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

BSW Integrated Care Board – Board Meeting in Public

Thursday 16 March 2023, 10:00hrs
Council Chamber, The Civic Trowbridge, St Stephen's Place, Trowbridge, Wiltshire BA14 8AH

Agenda

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
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 12 January 2023	Chair	Approve	ICBB/22-23/066
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/22-23/067
10:05	5	Questions from the public *Pre-submitted questions and answers*	Chair	Note	Verbal
10:10	6	BSW ICB Chair's Report	Chair	Note	Verbal
10:15	7	BSW ICB Chief Executive's Report	Sue Harriman	Note	ICBB/22-23/068
Items for Assurance					
10:25	8	BSW Operational Performance Dashboard a. BSW Quality Report	Rachael Backler, Gill May	Note	ICBB/22-23/069 ICBB/22-23/070
10:40	9	BSW Integrated Care Board and NHS Integrated Care System Revenue Position	Gary Heneage	Note	ICBB/22-23/071
10:55	10	Annual Emergency Preparedness Resilience and Response Assurance Report	Rachael Backler	Note	ICBB/22-23/072

Timing	No	Item title	Lead	Action	Paper ref.
Items for Approval					
11:00	11	Pharmacy, Ophthalmic and Dental Services Delegation	Gary Heneage, Fiona Slevin-Brown, Jo Cullen	Approve	ICBB/22-23/073
11:15	12	Specialist Commissioning Joint Committee Arrangements	Rachael Backler	Approve	ICBB/22-23/074
11:25	13	ICB Scheme of Reservations and Delegations	Rachael Backler	Approve	ICBB/22-23/075
11:30	14	ICB Standards of Business Conduct Policy	Rachael Backler	Approve	ICBB/22-23/076
11:35	15	ICB Information Governance Framework	Rachael Backler	Approve	ICBB/22-23/077
Items to note					
11:40	16	Report from ICB Board Committees	Committee Chairs	Note	ICBB/22-23/078
11:45	17	BSW ICB Board Forward Planner to March 2024	Chair	Review	ICBB/22-23/079
Closing Business					
11:50	18	Any other business and closing comments	Chair	Note	

Next ICB Board Meeting in Public: 18 May 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. http://www.awp.nhs.uk/
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. https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx
	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.

Acronym /abbreviation	Term	Definition
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	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. 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.
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. https://psnc.org.uk/swindon-and-wiltshire-lpc/
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.

Acronym /abbreviation	Term	Definition
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

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

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

Thursday 12 January 2023, 10:00hrs
Brunswick Room, Guildhall, High Street, Bath BA1 5A

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, Dr 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)
Local Authority Partner Member – Swindon, Susie Kemp (SK)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, 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)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
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)
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)
ICB Chief of Staff, Richard Collinge (RCo)
ICB Director of Equalities, Innovation and Digital Enterprise, Jane Moore (JM)
ICB Director of Place – Swindon, Gordon Muvuti (GM)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
ICB Chief People Officer, Jasvinder Sohal (JS)
ICB Board Secretary
ICB Communications and Engagement Specialist – Strategic Projects

Invited Attendees:
Director for Urgent Care and Flow – *for item 13*
Chief Executive, Bath Mind – *for item 10*

Apologies:
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)
ICB Director of Strategy and Transformation, Richard Smale (RSm)

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. In particular, the Board welcomed Cllr Richard Clewer, who will attend meetings of the Board as the Chair of the BSW Integrated Care Partnership (ICP).

1.2 The above apologies were noted. The meeting was declared quorate.

2. Declarations of Interest

2.1 The ICB holds a register of interests for all staff and Board members. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.

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

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

4. Action Tracker and Matters Arising

4.1 Two actions were noted on the tracker, both marked as CLOSED, with updates added for the Board to note.

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.

5.2 One question was received in advance of the meeting. The Chair read out the question and ICB response. This would be published in full on the ICB website following the meeting.

6. Community Story from the BaNES Locality

6.1 The VCSE Partner Member of the Board presented the community story, focussing on the BaNES locality and ageing well; the ageing well UK perspectives, the demographics for BSW, support in place across BaNES via the Community Wellbeing Hub, and the impact on hospital discharge and avoiding admissions.

6.2 In opening up the Board discussion following the presentation, it was noted:

- An element of the Wellbeing Hub was now based within the RUH's atrium, bringing new opportunities to support hospital discharge.
- Third sector organisation, 3SG, had established the Ageing Well Network, encouraging collaborative working to provide support to older people.

- Continued resources, and the security of longer-term funding would further benefit the voluntary sector support to the population to age well.

7. Current Industrial Action – Workforce Implications

7.1 The ICB Chief People Officer talked through the industrial action slides as shared in the pack, looking at the latest position, risks, system co-ordination, further implications and the support that has been put into place for BSW colleagues.

7.2 Further nurse strikes for SFT and AWP were taking place in January. Strike action through the Chartered Society for Physiotherapy was scheduled for 26 January, although with no impact to BSW Trusts. A further strike for 9 February may impact upon SFT. Other industries may be considering strike action, particularly from education unions.

7.3 The ICB was supporting co-ordination amongst partners, understanding the position and responding as required to regional and national requests. This situation brought further pressures and implications on the health workforce following a sustained period of unprecedented demand whilst dealing with COVID, recovery and now winter. A medium to long term view on workforce was required, workstreams were already in place, dealing with priority areas such as retention.

7.4 The Chief People Officer shared her experience of volunteering on the frailty ward of GWH during the first nurses strike. Strike committees and staff were feeling supported by employers and colleagues, acknowledging the dispute and negotiations were a national issue.

7.5 The Board discussion noted:

- Although this was individual strike action over pay and conditions for nurses, it is likely that resolutions would apply to all agenda for change staff.
- Clear guidance had been given by NHS England regarding the budget process, with a pay assumption of 2% to be used.
- It was acknowledged that social care was not aligned to potential health pay increases, bringing potential wider consequences.
- The ICB and ICS was to provide that overarching direction and leadership on workforce through the strategic workforce transformation programme, offering local support through the Integrated Care Alliances (ICAs) and direct to Trusts and providers.
- NHS England were due to publish the national Workforce Strategy, providing that framework and focus on ambition, expectations and funding.
- The Board acknowledged that an urgent approach and focus on workforce was required as a fundamental risk of the system and delivery of care, noting that significant work and co-ordination was already underway. This was a priority risk noted upon both the ICB's and partners risk registers, and remained a focus across all platforms, including the BSW Workforce Strategic Board, which brought NHS, local government and voluntary sector partners together. The Workforce Strategic Board had commenced work to consider the priorities, collating and co-ordinating focus areas to consider at its meeting at the end of January, building the strategy around those.

- The Strategy should consider workforce principles when undertaking future procurement exercises, and the potential wider impact on the voluntary sector.

7.6 The Chair wished to record thanks to all those involved in managing the situation and hoped negotiations could reach a settlement position to resolve this.

8. BSW ICB Chair's Report

8.1 The Chair provided a verbal report to the Board, noting the following:

- Nationally and locally, healthcare providers continued to experience unprecedented demands and pressures. BSW hospitals continued to operate at maximum capacity, with this expected to continue throughout winter. It was acknowledged that this put pressure on our ability to meet patient needs, although patient safety was a priority. The BSW workforce were going above and beyond to work through the worst winter on record. Thanks were noted to our hardworking and dedicated staff and volunteers.
- Discussions had taken place with NHS England with regards the Chair of the ICP joining the Board as was apparent in other systems, strengthening those links between the ICB, ICP and integrated care strategy.
- ICB Committee terms of reference have been amended and implemented, as agreed at the November meeting. The Chair reminded local authority colleagues that local government places remained to be filled upon a number of Committees.
- A successful meeting of NHS Non-Executive Directors (NEDs) and the ICB was recently held, with agreement to meet again in six months time.
- The Hewitt Independent Review of ICS's and the public consultation was currently underway, by order of the Chancellor and Secretary of State.
  ACTION: The consultation response from BSW ICB to be circulated to Board members.
- Attendance at NHS England and NHS Confed meetings, ensuring development feedback and areas of BSW best practice were fed through.
- A Board to Board meeting with the South Western Ambulance Service Trust was held. The ICB Chair had been involved in the recruitment of the Chair of Ambulance Service for the South West.
- Regular meetings held with NHS Chairs and Local Authority Leaders.
- A meeting with the Minister for Social Care, Helen Whately, on 15 December 2022 was positive, sharing system experiences.

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 notable operational context and pressures, particularly around the festive period, had been further exacerbated by COVID and flu, and industrial action. The system was working exceptionally well together with the Winter planning process beforehand supporting this, alongside innovation and change, such as through the Care Co-ordination Hub which was now to move from its pilot stage to a business case. The system had been noted as Operational Pressures Escalation Level (OPEL) 4, moving more recently down to OPEL 3. Thanks were expressed to the committed staff of BSW.

- The NHS England planning guidance implications for the Integrated Care Strategy and Joint Forward Plan were to be explored.
- The ICB Corporate Body was designing its Target Operating Model, ensuring the organisation's capacity and capability reflected ICB legislation and duties. The work was to be concluded by March.
- The ICB and Integrated Care System (ICS) financial position brought opportunities and challenges into 2023-24. A Finance Summit was to be held on 20 January, bringing together partner Chief Executives, Chairs and Finance Directors.

9.2 The Executive Director for Planning and Performance referred to the NHS Oversight Framework. This was the first use of the framework for the ICB, with the ICB working in partnership with NHS England to assess itself and partner acutes. All organisations had been rated a two (on a scale of one to four, with one being the best), though with financial challenges noted as a specific risk area. AWP spanned both BSW and the Bristol, North Somerset and South Gloucestershire (BNSSG) ICB areas, with BNSSG being the host. AWP had been rated as three, noting the ongoing CQC improvement plan work and deficit. Dialogue would continue with NHS England, with reconfirmation of the position to be made quarterly.

10. BaNES Locality Update

10.1 The Director of Place for BaNES, together with the Chief Executive Officer for Bath Mind, shared a presentation relating to the development of the BaNES locality ICA. The co-created ICA vision aimed to ensure the person remained at the centre, creating an environment of inclusivity, ownership, and empowerment, supporting recovery and future transformation, and the four priority areas for the year.

10.2 The Bath Community Wellbeing Hub was a fundamental partner in the BaNES ambition, bringing the third sector and statutory sector together as equals to provide a multi-agency response. The Hub offered early intervention support. It was anticipated that the new project set up in the RUH atrium could be developed and rolled out further to other areas of Bath. An offer to visit the Hub was shared with Board members.

10.3 The following points were noted from the subsequent Board discussion:
- A strategic and organisation level approach to recruitment and retention was in place. Models were in place to offer mentoring, voluntary work and placements.
- The third sector was encouraging the NHS to think and work differently.
- The data and risk-sharing approach in the Hub enabled more agile and holistic working amongst partners. Wider rollout of the model was to be explored.

11 BSW Performance Report

11.1 The Board **received and noted** the short-form BSW Performance Report presented this month, noting that an overhaul of performance reporting was underway to widen the metrics and inclusion of those non-NHS partner organisations.

11.2 The Board discussion noted:

- Urgent and emergency care and flow remained a challenge and focus for the system.
- The elective care position remained challenging post the pandemic, with delivery of the year end 78 week wait target under pressure.
- Cancer waits remained a priority, although the target was not achieved, a reduction in the backlog had been noted.
- Primary care was recording an increase in booked appointments, and face to face appointments.
- Improvement in some of the mental health standards had been recorded, but this was still an area of under-performance for the system.
- Sharing of capacity and resources was actioned where possible across the system, to target support where required. A BSW Elective Strategy was being developed, which would further encourage more joined-up working and efficient use of capacity.

12 NHS BSW Integrated Care System and ICB Finance Reports

12.1 The ICB Chief Finance Officer talked through the revenue position for the ICS and ICB, which looked at the risks and mitigations, efficiency scheme delivery, workforce, capital and agreed actions. The following was highlighted to Board members:

- A material amount of risk remained in the plan for 2022-23 associated with the continued operational pressures, with two areas of concern;
  - The £4m cost pressure reported by SFT
  - The £2m cost pressure reported by RUH

  There was a £6m gap to close by the end of the financial year.
- BSW could look to move its financial position, or hold its position to explore mitigating actions. The recommendation was to explore at organisational and system level the possible actions to close the gap.
- A BSW Finance Summit was to be held on 20 January, to enable that discussion, sharing of understanding and collective agreement of the options and actions to drive further efficiencies. The plan would be presented to the Board on 16 March.
- The position of 2023-24 would also be considered at the summit. NHS England's direction was that balanced plans for 2022-23 and 2023-24 were to be submitted.

12.2 The Board discussion noted:

- The year to date position showed that the ICB was in a £5.5m adverse position against the planned surplus, however was anticipating to hold its forecast position, with additional mitigating actions to be agreed. The net position had utilised all non-recurrent measures.
- The risk appetite of the ICS needed consideration, with the five year plan needing to support the move to a preventative approach.
- A sustainable financial position was needed, whilst also investing efficiently and effectively to implement the transformation and change to be set by the Integrated Care Strategy and Joint Forward Plan.
- The Finance Summit was an opportunity to collectively agree principles going into the planning round. Any decision made needed to consider the clinical impacts and the context of local government spending reductions.

12.3 The Board **noted** the report and the financial position of the BSW NHS ICS.

13 Update on Winter Pressures and Implementation of the Winter Plan

13.1 The ICB Chief Nurse and ICB Director of Urgent Care and Flow updated the Board on the winter pressures being seen across BSW, and progress against the implementation of the Winter Plan. The delivery RAG rating against the metrics highlighted the significant pressures being seen across all services. Hospital handover delays remained the top risk, linked with the no criteria to reside figure. The system operational hub was key to supporting and mitigating this risk, alongside the Care Co-ordination Hub whose main aim is to reduce possible admissions and assisting with discharges. Although additional beds had been stepped up, consideration of the left shift of care was needed to bring a reduction in reliance on beds.

13.2 The Board discussion noted:

- Measures within emergency departments and at the front of hospitals to cohort patients were being used to minimise the impact of risk and to release ambulance crews. Pre-emptive boarding and the opening of escalation beds across the acutes related to this, including allowing additional patients onto ward areas above the bedded capacity, to share the level of risk.
- It was proposed that the pilot of the Care Co-ordination Hub be extended until March if provider support could remain, this would allow time to develop the business case to be brought back to Board.
- Despite the operational system pressures, BSW had continued to implement infection control measures.
- BSW's allocation of the recently announced Government hospital discharge fund was still unknown at this stage. The guidance would be applied to utilise the monies effectively to meet BSW needs. The Chair was happy to support the ongoing discussions with Ministers regarding this, and any future monies, to ensure BSW was able to plan ahead.

14. Integrated Care Strategy and Implementation Plan Update

14.1 The Chief Executive talked through the supporting paper, noting the progress to date on producing the Integrated Care Strategy, the associated timelines, and the links to the implementation plan (the five year Joint Forward Plan). It was acknowledged that, although the Strategy was not owned by the ICB, it was supporting the work on behalf of the ICP.

14.2 The Strategy was to be ambitious, linking in with work and strategies already in place, particularly the financial plan. The themes would be built around objectives and workstreams, with delivery plans underneath this. A formal draft was to be presented to the ICP meeting scheduled for 28 February 2023.

14.3 The Board discussion noted:

- An element of the strategy should ensure BSW had an ongoing commitment of understanding and harvesting good ideas from other ICS's.

- Although not ICB owned, Board members input as stakeholders was welcomed. One engagement event had already been held, further engagement events and opportunities would be explored during the production of the draft, utilising those existing engagement events.
- Governance milestones were being confirmed, ensuring the BaNES, Swindon and Wiltshire Integrated Care Alliances were all sighted, supportive and involved in the wider engagement piece to reach out to all stakeholders, including primary care.

15 2023/24 Priorities and Operational Planning Guidance

15.1 The Executive Director of Planning and Performance briefed the Board on the 2023-24 priorities and operational planning guidance. NHS organisations are required by law to produce a Joint Forward Plan, which BSW referred to as the implementation plan of the Integrated Care Strategy. All system partners would therefore be involved, bringing that collective approach to delivery of the strategy. The ICA's would feed into the implementation plan, set amongst the broader system framework. Due to the delay in guidance, the draft Joint Forward Plan was now to be submitted by the end of March, with the final to be submitted in June.

15.2 The NHS England Operational Planning Document had now been released. The system was to reflect on the national objectives and plan against the targets. The technical guidance to follow would set out the submission requirements. Initial discussions would commence as part of the Finance Summit. A draft submission was to be made in mid-February, with the final to be submitted by the end of March. It was suggested that the ICB Finance and Investment Committee be authorised to sign off the Operating Plan through an extraordinary meeting. A formal update would be brought to the March Board meeting.

15.3 The Board **noted** the summary NHS operating planning guidance and the list of key metrics shared by NHS England.

16 BSW ICB Risk Management Framework

16.1 The current risk management framework being used by the ICB was a legacy from the CCG, and was no longer fit for purpose. The proposed ICB Risk Management Framework would establish a structure for the effective and systematic management of ICB strategic and operational risks. At this stage, this would apply to the ICB Corporate only, although the system approach to risk was being pursued.

16.2 The ICB Audit and Risk Committee reviewed and considered the Framework at its meeting on 21 December 2022, and recommended it to the Board for approval and adoption.

16.3 Whilst considering the proposed framework, the Board discussion noted:
- Clarification was needed in reference to 'corporate' and the inclusion of 'place'.
- The Audit and Risk Committee would review the effectiveness of the framework in due course, the Committee Chair was keen to ensure the broader engagement piece of the system wide perspective was undertaken first to aid the review. The

Committee would continue to have oversight of the Corporate Risk Register and Board Assurance Framework (BAF).
- The Board Development Session on 16 February would take a strategic view of risk, to agree the Board's risk appetite.

16.4 The Board **approved** the BSW ICB Risk Management Framework, subject to the clarification amendment requested.

17 BSW ICB Anti-Fraud, Bribery and Corruption Policy

17.1 The Anti-Fraud, Bribery and Corruption Policy has received minor updates to reflect the change from CCG to ICB, and to clarify scope of the policy and commonly used terms. The ICB Executive Management Meeting and ICB Audit and Risk Committee endorsed and recommended the revised policy following review at their recent meetings.

17.2 The Board **approved** the Anti-Fraud, Bribery and Corruption Policy for adoption by the ICB.

18 Any other business and closing comments

18.1 There being no other business, the Chair closed the meeting at 12:44hrs

Next ICB Board meeting in public: Thursday 16 March 2023

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

Updated following meeting held on 12/01/2023

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
12/01/2023	8. BSW ICB Chair's Report	The Hewitt Independent Review consultation response from BSW ICB to be circulated to Board members.	Rachael Backler	Shared with Board members by email on 13/01/2023.	COMPLETED	Jan-23

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	16 March 2023		

Title of Report:	CEO Report to BSW ICB Public Board
Report Author:	Sue Harriman, Chief Executive Officer
Board / Director Sponsor:	
Appendices:	

Report classification	Public elements of 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	
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 **note** the content of this report.	

1. Contextual update

1.2 **National and Regional**: Members of the BSW ICB have been involved in helping to inform the Hewitt Review**,** which is considering how the oversight and governance of Integrated Care Systems can best enable them to succeed. (https://www.gov.uk/government/publications/hewitt-review-terms-of-reference). The final report is expected imminently, however the interim report to the Secretary of State raised three key points:

- **Collaboration –** rather than thinking about the centre, regions, systems and places as a hierarchy we should view each other as partners with complementary and interdependent roles.
- **Multi-Sector Collaboration at all levels -** Collaboration between partners in the NHS, Local Government and VCSE in neighbourhoods, places and systems is crucial.
- **National Level join up –** Important to see integration in national Government too and more joining up between DHSC, DLUHC and NHSE

1.3 On 2nd March 2023 all ICBs were notified that the Running Cost Allowance (RCA) will be subject to a 30% real terms reduction per ICB by FY 2025/26, with at least 20% to be delivered in FY 2024/25. NHS England noted that "this provides time for ICBs to reorganise and gives some flexibility on funding change, with scope for ICBs to go further and faster where possible, enabling resources to be recycled into front line care."

2. BSW ICB updates

2.1. **Organisational development**: The Target Operating Model (TOM) was initiated ahead of announcements about running cost efficiency measures but anticipated that measures may be applied. Consequently, the TOM and efficiencies work have been developed together during February. The outcome is a plan that will satisfy the efficiency targets, through non-pay as well as workforce measures, while seeking to ensure that the TOM goal of creating a highly effective ICB is not lost. As well as identifying savings, this work has sought to consider where investments are required to deliver better health and care outcomes. Implementation of the plan will be conducted over the next two years with an emphasis of organisation development and compassionate leadership, delivered through a formal change programme.

2.2. **Operational Demand/Pressures**: Throughout January and February, there have been improvements across the Urgent and Emergency Care (UEC) pathway, with a reduction in overall demand and activity. The System continues to remain challenged to deliver improvements in ambulance handover delays and the number of patients that are waiting to leave acute hospital beds, once fit to leave. The recent and ongoing industrial action has had an unexpected impact on service delivery with a reduction in demand by the public. The System has been able to manage effectively throughout the period. Infection rates have reduced for respiratory illness, including Covid 19, leading to a positive impact on staffing levels across all providers. Capacity remains a challenge nationally and locally.

2.3. **Performance and Planning:** The ICB has been working with System NHS partners to develop our System Operating Plan for FY 2023/24. This is the plan that sets out the detail of how we will deliver our System priorities. For FY 2023/24 the core focus is on the 3 national NHS priorities of recovering our core services and improving productivity, delivering the NHS Long Term Plan, and transforming the NHS for the future. In February we submitted our draft plan. The headlines of the draft plan are set out elsewhere in the agenda but note that we are facing a significant financial and operational challenge to meet the key targets this year. Aligned to this work has been the development of a Board Assurance Framework (BAF). The BAF will be formally presented to the ICB at the May 2023 meeting following a comprehensive review in the April Board Development session.

2.4. **Elective Care and Cancer Performance:** The System has continued to make considerable progress in reducing the longest waiting patients and is forecasting delivery of zero 78 Week Waits (except patient choice to delay treatment) by the end of March, as required by the NHS England Operating Plan Guidance. Salisbury Foundation Trust has already treated all patients in the cohort that would breach 78 Weeks by the end of March, a month ahead of the target date. Diagnostic wait times (over 6 weeks) are still challenged but have improved in each of the last five weeks. The commencement of the mobile testing facilities, as part of the Community Diagnostic Centres programme in April 23, will make a large contribution to reducing the backlog of over 6 Week Waits for diagnostics.

2.5. As reported in January, the ICB continues to benchmark well for cancer performance overall versus other Systems, but not all national waiting time standards are being met. For Cancer 62-Day performance the latest published data shows an increase of over 62-Day waits in December (but an improved percentage treated within 62 Days). The most recent weekly data (5th February) shows a much-improved position (25% reduction patients waiting over 62 Days).

2.6. **Learning Disability and Autistic Capital Spend**: The South West Region have been awarded £40.5m capital allocation to improve Mental Health services for Learning, Disability and Autistic people across the Region. Two programmes have been set up one in the South, and one in the North of the Region, sharing £20m each. BSW ICB are leading on behalf of the Northern Patch of the Region which includes BSW, BNSSG[1] and Gloucester ICBs. The first phase of this project is a new ten bedded unit for inpatient services, quickly followed by a second phase to align community services providing an end-to-end pathway. Further regular updates will be made to future ICB Boards.

2.7. **BSW review of 'Reading the Signals' maternity report:** An Independent investigation, led by Dr Bill Kirkup, on maternity and neonatal services in East Kent during the period 2009-2020, identified that suboptimal clinical care was provided which led to significant harm. The principal areas identified were:

- Problems with care - failures in teamworking, professionalism, compassion and listening.
- Problems between different multi-discipline teams - factionalism, tribalism, lack of mutual trust and disregard for other points of view, bullying and unsupportive seniors, and a lack of common goals.
- Problems with trust at Board level and whether the Board sought to learn from lessons - denying responsibility, failing to communicate openly with families, investigations conducted narrowly and defensively with no learning achieved, providing false reassurance, not acknowledgment of errors, or learning from them. The Board were not effective a managing bullying or divisive behaviour.

2.8. This report does not set out specific detailed changes of policy. Recommendations are primarily for national bodies/organisations, but learning is being discussed in local Trusts and Maternity Neonatal Systems to identify any actions required, in addition to implementation of recommended national changes.

2.9. **Integrated Care Strategy**: Consultations have continued with partners across BSW on the development of the Integrated Care Strategy. Since the ICB Board session in February, the approach has been led by the Integrated Care Partnership (ICP) and reviewed by various Place based forums. There has been good support for the adoption of a new vision statement, the identification of three strategic objectives and the shortening of the Strategy with much of the content being moved into the Five-year Joint Forward Implementation Plan. An updated version of the Strategy is due to be completed by the 17th March and will be submitted to the ICP for approval before implementation on 31st March. The intention is that the Strategy, is regarded as the start of a long-term conversation with the local population and partners across BSW. Once approved, the ICB is required, by the Health and Care Act 2022, to have due

[1] Bristol, N Somerset, and S Gloucester

regard for the Strategy "in relation to an area that coincides with or includes the whole or part of the responsible local authority's area".

2.10. **Electronic Patient Records**: The three hospital Trusts in BSW are working to develop and share knowledge identifying how clinicians can use technology better to deliver patient care across organisational boundaries. The provision of mutual aid, the sharing of waiting lists, and the degree of clinical collaboration are all restricted by a patient's record being held, and updated, in separate clinical systems. So, a shared Electronic Patient Record is a key priority for our three acute providers. The first stage of a complex procurement process has taken place with one potential provider identified. The Trusts will shortly complete a Full Business Case (FBC) to help secure the funding for the programme. The FBC requires each of the Boards at the three acute Trusts to sign off the business case separately. It will also require Integrated Care Board approval ahead of a final decision by NHS England which is expected in the second half of 2023.

2.11 **Financial Position:** Following the enactment of a planned risk share arrangement of £5.1M, all NHS organisations are forecasting a balanced position. As at M10, BSW ICS is reporting a year-to-date position of £9.9M adverse to plan. As reported at the ICS financial summit, the gap to break even was expected to be £6.7M. The System agreed a plan to address this. Further discussions will take place post M11 to enact and secure the plan.

2.12 **Health Inequalities:** The health inequalities budget of £2.38m has been confirmed for FY 23/24. This funding is recurrent and forms part of the baseline for FY 23/24 and FY 24/25 system allocations. Funding priorities and allocation of this budget is being managed with senior NHS leads and Directors of Public Health. In line with funding guidance, the focus will be on the delivery through the NHS Five Priorities and the Core20PLUS5. These priorities focus on the 20% of the most deprived population in BSW with a focus on ethnic minority communities, inclusion health groups, people with learning disabilities and autistic people, people with multiple comorbidities and protected characteristics groups. It has five focused clinical areas, asthma, diabetes, epilepsy, oral health and mental health.

2.13 **People:** The NHS Staff Survey results have been published recently and NHS provider organisations are now working through the results. The BSW ICB is looking to develop an action plan for the whole of the organisation. A group of partners across the system have come together to develop the strategic workforce priorities for the next few years. These priorities aim to address our current workforce challenges as well as create efficiencies which will lead to cost savings in areas such as agency spend. Formal consideration and scrutiny of a gender pay gap assessment has also taken place in the People Committee. The assessment which pre-dates the inception of the ICB identified that although the gender pay gap has reduced slightly the ICB will have more to do to ensure pay parity within its workforce. The action plan is being reviewed and refreshed considering this latest assessment. The results will be published in accordance with NHSE direction at the end of March 2023. The first gender pay gap assessment for the ICB is planned for March 23, this will enable us to consider pay parity within the workforce as a result of the creation of the ICB itself.

3. Focus on Place

3.1. **Wiltshire:** The Wiltshire Alliance Joint Committee, in January, focused on agreeing recommendations to the ICB regarding the locality finance plan for FY 23/24, this included a review of all non-recurrently funded plans in-place across Wiltshire. The Integrated Care Alliance (ICA) Neighbourhood Collaborative Programme has launched and the steering group for the programme held a workshop in January, in Devizes, which was well attended by partners. Following this session work has now started in the pathfinder Primary Care Network areas. A new state-of-the-art health centre has officially opened in Devizes. The new facility, which was made possible following an £11million investment is one of the region's first integrated care centres. This means that GP appointments, along with other health services, such as outpatient clinics, community care and mental health support, can be provided under one roof. The modern facility is also leading the field in sustainable design. The centre is one of the NHS' first net zero buildings with an energy EPC rating of A+, which utilises green technology, such as heat pumps and solar panels, to generate electricity and heat to serve the building.

3.2. **Swindon**: The Swindon Care Coordination Centre based at Great Western Hospital (GWH) officially launched on the 1 September 2022. In December 2022, our care co-ordination pilot went live, working with the ambulance service and supporting clinicians to arrange alternatives to hospital visits for appropriate patients with urgent care needs. The early results from the pilot were encouraging, with positive feedback from patients and staff across the system. A decision was made to extend the pilot through the Winter and into the beginning of 2023/24. A review is now underway to quantify the benefits, and to prepare a development plan setting out how the care co-ordination model should be extended over the next year. The care co-ordination pilot has highlighted the benefits of partners working together to improve and integrate care for patients, and that there are opportunities to further reduce duplication and streamline the way we work. In January, the centre's Navigation Hub helped 192 ambulance patients avoid admission to the hospital. Of these, 49 per cent were provided clinical advice instead, while others were provided a community pathway, an appointment, or identified for the Virtual Ward. Swindon continues to work with partners to reduce the number of people waiting to leave hospital and GWH's performance is at the forefront of South West performance figures. One key success is our Home First service (where patients are assessed in their own homes with care and equipment provided according to their needs) which supported 66 patients to leave hospital in January. In primary care, Abbey Meads Medical Group and Moredon Medical Centre successfully transferred from Great Western Hospitals NHS Trust to Victoria Cross Surgery and Westrop Medical Practice respectively. Crossroads Surgery, a branch surgery of Moredon Medical Centre, is now under the management of North Swindon Practice. Face to face primary care appointments in Swindon continue to grow with 80% delivered in January (against a national average of 68%). An extra 500 remote appointments are also now available in the town each week.

3.3. **Bath and NE Somerset (B&NES)**: As part of System planning on urgent care recovery we have worked with ICA locality partners, to undertake a review of our investments and schemes to date. This has helped our understanding of impacts and outcomes achieved and informed our proposed areas of future planning on improving discharges and making it easier to access the right care.

3.4. The ICA has contributed to the development of the BaNES Health and Wellbeing strategy which has identified four key priorities:

- Ensure that children and young people are healthy and ready for learning and education,
- Improve skills, good work and employment,
- Strengthen compassionate and healthy communities,
- Create health promoting places.

This work has been co-created with partners and will inform the place elements of the Integrated Care Strategy.

3.5. Other initiatives in BaNES include setting up arrangements for our Community Investment Fund (CIF). Our aim with the CIF is to bring our work closer to communities and individuals who we know have inequalities and are our most vulnerable, to provide practical help and support. We are working with Quartet as our lead partner to administer a catalyst grants programme of £100k.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	8
Date of Meeting:	16 March 2023		

Title of Report:	BSW Operational Performance Report
Report Author:	Jo Gallaway – Performance Manager
Board / Director Sponsor:	Rachael Backler – Director of Planning and Performance
Appendices:	Operational Performance Dashboard

Report classification	
ICB body corporate	
ICS NHS organisations only	Yes
Wider system	

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
Quality and Outcomes Committee	06/03/22	Assurance on performance oversight
ICB Executive Performance Meeting	20/02/22	Review of performance across the oversight framework domains

1	Purpose of this paper
The aim of this paper is to provide oversight and assurance on the delivery of operational performance to the Board	

2	Summary of recommendations and any additional actions required
The Board is asked to receive this report for assurance purposes.	

3	Legal/regulatory implications
This report is part of the BSW assurance framework including the delivery of: NHS Oversight Framework (SOF) and the NHS Constitution.	

4	Risks

There are several risks on the BSW ICB Corporate Risk Register that reflect the challenges to delivering Quality and Performance.

- BSW ICB 01 – Insufficient capacity for Winter 2022/23
- BSW ICB 03 – Ambulance Hospital handover delays
- BSW ICB 04 – Impact of Industrial Action
- BSW ICB 06 – System workforce challenges.
- BSW ICB 07 – Workforce shortages in maternity services
- BSW ICB 08 – Workforce challenges in MH services
- BSW ICB 09 – Recovery of Elective Care capacity
- BSW ICB 10 – Cancer waiting times underperforming

5	Quality and resources impact	
Performance issues are highlighted in this report. Where appropriate action is taken to address this impact.		
Finance sign-off		Not required.

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 inequalities.	

7	Statement on confidentiality of report
This report is not considered to be confidential.	

BSW Operational Performance Report

1. Introduction and purpose of report

1.1. This report provides a high-level summary of key operational performance indicators by exception. This report also highlights key risks and issues of which the Board should be aware.

Key areas to highlight and risks relating to operational performance

2. Urgent Care and Flow

System-level

2.1. During this period of industrial action, ambulance response times remain challenged for all categories across BSW although there was an improvement in January with hours delayed nearly halved from December. BSW's hospital handover delays do not meet the planned trajectories for each of the three acute trusts.

2.2. The BSW non-criteria to reside position has continued to be challenged with neither the Trusts nor the Places meeting targets. Overall, there was a reduction in January against the December position.

2.3. The BSW system care co-ordination hub pilot has been extended until the end of March 2023 following the initial success of the pilot in December and January. A business case is being completed to implement long term.

3. Elective Care

RTT Long Waiters

3.1. The ICB has one patient choice breach over 104 weeks in the independent sector awaiting diagnostic test results, with dates having been earmarked for any required surgery.

3.2. The number of patients at risk of breaching 78 weeks by end of March continues to decrease, with the remaining cohort to be treated at 289 (as at 12/2/23). Weekly monitoring of dates being booked continues.

Cancer

3.3. Cancer waiting time reporting against the ten national targets for Dec 22 showed two of the ten targets were met for BSW ICB patients. Both of the targets met at ICB-level relate to 31 day subsequent treatments. BSW performance though was top quartile for 6 national targets and better than the national average in 9 of 10 national targets.

3.4. Performance against the two week wait standard remained below target but has improved to above England average. Breaches were high in Colorectal at RUH and GWH, Urology at RUH and Skin at SFT. 2WW breast symptomatic performance dropped in Dec for all Trusts but particularly at RUH and the ICB (60.6%) is in the lowest quartile with (32 of 42 ICBs).

3.5. Diagnostic capacity remains our biggest challenge, in particular SFT radiology; prostate and endoscopy at all three providers, RUH prostate biopsy, & MRI reporting.

3.6. The 62 day backlog reduced across January by 80, though it has continued to fluctuate and latest data shows it at 467 at week ending 29/1/23.

Diagnostics

3.7. DM01 performance (the % of the waiting list over 6 weeks) had been deteriorating since Nov 22, but the last five weeks have seen a continual improvement with the current breach rate now at 46.5%. Key drivers of the challenged performance have been workforce with some modalities also impacted by higher cancer referrals.

3.8. Ultrasound currently accounts for 58% of the breaches but has seen an improvement from 64% 6 week breaches in January to 53% as at 12/2/23 (a backlog reduction of 1,348 patients).

4. Primary Care

4.1. Access to GP Practices across BSW has increased in January by 7.6% from the previous month and increased by 12.1% compared to January 2022. 67% of appointments were face to face; and 39% were same day appointments and 74% within 14 days (local data).

4.2. In December, BSW reported below England average for the metrics “same day appointments” and “appointments within 14 days of booking”. This will be further analysed to understand GP Practice level variation.

5. Mental Health

5.1. IAPT workforce modelling underway using the national tool. The current model suggests that there is a workforce gap of c. 89 staff (47 Low Intensity Practitioners, 41 High Intensity Practitioners) which will need to be addressed as part of operational planning in 2023/24 if we are to achieve the required access and recovery standards. Current performance remains below LTP mandated delivery.

5.2. To improve access to all mental health services across all points of delivery, a revised governance structure and reporting approach has been developed and agreed through Thrive Programme Board.

6. Learning Disabilities and Autism (LDA)

6.1. Annual Health Checks (AHC) projecting 70% by year end (current actuals showing improved position on 21/22) against the target of 75%. This is as a result of proactive work underway, utilising GP lead for LDA to work with primary care.

6.2. LDA in-patient numbers: Increased numbers however, Quality Assurance visits and Care (Education) and Treatment Reviews are being completed. This remains a focus for all localities. 5 planned discharges between Feb – end May 2023.

7. Maternity

7.1. Midwife Led Home births and births in Chippenham birth unit remain suspended with a plan to re-introduce in March 2023.

7.2. Continued focus on recruitment and retention and career development pathways with some improvements in maternity staffing but remains challenging at times due to continuing national shortage of midwives.

7.3. Salisbury Maternity services continuing to work with National Maternity Support programme team to progress safety actions.

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

BSW Operational Performance Dashboard March 2023

ICB Board, 16/03/2023

Key BSW Performance Metrics

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

	Key Performance Metrics	Unit	Current period	Last Period	This Period	Movement	Target	Target delivery
Non- Elective	**A&E 4 hour standard**	%	Jan-22	69.0%	72.7%	↑	76%	✗
	Ambulance mean response Cat 2	mins	Jan-22	190.1	43.6	↓	30.0	✗
	Patients meeting Non Criteria to Reside - daily average (BSW cut of 3 Acutes) vs 30% reduction	#	Jan-22	357	337	↓	218	✗
	Virtual Ward capacity	#	Jan-22	55	60	↑	84	✗
	Ambulance mean response Cat 1	mins	Jan-22	13.5	10.0	↓	7.0	✗
	Ambulance handovers by ICB > 15 mins	#	Jan-22	3,410	2,998	↓	0	✗
Elective	**RTT incomplete 78 weeks - BSW population**	#	Dec-22	232	249	↑	n/a	
	Cancer - 62 day backlog (Trust totals)	#	Jan-23	547	467	↓	278	✗
	Activity -Total Elective Admissions	# YTD	Dec-22	75,741	84,532	↑	87,067	✗
	RTT incomplete 52 weeks - BSW population	#	Dec-22	4,293	4,185	↓	n/a	
	Activity - Total First Outpatients (specific acute)	# YTD	Dec-22	198,406	220,384	↑	218,346	✓
	Activity F/Up Outpatients (specific acute)	# YTD	Dec-22	319,888	355,733	↑	348,363	✗
	Activity - Daycase (specific acute)	# YTD	Dec-22	65,694	73,330	↑	74,857	✗
	Activity - Ordinary Admissions (specific acute)	# YTD	Dec-22	10,047	11,202	↑	12,210	✗
	Diagnostics - % > 6 week wait	%	Dec-22	41.4%	48.0%	↑	< 25%	✗
	Activity - Diagnostic tests (% variance to 19/20)	%	Dec-22	11.4%	3.4%	↓	6.3%	✗
	Cancer - 28 day Faster diagnostic standard	%	Dec-22	71.4%	74.8%	↑	75%	✗
	Cancer - % Waiting < 62 day (GP)	%	Dec-22	66.6%	67.8%	↑	85%	✗

* BSW patients admitted to the 3 BSW trusts - average of daily local data source. Target is 30% reduction.

~ Virtual Ward capacity is in development with data from all services expected from Jan 23.

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 23/24 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. Some of the key performance metrics aligned to the 2023/24 plan ambitions are shown in bold.

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

Key BSW Performance Metrics

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

	Key Performance Metrics	Unit	Current period	Last Period	This Period	Movement	Target	Target delivery
Primary Care and Community Access	**Primary Care Access - booked appointments**	#	Dec-22	563,257	475,253	↓	452,112	n/a this is an expected level not target
	Primary Care Access - % face to face appointments	%	Dec-22	72%	70%	↓	n/a	
	Primary Care Access - % booked same day	%	Dec-22	37%	45%	↑	n/a	
	Primary Care Access - % booked within 14 days	%	Dec-22	79%	82%	↑	n/a	
Mental Health	**Access to talking therapies**	rolling 3 mth #	Nov-22	2,915	2,945	↑	4,595	✗
	Out of area placements (bed days)	rolling 3 mth #	Nov-22	70	60	↓	313	✓
	Access to CYP MH services	rolling 3 mth #	Jun-22	8,550	8,770	↑	8,290	✓
	SMI Health checks	rolling 12 mth #	Dec-22	3,124	3,190	↑	4,225	✗
	Dementia diagnosis rate 65+	%	Jan-22	57.7%	57.4%	↓	66.7%	✓
LD	**In patients - Adults & Children CCG & NHSE fundec**	#	Q3 22 23	39	39	↔	28	✗
	LD Annual health checks	ytd %	Dec-22	35.5%	41.6%	↑	48.3%	✗

NHS
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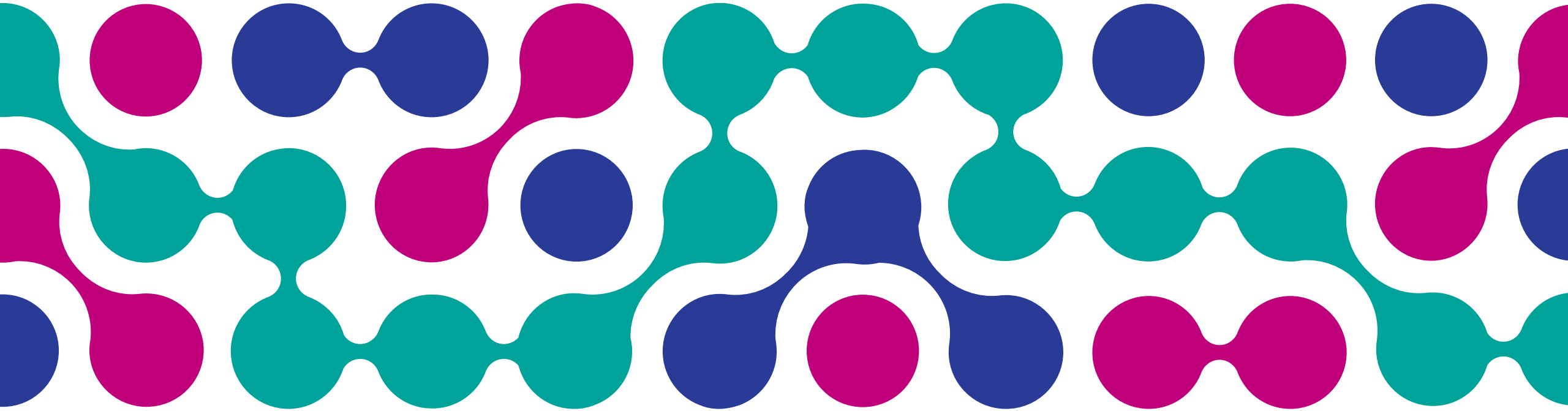
Integrated Care Board

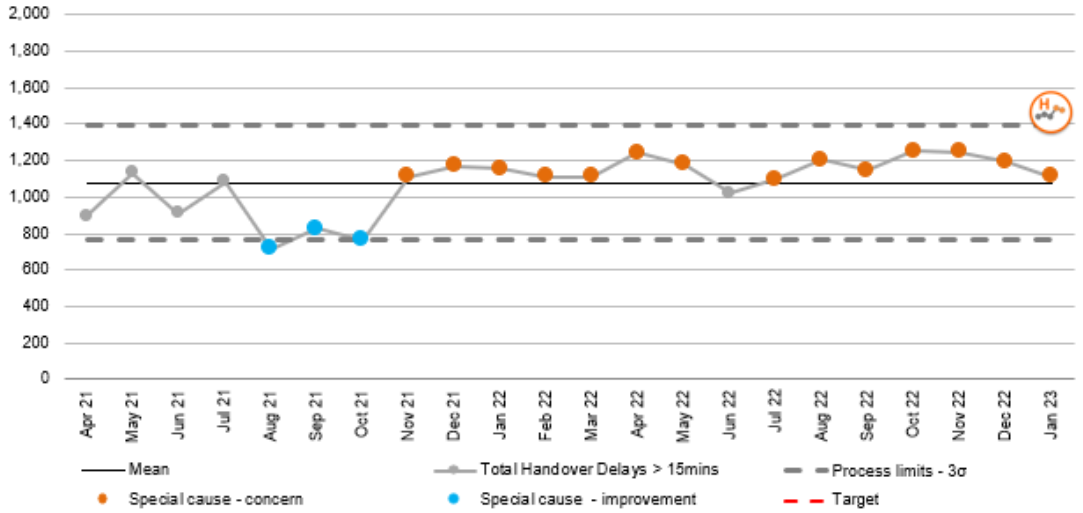
Exception updates



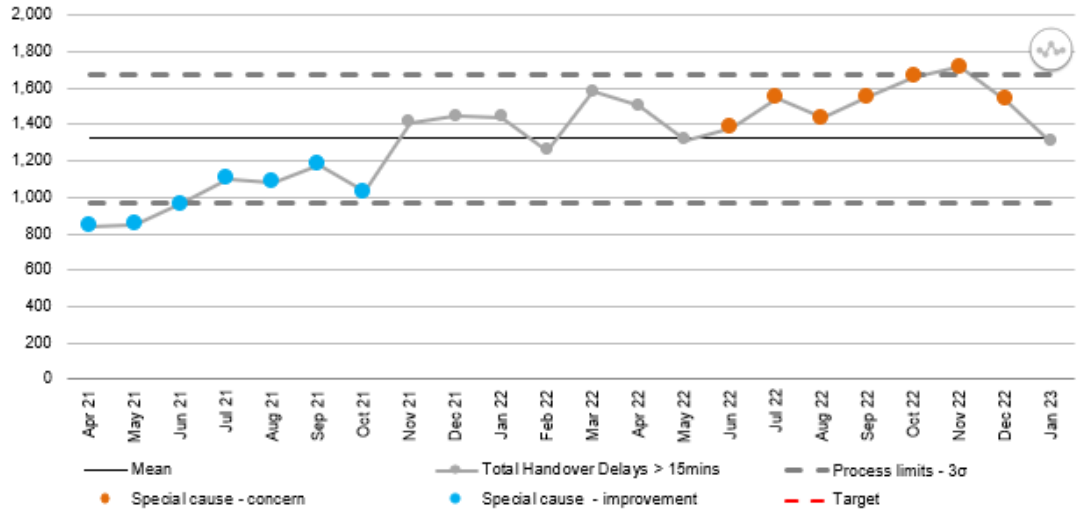
Urgent Care – ambulance handovers

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

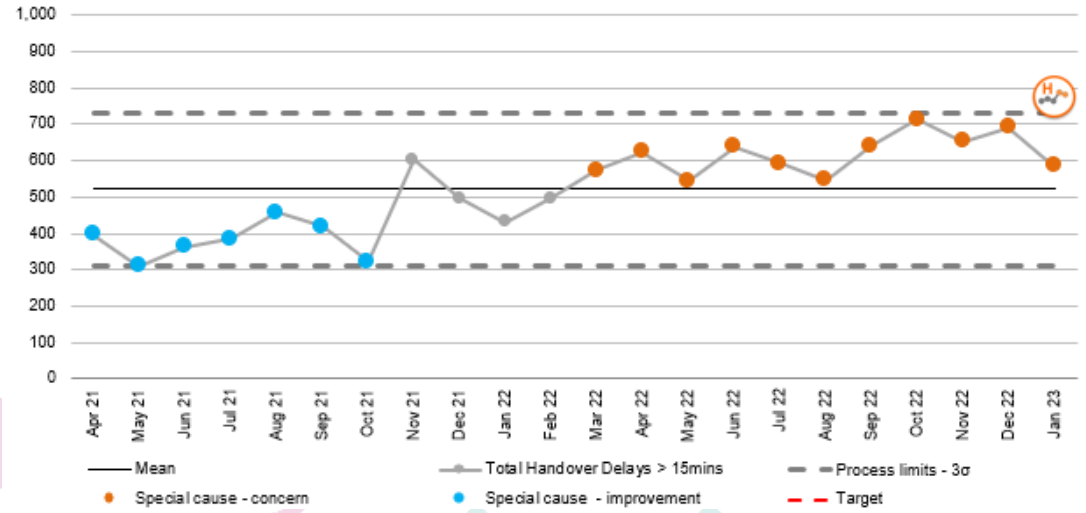
Total Handover Delays > 15mins-GWH starting 01/04/21



Total Handover Delays > 15mins-RUH starting 01/04/21



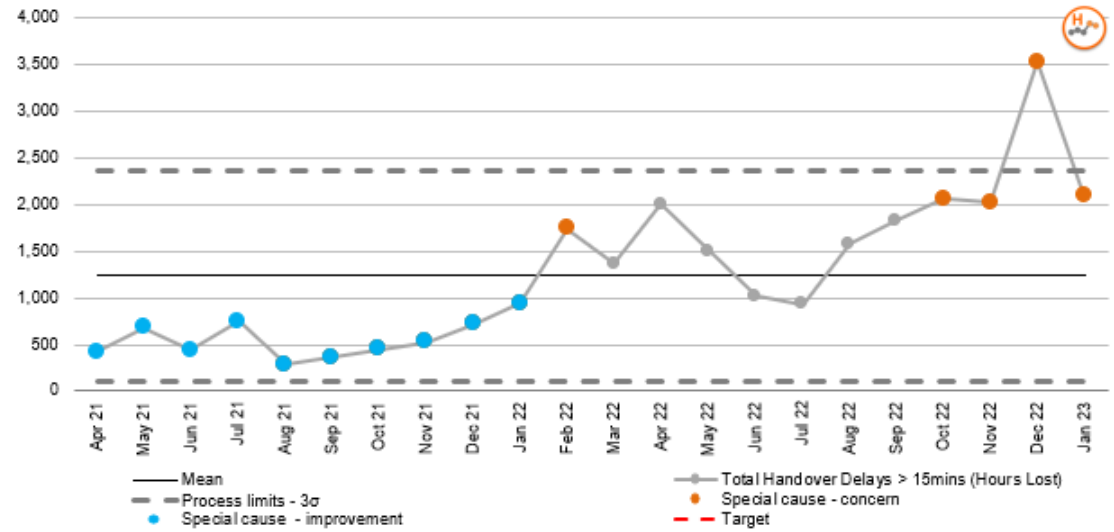
Total Handover Delays > 15mins-SFT starting 01/04/21



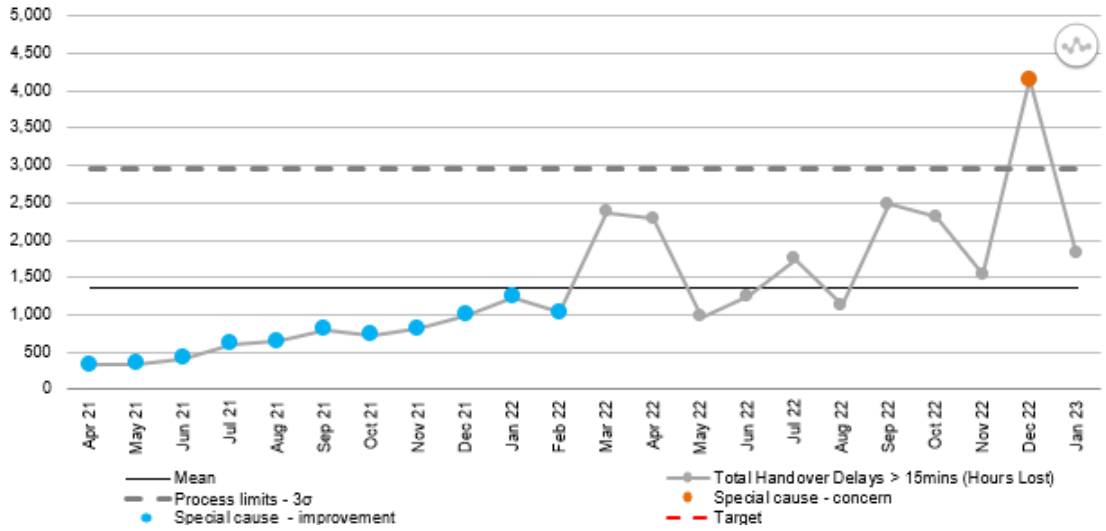
Urgent Care – ambulance handovers – hours lost

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

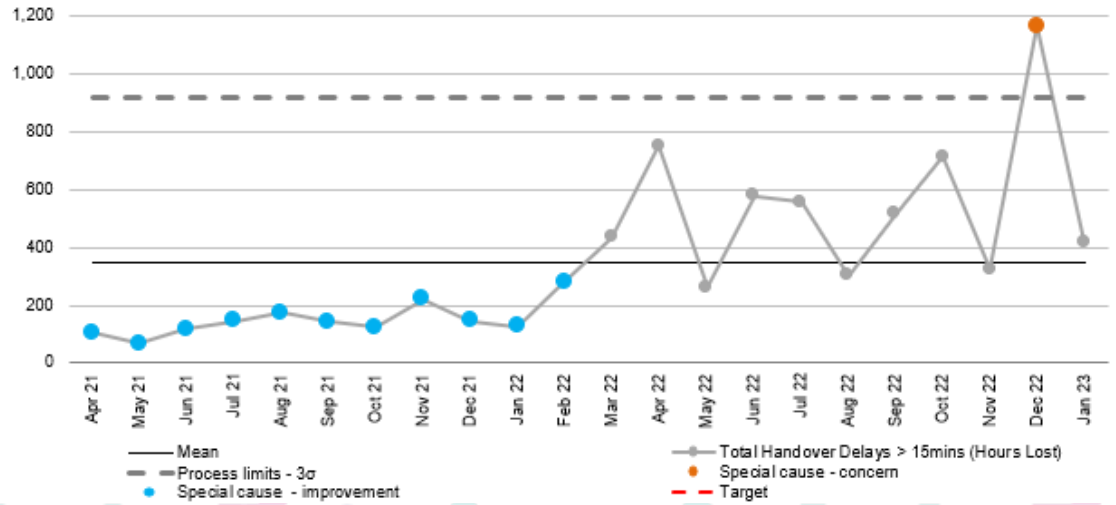
Total Handover Delays > 15mins (Hours Lost)-GWH starting 01/04/21



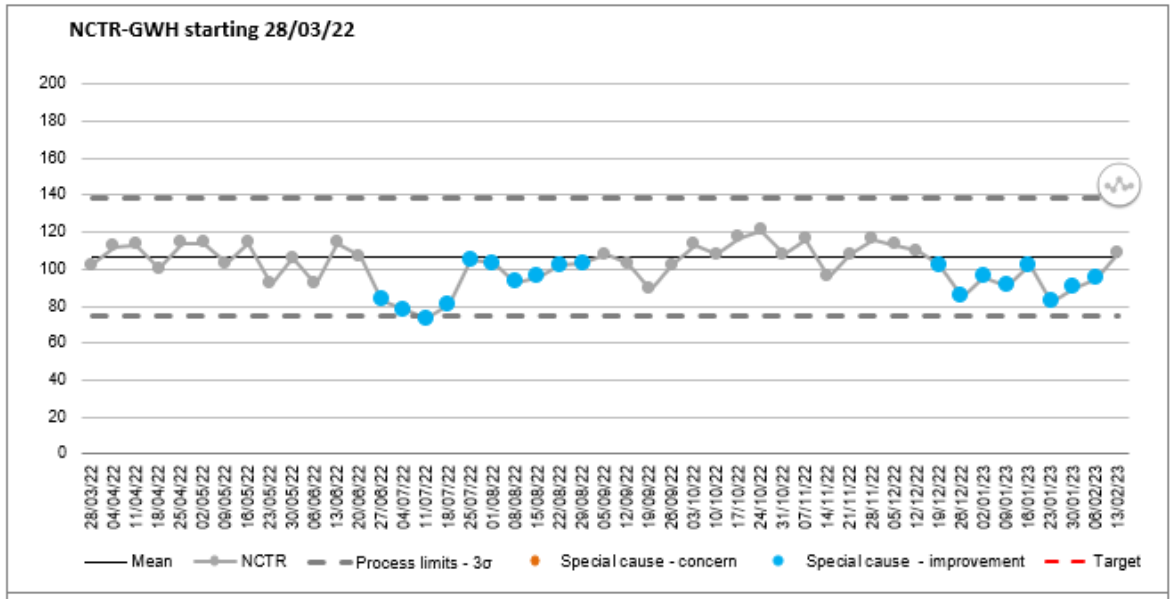
Total Handover Delays > 15mins (Hours Lost)-RUH starting 01/04/21

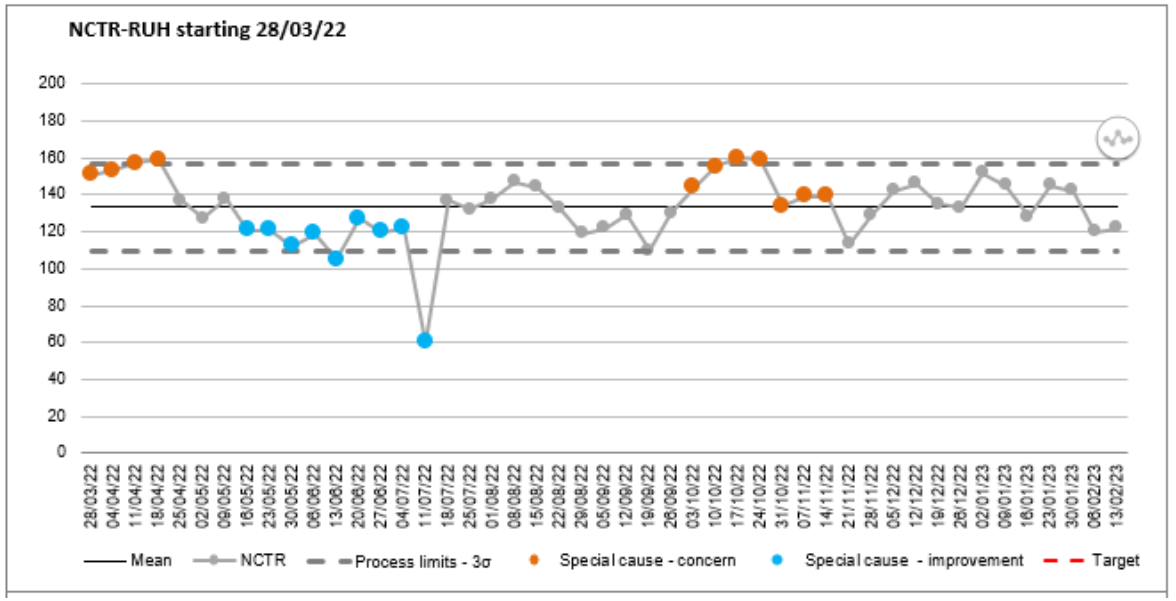


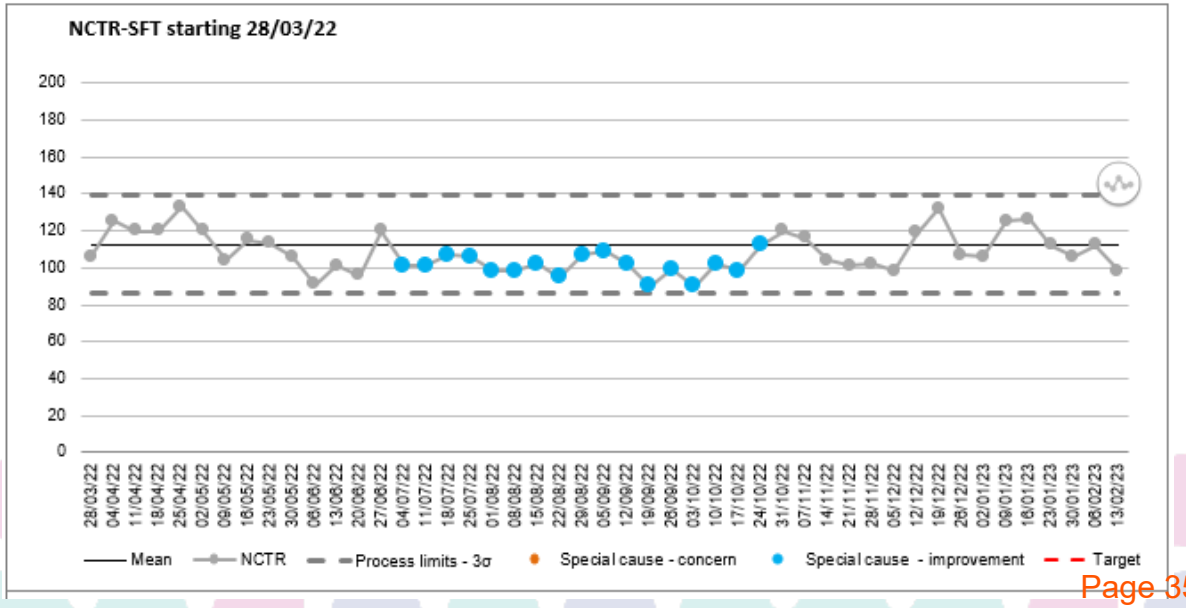
Total Handover Delays > 15mins (Hours Lost)-SFT starting 01/04/21



Urgent Care – non criteria to reside







BSW Patient Discharge Pathways

12 months discharges (Feb 22 – Jan 23)

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

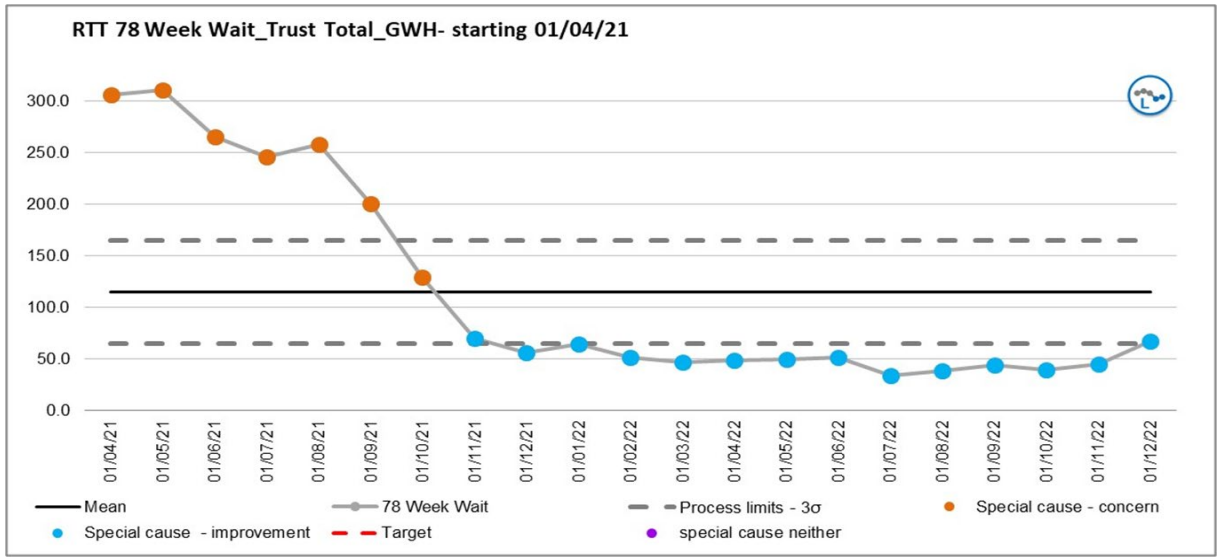
These pathways include all BSW patients discharged from GWH, RUH and SFT by the locality of the patients. The pathways were defined by the DHSC discharge to assess model with the aim that systems would monitor and review the proportions in each pathway. Where the pathway is not recorded, the majority are believed to be pathway zero.

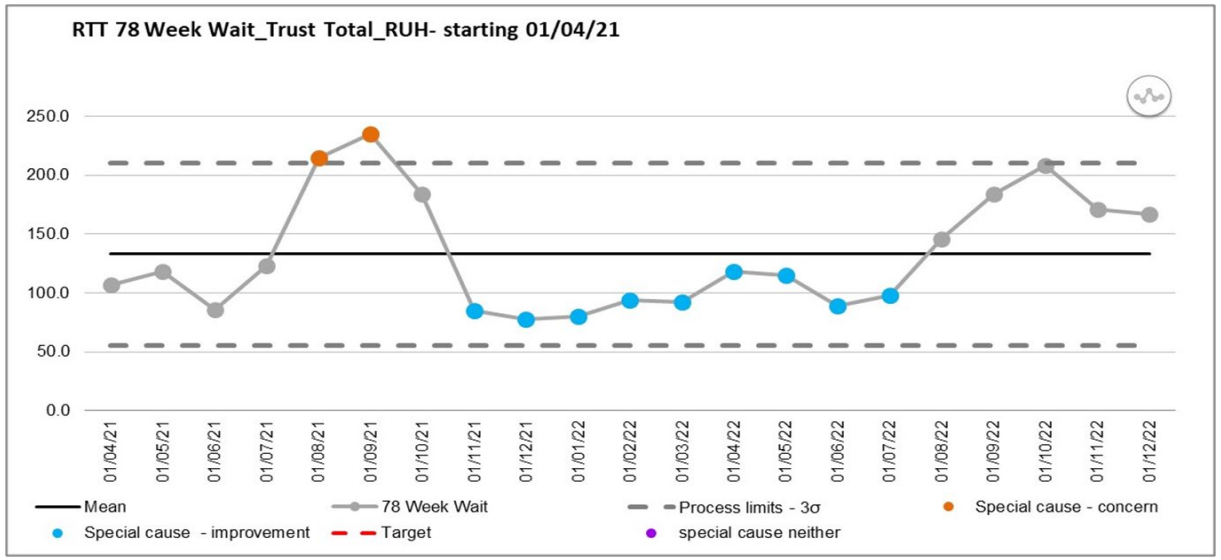
	Pathway 0 – No additional support • Fully independent with no additional post discharge support required	**Pathway 1 – Additional support at home/usual place of residence required** • Safe to be at home/usual residence • Assessment with additional care/support	**Pathway 2 – Additional support required but not able to go home** • Unsafe to be at home/usual residence • Temporary bedded rehab/ reablement assessment required	**Pathway 3 – Long-term specialist/complex care is required** • Complex health/social care needs • Longer term support • Complex support in usual residence	**Pathway unknown**
	0	1	2	3	
BANES	**7,634 77.1%** 65+ 4,354 57.0%	**650 6.6%** 65+ 585 90.0%	**484 4.9%** 65+ 437 90.3%	**162 1.6%** 65+ 138 85.2%	**975 9.8%** 65+ 543 55.7%
SWINDON	**13,189 88.2%** 65+ 6,398 48.5%	**967 6.5%** 65+ 865 89.5%	**655 4.4%** 65+ 581 88.7%	**134 0.9%** 65+ 121 90.3%	**6 0.04%** 65+ zero 0%
WILTSHIRE	**23,897 82.6%** 65+ 13,837 57.9%	**1,957 6.8%** 65+ 1,787 91.3%	**1,625 5.6%** 65+ 1,495 92.0%	**327 1.1%** 65+ 292 89.3%	**1,111 3.8%** 65+ 616 55.4%

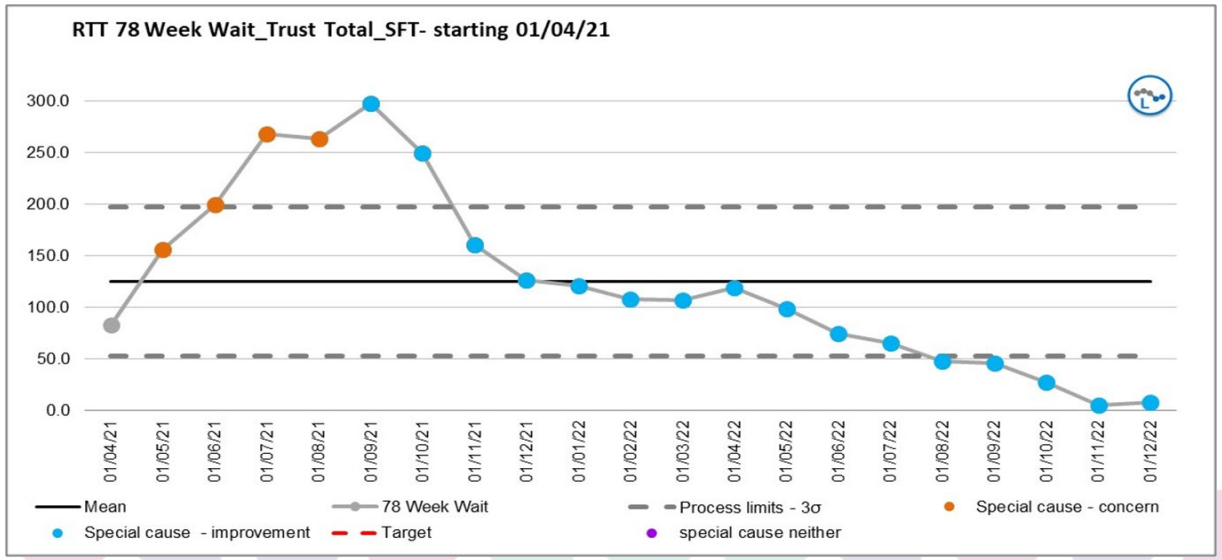
65+ discharge proportion is a subset of the pathway 0,1,2 or 3 discharges only

Planned Care – RTT 78 weeks

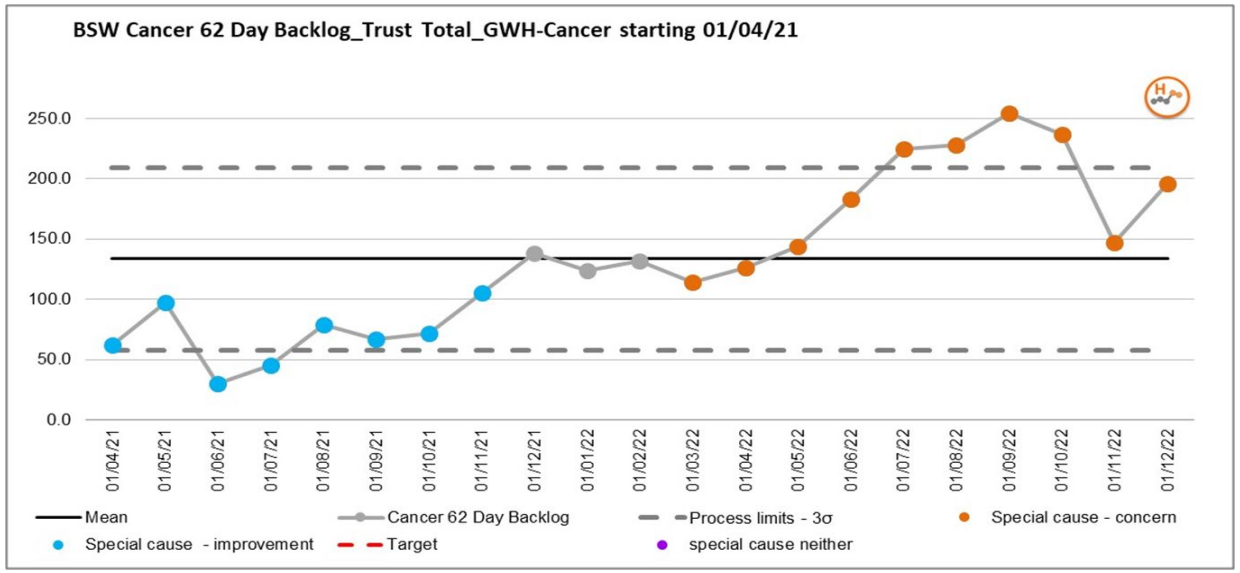
NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

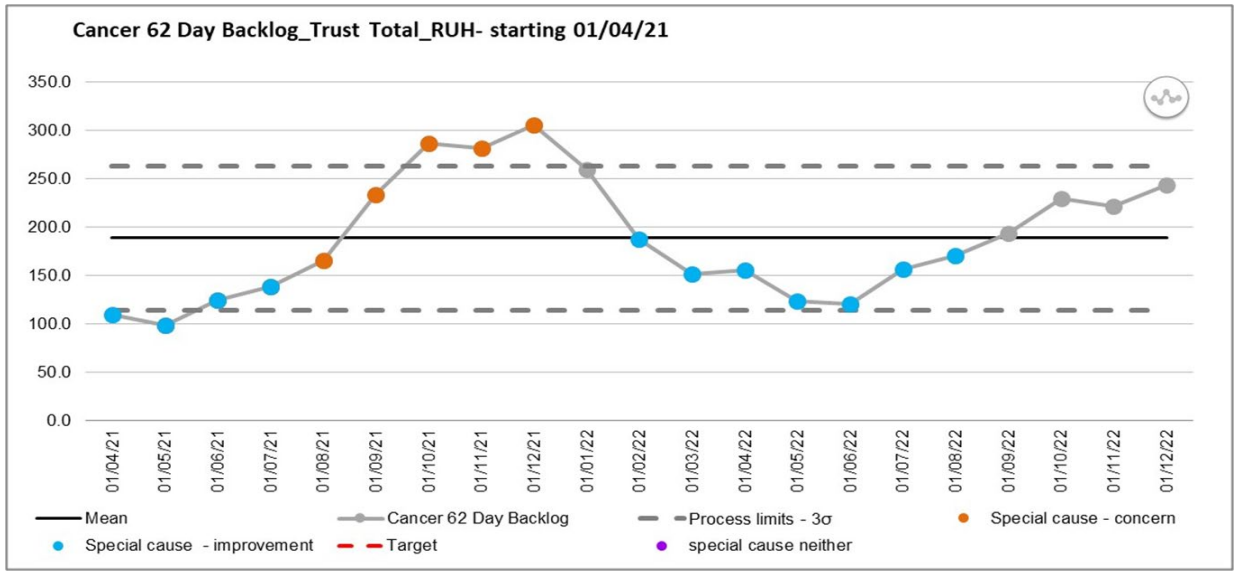


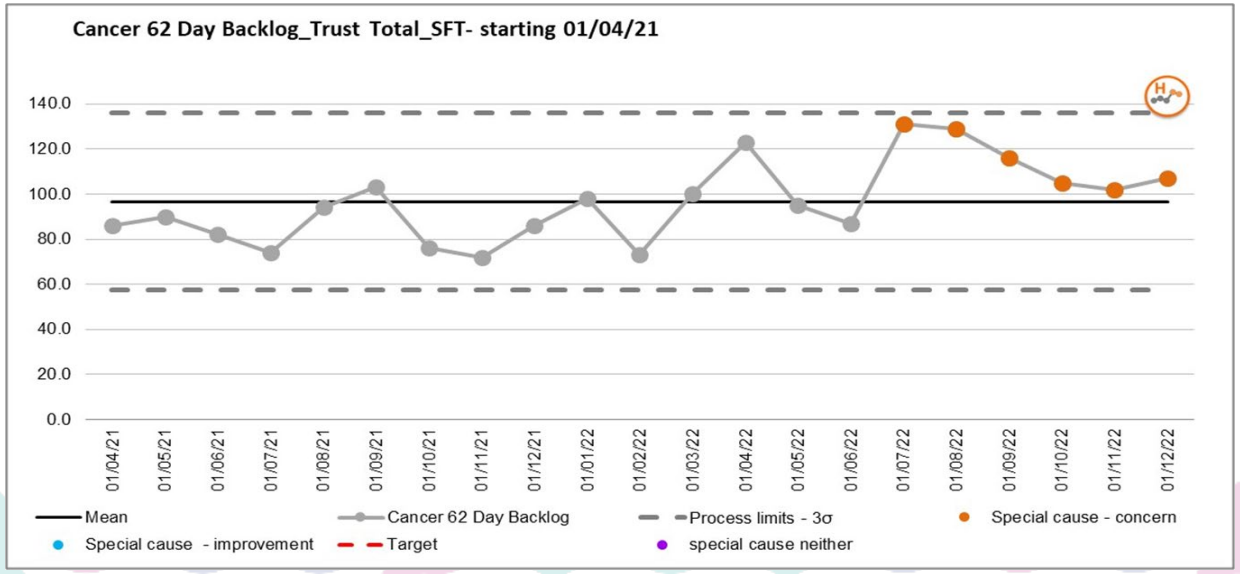




Planned Care – Cancer 62 day backlog

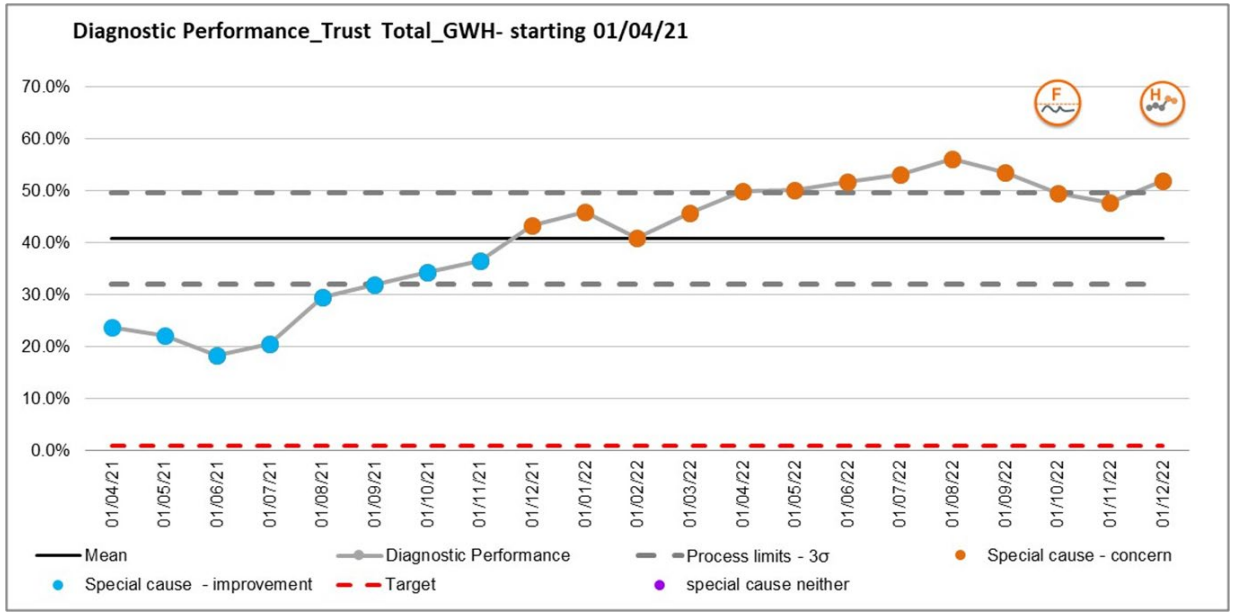


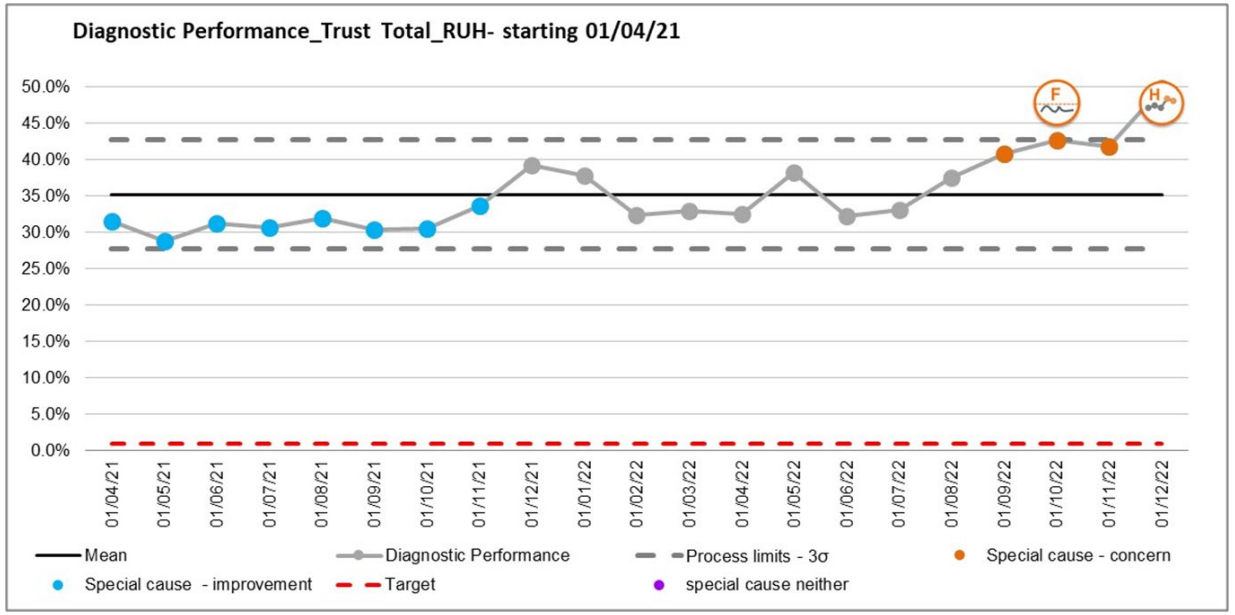


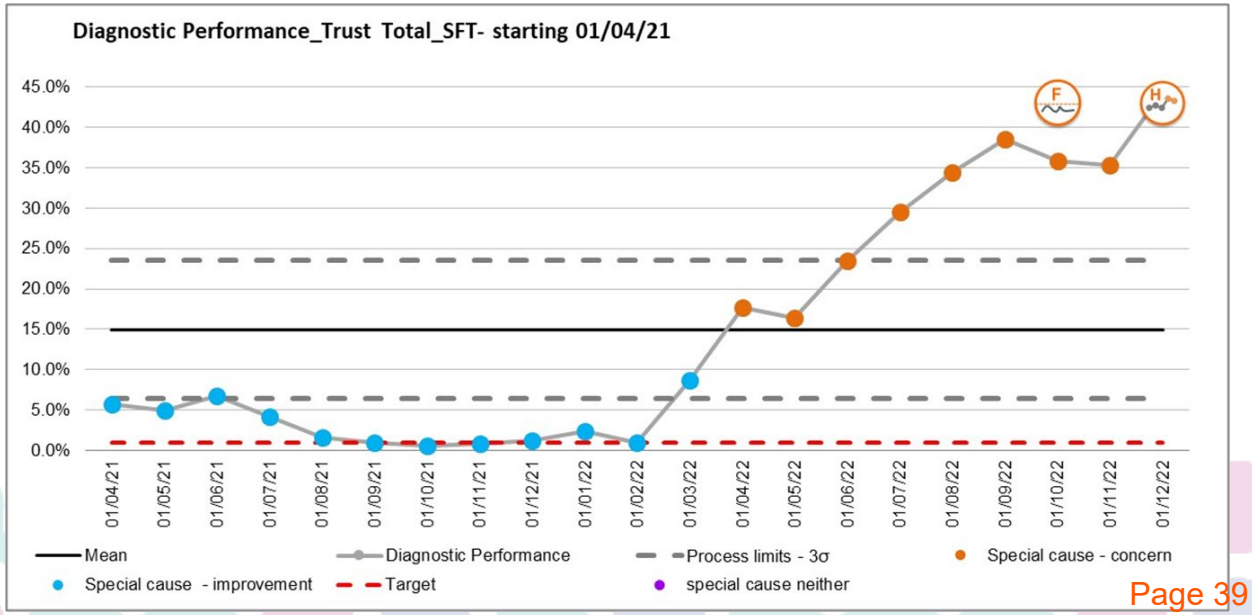


Planned Care – Diagnostics- % waiting more than 6 wks

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

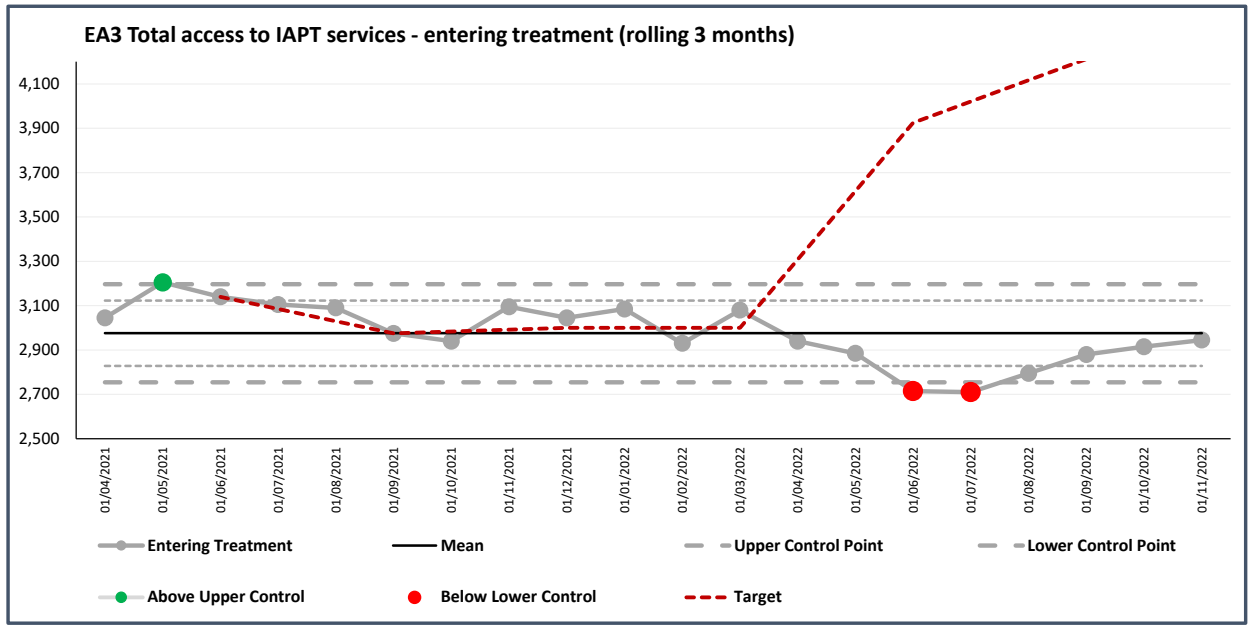


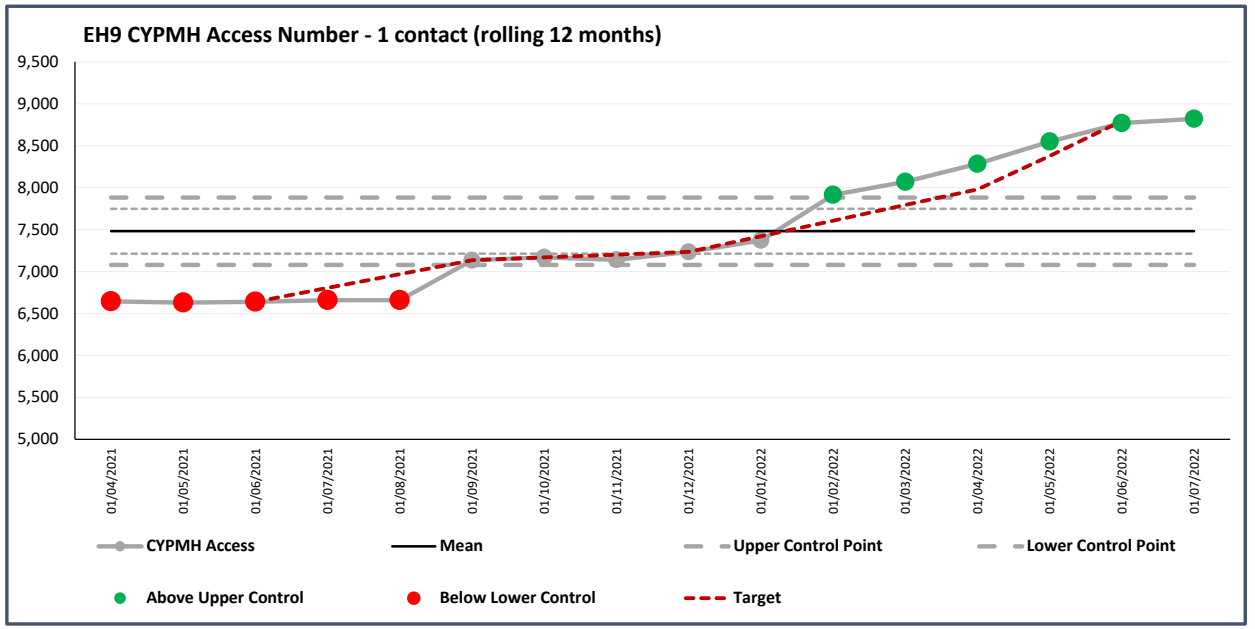




Mental Health – Access to community services

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

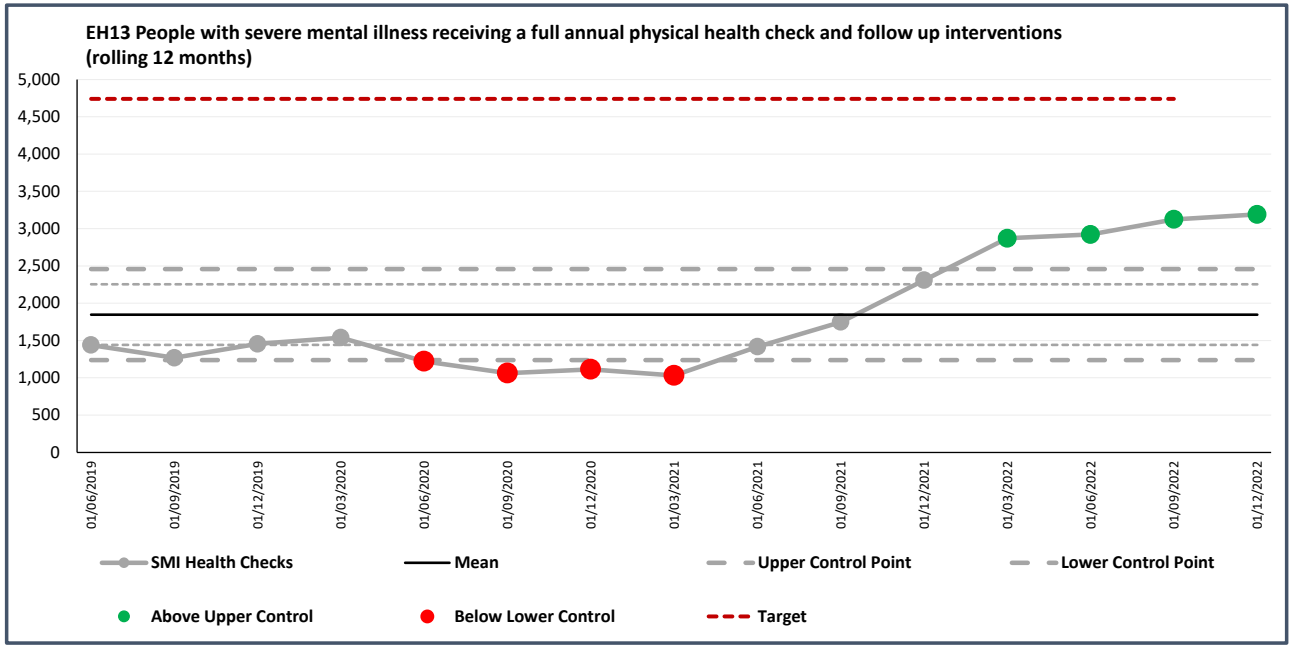


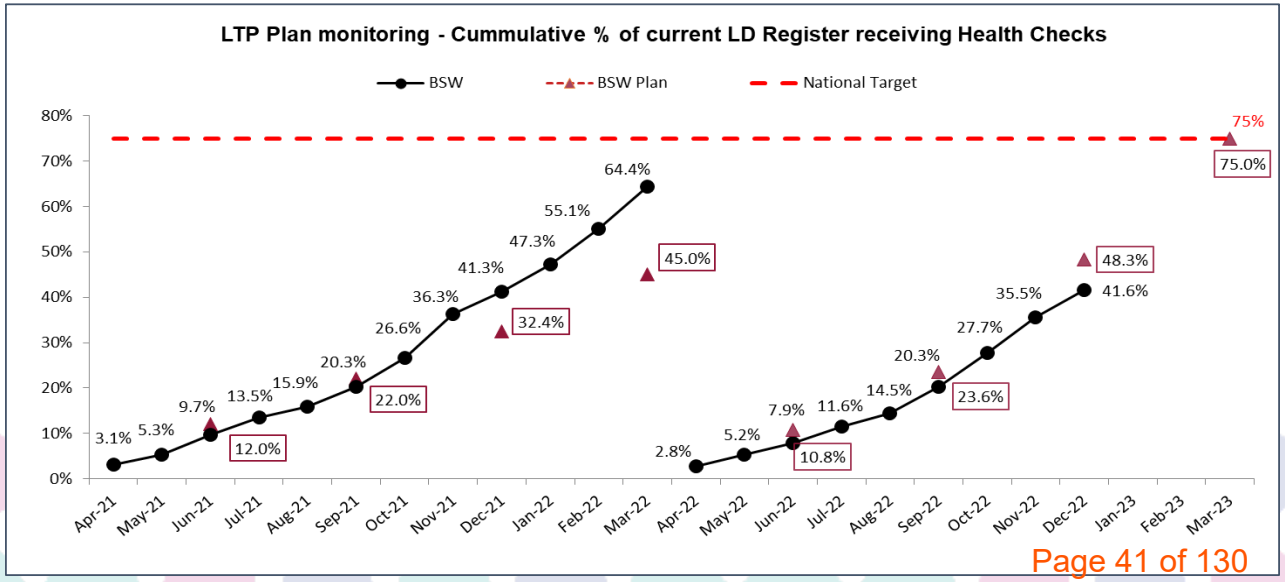


Please note: Children's MH Access data is currently unavailable.

Mental Health & Learning Disabilities – Annual Health Checks

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

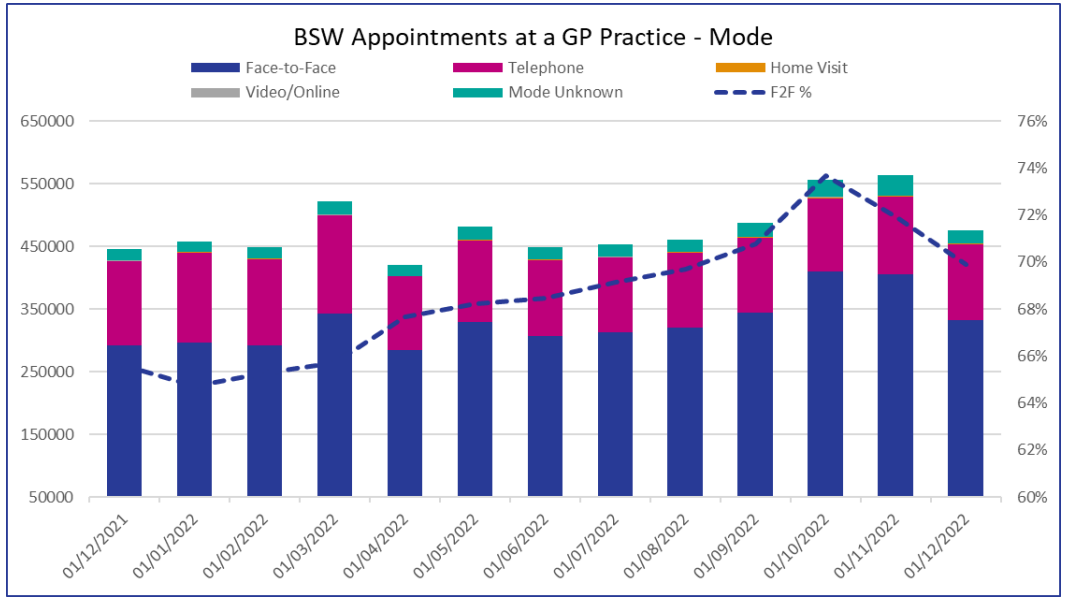


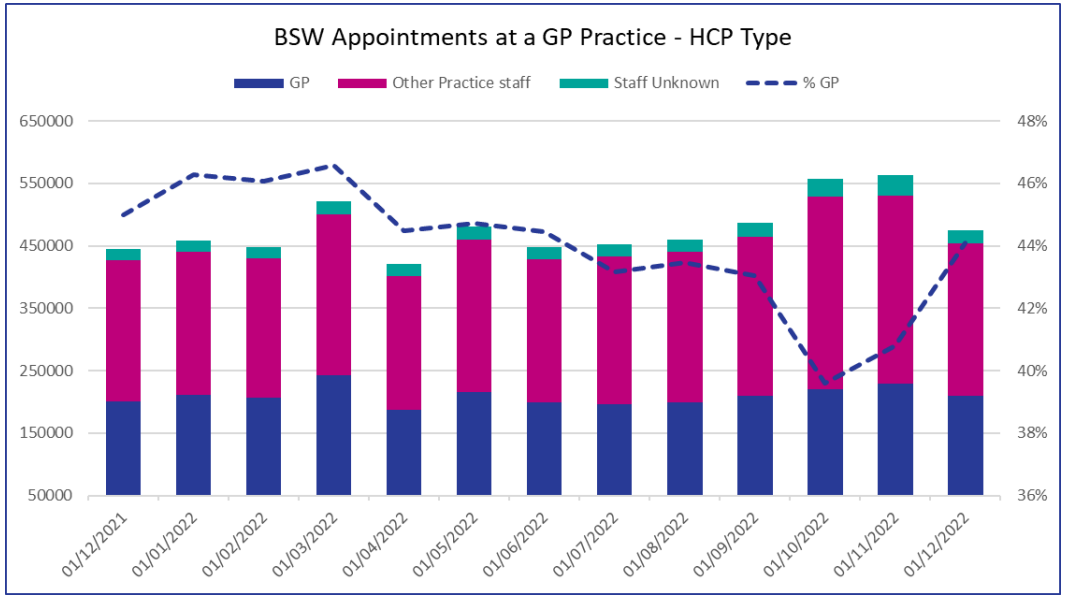


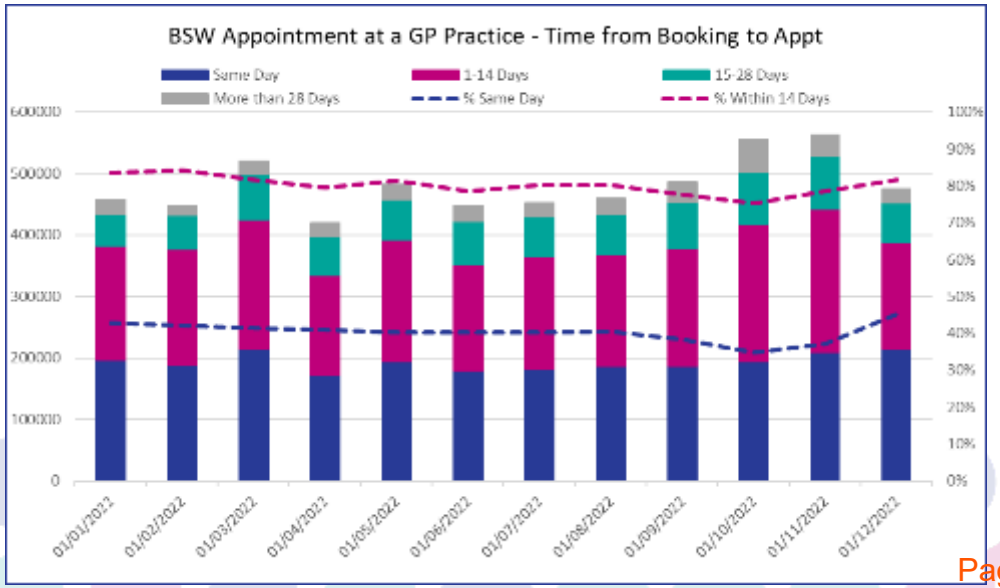
Primary Care

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

New National Data Source: previous reporting has been based on locally collated data from practices using TPP. The charts below are examples of how the new data can be used. The table is from a SW regional report using the new data. Reporting covering the 23/24 plan and other local priorities will be developed *https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practic*







SW Region – Practice level GPAD tableau December 22 analysis (extract)

South West values	46.2%	82.6%	66.9%	46.1%	58.5%	489
England values	48.1%	85.0%	68.3%	49.6%	60.7%	

	Key measures					
ICB	% Same day	% Within 14 days	% Face to Face	% With a GP	% F2F with a GP	Appointments per 1000 patients
NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board	45.3%	81.6%	69.9%	44.1%	61.8%	481
NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board	46.4%	85.3%	63.8%	48.6%	52.5%	416
NHS Cornwall and the Isles of Scilly Integrated Care Board	48.0%	83.4%	66.1%	44.8%	57.9%	546
NHS Devon Integrated Care Board	47.2%	84.9%	64.4%	46.2%	56.1%	545
NHS Dorset Integrated Care Board	44.0%	79.2%	75.4%	45.3%	72.9%	468
NHS Gloucestershire Integrated Care Board	44.4%	78.7%	73.8%	45.6%	69.4%	506
NHS Somerset Integrated Care Board	48.2%	82.7%	53.4%	48.8%	38.3%	470

Cell Colour coding: Red below England value, Green above England value

Traffic lights indicate highest and lowest values within the 7 South West ICBs

Data note - The rate of appointments per 1,000 patients varies greatly due to individual practice differences, such as how appointment books are managed, GP system suppliers and small list sizes caused by practices in the process of closing or merging.

COVID-19

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

Prevalence

8 February 2023

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

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

	25 Jan	26 Jan	27 Jan	28 Jan	29 Jan	30 Jan	31 Jan	01 Feb	02 Feb	03 Feb	04 Feb	05 Feb	06 Feb	07 Feb	08 Feb
England	26.74	27.41	28.16	28.28	29.71	32.25	33.74	34.85	35.70	36.25	36.01	37.18	38.88	37.93	35.21
South West	30.22	31.87	33.47	34.49	35.96	39.00	41.46	43.50	44.96	46.10	46.15	46.92	49.34	48.61	44.84
Bath and North East Somerset	20.70	20.70	25.87	25.87	27.42	23.28	25.35	27.42	28.46	25.35	27.94	29.49	31.56	28.97	24.32
Swindon	25.20	26.10	27.90	29.25	27.90	31.05	33.30	32.40	33.75	33.30	33.30	35.55	33.75	35.55	33.75
Wiltshire	20.00	20.60	20.20	25.20	27.00	30.00	32.20	37.40	40.40	43.60	40.60	39.00	37.60	37.80	35.00

BSW Vaccination: Summary

22nd February 2023

There remains some duplication within the data, where patients exist within multiple cohorts
As a result % uptake figures are estimates
**TPP and EMIS Practice data now included – last updated 17th February 2023*

Autumn Boosters — **75.7%** of overall cohort

- Frontline Health or Social Care worker — Booster dose uptake 64.0%
- Care home worker — Booster dose uptake 73.7%
- Care home resident + 65 years and over — Booster dose uptake 91.8%
- 75 years and over — Booster dose uptake 91.9%
- 50 – 74 years — Booster dose uptake 76.5%
- 16 – 50 years + carer — Booster dose uptake 44.4%
- 16 – 50 years + at risk — Booster dose uptake 44.8%
- 5 – 50 years + immunosuppressed — Booster dose uptake 57.5%
- 5 – 16 years at risk — Booster dose uptake 36.6%

Summary as reported 16th February 2023

Confirmed COVID Cases (Acute) 16 Feb: **75**

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: **31**

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	8a
Date of Meeting:	16 March 2023		

Title of Report:	BSW Quality Report
Report Author:	Sarah-Jane Peffers- Associate Director of Patient Safety and Quality
Board / Director Sponsor:	Gill May- Chief Nursing Officer
Appendices:	

Report classification	
ICB body corporate	
ICS NHS organisations only	
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	

Previous consideration by:	Date	Please clarify the purpose
ICB Quality and Outcomes Committee	06/03/22	Assurance on Quality oversight
ICB Executive Performance Meeting	20/02/22	Review of Quality metrics across the oversight framework domains

1	Purpose of this paper
The aim of this paper is to provide oversight and assurance on the safe and effective delivery of care to the Board	

2	Summary of recommendations and any additional actions required
The Board is asked to receive this report for assurance purposes.	

3	Legal/regulatory implications
This report is part of the BSW assurance framework including the delivery of: NHS Oversight Framework (SOF) and the NHS Constitution.	

4	Risks
There are several risks on the BSW ICB Corporate Risk Register that reflect the challenges to delivering Quality and Performance. • BSW ICB 01 – Insufficient capacity for Winter 2022/23 • BSW ICB 03 – Ambulance Hospital handover delays • BSW ICB 04 – Impact of Industrial Action • BSW ICB 06 – System workforce challenges. • BSW ICB 07 – Workforce shortages in maternity services • BSW ICB 08 – Workforce challenges in MH services • BSW ICB 09 – Recovery of Elective Care capacity • BSW ICB 10 – Cancer waiting times underperforming	

5	Quality and resources impact
Performance issues are highlighted in this report. Where appropriate action is taken to address this impact.	
Finance sign-off	Not required.

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 inequalities.	

7	Statement on confidentiality of report
This report is not considered to be confidential.	

BSW Quality Report

1. Introduction and purpose of report

1.1. This report provides a high-level summary of key quality indicators by exception. This report also highlights key risks and issues of which the Board should be aware.

2.0 Thematic reviews

The ICB Quality and Outcomes Committee has recently received two focused reviews for Stroke and Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

2.1 Stroke:

Prevalence of stroke survivors is slightly higher in BANES, Swindon, and Wiltshire (1.97%) than the England rate (1.81%)

Pre-hospital admissions data from South West Ambulance Service shows an increase of 13.24% in activity for stroke in 20/21 compared to the two previous years.

It is recognised that the provision of care for people who have suffered a stroke has been impacted by the increasing pressures on health and social care services, timely ambulance conveyances, busy Emergency Departments, workforce challenges and consistency of services across 7 days and 24 hours, including Early Supported Discharge Schemes. However, the ICB recognises there are further Improvements that can be taken forward (list below) over, and above already existing organisational improvement plans and BSW system improvements to reduce the Number of People recognised as Non-Criteria To Reside (NCTR):

- BSW integrated community-based care transformation provides opportunities for new stroke services models to be designed and brought in line with the national service model.
- Consideration for digital solutions
- Greater connections with Integrated Stroke Delivery Networks and collaboration across the system.
- Opportunities for support from the roll out of BSW Academy and Care Coordination Centre. To support workforce development and to ensure people are signposted to the right services at the right time, and enabling the ambulance service to convey the right people to ED.

BSW ICB will be re-establishing a BSW Stroke network to oversee improvements in the stroke pathway. BSW system recognises the potential risk of people who have a stroke not being able to access the required services within the expected timeframes and therefore the role of a BSW Stroke Network will continue to review the level of risk and mitigations and support the system to review and transform stroke services

across BSW. National data collection through the Sentinel Stroke National Audit Programme (SSNAP) enables both organisations and BSW system to identify current system delivery performance and monitor improvements.

2.2 Autism and Attention Deficit Hyperactivity Disorder

Waiting times for specialist assessments for conditions such as autism and ADHD are recognised challenges within the NHS and identified in the NHS Long Term Plan (2020). These challenges are recognised across BANES, Swindon, and Wiltshire.

The following key points were highlighted in the report:

- Nationally and locally within BSW, the number of people referred for an autism assessment is increasing. GP registers reflect that increases in those recorded as having ADHD is also increasing.
- The pathways for ADHD and autism assessment and management in BSW are generally compliant with National Institute for Health and Care Excellence (NICE) guidance. Areas requiring focus, transition, wrap around support pre and post diagnosis and waiting times for assessment to be taken forward by the relevant BSW Integrated care System (ICS) Programme Boards.
- Research has found autistic people are more likely to have mental health needs.
- Feedback collated by Healthwatch demonstrates that across BSW autistic people report a lack of support around understanding a diagnosis of autism and providing additional support in terms of workplace.
- A group has been established across both BSW and BNSSG with AWP to develop plans for recovery of the ADHD waiting list.
- BSW Integrated Care System is developing a training plan to ensure sufficient capacity is in place to deliver the Oliver McGowan Mandatory Training.
- Pilot schemes have highlighted areas of benefit within both adult and Children and Young People (CYP) pathways in terms of pre-diagnostic support in the adult autism pathway, and an approach to enhancing the skill mix and assessment pathway for CYP to reflect a needs-led approach which reflects good practice identified in current research.

This report and its findings to be managed in the relevant ICS Programme Boards, under the leadership of Executive Directors from the ICB. A progress report will be presented to the BSW ICB Quality and Outcomes Committee in six months (September 2023).

3.0 Additional exceptions

3.1 Maternity

BSW ICB Quality and Oversight Committee have acknowledged the publication of the East Kent report (Oct 2022), recognising the different approach of this report compared to Ockenden, directed at specific areas of practice or management, and have received an update on the 4 key areas:

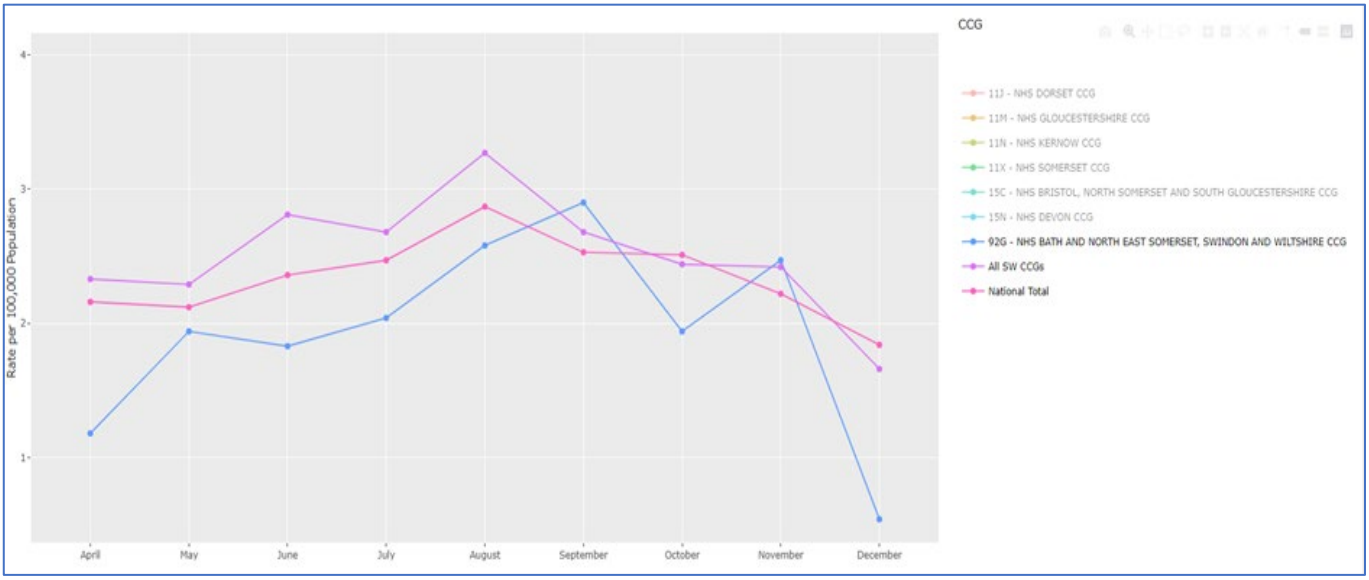
1. Monitoring Safety Performance
2. Standards of clinical behaviour and management
3. Effective teamworking approach –effective relationships within and between professional groups and common purpose.
4. Organisational behaviour –Trusts not prioritising reputation management to the detriment of being open and straight forward with families, with regulators and others.

Recommendations primarily for national bodies/organisations but the learning is being discussed in all maternity providers in BSW and the Local Maternity Neonatal System (LMNS) Board to identify any actions required in addition to implementation of recommended national changes. The oversight of actions will be undertaken by the LMNS safety group in support of the LMNS Board.

3.2 Infection Prevention and Control

Clostroides Difficile (CDI)

NHS England set each system a threshold for total cases within a 12-month period (April – March). BSW ICB currently remains under the threshold at 162 (April 2022-December 2022) against a threshold of 217, however, there is a risk we will breach this threshold. Cases are categorised as either, Hospital Onset Healthcare Associated (HOHA) or Community Onset, Community Associated (COCA) cases, and there is a recognised increase in HOHA cases.



BSW continue to work collaboratively with both system and regional partners at reducing CDI. Workshops took place throughout February looking at reducing Urinary Tract Infections (UTI's) and ensuring that health care services manage UTI's in line with guidance, as UTI's have been identified as a contributory factor to the development of CDI in BSW. The Quality and Outcomes Committee will be receiving a more detailed report in May 2023, the report will identify the learning and outline the system improvements to be taken forward. However, BSW System is 20 cases less than the same period of 21/22.

Total BSW CDI	Threshold set by NHSE/I	Same time period 21/22	Difference
162	217	182	-20

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	9
Date of Meeting:	16 March 2023		

Title of Report:	BSW Integrated Care Board and NHS Integrated Care System Revenue Position
Report Author:	Rebecca Paillin, BSW Head of Finance – Projects, Financial Planning, Co-ordination and Recovery
Board / Director Sponsor:	Gary Heneage, BSW ICB Chief Finance Officer
Appendices:	

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	

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Finance and Investment Committee	1/3/23	Assurance
NHS Provider Directors of Finance		Review and discussion

1	Purpose of this paper

This is a high-level BSW NHS ICS 2022-23 overview of the revenue position for information.

It includes:

- Key performance Indicators
- Financial Position;

• Risks and Mitigations; • Efficiency Schemes Position; • Workforce Position, inc. Performance against Agency Limit; • BSW ICB Allocations; • Capital Programme and Performance; and • Statutory Financial Indicators

2	Summary of recommendations and any additional actions required
The ICB Board is asked to **note** the report and the Financial Position of the BSW NHS ICS.	

3	Legal/regulatory implications

4	Risks
This report links to risk on the corporate risk register. There is a risk that the financial position will not be achieved.	

5	Quality and resources impact	
Please outline any impact on Quality, Patient Experience and Safeguarding: Finance: The report is created by BSW ICB Financial Recovery Team and uses information from ICB, NHSE and BSW NHS Acute Partners. It details the Revenue and Capital position of all organisations at month 10 as reported to NHSE. Workforce: Sustainability/Green agenda:		
Finance sign-off		Gary Heneage

6	Confirmation of completion of Equalities Impact Assessment
N/A	

7	Statement on confidentiality of report
This paper can be shared as part of the ICB Board meeting in public paper pack.	

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

NHS BSW ICS Finance Report

January 2023 (Month 10)

	Content	Slide No.	BSW ICB	NHS Providers	Other Providers	Local Authorities*
1.	Key Messages	Slide 3	✓	✓	✓	
2.	Key Performance Indicators	Slide 6	✓	✓		
3.	Financial Position - Overview	Slide 7	✓	✓		
3b.	Financial Position - Full Year Forecast	Slide 8	✓	✓		
4.	Risks & Mitigations - Overview	Slide 9	✓	✓		
5.	Efficiency Schemes - Overview	Slide 10	✓	✓		
5b.	Efficiency Schemes – Delivery vs Plan	Slide 11	✓	✓		
5c	Efficiency Schemes – Productivity Opportunity	Slide 12	✓	✓		
6.	Elective Recovery	Slide 13	✓	✓		
7.	Workforce - Overview	Slide 14	✓	✓		
8.	ICB Allocations	Slide 15	✓	✓		
9.	Capital – NHS ICS 2022-25 Programme	Slide 16	✓	✓		
9b.	Capital –Delivery vs Plan	Slide 17	✓	✓		
10.	Financial indicators – BPPC	Slide 18	✓	✓		
	Appendices	Slide 19			✓	
	* Local authorities are reported quarterly					

1. Key Messages

Overall Position (Section 3)

- At month 10 **BSW ICB** reported a £8.3m surplus to NHSE, £0.1m ahead of plan after the risk share arrangement, which enables all providers to get to a break even position, is adjusted for. The **Providers** reporting a £10.5 deficit which after adjusting for the risk share gives an underlying variance of £10.0m behind plan. This gives a net adjusted position for BSW NHS ICS of £8.8m surplus, £9.9m behind the planned surplus of £18.7m. See slide 7
- **AWP** are reporting a YTD position 1.4m better than the planned £31m deficit, but with non recurrent sources supporting the position. They are also forecasting to breakeven at year end.
- Link to Summary
- **WH&C** report a surplus position of £1k in month. The YTD position and FOT are for small deficit's. Link to Summary
- **HCRG** are reporting a deficit of £678k at month 10 driven by high agency costs in community wards. Link to Summary

1. Key Messages (cont.)

Risk and Mitigations (Section 4)

- Net risk has fallen by £6.6m to £7.7m as the forecast for 22-23 breakeven position settles.
- As reported at the finance summit, the gap to break even was £6.7m. The system agreed the following:
  - The NHS providers have agreed to each find £1.0m of mitigations to support the system position
  - The ICB would look for £2.0m within existing schemes, a further £0.7m would be needed to close the gap.
- Detailed discussions are taking place to co-ordinate and manage the remaining risks effectively across the system.

Efficiency Delivery (Section 5)

- The ICS Breakeven position is dependent on achievement of £72.4m efficiencies. ICB noting slippage in schemes from M6 onwards of £8.2m (11.3% of planned system efficiencies) reflecting operational pressures.
- All NHS providers are forecasting slippage in recurrent schemes of £14.9m which will need alternative non-recurrent savings to balance in year. This is now high risk as we come into the last two months of the year. The NHS BSW ICS have reviewed their exit run rate and have identified a gap of £130m including a share of AWP's position. Focus is on both delivery of the current year schemes and recurrent activities to support future financial recovery and sustainability.

1. Key Messages (cont.)

Workforce (Section 7)

- Agency and Bank usage climbing with agency over double planned levels and bank at 98.5% above.
- Agency Limit of £24.4m, breached at month 7 has seen spend YTD of £36.4m. The final forecast position is to exceed the cap by 77.7% (£18.8m).

Capital Plan (Section 9)

- The overall CDEL year to date position is 58% behind plan with only 41% of expected out turn spent. This means 59% of the forecast total must be delivered in the remaining 2 months to be fully spent. All providers have confirmed that this will be spent.
- Business cases are still in the pipeline for National funding approval delaying start of material projects.

Agreed actions being taken to maintain breakeven position:

- ICB prescribing risk is expected to be partly or fully mitigated by national funding. £2.9m-£4.4m expected and the ICB was instructed to flag a risk and not realise in the forecast at M10.
- SFT and RUH are reviewing organisation positions for flex to look to mitigate risks as much as possible by internal means.
- Intra-system organisations have agreed to look to find £1m each in mitigations to help support risks.
- Options around use of non-recurrent funding around winter and discharge schemes are being explored.

2. Key performance indicators

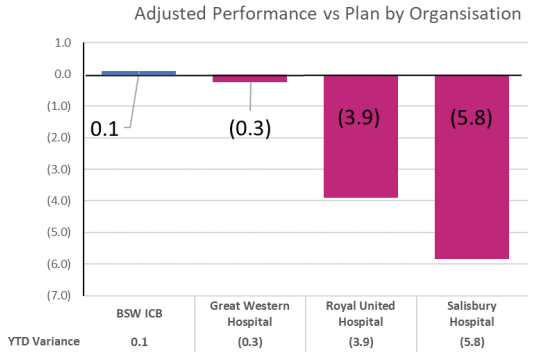
	Year to date				Year End Forecast			
	Variance		RAG	Change to previous month	Variance		RAG	Change to previous month
	£m	%	Rating		£m	%	Rating	
Adjusted System Income & Expenditure surplus / (deficit)	(9.9)	(52.8%)			(0.0)	0.0%		
System Efficiencies ahead / (behind) plan Target = £72.4m	(3.8)	(6.6%)			(8.2)	(11.3%)		
Elective Recovery Target = 104%	tbc	tbc			tbc	tbc		
Agency Spending Limit Target = £24.2m	(16.1)	(79.5%)			(18.9)	(78.0%)		
System Capital Expenditure vs Plan Target = Fully Spent	(26.0)	(36.2%)			24.3	27.4%		
Better Payment Practice Code (by value) Target = 95% of invoices paid in 30 days		99.8%						
Better Payment Practice Code (by volume) Target = 95% of invoices paid in 30 days		93.5%						
Net Risk decreased / (increased)	6.7	62.1%			Less Risk			

3. Financial Position – Overview

Following the enactment of a risk share arrangement the planned ICB surplus of £51.1m has been transferred to cover the planned provider deficit.

After adjusting for this arrangement GWH's underlying position is of an improved £0.3m (1.6%) adverse year to date variance to plan, RUH a £3.9m (22.8%) adverse position, and SFT deteriorating to £5.8m (59.3%) adverse to plan. An overall position 1.0% worse than month 9. All three providers are forecasting a breakeven position.

The ICB is reporting the year-to-date position £0.1m (0.2%) favourable variance, with a forecast breakeven position which will be achieved with a planned surplus building over the remaining 3 months of the year to cover the risk share arrangement. The ICS is consequently reporting an adverse year to date variance of £9.9m but retains the planned breakeven position as its forecast out turn showing the impact of the risk share in full.



	Year-to-date							Year to date	Forecast Outturn				Forecast
	Plan	Reported Actual	Risk Share Adj	Q1 surplus	Actual exc. Risk share	Variance to Plan			Plan	FOT	Variance to Plan		
	£m	£m	£m	£m	£m	£m	%		£m	£m	£m	%	
Great Western Hospital	(16.1)	(0.3)	16.1		(16.4)	(0.3)	(1.6%)		(19.4)	0.0	19.4	100.0%	
Royal United Hospital	(17.1)	(4.9)	16.1		(21.0)	(3.9)	(22.8%)		(19.3)	0.0	19.3	100.0%	
Salisbury Hospital	(9.8)	(5.3)	10.3		(15.7)	(5.8)	(59.3%)		(12.4)	0.0	12.4	100.0%	
Provider surplus / (deficit)	**(43.0)**	**(10.5)**	**42.5**	**0.0**	**(53.0)**	**(10.0)**	**(23.2%)**		**(51.1)**	**0.0**	**51.1**	**100.0%**	
BSW ICB surplus / (deficit)	61.7	8.3	(42.5)	(11.0)	61.8	0.1	0.2%		51.1	0.0	(51.1)	(100.0%)	
ICS surplus / (deficit)	**18.7**	**(2.2)**	**0.0**	**(11.0)**	**8.8**	**(9.9)**	**(52.8%)**		**0.0**	**0.0**	**0.0**	**0.0%**	

£51.1m ICB surplus has been transferred to Providers under risk share to offset planned deficit's

3b. Financial Position – Full Year Forecast

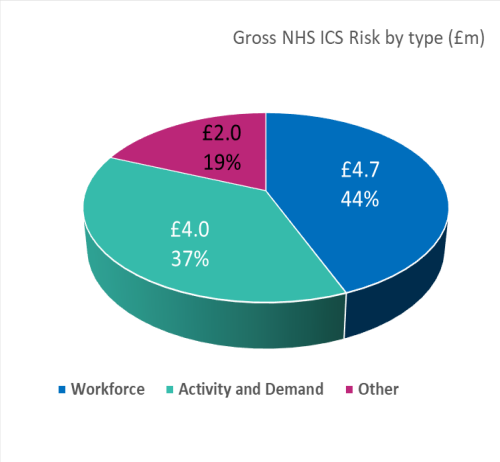
- BSW NHS ICS partners are forecasting a balanced plan for the full year position across the ICS
- Within the balanced plan a risk share arrangement has been enacted to ensure all organisation hit break even.
- Risks of £6.7m raised by SFT (£4.7m) and RUH (£2.0m) that are expected to need system support to mitigate to avoid changes to the system forecast. ICB has a risk of £4m relating to prescribing price inflation pressures that have emerged since October.
- The following assumptions are outlined below in support of this position and management of the risks (and are assumed to enable delivery of the above)
    - Further central funding is allocated to ICB relating to prescribing pressures
    - All 4 organisations can find £1.0m each to support the position
    - The balance of £2.7m can be identified to support the position
    - The remaining ICS risks and delivery of efficiencies are managed between now and the year end
    - Further Additional Roles Reimbursement Scheme (ARRS) funding of £4.4m allocated to ICB

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 ICS net risk has fallen to £10.7m. ICB Gross Risk remains £4.0m. This relates to a single risk in connection with the rising cost and demand of drugs. At month 10 the ICB continues to show no mitigation against this risk but there is potential funding to cover this, the quantum and timing of which is yet to be confirmed. Overall ICS risk has fallen by £19.1m and stands at £10.7m as we approach the year end.

The £2m risk within the Other category relates to pressures connected with the operation of Sullis, whilst the SFT risk of £4.6m has emerged through pressures in workforce.



Risks	Total £m	ICB £m	GWH £m	RUH £m	SFT £m
Efficiency Target Delivery	**0.0**	0.0	0.0	0.0	0.0
Workforce	**(4.7)**	0.0	0.0	0.0	(4.7)
Elective Recovery Programme Costs	**0.0**	0.0	0.0	0.0	0.0
Risks associated with COVID	**0.0**	0.0	0.0	0.0	0.0
Inflationary Pressure	**0.0**	0.0	0.0	0.0	0.0
Activity and Demand	**(4.0)**	(4.0)	0.0	0.0	0.0
Other	**(2.0)**	0.0	0.0	(2.0)	0.0
BSW ICS Overall Risks	**(10.7)**	**(4.0)**	**0.0**	**(2.0)**	**(4.7)**

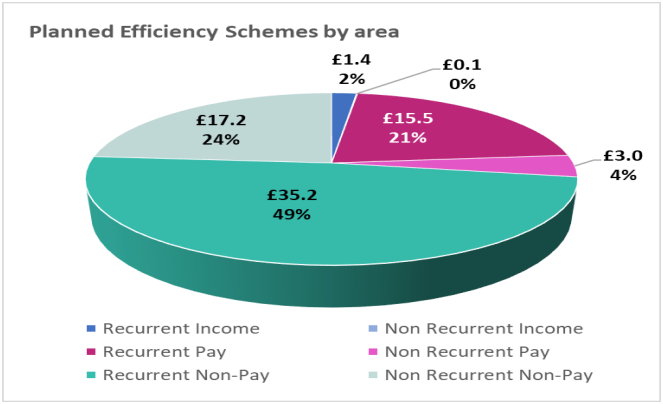
Mitigations	Total £m	ICB £m	GWH £m	RUH £m	SFT £m	Net Risk £m
Non recurrent efficiencies	**0.0**	0.0	0.0	0.0	0.0	**0.0**
National funding and holding vacancies	**1.0**	0.0	0.0	0.0	1.0	**(3.7)**
Successful delivery of Elective Recovery Programme	**0.0**	0.0	0.0	0.0	0.0	**0.0**
Additional Income / review of schemes	**0.0**	0.0	0.0	0.0	0.0	**0.0**
Funded nationally	**0.0**	0.0	0.0	0.0	0.0	**0.0**
Funded in part nationally and other mechanisms	**0.0**	0.0	0.0	0.0	0.0	**(4.0)**
Additional BSW indemnity to end 22-23	**2.0**	0.0	1.0	1.0	0.0	**0.0**
BSW ICS Overall Mitigations	**3.0**	**0.0**	**1.0**	**1.0**	**1.0**	**(7.7)**

5. Efficiency Schemes - Overview

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. This includes additional £29m of savings which were a condition of additional funding. All organisations agreed to a minimum of 3% efficiency targets. Non pay schemes account for 73% of the overall total but only 49% are recurrent which will impact our future financial recovery.

Focus is on working through the Acute Hospital Alliance looking at GIRFT and Model Hospitals to identify pan BSW opportunities for Q4 and into 2023-24. Our Partner organisation WH&C is also indicating that achievement of their planned level of savings is also significantly supported by non recurrent schemes.

The year to date recurrent position continues to slip further (36.6%) behind plan with and whilst GWH (+3.3%) and SFT (1.0%) saw improved delivery against plan in M10, RUH again saw increases in under delivery (-3.9%) in month. Non recurrent schemes saw over delivery against plan in month to offset slippage in recurrent, with the overall position falling £2.6m to under delivery of £3.8m with forecast position remaining unchanged.

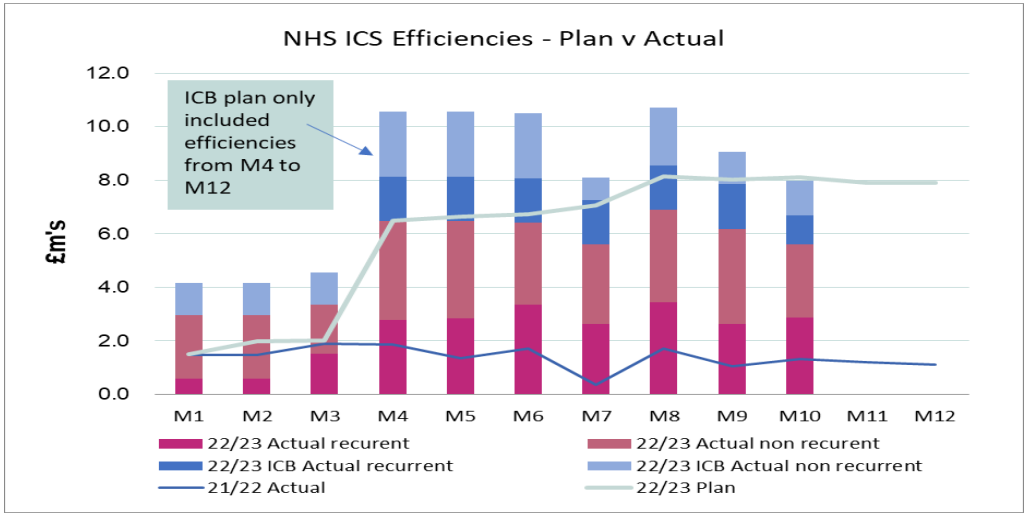


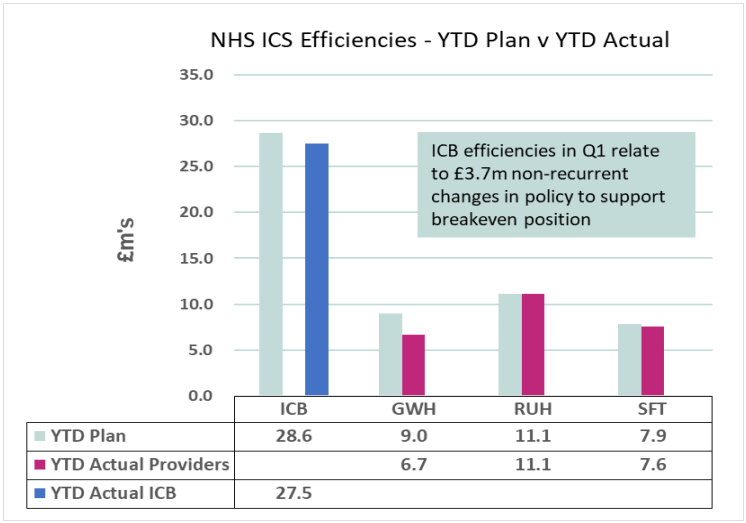
	Year-to-date				Forecast Outturn				Year to date
	Plan £m	Actual £m	(Under)/over delivery £m	%	Plan £m	FOT £m	(Under)/over delivery £m	%	
BSW ICB	11.6	11.1	(0.6)	(4.8%)	14.9	14.9	0.0	0.0%	
Great Western Hospital	8.1	3.5	(4.5)	(56.1%)	10.0	4.6	(5.4)	(54.4%)	
Royal United Hospital	9.8	4.9	(4.9)	(49.7%)	13.1	7.7	(5.4)	(41.3%)	
Salisbury Hospital	7.1	3.7	(3.4)	(48.2%)	8.7	4.7	(4.0)	(46.2%)	
Recurrent Efficiencies	**36.6**	**23.2**	**(13.4)**	**(36.6%)**	**46.7**	**31.9**	**(14.9)**	**(31.8%)**	
BSW ICB	17.0	16.4	(0.6)	(3.4%)	21.9	13.7	(8.2)	(37.5%)	
Great Western Hospital	0.9	3.2	2.2	240.8%	1.1	6.6	5.4	473.8%	
Royal United Hospital	1.3	6.2	4.9	366.1%	1.7	7.1	5.4	313.5%	
Salisbury Hospital	0.8	3.9	3.1	389.1%	1.0	5.0	4.0	415.4%	
Non Recurrent Efficiencies	**20.0**	**29.7**	**9.6**	**48.0%**	**25.7**	**32.4**	**6.7**	**25.9%**	
Total Efficiencies	**56.6**	**52.9**	**(3.8)**	**(6.6%)**	**72.4**	**64.2**	**(8.2)**	**(11.3%)**	

BSW ICB has taken on additional savings to support breakeven but 59% are non-recurrent

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

5b. Efficiency Schemes – Delivery vs Plan



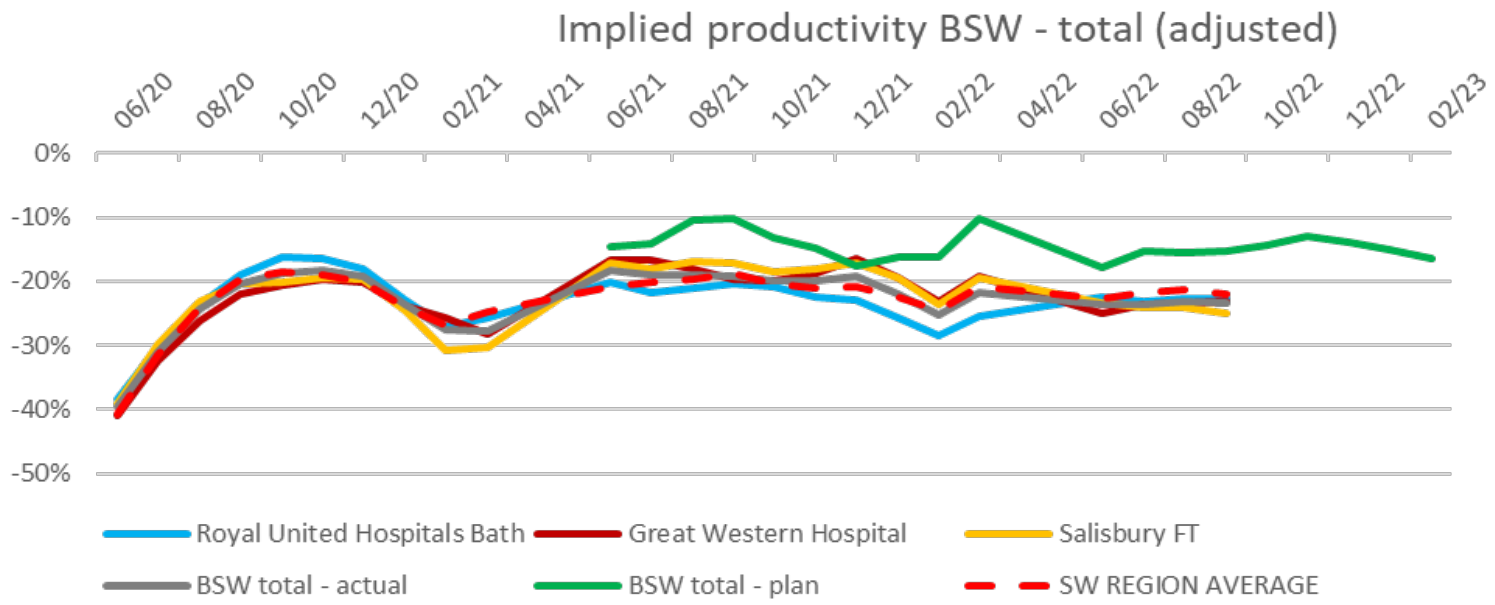


	ICB	GWH	RUH	SFT
YTD Plan	28.6	9.0	11.1	7.9
YTD Actual Providers		6.7	11.1	7.6
YTD Actual ICB	27.5			

	APR £m	MAY £m	JUN £m	JUL £m	AUG £m	SEP £m	OCT £m	NOV £m	DEC £m	JAN £m	FEB £m	MAR £m	YTD
Planned Delivery of Efficiency Schemes	1.5	2.0	2.0	6.5	6.6	6.7	7.1	8.1	8.0	8.1	7.9	7.9	56.6
Actual Delivery of Efficiency Schemes	3.0	3.0	3.3	6.5	6.5	6.4	5.6	6.9	6.2	5.6	0.0	0.0	52.9
In Month Variance to Plan	**1.5**	**1.0**	**1.3**	**(0.0)**	**(0.2)**	**(0.3)**	**(1.5)**	**(1.2)**	**(1.8)**	**(2.5)**	**(7.9)**	**(7.9)**	**(3.8)**
BSW ICB	1.2	1.2	1.2	0.0	0.0	0.0	(1.6)	(0.3)	(1.2)	(1.7)			(1.1)
Great Western Hospital	(0.1)	(0.5)	(0.1)	(0.2)	(0.1)	(0.3)	0.2	(0.4)	(0.8)	(0.1)			(2.3)
Royal United Hospital	0.0	(0.0)	0.6	(0.5)	(0.2)	(0.0)	0.4	(0.3)	0.4	(0.4)			(0.0)
Salisbury hospital	0.3	0.3	(0.3)	0.7	0.1	(0.0)	(0.5)	(0.3)	(0.2)	(0.3)			(0.3)
In month Variance to Plan	**1.5**	**1.0**	**1.3**	**(0.0)**	**(0.2)**	**(0.3)**	**(1.5)**	**(1.2)**	**(1.8)**	**(2.5)**			**(3.8)**
Cumulative Variance to Plan	**1.5**	**2.5**	**3.8**	**3.8**	**3.6**	**3.3**	**1.9**	**0.6**	**(1.2)**	**(3.8)**			**(3.8)**

5c Efficiency Schemes – Productivity Opportunity

- Based on SW regional analysis, BSW acute providers have an implied productivity gap of over 20%, indicating that opportunities remain to deliver cost base improvements.
- In recent months, BSW is worse than the regional average on pay productivity.
- Recent general trend is an improvement



6. Elective Recovery – Overview

The current position assumes there is no clawback of ESRF system income (£28.2m) for the full year and that the risk reserve will be fully utilised in year.

BSW system is underwriting the revenue impact of the RUH modular theatre within ESRF schedule. Original plan was £2m cost in 2022-23, £0.7M in H1 and £1.3m in H2. The current position assumes £0.66M underwritten in year. This has been adjusted in line with the latest project schedule.

Income paid to Trusts for H1 is based on 25% of the floor plus any additional income earnt by the Trust. Income for H2 has been agreed by BSW ICS Directors of Finance based on forecast costs as shown in the forecast out turn table below. At month 9 GWH are still expecting to exceed planned income in the forecast out turn. SFT costs exceed planned income for both year to date and out turn.

The balance of reserve has been committed across the system.

	Year-to-date				Forecast Outturn				
	Income £m	Cost £m	Under/(over) spend £m	Under/(over) spend %	Income £m	FOT £m	Under/(over) spend £m	Under/(over) spend %	
Great Western Hospital	4.80	4.80	0.00	0.0%	6.09	6.99	(0.90)	(14.8%)	
Royal United Hospital	5.68	5.68	0.00	0.0%	7.47	7.47	0.00	0.0%	
Sulis Modular Theatre	0.87	0.87	0.00	0.0%	0.66	0.66	0.00	0.0%	
Salisbury Hospital	1.79	2.17	(0.38)	(21.2%)	2.15	2.60	(0.45)	(20.9%)	
Independent Sector	2.33	2.33	0.00	0.0%	2.79	2.79	0.00	0.0%	
Out of System	0.83	0.83	0.00	0.0%	1.00	1.00	0.00	0.0%	
ICS Gap Contribution *	4.17	4.17	0.00	0.0%	5.00	5.00	0.00	0.0%	
Gold Call Commitment *	0.86	0.86	0.00	0.0%	1.10	1.10	0.00	0.0%	
ICB Gap Contribution*	1.50	1.50	0.00	0.0%	1.93	1.93	0.00	0.0%	
ESRF Reserve	0.67	0.00	0.67	100.0%	0.00	0.00	0.00	0.0%	
Total ESRF	**23.50**	**23.21**	**0.29**	**1.2%**	**28.19**	**29.54**	**(1.35)**	**(4.8%)**	

Sulis Modular Theatre
Inc. £0.66m underwiting of costs

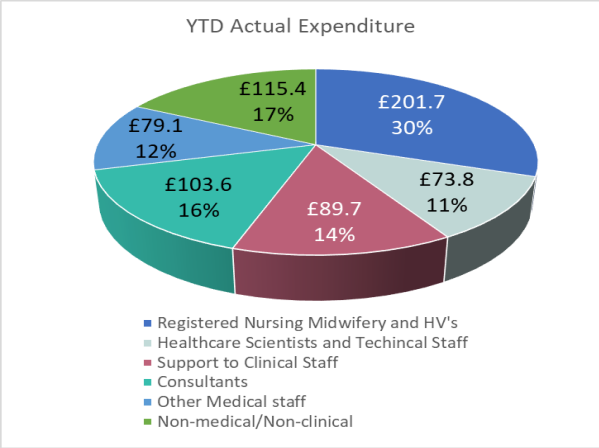
Overspend shown is costs in excess of income available. These form cost pressures within the provider

* Year to date income assumed as 1/9th per month

7. Workforce - Overview

As we come out of winter the NHS ICS forecast has improved marginally by £1.7m from £34.3m adverse in month 9 to £32.6m adverse to plan at month 10. Forecast outturn shows improved positions across Nursing, medical and non-medical categories but increases in expected costs for consultants, support to clinical staff and particularly across Healthcare scientists.

Use of Agency and bank is increasing and the Agency Limit for the year of £24.2m, which was breached in month 7, is now expected to be exceeded by £18.8m (77.7%) with current trajectory indicating an out turn of £43.1m. Planning for 23-24 will see a similar threshold for agency of around 5% and staffing remains one of the key risks going into next year.



AWP are reporting increasing high levels of temporary staffing, with £10.3m adverse to YTD plan in month 10 being offset by £12.3m of vacancies in substantive staff. HCRG continue to cite high agency use in maintaining safe staffing levels in community hospitals as a main driver of deficit position.

	Year-to-date				Forecast Outturn				Year to date
	Plan £m	Actual £m	Under/(over) spend £m	Under/(over) spend %	Plan £m	FOT £m	Under/(over) spend £m	Under/(over) spend %	
Registered Nursing Midwifery and HV's	191.7	201.7	(10.1)	(5.3%)	230.5	237.4	(6.9)	(3.0%)	
Healthcare Scientists and Techincal Staff	75.7	73.8	1.8	2.4%	91.0	93.2	(2.2)	(2.4%)	
Qualified Ambulance Service Staff	0.2	1.0	(0.8)	(409.5%)	0.2	1.2	(1.0)	(417.9%)	
Support to Clinical Staff	80.2	89.7	(9.5)	(11.9%)	96.3	109.3	(13.0)	(13.5%)	
Consultants	106.2	103.6	2.6	2.4%	127.2	125.1	2.1	1.7%	
Other Medical staff	72.2	79.1	(6.9)	(9.6%)	86.5	93.0	(6.5)	(7.6%)	
Non-medical/Non-clinical	107.7	115.4	(7.7)	(7.1%)	128.9	134.0	(5.1)	(4.0%)	
Other Employee Benefit costs *	1.7	1.6	0.1	7.4%	2.1	1.9	0.2	8.0%	
Total Provider Workforce Expenditure	**635.5**	**665.9**	**(30.4)**	**(4.8%)**	**762.6**	**795.1**	**(32.6)**	**(4.3%)**	

*Aprenticeship levy

Improvement expected over remainder of the year in Nursing staff (2.2%), non medical (3.1%) and other medical staff (2.0%) from YTD position

Largest deterioration from YTD to Forecast out turn is in Support to Clinical Staff (1.7%) and Healthcare Scientists (4.9%)

8. BSW ICS 2022/23 Allocations

Private Session Only

The plans for utilisation of funding of the Discharge Grant are being managed through Urgent Care and the Localities. Decisions will be made in line with the relevant guidance and aligned with the scheme of delegation.

Discharge Grant Funding	£'000
BaNES Local Authority	608
Swindon Local Authority	641
Wiltshire Local Authority	1,519
BSW ICB	6,247
Total	9,015

2021-22 vs 2022-23 Recurrent and non-Recurrent Allocation

	2022-23 Plan Allocation £'000	2022-23 Plan Agreed £'000	2022-23 Plan Indicative £'000	CCG Q1 Actual £'000	ICB Q2-Q4 Total £'000	ICB Q2-Q4 Actual £'000	ICB Q2-Q4 Indicative £'000
ICB Programme Allocation	1,374,982	1,374,982	0	333,568	1,041,414	1,041,414	0
Ockenden Funding	1,369	1,369	0	342	1,050	1,050	0
Primary Care Co-Commissioning	148,371	148,371	0	36,964	111,407	111,407	0
Running Costs	17,692	17,692	0	3,723	14,853	14,853	0
ICB Programme Allocation – Growth Funding	15,169	15,169	0	0	28,368	28,368	0
ICB Recurrent Allocation	**1,557,583**	**1,557,583**	**0**	**374,597**	**1,197,092**	**1,197,092**	**0**
Health Inequalities Funding	2,357	2,357	0	589	1,768	1,768	0
Elective Services Recovery Funding	28,184	28,184	0	0	28,264	28,264	0
COVID Funding	24,596	24,596	0	6,149	19,886	19,886	0
Service Development Fund (SDF)	33,536	27,893	5,643	5,580	24,758	24,330	428
ICB Programme Allocation – Additional Funding	4,500	4,500	0	262	73,120	72,339	781
ICB Non-Recurrent Allocation	**93,173**	**87,530**	**5,643**	**12,580**	**147,796**	**146,587**	**1,209**
Total Allocation	**1,650,756**	**1,645,113**	**5,643**	**387,177**	**1,344,888**	**1,343,679**	**1,209**

9. Capital – NHS ICS 2022-25 Programme

	GWH	RUH	SFT	ICB	Pipeline	2022-23 Plan	2023-24 Plan	2024-25 Plan
	£m	£m	£m	£m	£m	£m	£m	£m
System Capital Allocation	**12.5**	**12.8**	**14.6**	**0.0**	**0.0**	**39.9**	**36.7**	**36.7**
Primary Care Allocation	**0.0**	**0.0**	**0.0**	**1.2**	**0.6**	**1.8**	**1.6**	**1.6**
Tech Critical Cybersecurity infrastructure	0.0	0.1	0.0			0.2	0.0	0.0
CDC - BSW CDC Hub & Spoke - Imaging					0.3	0.3	16.3	0.0
CDC - BSW CDC Hub & Spoke - Endoscopy					0.1	0.1	8.3	0.0
DDCP - MRI Acceleration upgrades	0.1		0.2			0.3	0.0	0.0
Diagnostics - Digital	0.7	1.1	1.6			3.4	2.4	1.4
Diagnostics - Endoscopy		0.7	0.3			1.0	7.2	0.0
Diagnostics - Imaging General U/S	0.1	0.1	0.1			0.3	0.0	0.0
Diagnostics - Mammography	0.0					0.0	0.0	0.0
EPR - (BSW System replacement)						0.0	10.6	10.9
Mental Health - UEC B&NES Place of Calm				0.28		0.3	0.5	0.1
Mental Health - UEC Swindon Wellbeing Hse				0.6		0.6	0.1	0.0
Mental Health - UEC Integrated CYP Unit	0.1					0.1	0.0	0.3
TIF - EC (addt ward for Elective act)		0.8	2.0			2.9	12.0	0.0
TIF - Theatre & Diagnostic Capacity						0.0	9.3	19.9
TIF - Cold site Regional Cold Site						0.0	0.0	0.0
NHP - Cancer Development		22.5				22.5	6.7	0.0
STP - Way Forward					5.5	5.5	20.0	0.0
STP - Trowbridge ICC						0.0	16.1	0.0
Winter Pressures					4.3	4.3	0.0	0.0
SW National Allocation	**1.0**	**25.3**	**4.3**	**0.9**	**10.2**	**41.7**	**109.4**	**32.6**
Total ICS Capital Allocations	**13.5**	**38.1**	**18.9**	**2.0**	**10.8**	**83.4**	**147.6**	**70.8**
IFRS 16 Lease Payments	0.1	6.2	4.8			11.2	0.4	1.5
PFI Capital Charges	2.2	0.0	0.5			2.7		
Finance costs from Revenue Allocation	**2.3**	**6.2**	**5.3**	**0.0**	**0.0**	**13.9**	**0.4**	**1.5**
Total ICS Capital Programme	**15.8**	**44.4**	**24.2**	**2.0**	**10.8**	**97.3**	**148.0**	**72.3**

Total System Capital Allocation
39.9 + 1.8 = £41.7m

TIF Business Case slippage
£4m from 22-23 to 23-24

£5.5m yet to be approved

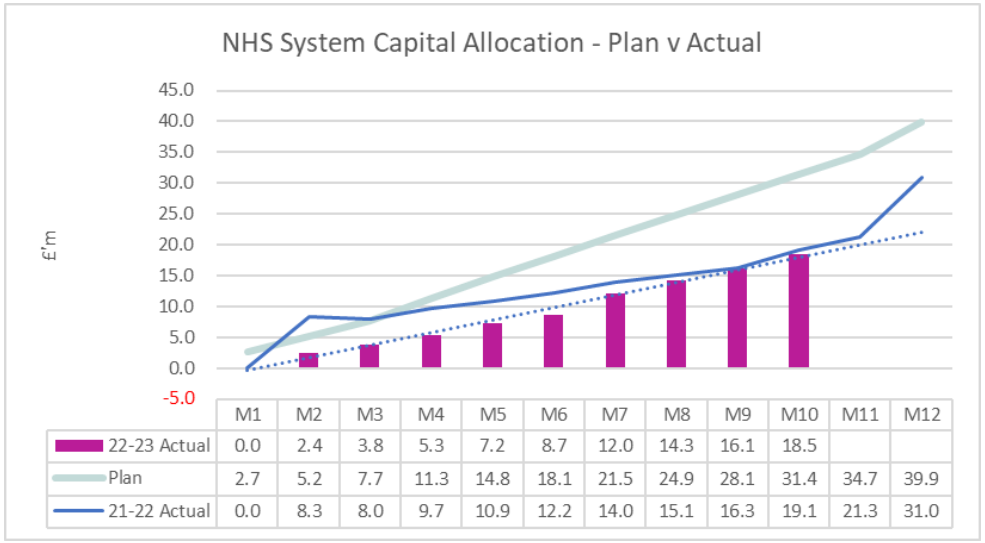
3 Year Total CDEL
£83.4 + £147.6 + £70.8 = £301.8m

At Month 10 the ICS has reported to NHSE that it will underspend the CDEL capital allocation of £39.9m by £0.3m.

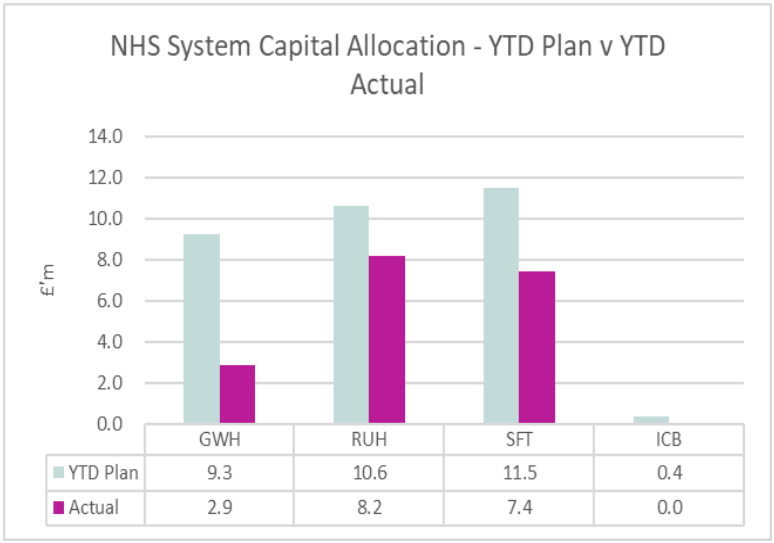
The Primary Care Allocation has been fully spent in February.

Of national schemes £10.2m remains in the pipeline still to be approved by NHSE and final adjustments to business cases have changed the original planned 2022-23 programme. The largest of these is the STP Way Forward scheme with the business case currently with GWH for revision and still requiring National approval

9b. Capital – Delivery vs Original Plan



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
22-23 Actual	0.0	2.4	3.8	5.3	7.2	8.7	12.0	14.3	16.1	18.5		
Plan	2.7	5.2	7.7	11.3	14.8	18.1	21.5	24.9	28.1	31.4	34.7	39.9
21-22 Actual	0.0	8.3	8.0	9.7	10.9	12.2	14.0	15.1	16.3	19.1	21.3	31.0



	GWH	RUH	SFT	ICB
YTD Plan	9.3	10.6	11.5	0.4
Actual	2.9	8.2	7.4	0.0

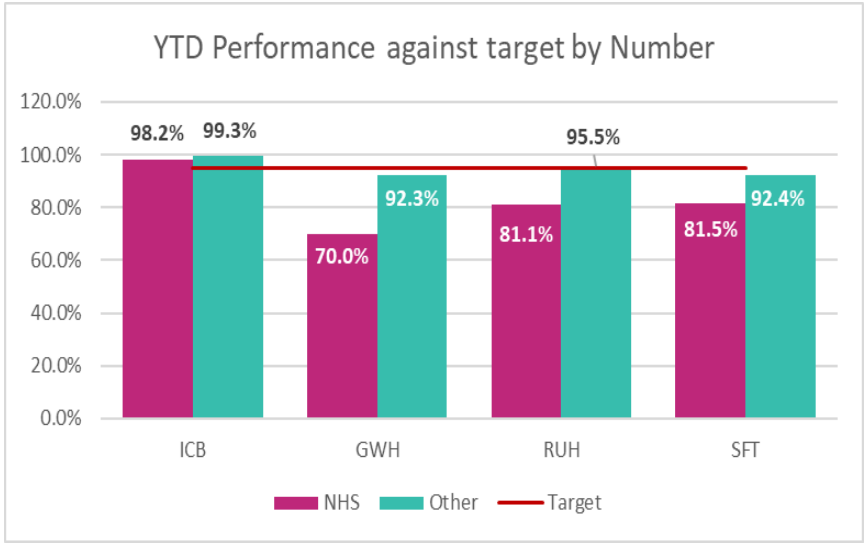
	Year-to-date Plan £m	Actual £m	(Under)/over delivery £m	%	Forecast Outturn Plan £m	FOT £m	(Under)/over delivery £m	%	YTD Spend as % FOT	Year to date
Provider Charge against Capital Allocation (Plan) - Excluding IFRS16 impact	31.4	18.5	(12.9)	(41.0%)	39.9	39.6	(0.3)	(0.8%)	46.8%	
IFRS16 impact on Charge against capital allocation (Plan)	11.1	1.7	(9.4)	(85.0%)	11.2	33.2	22.0	196.6%	5.0%	
Primary Care charge against Capital allocation (Plan)	0.4	0.0	(0.4)	(95.4%)	1.8	1.8	0.0	0.0%	1.0%	
Performance against Capital Allocation (Plan) - Including IFRS16 impact	**42.8**	**20.2**	**(22.6)**	**(52.8%)**	**52.9**	**74.6**	**21.7**	**41.0%**	**27.1%**	
Provider Charge against National Allocations charged to CDEL	26.9	23.5	(3.4)	(12.7%)	33.1	35.8	2.6	8.0%	65.6%	
Other items charged to CDEL	2.2	2.2	(0.0)	(0.0%)	2.7	2.7	0.0	0.0%	83.3%	
Performance against CDEL	**71.9**	**45.9**	**(26.0)**	**(36.2%)**	**88.7**	**113.0**	**24.3**	**27.4%**	**40.6%**	

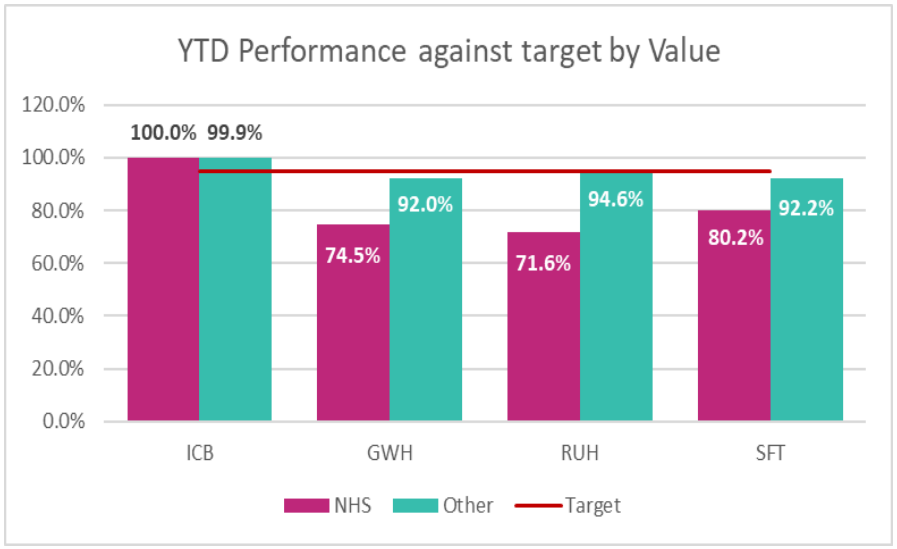
58% under delivery against YTD plan excl IFRS 16 impact

59% of forecast Capital Allocation to be spent in M11 & M12

YTD Spend should be @ 83%

10. Financial indicators – BPPC and Aged Debt





Overall ICS combined performance is:

- 93.5% by number of invoices paid; and
- 99.8% by value of invoices paid

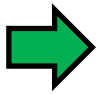
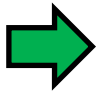
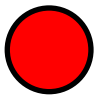
Aged debt has fallen to 20 days for RUH, but has risen significantly to 33 days for GWH and risen marginally to 24 days for SFT

Target 95%	Year-to-date			
	ICB	GWH	RUH	SFT
Better Payment Practice Code - NHS	98.2%	70.0%	81.1%	81.5%
Better Payment Practice Code - Other	99.3%	92.3%	95.5%	92.4%
Percentage of bills paid within target by number	**99.3%**	**91.8%**	**95.3%**	**92.2%**
Better Payment Practice Code - NHS	100.2%	74.5%	71.6%	80.2%
Better Payment Practice Code - Other	99.9%	92.0%	94.6%	92.2%
Percentage of bills paid within target by Value	**99.9%**	**91.0%**	**93.5%**	**91.6%**

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

Appendices

AWP M10 Reporting – Key performance Indicators

Area of review	Key Highlights	YTD Rating	Year end Rating	Change
Income & Expenditure position	• The Trust achieved an in-month deficit of £3.0m before central / System funding. This is £0.1m favourable to the updated plan. • National reimbursements for Covid-19 and top up / System funding have resulted in a break even position at month end which is in line with the updated plan.			
Efficiency Savings	• As at month 10, £7.0m of efficiency savings have been delivered, with 63% of the in-month efficiency requirement delivered on a recurrent basis. • The recurrent forecast position has improved by £0.04m in month with 44% of efficiencies anticipated to be delivered in year recurrently.			
Cash	• The cash position at the end of month 10 was £35.6m with a forecasted year end position of £15.0m. The Trust is maintaining a BPPC figure of 98%, therefore keeping the Trust above the heightened NHSE/I monitoring tolerance of 95% for non-NHS suppliers being paid within 30 days of invoice.			
Capital	• Trust capital expenditure to the end of month 10 was £2.1m and still raising concerns at a regional level. IPG has undertaken a full review of all projects to provide reassurance of the plan for the remainder of the year, this is to ensure the full capital allocation is utilised in year.			
Single Oversight Framework	• The Trust position / rating against the framework remains consistent with that reported in 21/22, given the underlying deficit level, the continued high usage of agency and given the Trust segmentation rating of 3.			

AWP M10 Reporting – Overall Summary

Statement of Comprehensive Income – Financial Position as at 31st January 2023

	Month 10			Year-to-date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income From Commissioned Services	(22,951)	(22,908)	(43)	(239,220)	(235,559)	(3,661)	(285,122)	(281,346)	(3,776)
Other Income	(884)	(1,432)	548	(8,838)	(11,989)	3,151	(10,606)	(14,385)	3,779
Total Income	**(23,835)**	**(24,340)**	**505**	**(248,058)**	**(247,548)**	**(510)**	**(295,728)**	**(295,731)**	**3**
Permanent Staff incl. technical adjustments	17,111	16,321	790	174,862	162,572	12,290	209,084	196,237	12,847
Temporary Staff	3,685	4,439	(754)	36,849	47,126	(10,277)	44,219	55,812	(11,593)
Pay	**20,796**	**20,760**	**36**	**211,711**	**209,698**	**2,013**	**253,303**	**252,049**	**1,254**
Non Pay incl. technical adjustments	**4,637**	**5,157**	**(520)**	**52,480**	**53,032**	**(552)**	**61,754**	**61,939**	**(185)**
Total Operating Expenditure	**25,433**	**25,917**	**(484)**	**264,191**	**262,730**	**1,461**	**315,057**	**313,988**	**1,069**
EBITDA	**1,598**	**1,577**	**21**	**16,133**	**15,182**	**951**	**19,329**	**18,257**	**1,072**
PFI Costs	610	610	0	6,099	6,099	0	7,319	7,319	0
Finance Charges	883	778	105	8,825	8,368	457	10,590	10,003	587
Total Financing Costs	**1,493**	**1,388**	**105**	**14,924**	**14,467**	**457**	**17,909**	**17,322**	**587**
(Surplus) /Deficit Before Central / System Funding	**3,091**	**2,965**	**126**	**31,057**	**29,649**	**1,408**	**37,238**	**35,579**	**1,659**
Reimbursement of COVID-19 expenditure	(404)	(411)	7	(4,042)	(4,110)	68	(4,848)	(4,932)	85
COVID-19 expenditure outside of envelope	0	0	0	0	0	0	0	0	0
System funding	(2,554)	(2,554)	(0)	(25,539)	(25,539)	(0)	(30,539)	(30,647)	108
Funding of AfC Pay Gap	(133)	0	(133)	(1,476)	0	(1,476)	(1,851)	0	(1,851)
Mass vaccination funding	0	0	0	0	0	0	0	0	0
Total Central / System Funding	**(3,091)**	**(2,965)**	**(126)**	**(31,057)**	**(29,649)**	**(1,408)**	**(37,238)**	**(35,579)**	**(1,659)**
(Surplus) / Deficit Against Control Total	**0**	**(0)**	**0**	**(0)**	**(0)**	**(0)**	**0**	**(0)**	**0**

Normalised position noted in commentary below not provided for M10

	£'000	Recurrent
Efficiencies required in month 10	**-700**	
Delivered in Month via:		
COVID u/spend	-304	No
EPC income	10	No
Travel underspend	3	Yes
Movement on Out of Area	-443	Yes
Vacancies	26	No
Agency reduction	8	Yes

The in-month position before Central / System funding is a deficit of £2.97m, which is better than plan. The normalised position for January, shown in the top right table, demonstrates an underlying run-rate of £2.65m which remains consistent with prior months. The in-month position against plan has been delivered through a mixture of recurrent and non-recurrent sources. The primary drivers of these are shown in the bottom right table above.

The in-month position reflects increased funding from HEE, which has helped to off-set a rise in expenditure. Non-pay continues to be a concern with noticeable inflationary rises in soft FM and IT services, as well as some non-recurrent expenditure items in month. The Trust continues to achieve a break-even year-to-date position and anticipates a break-even out-turn due to non-recurrent System support.

HCRG Care Group M10 Reporting

HCRG Care Group M9 position for BaNES and Wiltshire Business Units was a combined year to date adverse variance of £678k. The forecast outturn position is c£750k. This is a cost pressure to HCRG Care Group rather than BSW Integrated Care System.

The material driver of this overspend is reliance on expensive agency to maintain safe staffing levels on our community hospital wards where they are managing increasingly complex and frail patients.

Agency spend remains an ongoing financial risk to be mitigated as we go into 2023-24 through recruitment of overseas nurses and direct hire apprenticeship appointments, along with ongoing pay controls and additional income.

WHC M10 Reporting – Overall Summary

Financial Position as at 31 January 2023

	Month 10			Year-to-date			FOT		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Total income	**(5,574)**	**(5,512)**	**62**	**(57,222)**	**(56,689)**	**533**	**(68,370)**	**(67,713)**	**657**
Pay	4,347	4,370	23	42,748	42,965	216	51,343	51,705	362
Non-Pay	1,294	1,143	(151)	14,406	13,717	(689)	17,027	16,003	(1,024)
Total Expenditure	**5,641**	**5,513**	**(128)**	**57,154**	**56,682**	**(473)**	**68,370**	**67,708**	**(662)**
(Surplus)/Deficit	**67**	**1**	**(66)**	**(68)**	**(7)**	**60**	**0**	**(5)**	**(5)**

The in-month position is break-even, which is (£66k) favourable against plan. The forecast outturn as at M10 is a (£5k) surplus.

90% of the YTD efficiency target of £1.4m has been delivered, but is significantly supported by non recurrent savings.

The financial risks and pressures are significant going in to 2023/24 and include; delivering a challenging efficiency target within the block contract, managing substantial inflationary cost pressures above nationally funded levels, together with the ongoing enhanced care pressures above funded levels across the community wards and the reduction of non recurrent and covid funding.

Report to:	BSW ICB Board - Meeting in Public	Agenda item:	10
Date of Meeting:	16 March 2023		

Title of Report:	Annual Emergency Preparedness Resilience and Response (EPRR) Assurance Report
Report Author:	Louise Cadle Head of EPRR
Board / Director Sponsor:	Rachael Backler Executive Director of Planning and Performance
Appendices:	

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

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
ICB Executive Management Meeting	06/02/22	For information

1	Purpose of this paper

The purpose of the report is to:

- Outline the current position of BSW ICB against its requirements under the NHS England Annual EPRR Core Standards in support of the legal requirements under the Civil Contingencies Act 2004 and Health and Social Care Act 2012.
- Confirm that BSW ICB has been assured as *Substantially Compliant* and set out the compliance status of BSW providers.

2	Summary of recommendations and any additional actions required
The Board is asked to accept this report and note the assurance and feedback provided by NHS England.	

3	Legal/regulatory implications
Statutory duties as a Category One responder detailed within the Civil Contingencies Act 2004.	

4	Risks
The key risk is that the ICB will not be able to fulfil its role in supporting the local health economy in its response to an emergency incident whilst maintaining high levels of service for the local population.	

5	Quality and resources impact
Effective arrangements for the management of any emergency within the health economy will support the ongoing provision of high-quality care for patients, minimise any financial consequences following an incident.	
Finance sign-off	N/A

6	Confirmation of completion of Equalities Impact Assessment
The planning arrangements gives the assurance that the ICB is prepared and can react in any major incident situation supporting all protected characteristics with a positive impact intended by giving staff and the public assurance that the ICB has clear plans in place to react to any type of major incident or emergency.	

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

Annual Emergency Preparedness Resilience and Response (EPRR) Assurance Report 2021/22

1. Purpose and introduction

1.1. This assurance report sets out the work that Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board have carried out in fulfilment of our responsibilities as part of the NHS England EPRR Core Standards Assurance Process.

1.2. The purpose of the annual EPRR assurance process is to assess the preparedness of the NHS, both commissioners and providers against common nationally agreed standards. The ICB has a key role to provide annual assurance against the NHS EPRR Core Standards, including monitoring each commissioned provider's compliance with their contractual obligations in respect of EPRR and with applicable Core Standards.

1.3. The paper sets out the following:

- Provider assurance levels
- Standards that are partially compliant only
- Partially Compliant Provider
- Areas of notable EPRR best practice
- Local Health Resilience Partnership considerations for EPRR improvement/development activity

1.4. The EPRR Core Standards were given a complete review as part of the 3-year review cycle and were shared with providers in July 2022 which gave limited time for providers to review plans and processes ahead of the assurance process.

1.5. We note that the period to which this assurance covers (2021/23) saw organisations working to support the continued covid-19 response, and ongoing demand and capacity challenges. There were also several other work areas which our EPRR teams were supporting including humanitarian repatriation efforts (Afghanistan Bridging Hotels, Asylum Seeker Hotels and support to those fleeing Ukraine), storms and power outages, Operation London Bridge and Operation Silver Puncture. There have also been a number of personnel changes within EPRR teams. The above factors have made meeting the core standards more difficult than in previous years in some instances.

1.6. In preparation for confirm and challenge assurance meetings, all providers were reminded that the Core Standards were updated for 2022, that Climate Adaptation planning has been included in some of the standards, and that equality and health inequalities must form part of EPRR planning.

2. Outputs of assurance process

2.1. The table below sets out the results of the assurance process for organisations that are assured by BSW ICB:

Organisation	2020	2021	2022
BSW ICB	Previously 3 CCGs	Substantial	Substantial
Great Western Hospital NHS Foundation Trust	Substantial	Substantial	Substantial
Royal United Hospitals Bath NHS Foundation Trust	Substantial	Substantial	Partial
Salisbury NHS Foundation Trust	Full	Full	Full
Medvivo	Full	Full	Full
HCRG Care Group (formerly Virgin Care BaNES)	Partial	Substantial	Substantial
HCRG Care Group (formerly Virgin Care Wiltshire)	Substantial	Substantial	Substantial
Wiltshire Health and Care	Substantial	Substantial	Substantial

2.2. The following providers are commissioned by BSW ICB but were assured by other ICBs:

Organisation	Assuring body	Assurance level 2022
Avon & Wiltshire Mental Health Partnership NHS Trust	BNSSG ICB	Full
DHU (NHS 111 services for Medvivo)	NHS England Midlands Region, Derby ICB	Substantial
E-ZEC	Dorset ICB	Substantial
Oxford Health NHS Foundation Trust	Buckinghamshire, Oxfordshire and Berkshire West ICB	Full

3. **Areas where further work is required**

3.1. For each provider who is reporting substantial compliance overall, an action has been developed to ensure the required standards are met ahead of next year's annual EPRR assurance. This work will be overseen by the Local Health Resilience Partnership. Follow-up meetings have also been put in place with ICB/Provider EPRR Leads to monitor progress against actions.

3.2. Partial standards largely fall into the following categories: Business continuity, Evacuation and Shelter (new guidance was recently published), further development of training and exercising programmes

3.3. In addition, as RUH is reporting as partially compliant overall this year with eight partial standards, we are working more closely with RUH colleagues to rectify this. Additional staff are joining the EPRR team in January 2023 and is it expected that the eight partial standards will be compliant by end of July 2023. Monthly assurance meetings have been put in place with ICB/RUH EPRR.

3.4. We have also identified some areas where we have proposed taking forward development work across partners as all organisations have identified opportunities for learning. These are our approach to vulnerable individuals, developing the role of the AEO given a number of changes to the role and new AEOs in recent months, training for loggists to provide support during incidents, a final workshop in March concluding our work on the Infectious Diseases plan, further work in planning for power outages, and collective work on our planning for Evacuation and Shelter.

4. Areas of Notable EPRR Good Practice

4.1. There are several areas where we have seen good EPRR practice across our system.

4.2. **BSW ICB** has continued to forge strong relationships across health and social care and with both Avon & Somerset Local Resilience Forum (LRF) and Wiltshire & Swindon LRF.

4.3. **GWH** are developing a cloud-based tool to tracks lessons identified and for actionable items provides the ability to be assigned to individuals who will then receive notification of the action, follow up reminders until completion status is confirmed. This could provide a useful tool for debriefing and collective lessons identified.

4.4. **HCRG Care Group** have worked hard to maintain their assurance level and have reflected on their response arrangements as part of continuous development.

4.5. **Medvivo** provided a strong EPRR submission detailing good governance around how the EPRR and business continuity is managed. This was evidenced through the recent cyber incident that impacted Adastra.

4.6. **RUH** have maintained a good exercising regime with testing of planned power outages, updates to systems and cyber. In addition, a new decon unit has replaced an outdated venue and further work is expected to consolidate this capability.

4.7. **SFT** once again have provided an enviable assurance submission and maintained a prominent level of EPRR activity.

4.8. **WHC** focused on improving partial standards in relation to their CBRN capabilities and have now moved all to fully compliant.

5. Conclusion and recommendations for board

5.1. The Board is asked to note the findings, the work undertaken to ensure preparedness and resilience, and the planned actions to address partial compliance.

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11
Date of Meeting:	16 March 2023		

Title of Report:	Delegation of commissioning of all primary care services (pharmaceutical, primary ophthalmic, and dental services) from NHS England to ICB from April 2023
Report Author:	Jo Cullen, Director of Primary Care POD Delegation Steering Group workstream leads
Board / Director Sponsor:	Gary Heneage, Chief Financial Officer Fiona Slevin Brown, Place Director, and Executive Lead for Primary Care
Appendices:	

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	Yes

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 Committee 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
ICB Board	30/08/22	Assurance
Pharmaceutical, Ophthalmic, and Dental Delegations (PODD) Steering Group	22/12/2022	Discussion
ICB Finance and Investment Committee	30/11/2022 04/01/2023	Discussion and Assurance
ICB Executive Management Meeting	09/01/2023	Discussion and Assurance
ICB Finance and Investment Committee	01/03/2023	Assurance prior to Board

1	Purpose of this paper
To provide assurance to the Board on the oversight and progress of preparations for the transition delegated commissioning of pharmaceutical services, primary ophthalmic services, and local dental services (POD) to the ICB from 1 April 2023.	

2	Summary of recommendations and any additional actions required

1. To seek agreement from the Board that the Chief Executive and Chief Finance Officer and Executive Lead for Primary Care sign or approve any associated documentation on behalf of the ICB Board associated with ensuring safe transfer of delegation on 1 April 2023 including.
   - Delegation Agreement
   - MOU
   - Data Sharing Agreement
   - Decision Making Framework
   - Refreshed Quality Framework and Integrated Reporting

3	Legal/regulatory implications

In line with the White Paper "Integration and Innovation: working together to improve health and social care for all" in February 2021 set the direction for Integrated Care Systems to become responsible for a greater range of primary care services – namely to take on the responsibility for pharmaceutical, ophthalmic and dental services; this was confirmed by the Health and Care Bill published in July 2021, which confers the duty on Integrated Care Boards to secure the provision of these services for their populations.

4	Risks

- Outstanding information to assure local systems about the budget and performance risks to inform workforce planning and future commissioning priorities
- Capacity within the NHSE teams to support this process at pace to develop the agreed hub model and enable safe transition of commissioning responsibilities
- Capacity within local ICB teams to progress and implement delegation within current primary care resources
- Funding allocations to ensure commissioning of dental access – operating plan target 23/24 is to recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.
- Reputational risk for the ICB being responsible for commissioning dental services from 1st April 2023.
- Relationships with local professional committees and clinical networks
- The ability to influence significant change in these new services which are subject to National Contract negotiations
- Current Contract quality and outcomes

5	Quality and resources impact

A Quality Impact Assessment has been completed by the ICB for the work and signed off by the Chief Nurse.
As part of the work of the POD steering group in reviewing and assessing the impact of POD delegation we have included the capacity impact on the ICB team in enacting our functions in respect of these new responsibilities.

Finance sign-off	Gary Heneage

6	Confirmation of completion of Equalities Impact Assessment
An initial EQIA is being completed. This will be considered via the ICB Quality and Outcomes Committee and appropriate actions agreed with the Team overseeing the safe transition of POD commissioning.	

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

1 - Purpose of the report

To provide assurance to the Board on the oversight and progress of preparations for the transition delegated commissioning of pharmaceutical services, primary ophthalmic services, and local dental services (POD) to the ICB from 1st April 2023.

A more detailed report which included significant background and associated documents has previously been presented to the ICB Executive Management Group on the 27th February, and to the ICB Finance and Investment Committee for detailed scrutiny and assurance.

2. Background and context

On 22 July 2021, Amanda Pritchard[1] wrote to all ICS leads to confirm NHS England commissioning intentions that from 2022 (and by April 2023), **all** ICSs will take on further delegated responsibility for Dental (Primary, Secondary and Community); general Ophthalmic Services and Pharmaceutical Services (including Dispensing Doctors and Dispensing Appliance Contractors). There is not an option for opt out by ICBs.

Key opportunities with delegation include:

- The ability to be locally responsive to population health needs and commission services accordingly.
- A tailored approach working with partners to respond to health inequalities and ensure a focus on preventative care.
- Transformation and pathway integration – greater ability to integrate these services into local transformation and system working both within the place and system agendas and to incorporate these services more fully into a local primary care strategy.
- The ability to develop closer relationships which can then support increased partnership working at all levels further integrating care delivery in Primary Care Networks
- The opportunity to build a more integrated clinical leadership model which reflects the wider primary care system.

- The ability to involve the wider primary care services in developing approaches to quality improvement and supporting wider primary care resilience.

In a subsequent letter on 24 January 2023, NHSE confirmed the delegation of these functions to all ICBs on 1 April 2023, and that the process to transfer the staff and funding will commence shortly with consultation, with the actual transfer date in South West on 1 July 2023.

3. Progress to date

Across the region it was agreed that there was a need to produce an effective Southwest Operating Model to ensure stability and continuity of service during transition of the delegation of primary care services, using the experience, expertise, and capacity of the NHSE team through a collaborative and partnership way of working. As part of the transition, a ***Collaborative Commissioning Hub (CCH)*** will be established for the Direct Commissioning directorate in NHSE Southwest to support continued delivery of the Long-Term Plan commitments through transition arrangements whilst the infrastructure for delegation of Direct Commissioning functions is designed together with systems. The CCH will incorporate the functions involved in commissioning services for ICBs that will be delegated in April 2023.

The ***Pre-Delegation Assessment Framework*** (PDAF) for BSW was approved by the NHS England Board in October 2022. The PDAF outlined the minimum standards across four domains which should be met by ICBs prior to delegation: Transformation and Quality; Governance and Leadership; Finance; and Workforce Capacity and Capability. The PDAF focused on identifying any key risks or support needs in order that these can be addressed prior to delegation. There is a separate but aligned PDAF for specialised services.

A ***POD Delegated Steering Group*** was established in August 2022 which has responsibility for overseeing the assessment of readiness and planning for delegation from April 2023. This Group has provided regular updates to the ICB Board, F&IC and the ICB Executive Group. It currently reports to the ICB Executive and will move later this month as part of our delegation governance arrangements to report into the Primary Care Executive Committee.

The final **Safe Delegation Checklist** for BSW was submitted **on 24th February** to the NHSE Regional Team for sign off. This provides a breakdown of key areas to be worked through by ICBs and NHSE to ensure readiness and assurance for delegation. All the tasks within the SDC workstreams are being monitored daily to ensure all areas have been reviewed and assessed as completed, red, amber, or green by NHSE or ICB lead. There is no task unreviewed or assessed as red.

Further national guidance is still expected on some key issues including data sharing, Data Protection and Information sharing Agreement, and a Memorandum of Understanding. We are still awaiting these key documents however we expecting to receive them in the coming weeks.

Internal Audit - The BSW ICB internal auditors undertook an audit of the delegated commissioning arrangements in January 2023. The fieldwork began on 23 January 2023, with a draft report produced on 17th February 2023 ahead of the final report which is due on 10 March 2023. Initial feedback from the auditors suggested the establishment of the POD Delegation Steering Group for oversight as an area of good practice; and areas for further action included the Primary Care Handbook needs updating with references to ICB policies post 1st April such as an approved Scheme of Reservations and Delegations and the Conflict of Interest policy, which are in train. A tracker has been developed to capture all outstanding actions with key leads from NHSE or ICB and timeline for closure.

4. Risks

The key risks are set out in the risk register, included in the ICB Risk Register and include:

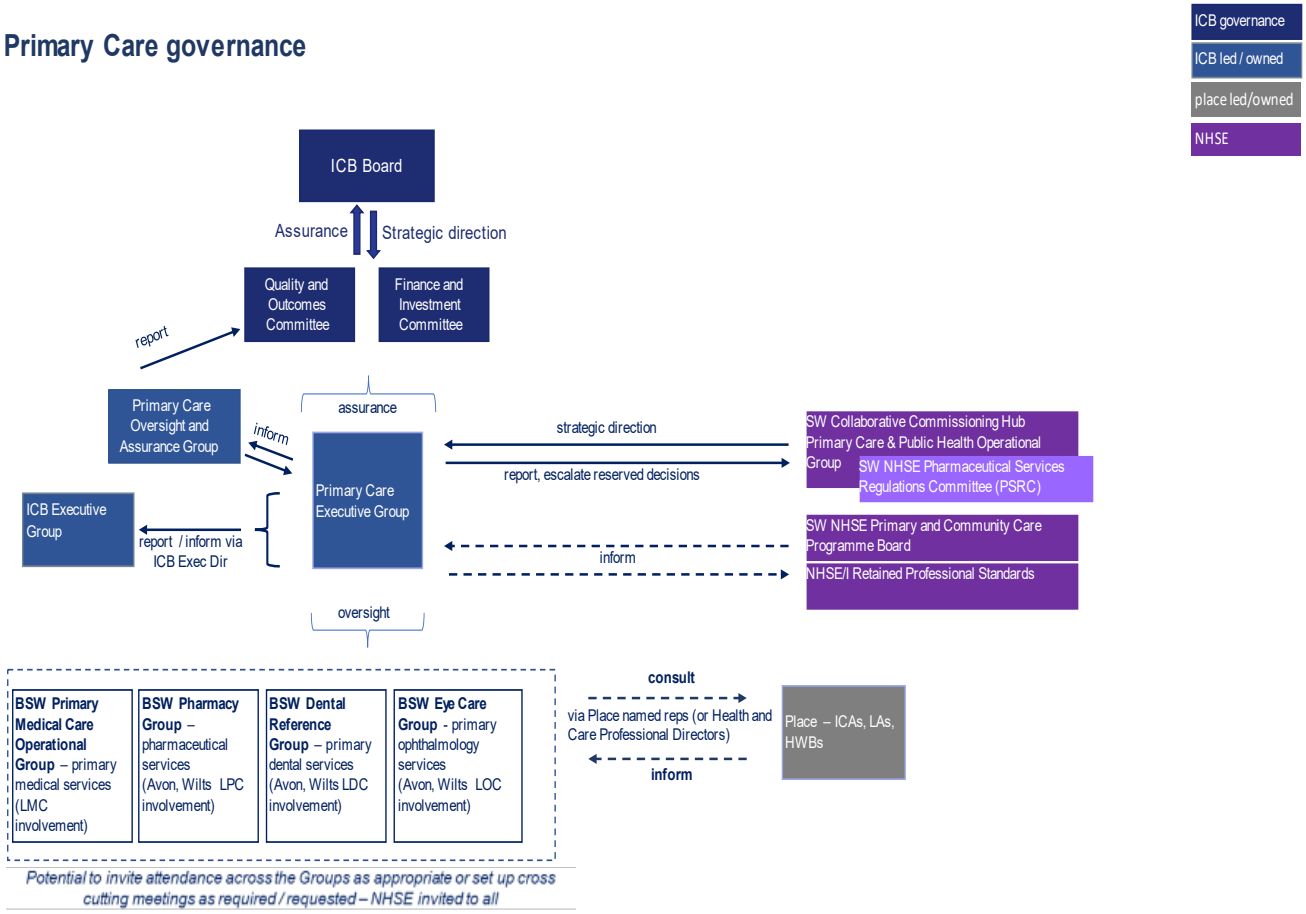
- Outstanding information about the budget and performance risks to inform workforce planning and future commissioning priorities.
- Capacity within the NHSE teams to support this process and enable safe transition of commissioning responsibilities.
- Capacity within local ICB teams to progress and implement delegation.
- Funding allocations to ensure effective commissioning of dental access – operating plan target 23/24 is to recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.
- Increased reputational risk for the ICB associated with being responsible for commissioning dental services from 1st April 2023.
- Development of effective relationships with local professional committees and clinical networks
- The impact of the national contract negotiations on our ability to our ambition for Primary Care services.
- Current quality and outcomes performance

5. Governance

When ICBs assume responsibility for the delegated functions, the liability for those functions moves to the ICB. NHS England will retain overall accountability for the discharge of its responsibilities under the Act and therefore requires the necessary assurances that its functions are being discharged safely, effectively and in line with the legal requirements.

NHSE recognise that during the period after inception that there will be a period of transition as ICBs embed the delegated functions into their wider commissioning responsibilities. ICBs will all be at varying stages of maturity and will face pressures to restore and increase access to services

as a result of the disruptive impact of the Covid-19 pandemic, which will also have impacted on the delegated functions that ICBs receive so the approach by NHSE to assurance during the first year of delegation is intended to be supportive, developmental and collaborative, particularly as ICBs take on their new role; whilst minimising any legal or regulatory risks to both NHS England and ICBs. ICBs will be supported to identify emerging issues or risks at the earliest opportunity and, in turn, where support might be needed for improvement.
The visual representation of the primary care governance is set out below, showing ICB structures and relationships with Place, and NHSE.

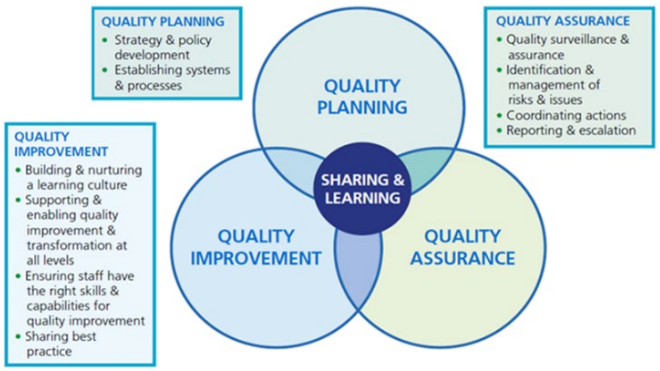


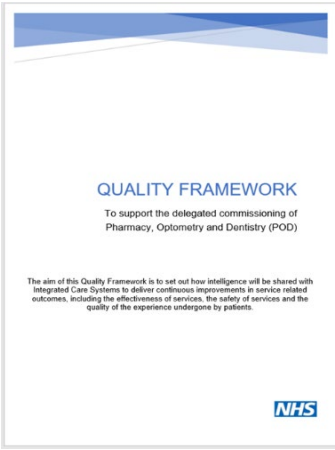
Primary Care Executive Group (PCEx Group)
This is an executive decision-making group of the ICB, and the key forum through which the ICB exercises all its delegated primary care functions (primary care being the catch-all phrase here for the delegated primary medical, primary dental, primary ophthalmology and primary pharmacy functions).

Per the arrangements proposed by the SW regional NHSE team, the PCEx Group would be the interface between the ICB and the collaborative commissioning hub. It is expected that the PCEx Group receives strategic direction from the SW hub vis-à-vis national policy; and that the PCEx Group escalates decisions to the SW hub that NHSE reserves to itself with regards to primary care.

6 Quality

A Quality Framework has been developed to set out how intelligence will be shared with ICBs to deliver continuous improvements in service-related outcomes including the effectiveness and safety of services and the quality of patient.





7 Finance

The BSW ICB POD Delegated Allocation for 2023/24 is £88.619m

£51.304m of the Delegated POD allocation is ringfenced for Dental services and "NHS England reserves the right to direct any unused resources to be used on improving dental access or other NHS England priorities or, exceptionally, the unspent allocation is returned to NHS England."

		2022/23	2023/24	2023/24	2023/24	2023/24	2023/24
		Recurrent baseline	Base growth	Base growth	Convergence	Recurrent allocation	Total allocation growth
		£k	£k	%	%	£k	%
QOX	BSW ICB	86,352	2,643	3.1%	-0.4%	88,619	2.6%

Commissioner Code	QOX	Y58	QUY	QT6	QJK	QVV	QR1	QSL	
Commissioner Name	NHS Bath and North East Somerset, Swindon and Wiltshire ICB	SOUTH WEST (Retained)	NHS Bristol, North Somerset and South Gloucestershire ICB	NHS Cornwall and The Isles of Scilly ICB	NHS Devon ICB	NHS Dorset ICB	NHS Gloucestershire ICB	NHS Somerset ICB	**South West**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
2022/23 BASELINE (FINAL)									
NHS - Dental Contracts (Community & Secondary)	18,275	0	15,122	8,257	17,866	12,748	10,133	9,643	92,044
Non-NHS - General Dental Contracts	30,560	1,650	34,008	20,002	46,126	29,307	18,819	19,998	200,470
Non-NHS - Community Dental	522	0	0	7,559	3,400	2,970	80	0	14,532
Non-NHS - Secondary Care Dental	1,946	0	3,180	78	152	987	115	0	6,459
Total Dental	**51,304**	**1,650**	**52,309**	**35,897**	**67,545**	**46,012**	**29,147**	**29,640**	**313,504**
Ophthalmic	**15,778**	**500**	**8,475**	**5,489**	**11,451**	**6,933**	**5,684**	**5,356**	**59,666**
Pharmacy	18,474	326	19,601	12,294	28,345	17,154	13,582	11,116	120,892
Pharmacy foundation training year grants	0	3,356	0	0	0	0	0	0	3,356
Total Pharmacy	**18,474**	**3,682**	**19,601**	**12,294**	**28,345**	**17,154**	**13,582**	**11,116**	**124,248**
General Practice	369	0	0	7,623	6,387	0	0	3,632	18,011
General Practice IT	24	0	24	24	24	24	24	24	170
Revalidation	0	5,079	0	0	0	0	0	0	5,079
Primary Care Transformation	0	0	0	0	0	0	0	0	0
Property Costs	0	0	0	8	0	0	108	0	116
Estates & Technology Transformation	0	0	0	0	0	0	0	0	0
PM Challenge Fund	0	0	0	0	0	0	0	0	0
Other	0	500	0	0	0	69	0	0	569
Contingency - Primary Care	385	58	401	306	562	342	250	246	2,551
Other reserves - Primary Care	18	0	19	14	26	16	12	11	115
Total Other	**796**	**5,636**	**444**	**7,975**	**6,999**	**451**	**394**	**3,914**	**26,610**
Revenue Resource Limit (£000) - Primary Care	**86,352**	**11,468**	**80,829**	**61,655**	**114,340**	**70,550**	**48,807**	**50,027**	**524,028**

8 Commissioning functions

As an overview, the suggested *Collaborative Commissioning Hub* functions from April 2023:

Functions
Manage contract and new applications
Contract amendments e.g. change of ownership/branch closures/change of directors
Complaints, FOI and MP letter responses
Mandatory service contract application
Practice visit prior to approval of contract
Application approvals
Post payment verification (PPV)
Support Business Services Authority (BSA) to access data or chase contractor on compliance
Monthly reporting
Stakeholder engagement for market engagement during procurement
Quality in optometry (QIO) assessment triage – process nationally defined
PCSE review and KPI data (risk based approach)
PPV reporting for required contractual action
Whistleblowing / General Ophthalmic Committee (GOC) incoming reports and investigations

As an overview, the suggested *ICB / Place* based functions from April 2023:

Functions
Transformation and improvement
Population health needs analysis
Primary care strategy
Counter fraud
Place based commissioning
Preparation for remedial or breach notices
Professional network
Healthwatch engagement
Overview of performance issues, approvals for actions, remedial matters, escalations etc
Operational oversight – access planning, surge plans etc
Stakeholder management

Next Steps

1. The BSW ICB POD steering group to continue to oversee the safe transfer of delegation, providing regular assurance reports into the Primary Care Executive Group, with escalation to the Board as required.
2. ICB Executive Officers will review, approve, and sign related documentation with NHSE Regional colleagues in support of the safe and effective transfer of responsibilities.
3. ICB Primary Care Team to provide regular reports to the ICB Board post April 1st
4. NHSE to issue guidance for Systems on expressing interest in hosting the Collaborative Commissioning Hub.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12
Date of Meeting:	16 March 2023		

Title of Report:	Specialised Commissioning – Joint Commissioning Arrangements
Report Author:	Mark Harris, Director of Commissioning
Board / Director Sponsor:	Rachael Backler, Executive Director of Planning and Performance
Appendices:	1: Joint Committee Terms of Reference

Report classification	BSW ICB Board
ICB body corporate	
ICS NHS organisations only	Yes
Wider system	

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 Management Meeting	06/03/23	For information

1	Purpose of this paper

The aim of this paper is to update the ICB Board on the joint arrangements for commissioning 59 (of 177) specialised services with NHS England from April 1st 2023.

The paper also sets out the agreement required for the ICB to be part of a multi-ICB joint committee during the first year of the arrangements, prior to taking on fuller delegated commissioning responsibilities in future years.

2	Summary of recommendations and any additional actions required

The ICB Board is asked to:

- Note the arrangements described for jointly commissioning 59 specialised services from April 2023.
- Formally approve the joint committee arrangements with NHS England the ICB's participation in the joint committee.

3	Legal/regulatory implications

NHS England Board has approved plans to jointly commission some specialised services with Integrated Care Boards.

4	Risks

During the first year there are no identified risks for the Integrated Care Board. This will be reviewed further as the responsibilities of delegation increase from April 2024.

5	Quality and resources impact

Please outline any impact on

Quality, Patient Experience and Safeguarding:

No identified impact as the responsibilities for contracting the services will remain with NHSE. The ICB will however be more actively involved in the discussions on outcomes and service improvements for those services within this arrangement.

Finance:

No identified impact to the ICB as budgets remain held by NHS England.

Finance sign-off	N/A

6	Confirmation of completion of Equalities Impact Assessment

Quality team advice is that the governance change itself does not require an EQIA. The workplan that is covered by the Joint Committee will need to ensure EQIA's are produced in relation to each service development/change programme.

7	Statement on confidentiality of report

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

Specialised Commissioning – Joint Commissioning Arrangements

1. Introduction and purpose of report

1.1. The aim of this paper is to update the ICB Board on the joint arrangements for commissioning some specialised services with NHS England from April 1st 2023. This includes setting out the agreement required for the ICB to be part of a multi-ICB joint committee during the first year of the arrangements, prior to taking on fuller delegated commissioning responsibilities in future years.

2. Background and wider context

2.1. National NHS policy is that most of the Prescribed Specialised Services currently directly commissioned by NHS England should be delegated to Integrated Care Boards commissioning from 2024/25 at the earliest. During 2023/24, these in-scope services will be subject to a joint commissioning arrangement between NHS England and ICBs.

2.2. From 1 April, 2023 NHS England and multi-ICB collaborations (covering nine geographical footprints) will establish statutory joint committees that will oversee and take commissioning decisions on 59 specialised services. This will coincide with the introduction of population-based budgets for these services from April 23. The 59 services include a range of more specialist procedures for specialities that are already commissioned by the ICB alongside some additional services including renal dialysis, cochlear implants and specialist cancer services.

2.3. The arrangements in 23/24 represent a stepping-stone to delegating full commissioning responsibility for suitable services from April 24. This will be subject to further NHS England Board consideration and decision.

2.4. Throughout 2023/24, the funding and financial liability will remain fully with NHS England. Regional and National commissioning teams will continue to support commissioning and decision making, ensuring consistency of expertise and experience.

2.5. Commissioning responsibility for all other specialised services will be retained by NHS England - for some services, this will be on a permanent basis and for others this will be temporary until they are considered ready for delegation.

2.6. During joint commissioning and when services have been delegated, NHS England will continue to set national policies and standards and will remain ultimately accountable for the commissioning of all prescribed specialised services. From 24/25 Integrated Care Boards will hold fuller budget responsibility for their populations use of delegated specialised commissioning services.

3. Arrangements for South West Region

3.1. During 2022/23 NHS England South West Region has worked with Integrated Care Board representatives through a Joint Directors' Group to develop

proposed arrangements for both delegation and for the initial joint commissioning transition period. Developing recommendations for the South West is complex because of the relatively small size of South West Integrated Care Boards and the degree of interdependency across systems. Most Integrated Care Boards are dependent on provision outside their own boundaries in order to meet the specialised service needs of their populations.

3.2. In the one instance where an ICB can meet the majority of its population need for specialised services through its own hosted providers (Bristol, North Somerset, and South Gloucestershire), those same providers are critically dependent on activity from other ICBs to maintain their income and level of specialised services provision.

3.3. Overall, the recommendation of the Joint Directors Group was that although more complex arrangements may be required for eventual delegation in 2024/25, for the purposes of joint commissioning in 2023/24 a single joint committee should be established for the South West to reflect the fact that the majority of both risk and focus of joint discussions would be on services that cover multi-ICB and region-wide footprints.

3.4. This recommendation was agreed through NHS England South West and ratified by NHS England's Board in February 2023.

4. Recommendations

4.1. Following the seven ICBs in the South West discussing the arrangement with their Boards, and if it is agreed as proposed; the Joint Committee will be formed to replace the current Joint Directors Group with a refreshed terms of reference which have been drafted. It is proposed that it is attended by the Executive Director for Planning & Performance supported by the Director of Commissioning.

4.2. It is recommended that the Board agree the proposed arrangements for joint commissioning of the 59 specialised services that make up this stage of the delegation. The Terms of Reference are included at Appendix 1.

Appendix 1 – Draft Terms of Reference for Joint Committee

South West Joint Working Committee [Specialised Commissioning]

Terms of Reference

Version 1, 27 January 2023

Terms of Reference

Introduction and purpose	From April 2023, Integrated Care Boards (ICBs) entering joint working agreements with NHS England will become jointly responsible, with NHS England, for commissioning the Joint Specialised Services set out in Schedule 3 of the Agreement, and for any associated Joint Functions set out in Schedule 4. NHS England and ICBs will form a statutory joint committee to collaboratively make decisions on the planning and delivery of the Joint Specialised Services, inclusive of the programme of services delivered by the Operational Delivery Networks (ODNs) and Specialised Mental Health, to improve health and care outcomes and reduce health inequalities. Joint Committees are intended as a transitional mechanism prior to ICB taking on full delegated commissioning responsibility. Subject to Clauses 7.1 and 7.2 of this Agreement (Further Collaborative Working), the Partners may, to such extent that they consider it desirable, table an item at the Joint Committee relating to any other of their functions that is not a Joint Specialised Service or a Joint Function to facilitate engagement, promote integration and collaborative working. The Partners may, from time to time, establish sub-groups or sub-committees of the Joint Committee, with such terms of reference as may be agreed between them. Any such sub-groups or sub-committees that are in place at the commencement of this Agreement may be documented in the Local Terms (Schedule 9).
The Terms of Reference	These Terms of Reference provide a template to support effective collaboration between NHS England and ICBs acting through Joint Committees in 2023/24. The Terms of Reference set out the role, responsibilities, membership, decision-making powers, and reporting arrangements of the Joint Committee in accordance with the Agreement between the ICB and NHS England. It is acknowledged that Joint Working Arrangements aim to give ICBs greater involvement in the commissioning of Specialised

	Services to better align and transform pathways of care around the needs of local populations. The Joint Committee will operate as the decision-making forum for exercising the agreed Joint Functions in accordance with the Agreement. By agreement, the Partners may use an alternative title for the Joint Committee that reflects local arrangements, for example, 'Commissioning Committee.'
Statutory Framework	The Partners have arranged to exercise the Functions jointly pursuant to section 65Z5 of the NHS Act 2006. The Joint Committee is established pursuant to section 65Z6 of the NHS Act 2006. Apart from as set out in the Agreement, the Joint Committee does not affect the statutory responsibilities and accountabilities of the Partners.
Role of the Joint Committee	The role of the Joint Committee is to provide strategic decision-making, leadership and oversight for the Joint Specialised Services and any associated activities. The Joint Working Committee will safely, effectively, efficiently and economically discharge the Joint Functions and deliver these Joint Specialised Services through the following key responsibilities: ▪ Determining the appropriate structure of the Joint Working Committee; ▪ Ensuring there is ownership of the South West Specialised Commissioning Strategy that will guide the work of the committee; ▪ Making joint decisions in relation to the planning and commissioning of Specialised Services, and any associated commissioning or statutory functions, for the South West population, for example, through undertaking population needs assessments and approving proposed commissioning strategies and plans;

	▪ Making recommendations on the population-based Specialised Services financial allocation and financial plans; ▪ Oversight and assurance of the Joint Specialised Services in relation to quality, operational and financial performance, including co-ordinating risk and issue management and escalation, and developing the approach to intervention with Specialised Services Providers where there are quality or contractual issues; ▪ Identifying and setting strategic priorities and undertaking ongoing assessment and review of Joint Specialised Services within the remit of the Joint Working Committee, including tackling unequal outcomes and access; ▪ Supporting the development of partnership and integration arrangements with other health and care bodies that facilitate population health management and providing a forum that enables collaboration to integrate service pathways, improve population health and services and reduce health inequalities. This includes establishing links and working effectively with Provider Collaboratives and cancer alliances, and working closely with other ICBs, Joint Committees and NHS England where there are cross-border patient flows to providers; ▪ Ensuring the Joint Working Committee has effective engagement with stakeholders, including patients and the public, and involving them in decision-making; ▪ Ensuring the Joint Working Committee has appropriate clinical advice and leadership, including through Clinical Reference Groups and Relevant Clinical Networks; ▪ Commencing longer-term planning, particularly in view of the ICB(s) receiving full delegated commissioning responsibility in future; ▪ Discussing any matter which any member of the Joint Committee believes to be of such importance that it should be brought to the attention of the Joint Working Committee;

	▪ Where agreed by the Partners, overseeing the Collaborative Commissioning Agreements set out in the Joint Working Arrangement; ▪ Ensuring there is a South West Joint Committee member at the national Devolved and Retained Commissioning Group; ▪ Otherwise ensuring that the roles and responsibilities set out in the Agreement between the Partners are discharged. The Partners must implement such arrangements as are necessary to demonstrate good decision-making and compliance with all statutory duties, guidance and good practice, including ensuring that the Joint Committee has sufficient independent scrutiny of its decision-making and processes. NHS England will identify Patient Public Voice (PPV) member to be part of the committee as a non voting member. Each ICB will already have patient and public representation on its own internal governance committees and should make use of these relationships, to inform the position and stance they adopt during Joint Committee meetings. The Joint Committee must adhere to these Terms of Reference but may otherwise regulate its own procedure.
Accountability and reporting	The Joint Working Committee will report to NHS England Regional Senior Leadership Team and each of the ICB Boards 1. An annual work programme identifying the Committee's key objectives for the year including a plan outlining the key agenda items to be signed off at the beginning of the financial year. This annual plan will include the Annual Commissioning Plan, Financial Plan and the Operational Delivery Network Plans 2. Monthly formal reports of performance against the agreed objectives will be presented to the Committee alongside an Annual Review. The minutes of the meetings shall be formally

	recorded by the secretariat and submitted to the Board in accordance with the Standing Orders. 3. The reporting schedule will be the monthly Joint Directors Group (JDG) being a reference group to advise the Joint Working Committee which will report into the South West Senior Leadership Team (SLT) ICB Boards & National Delegated Commissioning Group NDCG. 4. The Committee will be a member of the National Delegated Commissioning Group. The committee, at its first meeting, will confirm who its representative will at this group. 5. NHS England will retain internal groups to support day to day operational decision making as part of the Collaborative Commissioning Hub. This includes but is not limited to Specialised Commissioning Operational Group (SCOG) & Direct Commissioning Senior Leadership Team (DCSLT). These groups may refer issues into the Joint Committee but are not subject to the supervision of the Joint Committee.
Membership	<u>Voting Core Membership</u> Each of the Partners must nominate one Authorised Officer to be their representative at meetings of the Joint Working Committee. The Authorised Officers nominated by the Partners and present at a meeting of the Joint Working Committee comprise the voting membership of the Joint Working Committee. Each of the Partners may nominate a named substitute to attend meetings of the Joint Working Committee if its Authorised Officer is unavailable or unable to attend or because they are conflicted. Each of the Partners must ensure that its Authorised Officer (and any named substitute) is of a suitable level of seniority and duly authorised to act on its behalf and to agree to be bound by the final position or decision taken at any meeting of the Joint Working Committee.

	To support robust decision making and breadth of discussion in the Joint Working Committee, ICB partners should endeavour to ensure that at least one ICB appoints a clinically qualified individual (Medical Director, Nursing Director or similar) to be its Authorised Officer. The Authorised Officers (or any substitute(s) appointed) form the Voting Core Membership of the Joint Working Committee. <u>Non-voting Core Membership</u> The ICB Partners must agree between themselves at least one non-executive director from at least one partner ICB who will attend the Joint Working Committee as a non-voting core member. In the event that none of the Authorised Officers appointed by the ICB partners are clinically qualified, the ICB partners must agree between themselves at least one clinically qualified officer from at least one ICB who will attend the Joint Working Committee as a non-voting core member. <u>Discretionary Membership</u> In addition to the voting and non-voting core membership, each of the Partners may be represented at meetings of the Joint Committee by representatives (who may be officers or, in the case of an ICB, non-executive members of the ICB) who may observe proceedings and contribute to the Joint Committee's deliberations as required, but these representatives will not have the right to vote. The Partners may identify individuals (Clinical experts such as Operational Delivery Networks) or representatives of other organisations that may be invited to observe proceedings and contribute to the Joint Committee's deliberations as required. These representatives will not have the right to vote. A member of the Welsh Specialised Commissioning Team will have the ability to *attend* the meetings as required. This representative will not have the right to vote, unless agreed by the **Voting Core Membership** for specified items.

	Term of membership Each Voting and Non-Voting Core Member (and any substitute appointed) will hold their appointment for a term of one year. The term of appointment of each member expires on the 31st March 2024 this will be the anniversary of the start of Joint Working Arrangement between NHS E and ICBs. Members will be eligible to be reappointed for further terms at the discretion of the Partners. Membership lists The Chair (or in the absence of a Chair, the Partners themselves) shall ensure that there is prepared (and updated from time to time) a list of the members and that this list is made available to the Partners.
Chair	At the first meeting of the Joint Working Committee, the Voting Core Membership shall select a Co-chair, to work alongside NHSE's Director of Commissioning as Chair. The Chair(s) shall hold office for a period of one year ending 31 March 2024. For as long as this joint agreement is in force and NHS England retains formal legal commissioning accountability, NHS England have the exclusive right to select a NHS England officer to act as joint Chair.. If the Chair(s) is/are not in attendance at a meeting, the Voting Core Membership will select one of the members to take the chair for that meeting.
Remuneration	The Partners shall prepare a scheme for the remuneration of any external members and for meeting the reasonable expenses incurred by other classes of membership of the Joint Committee. The scheme shall be reviewed on an annual basis.
Meetings	The Joint Committee shall meet 6 times per year, as a minimum. At its first meeting (and at the first meeting following each subsequent anniversary of that meeting) the Joint Working Committee shall prepare a schedule of meetings for the forthcoming year ("the Schedule").

	The Chair(s) (or in the absence of a Chair, the Partners themselves) shall see that the Schedule is notified to the members. Either: ▪ NHS England, or ▪ The ICBs acting collectively, may call for a special meeting of the Joint Working Committee outside of the Schedule as they see fit, by giving notice of their request to the Chair. The Chair(s) may, following consultation with the Partners, confirm the date on which the special meeting is to be held and then issue a notice giving not less than 2 weeks' notice of the special meeting.
Quorum	A Joint Committee meeting is quorate if the following are in attendance: ▪ the Authorised Officer (or substitute) nominated by NHS England; ▪ any 5 of the 7 Authorised Officers (or substitutes) appointed by the ICBs. ▪ Where an ICB Authorised Officer or (substitute) is not in attendance and there are items on the agenda that require a formal vote, those officers (or substitute) must communicate their voting intention to the Chair in writing, in advance of the meeting, their views will be recorded at the meeting.
Decisions and voting arrangements	The Joint Working Committee must seek to make decisions relating to the exercise of the Joint Functions and Joint Specialised Services inclusive of Specialised Mental Health and Operational Delivery Networks on a consensus basis. The Partners must ensure that matters requiring a decision are anticipated and that sufficient time is allowed prior to Joint Working Committee meetings for discussions and negotiations between Partners to take place.

	In preparation for future delegation of Specialised Services and collaboration between them for this purpose, the ICBs should seek to adopt a common position on any matter to be decided. Decisions must be ratified by the Voting Core Membership of the Joint Working Committee. ICBs that can't attend meetings will need to Where it has not been possible, despite the best efforts of the Core Membership, to come to a consensus decision on any matter before the Joint Working Committee, the Chair(s) may require the decision to be put to a vote in accordance with the following provision. In developing these Terms of Reference, the Partners have agreed each Partner will have a equal vote and the objective being consensus in decision making. To this end the Joint Committee will adopt: Individual votes for each organisation coupled with an NHS England right to substitute an alternative decision: each organisation that is a Voting Core Member of the Joint Committee has a single vote. However, NHS England can substitute an alternative decision if it considers it is in the best interests of the health service. The reasons for substituting a decision should be documented. Voting Core Members also have a right to refer the decision to the regional director for review. All efforts will be taken to ensure through consensus that the substitute vote option is deployed. The substitute vote is only for services that have yet to be formally delegated
Conduct and conflicts of interest	Members of the Joint Committee will be expected to act consistently with existing statutory guidance, NHS Standards of Business Conduct and relevant organisational policies. The NHS Standards of Business Conduct policy is available from: https://www.england.nhs.uk/publication/standards-of-business-conduct-policy/

	Members should act in accordance with the Nolan Principles (the Seven Principles of Public Life). See: https://www.gov.uk/government/publications/the-7-principles-of-public-life. Members should refer to and act consistently with the NHS England guidance: *Managing Conflicts of Interest in the NHS: Guidance for staff and organisations*. See: https://www.england.nhs.uk/ourwork/coi/. Where any member of the Joint Committee has an actual or potential conflict of interest in relation to any matter under consideration by the Joint Committee, that member must not participate in meetings (or parts of meetings) in which the relevant matter is discussed, either by participating in discussion or by voting. A Partner whose Authorised Officer is conflicted in this way may secure that their appointed substitute attend the meeting (or part of meeting) in the place of that member.
Confidentiality of proceedings	The Joint Committee is not subject to the Public Bodies (Admissions to Meetings) Act 1960. Admission to meetings of the Joint Committee is at the discretion of the Partners. All members in attendance at a Joint Committee are required to give due consideration to the possibility that the material presented to the meeting, and the content of any discussions, may be confidential or commercially sensitive, and to not disclose information or the content of deliberations outside of the meeting's membership, without the prior agreement of the Partners.
Publication of notices, minutes and papers	The Partners shall provide sufficient resources, administration and secretarial support to ensure the proper organisation and functioning of the Joint Committee. The Chair(s) (or in the absence of a Chair, the Partners themselves) shall see that notices of meetings of the Joint Working Committee, together with an agenda listing the business to be conducted and supporting documentation, is issued to the Partners three weeks (or, in the case of a special meeting, one week prior to the date of the meeting.

	The proceedings and decisions taken by the Joint Working Committee shall be recorded in minutes, and those minutes circulated in draft form within two weeks of the date of the meeting. The Joint Working Committee shall confirm those minutes at its next meeting.
Review of the Terms of Reference	These Terms of Reference will be reviewed annually.

Annex A – Membership of the Joint Committee

Regional Director Commissioning (South West) NHS England
NHS England – South West Region
Joint Chair
Voting Core Member

Director of Specialised Commissioning and Health & Justice
NHS England – South West Region

Director of Commissioning Finance
NHS England – South West Region

Medical Director (Commissioning)
NHS England – South West Region

Director of Nursing and Quality
NHS England – South West Region

TO BE DETAILED - ICB representative title
TO BE DETAILED - ICB represented
[Specify which one of these reps is the Joint Chair]
Voting Core Member

TO BE DETAILED - representative title
Designated to represent ICB NED perspective generally.
Non-Voting Core Member

TO BE DETAILED - representative title
Designated to represent ICB clinical perspective generally.

PPV reps x2
NHS Wales

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13
Date of Meeting:	16 March 2023		

Title of Report:	BSW ICB Scheme of Reservations and Delegations (SoRD)
Report Author:	Anett Loescher, Deputy Director of Corporate Affairs
Board / Director Sponsor:	Rachael Backler, Executive Director of Planning and Performance
Appendices:	App 1 – BSW ICB (SoRD) App 2 – proposed approvers of regular key corporate reports

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 Executive Group	06/03/2023	Consideration of proposed amends, endorsed

1	Purpose of this paper

As part of its governance framework, BSW ICB maintains a Scheme of Reservations and Delegations (SoRD) that sets out those decisions that are reserved to the ICB Board, and those decisions that the Board has delegated to committees, sub-committees, individuals, relevant bodies, incl. functions and decisions in accordance with section 65Z5 of the 2006 Act, or a local authority under section 75 of the 2006 Act committees.

We present to the Board an updated SoRD that proposes delegations of decisions from the Board to committees, sub-committees and individuals in light of the forthcoming delegations of functions and decisions from NHSE to the ICB. The proposal also takes account of the mid-year review of the ICB's committees terms of reference.

In summary, the proposed SoRD reflects:

- Delegation from NHSE to ICBs of responsibility for commissioning primary medical services, primary dental services and prescribed dental services, primary ophthalmic services, and pharmaceutical services from April 2023; and the creation of a collaborative commissioning hub in the Southwest to support the seven Southwest ICBs in discharging these functions;
- ICBs' joint responsibility with NHSE for commissioning joint specialised services from April 2023; and the establishment of a statutory joint committee between the regional NHSE and the seven Southwest ICBs to collaboratively make decisions on the planning and delivery of such joint specialised services;
- The outcomes of the ICB's mid-year review of its governance arrangements, which aimed at enabling the Board's focus on strategic decision-making by delegating decision-making and strengthening the Board committees' oversight and assurance remit, incl. arrangements for policy approvals through appropriate groups with scrutiny by relevant committees;
- Proposed allocation of responsibility to committees – where permitted – for the in-depth scrutiny and approval of regular corporate reports that the ICB is required to produce to be accountable to, and assure, regulators, see Appendix 2. The expectation is that committees report approval of such reports to the Board, also the salient points of such reports and recommendations or action plans.

Per national policy, all ICBs are expected to review their governance arrangements in ca Q1/Q2 of 2023/24. This may result in further adjustments of the SoRD, which will be brought to the Board for approval as and when required.

2	Summary of recommendations and any additional actions required

The Board is asked to

- approve the BSW ICB SoRD;
- agree the proposed allocation of sign-off responsibilities for regular corporate reports.

3	Legal/regulatory implications

The SoRD is a mandated document that supports the BSW ICB Constitution (but it is not part of the Constitution). The SoRD is published on the BSW ICB website. Only the Board can approve the SoRD and any amendments to it.

4	Risks
Lack of a clear and agreed SoRD has repercussions for the ICB's entire governance and decision-making arrangements, will impede effective and efficient decision-making, and will hamper committees' oversight, assurance and scrutiny functions.	

5	Quality and resources impact
Sound decision-making arrangements, including delegation of decisions, contribute to efficient use of resource and high-quality, safe health and care services.	
Finance sign-off	

6	Confirmation of completion of Equalities Impact Assessment
None undertaken.	

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

NHS
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Integrated Care Board

BSW ICB Scheme of Reservations and Delegations

The BSW ICB Scheme of Reservations and Delegations (SoRD) sets out the ICB Board's delegations of decision-making powers / authorities to Board committees and / or individuals.

This SoRD was first approved by the BSW ICB Board on 1 July 2022, when the BSW ICB was formally established. Suqsequent reviews and amendments, which can only be approved by the BSW ICB Board, are recorded in the below review log.

The SoRD is reviewed annually.

Date of review (the date when changes were made in the document)	**Changes made**	**Approved by, on** (who gave formal approval, when)	**Notes, comments** (ref the minutes of the meeting where changes were approved; any other comments)	**Next review due on** (a year from the date of review)
23-Feb-23	Matters reserved to the Board extracted and presented separately for ease of reference Amendments to the delegations of authorities in light of • the ICB receiving delegated functions for the commissioning of primary dental, ophthalmological and pharmacy services; • the establishment of a Southwest Joint Committee (Specialised Commissioning) • a mid-year review of Committee Terms of Reference, and of a process update with regards to the approval of ICB policies			

NHS
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Swindon and Wiltshire
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BSW ICB Scheme of Reservations and Delegations (SoRD)

This document should be read alongside the ICB's Standing Financial Instructions, and committees' Terms of Reference.

Matters reserved to the BSW ICB Board

The Board has delegated the day to day management of the ICB to the Chief Executive and the executive management.
This Schedule sets out the list of matters which are required to be or, in the interests of the ICB, should only be decided by the Board.

Ref	Policy Area	Decision
Internal controls		
1	Assurance and risk	Approve the ICB's counter fraud and security management arrangements (incl. approval of appointments and terms of anti-fraud specialists, and policy approval, see 'Policy' below cf. below)
2	Assurance and risk	Ensure that the ICB manages risk effectively by: - ensuring the ICB's risk strategy is clearly defined and aligns to ICB's purpose, values, strategy and objectives - approving the ICB's risk appetite (the extent and categories of risk which the Board regards as acceptable) - approving arrangements for risk sharing and / or risk pooling with other organisations (for example arrangements for pooled funds with other ICBs or pooled budget arrangements under section 75 of the NHS Act 2006); this includes approval of risk sharing arrangements at place - approving the ICB's risk management framework
3	Assurance and risk	Approve the ICB's arrangements for business continuity, and for emergency planning, incl. the ICB's EPRR policy (see 'Policy')
4	Policy	Approve - Anti Fraud, Bribery and Corruption Policy - Emergency Preparedness, Resilience & Response (EPRR) Policy - Health & Safety Policy - Information Governance Framework - Risk Management Policy - Standards of Business Conduct Policy - Public involvement and engagement policy
Board membership and other appointments		
5	Appointments	Approve the appointment of all members of committees and sub-committees that exercise the ICB commissioning functions
6	Appointments	Determine the membership of the Remuneration Committee, incl. independent members or advisers to the Remuneration Committee who are not members of the Board
7	Audit (external)	Appoint, re-appoint and remove external auditors. Agree the level of renumeration and terms of engagement.
Delegations of authority		

8	Delegations, authority to act	Authorise arrangements under section 75 of the 2006 Act (partnership arrangements with a local authority under which the local authority exercises specified ICB functions, or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund). This includes approval of delegation agreements.
9	Delegations, authority to act	Authorise arrangements under section 65Z5 of the 2006 Act (partnership arrangements with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB) This includes approval of delegation agreements.
10	Delegations, authority to act	If entering arrangements under section 75 of the 2006 Act or 65Z5 of the 2006 Act, authorise for the functions in question to be exercised by a joint committee of the organisations and / or for the establishment of a pooled fund to fund those functions (section 65Z6) - i.e. agree arrangements, approve ToRs of joint committee created for the purpose, and approve pooled budget / allocations to such pooled budget
Financial reporting and controls		
11	Finance	Approve and publish the ICB annual report and accounts in accordance with NHSE guidance
12	Finance	Approve ICB annual budgets, incl. place-based budgets.
13	Finance	Agree to make make capital or revenue grants available
Corporate governance matters		
14	Governance framework	Approve amendments or variations to the BSW ICB Constitution prior to submission to NHS England for formal approval
15	Governance framework	Approve documents related to the Constitution, and amendments of these documents, namely: - Scheme of Reservation and Delegation (SoRD) - Functions and Decisions Map - Standing Financial Instructions - Governance handbook
16	Governance framework	Approve Board Committee Terms of Reference, incl. membership and Chairs of such Board Committees.
17	Board	Undertake Board and committee effectiveness reviews, and agree and implement actions in light of findings and recommendations
Strategy and management		
18	Oversight	Oversight of the ICB's operations ensuring: • competent and prudent management of activities and resources • sound planning, and performance monitoring • effective internal control and risk management processes • adequate accounting and other records • compliance with statutory and regulatory obligations
19	Strategy, plans	Approve the ICB's corporate strategy and objectives, taking account of and endorsing place strategies for the development and delivery of health and care services. Associated supporting or complementary strategies will be approved by Board Committees or system groups, with assurances given to the Board that such associated or complementary strategies will contribute to and support the delivery of the ICB's corporate strategy and objectives.
20	Strategy, plans	Approve the joint ICB and partner NHS trusts and NHS foundation trusts plan setting out their planned capital resource use (the joint capital plan)
21	Strategy, plans	Approve and publish the joint ICB and partner NHS trusts and NHS foundation trusts 5-year forward plan (the joint forward plan), and its annual renewal
22	Strategy, plans	Approve the ICB annual operating plan (and any material changes to it), including place plans and commissioning plans.

BSW ICB Scheme of Reservations and Delegations (SoRD)

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

This document should be read alongside the ICB's Standing Financial Instructions, and committees' Terms of Reference.

Ref	Policy Area	Decision	ICB Board Matters reserved to the Board are listed separately	Committee or Sub-Committee	Integrated Care Partnership	Place	Specified Individual	Reference
1	Audit (internal, external)	Approve all internal audit services provided under arrangements proposed by the CFO		x, Audit Committee			CFO proposes arrangements	SFI 9.2 AC ToR 3.7a
2	Audit (internal, external)	Review and approve the annual internal audit plan and detailed programme of work		x, Audit Committee			CEO endorses	AC ToR 3.7b SFI 9.2
3	Audit (internal, external)	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		x, Audit Committee				AC ToR 3.8c
4	Audit (internal, external)	Assess annually the independence and objectivity of the external auditor		x, Audit Committee				AC ToR 3.8g
5	Audit (internal, external)	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.		x, Audit Committee				AC ToR 3.8h
6	Audit (internal, external)	Delegate responsibility for ensuring there is appropriate internal audit provision in the ICB.					CEO delegates to CFO	SFIs 9.2
7	Appointments	Approve the appointment of the ordinary members of the ICB Board					x, Chair approves appointment (R) Panel convened by CEO appoints	C2.2.4
8	Appointments	Approve the appointment of all members of committees and sub-committees that exercise the ICB commissioning functions					x, Chair approves appointment (R)	C3.6.6
9	Appointments	Appoint ICP members			x (R)			
10	Board	Undertake appraisals and effectiveness reviews of Board members and implement recommendations arising from these appraisals / reviews.					x, Chair, leads individuals' appraisals; SID leads Chair's appraisal	RemCom ToR 3.2.4
11	Commissioning	In line with the ICB Delegated Financial Limits, receive, consider and approve commissioning and procurement proposals incl. at scale and strategic that are within agreed annual budgets	x (over £5m contract value)	x, Finance and Investment Committee (between £1m and £5m contract value)			ICB Executive Director (up to £125k contract value) ICB Executive Group (between £125k and £1m contract value)	ICB Delegated Financial Limits
12	Commissioning	Consider and approve commissioning and procurement proposals (incl. at scale and strategic) that are not funded / not within annual budgett	x (over £5m contract value)	x, Finance and Investment Committee (between £1m and £5m contract value)			ICB Executive Director (up to £125k contract value) ICB Executive Group (between £125k and £1m contract value)	ICB Delegated Financial Limits
13	Commissioning	Plan, commission, procure and performance manage health and care services which will promote the health and well-being of the population and reduce health inequalities incl. in particular services under the terms of the of the National Health Services Act 2006 Section 75 and Section 65z5 Agreements and the Better Care Fund Plan				x		

Ref	Policy Area	Decision	ICB Board Matters reserved to the Board are listed separately	Committee or Sub-Committee	Integrated Care Partnership	Place	Specified Individual	Reference
14	Commissioning (ambulance services)	All commissioning functions associated with the commissioning of ambulance services as an integral part of the urgent and emergency care system according to national requirements and standards		x, Ambulance Joint Commissioning Committee				AJCC ToR 2.1
15	Commissioning (ambulance services)	Negotiate and agree a contract that delivers national performance, clinical and quality standards, incorporating any known challenges and improvement plans into the contract		x, Ambulance Joint Commissioning Committee				AJCC ToR 2.3
16	Commissioning (ambulance services)	Award and enter into of contracts for the provision of emergency ambulance services		x, Ambulance Joint Commissioning Committee				AJCC ToR 2.4
17	Commissioning (ambulance services)	All decision-making in respect of variations to the contract in accordance with national policy, service user needs and clinical developments		x, Ambulance Joint Commissioning Committee				AJCC ToR 2.6
18	Commissioning (ambulance services)	All decision-making in respect of financial adjustments or sanctions resulting from provider breach of the contract		x, Ambulance Joint Commissioning Committee				AJCC ToR 2.7
19	Commissioning (ambulance services)	All decision making relating to the termination of the contract, or any part of it, in accordance with the terms of that contract		x, Ambulance Joint Commissioning Committee				AJCC ToR 2.12
20	Commissioning (ambulance services)	Respond to informal or formal legal challenges brought in connection with the commissioned services		x, Ambulance Joint Commissioning Committee				AJCC ToR 2.13
21	Commissioning (joint specialised services)	Make joint decisions in relation to the planning and commissioning of Specialised Services, and any associated commissioning or statutory functions, for the South West population. This includes approval of commissioning strategies and plans.		x, South West Joint Working Committee (Specialised Commissioning)				
22	Commissioning (joint specialised services)	Develop and agree the approach to intervention with Specialised Services Providers where there are quality or contractual issues. (By implication, take decisions re the management of providers providing inadequate standards of patient care; and the management of poorly performing services providers)		x, South West Joint Working Committee (Specialised Commissioning)				
23	Commissioning (primary medical services)	Design local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)		x, PCEx				
24	Commissioning (primary medical services)	Make decisions re design and commissioning of enhanced services		x, PCEx				
25	Commissioning (primary medical services)	Make decisions on whether to establish new GP practices in the BSW area		x, PCEx				
26	Commissioning (primary medical services)	Approve GP practice mergers in the area		x, PCEx (with service change for patients) x, Primary Care Operational Group (PCOG)(no service change for patients)				
27	Commissioning (primary medical services)	Approve any discretionary payments (e.g., Returner, retainer)		x, PCEx				
28	Commissioning (primary medical services)	Approve any s.96 hardship applications		x, PCEx				

Ref	Policy Area	Decision	ICB Board Matters reserved to the Board are listed separately	Committee or Sub-Committee	Integrated Care Partnership	Place	Specified Individual	Reference
29	Commissioning (primary medical services)	Approve boundary changes Make decisions following appeal of boundary changes		x, PCOG x, PCEx				
30	Commissioning (primary medical services)	Approve application for branch surgery closure		x, PCEx				
31	Commissioning (primary medical services)	Approve application to reduce branch surgery opening hours		x, PCOG				
32	Commissioning (primary medical services)	Vary or renew existing contracts for primary care provision or award new ones, depending on local circumstances; - incl. making decisions re procurement of primary care services - incl GMS/PMS/APMS and NHS Standard Contract; and - incl. approval of practice appeal against contract decision; and - incl. termination of GMS/PMS contract		x, PCEx				
33	Commissioning (dental, primary medical services)	Take decisions in relation to - the management of services providers providing inadequate standards of patient care; - the management of poorly performing services providers		x, PCOG (x, PCEx [contentious, high-risk, high-profile, escalated from PCOG or DRG])				
34	Commissioning (dental)	Take decisions in relation to: - establishing new Dental Services Providers in the Area; - closure of practices		x, PCEx				
35	Commissioning (dental)	Vary or renew existing contracts for primary dental provision or award new ones, depending on local circumstances. Terminate contracts due to significant breach/issues - based on financial value.		x, PCEx				
36	Commissioning (dental)	Take decisions in relation to practice relocations, service changes incl service closures		x, Dental Reference Group (DRG) (x, PCEx [contentious, high-risk, high-profile, escalated from DRG])				
37	Commissioning (ophthalmology)	Agree action following provider non-compliance with / breach of General Optical Regulations		x, PCEx (receives respective recommendation from the Collaborative Commissioning Hub)				
38	Commissioning (ophthalmology)	Quality in Optometry (QIO) - consider recommendations regarding contractual sanctions for contractors who have not - completed the QIO questionnaire - addressed QIO visit actions		x, PCEx (receives respective recommendation from the Collaborative Commissioning Hub)				
39	Commissioning (pharma)	Make decisions regarding the (review of) patients currently approved to have medicines dispensed by GP Practice,		x, PCEx (receives respective recommendation from the Collaborative Commissioning Hub)				
40	Commissioning (pharma)	Make decisions regarding the (review of) existing LPS contracts		x, PCEx (receives respective recommendation from the Collaborative Commissioning Hub)				
41	Commissioning (pharma)	Make decisions regarding clinical waste procurement/s		x, PCEx (receives respective recommendation from the Collaborative Commissioning Hub)				
42	Commissioning (pharma)	Receive, consider and approve recommendations re pilots under the Pharmacy Integration Fund		x, PCEx (receives respective recommendation from the Collaborative Commissioning Hub)				

Ref	Policy Area	Decision	ICB Board Matters reserved to the Board are listed separately	Committee or Sub-Committee	Integrated Care Partnership	Place	Specified Individual	Reference
43	Commissioning (pharma)	Make decisions regarding contract/s in place to support community pharmacy reporting on vaccinations (flu)		x, PCEx (receives respective recommendation from the Collaborative Commissioning Hub)				
44	Commissioning (pharma)	Community Pharmacy Assurance Framework (CPAF) - consider recommendations regarding contractual sanctions for contractors who have not - completed the CPAF questionnaire - addressed CPAF visit actions		x, PCEx (receives respective recommendation from the Collaborative Commissioning Hub)				
45	Commissioning (pharma)	Consider and agree recommendations regarding providers who are / were non-compliant with or breached the General Pharmaceutical Regulations.		x, PCEx (receives respective recommendation from the SW PSRC)				
46	Commissioning (pharma, optom, dental)	Sign-off the completed annual ICB primary care commissioning assurance framework, and submission to NHSE		x, PCEx				
47	Commissioning (Place)	Within the framework set by the ICB's and the locality's strategies, plans and budgets, make commissioning decisions and sign off procurement processes and outcomes for services, or recommend commissioning decisions and procurement processes to other decision-making bodies, as appropriate in view of the ICBs Delegated Financial Limits				x		
48	Commissioning (Place)	Approve and ensure implementation of locality policies as may be required to support integrated / collaborative / joint commissioning, following consultation with the BSW ICB Board and ensuring alignment and compliance with BSW ICB policies				x		
49	Commissioning (Place)	Within Board-approved section 75 arrangements with Local Authorities, make commissioning decisions for new and existing services				x		
50	Commissioning (Place)	Manage pooled funds, including: • agree to the viring of funds between Pooled Funds; • approve Individual Services under the Better Care Fund, ensuring compliance with the Better Care Fund Plan and the strategic direction of the Better Care Fund; • agree funding of overspends if such funding can be met from the available pooled fund and available resources, or otherwise recommend the funding request to Council and CCG approval processes.				x		
51	Compliance	Ensure the production of statutory / mandated regular compliance reports, scrutinise such reports, agree findings / actions / recommendations, and sign-off on submission to regulators and publication of reports as required. Report this to the Board.		x, ICB Board Committees				
52	Finance	Delegate the budgetary control responsibilities to budget holders through a formal documented process					CFO	SFIs 4.1.2
53	Finance	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		Audit Committee receives report on all losses and special payments (including special severance payments)			HM Treasury	SFIs 10.1.1 RemCom ToR ## AC ToRs 3.20
54	Finance	Approve the ICB's property governance and management framework		~~x, Finance Committee~~			BSW ICB Executive Group	~~FC ToR ##~~ SFIs 12.1

Ref	Policy Area	Decision	ICB Board Matters reserved to the Board are listed separately	Committee or Sub-Committee	Integrated Care Partnership	Place	Specified Individual	Reference
55	Finance	Approve the ICB's debt management strategy and associated policies and procedures		x, Finance and Investment Committee				SFI 5.3
56	Finance	Agree to make capital grants available	x (value over £5m)	x, Finance and Investment Committee (value over £125k and £5m)			CFO, up to £125k	SFI 12.2 BSW ICB Delegated Financial Limits
57	Finance	Approve investment in, or disinvestment from, people and organisational development programmes		x, People Committee up to value of £ 125k, any other values recommend to FIC or Board per BSW ICB Delegated Financial Limits				PC ToRs 3.1d
58	Governance framework	Determine ICP procedures and ToRs			x			
59	Information Governance	Sign off responses to FOI requests					Executive Director - complex FOIs incl. those handled by the Collaborative Commissioning Hub IG Manager - all other FOIs	
60	Information Governance	Sign off responses to complaints and Parliamentary enquiries					Executive Director - complex responses handled by the Collaborative Commissioning Hub	
61	People	Agree the BSW Academy's annual programme of work		x, People Committee				PC ToR 3.1f
62	Policy	Approve the ICB's debt management strategy and associated policies and procedures		x, Finance Committee			CFO leads development	FC ToR ## SFI 5.3.1
63	Policy	Sheet strategies & policies approvers details bodies / individuals with authority to approve BSW ICB policies						
64	Quality	Scrutinise arrangements in place for effective quality planning, control and improvemen. Highlight areas of unsatisfactory redress to the Board, and recommend implementation of remedial action by the ICB Chief Nurse Officer.		x, Quality Committee				QC ToR 3.2b
65	Quality	Approve recommendations regarding clinical protocols, service reviews and pathway redesign		x, Quality Committee				
66	Quality	Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) 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. Approve courses of action to ensure compliance, unless these would have a material impact on the ICB and in which case such action must be recommended to the Board for decision.		x, Quality Committee				QC ToR 3.2i
67	Quality	Agree ICB quality improvement programmes, based on a holistic view of the interrelations of quality, finance, workforce and performance		x, Quality Committee				QC ToR 3.2f
68	Remuneration	Determine all aspects of remuneration and conditions of service of the Chief Executive, Executive Directors and other Very Senior Managers of the ICB		x, Rem Com				Rem Com ToR 3.2.1

Ref	Policy Area	Decision	ICB Board Matters reserved to the Board are listed separately	Committee or Sub-Committee	Integrated Care Partnership	Place	Specified Individual	Reference
69	Remuneration	Determine the remuneration, terms and conditions, and matters of succession planning of ICB Board members.		x, Rem Com				Rem Com ToR 3.2.3
70	Remuneration	Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change) for all ICB staff		x, Rem Com				Rem Com ToR 3.2.4i
71	Remuneration	Determine the arrangements for termination payments and any special payments for staff		x, Rem Com				Rem Com ToR 3.2.4iii

Proposed approving bodies for key corporate reports

Regular corporate reports	Proposed approving body
Annual data security and protection toolkit submission	IGSG (review) / Board (sign-off)
5-year joint forward plan (ICB, trusts)	Board
Annual review of 5-y plan / operational plan for next year	Board
Joint capital plan (ICB, trusts)	Board
Annual review of joint capital plan / budget for the next year	Board
Annual review of NHS partner members of the Board	Board
Annual report and accounts	Board
Annual ICB assessment	Board
Annual ICS assessment (CQC)	Board
Annual EPRR report	Board
Annual review of policy register	Audit (assurance, approval not required)
6-monthly review of CoI register	Audit (review) / Board (sign-off)
Annual report from the AC to the Board	Board
Annual Board / cttee effectiveness review (incl. ToR reviews)	Board
Governance review (full, every three years)	Board
Public Sector Equalities Duty - annual report	People Cttee
Gender Pay Gap report	People Cttee
Workforce Race Equalities Standard report	People Cttee
Workforce Disabilities Equalities Standard report	People Cttee
Annual H&S report	People Cttee
Annual Quality report	Quality Cttee (review) / Board (sign-off)
Annual LeDer report	Quality Cttee
Annual safeguarding children report	Quality Cttee
Annual safeguarding adults report	Quality Cttee
Annual SEND report	Quality Cttee
Annual IFR report	Quality Cttee
Annual primary care assurance framework self-assessment	Quality Cttee
Annual compliments, complaints, concerns report	Quality Cttee

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	14
Date of Meeting:	16 March 2023		

Title of Report:	Standards of Business Conduct Policy review
Report Author:	Anett Loescher, Deputy Director of Corporate Affairs
Board / Director Sponsor:	Rachael Backler, Executive Director of Planning and Performance
Appendices:	App 1 – BSW ICB Standards of Business Conduct Policy

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
n/a		

1	Purpose of this paper

At the ICB establishment on 1 July 2022, the Board approved the BSW ICB Standards of Business Conduct Policy (SoBC) as one of the organisation's key corporate policies. The policy details the ICB's expectations regarding standards of business conduct and focusses in particular on the management of conflicts of interest.

The policy, approved by the Board, is a requirement under the ICB's Constitution. The policy is the ICB's key mechanism to ensure the organisation complies with and meets the requirements of the Health and Care Act 2022, and of legislation

and regulation pertaining to procurement, with regards to the robust identification and management of conflicts of interest.
Since the Board's approval of the SoBC policy in 2022, the ICB has adopted new enhanced processes for the management of declarations of interest. An internal audit of the ICB's processes took place in December 2022/January 2023 and resulted in recommendations to further enhance good practice.

In light of these developments, the SoBC policy has been updated to:

- Reflect the introduction of the online Civica Declare portal for the declaration and recording of interests, gifts and hospitalities, and offers of sponsorship; in particular
- Implement recommendations made by the internal auditors with regards to clarity of policy and process. The policy now includes:
  - Detailed guidance re when declarations must be made;
  - Detailed guidance re the information that must be provided in any declaration of interest (Appendix A of the policy);
  - Description of the process that colleagues must follow to declare interests etc via the Civica Declare portal, and of the escalation process in case of non-compliance.

2	Summary of recommendations and any additional actions required

The Board is asked to approve the BSW ICB Standards of Business Conduct Policy.

3	Legal/regulatory implications

The Health and Care Act 2022 unambiguously requires ICBs

- to maintain registers of interest members of the board, members of its committees or sub-committees, and its employees, and
- to make arrangements for managing conflicts and potential conflicts of interest in such a way as to ensure that they do not, and do not appear to, affect the integrity of the ICB's decision-making processes.

Non-compliance with this legal requirement has far-reaching consequences, including challenge to procurement decisions, reputational damage to the ICB and individuals, and in extreme cases investigations of and prosecutions for bribery, corruption or fraud.

4	Risks

Failure to approve and robustly implement the BSW ICB Standards of Business Conduct Policy puts the ICB at risk of non-compliance, and of being subjected to regulatory and / or legal action.

The risks associated with not managing conflicts of interest are significant, cf. section 3.	
5	Quality and resources impact
Robust management of conflicts of interest is a key element of transparent decision-making, and protects NHS resources.	
Finance sign-off	

6	Confirmation of completion of Equalities Impact Assessment
An EIA has been completed for the policy, and no impacts were identified.	

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	15
Date of Meeting:	16 March 2023		

Title of Report:	BSW ICB Information Governance Framework
Report Author:	Anett Loescher, Deputy Director of Corporate Affairs
Board / Director Sponsor:	Rachael Backler, Executive Director of Planning and Performance
Appendices:	App 1 – BSW ICB Information Governance Framework

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 Information Governance Steering Group	11/01/2023	Detailed consideration, recommendation to the ICB Board

1	Purpose of this paper

The BSW ICB Information Governance (IG) Framework is the ICB's overarching IG policy and sets out the IG arrangements for the ICB. The IG Framework is supported and complemented by a catalogue of information governance policies and procedures.

The IG Framework has not materially changed since it was adopted by the BSW ICB Board in July 2022. Updates reflect the appointments of individuals to key IG roles, and the review of the IGSG ToRs.

The Framework was reviewed by the BSW ICB Information Governance Steering Group (IGSG) at its meeting in January 2023, and the IGSG recommends the IG Framework to the BSW ICB Board for approval.

2	Summary of recommendations and any additional actions required
The Board is asked to approve the BSW ICB Information Governance Framework.	

3	Legal/regulatory implications
As an organisation that has access to NHS patient data and systems, the ICB's IG arrangements are assessed annually via the Data Security and Protection Toolkit (DSPT). One of the requirements of the DSPT is for ICBs to have in place a Board-approved policy to govern the ICB's information governance arrangements and activities.	

4	Risks
The ICB processes significant amounts of data and information, including confidential, sensitive, and personal data. The ICB therefore must have robust IG arrangements in place to handle such data and information, and to comply with data protection legislation. Failure to put in place IG arrangements including the Board-approved IG Framework would put the ICB at risk of not meeting the requirement of the DSPT, which would have significant impact on the ICB's ability to process data and information, and therefore on the ICB's ability to discharge its functions.	

5	Quality and resources impact
Robust IG arrangements facilitate appropriate and compliant use of data and information, and promote data quality. This has a positive impact on quality and resources.	
Finance sign-off	

6	Confirmation of completion of Equalities Impact Assessment
None undertaken.	

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

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	16
Date of Meeting:	16 March 2023		

Title of Report:	Summary Report 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:	

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	

Previous consideration by:	Date	Please clarify the purpose
Relevant Committee Chair		To agree report for inclusion in Board paper pack

1	Purpose of this paper

This summary report provides an update of meetings of ICB Board committees since the last meeting of the ICB Board. The report brings to the attention of the Board those items of escalation, and any decisions made by the Committees.

Committee Terms of Reference can be found on the BSW ICB website as part of the Governance Handbook - https://bsw.icb.nhs.uk/about-us/governance/our-constitution-and-governance-handbook/

2	Summary of recommendations and any additional actions required
The ICB Board is asked to **note** this report, and to raise any further questions with the respective Committee Chairs.	

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	

Summary Report from Integrated Care Board (ICB) Board Committees

1. BSW ICB Audit and Risk Committee

1.1 The BSW ICB Audit and Risk Committee of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) is a mandatory committee.

1.2 The Committee is responsible for providing assurance to the Board on governance, risk management and internal control processes.

1.3 The meetings of the BSW ICB Audit and Risk Committee held on 21 December 2022, and 22 February 2023 were chaired by the Non-Executive Director for Audit and Governance, Dr Claire Feehily.

21 December 2022:

Items Escalated to Board:

- None

Endorsed / Approved:

- Noted from the Internal Audit Progress Report that that three management actions were overdue concerning Safeguarding, Continuing Healthcare and Care Packages, and endorsed the Executive action being put into place to rapidly resolve and address these.
- Approved the BSW ICB Anti-Fraud, Bribery and Corruption Policy, and recommended it for approval to the ICB Board on 12 January 2023
- Endorsed the BSW ICB Risk Management Framework, and recommended it for approval by the ICB Board on 12 January 2023.
- Noted the update on Advice and Guidance Re-procurement and Implementation of Lessons Learnt, and approved the implementation of the Procurement Oversight Group.

22 February 2023

Items Escalated to Board:

- Recommending approval of the Internal Audit and Counter Fraud service contract to the ICB Board on 16 March 2023 *(item on the Private Session agenda)*

Endorsed / Approved:

- Approved the BSW ICB Information Governance Steering Group Terms of Reference

2 BSW ICB Quality and Outcomes Committee

2.1 The ICB has a statutory duty to exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness.

2.2 The purpose of the BSW ICB Quality and Outcomes Committee is therefore to provide assurance to the ICB Board that the ICB is discharging this duty and its functions with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services; the ICB as a body corporate has the right quality governance

processes in place; and the ICB is working effectively with providers of health services in its area to ensure the effectiveness, safety and good user experience of services.

2.3 The meetings of the BSW ICB Quality and Outcomes Committee held on 17 January 2023 and 6 March 2023 were chaired by the Non-Executive Director for Quality, Professor Rory Shaw.

17 January 2023

Items Escalated to Board:
- None

Endorsed / Approved:
- None

6 March 2023

Items Escalated to Board:
- The Committee considered the ongoing capacity challenge, nationally and locally, across NHS services. The Committee noted the inherent risk to the patient experience across health and social care.

Endorsed / Approved:
- None

3 BSW ICB Finance and Investment Committee

3.1 The BSW ICB Finance and Investment Committee provides assurance to the ICB Board in relation to the financial management and sustainability of the ICB as a body corporate; the financial sustainability and achievement of agreed financial and productivity goals of NHS providers that operate in the ICB's area, and the effectiveness of the ICB's efforts, with partners in the wider health and care economy in the area, to achieve financial sustainability of health and care services.

3.2 The meetings of the BSW ICB Finance and Investment Committee held on 4 January 2023, 1 February 2023 and 1 March 2023 were chaired by the Non-Executive Director for Finance, Paul Miller.

4 January 2023

Items Escalated to Board:
- None

Endorsed / Approved:
- None

1 February 2023

Items Escalated to Board:
- None

Endorsed / Approved:

- Approved the BSW ICB Procurement Policy

1 March 2023

Items Escalated to Board:
- None

Endorsed / Approved:
- None

4 BSW ICB Remuneration Committee

4.1 The BSW ICB Remuneration Committee of the BSW ICB Board is a mandatory committee.

4.2 The Remuneration Committee is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006, setting the ICB pay policy and frameworks, and approving executive remuneration and terms of employment.

4.3 The meeting held on 1 March 2023 was chaired by the Non-Executive Director for Remuneration and People, Suzannah Power.

4.4 Further meetings of the BSW ICB Remuneration Committee will be scheduled as required.

5 BSW ICB Public and Community Engagement Committee

5.1 The BSW ICB Public and Community Engagement Committee provides assurance to the Board that that the ICB discharges its statutory duties and functions regarding public involvement and engagement. The Committee provides assurance that the ICB and its system partners have effective public and community engagement processes, at system and place level.

5.2 The meeting held on 26 January 2023 was chaired by the Non-Executive Director for Public and Community Engagement, Julian Kirby.

Items Escalated to Board:
- None

Endorsed / Approved
- None

5.3 The next meeting of the BSW ICB Public and Community Engagement Committee will be held on 25 April 2023.

6 BSW ICB People Committee

6.1 The BSW ICB People Committee is to advise the Board and provide assurance on matters relating to the BSW health and care workforce, and the ICB staff.

6.2 The meetings held on 14 December 2022 and 8 March 2023 were chaired by the Non-Executive Director for Remuneration and People, Suzannah Power.

14 December 2022

Items Escalated to Board:

- None

Endorsed / Approved:

- Approved the BSW Academy Organisational Development Framework outcomes and recommendations report
- Endorsed the commissioning of an expert company to support the ICS to undertake a system wide quarter one baseline assessment of the systems continuous quality improvement maturity.

8 March 2023

Items Escalated to Board:

- None

Endorsed / Approved:

- Approved the Gender Pay Gap 2022 report and associated actions.

6.3 The next meeting of the BSW ICB People Committee will be held on 7 June 2023.

7 Ambulance Joint Commissioning Committee

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

7.2 The next meeting of the AJCC is scheduled for 28 March 2023.

BSW Integrated Care Board - Board Forward Plan 2023-24

	2023-24										
	20 April 2023	18 May 2023	22 June 2023	13 July 2023	21 September 2023	19 October 2023	16 November 2023	14 December 2023	18 January 2024	22 February 2024	14 March 2024
format / venue	*Community Wellbeing Hub, Bath*	*Hawksworth Hall, STEAM, Swindon*	*Wiltshire*	*BaNES*	*Swindon*	*Wiltshire*	*BaNES*	*Swindon*	*Wiltshire*	*BaNES*	*Swindon*
	Development Session	**Pre-Meet, Private and Public Session**	**Private Session & Development Session**	**Pre-Meet, Private and Public Session**	**Pre-Meet, Private and Public Session**	**Development Session**	**Pre-Meet, Private and Public Session**	**Development Session**	**Pre-Meet, Private and Public Session**	**Development Session**	**Pre-Meet, Private and Public Session**
paper deadline	**12noon 6/4/23**	**12noon 4/5/23**	**12noon 8/6/22**	**12noon 29/6/23**	**12noon 7/9/23**	**12noon 5/10/23**	**12noon 2/11/23**	**12noon 30/11/23**	**12noon 4/1/24**	**12noon 8/2/24**	**12noon 29/2/24**
send / publish	**13 April 2023**	**11 May 2023**	**15 June 2023**	**06 July 2023**	**14 September 2023**	**12 October 2023**	**09 November 2023**	**07 December 2023**	**11 January 2024**	**15 February 2024**	**07 March 2024**
Standing Items	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note
		Notes from last session - approve	Notes from last session - approve	Notes from last session - approve	Notes from last session - approve		Notes from last session - approve		Notes from last session - approve		Notes from last session - approve
		Actions from the Previous Meeting - note	Actions from the Previous Meeting - note	Actions from the Previous Meeting - note	Actions from the Previous Meeting - note		Actions from the Previous Meeting - note		Actions from the Previous Meeting - note		Actions from the Previous Meeting - note
		Workforce Story (JS)		Workforce Story (JS)	Workforce Story (JS)		Workforce Story (JS)		Workforce Story (JS)		Workforce Story (JS)
		ICB Board Forward Planner		ICB Board Forward Planner	ICB Board Forward Planner		ICB Board Forward Planner		ICB Board Forward Planner		ICB Board Forward Planner
		ICB Committees reports - public and private		ICB Committees reports - public and private	ICB Committees reports - public and private		ICB Committees reports - public and private		ICB Committees reports - public and private		ICB Committees reports - public and private
		Quality and Safety Issues to Raise by Exception (GM, AW) - in private		Quality and Safety Issues to Raise by Exception (GM, AW) - in private	Quality and Safety Issues to Raise by Exception (GM, AW) - in private		Quality and Safety Issues to Raise by Exception (GM, AW) - in private		Quality and Safety Issues to Raise by Exception (GM, AW) - in private		Quality and Safety Issues to Raise by Exception (GM, AW) - in private
		Questions from the Public - read out, note, publish after meeting		Questions from the Public - read out, note, publish after meeting	Questions from the Public - read out, note, publish after meeting		Questions from the Public - read out, note, publish after meeting		Questions from the Public - read out, note, publish after meeting		Questions from the Public - read out, note, publish after meeting
Performance / monitoring		ICB Chair's Report - public and private		ICB Chair's Report - public and private	ICB Chair's Report - public and private		ICB Chair's Report - public and private		ICB Chair's Report - public and private		ICB Chair's Report - public and private
		ICB CEO's Report - public and private		ICB CEO's Report - public and private	ICB CEO's Report - public and private		ICB CEO's Report - public and private		ICB CEO's Report - public and private		ICB CEO's Report - public and private
		BSW Performance, Quality & Workforce Report		BSW Performance, Quality & Workforce Report	BSW Performance, Quality & Workforce Report		BSW Performance, Quality & Workforce Report		BSW Performance, Quality & Workforce Report		BSW Performance, Quality & Workforce Report
		Finance Reports		Finance Reports	Finance Reports		Finance Reports		Finance Reports		Finance Reports
Assurance, Governance		B2099: Report following the Independent Investigation into East Kent Maternity and Neonatal Services letter / Report following Reading Signals Maternity Report (GM) - in private	Sign off of the CCG 3-month and ICB 9-month Annual Report and Accounts	Section 75s 23-24					Annual Emergency Preparedness Resilience & Response (EPRR) Assurance Report (Louise Cadle) - note		PSED 2023?
		Quality and Safety of Inpatient Services Review		Annual Committee Reports (note)							
		Swindon S75 22-23 variation - sign-off		Annual ICB Duty – Eligible Partner Trusts (as part of Gov Review)							Annual ICB Duty – Eligible Partner Trusts (as part of Gov Review)
		Risk / BAF		Gender Pay Gap Report 2023							Annual Quality Report - via QOC first
		DSPT (note) ? - rec by IGSG, SIRO, DPO?									
		PSED 2022?									
		6 Monthly CoI register review - via A&RC							6 Monthly CoI register review - via A&RC		
Operations		LD & Autism with BANES / BaNES LD Pooled Budget	LDA Capital project business case (LB)								Operational plan and budget - approve
		Approval of South Newton Business case									Annual review of - * Joint Capital Plan * 5 yr plan
		Strategic Outline Business Case for Integrated Based Care									
Strategy, policies		Integrated Care Strategy		BSW Systemwide Infrastructure Strategy (SY)							
		Joint Forward Plan / Implementation Plan									
		BSW Elective Strategy * CDC Short Form BC * Sulis FBC									
		Strategic Workforce Priorities (JS, KMcN)									
ICB Board Development Session / Seminar	Integrated Care Strategy		Outcomes of Board and cttee effectiveness review, ICB governance and partnership review, and ICB Annual Assessment			Outcomes of Board and cttee effectiveness review, ICB governance and partnership review, and ICB Annual Assessment					
	Joint Forward Plan / Implementation Plan										
	Risk / BAF										