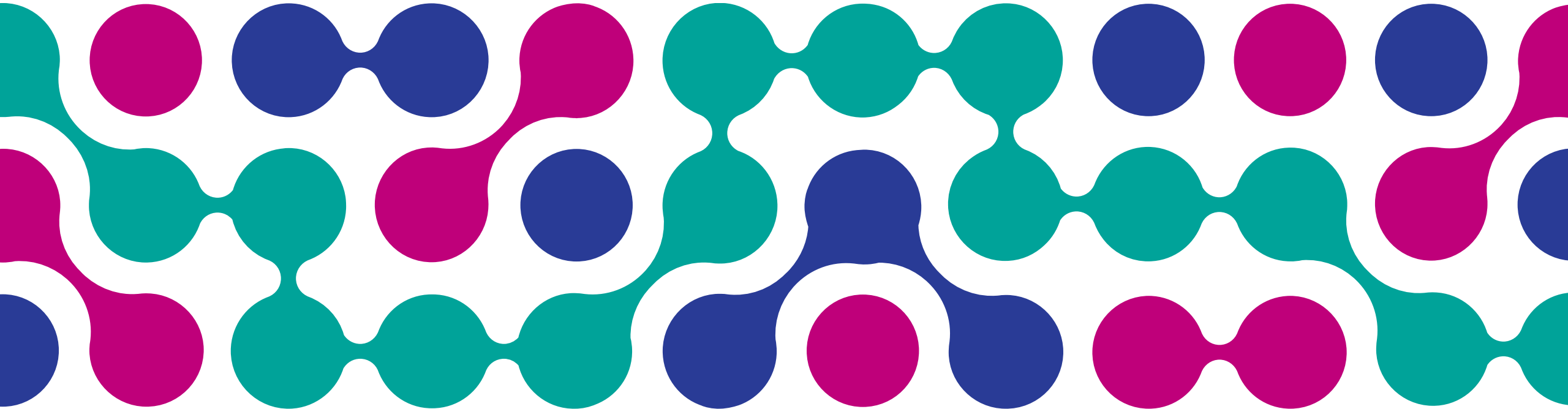
- Director of Resourcing and Recruitment recruited (starts in post 25<sup>th</sup> October)
- Workforce Planning Summit taken place across BSW.
- Temporary Staffing Group stood up with focus on agency and bank spend and collaborative bank.
- Bid for International Recruitment model submitted to NHSE

## Key Actions in the coming Month

- Workforce Planning: Production of v0.1 BSW Integrated Workforce Plan (November)
- Attraction: BSW Academy entry work experience and employability supply routes of SWAP, Princes Trust and internships inclusive of social care
- Attraction: Expansion of pre registration places and new ways of working with HEE
- Attraction: Continue to review International Recruitment process.
- Attraction: Talent Pool to be started and should be in place by end of the year.
- Attraction: Review and follow up on Reservists. Preparation for Winter - including volunteer availability.
- Retention: new Director of Resourcing and Retention to review all plans with system leads to leverage collective effort.
- Retention: innovation network for spread and adoption of best practice with Academic Health Science Network (AHSN)
- Improvement: Advancing Quality Alliance (Aqua) proposal for benchmarking Quality Improvement across system with a consistent offer
- Improvement: System wide Oliver McGowan programme as part of future CQC and HEE mandate:
- Reservists project – review recruitment into the service - potential risk.

# Programme reports

For future development: a set of metrics for each programme with more detail than the headline metrics e.g. information for the key Trusts / providers / LA's



# Urgent Care

Key Performance Metrics		Unit	Current period	Last Period	This Period	Movement	Target	Target delivery	SPC
Non- Elective	% patients meeting Non Criteria to Reside*	%	Aug-22	35.8%	36.0%	↑	n/a		
	Virtual Ward activity			in development					
	Ambulance mean response Cat 1	mins	Aug-22	11.3	10.7	↓	7.0	✗	
	Ambulance mean response Cat 2	mins	Aug-22	65.9	46.5	↓	18.0	✗	
	Ambulance handovers by ICB > 30 mins	#	Aug-22	1,738	1,762	↓	0	✗	

\* BSW patients admitted to the 3 BSW trusts - local data source

## Key issues

### % patients meeting non-criteria to reside

- Numbers of patients meeting non-criteria to reside continues to be a significant issue across the system. This is due to a mixture of issues including that flow from acute to community remains challenged, particularly with Discharge to Assess (D2A) capacity.
- Patients in the acute setting display high acuity and complex needs which are resulting in challenges in finding bedded capacity and home care.

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

- No data is available for the month of August due to the impact of the external Cyber incident that was reported in September report.
- The date for resolution for reporting to come back on line is not expected until end of October 2022. Telephony call data is the only information available and call volume has been stable
- Activity for ED bookings would have been low during that period because the business continuity arrangements in place did not have the IT functionality to book patients into ED
- ED validation has also remained turned off since the incident occurred

### 30 Minute Handover Breaches:

- The number of handovers for patients arriving at BSW Trusts (all Trust patients) delayed in August (1,898) over 30 minutes was marginally lower than in July (1,968). (Please note the figure in the table above is all BSW patients at any Trust)
- Handover delays at GWH in August were significantly higher than handover improvement trajectory whilst RUH and SFT were better than predicted
- However, the position at all 3 Acute trusts have significantly deteriorated since August.

## Key Actions in the coming Month

### % patients meeting non-criteria to reside

- B&NES Council and RUH In house home care progressing with education and training in readiness to increase care capacity.
- Continued development of the Swindon ICA Coordination Centre.
- Continue the planning towards piloting the revised Pathway 2 Care Home bed model.
- Further system wide actions underway in preparation for winter pressures.

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

- October – restoration of reporting data
- Further work being confirmed with provider to understand referrals into SDEC, particularly at GWH – as patients would not be booked into ED if appropriate to be seen in a Same Day Emergency Care service
- Signoff of principles for regional call management

### 30 Minute Handover Breaches:

- Transfer of low acuity (Cat 3 and 4 999 cases) from SWASFT into Medvivo CAS pilot; MOU and SOP to be signed off. This is the first step towards supporting low acuity cases being transferred into 2hr Urgent Care response services.
- Care Coordination steering group and programme rolled out
- Completion of GWH handover and 12hr delay actions

# B&NES Discharge & Flow

**Locality Focussed and Community Health and Care Metrics** – these metrics are currently being reviewed. Please see slides on Non criteria to reside, discharges and social care metrics following the Wiltshire slide

## Exceptions Analysis

- Flow from acute to community remains challenged, particularly with Discharge to Assess (D2A) capacity: Non Criteria to Reside (NC2R) patients in the acute setting display high acuity and complex needs which are resulting in challenges in finding bedded capacity and home care.
- Due to the above, NC2R P2 patients have been particularly affected. Ongoing daily reviews of NC2R patients are taking place with the aim of identifying alternative solutions.
- Discharge from Reablement service impacted by limited home care capacity and social care capacity for on-going assessments.
- Daily integrated flow calls continue with some changes to support system wide discharges with a weekly escalation call with senior representatives.

## Key Actions in the coming Month

- B&NES Council and RUH 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.
- Prevention Escalation multi disciplinary team (PET) is in place until mid-October to support with the system review of D2A patients.
- Plans being put in place to provide expert support for Brokerage with D2A packages of care and placement, including training and development.
- As part of the Winter surge planning to support both Wiltshire and BaNES, Ward 4 is being stood up again from 24 October.

## What did we achieve in the past month?

- B&NES Council and RUH in-house home care continuing to recruit. 87 hours are now being delivered with more coming online in the coming weeks.
- Urgent Community 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, including Rapid Response Falls Car.
- Weekly community hospital MADE events continue, primarily focusing on unblocking P2 challenges. These alternate between St Martin's Hospital (Sulis Ward) and Paulton.
- Pathway Escalation Team (PET) has continued to support system review of D2A patients across the acute and community setting. Report to follow on completion
- HCRG Care Group ongoing review of community hospitals to develop criteria-led discharges and reintroduction of social care input at the point of admission into community hospital.
- EQIA completed for Ward 4 and approved by Ward 4 Project Group.

## How will you address any quality and inequalities?

- Investigation into 4 patients on the Discharge to Assess (D2A) pathway 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.
- HCRG Care Group are awaiting the outcome of the recent CQC inspection and will address any quality / inequality issues raised. This is due imminently.
- EQIA to be completed looking at the option of opening escalation space in Sulis Ward and Paulton Hospital.
- Identify any learning from the Pathway Escalation Team (PET) which can be taken forward to improve patient / service user experience.

# Swindon Discharge & Flow

**Locality Focussed and Community Health and Care Metrics** – these metrics are currently being reviewed. Please see slides on Non criteria to reside, discharges and social care metrics following the Wiltshire slide

## Exceptions Analysis

- GWH have been at OPEL3 throughout most of September, now sitting at OPEL 4 (Operational Pressures Escalation Levels) COVID numbers have significantly reduced (currently 23 within the Trust)
- Continued increase in NCTR (no criteria to reside).
- Partner referrals have increased and this is causing delays to discharge.
- Staffing shortages within Social Care teams are seeing delays in allocations and assessments, causing extended length of stay.
- Home First has been successfully discharging 1 to 2 patients a day with some patients not requiring any input from social care following assessment although here is no opportunity to increase this number due to current challenges with capacity in the community.
- Capacity in the domiciliary care sector is tight and this is adding to delays in sourcing packages of care.
- The Swindon ICA Coordination Centre launched on 1 September 2022 and continues to expand with new clinical positions being appointed to.

## Key Actions in the coming Month

- Continued development of the Swindon ICA Coordination Centre.
- Options Appraisal to be developed for the Discharge to Assess Home First pathway to increase the numbers of patients being discharged on this pathway.
- Continue to develop community matrix for Swindon to be developed on SHREWD (Single health resilience early warning database).
- Community MADE event to be organised, looking at how we can reduce NC2R numbers in our intermediate care settings and services..

## What did we achieve in the past month?

- Continued working with GWH in the Coordination Centre (SAFER).
- Increase in Home First Discharge to Assess Patients.
- Implementation of ICA Triggers and Escalation.

## 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

**Locality Focussed and Community Health and Care Metrics** – these metrics are currently being reviewed. Please see slides on Non criteria to reside, discharges and social care metrics following the Wiltshire slide

## Exceptions Analysis

- **Average Length of Stay** – all categories remain within average range however are showing an increase in August.
- **Average Time To Discharge** - Rates have deteriorated slightly from last month across all pathways (10.7 days) – however remain well below the 16 day peak in April 2022.
- **The Discharged within 48 Hours** metric has deteriorated to 11% from 16% last month – this is in line with increasing capacity pressures and care homes closing due to COVID outbreaks.
- **Readmission Rates within 7 and 28 days** have recovered from last month's increase and remains within 'normal range' – to be monitored closely.
- **Discharges to Usual Residence** - numbers remain high, however this is 33% lower at GWH – this will be investigated and reported for the next Urgent Care and Flow Board .
- **NC2R performance** has deteriorated – the target for SFT is no longer being met. Biggest increases are at GWH and SFT.

## What did we achieve in the past month?

- Wiltshire Winter Plan developed and agreed by Partners – shared with the Urgent and Emergency Care Team.
- Urgent Care Response - 96% of staff recruited, 90% current in post. Data cleansing exercise started to ensure improved activity and performance reporting. Falls response commenced.
- Anticipatory Care –Virtual Wards: First stage of recruitment is underway. Programme devised for meeting of operational and clinical model subgroups. Pilot test commenced.
- End of Life Care – CHC Fast Track agreed by Alliance Partners. Plans for engagement with service users about a potential model of care have been initiated.
- Pathway 2 Re-modelling pilot has gone live, with positive outcomes and learning.
- Flow Hub Efficiency Review – report in final draft – indicates opportunities for improvement are predominately external to the hub.
- Successful Discharge Communications Project workshop – project aims to provide resources for staff, patients and their loved ones and carers to support the discharge planning, process and experience.

## Key Actions in the coming Month

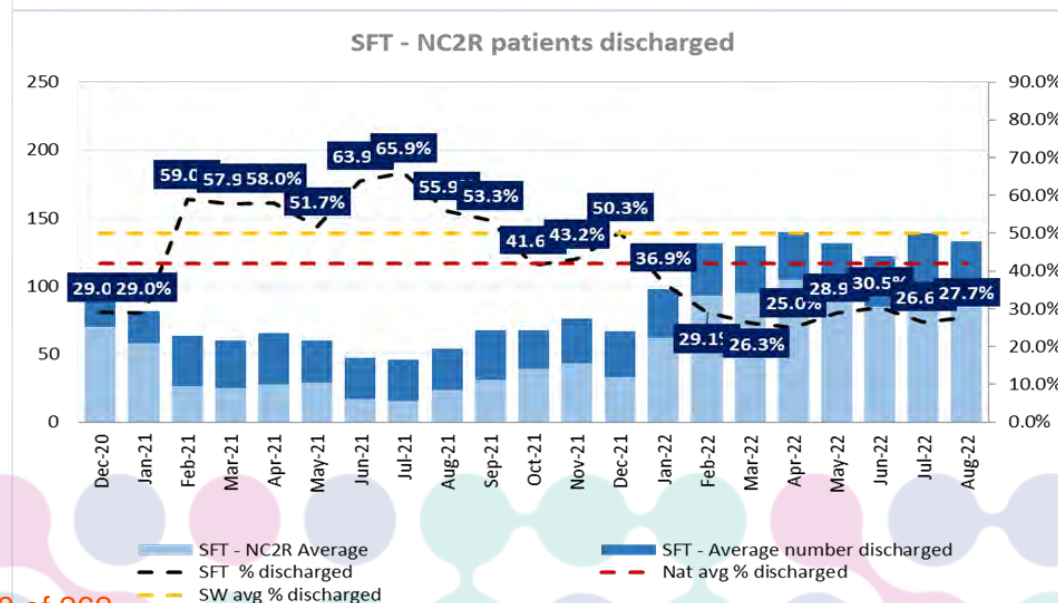
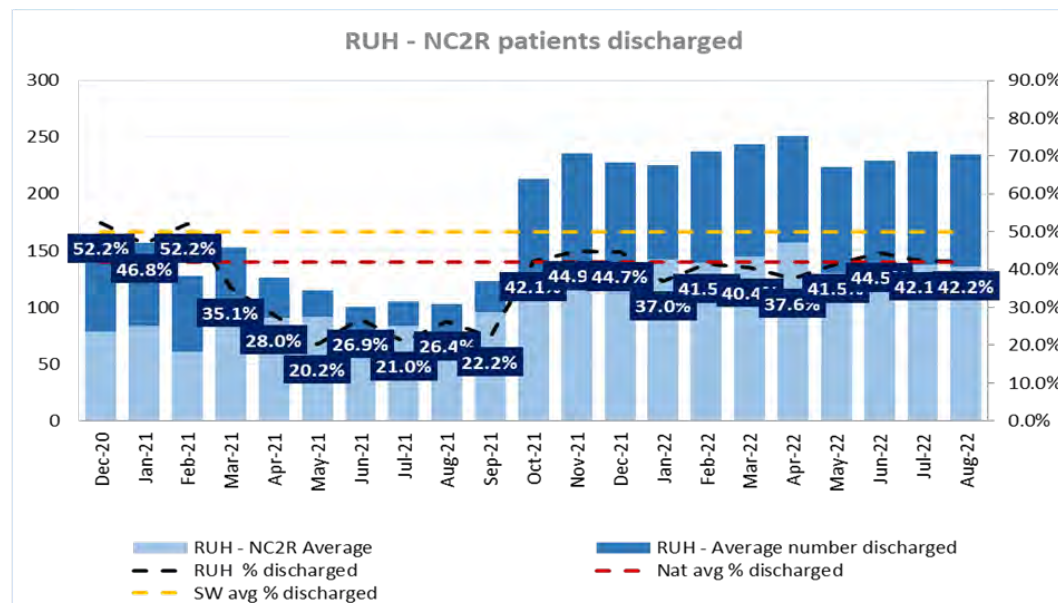
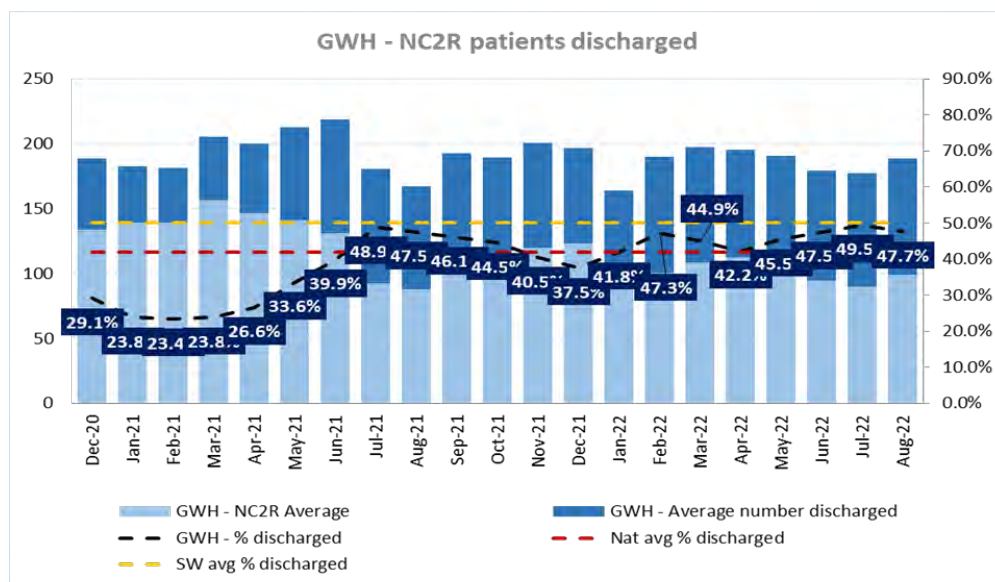
- Continue the planning towards piloting the revised Pathway 2 Care Home bed model. 6 month pilot has launch at Little Manor, Salisbury. New model go live in January 2023.
- Roll out new Discharge Referral form across the system and monitor for reduced information gathering delays.
- Continue Discharge Communications project – aiming to have key resources in place during November and an identified initial Pathway for trial suite of tools / video.
- Continue input to 100 Day Challenge, ensuring work is prioritised.
- Support development and implementation of Virtual Ward model for Wiltshire.
- Finalisation of End of Life CHC Fast Track proposal will inform date of submission to ICB for approval
- Commence Pathway 1 model review.
- Develop and agree South Newton staffing model, including third sector colleague involvement.
- Refresh and implement the Wiltshire winter 22/23 response escalation structure.

## How will you address any quality and inequalities?

- Revised End of Life CHC Fast Track model in development to enable improved experience and response for people at the end of their lives.
- Include wide breadth of representation including those with experience of the services, providing insight for the development of Discharge Communication resources.
- Operational Response Meetings (2 x week) delivery and risk escalation.
- 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 Public Health colleagues to identify work we can do to support 'hard to reach' communities' in accessing urgent care and other services appropriately.

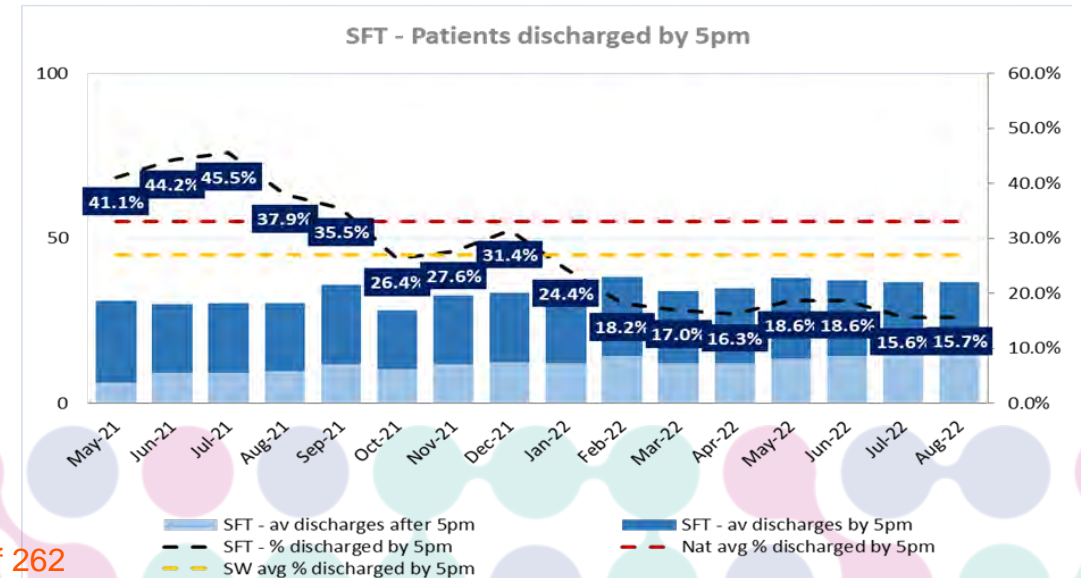
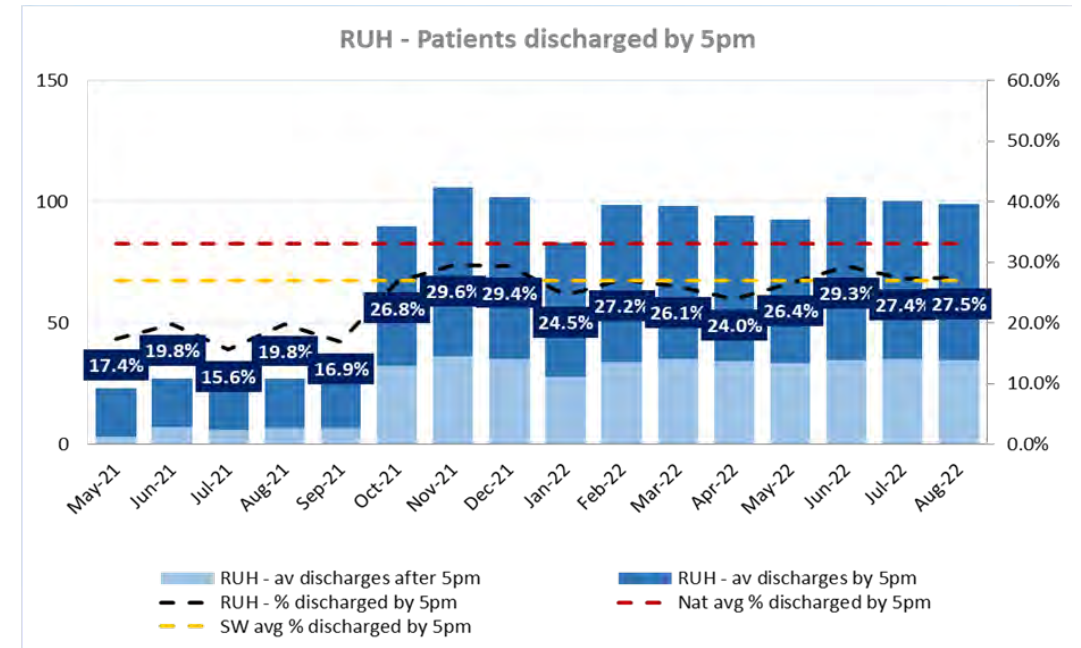
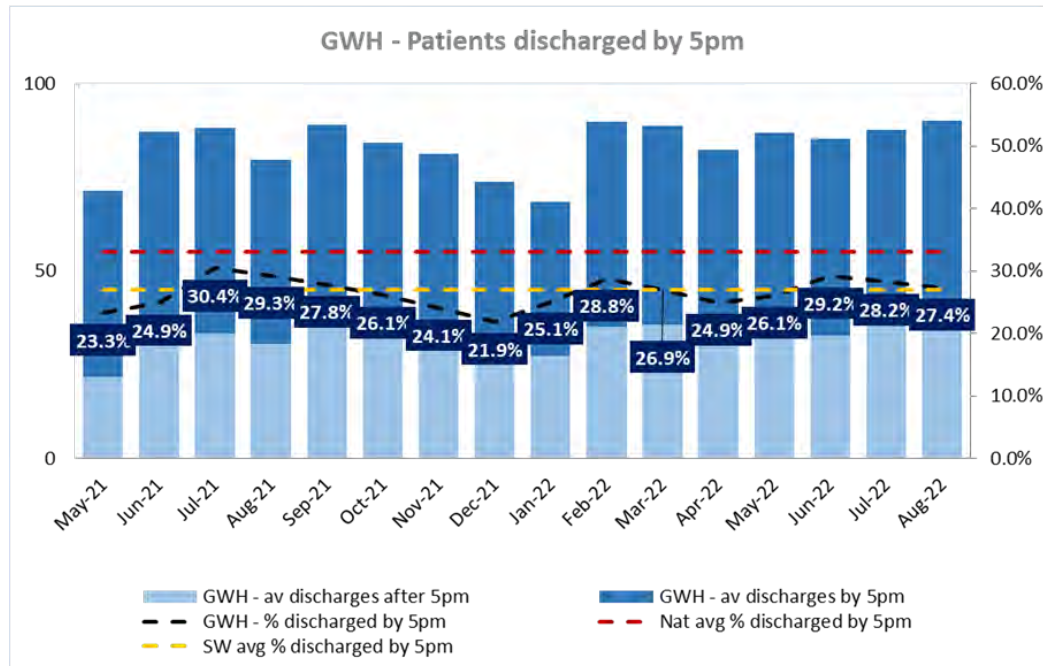
# Non-Criteria to Reside – discharges

- 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.



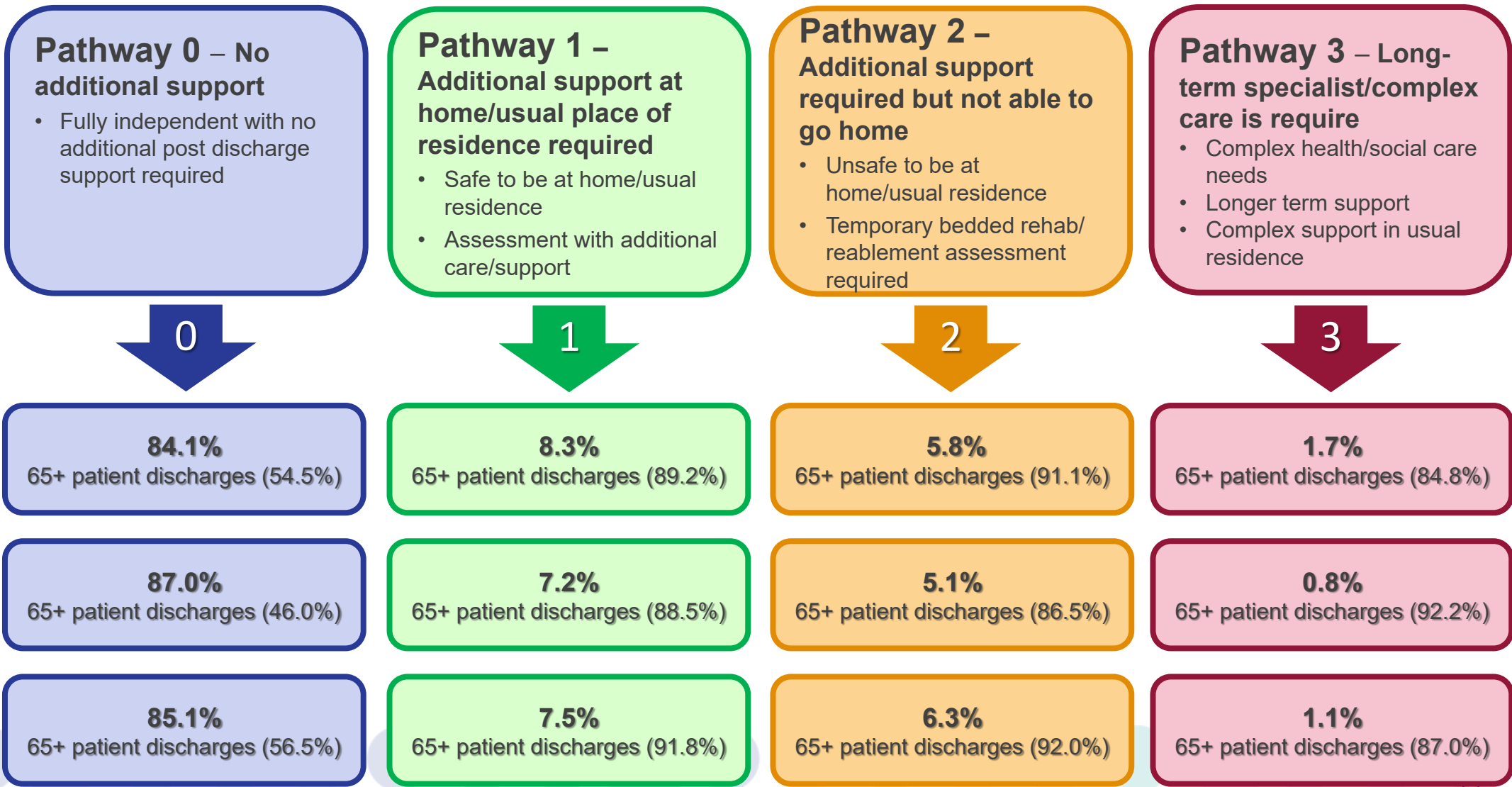
# Non-Criteria to Reside – discharges by 5pm

- 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 (Sept 21 – Aug 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

# Adult Social Care Metrics

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 08	2,265.2	2,096.1	N/A		N/A
		Swindon UA	Monthly 2022 08	9,177.2	9,205.2	N/A		N/A
		Wiltshire LA	Monthly 2022 08	4,107.2	4,415.8	N/A		N/A
Keeping People Safe	Number of new safeguarding concerns per 100,000 population (18+)	BaNES LA	Monthly 2022 08	86.6	106.3	N/A		N/A
		Swindon UA	Monthly 2022 08	100.5	113.3	N/A		N/A
		Wiltshire LA	Monthly 2022 08	159.6	158.4	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 08	16.4	30.0	N/A		N/A
		Swindon UA	Monthly 2022 08	24.4	43.3	N/A		N/A
		Wiltshire LA	Monthly 2022 08	11.8	14.5	N/A		N/A
	Number of people in nursing and residential placements at month end per 100,000 population (65+)	BaNES LA	Monthly 2022 08	1,221.3	1,204.9	N/A		N/A
		Swindon UA	Monthly 2022 08	1,244.8	1,244.8	N/A		N/A
		Wiltshire LA	Monthly 2022 08	946.0	974.1	N/A		N/A

- BSW Local Authorities have worked locally to agree a set of Adult Social Care 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 previously 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.

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

# Planned Care

Key Performance Metrics		Unit	Current period	Last Period	This Period	Movement	Target	Target delivery	SPC
Elective	RTT Incomplete 104 weeks - BSW population	#	Aug-22	6	9	↓	0	✓	
	RTT incomplete 78 weeks - BSW population	#	Aug-22	266	270	↓	n/a	✗	
	RTT incomplete 52 weeks - BSW population	#	Aug-22	3,390	3,687	↑	n/a	✗	
	Activity - Total First Outpatients (specific acute)	# YTD	Aug-22	96,716	120,186	↑	118,767	✓	
	Activity F/Up Outpatients (specific acute)	# YTD	Aug-22	153,866	192,016	↑	189,954	✗	
	Activity -Total Elective Admissions	# YTD	Aug-22	37,058	46,883	↑	47,291	✗	
	Diagnostics - % > 6 week wait	%	Aug-22	40.50%	44.2%	↑	<1%	✗	
	Cancer - 28 day Faster diagnostic standard	%	Jul-22	72.6%	72.6%	↔	75%	✗	
	Cancer - % Waiting > 62 day (GP)	%	Jul-22	70.0%	66.8%	↓	85%	✗	
	Cancer - 62 day backlog (Trust totals)	#	Aug-22	513	528	↑	391	✗	

## Key Actions 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. Specific focus on developing further actions to maintain progress on 78 week trajectory at Specialty level.
- Outpatient transformation workshops planned for Orthopaedics & MSK (13/09) and Cardiology (18/10).
- Diagnostic – working to respond to a regional deep dive and action plan development for diagnostic performance improvement.
- Cancer 62 day recovery actions underway: skin cancer cases at GWH.(service provided by OUH) due to be largely cleared by Oct/Nov; also using independent sector to reduce total dermatology surgical burden on GWH; (2) lower gastrointestinal at RUH – recovery plan in place including additional straight to test capacity and staffing, expected to improve position by/from Dec 22;
- Cancer Services: Meetings planned to start to develop NSS RDS (non-specific symptoms rapid / faster diagnostic service) for remaining B&NES and Wilts RUH-facing practices. Distribute report summarising 6-month primary care audit of QFIT use on LGI 2ww referrals. Collect and collate mid-year findings from primary care cancer improvement projects. Open Salisbury NSS FDS pathway.

## Exceptions Analysis

- Though BSW providers did clear the 104 week waiters as requested by end of June. There are 9 current waiters with BSW providers that have requested to delay their treatment (provisional data 25/9), 376 78 week waiters and 4913 52 week waiters. (provisional data 25/9). There is a risk to meeting the 78 week target in some specialties.
- Elective activity for BSW patients ytd (to Aug) is generally below the latest plans, though some providers are close to plans. The number of RTT pathways completed is above plan. Concerns over specialties with long waiters where urgent cases are inhibiting progress in reducing the longer waiters e.g. Trauma and Orthopaedics
- In Aug 2022 (provisional) for BSW patients, there were 270 78 week waiters ( a small reduction) and 3687 52 week plus waiters (increasing). 71.5% of 52 week waiters are with BSW Acutes, 15% with BSW Independent Sector Providers and the remaining 13.5% with other providers.
- BSW patients on cancer pathways waiting over 62 days from referral to start of treatment increased from 10% to 10.2% of the 62d WL. The majority of cancer >62d waiters are due to: (1) skin cancer cases at GWH (2) lower gastrointestinal at RUH.
- Cancer waiting times performance for July (the most recent published monthly data) shows no national targets were achieved, although BSW exceeded the England average for 7 measures, improved performance for 6 measures, and was top quartile nationally for 4 measures. Main issues are around diagnostics capacity, and staffing, also oncology consultants and aseptic unit pharmacist staff to support increasing numbers requiring chemotherapy.
- Diagnostics - BSW is one of the challenged systems in the South West with 44% of those waiting at the end of Aug waiting more than 6 weeks. Regional Performance is being monitored via the SW Diagnostic Programme Board.

# Mental Health, Learning Disabilities & Autism

Key Performance Metrics		Unit	Current period	Last Period	This Period	Movement	Target	Target delivery	SPC
Mental Health	Access to CYP MH services	#	Jun-22	8,550	8,770	↑	8,794	✗	In development
	Access to talking therapies	#	Jun-22	2,885	2,715	↓	3,925	✗	
	SMI Health checks	rolling 12 mth #	Apr-Jun 22	2,871	2,921	↑	3,282	✗	
	Out of area placements (bed days)	#	Jun-22	435	120	↓	209	✓	
LD	In patients - Adults & Children CCG & NHSE funded	#	Q1 22 23	34	36	↑	30	✗	In development
	LD Annual health checks	Q %	Q1 22 23	-	8.2%	-	10.8%	✗	

## Exceptions Analysis

- LDA - Continued focus on number of LDA in-patients ready for discharge – separate presentation available outlining key actions underway. System wide MADE event 4th Oct to include LA partners
- Individual escalation and system capacity escalation continues to consume capacity at place and at system.
- LDA - Capital confirmed for LDA MH Hospital capacity
- MH – Performance stable but not yet improving in core areas – focus remains on IAPT, CYP MH Access, Physical Health Checks and Dementia Diagnosis rates. PIMH performance significantly improved.
- Governance and oversight to be strengthened – revised oversight approach now being implemented which will ensure continued and detailed monitoring of targets
- Work established to develop and agree a new outcomes framework for mental health, linked with Community Services Framework developments. This will triangulate current performance metrics with service user and carer feedback and core workforce metrics.
- Place colleagues are supporting development of our 'Current Situation' and 'Case for Change' elements of our revised MH strategy – using qualitative and quantitative feedback.
- Discussions have continued regarding the development of a Provider Collaborative for MH – and the key features of this. Further work now underway.

## Key Actions in the coming Month

- LDA - Drive work to progress/enable LDA in-patient discharge.
- LDA - Dedicated multi disciplinary discharge event to take place in October.
- LDA - Workshops to develop preferred model for key worker service, work to ensure full engagement and co-production with community/engagement groups
- Further work to embed revised governance and oversight groups and processes.
- Next phase development of our Mental Health Strategy to be completed by end October – overseen by Thrive Programme Board
- Outcomes framework development with partners to support key programmes
- MH Workforce Planning Oversight Group to support wider system engagement workforce summit
- Mental Health Support Teams evaluation project to be established and implemented
- Mental health focus on length of stay reduction linked to AWP right care programme

# Primary Care

	Key Performance Metrics	Unit	Current period	Last Period	This Period	Movement	Target	Target delivery	SPC
Primary Care	Primary Care Access - available appointments	#	Aug-22	438,385	445,445	↑	433,204	✓	
	Primary Care Access - % face to face appointments	%	Aug-22	64%	65%	↑	n/a		

## Exceptions Analysis

- Continued demand and pressures across General Practices; in BSW in August 2022 the total booked GP appointments was 427,000 compared to 366,000 in August 2021. Activity has increased in August by 2% from July, and an increase of 17% from last August. Face to face appointments are 65% of the total appointments August 2022 compared to 56% in August 2021.
- Sites have now commenced Phase 5 Covid Vaccination Programme for Over 50s, care homes, housebound, immunosuppressed, Health and social care workers, carers plus others. 18 PCNs opted in for delivery. Intention for co-administration with flu vaccine where ever possible.
- Ongoing support from primary care for refugees and asylum seekers in accommodation (increasing numbers) across BSW and supporting registration and health assessments of people arriving from Ukraine in BSW.

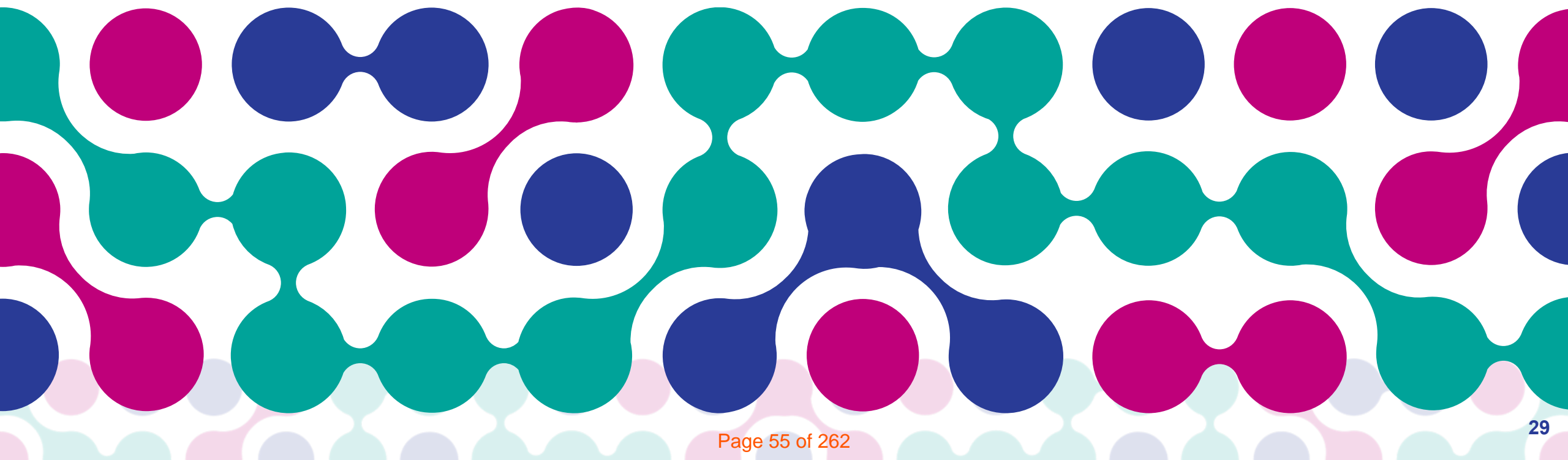
## What did we achieve in the past month?

- BSW CCG partnership with Lantum via funding from NHSE for the primary care flexible multi disciplinary staff pool continues and as at 23.09.22- 66 practices (75%) signed up and 116 staff (48 approved to work) across a range of GPs, Practice Nurses, Advanced Nurse Practitioners, Advanced Clinical Practitioners and Clinical Pharmacists
- BSW PCCC supported funds for licenses for GPitC (digital locum / virtual desktop solution for suitably authenticated clinical staff to login into primary care systems around the country without the need for hardware provisioned by each practice). Decision supported following Clinical Safety Workshop. Based on current partnership with Lantum for BSW Primary Care Flexible Staff Pool. The proposal will provide more flexibility for practices to access GP locums, potentially reduce costs and also increase business continuity.
- Submission of Pre Delegation Assessment Framework to NHSE.

## Key Actions 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. Completed Clinical Workshops for PCNs and plans to deliver Estates Workshops in place.
- Commencement of PCN Enhanced Access 1<sup>st</sup> October
- Steering Group set up to prepare for Delegation of Pharmacy, Dental and Optometry from NHSE April 2023 with a review of capacity and resources to complete Safe Delegation Checklist for ICB due diligence of the 4 domains: *Transformation and Quality; Governance and Leadership; Finance; and Workforce Capacity and Capability*

# COVID-19



# COVID-19

## Prevalence

September 28, 2022

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

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

	14 Sep	15 Sep	16 Sep	17 Sep	18 Sep	19 Sep	20 Sep	21 Sep	22 Sep	23 Sep	24 Sep	25 Sep	26 Sep	27 Sep	28 Sep
England	51.12	51.86	52.56	52.68	54.49	57.55	61.72	65.53	68.47	71.24	73.77	79.50	85.80	87.97	84.08
South West	60.58	62.05	63.73	64.63	67.44	72.76	78.04	83.08	87.17	91.93	94.14	102.46	110.45	112.99	108.78
Bath and North East Somerset	36.22	38.80	40.36	41.39	42.94	47.08	54.32	62.60	69.33	73.99	74.50	78.12	75.54	71.92	68.29
Swindon	53.56	53.11	51.76	49.06	47.71	49.96	50.41	57.61	67.51	73.36	81.91	90.46	91.36	100.36	95.41
Wiltshire	62.20	65.00	70.00	70.60	69.80	71.60	79.40	84.00	90.00	93.80	94.60	102.80	107.19	105.39	103.00

## Summary as reported 6th October 2022

Confirmed COVID Cases (Acute) 05 Oct

140

Of the total number of confirmed COVID-19 patients, how many have acute symptoms of COVID-19 and are primarily in hospital for treatment for COVID-19

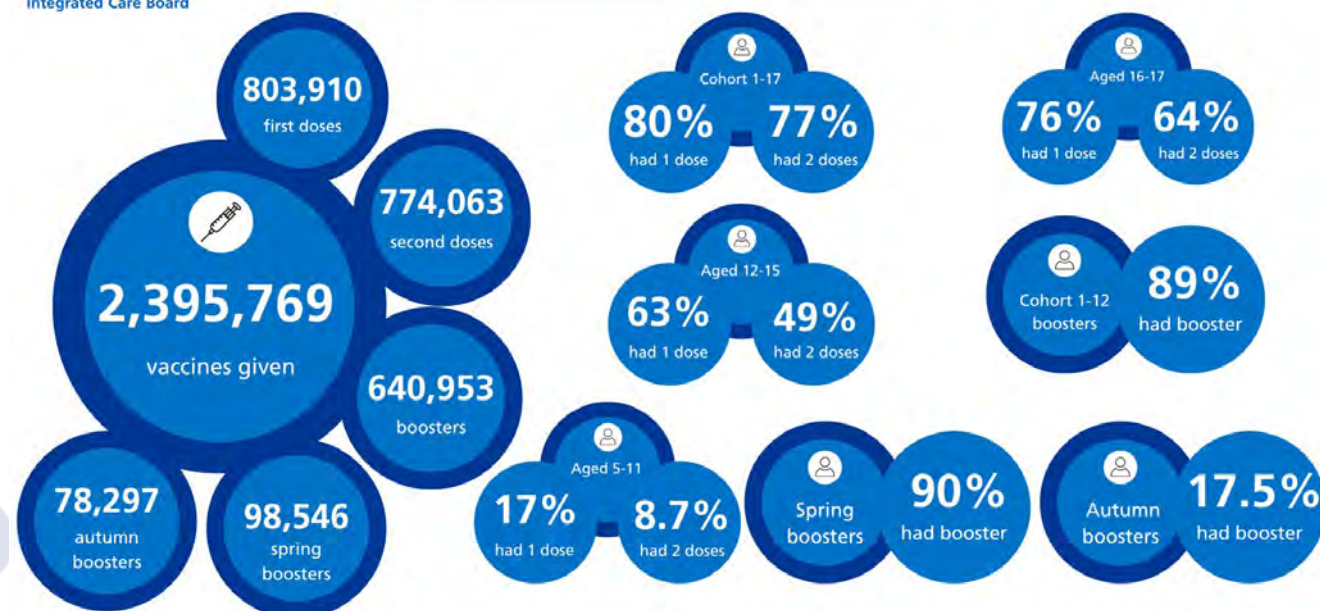
79

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



## BSW Covid-19 vaccination programme

Data correct as of 5 October 2022

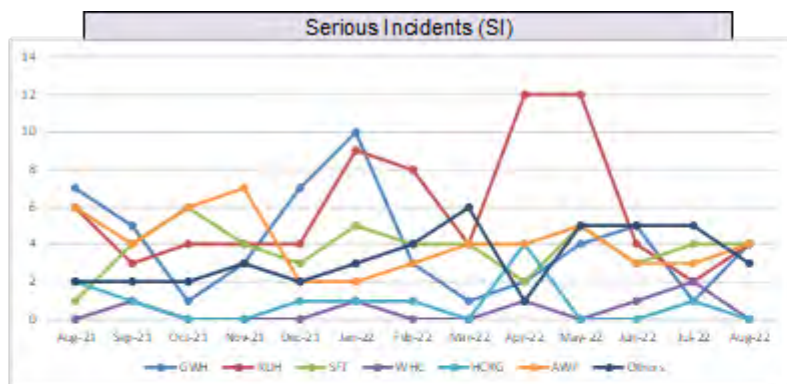


# Quality and Patient Safety Report

Quality Assurance Committee, 18/10/22, Item no. 11

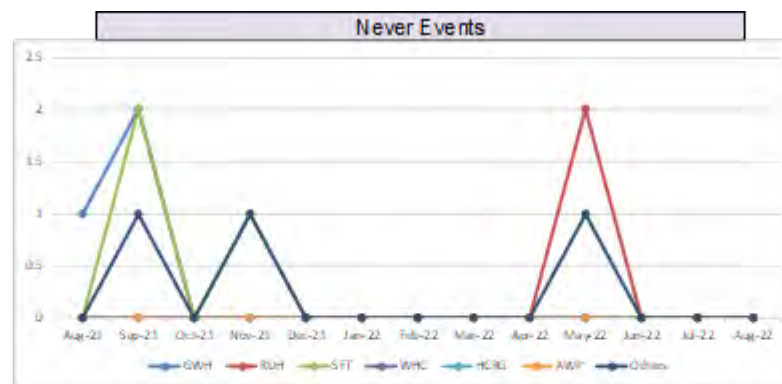


# Quality – Patient Safety



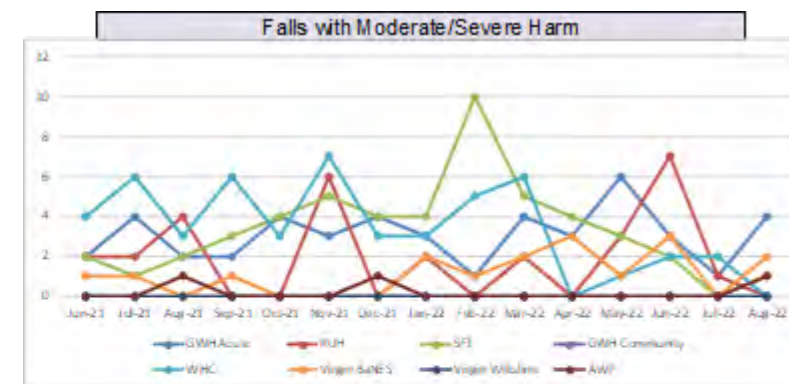
GWH
RUH
SFT
WHC
HCRG
AWP
Others

	May-22	Jun-22	Jul-22	Aug-22
GWH	4	5	1	4
RUH	12	4	2	4
SFT	5	3	4	4
WHC	0	1	2	0
HCRG	0	0	1	0
AWP	5	3	3	4
Others	5	5	5	3



GWH
RUH
SFT
WHC
HCRG
AWP
Others

	May-22	Jun-22	Jul-22	Aug-22
GWH	0	0	0	0
RUH	2	0	0	0
SFT	0	0	0	0
WHC	0	0	0	0
HCRG	0	0	0	0
AWP	0	0	0	0
Others	1	0	0	0



GWH
RUH
SFT
WHC
HCRG
AWP

	May-22	Jun-22	Jul-22	Aug-22
GWH	6	3	1	4
RUH	3	7	1	no data
SFT	3	2	0	1
WHC	1	2	2	0
HCRG	1	3	0	2
AWP	0	0	0	1

## Actions and Assurance

Number of falls resulting in harm continue to be monitored across the system and remain within expected limits. All organisations have overarching improvement plans that they are progressing with learning shared.

There have been no Never Events reported in August 2022

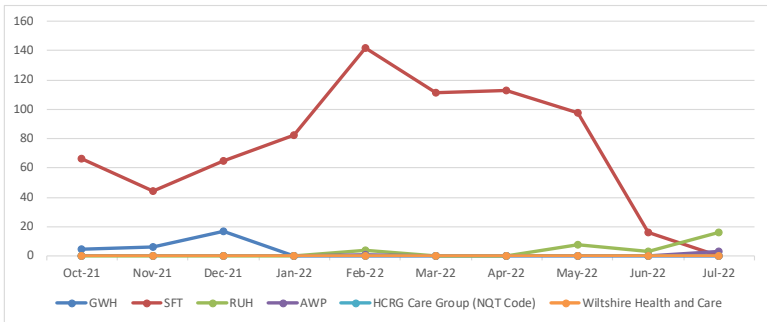
6 serious incidents relate to elective care and of that 4 relate to cancer pathways – For noting, there have been delays in these Serious incidents being recognised due to the nature of the incidents (i.e. lost to follow up) so have occurred over a period of time (Feb 21 – Aug 22) and does not signify a peak.

There has been an overall downturn in the number of serious incidents (SI) reported throughout the system, but remains within expected limits and in line with seasonal reporting.

Data Note – data representing Swindon community is provided as part of the GWH Integrated and Community Care Division and is a blend of acute and community services.

# Quality- Patient Safety and Experience

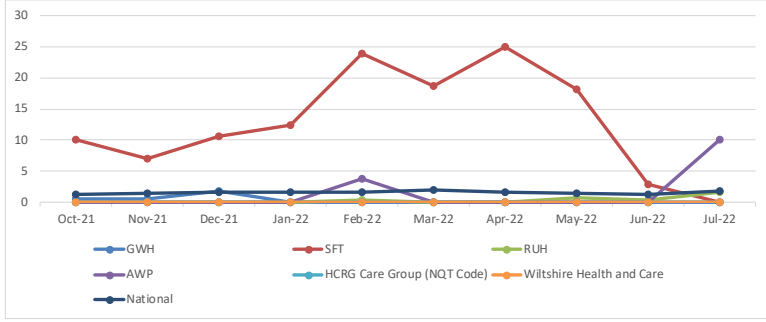
Mixed Sex Accommodation Breaches Non-clinically Justified



GWH
SFT
RUH
AWP
HCRG
WHC

	Apr-22	May-22	Jun-22	Jul-22
GWH	0	0	0	0
SFT	113	98	16	0
RUH	0	8	3	16
AWP	0	0	0	3
HCRG	0	0	0	0
WHC	0	0	0	0

Mixed sex accommodation (MSA) Breaches (per 1000 FCE)



GWH Acute
SFT
RUH
AWP
HCRG
WHC
National

	Apr-22	May-22	Jun-22	Jul-22
GWH Acute	0	0	0	0
SFT	25	18.1	2.8	0
RUH	0	0.8	0.3	1.6
AWP	0	0	0	10
HCRG	0	0	0	0
WHC	0	0	0	0
National	1.7	1.4	1.3	1.8

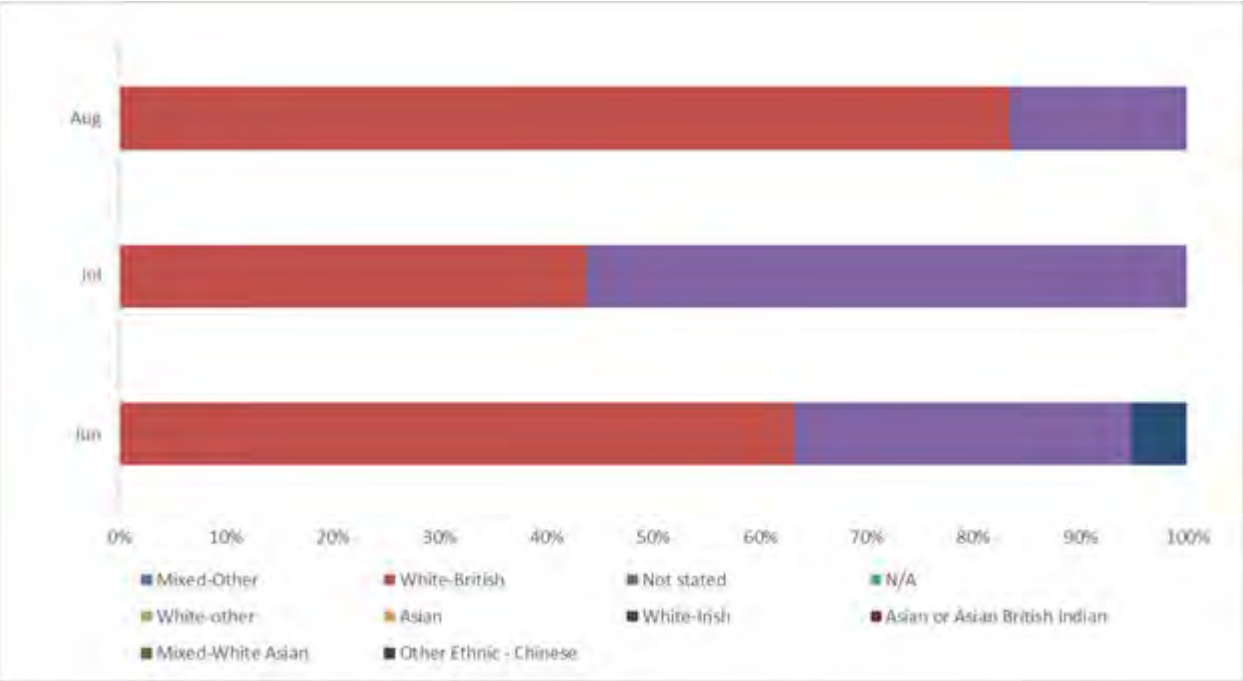
## Actions and Assurances

### Mixed Sex Accommodation Breaches - Non clinically justified (MSAB)

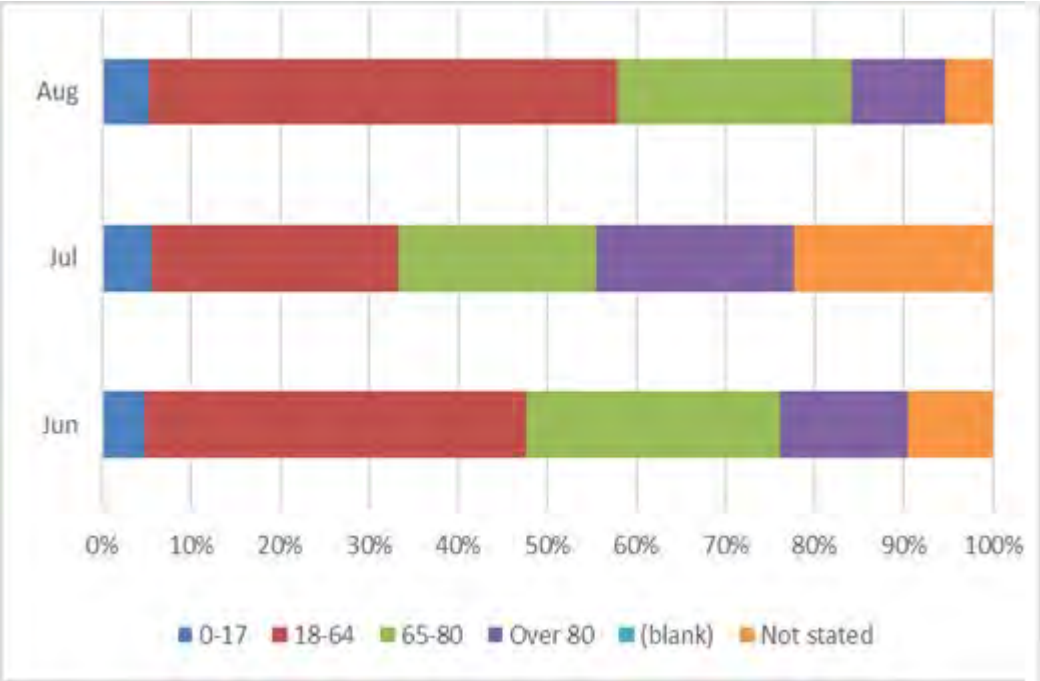
All mixed sex accommodation breaches reported within inpatient services have been risk assessed. Patients are consulted when potential breaches are needing to be identified during periods of escalation.

# Reporting Harm and Inequalities

3 month overview of incidents by ethnicity



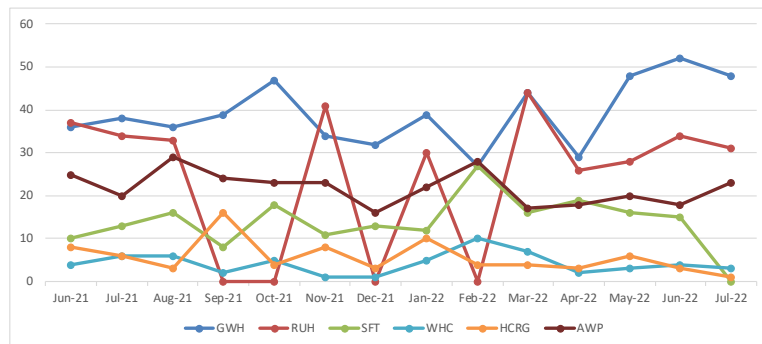
3 month overview of incidents by age



- BSW organisations are working to include patient demographics within serious incident reporting to support understanding of which patient populations may be being adversely impacted by harm.
- Organisations continue to work to complete these fields when reporting the incident but gaps still remain.
- Data gaps have reduced but it is important to re-emphasise that any interpretations of data should be treated with caution.
- The evidence provided, with the above caveat, is not highlighting any concerns that any population group is being negatively impacted by healthcare serious harm

# Quality – Patient Experience

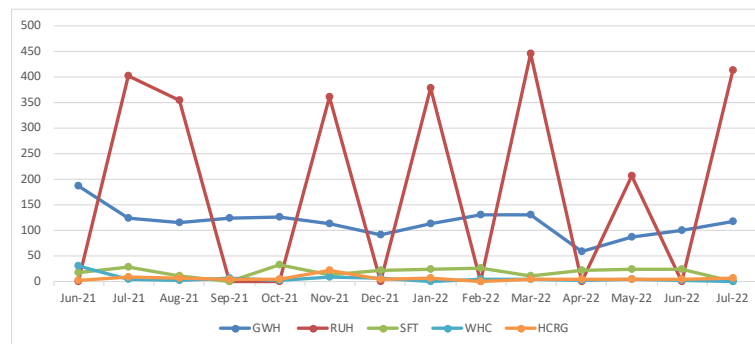
Number of Complaints



GWH
RUH
SFT
WHC
HCRG
AWP

Apr-22	May-22	Jun-22	Jul-22
29	48	52	48
26	28	34	31
19	16	15	no data
2	3	4	3
3	6	3	1
18	20	18	23

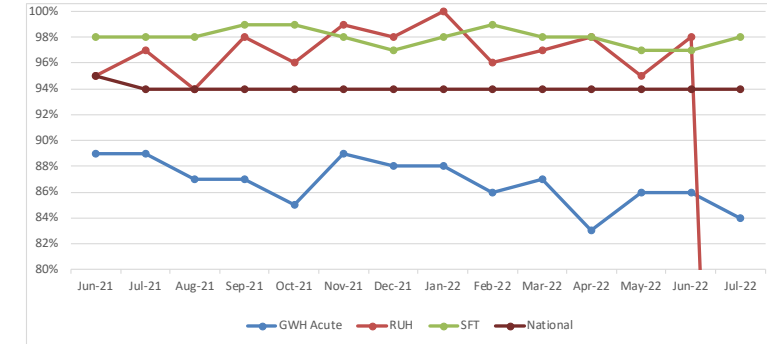
Number of PALS



GWH
RUH
SFT
WHC
HCRG
AWP

Apr-22	May-22	Jun-22	Jul-22
58	88	99	118
no data	206	no data	412
22	23	25	no data
2	4	2	1
5	5	5	6
18	20	18	23

Friends and Family Test Score (Inpatient) Recommend Rate



GWH Acute
RUH
SFT
National

Apr-22	May-22	Jun-22	Jul-22
83%	86%	86%	84%
98%	95%	98%	no data
98%	97%	97%	98%
94%	94%	94%	94%

## Assurance and Actions

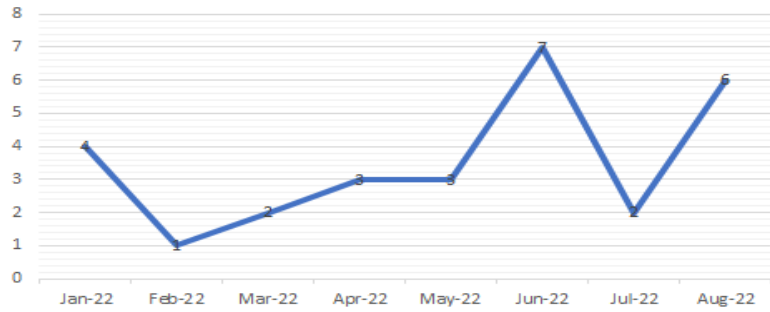
Number of complaints received by providers remain consistent over the past 3 months. The key themes for July relate to clinical care.

BSW Patient Experience Leads Group is making progress on developing a consistent approach to capturing patient experience through the complaints and Patient Advice and Liaison services and Friends and Family test.

BSW ICB - Separate to the information illustrated in the charts above there have been 11 complaints received by the ICB in August, there were no specific themes identified.

# BSW Elective Care Patient Safety and Quality

Serious Incidents



## Main Themes:

- Treatment delays
- Diagnostic incidents including delays
- Surgical invasive / Procedure incident

## Shared learning from incidents:

1. Review of all processes relating to waiting list harm reviews and processes for monitoring patients with long waits.
2. Monitoring of wait lists in line with service capacity.
3. Processes for IT changes and ensuring communication and testing of the change made.

## Assurance and Actions

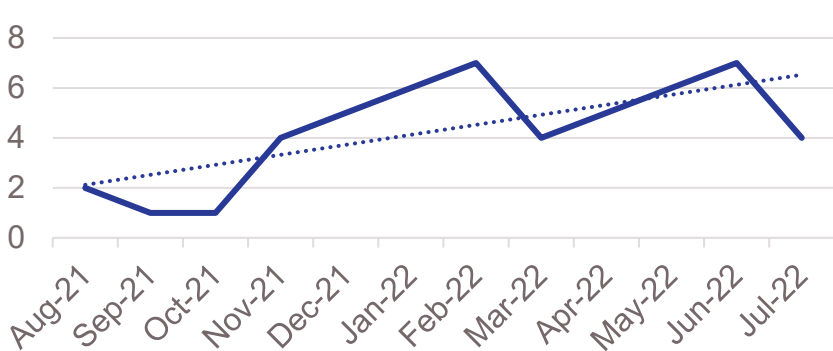
- 6 Serious incidents were reported in August for Elective Care.
- Four incidents relate to cancer pathways across the three BSW acute hospitals. Lung (Lost to follow up), Dermatology and Urology (Wait list management) and Gynaecology (Missed diagnostic incident).
- The main age category whereby Elective Care incidents occurred was in the 65-80 year old category.
- There continues to be Executive Trust Board Oversight of all serious incidents across the system

## Area of continued focus

- There were zero people recorded with over 104 week waits across the 3 acute hospitals in the latest local weekly data from providers (13/10/22).
- There are currently a number of patients waiting who are recorded within the referral to treatment category P6, identifying the delay is due to patient choice
- The number of patients waiting for first Cancer treatment over 62 days is above the local trajectory set in the annual planning round. Whilst this is a concern, this is closely monitored by the acute hospitals
- 3 acute hospitals have set up a focus group to identify any inequalities within the Elective Care Pathway. Outcomes to be reported to BSW Elective Care Board and Quality Assurance Committee

# BSW Urgent Care Patient Safety and Quality

Serious incidents



Main Themes:

- 1) Demand related delays
- 2) Queue / Stack safety
- 3) Safety Netting / Non conveyance
- 4) Management of deteriorating patient

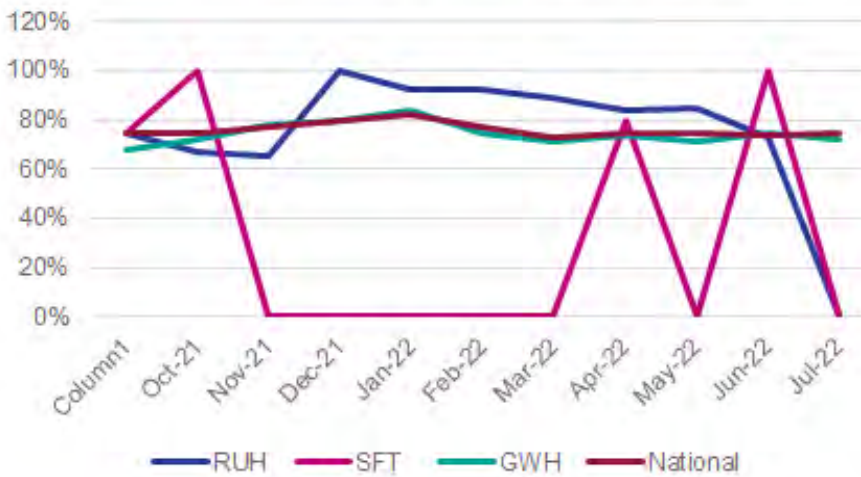
Shared Learning from Incidents

- 1. Managing ambulance queue safety remains a key theme for urgent care and flow with triage and identifying the sickest patients. Standard operating procedures have been reviewed to maintain patient safety
- 2. Clinician input for patients waiting in a queue in pre-hospital care has been identified as key learning. This learning is shared with care coordination workstream and Urgent Care and Flow board
- 3. Effective testing following IT system changes to ensure the new function is working correctly.

Actions and Assurance

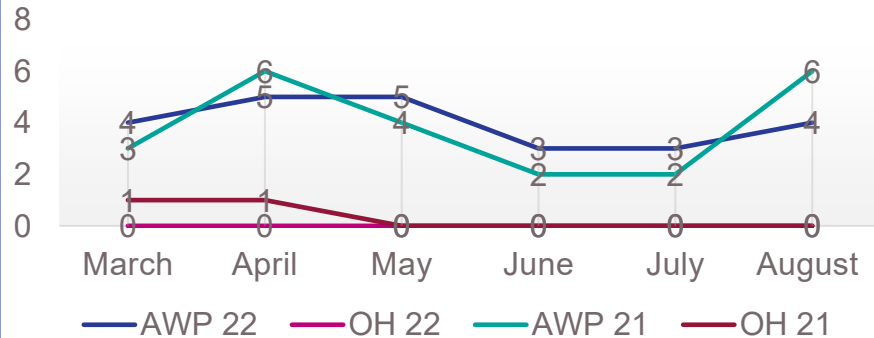
- There have been no incidents related to pre-hospital demand in August 22.
- ED Friends and family test continues to be developed and monitored across the 3 acutes . Patient experience projects are planned to understand and seek improvements to patient experience
- Hospital Handover Standard Operating Procedures have been updated to continue to manage the safety of patients awaiting ambulance handover outside ED. This includes a focus on medicine administration, guidance regarding observations and deteriorating patients including National Early Warning Score (NEWS)
- Minor injury units in Wiltshire have resumed 8-8 opening hours from the 3rd October 2022
- Clinical summit planned for November 2022
- Patient safety risk framework to be reinstated in October 2022

ED Friends and Family Results



# BSW Mental Health Patient Safety and Quality

Serious Incidents



## Main Themes:

- 1) Risk Stratification process
- 2) Care planning
- 3) Workforce capacity
- 4) Safety netting on transfer between services.
- 5) Listening to families

## Shared learning from incidents:

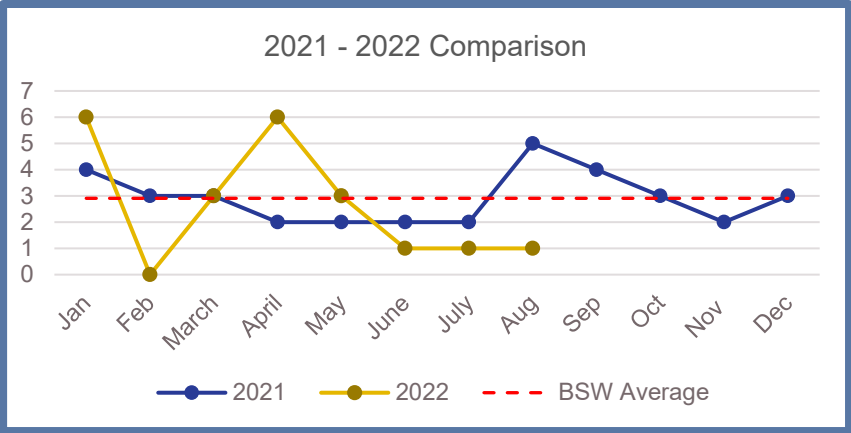
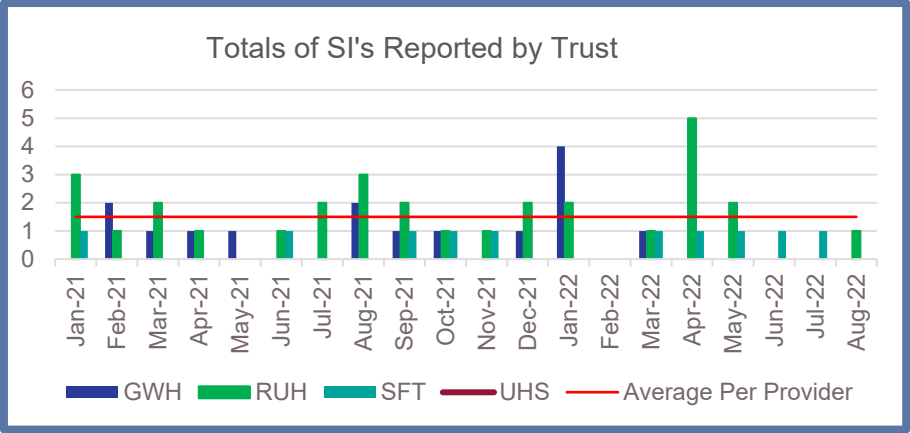
1. Staffing challenges within community teams and potential impact on care coordination
2. A Patient Case Review is supporting improvements to escalation processes for inpatients with complex needs in acute hospital setting

## Actions and Assurance

- AWP are going live with national LFPSE (Learning from patient safety events) from 1 October 2022, as one of the first mental health trusts in the country to roll out use of the system
- Quality improvement workstreams focus on falls prevention
- Following focus on flow and out of area placements in July, there has been a significant drop in out of area placements sustained through August and September. There is recognition of the improvements to patient experience and outcomes due to the reduction in out of area placements
- continuing work on safety dashboard and have been benchmarking against similar trusts / services and National Confidential Inquiry into Suicide and Mental Health data
- Monitoring of the known workforce challenges continues across all mental health and acute services.
- CAMHS services reported a decrease in vacancy rates in Q1
- Impact of workforce challenges to be reported through System Quality Group and Quality Assurance Committee to inform system learning

# BSW Maternity Patient Safety and Quality

## HSIB reported incidents



### Main Themes:

1. Guidance
2. CTG Issues
3. Communication
4. Documentation
5. Training
6. Escalation
7. Breast feeding
8. Non-evidence based advice
9. Symphysis fundal Height Monitoring

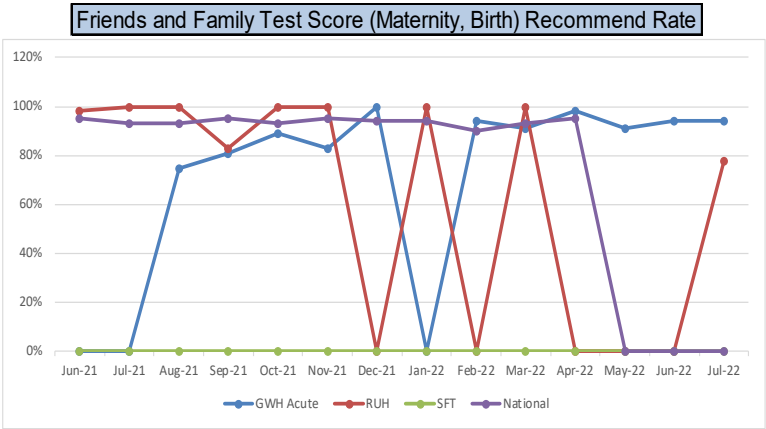
Month/ Year Reported	Total
Jan-21	1
Mar-21	1
Jul-21	1
Sep-21	2
Jan-22	5
Mar-22	1
Apr-22	4
May-22	2
Aug-22	1
Total	18

### Shared learning from incidents:

1. Scoping of Quality Improvement project for implementation of SBAR communication tool in GWH Maternity services
2. Shared escalation, speak up, positive feedback posters and phone stickers with all trusts to encourage parents to speak up if they feel they are not listened to

### Actions and Assurance

1. Insight visits GWH 17th October and RUH 24th/ 25th October 2022
2. Plans to open Frome Birth Centre from 31<sup>st</sup> October 2022
3. BSW academy supporting Local Maternity and Neonatal System (LMNS) wide workstream to provide assurance of pipeline for future staffing to meet Ockenden report recommendations including MSW competency framework, apprenticeships, strengthening workforce data. Aim to accelerate opportunities for workforce system solutions, innovation and collaboration as part of the LMNS/ICB oversight
4. Scoping centralised telephone triage with a plan for a GWH Pilot
5. Scoping use of Single Health Resilience Early Warning Database (SHREWD) to support system escalation (current process still in place to support mutual aid decision making), this is predicated on project management support in UEC team
6. SFT Maternity Support programme – continued progress and discussing exit criteria.
7. Discussions started with acutes to join the PreciSSlon (Preventing Surgical Site Infection across a region) QI collaborative to improve surgical site infection rates after elective colorectal surgery
8. The system is confident that all providers are working towards 'G' for the initial 7 Ockenden Immediate and Essential Actions (IEA's)



GWH Acute
RUH
SFT
National

Apr-22	May-22	Jun-22	Jul-22
98%	91%	94%	94%
NA	*	77%	78%
*	NA	NA	NA
95%	94%	93%	92%

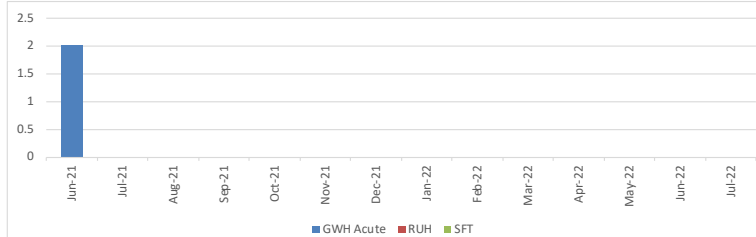
\*Data Note - SFT have an action plan in place to reinstate FFT response rates by implementing a range of different methods of data collection including SMS messaging. This is due for implementation in Autumn 2022

The seven immediate and essential actions from the Ockenden report	Green	1
	Green/Amber	2
	Amber	3
	Amber/Red	4
	Red	5

System Ockenden Assurance			
Organisations	GWH	RUH	SFT
Actions			
Enhanced Safety			3
Listening to women and families			
Staff training and working together		3	3
Managing complex pregnancy	2		3
Risk assessment throughout pregnancy	2	2	3
Monitoring foetal well being			3
Informed consent			

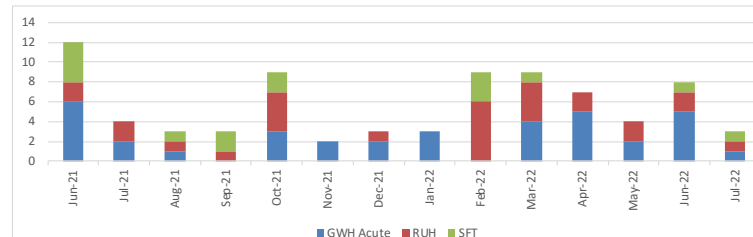
# Quality - Healthcare Acquired Infections

MRSA Hospital Onset



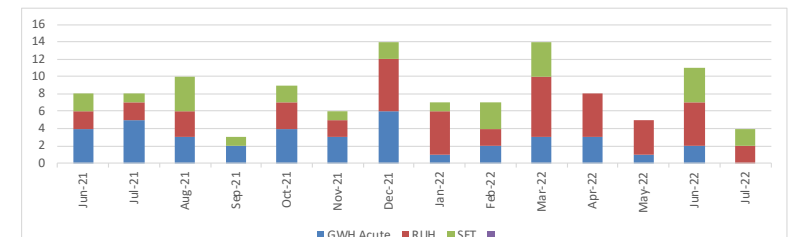
	Apr-22	May-22	Jun-22	Jul-22
GWH Acute	0	0	0	0
RUH	0	0	0	0
SFT	0	0	0	0

MSSA Hospital Onset



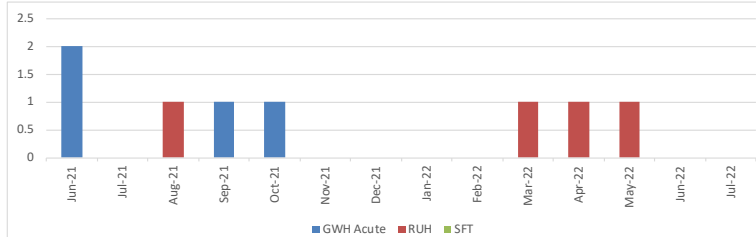
	Apr-22	May-22	Jun-22	Jul-22
GWH Acute	5	2	5	1
RUH	2	2	2	1
SFT	0	0	1	1

Clostridium difficile Hospital Onset Healthcare Associated



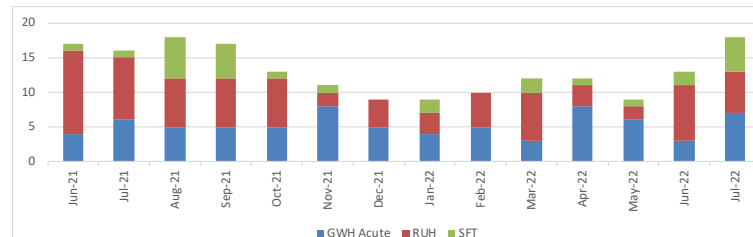
	Apr-22	May-22	Jun-22	Jul-22
GWH Acute	3	1	2	0
RUH	5	4	5	2
SFT	0	0	4	2

MRSA Community Onset



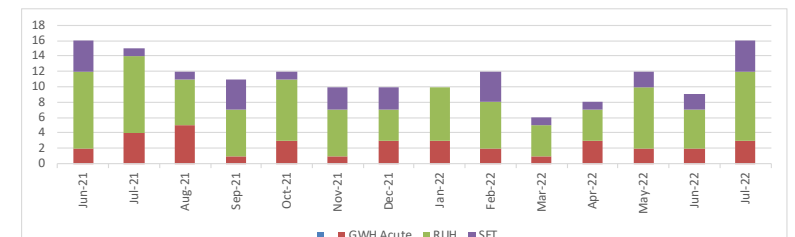
	Apr-22	May-22	Jun-22	Jul-22
GWH Acute	0	0	0	0
RUH	1	1	0	0
SFT	0	0	0	0

MSSA Community Onset



	Apr-22	May-22	Jun-22	Jul-22
GWH Acute	8	6	3	7
RUH	3	2	8	6
SFT	1	1	2	5

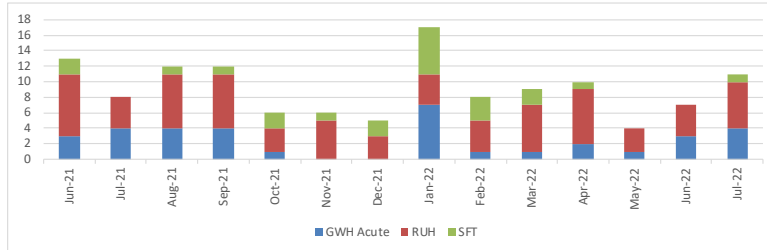
Clostridium difficile Community Onset Healthcare Associated



	Apr-22	May-22	Jun-22	Jul-22
GWH Acute	3	2	2	3
RUH	4	8	5	9
SFT	1	2	2	4

# Quality - Healthcare Acquired Infections

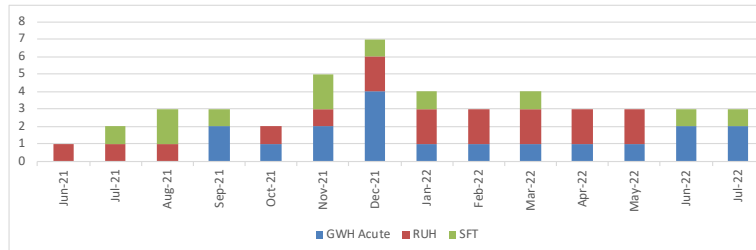
**E. coli Hospital Onset Healthcare Associated**



GWH Acute
RUH
SFT

Apr-22	May-22	Jun-22	Jul-22
2	1	3	4
7	3	4	6
1	0	0	1

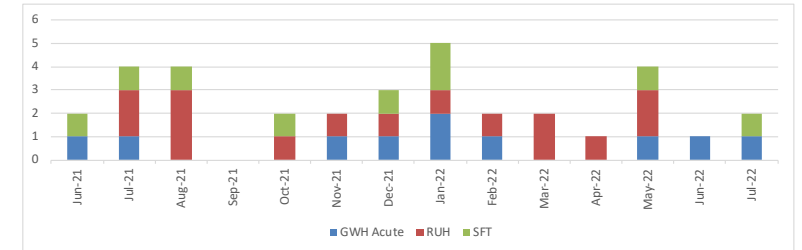
**Klebsiella ssp. Bacteraemia Hospital Onset**



GWH Acute
RUH
SFT

Apr-22	May-22	Jun-22	Jul-22
1	1	2	2
2	2	0	0
0	0	1	1

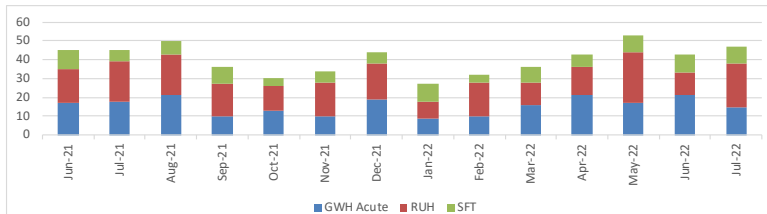
**Pseudomonas aeruginosa Bacteraemia Hospital Onset**



GWH Acute
RUH
SFT

Apr-22	May-22	Jun-22	Jul-22
0	1	1	1
1	2	0	0
0	1	0	1

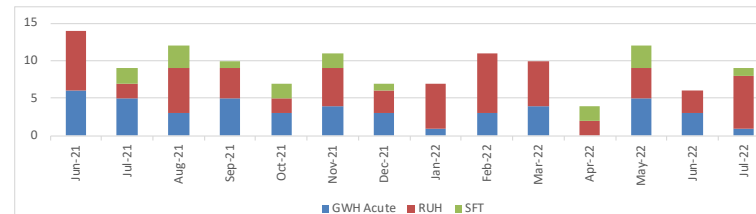
**E. coli Community Onset Healthcare Associated**



GWH Acute
RUH
SFT

Apr-22	May-22	Jun-22	Jul-22
21	17	21	15
15	27	12	23
7	9	10	9

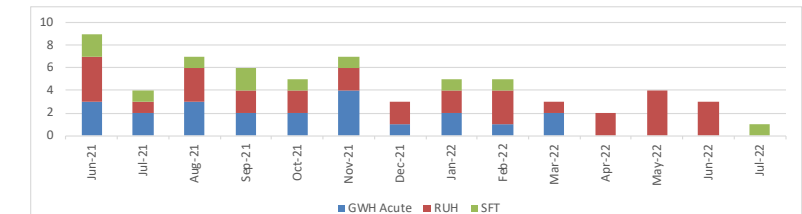
**Klebsiella ssp. Bacteraemia Community Onset**



GWH Acute
RUH
SFT

Apr-22	Jun-22	Jul-22	Jul-22
0	5	3	1
2	4	3	7
2	3	0	1

**Pseudomonas aeruginosa Bacteraemia Community Onset**



GWH Acute
RUH
SFT

Apr-22	Jun-22	Jul-22	Jul-22
0	0	0	0
2	4	3	0
0	0	0	1

# BSW System Status – Health Care Acquired Infection

## **SARS-CoV-2 (covid-19), Influenza Like Illness, Norovirus and Outbreaks**

Reported outbreaks are being managed within BSW system providers, across both acute and care home settings. The outbreaks within the acute trusts are largely been driven by community onset cases that are incidental findings upon admission and are not the primary reason for admission. The outbreaks are being managed well and flow is still being maintained throughout our trusts. Local authority colleagues in collaboration with care homes are supporting the risk assessments to support discharges and flow.

## **Notifications of infectious diseases (NOIDS)**

During the last month there has been a rise in the incidence of notifiable disease as advised by UKHSA, with a small number of cases occurring within the South-West. BSW system is working collaboratively with UKHSA to ensure an appropriate management response where needed and immunisations programme assurance has been undertaken for those that are vaccine preventable.

## **Monkey Pox**

There have been small numbers of incidences reported across the BSW system following the start of national reporting processes. Robust treatment and management procedures are in place across BSW services, whilst the vaccination programme continues.

## **MRSA**

There have been three incidences of MRSA bacteraemia's reported across BSW system year to date. All three incidence are community onset community associated (COCA) and relate to skin and soft tissue infection. An action plan is in place to support wider learning across health and care services.

## **Clostridium Difficile (CDI)**

BSW ICB currently remain under the threshold set by NHSE/I. 110 (April 2022- September 2022) against a threshold of 217. Community Onset, community associated have now become the highest apportion category, however, hospital onset healthcare associated remains higher when compared to same time last year. The BSW system have in place an action plan and are continuing to focus on wound management, appropriate antibiotic prescribing, cleaning and decontamination and appropriate glove use. The IPC (infection, prevention & control) network are working with the BSW workforce academy for support with quality improvement projects and education and development of the BSW workforce.

## **E-Coli**

BSW ICB currently remain under the threshold set by NHSE/I. 285 (April 2022- September 2022) against threshold of 516. There was notable rises in E-coli cases during July and August (50 and 53 respectively) and indicates a potential association with heatwaves declared in these months. Action plans are in place across the BSW system, work has commenced on management of UTI's (urinary tract infections) in primary care with preliminary audit been undertaken by pharmacists on current management practices against UKHSA and NICE guidance.

# Quality – Oversight Framework

Provider	Overall Rating	Safe	Effective	Caring	Responsive	Well Led
RUH						
SFT						
GWH						
HCRG						
WHC						
BMI Bath						
BMI Ridgeway						
Ramsay New Hall						
IHG						
Sulis Bath						
AWP						
Medvivo						
E-Zec						
SWAST						

	Overall Rating	Safe	Effective	Caring	Responsive	Well Led
<b>Primary Care</b>						
<b>Outstanding</b>	8	0	6	5	12	8
<b>Good</b>	74	82	75	81	72	73
<b>Requires Improvement</b>	4	4	5	0	2	5
<b>Inadequate</b>	0	0	0	0	0	0
<b>Not yet inspected</b>	3					

All practices who are Requires Improvement are being offered support with their improvement action plans.  
Enhanced surveillance continues through the ICB Oversight and Assurance Group

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12
Date of Meeting:	01 November 2022		

Title of Report:	NHS BSW Integrated Care System (ICS) Finance Report – Month 5
Report Author:	Gary Heneage, Chief Finance Officer
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer
Appendices:	N/A

Report classification	This report gives a high-level overview of the BSW NHS ICS 2022-23 financial position at month 5 (August) for information.
ICB body corporate	Yes
ICS NHS organisations only	Yes
Wider system	No

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	x
Noting	For noting without the need for discussion	

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Finance Committee	28/09/2022	Discussion/Assurance

1	<b>Purpose of this paper</b>
The aim of this paper is to update the Board on the BSW NHS ICS 2022-23 financial position at month 5 (August).	

2	<b>Summary of recommendations and any additional actions required</b>
The Board is asked to note the report and the Financial Position of the BSW NHS ICS.	

3	Legal/regulatory implications
Financial performance and forecast are components of the NHS Oversight Framework.	
4	Risks
This report links to risk on the ICB corporate risk register. There is a risk that the planned financial position will not be achieved.	
5	Quality and resources impact
Please outline any impact on Quality, Patient Experience and Safeguarding: N/A Finance: There is a risk that the planned financial position will not be achieved. Workforce: N/A Sustainability/Green agenda: N/A	
Finance sign-off	
Gary Heneage	
6	Confirmation of completion of Equalities Impact Assessment
N/A	
7	Statement on confidentiality of report
The report is not confidential.	

# NHS BSW ICS Finance Report – Public Board

August 2022 (Month 5)



# Content

		Slide No.	BSW ICB	NHS Providers	Community Providers*	Local Authorities
1.	Key Messages	<a href="#">Slide 3</a>	✓	✓		
2.	Key Performance Indicators	<a href="#">Slide 6</a>	✓	✓		
3.	Financial Position - Overview	<a href="#">Slide 7</a>	✓	✓		
4.	Risks & Mitigations - Overview	<a href="#">Slide 8</a>	✓	✓		
5.	Efficiency Schemes - Overview	<a href="#">Slide 9</a>	✓	✓		
6.	Workforce - Overview	<a href="#">Slide 10</a>	✓	✓		
7.	Capital - Overview	<a href="#">Slide 11</a>	✓	✓		
				* Including WH&C and HCRG		

# 1. Key Messages

## Overall Position

- At month 5 BSW ICB has reported a position on plan of a surplus of £6.8m to NHSE, whilst the providers are reporting a position £4.0m behind plan with a combined deficit of £26.2m. This gives a net position for BSW NHS ICS of a £19.4m deficit, £3.9m behind the planned deficit of £15.5m.

## Risk and Mitigations

- Total BSW ICS gross risk is currently £57.9m. Identified mitigating actions to offset the risks amount to £32.4m (56.0%) and the system is holding a central contingency of £6.5m but that leaves a net system risk of £18.9m (32.7%). All organisations expect these risks to reduce in M6 when a full reforecast/review is undertaken.

## Efficiency Delivery

- Overall efficiencies within the 2022-23 NHS system plan to enable the required breakeven position total £72.4m. This represents 4.4% of the overall NHS system allocation.
- At month 5 we are forecasting to reach the planned total, however the forecast assumes that slippage/unidentified schemes will be made-up/found before the year end. This becomes a higher risk as the year progresses.

# 1. Key Messages (cont.)

## Workforce

- Use of Agency as a percentage of overall staffing cost at month 5 remains low (5.3%) with bank use slightly higher (6.5%), and substantive staff accounting for 88.2% of overall cost.
- Agency Limit of £24.4m forecast to be breached by over 40% (£9.8m).

## Capital Plan








- At M5 the capital position reported to NHSE by ICB and providers is to fully spend the CDEL capital allocation of £39.9m
- The year to date position is 50% behind plan which means 83% of the programme must be delivered in the remaining 6 months for the allocation to be fully spent. Providers are confident that this is just phasing of plan and remains achievable.
- Risk is however increasing around supply chains with delays in equipment delivery which may impact ability to deliver some of the schemes in year.






# 1. Key Messages (cont.)

## **Agreed actions/next steps**

- Full re-forecast of NHS System position at month 6 to understand and respond to the drivers of deficit.
- Risk share arrangements to be enacted as soon as practical to bring all organisations to a break even position.
- Support delivery of existing efficiency schemes and the development of long term recurrent savings
- HR to support NHS System management of Agency Limit
- Planning for 2023-24 to commence from month 7 using revised forecast.
- Identify support required re future financial sustainability.

## 2. Key performance indicators

	Year to date			
	Variance		RAG	Change to previous month
	£m	%	Rating	
System Income & Expenditure surplus / (deficit) Target = Breakeven	(4.0)	(25.6%)		↓
System Efficiencies ahead / (behind) plan Target = £72.4m	3.6	19.6%		↑
Elective Recovery Target = 104%	tbc	tbc		→
Agency Spending Limit Target = £24.2m	(7.0)	(69.1%)		*
System Capital Expenditure vs Plan Target = Fully Spent	(12.9)	(37.4%)		↑
Better Payment Practice Code Target = 95% of invoices paid in 30 days	99.9%	94.0%		*
Net Risk decreased / (increased)	9.8	17.0%		↑

Year End Forecast			
Variance		RAG	Change to previous month
£m	%	Rating	
0.0	0.0%		↑
0.0	0.0%		↑
tbc	tbc		→
(9.8)	(40.4%)		*
(0.4)	(0.4%)		↓

Less risk

\*Not previously reported

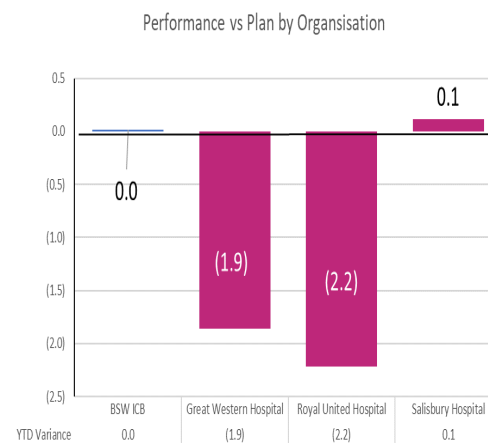
### 3. Financial Position - Overview

GWH are reporting a £1.9m (25.0%) year to date adverse variance to plan, a 3% deterioration on month 4. The forecast should show a planned deficit of £19.4m.

RUH are reporting a £2.2m (21.1%) year to date adverse variance to plan, a further deterioration of £0.7m (3.2%) on month 4. The forecast position remains unchanged at a planned deficit of £19.3m.

SFT's favourable variance to plan has deteriorated by 8.9% from month 4 position. They remain reporting a £0.1m (2.7%) favourable position. The forecast position remains unchanged at a planned deficit of £12.4m.

The ICB is reporting the year-to-date position of breakeven which is a planned surplus of £6.8m. We are working with NHSE on the phasing of changes to the ICB budget following the mid financial year transition from a CCG (Q1) to an ICB (Q2-Q4) and the transfer of £11m between organisations. This will not affect the actual figure but may effect ICB plan and ICB variance once finalised.



	Year-to-date				Forecast Outturn				
	Plan £m	Actual £m	Variance to Plan £m	%	Plan £m	FOT £m	Variance to Plan £m	%	
Great Western Hospital	(7.4)	(9.3)	(1.9)	(25.0%)	(19.4)	(19.5)	(0.1)	(0.7%)	
Royal United Hospital	(10.5)	(12.7)	(2.2)	(21.1%)	(19.3)	(19.3)	0.0	0.0%	
Salisbury Hospital	(4.3)	(4.2)	0.1	2.7%	(12.4)	(12.4)	0.0	0.0%	
<b>Provider surplus / (deficit)</b>	<b>(22.3)</b>	<b>(26.2)</b>	<b>(4.0)</b>	<b>(17.8%)</b>	<b>(51.1)</b>	<b>(51.2)</b>	<b>(0.1)</b>	<b>(0.3%)</b>	
<b>BSW ICB surplus / (deficit)</b>	<b>6.8</b>	<b>6.8</b>	<b>0.0</b>	<b>0.3%</b>	<b>51.1</b>	<b>51.2</b>	<b>0.1</b>	<b>0.3%</b>	
<b>ICS surplus / (deficit)</b>	<b>(15.5)</b>	<b>(19.4)</b>	<b>(3.9)</b>	<b>(25.5%)</b>	<b>(0.0)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>	

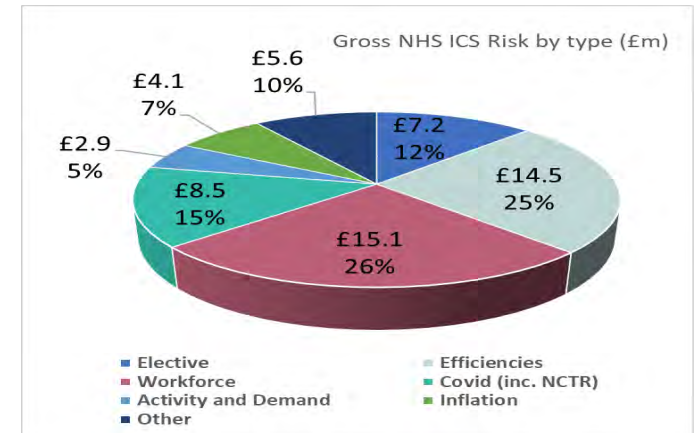
# 4. Risks and Mitigations - Overview

Risks identified in the NHS ICS plan and that have subsequently developed can be broadly categorised under six main headings, Covid Pressures (including No Criteria to Reside), Delivery of Elective Recovery Programme, Inflation Pressures, Activity and Demand Pressures, Workforce Pressures (including Staff Absence, Staff Review and Agency Premium) and Achievement of Efficiency Targets.

Risks are reviewed monthly and net risk has decreased by £9.8m following the latest review which has reduced identified risks by £19.9m. This has been across a number of areas as a result of contracts and national funding being agreed.

Efficiencies and workforce now make up 51% of identified risks to the breakeven position. Workforce is the highest risk with the challenges of increasing the WTE to support elective recovery and reduce waiting lists balanced against recruitment and pay inflation issues.

A detailed review of risks will be completed as part of the month 6 forecasting exercise.

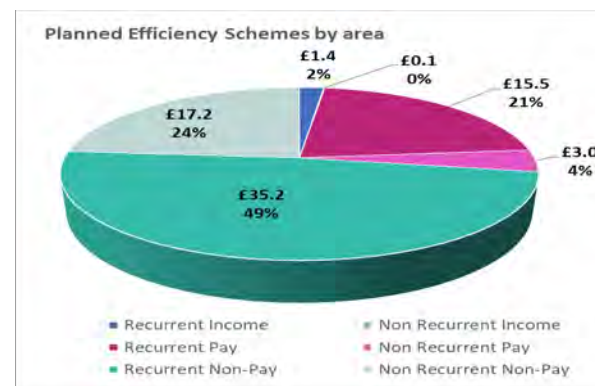


Risks	Total £m	ICB £m	GWH £m	RUH £m	SFT £m	Mitigations	Total £m	ICB £m	GWH £m	RUH £m	SFT £m	Net Risk £m	
Efficiency Target Delivery	(14.5)	(6.0)	(4.5)	(3.0)	(1.0)	Non recurrent efficiencies	10.0	6.0	0.0	2.0	2.0	(4.5)	●
Workforce	(15.1)	(1.0)	(9.6)	(3.5)	(1.0)	National funding and holding vacancies	7.9	0.5	6.4	0.0	1.0	(7.2)	●
Elective Recovery Programme Costs	(7.2)	0.0	(5.2)	(1.5)	(0.5)	Successful delivery of Elective Recovery Programme	2.8	0.0	1.8	1.0	0.0	(4.4)	●
Risks associated with COVID	(8.5)	(3.6)	(0.9)	(1.0)	(3.0)	Additional Income / review of schemes	3.3	1.4	0.9	0.0	1.0	(5.3)	●
Inflationary Pressure	(4.1)	0.0	0.0	(1.0)	(3.1)	Funded nationally	0.0	0.0	0.0	0.0	0.0	(4.1)	●
Activity and Demand	(2.9)	(2.9)	0.0	0.0	0.0		1.9	1.9	0.0	0.0	0.0	(1.0)	●
Other	(5.6)	(3.3)	(0.3)	(2.0)	0.0	Additional BSW indemnity to end 22-23	6.6	3.3	0.3	3.0	0.0	1.0	●
Contingency							6.5					6.5	●
<b>BSW ICS Overall Risks</b>	<b>(57.9)</b>	<b>(16.8)</b>	<b>(20.5)</b>	<b>(12.0)</b>	<b>(8.6)</b>	<b>BSW ICS Overall Mitigations</b>	<b>38.9</b>	<b>13.0</b>	<b>9.4</b>	<b>6.0</b>	<b>4.0</b>	<b>(18.9)</b>	●

# 5. Efficiency Schemes - Overview

Additional funding received during the planning round was predicated on achieving an additional £29m of savings. All organisations agreed to a minimum of 3% efficiency targets. Only 55% of the ICB efficiencies required to support the system breakeven position are recurrent schemes with £16.4m non-recurrent. The system will need to work on recurrent schemes for 23/24 to remain financial sustainable in future years.

The table below shows the efficiencies as being achieved in year, however the slippage in delivery of recurrent schemes, almost 60% for GWH and SFT, is being made up by short term measures such as vacancy savings. This fall in recurrent delivery as a percentage of all efficiencies will further impact our future financial recovery.



	Year-to-date			
	Plan £m	Actual £m	(Under)/over delivery £m	%
BSW ICB	3.3	3.3	0.0	0.0%
Great Western Hospital	3.3	1.3	(2.0)	(59.8%)
Royal United Hospital	2.6	2.4	(0.2)	(6.9%)
Salisbury Hospital	3.0	1.2	(1.8)	(59.6%)
<b>Recurrent Efficiencies</b>	<b>12.3</b>	<b>8.3</b>	<b>(4.0)</b>	<b>(32.4%)</b>
BSW ICB	4.9	8.5	3.7	75.2%
Great Western Hospital	0.4	1.5	1.1	282.4%
Royal United Hospital	0.7	0.7	0.0	5.6%
Salisbury Hospital	0.4	3.2	2.8	707.3%
<b>Non Recurrent Efficiencies</b>	<b>6.3</b>	<b>13.9</b>	<b>7.6</b>	<b>120.5%</b>
<b>Total Efficiencies</b>	<b>18.6</b>	<b>22.2</b>	<b>3.6</b>	<b>19.6%</b>

Forecast Outturn			
Plan £m	FOT £m	(Under)/over delivery £m	%
14.9	14.9	0.0	0.0%
10.0	3.6	(6.4)	(64.4%)
13.1	10.7	(2.4)	(18.1%)
8.7	4.8	(3.9)	(44.7%)
<b>46.7</b>	<b>34.0</b>	<b>(12.7)</b>	<b>(27.2%)</b>
21.9	21.9	0.0	0.0%
1.1	7.6	6.4	561.1%
1.7	4.1	2.4	137.4%
1.0	4.9	3.9	401.9%
<b>25.7</b>	<b>38.4</b>	<b>12.7</b>	<b>49.4%</b>
<b>72.4</b>	<b>72.4</b>	<b>0.0</b>	<b>0.0%</b>



BSW ICB has taken on additional savings to support breakeven but (45%) are non-recurrent



Slippage in Provider returns is balanced to plan by additional non-recurrent savings to be made.

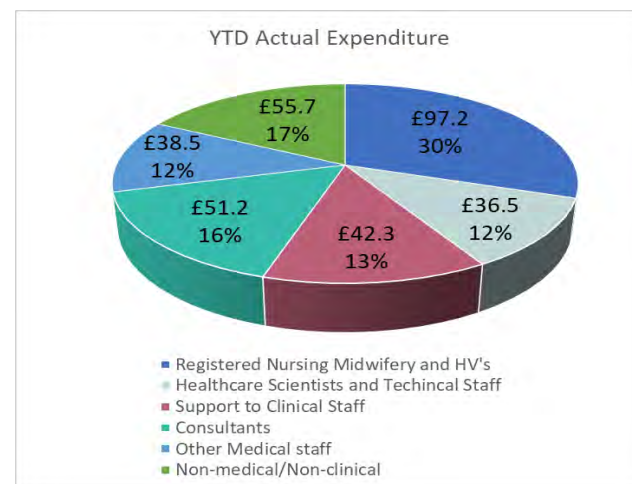
## 6. Workforce - Overview

The forecast outturn has improved from the £12.2m (1.6%) adverse position at month 4 to £3.1m (0.4%), but remains an adverse position against plan.

Use of Agency as a percentage of overall staffing cost at month 5 is (5.3%) with bank use slightly higher (6.5%), and substantive staff accounting for the majority (88.2%) of overall cost.

The Agency Limit is still expected to be exceeded by 40% over the year, with highest use in July over the peak holiday period.

Q4 may see an increase in the availability of bank staff following the reduction in demand from the large vaccination centres and Covid programme which currently uses staff across the system. Lessons learned in running this programme may support the reduction in Agency costs.



	Year-to-date			
	Plan £m	Actual £m	Under/(over) spend £m	%
Registered Nursing Midwifery and HV's	95.1	97.2	(2.1)	(2.2%)
Healthcare Scientists and Technical Staff	37.8	36.5	1.3	3.4%
Qualified Ambulance Service Staff	0.1	0.5	(0.4)	(392.0%)
Support to Clinical Staff	40.0	42.3	(2.2)	(5.5%)
Consultants	52.7	51.2	1.5	2.9%
Other Medical staff	36.2	38.5	(2.2)	(6.1%)
Non-medical/Non-clinical	54.3	55.7	(1.4)	(2.6%)
Other Employee Benefit costs *	0.9	0.8	0.1	10.6%
<b>Total Provider Workforce Expenditure</b>	<b>317.1</b>	<b>322.5</b>	<b>(5.4)</b>	<b>(1.7%)</b>

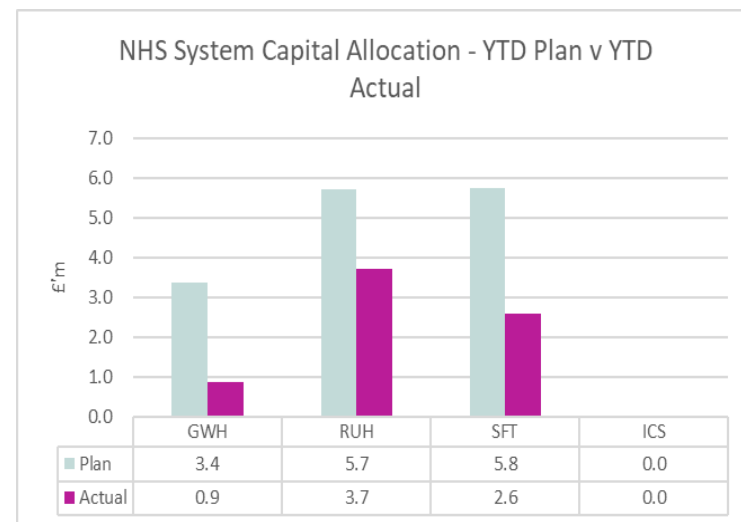
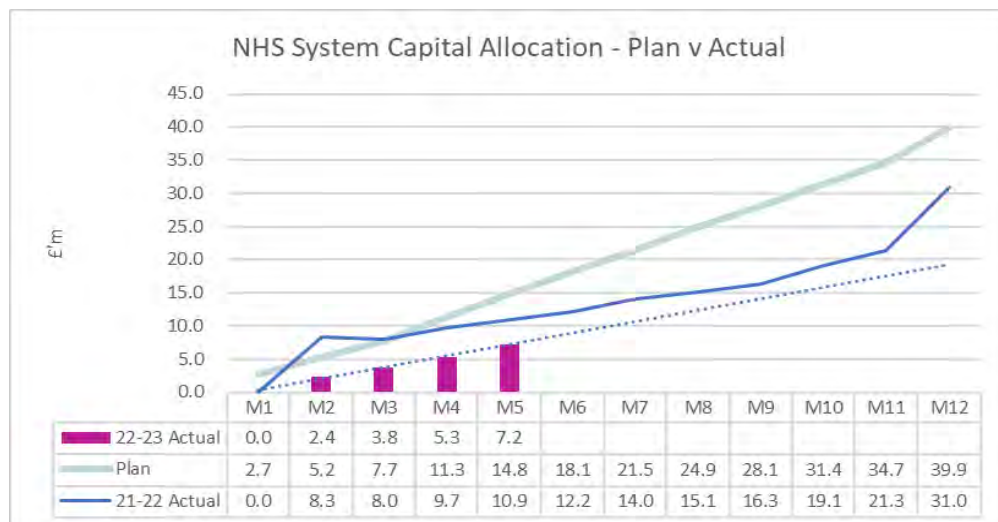
	Forecast Outturn			
	Plan £m	FOT £m	Under/(over) spend £m	%
Registered Nursing Midwifery and HV's	230.5	229.1	1.4	0.6%
Healthcare Scientists and Technical Staff	91.0	90.8	0.1	0.1%
Qualified Ambulance Service Staff	0.2	0.6	(0.3)	(135.0%)
Support to Clinical Staff	96.3	99.5	(3.2)	(3.4%)
Consultants	127.2	124.8	2.3	1.8%
Other Medical staff	86.5	87.5	(1.0)	(1.2%)
Non-medical/Non-clinical	128.9	131.4	(2.4)	(1.9%)
Other Employee Benefit costs *	2.1	2.0	0.1	3.0%
<b>Total Provider Workforce Expenditure</b>	<b>762.6</b>	<b>765.7</b>	<b>(3.1)</b>	<b>(0.4%)</b>

**Largest swing (3.3%) from YTD to Forecast out turn is in Healthcare Scientists and Technical staff**

**Consultants also shows deterioration over coming months from 2.9% to 1.8%**

\*Apprenticeship levy

# 7. Capital - Overview



	Year-to-date			
	Plan £m	Actual £m	(Under)/over delivery £m	%
Provider Charge against Capital Allocation (Plan) - Excluding IFRS16 impact	14.8	7.2	(7.7)	(51.6%)
IFRS16 impact on Charge against capital allocation (Plan)	2.8	1.7	(1.2)	(41.3%)
Primary Care charge against Capital allocation (Plan)	0.0	0.0	0.0	0.0%
<b>Performance against Capital Allocation (Plan) - Including IFRS16 impact</b>	<b>17.7</b>	<b>8.8</b>	<b>(8.8)</b>	<b>(49.9%)</b>
Provider Charge against National Allocations charged to CDEL	15.9	11.7	(4.1)	(26.0%)
Pipeline schemes set against National Allocations charged to CDEL	0.0	0.0	0.0	0.0%
Other items charged to CDEL	1.1	1.1	0.0	0.0%
<b>Performance against CDEL</b>	<b>34.6</b>	<b>21.7</b>	<b>(12.9)</b>	<b>(37.4%)</b>

Forecast Outturn				YTD Spend as % FOT		YTD Spend should be 42%
Plan £m	FOT £m	(Under)/over delivery £m	%			
39.9	39.9	0.0	0.0%	18.0%	●	50% under delivery against YTD allocation
11.2	11.2	0.0	0.0%	14.8%	●	
1.8	1.4	(0.4)	(21.0%)	0.0%	●	
<b>52.9</b>	<b>52.5</b>	<b>(0.4)</b>	<b>(0.7%)</b>	<b>16.8%</b>	●	
34.0	34.0	0.0	0.0%	34.5%	●	83% of forecast Capital Allocation to be spent in H2
13.2	13.2	0.0	0.0%	0.0%	○	
2.7	2.7	0.0	0.0%	41.7%	●	
<b>102.8</b>	<b>102.4</b>	<b>(0.4)</b>	<b>(0.4%)</b>	<b>21.2%</b>	●	

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13
Date of Meeting:	01 November 2022		

Title of Report:	BSW Integrated Care System (ICS) Urgent and Emergency Care (UEC) Winter Plan
Report Author:	Heather Cooper – Director of Urgent Care and Flow Emma Smith – Head of Urgent Care Jo Williamson – Head of System Flow
Board / Director Sponsor:	Gill May – Chief Nurse
Appendices:	BSW Winter Resilience Plan

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	Yes
ICS NHS organisations only	Yes
Wider system	Yes

Purpose:	Description	Select (x)
Decision	To formally receive a report setting out planning for Winter and key risks.	
Discussion	To acknowledge the risks and the mitigations, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	X
Noting	For noting without the need for discussion	

Previous consideration by:	Date	Please clarify the purpose
UEC Tactical	14 October 2022	ICS UEC Winter Plan and UEC Board Assurance Framework for review, discussion, and assurance.

<b>1</b>	<b>Purpose of this paper</b>
This report provides an update to the ICB Board on the BSW Integrated Care System Urgent and Emergency Care Winter Planning for 2022-23 and the significant risks that remain.	

<b>2</b>	<b>Summary of recommendations and any additional actions required</b>
The Board is asked to note: <ul style="list-style-type: none"> <li>The contents of the plan and the work that has been taken to date as well as the planned actions that still need to be completed by the system.</li> <li>The Urgent Care and Flow Board will report to the ICB Quality and Outcomes Committee on progress against delivery of the Winter Plan and performance against the NHSE Winter metrics and provide assurance on delivery.</li> </ul>	

3	Legal/regulatory implications
NHS England are expecting to monitor the delivery of the winter resilience plan via the UEC Board Assurance Framework	

4	Risks
The following risks are outlined in the ICB Corporate Risk register. <ul style="list-style-type: none"> <li>• Hospital Handover delays and Ambulance call stack delays</li> <li>• Patients remaining in hospital beyond their date of discharge may lead to unnecessary harm and increase in need for community services</li> <li>• Midwifery staffing</li> <li>• Covid-19 Further waves</li> <li>• Workforce and resilience</li> </ul>	

5	Quality and resources impact
Quality, Patient Experience and Safeguarding: requirement to monitor and inform Urgent Care and Flow Board of patient incidents and harm. Support with any additional EQIAs that may be required if plans change. Finance: requirement to ensure monitoring of the additional non recurrent funding for six winter schemes is spent as planned Workforce: requirements for whole system to continue to oversee the delivery of the Winter plan actions and requirements of ICB Urgent Care and Flow team, and members of the Quality team, Finance team and Business Intelligence team to maintain specific oversight and delivery of the schemes and UEC Board assurance is completed every 4 weeks. Sustainability/Green agenda: Not applicable	
Finance sign-off	

6	Confirmation of completion of Equalities Impact Assessment
Equality impact assessments will be undertaken for key specific changes in the plan for individual schemes and initiatives as and when required.	

7	Statement on confidentiality of report
This report can be shared publicly	



Bath and North East Somerset,  
Swindon and Wiltshire Together

# BSW Winter Resilience Plan



2022-2023

Version 0.7 25/10/22



# Introduction

The ICS has a detailed winter plan, and it demonstrates that the BSW ICS system:

1. Reflects a whole system approach to the delivery of services over the forthcoming winter period
2. Understands the demand on all sectors and their dependency on one another
3. Has a system escalation plan, using the SHREWD system, which is explicit about the expectations of each organisation, particularly in periods of heightened escalation
4. Will ensure that seasonal infection (including Covid-19) demand will not compromise patient care, experience and service standards.
5. Has robust policies and procedures in place to ensure that patients remain safe in our health and care services
6. Has identified the potential risks and has actions in place to mitigate against them

The 22/23 plans consider the following:

- Lessons learnt from 20/21
- Demand and Capacity planning, including BSW response to the predicted bed gap
- Winter assurance framework and metrics that will be monitored to deliver the core objectives for 'Increasing Capacity and Operational resilience in Urgent and Emergency Care ahead of Winter' (see next page)
- The specific challenges facing BSW for Winter 22/23

# 22/23 National core objectives for operational resilience for Urgent and Emergency Care

- NHS England published on the 12<sup>th</sup> August “Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter”. The letter outlines the requirements of the Integrated Care system to develop additional capacity system wide and how the ICB will be held to account by NHS England via a UEC Board Assurance Framework (a contemporary update will be provided during the Board meeting).
- The Core objectives for operational resilience outlined in the letter are the following:
  1. Prepare for variants of Covid-19 and respiratory challenges
  2. Increase capacity outside of acute trusts
  3. Increase resilience in NHS 111 and 999 services
  4. Target Cat 2 response times and ambulance handover delays
  5. Reduce overcrowding in A&E and target the longest waits in ED
  6. Reduce hospital occupancy
  7. Ensure timely discharge
  8. Provide better support for people at home
- NHS England published a further letter on 18<sup>th</sup> October that draws attention to the following areas: acute respiratory in children and adults, response to falls in the community, conveyance from Care Homes to acute hospitals, actions to support frequent users of acute Emergency Dept services and the establishment of a System Control Centre.

# 22/23 Challenges for Winter

- It is recognised nationally that the winter of 2022/23 will be particularly challenging post Covid pandemic where the system faces considerable demand on services whilst in the post pandemic period.
- It is important to note, demand is not above pre pandemic levels but as we are recovering from a pandemic we are faced with a change in the profile of the demand.
- The NHS continues to be in a level 3 incident and services are under continued and significant pressure with challenges including timely discharge of patients impacting on patient flow within hospitals , alongside ongoing pressures in mental health services. Pressure on services has been exacerbated by an increase in the number of Covid-19 inpatients and staff related absences. We also continue to prepare of the possibility of high prevalence of flu based on evidence from other countries and advice from public health experts.
- The key areas of focus as follows
  - » To ensure we provide safe care
  - » Bedded capacity
  - » Responsive prevention services e.g. falls, urgent community response, respiratory hubs
  - » Domiciliary care provision
  - » Infection prevention and control – Covid on going , Flu and winter related virus's
  - » Oversight of capacity and how capacity is used efficiently

# Demand and Capacity Modelling

- Whole Systems Partnership have supported BSW by utilising their system dynamics modelling approach to better understand our wider system demand and capacity.
- Initial outputs from this work assist localities to predict daily discharge for each acute and locality, apportioned across Pathways 0, 1, 2, 3 and the capacity required to meet out of hospital demand. The immediate priority has been to support operational planning for all partners by developing trajectories and monitoring for Non-Criteria to Reside and Ambulance Handovers.
- This year, the BSW ICS Planning submission in Q1 identified a significant bed gap (351 beds) to meet additional demands with expected bed occupancy level of c95%. There are plans to address this gap and deliver a reduction in Non criteria to reside, reduce ambulance conveyance and handover delays to support people in their own home
- The Demand and Capacity group continue to meet fortnightly and are working with all system partners to understand the longer-term Urgent Care needs of the BSW population, and how transformation of related services (e.g. Virtual Wards) could move the system to a more sustainable footing.
- BSW ICB have worked with Whole System Partnership to review and update the Covid demand model in the system. This provides us with predictions for covid trajectories for winter 2022/23 to support planning.

# BSW wide winter schemes and initiatives

In addition to existing commissioned services there are a number of actions that are underway across the system that will provide additional capacity for winter. We have put in place the following to meet the 351 bed gap

- They are outlined as
  - **351 bed gap provision** – System bedded capacity – 23 beds within Ward 4 at St Martins and 57 beds in South Newton
  - **Urgent Care and Flow Board Transformation programmes**
    - Care Coordination Care Coordination acts as the system “flight deck” - people across our communities can be easily identified at the earliest opportunity so the correct response to an ongoing or emerging health or social care need can be identified before a more urgent need arises. Care Coordination is not a single entity, rather it is a network of existing services working together in coordinated and structured way for the benefit of the BSW ICS. It includes safety netting and enabling people to die in their preferred place of choice and reduces conveyance to hospital and length of stay.
    - Discharge to Assess – additional capacity discharge to assess capacity ensures that patients discharged from hospital are able to go home to be assessed for onward care needs
    - Domically Care Provision – health and social care teams working together to provide an increase in provision of domiciliary care in BSW
  - **BSW Virtual Ward Programme** - this creates a phased level of capacity commencing with 70 people being able to stay at home with ending with 360 people being able to stay at home
  - **Locality actions** – there are additional locality actions that are relevant and pertinent to local requirements
- All of the above are monitored and reviewed through the monthly Urgent Care and Flow Board , weekly UEC tactical meetings that is responsive to immediate needs and when required daily system calls

# Additional BSW wide winter schemes and initiatives

- Operational planning process identified a 351 bed capacity gap within BSW footprint covering the winter period.
- The BSW Virtual Ward programme which has been funded separately as part of the long term over the next two years to December 2024 and will deliver some virtual bed capacity over this winter to reduce the gap(outlined in the next slide). This programme is overseen by the BSW Virtual Ward Steering group.
- To address the remaining gap, BSW identified several further six additional winter schemes that have been supported national and regionally through an additional £9.1m funding into our system. The three main schemes that are being delivered at a BSW level are described below and a governance structure has been put in place to monitor delivery.
- The remaining three other schemes worth £2.25m that have been funded are being delivered at local integrated care alliance level and included as part of their winter plans. These are predominantly in the BaNES and Wiltshire locality but will impact flow across each of the 3 systems.

Name and description	Funded	Date	Impact expected	Monitoring
<b>Ward 4 additional beds:</b> 23 beds (with 3 beds for extremis)	£3.15m	Nov 2022	Increase flow at acute trusts by reducing non criteria to reside across P1-P3	<ul style="list-style-type: none"> <li>Actual Spend</li> <li>Bed occupancy</li> <li>Onward destination</li> <li>Patient safety incidents</li> <li>Patient and carer feedback</li> <li>Length of stay</li> <li>Readmissions</li> </ul>
<b>South Newton (Phase 2):</b> 57 beds and 10 bungalows	£1.36m	Phased opening <ul style="list-style-type: none"> <li>Sep 2022 (9)</li> <li>Nov 2022 (32)</li> <li>Jan 2023 (53)</li> <li>Feb 2023 (67)</li> </ul>	Increase flow at acute trusts by reducing non criteria to reside across P1-P3	
<b>Care Coordination:</b> BSW model of care coordination (extension of Swindon model)	£2.33m	<ul style="list-style-type: none"> <li>Sept 2022 - Swindon</li> <li>TBC - BSW</li> </ul>	Admission avoidance; expecting to improve Ambulance response times for Cat 2 and handover delays	TBC post establishment of Care Coordination Steering Board

# Specific Winter Annual Plans

- There are a number of areas that have specific plans associated with them as follows:
  - » Infection prevention and control
  - » Vaccination programme
  - » Summary of Mental health winter initiatives
  - » Maternity
  - » Children and young people
  - » Primary care
  - » Integrated Urgent Care
  - » Ambulance
  - » Emergency Preparedness, Resilience and response
- There are detailed plans that support all of the above.
- There is particular focus on Infection Prevention and Control, Vaccination and Primary care post the Covid pandemic.

# Impact on Elective Capacity

- Ensuring we maintain delivery of the elective care programme is essential. BSW Elective Care Board(ECB) maintains oversight of the elective recovery plan.
- The impact of non criteria to reside position has a significant impact on bed capacity and is a risk to the elective program trajectories and planned achievement to eliminate waits over 18 months by April 2023 and reduce number of people waiting more than 62 days for urgent cancer referral back to pre pandemic levels.
- Several actions have been implemented, including
  - Protected elective capacity arrangements
  - Additional capacity at Sulis
  - Theatre improvement programme
  - Monitoring and proposed improvements to Wait List prioritisation taking into account inequalities and populations at higher risk of harm on waiting lists.
- A refresh of constraints and assumptions from the planning submission has been shared at the September ECB

# Risks and Challenges over Winter

- Throughout the summer and autumn months the urgent care system has seen an increase in escalation and system pressure as a result of the growing number of non-criteria to reside delays, increase in covid infections and outbreaks and an increase in other seasonal illnesses leading to significant deterioration in ambulance handover delays.
- This is leading to a significant increase in risk and is having a direct impact on patients across the system
- There is a variance in appetite to risk across the system both at a strategic level and front line
- Delays in ambulance response, delays waiting to be seen by a clinician and receiving appropriate treatment, delays in leaving hospital with a likelihood of increase in hospital acquired infections, deconditioning and reduced mobility.
- Key risks that have been identified as part of the Winter plans:
  - Hospital handover delays
  - Health and social care Workforce gaps
  - Infection risk
  - Cost of living
  - Industrial strikes

# Risks and Challenges over Winter- Mitigations

- The system operational hub will monitor risks and patient safety daily. The following slide provides the framework for patient safety and quality of care .
- A clinical risk summit is planned for the 7<sup>th</sup> November with front line clinical staff to consider how we manage risk differently across all partners for this winter and beyond in order to mitigate risk.
- Clinical and care leaders are accelerating the use of the admission and discharge framework that was written by the Ethical Group to support shared care decision making and changing direct patient conversations.
- Actions cards that were co designed in winter 2021 are to be reviewed and re socialised to maximise consistency of use their use and application.
- System team visit to Bristol North and South Glos to see in action the use of the Emergency Department Dynamic Risk Assessment which leads to improved flow.
- Accelerated attention to admission avoidance schemes including falls response and prevention
- Review of all service provision to identify where we can reallocate resource
- Primary care support to support oversight of their more vulnerable registered population

# BSW Patient Safety and Quality Oversight



Insight	Involvement	Improvement
<p><b><i>Improve our understanding of safety by drawing insight from multiple sources of patient safety information.</i></b></p> <ul style="list-style-type: none"> <li>- Relaunch of the Patient Safety Risk Framework</li> <li>- Themes, Trends and Learning from incidents including serious incidents</li> <li>- National A&amp;E metrics – Re-attendance, Leaving department before seen, time in department, Patient experience – Complaints, Concerns and FFT</li> <li>- Mortality</li> <li>- Learning from Deaths reports</li> <li>- Falls with harm</li> <li>- Regulation 28 reports</li> <li>- Staff surveys</li> <li>- CQC inspection reports</li> <li>- ED safety checklist organisational report</li> <li>- EQIA for all Surge Spaces and risk mitigations</li> <li>- Clinical Audit</li> </ul>	<p><b><i>People have the skills and opportunities to improve patient safety, throughout the whole system</i></b></p> <ul style="list-style-type: none"> <li>• Horizon scanning – Getting It Right First Time, Association of Ambulance Chief Executive reports, HSIB reports</li> <li>• Patient Stories</li> <li>• Recruitment of Patient Safety Partners to support Urgent Care and Flow (September 22)</li> <li>• Patient Safety Specialists Community of Practice</li> <li>• Implementation of Patient Safety Syllabus across organisations in BSW</li> <li>• Clinical Summit 7th November 2022</li> </ul>	<p><b><i>Improvement programmes enable effective and sustainable change in the most important areas</i></b></p> <ul style="list-style-type: none"> <li>• Quality Collaborative with Urgent Care provider and wider system partners</li> <li>• Collaborative observational visits with system providers as utilising improvement methodology such as 15 Steps methodology</li> <li>• End to End reviews for patients identified through a variety of sources as having experienced delays or omissions in their treatment pathway.               <ul style="list-style-type: none"> <li>- Primary care LFPSE reports</li> <li>- Incidents from SWAST</li> <li>- Post Infection reviews</li> <li>- Learning from Deaths</li> <li>- Safeguarding Alerts</li> </ul> </li> <li>• Pathway deep dive reviews – e.g. Stroke, Paediatrics and End of Life</li> </ul> <p><b>Quality support to Urgent Care and Flow Workstreams</b>  <b>Additional bed capacity</b>  <b>Virtual Ward</b>  <b>Coordination Centre</b></p>

# Management of Operational Pressures

- The system has continued to learn and develop system escalation processes to ensure that there are clear procedures in place to provide system oversight and with identified procedures to be followed when any part of the system is under pressure due to demand or capacity
- There are established fora for actions to be taken through the UCFB , weekly UEC tactical meetings, regular locality meetings and as required system calls
- There are defined requirements of leaders across the system in times of escalation and where concerns raised for patient safety as a consequence of poor flow
- There are daily calls with all providers to ensure that there is oversight and actions taken at the earliest opportunity to mitigate risk
- The establishment of a system wide Operations Hub in line with national guidance to ensure oversight of system pressures with effect from the 1<sup>st</sup> November 2022
- Use of reliable data sources from across the system through the use of SHREWD and system dashboard accessible to all partners

# Communication and Engagement Plan

- A System-wide communications planning group has been formed to develop a coordinated winter campaign and pool assets (people, insight, assets). This planning group will be supported by a Steering Group that has representation from Business Intelligence, Clinical and Operations to help develop the campaign approach and adjust the campaign in a continual and responsive manner to local needs.
- The campaign will be supported by single unifying identity to be rolled-out across all System Partners and local VCSE organisations for all Winter-related communications.
- Insight from Business Intelligence, local Citizen Panel, public and staff engagement forums will be used to draw insight to inform and then develop the campaign approach.
- The campaign will support the national NHS England approach but at a local level will specifically focus on taking a staged behaviour change approach taking our public from awareness through to understanding, behaviour and advocacy around vaccine uptake, appropriate behaviour adoption (self-care, mask wearing, hygiene etc) and service use. We will seek to support our staff and VCSE partners in championing the campaign and understanding their role in its effective execution.
- The campaign will also look to not only support the “front door” to NHS services but also the “back door” - driving awareness, understanding and adoption of Winter support services and aid flow.
- The campaign will seek to draw on local data and will work with local engagement teams in the system to reach seldom heard audiences.
- The campaign activity will regularly be monitored and evaluated for ongoing optimisation.
- Nine themes underpin the approach to Winter communications.

# Summary

- It has been highlighted in previous slides that BSW will be approaching winter from a challenged position and requires significant system cooperation and effort to ensure that a safe service can be provided across all providers.
- There are a number of key priorities that will require focused attention to deliver the additional capacity and improvements in patient experience and to maintain patient safety and minimise risk
- The board assurance completed at the end of September 2022, identified that there are still a number of planned and partially implemented actions that need to be completed as part of our 22/23 operational planning objectives and commitments, in order to be assured that we have sufficient mitigations in place to deliver operational resilience over this winter.
- The detailed winter plan is a live document and will be updated as required to continue to mitigate the remaining gaps between our identified plans and predicted demand over winter.
- The BSW Urgent Care and Flow board is responsible for monitoring the plans, providing oversight of the UEC Board Assurance framework and where further mitigation including remedial action is required.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	14a
Date of Meeting:	01 November 2022		

Title of Report:	Safeguarding Annual Report 2021/2022
Report Author:	BSW ICB Safeguarding Team
Board / Director Sponsor:	Gill May, Chief Nurse
Appendices:	None

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	Yes
ICS NHS organisations only	Yes
Wider system	Yes

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	x
Noting	For noting without the need for discussion	x

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Quality Assurance Committee	18/10/22	Discussion/Assurance

1	Purpose of this paper
	<p>This annual report covers the period April 2021 to March 2022. It is presented to assure the BSW ICB Board that the ICB is meeting its statutory responsibilities regarding its safeguarding duties and responsibilities for children and adults with care and support needs who are experiencing neglect and abuse. It also covers its wider responsibilities for its population at risk from domestic abuse and exploitation into terrorism.</p> <p>The Safeguarding Annual Report 2021/2022 can be found on the ICB website here: <a href="https://bsw.icb.nhs.uk/document/bsw-safeguarding-annual-report-2021-22/">https://bsw.icb.nhs.uk/document/bsw-safeguarding-annual-report-2021-22/</a></p>

2	Summary of recommendations and any additional actions required
The Board is asked to note the report and the progress made to date on implementing the latest guidance.	
3	Legal/regulatory implications
Clinical Commissioning Groups (CCGs) and subsequent ICBs have a statutory duty to put in place appropriate arrangements to safeguard children, children looked after, and adults at risk within their areas.	
4	Risks
The link is to the Board Assurance Framework for Priority 3 - Improving Patient Quality and Safety and moving towards a system approach. It supports the delivery of the following BSW System Priorities: Improving the Health and Wellbeing of Our Population.	
5	Quality and resources impact
The report provides assurance about the CCG's / ICB's commitment to improve the quality of safeguarding experienced by the BSW population.	
Finance sign-off	
N/A	
6	Confirmation of completion of Equalities Impact Assessment
7	Statement on confidentiality of report
Can be shared publicly	

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	14b
Date of Meeting:	01 November 2022		

Title of Report:	Children Looked After and Care Experienced Young People Annual Report 2021- 2022
Report Author:	Anne Gray and Naomi Black - Designated Nurses for Children Looked After
Board / Director Sponsor:	Gill May, Chief Nurse
Appendices:	

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	Yes
ICS NHS organisations only	No
Wider system	Yes

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	x

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Quality Assurance Committee	18/10/22	For discussion and assurance

1	Purpose of this paper
	<p>This report is a statutory requirement for CCGs, and Integrated Care Boards (ICBs) going forward. This annual report covers the period April 2021 to March 2022. This is the last report under the BSW CCG framework as the CCG transitioned to BSW Integrated Care Board in July 2022.</p> <p>This report gives assurance that the Children Looked After (CLA) Designated Professionals across BSW CCG deliver a high level of oversight across the BSW CCG health economy. It demonstrates how the Designates work in collaboration with multi-agency partners and the Local Authority Corporate Parenting Boards</p>

/Panels to continually identify areas for improvement and seek to improve outcomes for children and young people who are in the care system wherever they are placed.

The Children Looked After and Care Experienced Young People Annual Report 2021- 2022 can be found on the ICB website here:

[https://bsw.icb.nhs.uk/document/14b\\_bsw-icb-children-looked-after-annual-report-2021-22/](https://bsw.icb.nhs.uk/document/14b_bsw-icb-children-looked-after-annual-report-2021-22/)

## 2 Summary of recommendations and any additional actions required

This has been a year of change and adjustment with some positive achievements but also many areas requiring continued work and new developments. There remains an impact on health services from the pandemic and this is true for CLA and CE young people and the services that support them. This is particularly the case for mental health and emotional well-being. The setting up of the Strategic CLA Group will help us address the mental health and emotional well-being of CLA and care experienced (CE) young people.

We have also seen the impact on dental health services and the difficulties for CLA accessing dental services, this is evidenced in the continued lag in the Key performance indicator for dental health. This has been raised by the Designated Nurses with NHS England who commission NHS Dentists and there are plans to have a dental access pathway for CLA for each ICB.

The CLA health teams in the providers have fully moved back to working face to face with children and young people. They do though continue to offer virtual statutory assessments and contacts where this is the young person's preference.

The start of the transition from a Clinical Commissioning Group to Integrated Care Board will offer new opportunities to work collaboratively with our local authority partners who the Designated Nurses already have strong links with.

The coming year will see expansion of the team within the newly formed BSW Integrated Care Board and the extra capacity will allow new projects to be taken on including starting to do quality visits to the children in residential placements within the BSW footprint.

The Workplan for 2022-2024 will be challenging. It is imperative that the voice of CLA and CE young people is front and centre into everything we do. If, in partnership with our LA colleagues, health providers and the 3<sup>rd</sup> Sector we work together we can help to reduce the health inequalities experienced by this group of children and young people. The Designated Professionals are committed to achieve this for the children and young people.

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3	Legal/regulatory implications
None	

4	Risks
<p>Designated Nurse for CLA capacity for Wiltshire and BANES localities does not meet the Intercollegiate Document – Looked after Children: role and competencies of healthcare staff. Additional capacity through the recruitment of a BAND 7 Specialist Nurse for CLA but this still doesn't meet the recommendations of the Intercollegiate Document.</p> <p>Significant Issue – Lack of capacity of suitable placements for children looked after particularly for those with complex needs. We are seeing an increased in children who are fit for discharge in acute hospitals but are unable to be discharged as there is no placement for them.</p>	

5	Quality and resources impact
The report assures the Bath and North East Somerset, Swindon and Wiltshire ICB that there is oversight by the Designated Professionals for Children Looked After of quality of the patient experience	
Finance sign-off	N/A

6	Confirmation of completion of Equalities Impact Assessment

7	Statement on confidentiality of report
The annual report on the Health of Children Looked After can be shared publicly	

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	15
Date of Meeting:	01 November 2022		

Title of Report:	2021-22 Annual Equality and Inclusion Assurance Summary Report
Report Author:	Lynnette Glass, BSW LeDeR Local Area Coordinator
Board / Director Sponsor:	Gill May, Chief Nurse
Appendices:	

Report classification	BSW ICB Board
ICB body corporate	Yes
ICS NHS organisations only	Integrated Care System (ICS) collaboration opportunities will be explored.
Wider system	As above.

Purpose:	Description	Select (x)
Decision	To formally receive the report and approve for publication	x
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place and that the required equality objectives have been set.	x
Noting	For noting without the need for discussion	x

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Quality Assurance Committee	18/10/2022	Assurance/Noting; approved.

1	<p><b>Purpose of this paper</b></p> <p><b>Compliance Assurance</b></p> <p>This report has been written to provide annual assurance (and contextual ICB system information) that the BSW ICB is compliant with the Public Sector Equality Duty (PSED) general procedural duties and specific duties by:</p> <p><u>1)</u> Publishing PSED compliance information annually which shows ‘due regard’ to:</p> <ul style="list-style-type: none"> <li>• <i>‘Eliminate discrimination that is unlawful under the Equality Act 2010</i></li> <li>• <i>Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it</i></li> </ul>
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- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it'

2) Preparing and publishing equality objectives at least every four years:

*'public bodies to prepare and publish one or more specific and measurable equality objectives which will help them to further the three aims of the Equality Duty'*

### Next Steps

1. Publish the report.
2. Complete and report on the EDS 2022 assessment process in quarter four of 2022-23 (as per section 1.6 and 1.7 of the main report).
3. Review and report progression of the three BSW equality objectives (as per section 10) by providing annual reports and ongoing progress monitoring assurance to the relevant committees and Board.

The 2021-22 Annual Equality and Inclusion Assurance Summary Report can be found on the ICB website here: [https://bsw.icb.nhs.uk/document/15\\_bsw-icb-annual-equality-and-inclusion-assurance-summary-2021-22/](https://bsw.icb.nhs.uk/document/15_bsw-icb-annual-equality-and-inclusion-assurance-summary-2021-22/)

### 2 Summary of recommendations and any additional actions required

The Board is requested to formally approve the report for publication on the ICB website.

### 3 Legal/regulatory implications

The report provides assurance of meeting the legal PSSED.

### 4 Risks

The report mitigates the risk of legal enforcement action by The Equality and Human Rights Commission and/or avoiding a judicial review:  
<https://www.equalityhumanrights.com/en/advice-and-guidance/monitoring-and-enforcement>

The report aligns to the BSW Board Assurance Framework:  
[file \(icb.nhs.uk\):](https://www.icb.nhs.uk/)

- 1) Workforce recovery, health and wellbeing
- 2) Recovering from Covid
- 3) Developing the Integrated Care System (ICS) to meet expectations
- 4) Improving patient quality and safety and embedding our system approach

6) Transforming services and developing local priorities
7) Running things well
8) Enablers

<b>5</b>	<b>Quality and resources impact</b>
<p><b>Quality</b>          Quality and equality impact assessment (EQIA) is a priority in all ICB business.</p> <p>The positive impact of using a standardised assessment and mitigation management approach is expected by delivery of the proposed objective within the main report.</p> <p><b>Resources</b>          Posts exist within the ICB to take forward the reporting responsibilities, so no future workforce cost impact is expected</p> <p>EQIA training workshops will be required and can be embedded into existing ICB colleague briefings; to ensure efficiency in the time required, capacity and delivery.</p>	
Finance sign-off	Not applicable to report

<b>6</b>	<b>Confirmation of completion of Equalities Impact Assessment</b>
Please see section 5.	

<b>7</b>	<b>Statement on confidentiality of report</b>
This report has been prepared for publication.	

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	16
Date of Meeting:	01 November 2022		

Title of Report:	NHS England Operating Framework and 2022/23 Memorandum of Understanding
Report Author:	Rachael Backler, Executive Director of Planning and Performance
Board / Director Sponsor:	Rachael Backler, Executive Director of Planning and Performance
Appendices:	Appendix 1: Signed Memorandum of Understanding between BSW ICB and NHS England South West Region

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	Yes
ICS NHS organisations only	No
Wider system	No

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	x

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Board	30/08/22	Template MOU shared for discussion

1	<p><b>Purpose of this paper</b></p> <p>The purpose of this paper is to highlight the recently published NHS England Operating Framework for Board members' awareness and to share the finalised Memorandum of Understanding (MOU) between NHS England South West Region and BSW ICB.</p> <p><b>NHS England Operating Framework</b></p> <p>The NHS England Operating Framework (<a href="https://www.england.nhs.uk/wp-content/uploads/2022/10/B2068-NHS-England-Operating-Framework.pdf">https://www.england.nhs.uk/wp-content/uploads/2022/10/B2068-NHS-England-Operating-Framework.pdf</a>) was</p>
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published on 12<sup>th</sup> October 2022. It sets out how the NHS will operate in the new structure created by the 2022 Health and Care Act and defines the role of providers, ICBs and NHS England within the new structure.

As part of the covering letter from the NHS England Chief Delivery Officer, the role of ICBs is set out as follows:

“Integrated care boards (ICBs) will provide effective system leadership which balances immediate and longer-term priorities. They will work with providers, local authorities and other partners to create local integrated care strategies, and deliver joint five-year forward plans for their system.

ICBs will bring the local NHS together to ensure the healthcare needs of their communities are met, and together with local authorities, act as the stewards of local population health outcomes and equity.

ICBs will oversee and support NHS delivery of these strategies and plans including system-level delivery of NHS annual planning objectives and NHS Long Term Plan priorities. They will oversee system health budgets and will account for NHS system financial allocations.

They will be responsible for working with partners to ensure effective arrangements are in place across systems for joint working to deliver plans, performance, outcomes and transformation. Oversight and performance management arrangements within each ICS area will be proportionate and streamlined, avoiding duplication or unnecessary bureaucracy.”

We will also be working through the NHS operating model to ensure that as an ICB, we have fully accounted for all the responsibilities laid out for us and are clear in how we enact these responsibilities with respect to both provider partners and NHS England. A further update will be brought to Board in due course.

### **2022/23 Memorandum of Understanding**

The final signed MOU can be found at Appendix 1.

We note that the MOU was developed and finalised before the recently published NHS England operating framework and before the changes to ICB governance as part of our overall governance review. NHS England have advised they are not envisaging any changes to the current year MOU as part of the operating framework. We envisage that this will be addressed in next year's MOU (2023/24).

The 2022/23 MOU published here, was shared in draft form with Board members for comment, and has subsequently been finalised and signed by the BSW ICB Chief Executive and the NHS England Regional Director.

## 2 Summary of recommendations and any additional actions required

The Board is asked to note the new NHS England Operating Framework and the role of the ICB set out within. A further update will be brought to the Board following a review to ensure that the ICB has appropriate processes and forums in place to discharge its responsibilities as set out in this document.

The Board is asked to note the final signed version of the 2022/23 Memorandum of Understanding.

## 3 Legal/regulatory implications

The NHS England Operating Framework sets out the ICBs duties, as well as making clear the ongoing role of NHS England with respect to regulation.

The MOU is not a legal document but is a requirement of NHS England.

## 4 Risks

There is a risk that if the ICB does not have the appropriate governance and processes in place to enable it to fulfil its duties. This risk is being addressed through our work to improve our governance structures and review our processes.

## 5 Quality and resources impact

No impacts noted.

Finance sign-off	n/a
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## 6 Confirmation of completion of Equalities Impact Assessment

Not directly applicable, although the ICB will need to consider our impact on equalities as part of our broader duties.

## 7 Statement on confidentiality of report

This is not a confidential document.

# Memorandum of Understanding Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board and NHS England

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board  
*1<sup>st</sup> July 2022*

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## Introduction

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

The four key aims of an ICS are to:

- improve quality of services and outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

ICSs are led by both an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB). The ICP is a statutory committee bringing together all system partners to produce the ICSs integrated care strategy. The focus of this MOU is with the ICB as the statutory body with responsibility for NHS functions and budgets.

## Purpose of this agreement

This MOU is between the Bath, North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board, and NHS South West region, on behalf of NHS England. It is effective as of November 2022. It sets out:

- the principles that underpin how the ICB and NHSE will work together to discharge their duties to ensure that people across the system have access to high quality, equitable health, and care services
- the delivery and governance arrangements across the ICB and its partner organisations
- how NHSE, ICBs and NHS partner (foundation) trusts will work together to implement the requirements set out in the NHS Oversight Framework taking into consideration local delivery and governance arrangements, risks and support needs
- how the ICB and NHSE will work together to address development-specific needs in the ICS and across the region.

This MOU is not a legally binding agreement, and it does not change the statutory roles and responsibilities or functions of either party. NHSE will continue to exercise its statutory role and powers in relation to regulatory action under legislation, including to address individual organisational issues in line with the principles set out in this MOU. The accountabilities of individual NHS organisations also remain unchanged.

## Ways of working

The following principles will inform how the ICB and NHSE will work together:

1. **Effective partnership working** based on compassionate leadership behaviours, openness and transparency.
2. **Clear roles and responsibilities**, taking into consideration system maturity, risks and support needs.
3. **Build on what works** – leveraging and learning from existing arrangements and ways of working.
4. **'System first'** – encouraging actions and decisions to be made by, with and through the ICB working locally with its partner organisations, rather than bilaterally between NHSE and individual provider organisations
5. **Improvement focused**, building a learning culture across local and regional level. Identifying opportunities and working together to address concerns / risks in a timely and proactive way; ensuring that the approach to oversight and, where necessary intervention, is proportionate and supports improvement.
6. **Improve performance and provide tailored support** by considering how best NHSE and the ICB and its stakeholders can use and respond to System Development Plans and the System Oversight Framework to ensure each ICB has the tools to improve performance of challenged organisations and the wider system.
7. **Reduce the total regulatory oversight activity** by ensuring that, where possible, oversight and monitoring are proportionate to risk. Oversight will be strategic and targeted based on comprehensive and dynamic risk assessments.
8. **Support and enable innovation** by working to ensure that arrangements do not restrict innovation, but rather identifies it and incentivises the ICB to take risk in a controlled way in line with the system's risk appetite and share any evidenced effective practice more widely.

## System priorities and deliverables

NHS BSW ICB will adopt the national five priorities (Quality of care, access and outcomes, Preventing ill health and reducing inequalities, Finance and use of resources, People and Leadership and capability), as outlined within the NHS Oversight Framework. We will determine local strategic priorities as set out in the Framework in discussion with local partners before December 2022.

‘Working together to empower people to lead their best life’ is the one, unified vision for our organisation and all our partners working together across Bath and North East Somerset, Swindon and Wiltshire. Our collective approach is underpinned by five key strategic aims:

- Reform the quality and experience of care
- Improve the health and wellbeing of the population
- Reduce health and care inequalities
- Reduce the cost of health care and protect social and economic resources
- Increase staff wellbeing and retain, attract and deploy an inclusive, engaged and flexible workforce

Our priorities for BSW for 2022/23 have been set out in our operating plan. This plan reflects the current challenges facing the system but also our desire to transform our services through our transformation programmes. As set out in our plan, our key areas of work for this year are:

- **Non Criteria to Reside (NC2R)**
  - BSW Care Co-ordination Centre
  - BSW Discharge to Assess
  - Domiciliary Care Capacity
- **Community Services Transformation**
  - Community Services Transformation Programme
- **System Flow across Urgent Care, Community Services and Elective Recovery**
  - Work commissioned from Whole Systems Partnership to model the demand and capacity required to deliver the reduction in NC2R and the interdependency between urgent care and elective recovery plans
- **Delivery of key objectives** including mental health, learning disability & autism, personalisation and maternity (including response to Ockenden)

Delivery of our plan will be monitored through our ICB governance arrangements.

In line with the Long Term Plan we are also working on addressing a number of other system priorities. This includes developing the capability for population health management and developing plans for the prevention of ill health and adopting the Core20PLUS5 approach. We have also developed a Green Plan which sets out our plans to achieve the net zero

target set out for the NHS, working alongside and complementing other partner organisations net zero ambitions.

We are also preparing for the further delegation of commissioning from NHS England. We are working to make sure we are ready for this delegation and will make plans to ensure we have appropriate governance arrangements in place to allow input from our places.

## Partnership and place arrangements

NHS BSW ICB has three distinct 'places': Bath and North East Somerset (211,000 population), Swindon (220,000 population) and Wiltshire (510,000 population).

Our place partnerships are responsible for:

- Health and Care strategy and planning at place;
- Commissioning and delivering services and transformation at place;
- Management of section 75 arrangements; and
- Oversight and management of delegated functions and budgets.

Each place has an established Integrated Care Alliance (ICA). Each ICA is made up of Senior healthcare professionals, NHS Provider Chief Executives, Senior Local Authority Officers and ICB Officers, Healthwatch, and Voluntary and Social Enterprise sector representatives. The Place ICA oversees transformation programmes which include improved integration of care, and a focus on prevention and health improvement for their communities informed by a shared understanding of health needs and inequalities of the local Population. Our ICAs are chaired by either a system CEO, Senior Local Authority Officer or a BSW ICB Place Director.

Each place also has a Locality Commissioning Group for both Health and Social Care. These two LCGs meet to take decisions together in relation to pooled budgets. We expect that these arrangements will develop over time.

We also have a number of provider collaboratives in operation that support delivery of our collective aims. We have an Acute Hospital Alliance formed of Royal United Hospitals Bath, Great Western Hospital and Salisbury Hospital (further detail on this is provided below). Avon and Wiltshire Partnership is part of the South West Mental Health Collaborative, and the South East Children & Young People Mental Health Services Provider Collaborative. Meanwhile, Primary Care are part of Primary Care Networks and we are looking at arrangements that bring Primary and Community Services together.

Established early in 2018, the Acute Hospital Alliance (AHA) is a provider collaborative, made up of Salisbury NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust, and Great Western Hospitals NHS Foundation Trust. With strong relationships between Trust leadership teams built over the past years, the AHA intends to play a full role

as an effective provider collaborative, maximising opportunities to work together at scale to the benefit of the BSW population.

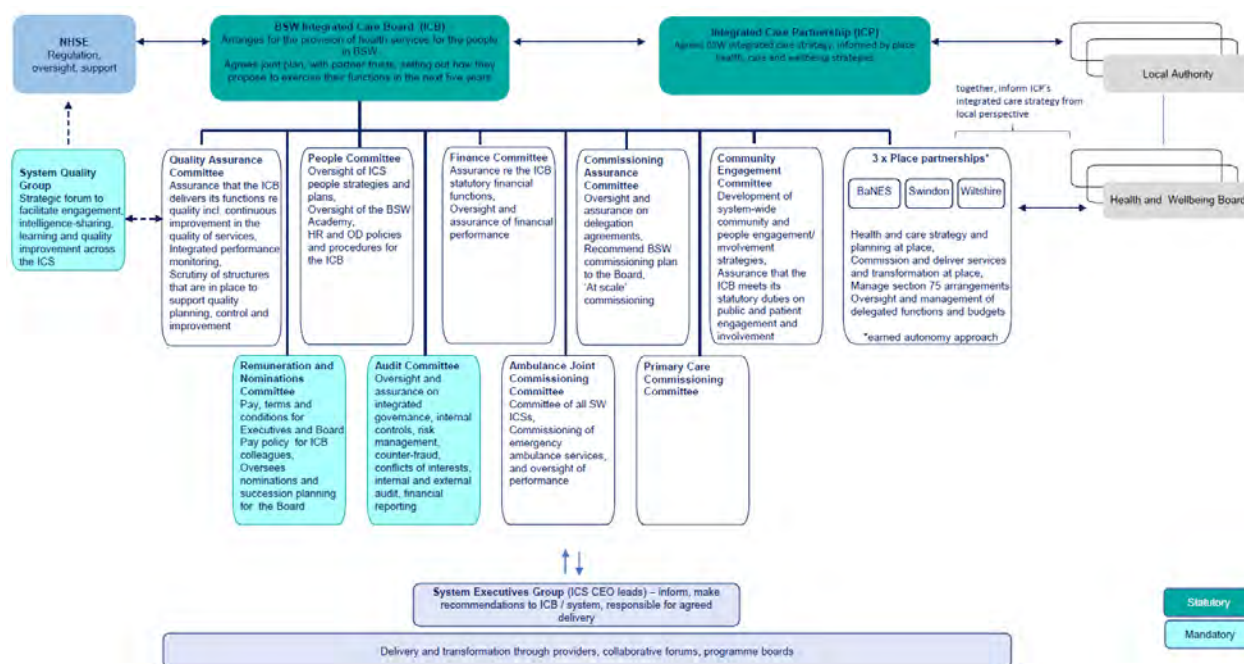
The AHA Committees in Common (CIC) was established in Q3 2021-22 and is designed to set strategic direction and provide oversight of the AHA programme. CIC has confirmed that the Trusts would work together on areas that support: Equity – for our local population; Sustainability and Improvement. In June 2022, the group reaffirmed focus on five core projects where AHA expects to have collective strategic impact in BSW:

1. *Delivery of a secondary care clinical strategy for BSW*
2. *Consistent methodology for staff modelling across AHA parties*
3. *Open book financial baseline & Use of resources assessment across AHA parties*
4. *Delivery of a single capital strategy*
5. *Delivery of the single EPR roll-out and effective integration with partners.*

## Governance and oversight

Our decision-making framework for BSW is set out within our Functions and Decisions Map shown below, which describes the respective role of the boards and groups in our system. The Integrated Care Board has overall accountability for health and care in Bath, Swindon and Wiltshire. The Board is supported by a Committee structure that provides assurance to the Board on their respective areas. We are currently undertaking a review of our governance structure and will likely be making changes in due course to streamline our approach and ensure we are making best use of our board and committee time.

Figure 1: BSW ICB Functions and Decisions Map



## Financial governance arrangements

The BSW system has established dedicated finance focused groups which meet regularly (at least monthly) to support joint system working.

- Directors of Finance (DoFs) Group
- Deputy Directors of Finance (DdoFs) Group
- Mental Health Finance Overview Group

The purpose of these groups is to:

- Support the coproduction of annual and long-term revenue and capital financial plans for the BSW system.
- Develop and agree consistent planning assumptions and accounting treatments.
- Monitor in year system financial performance against plans.
- Support and develop system financial sustainability plans.
- Maximise the financial value from system transformation schemes and investments.
- Implement and deliver core work programmes.
- Identify risks and develop mitigations to ensure delivery of financial targets.

Organisations have agreed to work to these principles:

- Keep it simple
- Keep transactional costs low
- Transparency and openness
- Clear understanding of risks and mitigations across BSW
- Incentivising system collaboration
- Encourage decision making for long term delivery of strategy
- Return to financial sustainability

The Financial position and risks for the system and each organisation will be reported monthly to the Integrated Care Board as part of the Integrated Performance Report. Organisations will also report to their stand-alone Finance Committees.

Where issues arise between regular meetings the ICB has with regional Finance colleagues, ad hoc meetings will be arranged to ensure that the regional team are informed of these issues in a timely manner and can support the resolution of them as required.

## Quality governance processes

The National Quality Board's Shared Commitment to Quality sets out a single view of quality which is based on the need to provide 'high-quality, personalised and equitable care for all, now and into the future' which requires us all to commit and act. The National Quality Board has set out three core quality 'functions' that need to be delivered by systems:

- Quality Planning
- Quality Improvement
- Quality Control



Across BSW we are bringing together system quality and safety experts to inform and agree the quality strategy. There will be a focus on continuous improvement and actions needed to ensure safe, effective care that reduces inequalities and provides as good an experience as possible for the population we serve. BSW are aligning to the three overarching 'pillars' of Quality: Safety, Effectiveness and Experience.

## Safety

Identified patient safety specialists across PCNs, ICAs and system have come together to build a strong community of practice (COP). The BSW system will continue to:

- Be informed by the COP, overseeing the implementation of PSIRF at PCN, ICA Place and system level
- Utilise NQB toolkit, local intelligence, outcomes data, contract oversight metrics and national resources to support monitoring of risks and identify areas for improvement
- Increase the profile of digital safety, with Clinical Information Officer roles aligned to quality and safety teams and reporting
- Appoint Patient Safety Partners to support the review and analysis of safety data and actively participate in the relevant board discussions to consider how to improve safety, involvement in patient safety improvement projects, involvement in staff patient safety training and participation in investigation oversight groups.
- Securing the delivery of the Patient Safety Syllabus from executive leaders.
- Through leadership at neighbourhood, place and system we will continue to inspire and promote a strong health and care safety culture across the ICS.
- Learn from outcomes of mortality reviews and LeDeR processes.

## Experience

The system will continue to:

- Utilise BSW experience and engagement network to collaborate with all stakeholders
- Build on the collaborative work of the system wide Carers Forum
- champion quality and safety for, and with, the people who use our services
- focus on outcomes
- use agreed data sets to measure, learn and assure
- work across pathways rather than focus on providers
- ensure the culture of listening to and learning from experience is embedded across the ICS

## Effectiveness

BSW ICS will:

- Collaborate with system experts across the health and care sector to drive improvements via population health metrics, population feedback and engagement, research, National guidelines (e.g., NICE) and QI methodology
- Measure current provision against standards and be able to describe any variance and risks whilst working to reduce
- Challenge system partners to measure the benefit of our work together and to demonstrate the value
- Focus on the measuring of outcomes for our population and strengthen learning and QI across the transformation programme boards, provider collaborative and networks
- Utilise the expertise and resources within the BSW Academy
- Drive innovation

## Quality Governance and Leadership

Quality Control and Quality Leadership will be delivered within the ICB Quality Assurance Committee (QAC) and BSW System Quality Group (SQG). This will report to the BSW Board and provide intelligence to the NHSEI Regional Quality Group.

BSW SQG has reviewed the National Guidance on System Quality Groups and discussed the requirements of the Guidance on Quality Risk and Escalation. A mature system has developed with regard sharing and understanding of its approach to managing system quality risks and concerns from routine assurance and improvement, to enhanced and intensive assurance.

At PCN and place, quality oversight, assurance and control will be enabled via ICA and system governance structures.

Quality oversight, monitoring and improvement methodology at ICA and system level will inform priority programme boards and dovetail with the system oversight processes.

Safeguarding is most effectively delivered through strategic and organisational multi-agency arrangements with key partners working collaboratively to achieve a shared vision. BSW ICB is committed to partnership working and is a statutory member of safeguarding adults and children's partnerships in the three localities including Corporate Parenting Board, community safety boards, subgroups and working groups. The statutory duties of the Safeguarding Partnership Boards will continue and provide expert oversight, including triangulation of information with regard risks and shared learning and will inform safeguarding and quality reports to Quality Assurance Committee and System Quality Group.

## Roles and responsibilities in performance improvement

BSW ICB is still in the process of developing our local oversight and assurance model. We are currently using a number of existing mechanisms in order to ensure we have oversight of the different part of our systems, but we want to move to a oversight model that fits the needs of our new system. This means that we will be looking to agree our performance metrics (using the NHS oversight framework) and embed this in our day-to-day reporting across our programmes and places.

In the interim, we are using our existing mechanisms including our ICB integrated performance report to provide assurance to our Board. We are starting work on revising our performance reporting.

Our acute providers in BSW are using a CQI approach called 'Improving Together' and aiming to move from management for assurance to management for improvement. This means that whilst there is still a focus on core performance metrics, they are also focussed on a strategic planning framework that sets a limited number of KPIs to progress the provider / system priorities.

In line with the NHS oversight framework, we are clear that BSW ICB is responsible for:

- Monitoring and managing performance across the system – coordinating action between providers to secure service and quality improvement
- Meeting regularly to review performance (both across the system and of individual partner organisations).
- Identifying to NHS England known risks and issues associated with performance, quality and finance including detailing of any support requirements

NHS England is responsible for:

- Providing support to BSW ICB reflecting agreed priorities
- Monitoring BSW ICB in line with the NHS oversight framework

In addition to the above, the Chair and Chief Executive Officer of the ICB (with their equivalents at the other South West ICBs) will continue to work in collaboration with NHSE South West's Senior Leadership Team to agree and implement a "South West Compact" for their working together as a leadership body."

## ICS development

Regular review meetings will take place between BSW ICB and NHS England. These will take place informally on a monthly basis in 2022/23 with a formal quarterly meeting held to review progress against the NHS Oversight Framework. These will be used to discuss, review effectiveness of local support arrangements and the extent to which there is effective local working.

The role of NHS England in this context will be to broker support for BSW, enabling system priorities to be delivered.

These will be informed by meetings between the ICB and NHS Providers within BSW to consider provider segmentation. This will be undertaken on a quarterly basis with recommendations made for Provider segmentation decisions and a self-assessment undertaken of the ICB. This will inform quarterly meetings with NHS England.

We are also committed to addressing the points raised within the ICB establishment letter issues by NHS England. These include reviewing our ICB governance within the first year of operation, working with the South West region on their new operating model, working with our providers on recurrent financial productivities schemes and assessing our risk profile as an ICB.

## Reviewing, amending, and monitoring of the MOU

This MOU relates to an ongoing relationship between the ICB and NHSE and will run indefinitely. The ICB and NHSE agree to review the agreement every 12 months to assess whether it is still accurate and fit for purpose.

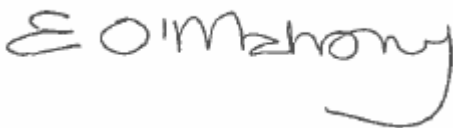
Changes to the MOU required outside of the proposed review period can occur at any time, if agreed by both parties.

## Signatures

The ICB and NHSE, as represented by the below officers, agree to honour the aspirations and commitments made in this MOU.



Sue Harriman  
Chief Executive Officer



Elizabeth O'Mahony, Regional Director  
NHS England – South West

19 October 2022

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	17
Date of Meeting:	01 November 2022		

Title of Report:	Review of ICB Governance and Recommendations
Report Author:	Rachael Backler, Executive Director of Planning and Performance
Board / Director Sponsor:	Rachael Backler, Executive Director of Planning and Performance
Appendices:	Appendix 1: GGI Board diagnostic Appendix 2: Revised Terms of References (Audit and Risk, Community Engagement, Finance and Investment, People, Remuneration, Quality and Outcomes) Appendix 3: Scheme of Financial Delegation

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	Yes
ICS NHS organisations only	No
Wider system	No

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	x
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Audit Committee	20/10/22	Delegated Financial Limits were considered by Audit Committee and Finance Committee before being recommended to the Board for approval.
BSW ICB Finance Committee	28/09/22	

1	Purpose of this paper
The purpose of this paper is to summarise the recent findings of a diagnostic carried out by the Good Governance Institute (GGI). GGI is a not-for-profit company specialising in governance who are currently working with 12 of the new ICBs across England. The diagnostic was undertaken to use GGI's expertise to	

reflect on whether the structures put in place from 1<sup>st</sup> July 2022 take account of the new ICB responsibilities (rather than traditional CCG arrangements) and whether our executive and assurance functions are clearly defined and separated within our group and committees. We have reviewed the findings of the diagnostic and this paper sets out recommended changes to our Board committee structure to take account of these findings. To note that there is an expectation from NHSE that all ICBs will conduct a formal review of their governance arrangements in Q1/Q2 2023-24. The work carried out now does not replace that review, but will put us in a good position for that review.

In addition, as part of making sure that the ICB has the right policies and processes in place for efficient decision-making, the legacy delegated financial limits have been reviewed and updated to reflect the new ICB structure. This has been considered by audit and finance committee ahead of now submitting to the Board for approval.

## 2 Summary of recommendations and any additional actions required

The Board is asked to:

- 1) Approve the changes to our Board committee structure and meeting frequency in line with the findings of the governance diagnostic
- 2) Approve the revised terms of reference.
- 3) Approve the delegated financial limits.

If approval is given, the governance team will rapidly work to revise meeting dates and agree new agendas with Committee Chairs to enact these changes as soon as possible after the Board meeting.

The Executive team are considering the implications of the new NHSE operating model for our Executive meeting arrangements and will engage with the wider ICS executive on those arrangements in due course.

The delegated financial limits will require socialising with the wider organisation and training to ensure that all staff members understand their responsibilities.

## 3 Legal/regulatory implications

The ICB is already compliant with NHS regulations and these changes will not affect that.

## 4 Risks

There is a risk that if the ICB does not have the appropriate governance and processes in place that we will not be able to fulfil our duties. This risk is being addressed through our work to improve our governance and review our processes.

5	Quality and resources impact
Strengthening our arrangements and improving our terms of reference will allow our committees to have more effective oversight of the key domains of finance, quality, workforce and performance.	
Finance sign-off	n/a

6	Confirmation of completion of Equalities Impact Assessment
Strengthening our terms of reference will allow to make sure that our committees seek assurance over the impact of work on the inequalities agenda.	

7	Statement on confidentiality of report
This is not a confidential document.	

## Review of ICB Governance and Recommendations

### 1. Background and purpose of paper

- 1.1. As part of our work to ensure that we have robust and appropriate governance arrangements we have been working with the Good Governance Institute (GGI) to undertake a review of our current Board structures. GGI is a not-for-profit company specialising in governance who are working with 12 of the new ICBs across England.
- 1.2. This work does not replace the Year 1 Review that NHS England have requested after our first year of operation, but instead is intended to allow us to make any necessary changes to improve our ways of working after our first few months of operation.
- 1.3. GGI undertook a desktop-based review and have highlighted a number of opportunities to improve our governance arrangements and give further clarity to our operating model.
- 1.4. The governance team have worked with the ICB Board Chair to review these findings and put together a set of recommendations to enhance our current ways of working. These were initially shared with the Board at the October Board Development Session and this paper now sets out the proposed recommendations in detail for approval.

### 2. Findings of the Governance Diagnostic

- 2.1. The findings of the diagnostic are categorised under the following headings: ICB membership, Committee remit and structure, Terms of Reference document format and Other. A summary of the findings under each of these headings is given in Table 1 below, along with a response.

Category	Key Findings	Response
ICB Membership	The diagnostic found that Board membership is weighted towards non-executive membership, and that the Board is large (18 members) which adds complexity to decision making. It also noted that the role of individual board members could be made clearer.	As the ICB Board membership has only recently been agreed and is still bedding in, the ICB is minded to continue current arrangements and consider any changes as part of the year end review.  With regard to the role of individual board members, this will be covered as part of our board development sessions.
Committee remit and structure	The diagnostic found that the committee remits appear overly operational with a blend of executive and assurance functions, and that there appear	We agree that there a large number of committees and that there is a blend of executive and assurance functions. We have proposed changes to the committee structure

	to be more committees than may be required, with an overlap in remits. It also identified that escalation routes are not clearly articulated.	(described later in this paper) and a change in terms of reference to clarify remits. We have also redrawn the functions and decisions map to reflect this change and the necessary changes to our executive structures to ensure we have in place the right forums to carry out executive functions.
Terms of reference document format	The diagnostic found that the format of Terms of Reference is inconsistent across committees and that rules on quoracy could be made clearer. It also found that individual TORs require review to ensure correct language is used.	We have revised the Terms of Reference to make them consistent across committees and clarify the rules on quoracy. We have also made sure all language is up to date to reflect that ICBs have replaced CCGs.
Other	The diagnostic found that the balance of workload across NEDs could be reviewed. It also found a need to map executive working groups to determine the purpose, scope and gaps	<p>The NED workload has been reviewed as part of revising our committee structure.</p> <p>We are reviewing executive working groups in light of the new NHS England operating framework and will engage system leaders on this in due course.</p>

### 3. Proposed changes

- 3.1. The main areas where we believe immediate change would be beneficial are in relation to Committee remit and structure and Terms of Reference.

#### **Committee remit and structure**

- 3.2. Whilst the committee structure has not been operating very long, it has become clear that there is an overlap in remits between some committees and that the frequency and number of committees creates a significant burden on members' time. This is exacerbated by the lack of clarity on operational decision-making versus assurance that is being carried out within committees.
- 3.3. To address this, we are recommending a proposed streamlining of committees, with a clear shift of executive functions to executive groups. This means standing down both the Primary Care Commissioning Committee and the Commissioning Assurance Committee. This change reflects our new wider responsibilities as an

ICB, rather than a CCG, and the need for us to clearly separate out executive functions from board assurance functions.

- 3.4. These two committees will be replaced by executive decision-making groups allowing efficient decision-making and oversight. These executive groups will provide assurance to the Board via Quality and Outcomes and Finance and Investment Committees. We are in the process of defining these groups and developing the terms of reference. This work will be concluded shortly so that there will be no discontinuity in decision-making for primary care.
- 3.5. We recognise that the anticipated delegated commissioning of primary dental, ophthalmic and pharmacy services brings with it further requirements re the robust assurance of delegation agreements, and delivery of services. The remits of the Quality and Outcomes Committee, and of the Finance and Investment Committee, have been reviewed accordingly. We also recognise that we are required to demonstrate to NHSE our readiness to receive these extensive delegations, including robust governance arrangements.
- 3.6. Strategic items that would previously have been considered by Commissioning Assurance Committee will instead be considered by the Board either as a business item on the Board agenda or through a Board Development Session.
- 3.7. As part of the review of committees, the Chair has reviewed committee membership and has consulted Board members to ensure that there is good representation of partner members in each of our committees.
- 3.8. The Chair has also reviewed committee frequency and agreed the proposed changes with committee chairs. The revised frequencies are as follows:

Committee	Frequency
Audit and Risk	Quarterly and as required
Community Engagement	Quarterly
Finance and Investment	Monthly
People	Quarterly
Quality and Outcomes	Bi-monthly
Remuneration	Twice-yearly and as required

- 3.9. We note that this review does not impact upon System Quality Group which is a mandated function of the ICB. This review has also not considered the Place Partnerships/Committees. These will be reviewed as part of the next phase of

work when we consider the implications of the recently issued guidance regarding delegation.

### **Terms of reference document format**

- 3.10. In light of the review of committees and the other findings from the diagnostic, we have revised the committee terms of reference. The main changes are to ensure that the terms of reference focus on assurance rather than operational decision-making, to provide clarity on remit, and to reflect the new committee membership. The revised terms of reference have been reviewed by Committee Chairs and the final proposed versions are in the Appendix.

## **4. Delegated financial limits**

- 4.1. The Scheme of Financial Delegation sets out the limits and approval pathways for different financial decisions. It provides clarity to operational managers and budget holders and is clear about approval limits for individuals and committees.
- 4.2. This financial delegation document has been updated to align with the new ICB (previously only a legacy CCG document existed) and for the proposed changes as a result of the governance review. It has been considered by both Finance and Audit Committees before being recommended to the Board for approval.
- 4.3. Following approval of the scheme, related policies will be updated to reflect the revised limits and processes.

## **5. Recommendations**

- 5.1. The Board is asked to:
- 1) Approve the changes to our Board committee structure and meeting frequency in line with the findings of the governance diagnostic
  - 2) Approve the revised terms of reference.
  - 3) Approve the delegated financial limits.
- 5.2. If approval is given, the governance team will rapidly work to revise meeting dates and agree new agendas with Committee Chairs to enact these changes as soon as possible after the Board meeting.
- 5.3. The Executive team are considering the implications of the new NHSE operating model for our Executive meeting arrangements and will engage with the wider ICS executive on those arrangements in due course.
- 5.4. The delegated financial limits will require socialising with the wider organisation and training to ensure that all staff members understand their responsibilities.

**Bath & North East Somerset, Swindon and Wiltshire ICB**

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# **Rapid Diagnostic Review:**

## **Committee structure and terms of reference**

September 2022

- Background and objectives
- Methodology
- Good governance principles
- Observations and recommendations

- Bath & North East Somerset, Swindon and Wiltshire ICB was formed on 1<sup>st</sup> July 2022 in line with legislation on the transition of all Clinical Commissioning Groups in England to Integrated Care Boards
- The ICB commissioned GGI to undertake a rapid diagnostic review of the ICB's committee arrangements to offer immediate, high-level reflections. The findings of this review are presented in three sections:
  1. ICB membership
  2. Committee remit and structure
  3. Terms of Reference document format
  4. Other findings

Caveat: This review is not a detailed mapping of content to guidance or requirements – the reflections offered come only from reading the documents and therefore are limited by that fact

- **Objective:** Separate executive functions and assurance
- **Lean:** Provide sufficient assurance in place to cover breadth of purpose and minimize duplication
- **Clear:**
  - Be precise
  - Show clear reporting and information flows in and out of committees/ groups, and clear escalation criteria
  - Write in 'plain language' and follow consistent formats and approaches

# 1. ICB Membership: Overview

Members (18)	Role	Statutory requirements (10)
ICB Chair	ICB Non-Executives (6)	<ul style="list-style-type: none"> <li>Chair</li> <li>2 Non-executives</li> </ul> <b>BSW has 3 additional non-executives</b>
Five Non-executive members		
ICB Chief Executive	ICB Executives (4)	<ul style="list-style-type: none"> <li>Chief Executive</li> <li>Chief Medical Officer</li> <li>Chief Nurse</li> <li>Chief Finance Officer</li> </ul> <b>BSW ICB is line with requirements</b>
ICB Chief Medical Officer		
ICB Chief Nurse Officer		
ICB Chief Finance Officer		
One Member – Voluntary, Community and Social Enterprise (VCSE)	Partner members (8)	<ul style="list-style-type: none"> <li>Partner Member NHS trusts and foundation trusts</li> <li>Partner Member primary medical services</li> <li>Partner Member local authorities</li> </ul> <b>BSW ICB has 5 additional partner members</b>
One Member – Community Providers		
One partner member- Primary medical services		
Three partner members- local authorities		
Two partner members- NHS Trusts and Foundation Trusts		

# 1. ICB Membership: Summary of observations and recommendations

Good governance principle	Observation(s)	Recommendation(s)- to be considered as part of the board development programme
<b>Objective</b>	<ul style="list-style-type: none"> <li>The membership includes four ICB executives, tipping the balance of membership heavily towards non-executive membership (including partner members)</li> <li>The balance of membership includes ten ICB members (executives and non-executives) and eight partner members</li> </ul>	<ul style="list-style-type: none"> <li>Consider the use of board time in order to maximise the value of non-executive and partner member input (i.e. strategy setting)</li> <li>Consider how private/informal board meetings can be utilised in order to gain consensus on big/wicked issues</li> </ul>
<b>Lean</b>	<ul style="list-style-type: none"> <li>There are 18 total members of the Board, eight more than the statutory minimum of ten- having a high number of members adds complexity to decision making and assurance processes</li> <li>There are three partner members from local authorities, which may prevent a broader local authority perspective from these members (too individually focused)</li> </ul>	<ul style="list-style-type: none"> <li>Consider the balance of functions being held at board versus committees and ensure the committees are operating effectively in order to carry out functions on behalf of the board</li> </ul>
<b>Clear</b>	<ul style="list-style-type: none"> <li>Partner members are not identified by title</li> <li>The roles of individual board members are not clear</li> </ul>	<ul style="list-style-type: none"> <li>Identify partner members by title/role within their home organisation</li> <li>Outline the roles of individual board members and how they contribute to the appropriate functioning of the board, including their role on board committees</li> </ul>

# 1. ICB Membership: Management vs. governance

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## Management

Doing the right things to execute the strategy

## Governance

Gaining assurance that the right things are done in the right way and to the desired effect

Governance should be separated from management so that managers aren't marking their own homework

# 1. ICB Membership: Performance management vs. assurance

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## Performance management

Holding the responsible individual to account for achieving things... managing against objectives... it involves KPIs, action plans, monitoring

**Ask:** What has/ has not been achieved, why, what is the plan to address gaps?...

Looking at the reds

## Assurance

Having evidence that the doing of those things is having the intended outcomes and is being executed in the right way

E.g. could achieve productivity metrics but have a high staff turnover (did the right thing but not in the right way)

**Ask:** Do you have the right mechanisms (structures, policies and controls, risk management and mitigation) in place?

Are they consistently applied?

Are they achieving the right outcomes?

Are the risks to achievement of strategic objectives being managed

Looking at the greens – are they really green?

## 2. Remit and structure: Current state – There are 11 ICB committees

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1. Audit and risk committee
2. Remuneration committee
3. People committee
4. Finance and investment committee
5. Quality assurance committee
6. Community engagement committee
7. Commissioning assurance committee
8. Primary care commissioning committee
9. Swindon local commissioning committee
10. Wiltshire local commissioning committee
11. Banes local commissioning committee

## 2. Remit and Structure: Operational groups vs. assurance committees

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### Operational Groups

Develop and implement/execute plans

Manage the resources required for implementation/execution

Monitor performance against objectives... it involves KPIs and action plans

Develop/provide assurances

Manage risks and implement controls

E.g. System Quality Group, System Finance and Performance Group

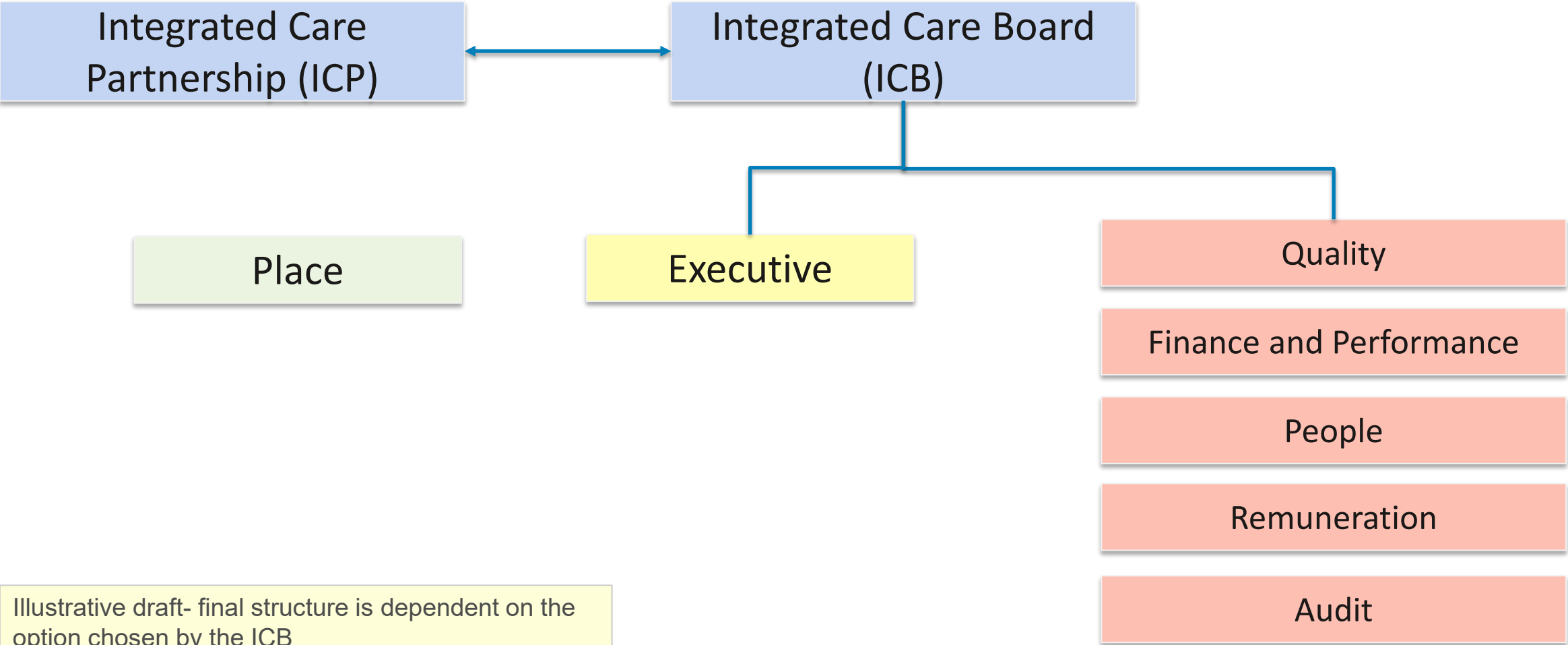
### Assurance Committees

Receive evidence that the ICS aims are being fulfilled, and that they are being fulfilled in the right way

## 2. Remit and structure: Summary of observations and recommendations

Good governance principle	Observation(s)	Recommendation(s)
<b>Objective</b>	<ul style="list-style-type: none"> <li>Committee remits appear overly operational with a blend of executive and assurance functions. Many of the responsibilities currently assigned to (assurance) committees should be carried out by executive groups</li> <li>There is an overlap in remit and lack of clarity of purpose between the commissioning committees</li> <li>There are four joint commissioning committees at board level, which would not normally be part of the committee structure</li> </ul>	<ul style="list-style-type: none"> <li>Clarify the respective roles and decision making responsibilities of the commissioning committees, including development of a detailed schedule of service contracts</li> <li>Establish one Commissioning committee with joint committees reporting via the Commissioning committee</li> <li>Determine required working groups and the remit of those for each committee</li> <li>Consider the role of joint committees within the governance structure</li> </ul>
<b>Lean</b>	<ul style="list-style-type: none"> <li>There appear to be more committees than may be required</li> </ul>	<ul style="list-style-type: none"> <li>Revise TOR to reduce duplication in relation to oversight of service quality/performance</li> <li>Rationalise number of committees to avoid duplication and gaps in assurance to the board</li> </ul>
<b>Clear</b>	<ul style="list-style-type: none"> <li>It is not clear how some decisions will reach the board or relevant subcommittee and escalation routes have not been clearly articulated</li> </ul>	<ul style="list-style-type: none"> <li>Clarify decision pathways and escalation routes using RACI model (Responsible, Accountable, Consulted, Informed)</li> </ul>

# 2. Illustrative committee structure



### 3. Format: Summary of observations and recommendations

Good governance principle	Observation(s)	Recommendation(s)
<b>Objective</b>	<ul style="list-style-type: none"> <li>The format of Terms of Reference is inconsistent across committees.</li> <li>Key sections such as 'purpose' are not present in all TORs.</li> </ul>	<ul style="list-style-type: none"> <li>Standardise format of terms of reference to ensure that the documents are easy to read and that key sections are clear and easy to find</li> <li>Follow a template format to ensure consistency</li> </ul>
<b>Clear</b>	<ul style="list-style-type: none"> <li>It is unclear how a quorum may be achieved beyond a number of members present.</li> <li>Specific titles of members are not used in all Terms of Reference, i.e. some state two non-executives or system representatives rather than identifying specific members.</li> </ul>	<ul style="list-style-type: none"> <li>Clarify how quoracy is met, e.g. would deputies count as members, if so, how many? Are particular roles required to be present for quorum to be met?</li> <li>Describe roles in membership</li> </ul>
<b>Lean</b>	<ul style="list-style-type: none"> <li>There is duplication and contradictory information within individual TORs.</li> <li>There are dated references which no longer apply to the ICB, i.e. references to CCGs.</li> </ul>	<ul style="list-style-type: none"> <li>Review TORs to ensure they are consistent internally and with regard to related TOR and documents</li> </ul>

# 3. Simplified format – Example

## 1. Establishment

### 1.1 Terms of Reference:

- **Definition:** (who defines)
- **Amendment:** (how are they amended)
- **Publication:** (if they are required to be made public, how and where)

### 1.2 Purpose

The purpose of the committee is to... (single sentence)

## 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

### 2.1 Duties

The Committee's duty is to assure the board on:

- XXXX
- XXXX
- XXXX

### 2.2 Authority

The authority of the Committee is derived from...

The committee is authorised to

e.g. investigate, commission reports, create sub-committees (Description of activities and actions authorised, for what purpose, and within which parameters)

#### 2.2.1 Source of authority for committee, e. g. Delegation in the Scheme of Reservation & Delegation

e.g. Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

(Text from official or constitutional source material for the authority of the committee)

## 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of rules	
e.g. Meeting frequency	(How often, exceptions)
Virtual meetings and extra-ordinary meetings	(Conditions for calling, validity, etc.)

## 3.3 Procedures

Description of rules and expectations:	
Agenda	(Who agrees, notice period for items)
Conflicts of interest	(Procedures for managing COI during meetings)
Decision-making	(Rules for decision-making)
Voting	(Rules on voting)

## 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
e.g. Distribute papers, monitor attendances, minute-taking	(Details on how these functions are carried out.)

## 4. Other observations & recommendations

Good governance principle	Observation(s)	Recommendation(s)
<b>Lean</b>	<ul style="list-style-type: none"><li>Unbalanced meeting load for non-execs- i.e. quality NED is member of six, governance NED only one</li></ul>	<ul style="list-style-type: none"><li>Review meeting loads for members to create balance and shared responsibility and diversity of perspective and experience in committee membership</li></ul>
<b>Objective</b>	<ul style="list-style-type: none"><li>There are many executive groups and working groups throughout the ICB which have not been fully mapped</li><li>This review has not included a review of system groups, but the structure of these should be considered alongside executive and operational groups and board committees</li></ul>	<ul style="list-style-type: none"><li>Conduct a mapping exercise of executive groups to determine the purpose, scope and any gaps within the structure</li></ul>

- Review and agree recommendations on ICB committees and TOR format
- Review executive groups and how these relate to other groups and committees
- Agree escalation criteria and draft RACI decision examples



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

## **Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB):**

### **Finance and Investment Committee – Terms of Reference (ToR)**

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## 1. Establishment

The Finance and Investment Committee (the Committee) is established by the Integrated Care Board (ICB), in accordance with its Constitution and Scheme of Reservation and Delegation (SORD).

### 1.1 Terms of Reference:

**Definition of terms:** The Terms of Reference for the Committee are defined by the Board.

**Amendment:** The Terms of Reference may be amended in accordance with the provisions in the Constitution and the SoRD.

**Publication:** These terms of reference is published in the Governance Handbook, which can be accessed on the Integrated Care Board website.

### 1.2 Purpose

The purpose of the committee is to provide assurance to the Board in relation to the financial sustainability of the system and its partners, and the achievement of system financial and productivity goals.

## 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

### 2.1 Duties

The Committee's duty is to assure the board on:

- Financial Planning and Oversight
- Performance against the delivery of the ICB's Strategy and Operational Plan.
- System Oversight Framework
- Sustainability and Innovation, including digital and procurement

Providing assurance involves:

- **Scrutinising** the robustness of finance processes, e.g. financial planning, internal controls, continuous improvement processes, etc
- **Triangulating multiple sources** of internal and external information, including:
  - Data analysis and contract performance intelligence
  - Patients', service users' and carers' reports, surveys, complaints, and concerns
  - Evidence from key clinicians and managers from commissioned services
  - Other intelligence agreed to be important and reliable
- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.
- **Considering efficacy and efficiency:** Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the ICS aims.

The committee and its members are bound to uphold standards in public life, in accordance with the Nolan principles.

#### 2.1.1 Financial Planning and Oversight

The Committee seeks assurance that the following are developed in the right way to deliver the Integrated Care System (ICS) and ICB aims:

- **Forward Plans:** The plans deliver financial viability and sustainability, increase productivity and support the priorities of the system.
- **Financial Targets:** The targets enable the ICB's Strategy and Operational Plan's objectives to be met.
- **Estates, capital and digital:** Estates capital and digital plans support collaboration and increase productivity.
- **Strategy and System:** The system's financial planning strategy allocates resources equitably across the system, supports service improvement and delivers financial stability across the system.
- **Risks:** provide oversight and assurance on the identification and mitigation of key risks, in line with the relevant risks highlighted in the Board Assurance Framework

### 2.1.2 Performance and Outcomes

The Committee seeks assurance that:

- **Strategy and Operational Plan:** Performance targets and outcomes are being met and/or gaps in performance are being addressed.
- **Service Improvement:** National, regional, and ICS targets for service improvement are being met, with particular focus on specified 'must do's' and external regulation.
- **Efficiency:** Resources are managed to deliver value for money, efficiency, effectiveness and sustainability.

### 2.1.3 NHS Oversight Framework

The Committee seeks assurance on the arrangements for discharging the ICB's responsibilities in relation to the themes in the NHS Oversight Framework

### 2.1.4 Sustainability and Innovation

The Committee seeks assurance that sustainability and innovation strategies are developed and implemented to help the ICS achieve their strategic priorities.

The Committee seeks assurance that the digital strategy and estates strategy are enabling transformation of services and delivering efficiencies

The Committee seeks assurance that procurement strategies support the role of the ICB as an anchor institution and deliver efficiencies

## 2.2 Authority:

The committee is authorised to:

Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Commission reports	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any

The committee is authorised to:

procedures put in place by the ICB for obtaining professional advice.

Create Task & Finish Groups

Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.

Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – but no decisions may be delegated to these groups.

### 2.2.1 Delegation in the Scheme of Reservation & Delegation

The ICB has delegated the following to the Committee as set out in the SoRD, which may be amended in accordance with the ICB Constitution.

#### Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Oversight of arrangements entered under section 65Z5 of the 2006 Act (pooled budgets and/or allocations)
- Scrutinise and recommend for approval proposed annual budgets, including place based budgets
- Approve the ICB's property governance and management framework
- Recommend and advise on making capital grants available
- Approve financial policies and procedures underpinning the ICB's Standing Financial Instructions.
- Oversee and monitor ICB and system performance
- Approve the ICB's debt management strategy and associated policies and procedures
- Approve the ICB's cash management policies and procedures
- Approve the ICB's procurement policy
- Approve the ICB's policies and procedures re the engagement of solicitors / legal advisors; approval and signing of documents which will be necessary in legal proceedings; and who can commit or spend ICB revenue resources in relation to settling legal matters
- Recommend for approval the joint ICB and partner NHS trusts and NHS foundation trusts plan setting out their planned capital resource use

### 2.2.2 Financial delegation to the Committee

The ICB has made financial delegation to the Committee as set out in the Scheme of Financial Delegation. Please refer to the Scheme of Financial Delegation for the delegated limits for this Committee.

## 2.3 Accountability and reporting

The Committee is accountable to the Board and reports to the Board on how it discharges its responsibilities.

Accountabilities

Description

Draft minutes and reports

- The Committee receives scheduled assurance reports from its delegated groups

Accountabilities	Description
	<ul style="list-style-type: none"> <li>• The Secretary formally records the minutes of each meeting</li> <li>• The Chair of the Committee reports to the Board after each meeting and provides a report on assurances received and decisions taken, escalating any concerns, where necessary</li> </ul>
Monitor attendance	<ul style="list-style-type: none"> <li>• Attendance is monitored and profiled as part of the agenda at each Committee meeting</li> <li>• Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers and submit comments to the secretariat in advance.</li> </ul>
Draft annual work plans	<ul style="list-style-type: none"> <li>• The Committee produces an annual work plan in consultation with the Board</li> </ul>
Conduct annual self-assessment	<ul style="list-style-type: none"> <li>• The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference</li> <li>• Any resulting proposed changes to the terms of reference are submitted for approval by the Board</li> <li>• The Committee utilises a continuous improvement approach in its delegation</li> <li>• Members review the effectiveness of the meeting at each sitting</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>• The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement</li> <li>• The report includes <ul style="list-style-type: none"> <li>○ The governance cycle</li> <li>○ A summary of the business conducted,</li> <li>○ Frequency of meetings, membership attendance, and quoracy</li> </ul> </li> <li>• The committee's self-assessment</li> </ul>
Audit Committee Report	The Committee advises the Audit Committee on the adequacy of assurances available and contributes to the Annual Governance Statement.

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<ul style="list-style-type: none"> <li>• Paul Miller (ICB Non-Executive Director for Finance, Committee Chair)</li> <li>• Suzannah Power (ICB Non-Executive Director for Remuneration and People)</li> <li>• Prof. Rory Shaw (ICB Non-Executive Director for Quality &amp; Performance)</li> <li>• Dominic Hardisty (NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector)</li> <li>• Gary Heneage (Chief Finance Officer)</li> <li>• Richard Smale (Executive Director of Strategy and Transformation)</li> <li>• Rachael Backler (Executive Director of Planning and Performance)</li> <li>• Nominated Director of Finance from a partner Trust</li> <li>• Nominated Director of Finance from a BSW Local Authority</li> <li>• Nominated Director of Public Health from a BSW Local Authority</li> </ul> <p><b>EDI:</b> When determining the membership of the Committee, consideration will be given to diversity, equality and inclusion.</p>
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend Committee meetings; however other executive directors or senior officers of the ICB may be required to attend at the request of the Committee.</p> <p>The Chair and Chief Executive of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.</p> <p>The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.</p>

	Description of expectation
Quoracy and Procedure for Inquoracy	<p><b>Threshold:</b> A minimum of three members being two Non-Executive Members, and at least one ICB executive director is required.</p> <p><b>Absence:</b> Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.</p> <p><b>Disqualification:</b> If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p><b>Inquoracy:</b> If the meeting becomes inquorate, and if members agree, the meeting may continue but cannot take decisions. Any decisions in principle must be ratified at the next meeting of the Committee.</p>

### 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

	Description of rules
Meeting frequency	<p>The Committee will meet monthly.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>The Board, ICB Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.</p>
Open vs closed	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p>
Virtual meetings and extra-ordinary meetings	<p>A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.</p>

### 3.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using</p>

Procedure	Description of rules and expectations:
	the prescribed format at least 14 calendar days before the meeting.
Decision-making	<p>Decisions are taken in accordance with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p> <p><b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>
Voting	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p> <p><b>Recording of votes:</b> The result of the vote will be recorded in the minutes.</p>
Conflicts of interest	<p><b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> The Committee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the Chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
Conduct	The Committee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations.

#### 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.

Functions	Description
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary. Applies and implements records management per the ICB's policies.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	Support the Chair in preparing and delivering reports to the Board. Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for committee members.

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

### Document control

The controlled copy of this document is maintained by BSW ICB. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

### Review

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

**Effective date:** 1 July 2022

**Review date:** July 2023

**Contact:** bswicb.governance@nhs.net



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

## **Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB):**

### **People Committee – Terms of Reference (ToR)**

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# 1. Introduction

The People Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

## 1.1 Terms of reference

- **Definition:** The Terms of Reference for the Committee are defined by the Board.
- **Amendment:** The Terms of Reference may be amended in accordance with the provisions in the Constitution and the SoRD.
- **Publication:** These terms of reference is published in the Governance Handbook, which can be accessed on the Integrated Care Board website.

## 1.2 Purpose

The purpose of the committee is to advise the Board and provide assurance on matters relating to BSW health and care workforce, and the ICB staff.

# 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

## 2.1 Duties

The Committee's duty is to advise and assure the board on:

- Strategy and delivery relating to the BSW Integrated Care System (ICS) workforce and ICB Human Resources (HR) and employment matters.

Providing assurance involves:

- Triangulating multiple sources of internal and external information, including:
- Data analysis and contract performance intelligence
- Engaging with key system leaders, partners, anchor organisations and relevant forums on matters of workforce development
- Other intelligence agreed to be important and reliable
- Remedial action: Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.
- Considering efficacy and efficiency: Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the ICS aims.

The committee and its members are bound to uphold standards in public life, in accordance with the Nolan principles.

## 2.2 Responsibilities

### 2.2.1 System Workforce

**ICS people strategies and plans:**

Review and recommend for approval to the ICB Board the BSW ICS people strategy, ensuring it

- reflects and aligns with the NHS People Plan, equivalent / relevant local authorities, providers and partners plans, and BSW ICS strategic priorities
- has mechanisms in place to ensure delivery across the BSW ICS footprint.

Receive assurance that the strategy is being implemented, including review of specific supporting strategies/programmes (i.e. leadership, wellbeing, equality & diversity etc.)

**System capacity:**

- Receive assurance that the NHS People functions are being delivered across the system
- Receive assurance that future planned workforce capacity is sufficient to meet demand
- Receive assurance that mechanisms are in place to facilitate the development of system-wide workforce and employment policies

**BSW Academy:**

Agree, and monitor the delivery of, the BSW Academy's annual programme of work

**Risk management:**

Regularly review risks on the ICB Board Assurance Framework related to the work on the committee

**External submissions:**

Review system workforce submissions to external bodies as required, including NHS England and Health Education England (HEE)

## 2.2.2 ICB Workforce:

**Frameworks, policies and procedures:** Review and approve all necessary frameworks, policies, and procedures for the employment of ICB staff.

**People and organisational strategies**

Oversee the development of People and Organisational strategies for supporting and engaging the ICB workforce.

**Risk management**

Regularly review relevant reports and data, e.g. vacancies, recruitment and retention, pay, equality and diversity, training compliance, appraisals.

**Statutory duties:**

Obtain assurance that the ICB complies with statutory duties and requirements regarding staff employment and equality and diversity requirements.

**Annual reports:**

Receive annual reports on ICB health and safety, equality and diversity (WRES, WDES, Gender Pay Gap), pay in/equalities.

## 2.3 Authority

The committee is authorised to:

Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Commission reports	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any

The committee is authorised to:

procedures put in place by the ICB for obtaining professional advice.

Create sub-committees

Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.

Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – but no decisions may be delegated to these groups.

## 2.4 Delegation in the Scheme of Reservation & Delegation

The ICB has delegated the following to the People Committee as set out in the SoRD, which may be amended in accordance with the ICB Constitution.

### Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Agree system workforce submissions to external bodies
- Approve investment in, or disinvestment from, people and organisational development programmes
- Agree the BSW Academy's annual programme of work
- Agree the outputs from the HR Delivery Group, commission bespoke pieces of activity determined by system and workforce challenges
- Oversee and monitor ICB and system performance
- Recommend approval of the BSW Integrated Care System people strategy
- Recommend approval of people and organisational development strategies for the ICB
- Approve ICB workforce policies and procedures

## 2.5 Accountability and reporting

The Committee is accountable to the Board and reports to the Board on how it discharges its responsibilities.

Accountabilities	Description
Draft minutes and reports	<ul style="list-style-type: none"> <li>• The Committee receives scheduled assurance reports from its sub-groups</li> <li>• The Secretary formally records the minutes of each meeting</li> <li>• The Chair of the Committee reports to the Board after each meeting and provides a report on assurances received and decisions taken, escalating any concerns, where necessary</li> </ul>
Monitor attendance	<ul style="list-style-type: none"> <li>• Attendance is monitored and profiled as part of the agenda at each Committee meeting</li> </ul>

Accountabilities	Description
	<ul style="list-style-type: none"> <li>Members should aim to attend 100% of meetings and must attend at least 75% of meetings, read all papers and submit comments to the secretariat in advance.</li> </ul>
Draft annual work plans	<ul style="list-style-type: none"> <li>The Committee produces an annual work plan in consultation with the Board</li> </ul>
Conduct annual self-assessment	<ul style="list-style-type: none"> <li>The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference</li> <li>Any resulting proposed changes to the terms of reference are submitted for approval by the Board</li> <li>The Committee utilises a continuous improvement approach in its delegation</li> <li>Members review the effectiveness of the meeting at each sitting</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement</li> <li>The report includes <ul style="list-style-type: none"> <li>The governance cycle</li> <li>A summary of the business conducted,</li> <li>Frequency of meetings, membership attendance, and quoracy</li> <li>The committee's self-assessment</li> </ul> </li> </ul>

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	The committee will be chaired by the Non-Executive Director (Remuneration and People).
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.

	Description of expectation
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<ul style="list-style-type: none"> <li>• Suzannah Power (ICB Non Executive Director for People and Remuneration, Committee Chair)</li> <li>• Julian Kirby (ICB Non-Executive Director for Public and Community Engagement)</li> <li>• Paul Miller (ICB Non-Executive Director for Finance)</li> <li>• Terence Herbert (ICB Local Authority Partner Member Wiltshire)</li> <li>• Pam Webb (ICB Partner Member Voluntary Community and Social Enterprise (VCSE))</li> <li>• Jas Sohal (BSW ICB Chief People Officer)</li> <li>• Dr Amanda Webb (BSW ICB Chief Medical Officer)</li> <li>• Nominated NHS Trust Chief People Officer</li> <li>• Nominated BSW Local Authority Director of Adult Social Services</li> <li>• Nominated BSW Local Authority Human Resources Director</li> </ul> <p><b>EDI:</b> When determining the membership of the Committee, consideration will be given to diversity, equality and inclusion.</p>
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend Committee meetings; however other executive directors or senior officers of the ICB may be required to attend at the request of the Committee.</p> <p>Such invited attendees cannot participate in the Committee's decision-making and must not vote.</p> <p>The Chair and Chief Executive of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations.</p> <p>The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.</p> <p>The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.</p>

	Description of expectation
Quoracy and Procedure for Inquoracy	<p><b>Threshold:</b> A quorum shall be five members, including one Non-Executive Director, one ICB Executive Director and one partner member of the Board, or member from a partner organisation.</p> <p><b>Absence:</b> Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.</p> <p><b>Disqualification:</b> If any member of the committee is disqualified from participating in an item on the agenda due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p><b>Inquoracy:</b> If the meeting becomes inquorate, and if members agree, the meeting may continue but cannot take decisions. Any decisions in principle must be ratified at the next meeting of the Committee.</p>

### 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

	Description of rules
Meeting frequency	<p>The Committee will meet quarterly, and otherwise as required.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>The Board, ICB Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.</p>
Open vs closed	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p>
Virtual meetings and extra-ordinary meetings	<p>A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.</p>

### 3.2 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p>

Procedure	Description of rules and expectations:
	Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 15 business days before the meeting.
Decision-making	<p>Decisions are taken in accordance with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p> <p><b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>
Voting	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p> <p><b>Recording of votes:</b> The result of the vote will be recorded in the minutes.</p>
Conflicts of interest	<p><b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> The Committee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the Chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
Conduct	The Committee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations

#### 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.

Functions	Description
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary. Applies and implements records management per the ICB's policies.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	Support the Chair in preparing and delivering reports to the Board.  Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for committee members

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

### Document control

The controlled copy of this document is maintained by BSW ICB. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

**Next Review:** July 2023

**Contact:** bswicb.governance@nhs.net



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

## **Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB):**

### **Quality and Outcomes Committee – Terms of Reference (ToR)**

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## 1. Establishment

The Quality and Outcomes Committee (the Committee) is established by the Integrated Care Board (ICB), in accordance with its Constitution and Scheme of Reservation and Delegation (SORD).

### 1.1 Terms of Reference:

**Definition of terms:** The Terms of Reference for the Committee are defined by the ICB.

**Amendment:** The terms of reference may be amended in accordance with the provisions in the Constitution and the SoRD.

**Publication:** The terms of reference must be published on the ICB website

### 1.2 Purpose

### 1.3 Purpose

The purpose of the committee is to provide assurance to the board that the ICB and its system partners have the right quality governance processes, at system and place level, for

- Continuously improving service quality and health outcomes
- Reducing health, care and wellbeing inequalities
- Delivering against the quality requirements and priorities outlined in the ICB 5-year forward plan

## 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

### 2.1 Duties

The Committee's duty is to assure the board on:

- Service quality (incorporating patient safety, clinical effectiveness and patient experience) and service performance
- Health outcomes and inequalities
- Quality Governance arrangements

Providing assurance involves:

- **Scrutinising** the robustness of quality processes, e.g. quality planning, internal controls, continuous improvement processes.
- **Triangulating multiple sources** of internal and external information, including:
  - Data analysis and contract performance intelligence
  - Patients', service users' and carers' reports, surveys, complaints, and concerns
  - Evidence from key clinicians and managers from commissioned services
  - Other intelligence agreed to be important and reliable
- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.
- **Considering efficacy and efficiency:** Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the ICS aims.

The committee and its members are bound to uphold standards in public life, in accordance with the Nolan principles.

#### 2.1.1 Service Quality and Performance

With regard to service quality and performance, the board requires assurance on:

- **Priorities:** The quality priorities in the ICB strategy/ annual plan, include priorities to address variation/ inequalities in care
- **Processes:** Including scope, management, patient and public involvement and continuous improvement

## Service quality process assurance

<b>Components</b>	<ul style="list-style-type: none"> <li>• Service quality and performance assurance includes <ul style="list-style-type: none"> <li>– Dimensions of quality set out in the Shared Commitment to Quality and in the Health and Care Act 2022</li> <li>– All quality dimensions set out in Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health and Social care, NHS England (NHSE) and other regulatory bodies / external agencies (e.g. Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE))</li> <li>– ICB statutory requirements , for example for equality and diversity, safeguarding adults and children, infection prevention and control, medicines optimisation and safety</li> <li>– The patient experience</li> <li>– Other national and local performance metrics</li> <li>– Clinical commissioned services <ul style="list-style-type: none"> <li>○ Care delivered by providers and place</li> </ul> </li> </ul> </li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Robust processes in place for the management of quality, performance, quality planning, control, and improvement, and ensuring that timely action is taken to address areas of concern</li> </ul>
<b>Patient and public involvement</b>	<ul style="list-style-type: none"> <li>• All strategies and activities include <ul style="list-style-type: none"> <li>– Service user/patient and public involvement</li> <li>– Asset-based and person and community-centred ways of working</li> </ul> </li> </ul>
<b>Continuous improvement</b>	<ul style="list-style-type: none"> <li>• Learning from incidents, never events, complaints, claims and deaths (including coronial inquests and prevent further deaths report) is identified, disseminated and embedded</li> <li>• Quality improvement methodology is being used to address quality issues and priorities</li> </ul>

### 2.1.2 Health outcomes and inequalities

With regard to health outcomes and inequalities, the committee requires assurance that the following functions are being carried out within BSW:

- **Understanding needs:** Provide a common understanding of health and wellbeing needs
- **Targeting:** Help target resource/services to groups most in need by adopting a “proportional universalism” approach
- **Addressing inequalities** facing prioritised segments of the population, e.g. those within the protected characteristic categories, including addressing gaps identified by Equality Impact Assessments (EIA) and Equality Health Impact Assessments (EHIAAs)

- **Prevention:** Maximise effectiveness of prevention efforts by joining up input of Public Health England (PHE), NHSE and Local Government Public Health
- **Wider determinants:** Ensure focus on wider determinants of health and links in primary, secondary, and tertiary health prevention approaches
- **Interventions:** Support evidence-based interventions across the Integrated Care System (ICS)
- **Offering choice:** Ensure that the Universal Model of Personalised Care where people have choice and control over the way their health and care is implemented
- **Transformation:** Provide updates on programmes of transformation changes across BSW ICS
- **Embedding PHM:** Ensuring the infrastructure across all levels of BSW ICS to make population health management “business as usual”

### 2.1.3 Quality governance arrangements

The board requires assurance on:

- The structures and processes in place at system and place level
- Governance of the quality strategy

### 2.1.4 Authority:

The committee is authorised to:

Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Commission reports	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining professional advice.
Create Task & Finish Groups	Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.  Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – but no decisions may be delegated to these groups.

### 2.1.5 Delegation in the Scheme of Reservation & Delegation

The ICB has delegated authority to the Quality and Outcomes Committee as set out in the SoRD, which may be amended in accordance with the ICB Constitution.

Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Oversee and monitor ICB and system performance

- 
- Scrutinise arrangements in place for effective quality planning, control and improvement.
  - Be assured that areas of concern are addressed by timely action,
  - Highlight areas of unsatisfactory redress to the Board, and recommend implementation of remedial action by the ICB Director of Nursing
  - Approve recommendations regarding clinical protocols, service reviews and pathway redesign
  - Oversee and scrutinise the ICB's response to all relevant directives, regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies / external agencies and recommend to the board courses of action to ensure compliance where warranted
  - Approve ICB clinical policies
  - Agree ICB quality improvement programmes, based on a holistic view of the interrelations of quality, finance, workforce and performance
- 

## 2.2 Accountability and reporting

The Committee is accountable to the Board and reports to the Board on how it discharges its responsibilities.

Accountabilities	Description
Draft minutes and reports	<ul style="list-style-type: none"> <li>• The Committee receives scheduled assurance reports from the System Quality Group</li> <li>• The Secretary formally records the minutes of each meeting</li> <li>• The Chair of the Committee reports to the Board after each meeting and provides a report on assurances received and decisions taken, escalating any concerns, where necessary</li> </ul>
Monitor attendance	<ul style="list-style-type: none"> <li>• Attendance is monitored and profiled as part of the agenda at each Committee meeting</li> <li>• Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand</li> </ul>
Draft annual work plans	<ul style="list-style-type: none"> <li>• The Committee produces an annual work plan in consultation with the Board</li> </ul>
Conduct annual self-assessment	<ul style="list-style-type: none"> <li>• The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference</li> <li>• Any resulting proposed changes to the terms of reference are submitted for approval by the Board</li> <li>• The Committee utilises a continuous improvement approach in its delegation</li> <li>• Members review the effectiveness of the meeting at each sitting</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>• The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement</li> <li>• The report includes <ul style="list-style-type: none"> <li>– The governance cycle</li> </ul> </li> </ul>

Accountabilities	Description
	<ul style="list-style-type: none"> <li>– A summary of the business conducted,</li> <li>– Frequency of meetings, membership attendance, and quoracy</li> <li>– The committee's self-assessment</li> </ul>
Audit Committee Report	The Committee advises the Audit Committee on the adequacy of assurances available and contributes to the Annual Governance Statement.

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<ul style="list-style-type: none"> <li>• Prof Rory Shaw (ICB Non-Executive Director for Quality, Chair)</li> <li>• Julian Kirby (Non-Executive Director for Public and Community Engagement)</li> <li>• Paul Miller (ICB Non-Executive Director for Finance)</li> <li>• Dr Francis Campbell (ICB Partner Member Primary Care)</li> <li>• Will Godfrey (ICB Local Authority Partner Member BaNES)</li> <li>• Stacey Hunter (ICB NHS Trusts &amp; NHS Foundation Trusts Partner Member – acute sector)</li> <li>• Gill May (ICB Chief Nurse)</li> <li>• Dr Amanda Webb (ICB Chief Medical Officer)</li> <li>• Rachael Backler (ICB Executive Director of Performance and Planning)</li> <li>• Jane Moore (ICB Executive Director of Equalities, Innovation and Digital Enterprise)</li> </ul>

	Description of expectation
	<ul style="list-style-type: none"> <li>Richard Smale (ICB Executive Director for Strategy and Transformation)</li> </ul> <p>Regular (non-voting attendees):</p> <ul style="list-style-type: none"> <li>Healthwatch</li> </ul> <p><b>EDI:</b> When determining the membership of the Committee, consideration will be given to diversity and equality and inclusion.</p>
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend meetings, however other executive directors or senior officers of the ICB may be required to attend at the Committee's request.</p> <p>Other individuals including representatives from the Health and Wellbeing Board(s), may be invited to attend all or part of any meeting to assist it with its discussions on specific matters.</p> <p>The Chair and Chief Executive of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations.</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.</p> <p>The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.</p>
Quoracy and Procedure for Inquoracy	<p><b>Threshold:</b> Five members, including one Non-Executive Member, plus at least either the Chief Nurse or Chief Medical Officer, plus one partner member.</p> <p><b>Absence:</b> Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.</p> <p><b>Disqualification:</b> If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p><b>Inquoracy:</b> If the meeting becomes inquorate, and if members agree, the meeting may continue but cannot take decisions. Any decisions in principle must be ratified at the next meeting of the Committee.</p>

### 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of rules	
Meeting frequency	<p>The Committee will meet at least six times a year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>The Board, ICB Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.</p>
Open vs closed	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p>
Virtual meetings and extraordinary meetings	<p>A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.</p>

### 3.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 14 calendar days before the meeting.</p>
Decision-making	<p><b>Decisions:</b> Decisions are taken in according with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p> <p><b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>
Voting	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p> <p><b>Recording of votes:</b> The result of the vote will be recorded in the minutes.</p>

Procedure	Description of rules and expectations:
Conflicts of interest	<p><b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> The Committee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the Chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
Conduct	The Committee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations.

#### 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary. Applies and implements records management per the ICB's policies.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	<p>Support the Chair in preparing and delivering reports to the Board.</p> <p>Take forward action points between meetings and monitor progress against those actions.</p>
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.

Functions	Description
Governance advice	Provide easy access to governance advice for committee members

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

### Document control

The controlled copy of this document is maintained by BSW ICP. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

**Review date:** July 2023

**Contact:** bswicb.governance@nhs.net



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

## **Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB):**

### **Remuneration Committee – Terms of Reference (ToR)**

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## 1. Establishment

The Remuneration Committee is a Committee established by the Integrated Care Board (ICB, the Board) in accordance with its Constitution and its Scheme of Reservation and Delegation (SoRD).

### 1.1 Terms of Reference:

**Definition of terms:** The Terms of Reference for the Committee are defined by the ICB.

**Amendment:** The terms of reference may be amended in accordance with the provisions in the Constitution and the SoRD.

**Publication:** The terms of reference must be published on the ICB website.

### 1.2 Purpose

The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:

- **Set the ICB pay policy and frameworks:** Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including Board members, senior managers/directors and non-executive directors.
- **Approve executive remuneration and terms of employment:** Decide appropriate remuneration and terms of service for the Chief Executive and Executive Directors including all aspects of salary and provision for other benefits including pensions, arrangements for termination of employment, redundancy and other contractual terms.

## 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

### 2.1 Duties

In executing its duties, Committee members:

- Comply with Standing Orders, Standing Financial Instructions, ICB policies and the Scheme of Reservation and Delegation
- Take account of National Agreements, for example Agenda for Change, and guidance issued by the Government, the Department of Health, and the NHS
- Adhere to all relevant laws and regulations

The committee and its members are bound to uphold standards in public life, in accordance with the Nolan principles.

#### 2.1.1 Board nomination and appointment

The Committee's duty is to assure the Board on:

- Nomination and appointments process
- Selection of candidates
- Eligibility requirements, disqualifications check
- Capability requirement
- Open advertising
- Conflict of interest
- Board profile review
- Compliance with legislation and regulation when selecting and appointing ICB Board members

Description	
<b>Nominations and appointments processes</b>	The formal procedures and processes for nominations and appointments of Board members are rigorous and transparent
<b>Selection of candidates</b>	Candidates from a wide range of backgrounds are considered and chosen on merit against objective criteria
<b>Capability requirement</b>	Descriptions of the roles and capabilities for Board positions are based on the skills, knowledge and experience and diversity required
<b>Open advertising</b>	Positions are openly advertised or the services of external advisers are used to facilitate the search for suitable candidates
<b>Conflicts of interest</b>	<p>The proposed candidates for Board appointments disclose any significant commitments and business interests potentially giving rise to a conflict of interest prior to their appointment</p> <p>Any relevant changes to their commitments and future business interests are reported to the Board as they arise</p>
<b>Board profile review</b>	<p>The Board's profile is regularly reviewed, including structure, size and composition (i.e. the skills, knowledge, experience and diversity), drawing on the output of the Board evaluation process</p> <p>Recommendations are made, when required</p>

### 2.1.2 Remuneration and terms of employment (ICB officers)

The Committee determines the broad remuneration policy and sets individual remuneration arrangements for executives and very senior managers in accordance with all relevant laws and regulations, NHS and Treasury policies and guidance.

Description	
Chief Officers' remuneration	<ul style="list-style-type: none"> <li>• Agree a remuneration policy capable of attracting and retaining people of the quality and skills and experience required, whilst ensuring that remuneration levels are not higher than necessary by:</li> <li>• Considering all relevant directions relating to contractual benefits such as pay and redundancy entitlements</li> <li>• Using national guidance and market benchmarking analysis</li> <li>• Assuring against increases that cannot be justified by the Board or by individual performance</li> <li>• Showing sensitivity to pay and employment conditions elsewhere in the NHS</li> </ul>

	<ul style="list-style-type: none"> <li>Consulting the Chief Executive on the remuneration of the other Chief officers</li> </ul>
Chief Officers' contractual arrangements	Oversee and advise on contractual arrangements for Chief Executive and Chief Officers, including termination payments, taking account of Treasury and national guidance on performance-related pay
Very senior managers remuneration and contractual arrangements	<p>Agree and review the remuneration policy for very senior managers in relation to:</p> <ul style="list-style-type: none"> <li>The overall market positioning of the remuneration package</li> <li>Individual base salaries and increases</li> <li>Provisions for other benefits, including pensions and cars;</li> <li>Allowances</li> <li>Payable expenses</li> <li>Compensation payments</li> <li>Any annual and long-term incentive/bonus arrangements and the relevant targets for performance related schemes.</li> </ul>

### 2.1.3 Performance and evaluation

Description	
Framework	Seeks assurance that a broad performance management framework is used for monitoring and evaluating performance for Chief Officers and Very senior managers
Performance:	<p>Oversees executive board member performance by</p> <ul style="list-style-type: none"> <li>Considering the performance evaluation of individual Chief Officers when reviewing changes to remuneration levels</li> <li>Considering matters relevant to Chief Officers' continuation in post including any suspension or termination of their service as employees of the Trust, subject to the provisions of the law and their service contract</li> </ul>

### 2.1.4 Succession Planning

Description	
Chief Executive and Executive Directors	Has oversight of succession planning for the Chief Executive and other Executive Directors, taking into account:

Description	
	<ul style="list-style-type: none"> <li>• The leadership needs of the Board</li> <li>• Existing challenges risks and opportunities</li> <li>• The skills and expertise needed for the health economy in the future</li> </ul>
Non-Executive Directors	Has oversight of succession planning for Non-Executive Directors
Senior leadership succession and development	Reviews the senior leadership succession and development plans
Appointment	Identifies and recommends appointment of candidates to fill posts for the ICB board and any other statutory ICB members as and when they arise.

#### 2.1.5 ICB staff

Description	
Remuneration:	Determines the broad remuneration policy in accordance with all relevant laws and regulations, such as Agenda for Change NHS and Treasury policies and guidance
Other remuneration	Approve pensions, remuneration, fees and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the ICB
Severance	Consider severance payments of the Chief Executive and other senior staff

#### 2.1.6 Authority:

The ICB has delegated authority to the Remuneration Committee as set out in the SoRD, which may be amended in accordance with the ICB Constitution.

The committee is authorised to:	
Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Commission reports	Commission and review reports required to help fulfil its obligations.

The committee is authorised to:

Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining professional advice.
Create Task & Finish Groups	<p>Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.</p> <p>Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – but no decisions may be delegated to these groups.</p>

## 2.1.7 Delegation in the Scheme of Reservation & Delegation

### Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Undertake Board and committee effectiveness reviews, and agree actions in light of findings and recommendations
- Determine all aspects of remuneration and conditions of service of the Chief Executive, Executive Directors and other Very Senior Managers of the ICB
- Determine the remuneration, terms and conditions, and matters of succession planning of ICB Board members.
- Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change) for all ICB staff
- Determine the arrangements for termination payments and any special payments for staff

## 2.2 Accountability and reporting

The Committee is accountable to the Board and reports to the Board on how it discharges its responsibilities.

Accountabilities	Description
Draft minutes and reports	<ul style="list-style-type: none"> <li>• The Secretary formally records the minutes of each meeting</li> <li>• The Chair of the Committee reports to the Board (public session) after each meeting and provides a report on assurances received, escalating any concerns, where necessary. Copies of minutes are circulated to all Committee members</li> <li>• Where minutes and reports identify individuals, they will not be made public. Public reports will be made as appropriate to satisfy any requirements in relation to disclosure of public sector executive pay</li> </ul>
Monitor attendance	<ul style="list-style-type: none"> <li>• Attendance is monitored and profiled as part of the agenda at each Committee meeting</li> <li>• Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand</li> </ul>

Accountabilities	Description
Draft annual work plans	<ul style="list-style-type: none"> <li>The Committee produces an annual work plan in consultation with the Board</li> </ul>
Conduct annual self-assessment	<ul style="list-style-type: none"> <li>The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference</li> <li>Any resulting proposed changes to the terms of reference are submitted for approval by the Board</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement</li> <li>The report includes <ul style="list-style-type: none"> <li>The governance cycle</li> <li>A summary of the business conducted,</li> <li>Frequency of meetings, membership attendance, and quoracy</li> <li>The committee's self-assessment</li> </ul> </li> </ul>

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	<p>An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.</p> <p>The Chair of the Board may be a member of the Committee but may not be appointed as the Chair.</p> <p>The Chair of the Audit Committee may not be a member of the Remuneration Committee</p>
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<ul style="list-style-type: none"> <li>Suzannah Power (ICB Non-Executive Director for People and Remuneration, Chair)</li> <li>Stephanie Elsy (ICB Chair)</li> </ul>

	Description of expectation
	<ul style="list-style-type: none"> <li>• Julian Kirby (ICB Non-Executive Director Public and Community Engagement)</li> <li>• Paul Miller (ICB Non-Executive for Finance)</li> <li>• Prof Rory Shaw (Non-Executive Director for Quality &amp; Performance)</li> </ul> <p>Regular (non-voting) attendees:</p> <ul style="list-style-type: none"> <li>• Sue Harriman (ICB Chief Executive Officer)</li> <li>• Jas Sohal (Chief People Officer)</li> </ul> <p><b>EDI:</b> When determining the membership of the Committee, consideration will be given to diversity, equality and inclusion.</p>
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend meetings, however other executive directors or senior officers of the ICB may be required to attend at the Committee's request.</p> <p>The Chair and CEO of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations.</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.</p> <p>The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.</p>
Quoracy and Procedure for Inquoracy	<p><b>Threshold:</b> A minimum of three members.</p> <p><b>Absence:</b> Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place</p> <p><b>Disqualification:</b> If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p><b>Inquoracy:</b> If the meeting becomes inquorate, and if members agree, the meeting may continue but cannot take decisions. Any decisions in principle must be ratified at the next meeting of the Committee.</p>

### 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of rules	
Meeting frequency	<p>The Committee will meet at least twice a year.</p> <p>The Board, ICB Chair or Chief Executive may ask the Remuneration Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.</p>
Open vs closed	The Remuneration Committee meets in private.
Virtual meetings and extra-ordinary meetings	<p>A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.</p>

### 3.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 5 working days before the meeting.</p>
Decision-making	<p><b>Decisions:</b> Decisions are taken in accordance with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p> <p><b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>
Voting	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Exclusions:</b> The ICB Chief People Officer and the Chief Executive may receive meeting documents but cannot participate in decision-making and must not vote.</p> <p><b>EDI:</b> Members must demonstrably consider the equality, diversity, and inclusion implications of decisions they make</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p>

Procedure	Description of rules and expectations:
	<b>Recording of votes:</b> The result of the vote will be recorded in the minutes.
Conflicts of interest	<p><b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> The Committee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the Chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
Conduct	Meetings will be conducted in accordance with ICB's constitution and standing orders, national guidance, relevant code of conduct/good governance practise including the Nolan principles of public life

#### 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee. A senior human resources professional will attend the Committee to provide expert advice on remuneration and the secretariat functions

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary. Applies and implements records management per the ICB's policies.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	<p>Support the Chair in preparing and delivering reports to the Board.</p> <p>Take forward action points between meetings and monitor progress against those actions.</p>
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.

Functions	Description
Governance advice	Provide easy access to governance advice for committee members

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

### Document control

The controlled copy of this document is maintained by BSW ICB. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

**Review date:** July 2023

**Contact:** bswicb.governance@nhs.net



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

## **Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB):**

### **Audit and Risk Committee – Terms of Reference (ToR)**

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## 1. Establishment

The Audit and Risk Committee is a committee, established by the Integrated Care Board (ICB), in accordance with its Scheme of Reservation and Delegation (SoRD) and Constitution.

### 1.1 Terms of Reference:

**Definition of terms:** The Terms of Reference for the Committee are defined by the ICB.

**Amendment:** The terms of reference may be amended in accordance with the provisions in the Constitution and the SoRD.

**Publication:** The terms of reference are published in the Governance Handbook, which is accessible on the ICB website.

### 1.2 Purpose

The purpose of the committee is to provide assurance to the board on governance, risk management and internal control processes.

## 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

### 2.1 Duties

The Committee's duty is to assure the board on:

- Integrated Governance and Systems Risk
- Internal Audit
- External Audit
- Other Assurance Functions
- Counter Fraud
- Financial Reporting
- Freedom to Speak Up
- Information Governance
- Conflicts of Interest
- Management and Communication

Providing assurance involves:

- **Scrutinising** the robustness of processes, e.g. quality planning, internal controls, continuous improvement processes, etc.
- Triangulating multiple **sources** of internal and external information, including:
  - Data analysis and contract performance intelligence
  - Patients', service users' and carers' reports, surveys, complaints, and concerns
  - Evidence from key system leaders
  - Other intelligence agreed to be important and reliable
- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.
- Considering **efficacy and efficiency:** Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the ICS aims.

The committee and its members are bound to uphold standards in public life, in accordance with the Nolan principles.

### 2.1.1 Integrated Governance and Systems Risk

The Committee seeks assurance that the following are in place and effective in meeting the ICB's aims:

- **Integrated governance:** Receives assurance that the Integrated governance system, risk management and internal controls are present and effective across the whole of the ICB's activities as evidenced by key indicators.
- **Assurance processes:** Reviews the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, and the management of principal risks are assured by sound processes.
- **Risk management:** Receives assurance that the system risks that relate to the achievement of the ICB's objectives are managed well.
- **Financial management:** Receives assurance that the financial systems and governance in place are consistently compliant with:
  - Department of Health and Social Security Group Accounting Manual: Including scope, management, patient and public involvement and continuous improvement
  - Principles and guidance established in His Majesty's Treasury's Managing Public Money
- **Improvement:** Receives assurance that the opportunities to improve governance, risk management and internal control processes are identified and taken up across the ICB.

### 2.1.2 Internal Audit

The Committee seeks assurance that the internal audit function is effective and meets the Public Sector Internal Audit Standards.

- **Strategy and Plan:** Reviews the internal audit strategy, internal audit plan, and detailed programme of work and receives assurance that it meets the audit needs of the organisation.
- **Major Audit Findings:** Reviews the major findings of internal audit work, including the Head of Internal Audit Opinion, and management's response and receives assurance on the completion and implementation of internal audit recommendations.
- **Resources**
  - Receives assurance that the audit resources are optimised through coordination between the internal and external auditors.
  - Receives assurance that the internal audit function is adequately resourced and has the necessary standing within the organisation.

### 2.1.3 External Audit

Seeks assurance on the external auditor and the external audit process.

#### Service quality process assurance

##### Appointment & Performance

- The appointment and performance of the external auditors is monitored and reviewed, including the cost of the audit and any issues of resignation and dismissal.

	<ul style="list-style-type: none"> <li>• Arranging appropriate internal and external audit for the ICB, undertaking the procurement of audit contracts through the establishment of an auditor panel, and then advising the ICB Board on the contract awards. For that purpose, the Committee may serve as the auditor panel.</li> <li>• A market testing exercise for the appointment of an auditor is conducted at least once every five years.</li> <li>• A recommendation is made to the Board with respect to the appointment of the auditor. <ul style="list-style-type: none"> <li>– A policy on the engagement of the external auditor to supply non-audit services is developed</li> </ul> </li> </ul>
<b>Scope</b>	<ul style="list-style-type: none"> <li>• The nature and scope of the audit as required by the annual plan is agreed with the external auditors prior to the audit</li> <li>• The impact on the audit fee of the scope of local evaluation of audit risks and governance is discussed with the external auditors</li> </ul>
<b>Report</b>	<ul style="list-style-type: none"> <li>• External audit reports, including those on governance, any audit work taken outside the annual audit plan and management responses are reviewed prior to their submission to the Board</li> </ul>

#### 2.1.4 Other Assurance Functions

Reviews and considers the following sources of assurance:

- The work of ICB assurance functions
- Other ICB committees' work where they provide relevant assurance to the Committee's areas of responsibility
- Findings of external bodies, including:
  - Reviews and reports by arm's length bodies or regulators and inspectors: e.g., National Audit Office, Select Committees, NHS Resolution, CQC
  - Reviews and reports by professional bodies with responsibility for the performance of staff or functions (e.g., Royal Colleges and accreditation bodies)
- Findings by third-party organisations commissioned to support delivery of its functions. quality and performance

#### 2.1.5 Counter Fraud

Seeks assurance on the arrangements for countering fraud, bribery and corruption (including cyber security):

- Counter fraud work plans are reviewed and approved
- Implementation of action plans is monitored
- Updates on counter fraud activity reports on progress are received regularly and scrutinised
- The Committee has direct access and liaison with those responsible for counter fraud
- NHS Counter Fraud Authority (NHSCFA) quality assessment reports are discussed
- To report concerns of suspected fraud, bribery and corruption to the NHSCFA
- An Annual Report and a Self-Review Assessment outlining the key work undertaken to meet the relevant NHS Standards is submitted

## 2.1.6 Financial Reporting

Seeks assurance on the financial reporting arrangements of the ICB:

- The financial statements of the ICB and any formal announcements relating to its financial performance are monitored and their integrity assured
- Systems for financial reporting to the Board, including those of budgetary control, are reviewed for completeness and accuracy
- The annual report and financial statements (including accounting policies) are reviewed before submission to the Board with particular focus on:
  - Wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
  - Changes in accounting policies, practices, and estimation techniques
  - Unadjusted misstatements in the Financial Statements
  - Significant judgements and estimates made in preparing of the Financial Statements
  - Significant adjustments resulting from the audit
  - Letter of representation
  - Qualitative aspects of financial reporting

## 2.1.7 Information Governance

Seeks assurance on information governance (IG) within the ICB:

- **Timeliness of data:** Updates on IG compliance (including uptake & completion of data security training), data breaches and related issues and risks are regularly received.
- **Reports:** The following are received and reviewed
  - Annual Senior Information Risk Owner (SIRO) report
  - Submission for the Data Security & Protection Toolkit
  - Reports on audits to assess information and IT security arrangements.
- **Framework:** An effective framework for managing the risks associated with information governance is in place.

## 2.1.8 Conflicts of Interest

Seeks assurance on the effectiveness of the ICB's policy, systems, and processes for managing conflicts of interest, (including gifts and hospitality and bribery).

- **Reports:** Reports relating to non-compliance with the relevant ICB policy and procedures are received and reviewed.
- **Representation:** There is a nominated Conflicts of Interest Guardian, who could be the Chair of the Audit and Risk Committee or another Board member.

## 2.1.9 Management and Communication

Seeks assurance on the quality of decision-making and management and communications.

- **Management:** The following reports are requested and reviewed
  - Assurances and reports from directors and managers on integrated governance, risk management and internal control
  - Specific reports from individual ICB functions
  - Reports of breaches of policy and normal procedure, such as suspensions of the ICB's standing orders
- **Communication:**
  - Communications on governance, risk management and internal control with stakeholders internally and externally are co-ordinated and managed.

- Ways of communicating the relationship between ICS bodies are developed jointly with other committees and the Integrated Care Partnership.

## 2.2 Authority

The committee is authorised to:	
Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Investigate	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining professional advice.
Create sub-committees	Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.  Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – but no decisions may be delegated to these groups.

### 2.2.1 Delegation in the Scheme of Reservation & Delegation (SoRD)

The ICB has delegated the following to the Audit and Risk Committee as set out ICB Constitution, which may be amended in accordance with the Constitution and the SoRD.

#### Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Review and recommend for approval the ICB's counter fraud and security management arrangements.
- Review and recommend for approval the ICB's risk management arrangements.
- Recommend proposals for action on litigation against or on behalf of the ICB.
- Approve all internal audit services provided under arrangements proposed by the Chief Finance Officer.
- Review and approve the annual internal audit plan and more detailed programme of work.
- Approve the annual external audit plan (following agreement with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual audit plan).
- Recommend the appointment, re-appointment and removal of external auditors.  
Recommend the level of remuneration and terms of engagement for external auditors.
- Assess annually the independence and objectivity of the external auditor.

## Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Approve a policy for the engagement of external auditors to supply non-audit services, and advise the ICB Board and Chief Executive on the contents of such a policy.
- Scrutinise and recommend for approval an annual report in accordance with NHSE guidance.
- Losses and special payments - Approve a transaction exceeding the delegated authority, or if transactions will set a precedent, are novel, contentious or could cause repercussions elsewhere in the public sector.
- Recommend the following for approval to the Board:
  - Standards of Business Conduct Policy
  - ICB Freedom to Speak Up policy
  - ICB policies and procedures relating to counter-fraud and anti-corruption activities
  - ICB policies and procedures relating to standards of business conduct, including the management of conflicts of interests

### 2.3 Accountability and reporting

The Committee is accountable to the Board and reports to the Board on how it discharges its responsibilities.

Accountabilities	Description
Draft minutes and reports	<ul style="list-style-type: none"><li>• The Committee receives scheduled assurance reports from officers</li><li>• The Secretary formally records the minutes of each meeting.</li><li>• The Chair of the Committee reports to the Board (public session) after each meeting and provides a report on assurances received and decisions taken, escalating any concerns, where necessary.</li></ul>
Monitor attendance	<ul style="list-style-type: none"><li>• Attendance is monitored and profiled as part of the agenda at each Committee meeting.</li><li>• Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers, beforehand.</li></ul>
Draft annual work plans	<ul style="list-style-type: none"><li>• The Committee produces an annual work plan in consultation with the Board.</li></ul>
Conduct annual self-assessment	<ul style="list-style-type: none"><li>• The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference.</li><li>• Any resulting proposed changes to the terms of reference are submitted for approval by the Board.</li><li>• The Committee utilises a continuous improvement approach in its delegation.</li></ul>

Accountabilities	Description
	<ul style="list-style-type: none"> <li>Members review the effectiveness of the meeting at each sitting</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement.</li> <li>The report includes a summary of business conducted, specifically commenting on: <ul style="list-style-type: none"> <li>The fitness for purpose of the assurance framework</li> <li>The completeness and embeddedness of risk management</li> <li>The integration of governance arrangements</li> <li>The appropriateness of the evidence that shows the ICB is fulfilling its regulatory requirements</li> <li>The robustness of the processes behind the quality accounts</li> <li>Frequency of meetings, membership attendance, and quoracy</li> <li>The committee's self-assessment</li> </ul> </li> </ul>

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	<p>An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.</p> <p>The Chair of the Committee shall be independent and therefore may not chair any other committees. In so far as it is possible, they will not be a member of any other committee.</p>
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number to Chair the meeting.
Membership	Members:

Description of expectation	
	<ul style="list-style-type: none"> <li>• Dr Claire Feehily (Audit Chair)</li> <li>• Suzannah Power (Non-Executive Director for Remuneration and People)</li> <li>• Julian Kirby (Non-Executive Director for Public and Community Engagement)</li> <li>• Douglas Blair (Community Provider Partner Member)</li> <li>• Susie Kemp (Local Authority Partner Member Swindon)</li> </ul> <p><b>EDI:</b> When determining the membership of the Committee, consideration will be given to diversity, equality and inclusion.</p>
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend meetings. The chair may invite individuals to attend on relevant topics. Attendees will include, but are not limited to, the ICB Chief Finance Officer, ICB Chief Nurse, ICB Executive Director of Planning and Performance, internal auditors and external auditors.</p> <p>The Chair and Chief Executive of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations.</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.</p> <p>The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters</p>
Quoracy and Procedure for Inquoracy	<p><b>Threshold:</b> A minimum of two Non-Executive Members.</p> <ul style="list-style-type: none"> <li>• <b>Absence:</b> Where ICB executive and partner members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.</li> <li>• <b>Disqualification:</b> If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</li> </ul> <p><b>Inquoracy:</b> If the meeting becomes inquorate, and if members agree, the meeting may continue but cannot take decisions. Any decisions in principle must be ratified at the next meeting of the Committee.</p>

### 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of rules	
Meeting frequency	<p>The Committee will meet at least four times a year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.</p>
Open vs closed	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p> <p>External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Audit Committee.</p>
Virtual meetings and extra-ordinary meetings	<p>A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.</p>

### 3.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 14 calendar days before the meeting.</p>
Decision-making	<p><b>Decisions:</b> Decisions are taken in according with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p> <p><b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>
Voting	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p>

Procedure	Description of rules and expectations:
	<b>Recording of votes:</b> The result of the vote will be recorded in the minutes.
Conflicts of interest	<p><b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> The Committee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the Chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
Conduct	The Committee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations

#### 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary. Applies and implements records management per the ICB's policies.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	<p>Support the Chair in preparing and delivering reports to the Board.</p> <p>Take forward action points between meetings and monitor progress against those actions.</p>
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for committee members

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

**Review date:** July 2023

**Contact:** bswicb.governance@nhs.net

### Document control

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## **Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB):**

### **Public and Community Engagement Committee – Terms of Reference (ToR)**

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## 1. Establishment

The Public and Community Engagement Committee (the Committee) is established by the Integrated Care Board (ICB), in accordance with its Constitution and Scheme of Reservation and Delegation (SORD).

### 1.1 Terms of reference

**Definition of terms:** The Terms of Reference for the Committee are defined by the ICB.

**Amendment:** The terms of reference may be amended in accordance with the provisions in the Constitution and the SoRD.

**Publication:** The terms of reference must be published on the ICB website.

## 2. Purpose

The purpose of the committee is to provide assurance to the board that that the ICB discharges its statutory duties and functions re public involvement and engagement. The committee provides assurance that ICB and its system partners have effective public and community engagement processes, at system and place level.

## 3. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

### 3.1 Roles and responsibilities

The Committee's duty is to assure the Board on public and community engagement.

Providing assurance involves:

- **Scrutinising** the robustness of engagement processes, e.g. planning, internal controls, continuous improvement processes, etc.
- **Triangulating multiple sources** of internal and external information, including:
  - Data analysis and contract performance intelligence
  - Patients', service users' and carers' reports, surveys, complaints, and concerns
  - Evidence from key clinicians and managers from commissioned services
  - Other intelligence agreed to be important and reliable
- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.
- **Considering efficacy and efficiency:** Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the Integrated Care System (ICS) aims.

The committee and its members are bound to uphold standards in public life, in accordance with the Nolan principles.

#### 3.1.1 Public and Community engagement

With regard to public and community engagement, the board requires assurance on:

- **Priorities:** The priorities in the ICB strategy/ annual plan, have been developed or informed by public and community engagement,
- **Processes:** Including components of planning, engagement, management and evaluation of the process around, public and community engagement

## Public and community engagement processes

Components	<p>Public and community engagement assurance includes:</p> <ul style="list-style-type: none"> <li>• All public and community engagement requirements set out in Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health and Social Care, NHS England (NHSE) and other regulatory bodies / external agencies (e.g. Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE))</li> <li>• ICB statutory requirements, for example for equality and diversity, and public and community engagement and involvement</li> <li>• Other national and local performance metrics</li> </ul>
Management	<ul style="list-style-type: none"> <li>• Robust processes and plans in place for the management of public and community engagement, ensuring that timely action is taken to address areas of concern</li> </ul>
Patient and public involvement	<p>To ensure that ICB strategies and activities include:</p> <ul style="list-style-type: none"> <li>• Service user/patient and public involvement</li> <li>• Asset-based and person and community-centred ways of working</li> </ul>
Continuous improvement	<ul style="list-style-type: none"> <li>• Identifying, disseminating and embedding best practice learnings</li> </ul>

### 3.2 Authority

The committee is authorised to:	
Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Commission reports	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining professional advice.
Create sub-committees	<p>Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.</p> <p>Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution,</p>

The committee is authorised to:

Standing Orders and SoRD – but no decisions may be delegated to these groups.

### 3.2.1 Delegation in the Scheme of Reservation & Delegation

The ICB has delegated the following to the Public and Community Engagement Committee as set out in the SoRD, which may be amended in accordance with the ICB Constitution.

#### Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

Recommend for approval the ICB public engagement and involvement strategy and policy.

Recommend for approval the ICB Public involvement and engagement policy.

### 3.3 Accountability and reporting

The Committee is accountable to the Board and reports to the Board on how it discharges its responsibilities.

Procedure	Description of rules and expectations:
Draft minutes and reports	<ul style="list-style-type: none"><li>• The Committee receives scheduled assurance reports from officers</li><li>• The Secretary formally records the minutes of each meeting</li><li>• The Chair of the Committee reports to the Board after each meeting and provides a report on assurances received and decisions taken, escalating any concerns, where necessary</li></ul>
Monitor attendance	<ul style="list-style-type: none"><li>• Attendance is monitored and profiled as part of the agenda at each Committee meeting</li><li>• Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand</li></ul>
Draft annual work plans	The Committee produces an annual work plan in consultation with the Board
Conduct annual self-assessment	<ul style="list-style-type: none"><li>• The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference</li><li>• Any resulting proposed changes to the terms of reference are submitted for approval by the Board</li><li>• The Committee utilises a continuous improvement approach in its delegation</li></ul>

Procedure	Description of rules and expectations:
	<ul style="list-style-type: none"> <li>Members review the effectiveness of the meeting at each sitting</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement</li> <li>The report includes <ul style="list-style-type: none"> <li>The governance cycle</li> <li>A summary of the business conducted,</li> <li>Frequency of meetings, membership attendance, and quoracy</li> </ul> </li> <li>The committee's self-assessment</li> </ul>
Audit Committee Report	The Committee advises the Audit Committee on the adequacy of assurances available and contributes to the Annual Governance Statement.

## 4. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

### 4.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<ul style="list-style-type: none"> <li>Membership is: <ul style="list-style-type: none"> <li>Julian Kirby (ICB Non-Executive Director Public and Community Engagement, Chair)</li> <li>Douglas Blair (ICB Community Provider Partner Member)</li> <li>Dr Francis Campbell (ICB Partner Member Primary Care)</li> <li>Pam Webb (ICB Partner Member Voluntary Community and Social Enterprise (VCSE))</li> </ul> </li> </ul>

	Description of expectation
	<ul style="list-style-type: none"> <li>– Gill May (ICB Chief Nurse)</li> <li>– Jane Moore (ICB Executive Director of Equalities, Innovation and Digital Enterprise)</li> <li>– Laura Ambler (ICB Place Director Bath and North East Somerset)</li> <li>– Gordon Muvuti (ICB Place Director Swindon)</li> <li>– Fiona Slevin-Brown (ICB Place Director Wiltshire)</li> <li>– Jas Sohal (ICB Chief People Officer)</li> <li>– Nominated BSW Local Authority Director of Public Health</li> <li>– Nominated BSW Local Authority Director of Communications</li> </ul> <p>Regular (non-voting) attendees:</p> <ul style="list-style-type: none"> <li>– Healthwatch</li> </ul> <p><b>EDI:</b> When determining the membership of the Committee, consideration will be given to diversity, equality and inclusion.</p>
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend meetings, however other executive directors or senior officers of the ICB may be required to attend at the Committee's request.</p> <p>Other individuals including representatives from the Health and Wellbeing Board(s), and NHS Providers, may be invited to attend all or part of any meeting to assist it with its discussions on specific matters.</p> <p>The Chair and Chief Executive of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations.</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.</p> <p>The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.</p>
Quoracy and Procedure for Inquoracy	<p><b>Threshold:</b> A minimum of one Non-Executive Member, plus either the ICB Chief Nurse or Chief Medical Officer, and one partner member.</p> <p><b>Absence:</b> Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.</p> <p><b>Disqualification:</b> If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p><b>Inquoracy:</b> If the meeting becomes inquorate, and if members agree, the meeting may continue but cannot take decisions. Any</p>

Description of expectation
decisions in principle must be ratified at the next meeting of the Committee.

## 4.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of expectation
<p>Meeting frequency</p> <p>The Committee will meet at least four times a year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>The Board, ICB Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.</p>
<p>Open vs closed</p> <p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p>
<p>Virtual meetings and extra-ordinary meetings</p> <p>A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.</p>

## 4.3 Procedures

Procedure	Description of rules and expectations
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 14 calendar days before the meeting.</p>
Decision-making	<p>Decisions are taken in accordance with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p> <p><b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>
Voting	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p>

Procedure	Description of rules and expectations
	<b>Recording of votes:</b> The result of the vote will be recorded in the minutes.
Conflicts of interest	<p><b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> The Committee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the Chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
Conduct	The Committee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations

## 5. Secretariat and administration

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary. Applies and implements records management per the ICB's policies.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	<p>Support the Chair in preparing and delivering reports to the Board.</p> <p>Take forward action points between meetings and monitor progress against those actions.</p>
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for committee members



## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

**Review date:** July 2023

**Contact:** bswicb.governance@nhs.net

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# Scheme of Financial Delegation

Document control			
<b>Title:</b>	SCHEME OF FINANCIAL DELEGATION		
<b>Version:</b>	v.2.0	<b>Recommended Review Date:</b>	
<b>Approval Date:</b>		<b>Approving Committee:</b>	Audit Committee
<b>Document Manager:</b>		<b>Document Sponsor:</b>	

Document summary	
Purpose:	<p>The scheme has been written to help colleagues understand how expenditure is to be managed and controlled within the ICB.</p> <p>It sets out who is authorised to spend resources.</p>
Key information:	<p>The Board has delegated certain decision making to its Chief Executive, Chief Finance Officer, and Committee structures.</p> <p>Details of what has been delegated are set out in the Standing Financial Instructions (SFI) and Scheme of Reservation and Delegation.</p> <p>This Scheme of Financial Delegation provides more operational detail to support financial transactions.</p> <p>The Chief Executive and Chief Finance Officer have the power to grant/revoke financial delegations.</p>
Specific colleagues/teams:	All colleagues and subcontractors
Tables/Flowcharts:	

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# 1. Introduction

This Scheme of Financial Delegation contains both an overview of the Delegated Financial Limits (DFL) and detail to support day-to-day operational decision making.

It should be read in conjunction with the Standing Financial Instructions (SFIs) and the Scheme of Reservations and Delegations (SoRD) which sets out what decision-making authorities are reserved for the ICB Board or delegated to committees and individuals.

Recognising that operational requirements change, this document may be reviewed and updated more frequently than the documents that form part of the ICB constitution.

# 2. Scope

Colleagues will need to consider the arrangements for authorisation of expenditure against budgets that are within their responsibility, and the further delegation of management / professional responsibilities where applicable.

Colleagues who act on behalf of the ICB must adhere to the authorisation limits within this scheme, and must act in accordance with the ICB's Constitution, Standing Orders, relevant Terms of References, ICB policies, and any other relevant and applicable legislation and / or guidance.

The Chief Executive is the lead officer of the organisation and retains the ICB accountability for delegated functions. During periods of absence, the functions and decisions delegated to the Chief Executive can be taken by a nominated deputy. Similarly, in the absence of the Chief Finance Officer, decisions are delegated to their nominated deputy with support from the Chief Executive.

# 3. Spending Controls

Certain areas of expenditure have not been delegated to the ICB and require national or regional approval.

- Consultancy spend over £50k (including VAT).
- Off payroll arrangements for office holders which last more than six months or exceed £750 per day.
- Losses and Special payments.
- Special Severance payments.

If the ICB is not expected to deliver on its control total for a financial year, or does not have a balanced financial plan, then the limits set out within this policy may be suspended and a discretionary spend panel constituted to manage ICB spend.

If a discretionary panel is constituted it will require agreement by the Chief Executive and the Chief Finance Officer, with operating parameters approved by the Audit Committee.

If directors (budget holders) choose to set limits to members of their departments (budget managers), these are set out in the appendices.

The Scheme of Financial Delegation will require approval by the Chief Finance Officer and updates will be reported to the Audit Committee.

## 4. Training

Awareness of the Scheme of Financial Delegation to be included within the induction process.

## 5. Equality and diversity

The policy aims to be fair and equitable. BSW is committed to promoting equality and respect for the people it serves and for its colleagues. Our aim is to ensure the way that we work challenges inequality and affirms difference.

This Policy has been assessed against the Equality Impact Assessment (EIA) Tool and no deficiencies have been identified.

## 6. Review

This document will be reviewed regularly and updated for any changes in roles or staffing.

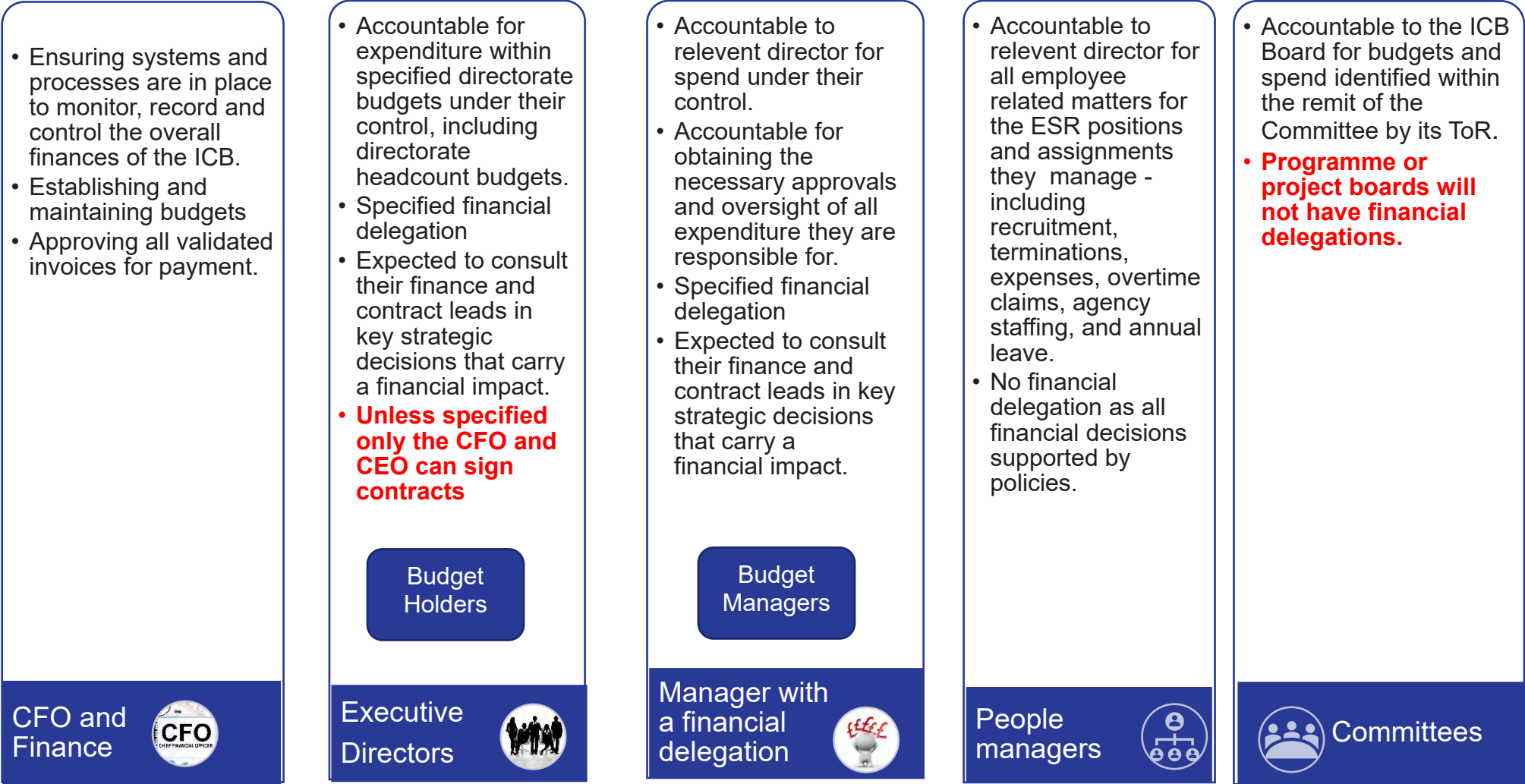
Version	Review Date	Reviewed By	Changes Required? (If yes, please summarise)	Changes Approved By	Approval Date
2.0			First version		

## 7. Links with other documents

Procurement policy	
Standards of business conduct policy	
Internal audit charter	
Internal audit – annual audit plan	
ICB losses and special payments guide	

Protocol for accessing legal advice	
Delegated Financial Limits	
Budget holders, managers and contract leads	
Functions and Decision Map	
Scheme of Reservations and Delegation	<a href="#"><u>Scheme of Reservations and Delegations</u></a>

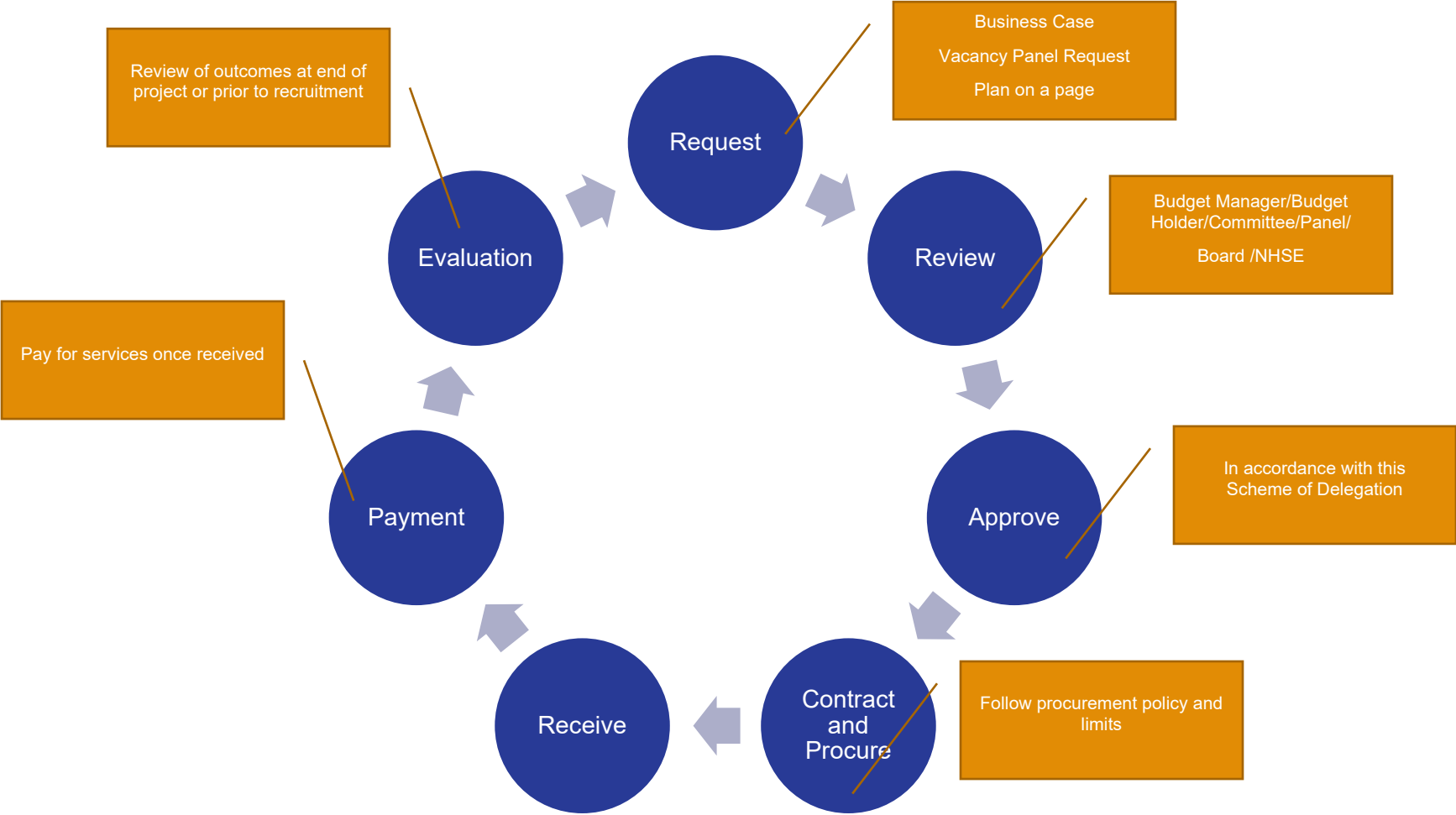
# 8. Financial accountabilities

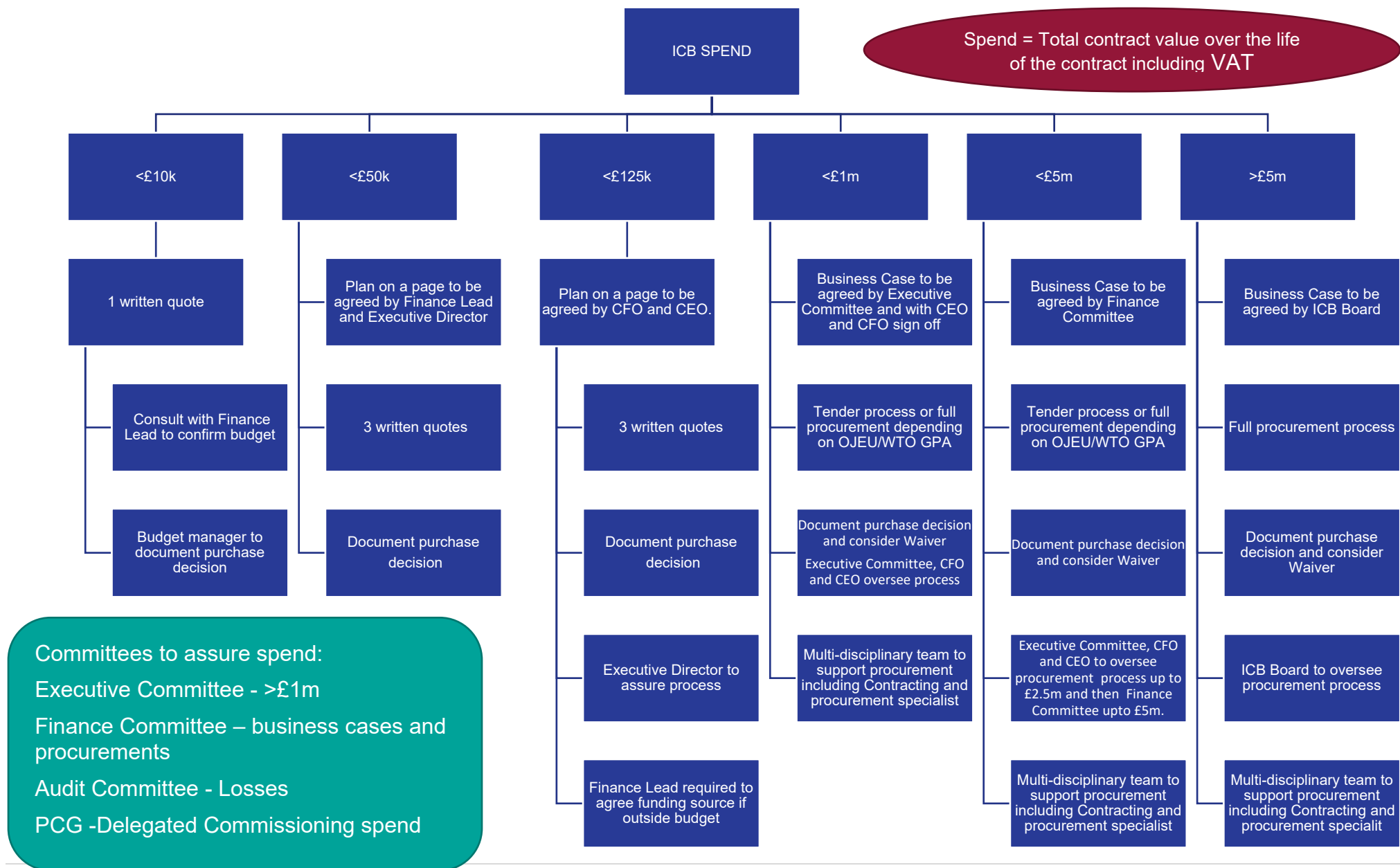


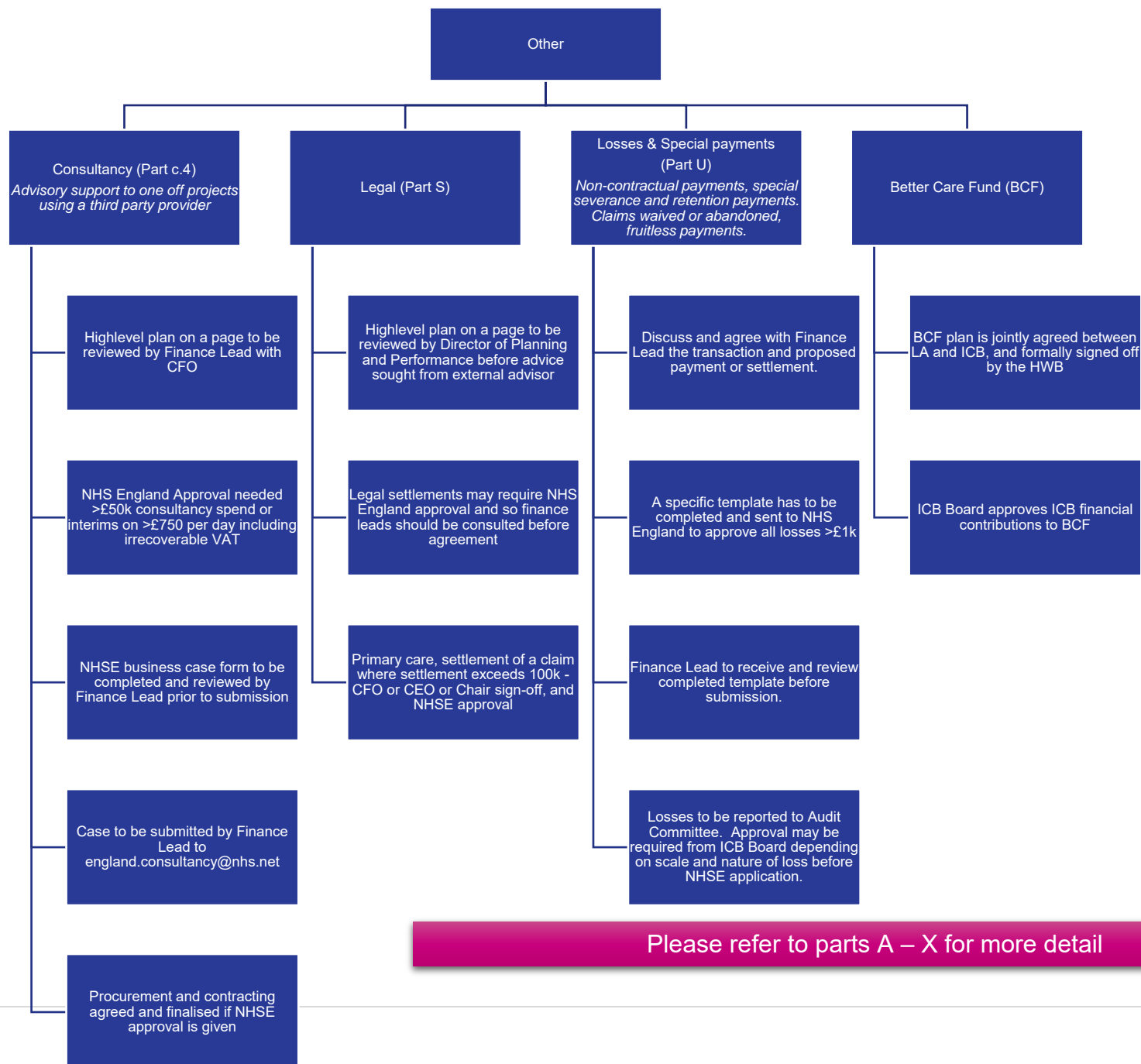
# 9. Detailed Delegations

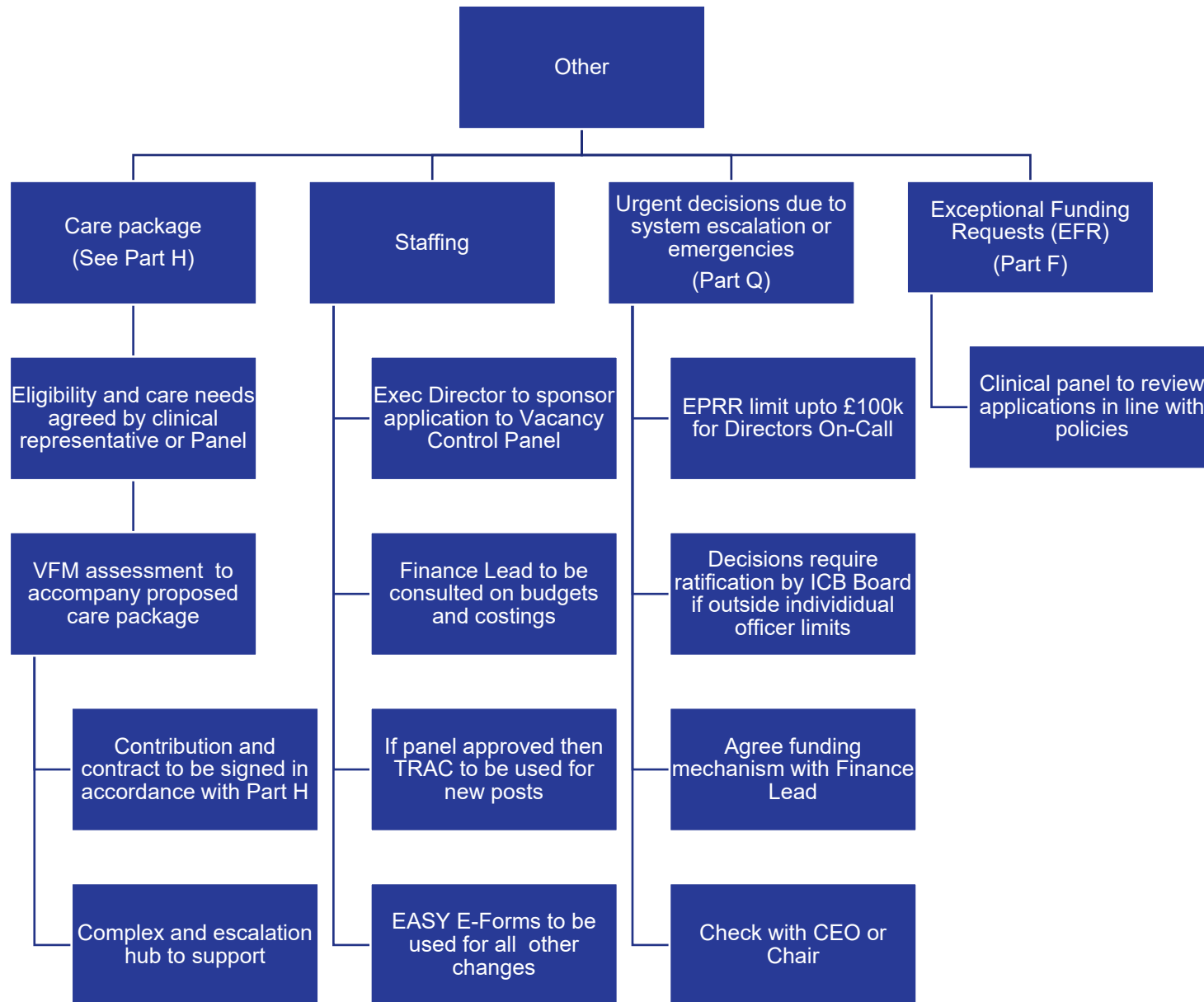
## Financial approval process

All financial decisions should follow the same approval process irrespective of whether they involve a good or service. The intensity of a stage will vary depending on the value, timing, type, and duration of the transaction.









Please refer to parts A – X for more detail

## Part A Budgets

Ref	Description	Limit	Authorised Officer
<b>A.1</b>	Approval of ICB annual budget	N/A	ICB Board
	Approval of draft ICB annual budget	N/A	Chief Executive
	Approval of draft annual place budget	N/A	Place Joint Committee
	Approval of draft annual primary medical care budget	N/A	Primary Care Commissioning Committee
	Approval of Better Care Fund Plan	N/A	Health and Wellbeing Boards
<b>A.2</b>	Approval of internal budget transfers within directorates	N/A	Appropriate Finance Business Partner following consultation with Appropriate Executive Director.
<b>A.3</b>	<p>Approval of budget increases for new allocations received where they relate to a ring- fenced initiatives.</p> <p>Subject to:</p> <ul style="list-style-type: none"> <li><b>a.</b> PID's or MOUs being agreed and in place confirming area of spend</li> <li><b>b.</b> Specific guidance from NHSE setting out the purpose of the funding</li> <li><b>c.</b> Following the approach set out in B.1.</li> </ul>	To the value of ring-fenced allocation	<p>Where new allocations are received in year and the nature and use of the allocation is clearly specified by guidance, MOU or PID then the allocation will be added to the respective budget area by finance (i.e., community, mental health, co-commissioning etc).</p> <p>The appropriate finance business partner will then liaise with the relevant committee, designated commissioning lead or project sponsor to agree use of funds.</p> <p>Executive Committee will determine, assuming no impact on overall system plan agreed in A.1.</p>
<b>A.4</b>	Approval of budget increases for new allocations received where the funding doesn't relate to a specific project.	Allocation	Finance will allocate budgets to reserves. If detailed guidance is subsequently issued A.3. will be followed.

If spend is part of an overall approved budget then Budget holders can commit new spend in line with the limits below, subject to notification to finance to confirm affordability, to update records and to ensure compliance with financial governance requirements. It is also expected that the Contracting Team is involved to ensure that they retain copies of all signed contracts and can support any procurement requirements.

**Where spend is outside budget final approval will be required before commitment.**

Ref	Limits	Authorised by	Final Approval (where required)
	Up to £10,000	Budget manager	Associate Director of Finance (if funding available otherwise Chief Finance Officer)
	Up to £50,000	Executive Director	Associate Director of Finance (if funding available otherwise Chief Finance Officer)
	Up to £125,000	Chief Executive Officer or Chief Finance Officer	
	Up to £1,000,000	Executive Committee	Chief Executive Officer and Chief Finance Officer
	Up to £2,500,000	Executive Committee	Executive Committee, Chief Executive Officer and Chief Finance Officer to oversee the procurement process. Finance Committee to give final approval.
	Up to £5,000,000	Executive Committee	Finance Committee
	£5,000,000 +	Executive Committee	ICB Board
	If spend is already part of approved budgets and is not new	Follow the approach in B1	
	BCF spend	Follow the approach in D1	



## Part B Project expenditure

Ref	Description	Limit	Authorised Officer
B.1	<b>Approval to proceed with a project/or approved budget</b>  Subject to: <b>a.</b> PID's or MOUs being agreed and in place <b>b.</b> Spend aligned to approved project plan <b>c.</b> Standards for programme and project management <b>d.</b> Any contract being awarded on a competitive basis, otherwise single tender action – Unless awarded under the terms of an existing framework agreement established for the purpose. (Part E) <b>e.</b> Creation of ring-fenced budget	Ring fenced funding	Project Sponsor as identified within PID or MOU
		Part of an approved budget	Appropriate Executive Director or committee relevant to area of spend
		Other	Budget Holder limits (see Part A)
B.2	<b>Approval to authorise additional expenditure for agreed programmes / projects:</b>  Subject to: <b>a.</b> Business case	Reallocated part of approved budget	Appropriate Executive Director or committee relevant to area of spend
		Other	Chief Finance Officer
B.3	<b>Approval to use ring fenced project funding for alternative or to use the funds over a different period than originally intended</b>		Chief Finance Officer

## Part C Staff Expenditure

Ref	Description	Limit	Authorised Officer
C.1	<b>Approval to spend- Government Purchasing Cards</b>  And subject to: a. Cardholder providing statement reconciliations to finance department monthly.	Card limit	Card holder
C.2	<b>Approval of staff expenditure</b>  a. Travel and subsistence claim forms b. Assignment, disturbance and posting c. Claim forms d. Overtime, call out/standby claims e. Holiday  Subject to spend being within authorised budgets	Chair	Signed off by Chair, Audit Committee
		Chief Executive	Signed off by Chair
		Other Board members	Signed off by Chief Executive
		All other staff	People managers (direct line manager)
C.3	<b>Approval of relocation packages or retention payments</b>	VSM	Remuneration Committee
		AFC	Chief People Officer
		Claim Forms	All relocation expense claims signed off by ICB Chief People Officer and submitted via EASY system

Ref	Description	Limit	Authorised Officer
C.4	<b>Approval of consultancy spend</b> Subject to a. Spend being within authorised budgets b. Any contract being awarded on a competitive basis, otherwise single tender action – Unless awarded under the terms of an existing framework agreement established for the purpose. (Part E)	Up to £50,000 Above £50,000	Chief Finance Officer NHS England via consultancy business case  <i>NHSE Business case templates to be submitted to ICB Finance Lead who will then review and send to <a href="mailto:england.consultancy@nhs.net">england.consultancy@nhs.net</a> and SW Regional finance</i>
C.5	<b>Approval of interim/agency staffing</b> Subject to a. Spend being within authorised budgets b. IR35 checklist completion c. Subcontractor agreement being agreed. d. Any contract being awarded on a competitive basis, otherwise single tender action – Unless awarded under the terms of an existing framework agreement established for the purpose (Part E)	If all satisfied: -Office holder role -Rate >£750 per day -Duration > 6months	A business case must be submitted to NHS England to approve recruitment. Business case requires approval by Chief Finance Officer before submission  <i>NHSE Business case templates to be submitted to ICB Finance Lead who will then review and send to <a href="mailto:england.consultancy@nhs.net">england.consultancy@nhs.net</a> and SW Regional finance</i>
		Office Holder	All roles to be approved by Remuneration Committee
		Other roles	Request to be sponsored by relevant director and line manager with budget approval by finance.
		Off payroll and not via agency	Request to be sponsored by relevant director and line manager with budget approval by finance.

Ref	Description	Limit	Authorised Officer
<b>C.6</b>	<b>Request to recruit on to payroll</b> Subject to a. Use of TRAC b. Request to be sponsored by relevant director and line manager c. Job grade evaluation d. Budget approval by Finance	Budget	Appropriate Executive Director or budget manager  Pre-approval by Vacancy Control Panel where in place.
<b>C.7</b>	<b>Approval of secondments</b> Subject to a. Spend being within authorised budgets b. Secondment agreement in place. c. Any contract being awarded on a competitive basis, otherwise single tender action – Unless awarded under the terms of an existing framework agreement established for the purpose. (Part E)	Budget	Chief People Officer Backfill - Follow C.6 or C.5
<b>C.8</b>	<b>Approval of training and development</b> Subject to a. Completion of Learning and Development Protocol approved by line manager	Budget	Chief People Officer
<b>C.9</b>	<b>Approve the release of the monthly payroll</b> Subject to a. Validation checks of starters and leavers information	N/A	Associate Director of Finance

## Part D Grants

Ref	Description	Limit	Authorised Officer
D.1	<p><b>Approval of contributions to s.75 agreements with local authorities</b></p> <ul style="list-style-type: none"> <li>a. Approve annual ICB contribution</li> <li>b. Approve BCF annual plan</li> <li>c. Monitor contribution use</li> <li>d. Approve budget virements between services within approved ICB contribution</li> <li>e. Approve in year additional ICB contributions</li> <li>f. Approve underspends/risk agreement settlements for yearend purposes</li> </ul> <p>Subject to</p> <p>Agreement sign off in accordance with part X.</p>	N/A	<ul style="list-style-type: none"> <li>a. ICB Board</li> <li>b. HWB Board</li> <li>c. Place Joint Committee</li> <li>d. 1) ICB Director of Place (&lt; £125k) 2) Place Joint Committee (&gt; £125k)</li> <li>e. 1) Primary Care – PCCC 2) Other Finance Committee/ICB Board 3) Programme Boards may have a role in prioritising the use of funds depending on their ToRs.</li> <li>f. Underspends or the settlement of any in year risk share positions need to be agreed with the Chief Finance Officer as part of any year end accounting processes.</li> </ul>
D.2	<p><b>Approval of contributions to s.256/s.257 agreements with local authorities</b></p> <ul style="list-style-type: none"> <li>a. Approve initial contribution and grant mechanism</li> <li>b. Approve project</li> <li>c. Approve release of funds</li> <li>d. Monitor contribution use</li> </ul> <p>Agreement sign off in accordance with part X</p>	N/A	<ul style="list-style-type: none"> <li>a. Finance Committee</li> <li>b. Place Joint Committee</li> <li>c. Associate Director Finance and LA Finance Lead.</li> <li>d. Place Joint Committee</li> </ul> <p><i>Grants made should be used for the purposes intended. Any request to deviate would need prior approval from the Chief Finance Officer and a variation to the grant agreement.</i></p>

Ref	Description	Limit	Authorised Officer
D.3	<b>Approval of grants to voluntary sector organisations</b>	Ring fenced funding	Executive Committee
	Agreement sign off in accordance with part X	Place Budgets	Place Joint Committee
D.4	<b>Approval of section 96 grants to GP Practices</b>	Ringfenced resilience funding	Chief Finance Officer agrees, Primary Care Commissioning Committee formally approves
	<p>GP practices can make applications for financial assistance against resilience funds.</p> <p><b>a.</b> An application must be submitted by the practice.</p> <p><b>b.</b> The request for funds must evidence:</p> <ul style="list-style-type: none"> <li>i) Exceptional circumstances</li> <li>ii) Short term problem</li> <li>iii) Financial hardship beyond control</li> <li>iv) Services must be supporting significant deprivation</li> </ul> <p>Agreement sign off in accordance with part X</p>	If exceeds ring fenced funding	ICB Board

## Part E Procurement

Ref	Description	Limit	Authorised Officer
E.1	<b>Framework Agreements*</b>	Over £5,000,000	ICB Board
	All forms of contract, including award letters to suppliers and contractors used to put in place Framework Agreements	Up to £5,000,000	Finance Committee
	Non-standard contracts used to put in place Framework Agreements	Up to £2,500,000	Executive Committee and Chief Executive and Chief Finance Officer
	a. any Framework Agreements being awarded on a competitive basis (otherwise single tender action - Part E.3). Unless awarded under the terms of an existing framework agreement established for the purpose	Up to £125,000	Executive Director
	b. consultation with procurement specialists or legal advisors on Non-Standard Framework Conditions of Contracts that contain novel or contentious clauses or terms		
	c. individual call-offs being approved as per E.2		
	d. Sign off in accordance with part X		
e. All contracts to be overseen by the contracts team.			
* Framework Agreements are a general term for agreements with suppliers that set out terms and conditions (in particular price, appropriate quality standards and actual conditions of contract) under which specific purchases (call-offs) can be made throughout the term of the agreement. Such agreements set out the terms and conditions for subsequent call-offs but place no obligations, in themselves, on the procurers to buy anything. With this approach, contracts are formed only when goods, works and services are called under the agreement and these call offs will need to be approved as detailed in E.2			

	Description	Limit	Authorised Officer
E.2	<b>Contractual Commitment</b>  1. All standard forms of contract including award letters to suppliers and contractors 2. Official purchase orders 3. National contracts 4. Call-offs from Framework Contracts 5. Non-standard contracts 6. Memorandum of Agreement/Collaboration Agreements/ Partnership Agreements And subject to: a. Any contract being awarded on a competitive basis, otherwise single tender action - E.3. Unless awarded under the terms of an existing framework agreement established for the purpose. b. Consultation with contracting specialists, on non-standard contracts that do not contain novel or contentious clauses or terms c. Consultation with procurement specialists or legal advisors on non-standard contracts that contain novel or contentious clauses or terms. d. Staff can make contractual commitment ONLY through signature of <del>and</del> documents in accordance with part X and following consultation with ICB Contract Team. e. Contracts let through existing frameworks should be let following the framework rules  Limits - <a href="https://www.gov.uk/government/publications/procurement-policy-note-0921-thresholds-and-inclusion-of-vat">https://www.gov.uk/government/publications/procurement-policy-note-0921-thresholds-and-inclusion-of-vat</a>	Up to £10,000	Budget manager and Associated Director of Finance
		Up to £50,000	Executive Director and Associate Director of Finance
		Up to £125,000	Chief Executive and Chief Finance Officer
		Up to £1,000,000	Executive Committee and Chief Executive and Chief Finance Officer
		Up to £2,500,000	Executive Committee, Chief Executive Officer and Chief Finance Officer to oversee the procurement process. Finance Committee to give final approval.
		Up to £5,000,000	Finance Committee
		Over £5,000,000	ICB Board
		Where an urgent decision is required because of system escalation, please refer to Part Q	
		Contracting approach:	
		Contract value up to £10,000	A written quote demonstrating value for money to be approved by Executive Director
		Contract value up to £125,000	Obtain three written quotes from at least three organisations. Obtain approval from appropriate Executive Director and Chief Finance Officer and Chief Executive
		Contract value up to >£125,000 or OJEU/WTO GPA if lower	Formal tendering process.

Ref	Description	Limit	Authorised Officer
E.3	<b>Single Tender Waiver</b> <ol style="list-style-type: none"> <li>1. A waiver form must be completed to support any decision over £125,000 to award a contract to a third party where a competitive process has not been followed.</li> <li>2. For contracts below £125,000 a waiver form is not required but the decision to waive three quotes and the justification must be documented as part of the contract award decision.</li> <li>3. All waivers must be endorsed by the Chief Finance Officer.</li> </ol> <p>Waivers should be exceptional in nature and time pressure should not be the primary driver.</p>	Less than £125,000 (<£10k no waiver required)	Reasons for obtaining less than three quotes to be documented as part of the purchase decision and approved in line with E.2. A separate single tender waiver form is not required.
		>£125,000	Chief Finance Officer to approve single tender waiver form and report to the Audit Committee where required by Procurement Policy.
E.4.1	<b>Variations to Conditions of Contract for contracts already awarded</b>		
	1. Variations to Terms and Conditions to Contracts already awarded where the variation does not contain novel or contentious clauses or terms	Not applicable	Appropriate service lead with support from ICB Contracts team.
	2. Variation to Terms and Conditions to Contracts already awarded that contain novel or contentious clauses or terms	Not applicable	Appropriate service lead with support from ICB Contracts team and legal advisors.

Ref	Description	Limit	Authorised Officer
E.4.2	<b>Variations to Contract Commitment for contracts already awarded</b>	Up to £1,000,000	Chief Finance Officer, Chief Executive and Executive Committee
	1. ICB Contract Team must support any variation	Up to £5,000,000	Finance Committee
	2. If the contract was awarded originally via tender, then advice should be sought from procurement specialists where contract extensions are being considered and where the variation exceeds 10% of the original contract value.	Over £5,000,000	ICB Board

## Part F Exceptional Funding Requests

Ref	Description	Limit	Authorised Officer
<b>F.1</b>	<b>Approval of requests for non-commissioned healthcare</b>  a. Clinicians are entitled to make a request of the ICB for treatment to be funded on the grounds of individuality where a patient requires healthcare which falls outside of the range of services and treatments that the ICB has agreed to commission.  b. Referral required using specified application form by GP or Consultant.	Regardless of limit	EFR Committee

## Part G Primary Medical

Ref	Description	Limit	Authorised Officer
G.1	<b>Matters reserved for Primary Care Group (PCG)<sup>1</sup></b> <ul style="list-style-type: none"> <li>a) Agree establishment of new GP practice</li> <li>b) Approve any GP practice mergers</li> <li>c) Approve any discretionary payments (e.g., Returner, retainer)</li> <li>d) Approve any s.96 hardship applications</li> <li>e) Manage the budget for commissioning of primary medical services in BSW</li> <li>f) Vary or renew existing contracts for primary care provision or award new ones depending on local circumstances.</li> </ul>	N/A	PCG  All s.96 hardship applications to be approved by the Chief Finance Officer
G.2	<b>Matters reserved by NHS England</b> <ul style="list-style-type: none"> <li>a) Management of national performers list</li> <li>b) Management of revalidation and appraisal process</li> <li>c) Administration of payments to suspended performers</li> <li>d) Capital expenditure decisions.</li> </ul>		NHSE

<sup>1</sup> The PCG will be the group that is responsible for delegated primary medical services as determine by the Scheme of Reservations and Delegations.

<b>G.3</b>	<b>Approve GP payment schedules via PCSE</b>  Subject to Agreement to supporting evidence. Approved budgets being in place. Agreement of Primary Care Team	Budget	Associate Director of Finance
<b>G.4</b>	<b>Approve LES claims, Locum reimbursements</b>  Subject to Validation of claim against contract Validation of claim against national policies		Primary Care Team
<b>G.5</b>	<b>Approve prescribing rebate scheme</b>		Head of Medicines Management

## Part H NHS Funded Care Packages

Ref	Description	Limit	Authorised Officer
H.1	<p><b>Agree eligibility for NHS funded contribution to a care package</b></p> <ul style="list-style-type: none"> <li>a. ICB representative at relevant funding/assessment panel</li> <li>b. Continuing Healthcare panel</li> <li>c. ICB representative at Joint Funding panel</li> <li>d. ICB representative at Blue Light protocol meeting</li> </ul> <p>And subject to:</p> <ul style="list-style-type: none"> <li>a. Completion of relevant checklists and assessments.</li> <li>b. Completion of eligibility reviews.</li> <li>c. Completion of funding matrixes where applicable.</li> <li>d. Written record of eligibility decision.</li> </ul>	N/A	ICB clinical representative at relevant panel able to agree health eligibility and care need requirements.
H.2	<p><b>Agree financial contribution to care packages</b></p> <p>This will require</p> <ul style="list-style-type: none"> <li>a. Costed care plan/proposals from providers</li> <li>b. Joint funding matrix (where applicable) to agree contribution shares.</li> </ul>	See below	Financial contributions to be agreed separately from clinical eligibility considering the recommendations from H.1

## Specified officers with financial responsibilities for agreeing funding contributions

Ref	Description	Limit	Authorised Officer
H	<b>Agree the financial contribution towards the cost of care where an individual (adult/child) has been deemed eligible for NHS funding by H1 – includes: CHC, s.117 funding, or any other placement funding.</b>  Where a package is increased the limits apply to the total package cost and not the increase And subject to:	Up to £1,000 per week	CHC Nurse Assessors (B6/B7)
		Up to £2,000 per week	CHC Operational Lead (8A)
		Up to £3,000 per week	Head of Operations and Clinical Quality - CHC & FNC (8B)
		Over £3,000 per week	Associate Director of Patient Safety and Quality Director of Nursing Deputy Director of Nursing
		Over £5,000 per week	Chief Finance Officer or Associate Director of Finance
	<b>Agree annual inflationary uplifts</b>  As part of annual planning the ICB will approve targeted increases on an annual basis.  And subject to:	Approve annual uplift	Rates will be approved by ICB Board as part of annual budget after considering funding and decisions by local system partners.
		In line with annual planned rate	Appropriate Finance Business Partner
		Outside planned rate	Chief Finance Officer
	<b>a.</b> Consideration of local authority uplifts in determining appropriate rates		

## Part I Cash management

Ref	Description	Limit	Authorised Officer
I.1	Opening and closing bank accounts  Subject to  a. Government Banking Service requirements	NA	Head of Financial Services
I.2	Authority to determine bank signatory panel, banking controls and cash management processes  Subject to  a. Government Banking Service requirements	NA	Chief Finance Officer
I.3	Cash management operational roles and responsibilities  a. Submission of draw-down requests b. Submission of payment files c. Roles and responsibilities within finance system	N/A	Agreed by Chief Finance Officer

## Part J Borrowing Powers/Loans

Ref	Description	Limit	Authorised Officer
J.1	Agreeing loans	NA	The ICB is not permitted to borrow funds.

<b>J.2</b>	Agreeing lease arrangements	NA	Chief Finance Officer
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## Part K Insurances

Ref	Description	Limit	Authorised Officer
<b>K.1</b>	Arranging insurances, subject to the prior authorisation of NHS England	All	Chief Finance Officer
<b>K.2</b>	Approval of clinical negligence or other insurance claims subject to NHS Resolution excess.	All	Chief Executive Officer

## Part L Financial Irregularity

Ref	Description	Limit	Authorised Officer
L.1	Instigation of investigations into cases of financial irregularity, proven or suspected, and report to the Audit & Risk Assurance Committee	NA	Chief Finance Officer Director of Planning and Performance Audit Committee
L.2	Annual report of cases of financial irregularity, proven or suspected.	All cases	Local Counter Fraud Specialist. Head of Internal Audit.
L.3	Reporting incidents to the police  Subject to  a. Adherence with policies on Standards of Business Conduct, Counter-fraud, bribery, and corruption.	Fraud cases Other offences	Chief Finance Officer or Chief Executive Appropriate Executive Director

## Part M Write offs and disposals

Ref	Description	Limit	Authorised Officer
M.1	Individual write-offs of debts, stock, and other assets (including equipment, plant, and motor vehicles).	Other	HM Treasury for approval
		Over £100,000	ICB Board
		Over £1,000	Finance Committee, reported to Audit Committee
		Up to £1,000	Chief Finance Officer

Any write-off that could be considered potentially “novel or contentious” or repercussive must be reported to NHS England.

Losses require specific disclosure within the ICB’s Annual Report and Accounts.

## Part N Gifts

Ref	Description	Limit	Authorised Officer
N.1	<p>Colleagues should not accept gifts that may affect or be seen to affect their professional judgements.</p> <ul style="list-style-type: none"> <li>a. All offers of gifts whether accepted or declined should be declared by recipients on the Gifts and Hospitality Register.</li> <li>b. Sponsorship is allowed but the sponsors must have no influence over the content of an event, meeting, or publication.</li> <li>c. Colleagues should make clear that sponsorship does not mean endorsement from the ICB.</li> </ul>	Gifts from suppliers or corporates	Gifts other than promotional material up to £6 should be declined by colleagues
		Gifts from service users	Gifts should generally be declined but if <£50 colleagues can accept if it is for the organisation (i.e., plants, biscuits, chocolates). Anything over £50 should be declared by the colleague receiving.
		Sponsorship	All offers whether accepted or declined must be declared by the colleague approached.
		Hospitality	<p>Modest contributions towards the travel and subsistence costs to attend courses should be declared by the colleague receiving. Anything beyond should be refused.</p> <p>Meals and refreshments up to £25 can be accepted and not declared.</p> <p>Meals and refreshments between £25-£75 can be accepted but must be declared by the colleague receiving.</p> <p>Meals and refreshments over £75 should be refused unless approved by the relevant director.</p>

## Part O Financial Systems

Ref	Description	Limit	Authorised Officer
O.1	Specification of financial systems including user access responsibilities and limits	NA	Chief Finance Officer and Associate Directors of Finance

## Part P Information Systems

Ref	Description	Limit	Authorised Officer
P.1	<b>To authorise projects, which are classified as, but not restricted to:</b> <ul style="list-style-type: none"> <li>a. Acquisition of hardware</li> <li>b. Acquisition of proprietary package software and licences</li> <li>c. Development of new software</li> <li>d. Any contract being awarded on a competitive basis, otherwise single tender action – Unless <del>awarded</del> under the terms of an existing framework agreement established for the purpose. (Part E)</li> </ul> <p>Subject to budget approval</p>	Designated project funds	<p>Programme Boards may have a role in prioritising the use of funds depending on their ToRs.</p> <p>Otherwise, governance arrangements are expected to be set out as part of business cases.</p>
P.2	<b>Approve justified expenditure from budgeted funds</b> <p>Subject to:</p> <ul style="list-style-type: none"> <li>e. Any contract being awarded on a competitive basis, otherwise single tender action – Unless <del>awarded</del> under the terms of an existing framework agreement established for the purpose. (Part E)</li> </ul>	Up to £10,000	Assistant Director of IT
		<£125,000	Executive Director
		>£125,000	Chief Finance officer

## Part Q Emergencies and Urgent Decisions

Ref	Description	Limit	Authorised Officer
Q.1	Approval for spend on urgent out of hours need but not as part of a major incident or system escalation	£25,000	On Call Director/Manager can agree reallocation of existing resources
Q.2	<p>Approval to spend and make contractual commitment on expenditure where a major incident has been declared or system escalation</p> <p>Subject to:</p> <ul style="list-style-type: none"> <li>a. Record of decision and spend as part of incident log and/or Gold Call minutes and notification to Chief Finance Officer.</li> <li>b. If individual contract value will exceed £250,000 an email notification should be sent by the Chief Executive and/or Chief Finance Officer to ICB Board Chair with retrospective reporting to ICB Board.</li> <li>c. If the contract award will exceed £500,000 then advance agreement should also be sought from the ICB Chair or nominated deputy in their absence with retrospective reporting to ICB Board.</li> <li>d. Completion of any required contract documentation as per Part E.</li> </ul>	<p>£100,000</p> <p>&lt;£250,000</p> <p>&lt;£500,000</p> <p>+£500,000</p>	<p>On Call Exec Director</p> <p>Chief Executive or Chief Finance Officer</p> <p>Chief Executive and Chief Finance Officer</p> <p>Chief Executive, Chief Finance Officer, and Chair</p>
Q.3	<p>Approval of Out of Area transport</p> <p>Subject to:</p> <ul style="list-style-type: none"> <li>a. Record of decision and spend as part of incident log</li> <li>b. Approval from Executive Director on call for use of air ambulance for repatriation.</li> </ul>	Regardless of value	On Call Director/Manager

Part R Overseas visits

Ref	Description	Limit	Authorised Officer
R	Approving visits overseas	Overseas visits by Chief Executive	Chairman
		Overseas visits by Executive Directors	Chief Executive
		Overseas visits by other staff	Appropriate Executive Director

## Part S Legal

Ref	Description	Limit	Authorised Officer
S.1	<b>Management of legal claims and advice</b> <ul style="list-style-type: none"> <li>a. Authority to engage solicitors</li> <li>b. Appointment of solicitor</li> <li>c. Approval of settlements</li> <li>d. NHS Resolution claims management</li> </ul> <p>Subject to:</p> <ul style="list-style-type: none"> <li>a. Any contract being awarded on a competitive basis, via direct award using a framework, or with prior tender action approval.</li> <li>b. Compliance with protocol for accessing legal services.</li> <li>c. Written agreement from Chief Finance Officer to engage</li> </ul>		<ul style="list-style-type: none"> <li>a. Director of Planning and Performance</li> <li>b. Appropriate officer will be designated depending on the nature of the claim</li> <li>c. Chief Finance Officer</li> <li>d. Director of Corporate Affairs to lead with support from clinical teams.</li> </ul>

## Part T Non-Emergency Patient Transport

Ref	Description	Limit	Authorised Officer
T.1	Approval of spend out of normal business hours		On Call Director/Manager (See Q.3)
T.2	Approval within business hours <ul style="list-style-type: none"> <li>a. NHS number and D.O.B required for patient to support request</li> <li>b. Commissioned service provider to be used as default.</li> <li>c. Standard eligibility criteria to be applied</li> </ul>	Regardless of Limit	Patient Transport Team <a href="mailto:Bswicb.patienttransportteam@nhs.net">Bswicb.patienttransportteam@nhs.net</a>  <a href="https://www.bgswwpatienttransport.co.uk/contact">https://www.bgswwpatienttransport.co.uk/contact</a>

## Part U Compensation claims, Special payments etc

Ref	Description	Limit	Authorised Officer
U.1	Fruitless payments An unavoidable payment from which no value is derived	Over £1,000	Reported to the Audit, Risk, and assurance committee HM Treasury for approval using national template
U.3	<b>Consolatory Payments</b> Defined as ex gratia payments made to individuals by organisations in respect of incidents which do not involve financial loss, e.g., stress, inconvenience, embarrassment etc. Consolatory Payments above £500 must go to HM Treasury.	All cases of compensation are controversial: Over £500	HM Treasury for approval using national template
U.4	<b>Special Severance Payments:</b> Any payment in addition to or more than contractual terms that is designed to terminate employment	Over £1,000	HM Treasury for approval using national template
U.5	<b>Compensation payments</b> Payments made to provide redress for injuries	Over £1,000	NHS England for approval using national template
U.6	<b>Parliamentary Ombudsman set compensation</b> Where compensation is awarded in the case of complaints		Reported to the Audit, Risk, and assurance committee

## Part V Corporate membership of other bodies

Description	Authorised Officer
Approving applications for corporate membership of other bodies – such as academic networks or trade federations	Chief Executive

## Part W Approval of planning documents and Annual Accounts

Submission	Authorised Officer
Operating plan	ICB Board and NHS England
Annual Report and Accounts	ICB Board

## Part X Contract signatories

Ref	Description	Limit	Authorised Officer
X.1	Endorsement of any expenditure that requires NHS England approval	n/a	ICB Board Signed by: Chief Executive, Chief Finance Officer, or Chair
X.2	<b>Able to sign contracts on behalf of the ICB</b>  Subject to: All contracts to be managed by the Contracts Team who will organise for the ICB copy to be stored and recorded on the contracts database.	All contracts  Care packages (Part H)	Chief Executive or Chief Finance Officer  Officers designated able to approve funding contributions can also sign agreements with care providers to facilitate placements. Copies to be forwarded to the contracts team.

## Appendix: Specified officers with financial responsibilities

### ISFE/PCSE

Ref	Description	Limit	Authorised Officer
	Approve invoices for payment Subject to: a. Invoice being validated against supporting information. b. Invoice being checked by budget holder/manager	£5,000 £20,000 Over £20,000	B6/B7 Finance staff B8A/B8B/B8C Finance staff Chief Finance Officer and B9 and B8D Finance staff  <i>Budget holders will be asked to “check” invoices in ISFE with final payment approval via the relevant finance lead.</i>
	Release payment files	N/A	
	Approve manual payments Supervisor approval required followed by final approver	N/A	B8A and above although an Associate Director of Finance must be either “supervisor” or “final approver” on every transaction.
	Approve sales orders, purchase orders	£20,000 Over £20,000	B6/B7 Finance staff B8A Finance staff and above
	Approve credit notes	All	B8A Finance staff and above
	Approve PCSE payment files		Associate Directors of Finance
	Approve journals Self-approval of journals is not permitted for ICB staff. NHS Shared Business Services staff operate under their own guidelines	All	B8A/B8B/B8C Finance staff Associate Directors of Finance



Report to:	BSW ICB Board – Meeting in Public	Agenda item:	18
Date of Meeting:	01 November 2022		

Title of Report:	Summary Reports from Integrated Care Board (ICB) Board Committees
Report Author:	Sharon Woolley, Board Secretary
Board / Director Sponsor:	Rachael Backler, Executive Director of Performance and Planning
Appendices:	Committee reports as listed below.

Report classification	BSW ICB Board
ICB body corporate	Yes
ICS NHS organisations only	No
Wider system	No

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	x
Noting	For noting without the need for discussion	x

Previous consideration by:	Date	Please clarify the purpose
Relevant Committee Chair		To agree reports for inclusion in Board paper pack

1	Purpose of this paper
<p>These summary reports provide an update of meetings of ICB Board committees since the last meeting of the ICB Board. The reports bring 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 ICB website. The minutes of ICB Board committee meetings held in private will be made available to ICB Board Members only.</p>	

2	Summary of recommendations and any additional actions required
<p>The following reports are enclosed for the Board to note:</p> <ul style="list-style-type: none"> <li>• BSW ICB Audit Committee – 13 September 2022 and 19 October 2022</li> <li>• BSW ICB Primary Care Commissioning Committee – 22 September 2022</li> <li>• BSW ICB Finance Committee – 31 August 2022 and 28 September 2022</li> </ul> <p>Committee Terms of Reference can be found on the BSW ICB website as part of the Governance Handbook - <a href="https://bsw.icb.nhs.uk/about-us/governance/our-constitution-and-governance-handbook/">https://bsw.icb.nhs.uk/about-us/governance/our-constitution-and-governance-handbook/</a></p>	
3	Legal/regulatory implications
None	
4	Risks
N/A	
5	Quality and resources impact
N/A	
Finance sign-off	
N/A	
6	Confirmation of completion of Equalities Impact Assessment
N/A	
7	Statement on confidentiality of report
N/A	

## Committee Summary Report to the BSW ICB Board

<b>Report from</b>	BSW ICB Finance Committee
<b>Committee meeting date</b>	31 August 2022
<b>Committee Chair</b>	Paul Miller, BSW ICB Non-Executive Director Finance

<b>Recommendation(s) for the Board</b>
The Committee recommends that the Board notes this report about the Committee's activities and / or decisions.
<b>Recommendation(s) for other Board committees</b>
The Committee recommends that the BSW ICB People Committee reviews the "2022/23 Controls on Agency Expenditure" letter received from NHS England on the 20 July 2022.
<b>Committee decisions made</b>
No decisions were made at this Committee meeting.
<b>Items for escalation to the Board</b>
<p>The Committee wishes to bring the following to the Board's attention:</p> <ul style="list-style-type: none"> <li>Financial risks of £71.8m have been identified with possible mitigations of £43m, leaving a gap of £28.8m. The ICB Executive are sighted on this gap and are working with partners to manage this risk in-year.</li> <li>Risks were noted against delivery of the Elective Recovery Programme, achievement of efficiency targets, workforce pressures, COVID pressures, activity and demand pressures and inflationary pressures. These presented a net system risk of £28.8m. Mitigating actions have been identified and will continue to be tracked.</li> <li>A system wide risk share agreement was being developed between the ICB and Providers, based upon the original financial plan, to manage the move towards a balanced position for 2022-23.</li> </ul>
<b>Business considered</b>

The Committee considered the following at its meeting:

- BSW ICB and System Revenue Positions for Month 4
- Month 4 BSW Integrated Care System (ICS) Capital Position
- BSW ICS Non-Financial Performance Against Plan
- Drilling down into financial and non-financial key performance issues – High Cost Placements
- 2022/23 Controls on Agency Expenditure
- Development of the BSW Finance Strategy and Recovery Plan
- Review of Governance, Establishment of Budgets and Delegation of Limits
- Business Cases
- BSW Green Plan
- BSW ICB Finance Committee Forward Planner 2022-23

## Committee Summary Report to the BSW ICB Board

<b>Report from</b>	BSW ICB Primary Care Commissioning Committee (PCCC)
<b>Committee meeting date</b>	22 September 2022
<b>Committee Chair</b>	Paul Miller, BSW ICB Non-Executive Director Finance

<b>Recommendation(s) for the Board</b>
The Committee recommends that the Board allocates some Board Development time to consider ways of incorporating deprivation into a future ICB primary care funding formula, as this is seen as a key factor of health inequalities.
<b>Recommendation(s) for other Board committees</b>
The Committee recommends that the Finance Committee notes the Primary Care financial position for 2022/23 and consider both in-year mitigations and actions to ensure a balanced financial position for 2023/24 and beyond.
<b>Committee decisions made</b>
<p>The Committee made the following decisions in line with the organisation's Scheme of Reservations and Delegations, Delegated Financial Limits, and relevant policies:</p> <ul style="list-style-type: none"> <li>• Approved the distribution of the remaining balance of Wiltshire Improved Access fund (formally held by Wiltshire Health and Care) to Wiltshire Primary Care Networks (PCN's) in line with the previously agreed contract.</li> <li>• Approved the allocation of funding to implement and roll out the Digi Locum (GPintheCloud) system across BSW primary care.</li> <li>• Approved the new lease arrangements for Pewsey Surgery.</li> </ul>
<b>Items for escalation to the Board</b>
There were no items for escalation.
<b>Business considered</b>

The Committee considered the following at its meeting:

- Primary Care Operational Update
- Primary Care Additional Delegated Functions – the Pre-Delegation Assessment Framework
- Primary Care Representation at Place
- Primary Care Operational Group Recommendations for Approval
- Primary care Finance Report
- Primary Care Operational Group Updates
- Primary Care Risk Register
- BSW ICB Primary Care Commissioning Committee Forward Planner 2022-23

## Committee Summary Report to the BSW ICB Board

<b>Report from</b>	BSW ICB Audit Committee (Extraordinary Meeting)
<b>Committee meeting date</b>	13 September 2022
<b>Committee Chair</b>	Dr Claire Feehily, BSW ICB Non-Executive Director Audit

<b>Recommendation(s) for the Board</b>
The Committee recommends that the Board notes this report about the Committee's activities and / or decisions.
<b>Recommendation(s) for other Board committees</b>
The Committee recommends that the Finance Committee remains sighted on the HFMA Checklist and ICB self-assessment.
<b>Committee decisions made</b>
No decisions were made at this Committee meeting.
<b>Items for escalation to the Board</b>
There are no items for escalation to the Board.
<b>Business considered</b>
<p>The Committee considered the following at its meeting:</p> <ul style="list-style-type: none"> <li>• Draft BSW CCG 3 Month Accounts</li> <li>• HFMA Checklist</li> </ul>

## Committee Summary Report to the BSW ICB Board

<b>Report from</b>	BSW ICB Finance Committee
<b>Committee meeting date</b>	28 September 2022
<b>Committee Chair</b>	Paul Miller, BSW ICB Non-Executive Director Finance

<b>Recommendation(s) for the Board</b>
The Committee recommends that the Board approves the BSW ICB Scheme of Financial Delegation, which was endorsed by the Committee.
<b>Recommendation(s) for other Board committees</b>
The Committee recommends that all Board Committees are sighted on the 'Overview of NHS Planning Requirements 2023-24' paper.
<b>Committee decisions made</b>
No decisions were made at this Committee meeting.
<b>Items for escalation to the Board</b>
<p>The Committee wishes to bring the following to the Board's attention:</p> <ul style="list-style-type: none"> <li>• In year financial risks were £57.9m (down from £71.8m at month 4), with possible total mitigations and central reserves of £32.9m, leaving a 2022/23 system financial gap of £25m. The ICB Executive and system partners are sighted on this shortfall and are working to manage this risk in-year.</li> <li>• This rate of capital expenditure is slow across the Integrated Care System, presenting potential risks when considering winter pressures, global supply chain issues, energy constraints and other national logistical and workforce factors. Mitigations are being investigated, including bringing forward schemes and purchases from 2023/24, but at this stage there is still a risk of an in-year unplanned capital underspend.</li> <li>• A potential risk is noted regarding the achievement of elective activity against the Elective Recovery Fund (ERF) targets whilst dealing with winter urgent care system pressures.</li> <li>• A risk share agreement is now in place between the ICB and Providers to support the move towards a balanced financial plan for 2022-23.</li> </ul>
<b>Business considered</b>

The Committee considered the following at its meeting:

- BSW ICB and System Revenue Positions for Month 5
- Month 5 BSW ICS Capital Position
- BSW ICB Performance against HFMA Checklist
- Drilling down into financial and non-financial key performance issues – Elective Recovery Fund
- Development of the BSW Finance Strategy and Recovery Plan
- Review of Governance, Establishment of Budgets and Delegation of Limits - Summary of Proposed Financial Delegation Limits
- Update on Advice and Guidance Re-procurement
- Overview of Planning Requirements for 2022-23
- BSW ICB Finance Committee Forward Planner 2022-23

## Committee Summary Report to the BSW ICB Board

<b>Report from</b>	BSW ICB Audit Committee
<b>Committee meeting date</b>	19 October 2022
<b>Committee Chair</b>	Dr Claire Feehily, BSW ICB Non-Executive Director Audit

### Recommendation(s) for the Board

The Committee recommends that the Board approves the BSW ICB Scheme of Financial Delegation, which was endorsed by the Committee.

The Committee also recommends that the Board takes the opportunity at its Board Development Session on 6 December 2022 to discuss the ICB's risk management approach and risk appetite. This will then further inform the development of the ICB'S Board Assurance Framework.

### Recommendation(s) for other Board committees

No recommendations for other Board Committees.

### Committee decisions made

No decisions were made at this Committee meeting.

### Items for escalation to the Board

There are no items for escalation to the Board.

### Business considered

The Committee considered the following at its meeting:

- Legal Case Lessons Learnt Report and Update on Advice and Guidance Re-procurement
- External Audit - Final Auditor's Annual Report
- Internal Audit Progress Report and Recommendation Tracker
- BSW ICB Performance against HFMA Checklist
- Anti-Crime Service (Counter Fraud) Progress Report
- Security Management Progress Report
- Finance and ICB Transition Update
- Losses and Special Payments Report
- Competitive Tender Waivers - N365
- BSW ICB Scheme of Financial Delegation
- Review of the Information Governance Steering Group and Reporting Process
- BSW ICB Board Assurance Framework – Approach
- Update on BSW ICB Policy Register

- Arrangements for Delegation and Joint Exercise of Statutory Functions
- Procurement Plans for External Audit, Internal Audit, Security Management and Counter Fraud
- BSW ICB Audit Committee Forward Planner 2022-23