The pack was amended post-meeting on 25/05/2023, with a revised investment slide inserted into the pack.
This amended pack can be viewed here:
https://bsw.icb.nhs.uk/document/bsw-icb-board-meeting-in-public-paper-pack-18-may-2023-revised/

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

BSW Integrated Care Board – Board Meeting in Public

Thursday 18 May 2023, 10:00hrs

Hawksworth Hall, STEAM – Museum of the Great Western Railway, Fire Fly Avenue (off Kemble Drive), Swindon, SN2 2EY

Agenda

Timing	No	Item title	Lead	Action	Paper ref.
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 16 March 2023	Chair	Approve	ICBB/23-24/001
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/23-24/002
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/23-24/003
Items for Approval					
10:40	8	BSW Integrated Care Strategy	Cllr Richard Clewer, Will Pett	Endorse, Discuss	ICBB/23-24/004
11:00	9	Health Inequalities Funding and Population Health Board	Jane Moore, Steve Maddern	Approve	ICBB/23-24/005
11:25	10	Equality Delivery System Report 2022 and Actions 2022	Jane Moore, Jas Sohal	Approve	ICBB/23-24/006
11.35	11	ICB Data Security and Protection Toolkit	Rachael Backler	Approve	ICBB/23-24/007

Timing	No	Item title	Lead	Action	Paper ref.
Items for Assurance					
10:25	12	Resubmitted BSW NHS ICS Operating and Financial Plan 2023/24	Gary Heneage	Note	ICBB/23-24/008
11:40	13	BSW ICB and NHS ICS Revenue Position	Gary Heneage	Note	ICBB/23-24/009
11:55	14	BSW Operational Performance and Quality Report	Rachael Backler, Gill May	Note	ICBB/23-24/010
12:10	15	Declarations of Interests for the BSW ICB Board	Chair	Note	ICBB/23-24/011
12:15	16	Report from ICB Board Committees	Committee Chairs	Note	ICBB/23-24/012
12:20	17	BSW ICB Board Forward Planner to March 2024	Chair	Review	ICBB/23-24/013
Closing Business					
12:25	18	Any other business and closing comments	Chair	Note	

Next ICB Board Meeting in Public: 13 July 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.
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
	Scheme of Financial Delegation	This Scheme of Financial Delegation contains both an overview of the Delegated Financial Limits (DFLs) and detail to support day-to-day operational decision making. It should be read in conjunction with the Standing Financial Instructions (SFIs) and the Scheme of Reservations and Delegations (SoRD) which sets out what decision-making authorities are reserved for the ICB Board or delegated to committees and individuals.
SoRD	Scheme of Reservations and Delegations	The SoRD 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

Acronym /abbreviation	Term	Definition
		decisions in accordance with section 65Z5 of the 2006 Act, or a local authority under section 75 of the 2006 Act committees.
	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.
SFI	Standing Financial Instructions	The SFIs are part of the ICB's control environment for managing the organisation's financial affairs, as they are designed to ensure regularity and propriety of financial transactions. SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB.

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

DRAFT Minutes of the 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

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)
ICB Chief Finance Officer, Gary Heneage (GH)
Local Authority Partner Member – Wiltshire, Terence Herbert (TH)
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)
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 Director of Strategy and Transformation, Richard Smale (RSm)
ICB Chief People Officer, Jasvinder Sohal (JS)
ICB Board Secretary
ICB Communications and Engagement

Invited Attendees:
Director of Primary Care – *for item 11*

Apologies:
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector – Dominic Hardisty (DH)

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.

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 12 January 2023

3.1 The minutes of the meeting held on 12 January 2023 were **approved** as an accurate record of the meeting.

4. Action Tracker and Matters Arising

4.1 One action was noted on the tracker, marked as COMPLETED, with an update 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. BSW ICB Chair's Report

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

- Nationally: Attendance at NHS Confederation and NHS England meetings, personal involvement in the Hewitt Review of Integrated Care Systems (ICS's), and Chair of the National Confederation Reference Group for Health Inequalities.
- Regionally: Attendance of South West NHS England meetings and active groups involving South West counterparts.
- BSW: Attendance of the BSW Integrated Care Partnership (ICP), and ICB Board sub-committees. Regular meetings were held with NHS Trust Chairs and Local Authority Council Leaders. Visits to Lovemead Practice, Elm Tree Practice and SFT have been held more recently, with attendance also at the opening of the new Devizes Health Centre. A visit to the Wiltshire Centre of

Independent Living was to follow today's meeting, and a visit to the Sulis site was scheduled for 20 April 2023.
ACTION: Board visit to the new Devizes Health Centre to be organised.

- Development of Board – Discussions concerning the governance of the system and ICB continued. The Board agenda structure had been revised to reflect the priorities of the organisation and system, considering the day to day operations, establishment of the ICB and system, and system transformation.
- A governance and partnership review will be undertaken in quarter one/two of 2023-24, this was currently being scoped nationally with guidance awaited.

7. BSW ICB Chief Executive's Report

7.1 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 extremely demanding operational context continued, with BSW colleagues working to ensure timely access to services remained where possible, whilst focussing on recovery of services.
- The NHS Staff Survey Results had now been published, signalling the low morale of staff that required urgent attention. BSW continued to safely manage the industrial action across the patch.
- Development of the Target Operating Model (TOM) for the ICB continued, further aiding the transition from the CCG to the ICB, generating the headroom to invest in the capability needed for the new organisation, whilst satisfying the required efficiency target to reduce the running costs by 30% over the next two years through non-pay and workforce measures. These reductions would need to be made whilst also considering potential delegations from NHS England and region to the ICB. The TOM would change and adapt as required to future proof the organisation.
- Highlights from the Hewitt Review were expected to be released within the next few weeks, with the outcome to further support the TOM and the system way of working, to empower ICS's.
- The System Operating Plan would be further discussed in the private Board session. Thanks were expressed to all partners and colleagues involved in developing the plan, on top of demanding pressures seen across the system. BSW are expecting an exceptionally challenging year, whilst taking forward the defined strategy for the future, and supporting bold decisions to help move to a balanced and sustainable position. A recovery plan for BSW was in development, with a Recovery Programme Board to be established from 1 April 2023.
- The Learning Disability and Autistic (LDA) Capital Spend programme was supporting the South West to establish additional LDA beds. BSW ICB was leading on the North of the region project, joining up community pathways and bringing out of area placements back closer to home. Board members felt engagement with service users would be fundamental in the development of the model. Further updates would be brought to the Board in due course.
- A genuine error and correction was noted against item 2.11 – the risk share arrangement was £51.1m, not £5.1m as stated in the report.
- The Core20PLUS5 framework provided a generic national approach to reducing health inequalities, and would be adapted to manage the investment and to suit

our local BSW needs. The 'Core20' element reflects the 20% most deprived of the population. The PLUS related to the inclusion groups which are groups with known inequalities. In addition to the national Inclusion groups (homeless, learning disabilities etc), BSW has identified system and place level inclusion groups (e.g. boating and travelling communities) that have been agreed with partners and the Directors of Public Health. These inclusion groups are based on the issues highlighted in the Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies. The '5' element relates to the five priority clinical and prevention areas. These are nationally determined and for adults include, maternity, severe mental illness, cardiovascular disease, respiratory disease, and early cancer diagnosis. For children; asthma, diabetes, epilepsy, oral health and mental health. This work also links in with the emerging BSW Integrated Care Strategy, tailoring towards the needs of the local population to address these significant issues. A fuller paper on BSW investments into health inequalities and expected outcomes would be brought to the May Board meeting. The triangulation of health inequalities at place using population health management and the target areas was fundamental to ensuring actions are driven by place and need, including sharing information and data via the Integrated Care Alliances (ICA's) before coming to Board.
ACTION: Jane Moore to bring BSW health inequalities investments and expected outcomes paper to the May Board meeting.

- The investment into the Electronic Patient Record programme would support the optimisation of flow of data between the acutes and community providers, it was anticipated that in particular this would strengthen the flow of key data for LD and end of life care. The options for integration were to be further explored.
ACTION: A fuller paper on the Electronic Patient Record programme, and options and integrations to be brought back to Board in the second half of 2023 (September).

8 BSW Operational Performance Dashboard

8.1 The Board **received and noted** the Operational Performance Dashboard, providing assurance to the Board against the key operational performance indicators.

8.2 The Board discussion noted:

- The dashboard showed the key operational NHS metrics, however additional reference to the work underway to improve achievement of targets could be helpful.
- Additional information should be provided on upstream programmes of work and related metrics that show prevention. It was suggested that the interface between the experience of patients against health and social care elements was also needed and explanations of any difference per locality in provision and achievement. It was acknowledged that the starting points for each place were different.
- The Director of Planning and Performance made reference to the NHS oversight dashboard which is a more detailed information set which is considered monthly by the ICB Executive. The ICB Quality and Outcomes Committee (QOC) was also responsible for reviewing the full report and

supporting data. Consideration would be given to the future reporting to Board to ensure a balance in the levels of data against assurance.

- Once they were completed, the Board would also be sighted on both the Integrated Care Strategy and ICB Delivery Plan. Achievements of the outcomes and milestones in these would be monitored.
- Primary Care access continued to be monitored, along with scrutiny of the 'did not attend' figures. Work continued to encourage patients to attend appointments, or cancel if no longer required, to ensure timely access and availability.
- Quantitative data regarding mortality and excess deaths was monitored at ICB and system level, to ensure sight on any pathway elements of which BSW may be an outlier. The BSW System Quality Group (SQG) ensured the learning from each step of the pathway was shared and embedded, particularly following the Learning from Deaths Review, embracing data, informing the public and recording outcomes being achieved. The BSW SQG, which involved HealthWatch and the Local Authorities, regularly shared and reviewed the patient experience data, pathways of care and the public expectations.
- Work was beginning on a balanced scorecard and would be shared with Quality and Outcomes Committee, before coming to Board.
- As tracked through the QOC, the planned care diagnostic targets were not currently being met and were a concern. 85% was the target set for 2023-24, which would continue to be a challenge for BSW to achieve. This would remain an important area of focus over the next few weeks, with recovery plans in place. Further updates would be shared through the QOC.

8a. BSW Quality Report

8.3 The ICB Chief Nurse presented the Quality Report, providing assurance to the Board on the safe and effective delivery of care. The following was highlighted to Members:

- The QOC was planning deep dives into pathways over the next year, to ensure continued review and scrutiny, providing assurance to the Board.
- The stroke pathway deep dive in particular had highlighted the interdependent parts of the pathway and the need to integrate services and care where possible.
- There had been a recorded increase in infections within community and home settings, particularly urinary tract infections, the ICB and partners were ensuring the correct level of infection, prevention and control measures were in place, and care planning was underway with those patients being cared for at home. A report would be taken to the May QOC meeting.

9 BSW Integrated Care Board and NHS Integrated Care System Revenue Position

9.1 The ICB Chief Finance Officer talked through the revenue position for the ICS and ICB, considering the risks and mitigations, efficiency scheme position, ICB allocations, workforce, and capital programme and performance. The following was highlighted to Board members:

- BSW NHS ICS had a £9.9m adverse position year to date. The aim is still to bring all organisations to a breakeven position, and mitigations were still to be realised.
- Since preparing the report, national funding of £4.4m had been confirmed to mitigate the ICB prescribing risk, and £4.4m of Additional Roles Reimbursement Scheme (ARRS) funding had been realised.
- BSW had a significant agency and bank workforce spend, with the national expectation as part of the recovery plan to bring this within 3.7%. Workforce and agency spend formed part of the 10 point recovery plan and focus.
- The material over reliance on non-recurrent funding was being addressed through the development of recurrent efficiency schemes and a sustainability plan for 2023-24.
- A financial Recovery Programme Board was to be established from 1 April 2023, to strengthen the governance and oversight of investments and cost pressures. Further details would be shared with Board at the May meeting.
- The financial plan for 2023-24 would be discussed further in the private Board session, and would be presented to the May Board meeting.
- Correction to note with regards Wiltshire Health and Care – the year to date position referenced in the appendix correctly reports a small surplus, the deficit position referred to in the 'key messages' section was incorrect.

9.2 The Board **noted** the report and the financial position of the BSW NHS ICS. The Chair wished to record her thanks to all system partners who have ensured a breakeven position for 2022-23.

10. Annual Emergency Preparedness Resilience and Response Assurance Report

10.1 The Board **received and noted** the compliance Annual Emergency Preparedness Resilience and Response Assurance Report of the BSW ICB against its requirements under the NHS England Annual EPRR Core Standards. It was the responsibility of each Board member to ensure the ICB and partner NHS organisations had in place the required plans, processes and governance. The ICB had conducted the assessment, with support from NHS England.

10.2 The Executive Director of Planning and Performance reported that there were some areas of partial compliance to address, with wider actions required across BSW, to best use resources and work collectively. In response to a question from Board members, it was explained that there were plans underway to recover the partial rating for the RUH and the ICB team were supporting RUH to undertake the review with a plan in place to achieve recovery by July 2023. In the main, no urgent gaps had been identified.

10.3 Acknowledging that the Board held overall responsibility to ensure compliance, the Board would be kept appraised of progress and developments via the Chief Executive's report to Board.

11. Pharmacy, Ophthalmic and Dental Services Delegation

11.1 The Place Director for Wiltshire provided assurance to the Board on the oversight and progress of preparations for the transition of delegated commissioning of pharmaceutical, ophthalmic, and local dental services to the ICB from 1 April 2023 (known as the POD delegations).

11.2 The supporting documentation was being finalised, and it was proposed that the Chief Executive, Chief Finance Officer, and Executive Lead for Primary Care (Place Director for Wiltshire) sign or approve any associated documentation on behalf of the ICB Board, ensuring safe transfer of delegation on 1 April 2023.

11.3 The challenges associated with taking on these delegated services were acknowledged, although real opportunities were also noted, to address variation and inequalities in relation to these services. The assurance of safe delegation review undertaken by internal auditors, KPMG, gave an overall rating of 'significant assurance with minor improvements'.

11.4 A report on dental access across BSW's local communities was to be taken to the BaNES, Swindon and Wiltshire Health Overview and Scrutiny Committees over the next few months to give assurance that the access challenges, workforce and contractual issues were to be tackled following the transfer of services. Overall, there was a need to be more responsive locally, integrating services with others, such as primary and community care, community pharmaceutical and medicines optimisation. Developing opportunities and relationships with key partners would bring wider improvement for patients, bringing together that multi-disciplinary team to consider quality improvement and supporting wider primary care resilience, and to take the priorities identified in the JSNA's regarding oral health. The Board would be kept appraised of progress and development.

11.5 The Board discussion noted:

- Due to the rotation of families and placements, there were known dental access issues for the military population across BSW. Meetings with the Military Defence Team had already commenced to discuss this unique situation, alongside the ICB's compliance with the miliary covenant, and the single point of contact pilot.
- The allocation of £88m would come over to BSW following delegations, with no cost pressures expected in the short to medium term. The challenge regarding improvements and access to dental services was to be addressed. The units of dental activity was likely to increase beyond the recovery figures and allocation, bringing cost pressures to the budget, though a positive impact on the service and health inequalities.
- The equality and quality impact assessment had been led by the ICB Quality Team and signed off by the ICB Chief Nurse, developed also in conjunction with the South West ICB's and NHS England. The risk registers would be transferred to the ICB.

11.6 With regards to access to primary care, a 'Delivery Plan for Recovering Access to Primary Care' paper was expected from the Government by the end of March, to set out how practices and primary care networks can be supported to improve

access. The BSW system response was to be considered, with an update to be provided to the ICB Board in due course.

11.7 The Board took considerable assurance from the work completed to date, noting that work was to continue in some areas. This brought a positive move to improve services for the BSW population. The Board approved the delegation, and agreed that the Chief Executive, Chief Finance Officer, and Executive Lead for Primary Care (Place Director for Wiltshire) sign or approve any associated documentation on behalf of the ICB Board, ensuring the safe transfer of delegation on 1 April 2023 including; Delegation Agreement, Memorandum of Understanding, Data Sharing Agreement, Decision Making Framework, and the Refreshed Quality Framework and Integrated Reporting.

12. Specialised Commissioning Joint Committee Arrangements

12.1 In line with the general direction of travel, NHS England were seeking to share responsibility for the commissioning of some specialised services with ICB's in 2024, with likely further delegation in future years. It was proposed that joint commissioning arrangements be entered into now to aid the move to these future delegation plans. There would be no additional funding for entering these arrangements for 2023-24, with NHS England retaining accountability and liability. The risks and opportunities would be considered ahead of any full delegation, similar to that undertaken for the POD delegations. This would move services closer to the patient through a population based budget, bringing improved equity of access, value, and quality of care for the patient.

12.2 The Board discussion noted:

- 59 specialised services would fall under these initial joint commissioning arrangements.
  ACTION: The list of 59 services to be shared with Board members.
- NHS England would maintain its responsibility of liaising with the South East joint committee. BSW would maintain its commitment, influence and strong links with Dorset and the local operating group, though noting these arrangements against our outflows brought an imperfect solution, particularly for the South of Wiltshire. Strong networks of care were well established for all three acutes. In due course, consideration would also need to be given to access and travel options for patients for these services across the BSW patch, and those elements that could be conducted locally, such as follow up appointments, with opportunities to improve the inconvenience of travel.
- These joint arrangements would see no immediate impact for patients or continuity of care. Family and patient engagement and communications would be a priority once full delegation were to come to the ICB.
- Services needed to remain for the benefit of patients – it was essential that patient involvement and the patient voice fed through into the development of any future delivery.
- Appropriate funding of services was needed to recognise the variation in patient usage. This would be fully discussed before taking on responsibility of any specialised commissioned services.

12.3 On conclusion of the discussion, the ICB Board noted the arrangements described for jointly commissioning 59 specialised services from April 2023, and approved the establishment of the joint committee arrangements with NHS England, and the ICB's participation in the joint committee.

13. ICB Scheme of Reservations and Delegations

13.1 The Board was presented with an updated Scheme of Reservations and Delegations (SoRD) that proposed delegations of decisions from the Board to committees, sub-committees and Executives in light of the forthcoming delegations of functions and decisions from NHS England to the ICB, ensuring the scrutiny and review was carried out at the appropriate level, with assurance fed through to the Board as required. The proposal also concerned the sign-off responsibilities for regular corporate reports, although noting some items still required Board sign off.

13.2 The difference between the commissioning of a service, and the contracting/buying in of services for the ICB was raised, suggesting that these two elements may require separate sign off thresholds. The thresholds set for the Executive had been compared with other ICB's, with BSW set at a sensible and average level. The production of the SoRD had been aligned with the Standing Financial Instructions (SFIs), as developed and agreed with the ICB Finance and Investment Committee. It was noted that any consultancy services over £50k required sign off via NHS England and therefore followed a separate process. The soon to be established BSW Recovery Programme Board would be setting the process for future investments, ensuring that check and challenge. It was agreed that the financial limits would be monitored through the Finance and Investment Committee.

13.3 The route for the Annual EPRR report was queried, with a suggestion that the ICB Audit and Risk Committee were also sighted on this before coming to Board for sign off. It was noted that assurance was carried out by NHS England, however, the CEO would consider this proposal.

13.4 It was also clarified that the role of the ICB in supporting the appointment of ICP members was limited to the ICB representatives. It was the responsibility of the ICP to appoint its ICP members.

13.5 The Board approved the BSW ICB SoRD, noting that the financial decision limits would be monitored by the ICB Finance and Investment Committee. The Board also agreed the proposed allocation of sign-off responsibilities for regular corporate reports.

14. ICB Standards of Business Conduct Policy

14.1 The ICBs Standard of Business Conduct policy had been updated to reflect that the ICB had recently adopted new enhanced processes for the management of declarations of interest and implemented the online Civica Declare portal. Approval of this policy is reserved for the Board, as per the ICBs Constitution.

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

15. ICB Information Governance Framework

15.1 The Executive Director of Planning and Performance presented the ICB Information Governance (IG) Framework, which had been updated to reflect the appointments of individuals to key IG roles, and the review of the ICB's IG Steering Group terms of reference to include the approval of IG policies. The Framework was reviewed by the IG Steering Group at its meeting in January 2023, and came recommended to the ICB Board for approval. The Board was to approve the framework as part of the Data Security and Protection Toolkit (DSPT). This framework was currently for the ICB corporate function, however IG working at system level was being explored.

15.2 The Board approved the BSW ICB Information Governance Framework.

16. Report from ICB Board Committees

16.1 The report provided a summary of ICB Board committee meetings held since the last meeting of the ICB Board, bringing to the attention of the Board those items of escalation, and any decisions made by the Committees.

16.2 The ICB Chair requested that these reports be further developed to ensure it was documented that the ICB Board and its committees were fulfilling their duties. The report would be amended to include the business covered at each committee meeting, and to escalate to the Board areas where assurance was less than complete. Minutes of meetings could be made available to Board members upon request.

17. BSW ICB Board Forward Planner to March 2024

17.1 The forward planner was shared with the Board to provide the opportunity for all members to see items expected up to the end of March 2024. Additional items should be raised with the Chair and Chief Executive. Those items as raised in meeting would be added to the planner, with 'NHS Staff Survey Results' to also be added for the May meeting.

18 Any other business and closing comments

18a. Last Meeting for Douglas Blair

18.1 The ICB Chair wished to note that this would be the last meeting for Douglas Blair before he moved to take up his new role in Gloucester. The Chair wished to record thanks on behalf of the Board and the ICB for his active participation in system working and system wide leadership. The re-appointment to the Community Provider partner member would be undertaken shortly.

18.2 There being no other business, the Chair closed the meeting at 11:51hrs

Next ICB Board meeting in public: Thursday 18 May 2023

BSW Integrated Care Board - Board Meeting in Public Action Log - 2023-24

Updated following meeting held on 16/03/2023

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
16/03/2023	6. BSW ICB Chair's Report	Board visit to the new Devizes Health Centre to be organised.	Sharon Woolley, Fiona Slevin-Brown	**Update 28/03/2023:** Arrangements for possible Board visit to Devizes Health Centre for 22 June 2023 underway.	CLOSED	June 2023
16/03/2023	7. BSW ICB Chief Executive's Report - Health Inequalities	Jane Moore to bring BSW health inequalities investments and expected outcomes paper to the May Board meeting.	Jane Moore	**Update 31/03/2023:** Two papers to be prepared, the first on Health Inequalities and the proposals for the HI funding, and the second paper will be on moving from performance to outcome measurement. **Update 21/04/23:** May agenda item.	CLOSED	May 2023
16/03/2023	7. BSW ICB Chief Executive's Report - Electronic Patient Record	A fuller paper on the Electronic Patient Record programme, and options and integrations to be brought back to Board in the second half of 2023 (September).	Stacey Hunter, Naginder Dhanoa, Jane Moore	Noted on the Board planner for September.	CLOSED	September 2023
16/03/2023	12. Specialised Commissioning Joint Committee Arrangements	The list of 59 services to be shared with Board members.	Rachael Backler	Shared with Board members by email on 17/03/2023.	CLOSED	

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	18 May 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

1.1 **National and Regional**: **T**he Hewitt Review**,** which considered how the oversight and governance of Integrated Care Systems can best enable them to succeed was formally published on 4th April 2023. The review was conducted using extensive engagement with a wide range of multi-agency partners and working closely with the 42 Integrated Care Systems across England. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf).

The Review agreed that specific recommendations needed to be based upon clear principles that would command widespread support and form a touchstone for all. The full report and its recommendations are currently being reviewed by the Government. Six principles emerged:

- **Collaboration**: within each system as well as between systems and national bodies.

- **A limited number of shared priorities**: the public's immediate priorities - access to primary care, urgent and emergency care, community, mental health and social care services and elective diagnostics and treatment.
- **Give local leaders space and time to lead**: effective change in any system - particularly one as complex as health and care - needs consistent policy, finances, support, and regulation over several years.
- **Systems need the right support**: ICSs require bespoke support geared to the whole system and the partners within it, rather than simply to individual providers or sectors.
- **Balancing freedom with accountability**: with greater freedom comes robust accountability, including for financial spending and ensuring value for money.
- **Enabling timely, relevant, high-quality, and transparent data**: we recognize that timely, relevant, high-quality, and transparent data is essential for integration, improvement, innovation, and accountability.

1.2 On 24th April 2023 the Chair, CEO, CFO and the SRO of the Elective Care Board presented our draft plans to the national CEO, COO and CFO, with regional colleagues present. The ICB presented a balanced plan for 23/24 and so the focus of attention was on the deliverability of the plan and the mitigation of the identified risks. The plans are ambitious but credible, however there remain challenges across the non-Elective pathway with ambulance waiting times, no-criteria to reside and bed occupancy levels, for Elective recovery and for our Mental Health Services. We committed to produce a three-year financial plan and a comprehensive plan for our Mental Health services by July 23. These plans will be in support of achieving our newly published Integrated Care Partnership (ICP) Strategy and incorporated into our Joint Forward Plan. The meeting was supportive and helpful. More details of the meeting and our performance are provided later in this report.

1.3 The build up to NHS 75 on the 5th July 2023 is beginning. The NHS Assembly have just launched the 'NHS@75 Conversation'. The idea is to gather collective comments to help develop a statement that "will influence where the NHS goes next". The ICB is working with partners to gather comments from patients, staff, clinical and operational leaders, primary care, and voluntary and community groups before 26th May 2023. Although the focus is on gathering evidence from diverse groups, individuals are also encouraged to provide comments at this link: https://www.engage.england.nhs.uk/++preview++/nhs75/2b9a7659/consultation/

The questions are in three main categories:

- How far has the NHS come?
- Where is the NHS now?
- What would you like from the NHS in the future?

2. BSW ICB updates

2.1. **Operational Demand/Pressures**: Overall, the performance across the Urgent and Emergency Care (UEC) pathways has remained challenging. Although we have seen some progress in reducing the numbers of people waiting to leave hospital, there is more work to do in this area. The ongoing industrial action continues to impact on service delivery, although we have continued to see a reduction in demand from the public on the days that have been affected by the industrial action. The System went into the Easter holiday period in a stronger position due to planning and a focus on

patient flow across the System. The System is still actively working on recovery for UEC and developing a cohesive plan for 23/24. A successful System review of Winter 22/23 has been held with some positive learning. We continue work together as a System on improving flow with one successful community event completed and a second to follow, supported by national experts.

2.2. **Quality and Safety**: The UK Government has announced their intention to step away from the introduction of the Liberty Protection Safeguards (the LPS) and the implementation of the Mental Capacity (Amendment) Act 2019 (the 2019 Act). The ICB were due to have new statutory and regulated responsibilities under LPS. The statutory requirements affected both its CHC function, the commissioning and assurance arrangements for Trusts (GWH, RUH, SFT, AWP), as well as System responsibilities for both the wider workforce across all organisations, and the population who will move between health and social care organisations. The Deprivation of Liberty Safeguards (DoLS) is the existing scheme for the assessment and authorisation of deprivations of liberty and was introduced to protect the human rights of those individuals who lack the mental capacity to consent to being deprived of their liberty. Following the Supreme Court judgment in the case of Cheshire West, the UK Government introduced the 2019 Act, with the view to repealing DoLS and replacing it with the LPS. Unlike DoLS (which only applies to arrangements in care homes and hospitals and to people aged 18 and above), the LPS was to apply in all settings and to anyone aged 16 and over. In light of the UK Government decision, we will need to consider how we strengthen the current DoLS systems and continue to protect and promote the human rights of those people who lack mental capacity working within the present MCA Act.

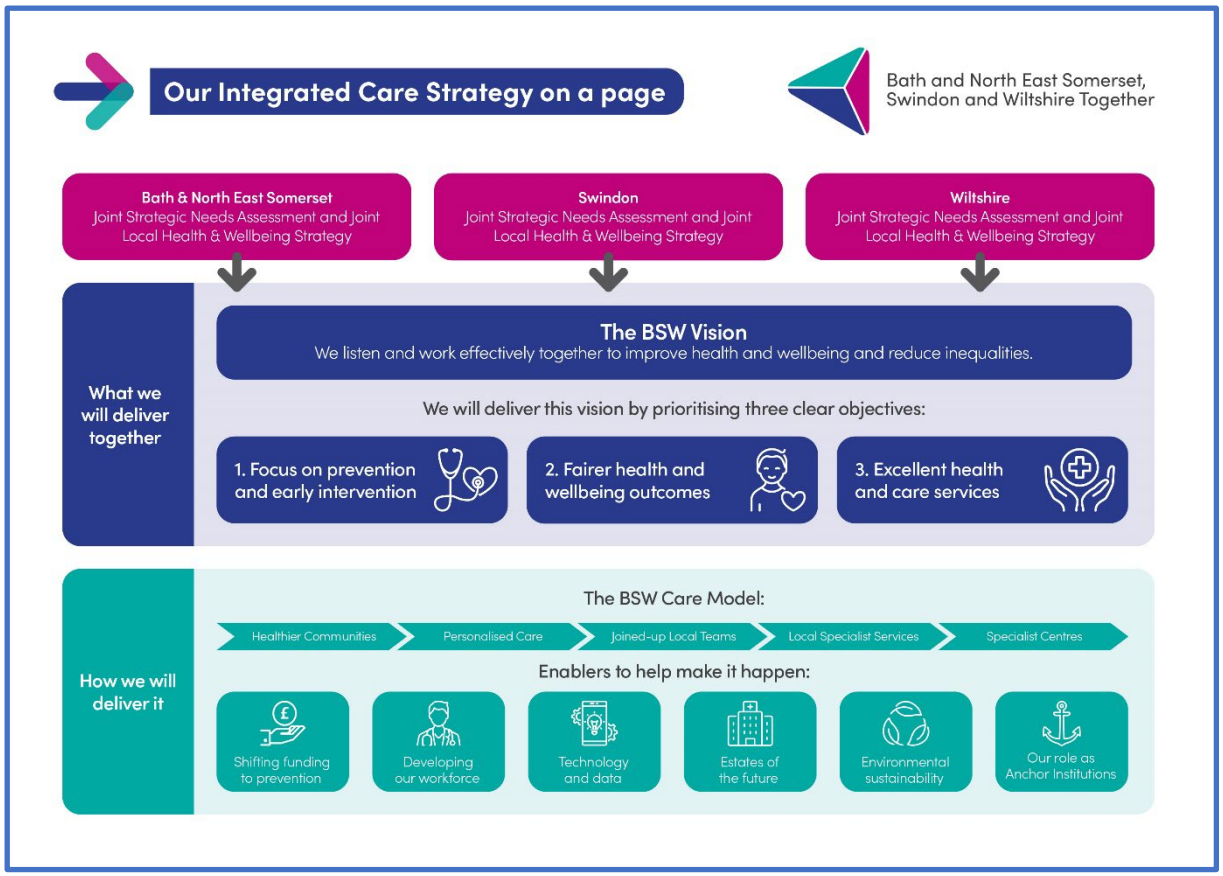
2.3. **Performance and Planning:** On 4th May we submitted another version of our operating plan to NHS England. This was in response to a request that all ICBs make another full re-submission, following the final submission at the end of March. NHS England regional and national colleagues have met with all ICBs during March to provide face to face feedback on submitted plans and talk through any requested changes and areas of risk. The feedback on most areas of the ICB plan was positive, although national colleagues recognised the significant delivery risk that we face giving our stretching financial and operational plans. Considering this delivery risk, we have not made substantial changes in our re-submission and the changes that we have made are covered in the paper later on this agenda. We note that the only change to our financial submission was to make some technical changes and re-profiling, we have not changed our commitment to deliver a balanced plan. We are now moving to think about how we effectively monitor delivery of this plan, using our programmes and other governance infrastructure. Again, further detail is provided in this Board pack.

2.4. We have continued to support providers to manage the impacts of industrial action, most recently with the BMA and RCN strikes. This has had an impact on our elective activity and delivery of our 78 Week waiting list ambition, as well as impacting on our urgent and emergency care pathway. Providers are managing this process closely and working hard to minimise impact on patients. We will continue to support these processes in the case of any announcement for future strikes, although we note the recent announcement of the acceptance of the pay award by the NHS staff council.

2.5. **Elective Care and Cancer Performance:** BSW ended March with 48 patients waiting over 78 Weeks. Only 14 of these were with providers in our geography, and 40% of the patients had chosen to not be treated by the end of March. NHSE have set a deadline of end of June for any further 78 Week patients to be treated. Within BSW there are 15 patients forecast to be over 78 Weeks at the end of May, all at RUH. BSW was the second-best performing system in the South West. Going into the 23/24 year there remains a challenge with diagnostic performance and whilst operational plans suggest significant planned improvement, this will not meet the 85% target within 6 Weeks. NHSE have set a focus on reducing the over 13 Week waiters to 0 as the expectation on BSW. There is a recovery plan in place and actions and impacts are being tracked fortnightly. The first parts of our community diagnostic centre model went live on 1st April, with mobile vans at GWH and SFT and additional activity at Sulis.

2.6. **Mental Health Services:** Recognising the performance challenges and opportunities for change and improvement across our Mental Health services following our recent Board development session and to support the creation of a 'Mental Health Plan' by July 23, as referenced above, I have written to all Integrated Care Alliance (ICA) Leaders. I have asked each ICA Leader, to work with partners at place to consider their current need, risk and opportunity using all available local and national data, to review current service provision and to consider population need now and into the future. Finally, I have asked them to consider their ambition and local plans for mental health over the next three to five years. The three ICAs will then come together to help the BSW ICS to build its plan for Mental health from the ground up ensuring we have local and responsive best practice services whilst safeguarding high quality specialist mental health services at the appropriate scale. This will inform the MH Plan that will be shared with the Board in the summer.

2.7. **Integrated Care Strategy**: The Integrated Care Strategy has now been formally adopted by the Integrated Care Partnership and published on our Partnership website (https://bswtogether.org.uk/about-us/our-integrated-care-strategy/). Communications about the strategy have been deliberately low key to date due to the pre local election period in B&NES and Swindon. Work is continuing with Partners across BSW on how we will make delivery of the three objectives within our strategy a reality. Ongoing engagement on the Strategy and Implementation Plan will be coordinated within each of our three Places to ensure this is undertaken in a manner that is relevant to the local population. This will be discussed later in the Board agenda.



2.8 **Financial Position FY 22/23:** At Month 12 the ICB delivered on its statutory financial targets. The ICB generated an £18k surplus for the nine-month period. For statutory purposes, the ICB has also received £13.4m of retained surplus from the CCG. The NHS System delivered a System surplus of £0.1m vs plan for the year. The Month 12 position includes estimated accruals to recognise the backdated element of the recent pay offer made to unions. If the actual costs exceed estimates the excess will need to be managed in 23/24. Cost of agency and bank overall is higher than in 21/22. The Agency Limit for the year of £24.2m was exceeded by £19.8m (81.6%) and was 27% higher than spend in the previous year. In 23/24 there is a similar threshold for agency of 5% and staffing remains one of the key risks and opportunities in 23/24.

2.9 **Financial Position FY 23/24:** The final plan was submitted on the 4th May 2023. This included some changing to phasing and activity changes. The ICS continued to submit a balanced plan although this does include a challenging efficiency target & non recurrent monies to balance the position. Productivity improvements will need to be made to hit the elective target.

2.10 **Health Inequalities**: Health Inequalities Programme has agreed allocations, by locality with recommendations to be presented to both ICB Board and Population Health Board for sign off, along with the revised Inequalities Strategy. The approach and methodology for allocation were recognised as a good practice by NHSE who have asked to share the BSW approach nationally.

2.11 **Digital Maturity Assessment**: A national digital maturity assessment has been commissioned by NHS England to give all Providers and Systems across England

understanding of their level of maturity with digital technology. Separate surveys have been completed by AWP, Wiltshire Health & Care, and our acute organisations, as well as a System assessment completed by the ICB and signed off at the BSW Digital Board. These surveys asked fifty self-assessed questions about core digital capabilities structured around the national *What Good Looks Like* framework. The results of these surveys will be reviewed in a BSW specific workshop and a South-West region workshop with the aim of determining clear insights and actions to inform digital planning.

2.12 **People**: A pay deal has now been reached by the NHS Staff Council, however, there is still the potential of further disruptive strike action from unions who did not individually vote to accept the pay offer. The potential of strike action is still real from junior doctors who have not reached agreement.

2.13 BSW ICB's most recent Annual NHS Staff survey was conducted in October 2022. The results across the System and within the ICB reflect the change and uncertainty that came about because of the creation of the Integrated Care System, as well as the pandemic. It is notable that all Trust Providers in the System have the same top five area scores (Compassionate and Inclusive, Engagement, Voice that Counts, Flexible Working and We are a Team) and bottom four People Promise area scores (Always Learning, Morale, Recognised and Rewarded, and Healthy and Safe). There are real opportunities to work together collaboratively to share success case studies, action planning and learning opportunities which bring about improvement.

2.14 **Statement on modern slavery:** Pursuant to section 54(1) of the Modern Slavery Act, 2015, the BSW ICB has set out its 2022-23 statement of commitment to tackle modern slavery and human trafficking in all its activities and its supply chains. We are committed to acting ethically and with integrity and transparency in all business dealings and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain. As with all NHS organisations, BSW ICB has a statutory duty under the Modern Slavery Act 2015 to co-operate with reporting cases of trafficking / modern day slavery. I have included this here to ensure the ICB Board is aware of its responsibilities and note that we have published the relevant statement on the ICB website.

3. Focus on Place

3.1. **B&NES:** The Health Inequalities Network in BaNES is being established with dedicated resource now in place that will strengthen capacity and understanding about how inequalities impact on our population. An example of this is the Community Wellbeing Hub (CWH), which the Board visited last month. The CWH is made up of a partnership from the public, private and third sector organisations. We have a hub and spoke model with a Central Wellbeing hub and a new spoke in the Atrium of the RUH to assist with discharge planning. In its first five weeks of opening there have been four hundred interactions with the service. The feedback has been extremely positive from individuals, patients, and their carers. There continues to be significant joint working in the locality under our *Home is Best* programme of work to support System FLOW and across the end-to-end health and social care pathway, with demonstrable improvements seen. A key indicator of this is the number of our Acute No-Criteria to Reside patients has reduced to below twenty, and performance against trajectories now exceeds our 30% reduction target and is close to meeting the 50% target. In April, we welcomed the Emergency Care Intensive Support Team

(ECIST) as part of our Community and Social Care pathway review, involving colleagues from the locality.

3.2. **Swindon**: Construction has started on a £31.85m investment to expand and integrate the Urgent and Emergency Care (U&EC) services at the Great Western Hospital (GWH). Key features of the scheme will be increased "front door" capacity, a larger and more efficient department, and a new Children's Emergency Unit. The indicative completion date is summer 2024. Swindon continues to collaborate with partners to reduce the number of people waiting to leave hospital. In April, the number of patients with no criteria to reside in GWH was down to seventy. The figure has not been that low for over a year. One key contributory factor of success is our *Home First* service (where patients are assessed in their own homes with care and equipment provided according to their needs). The service aims to run seven days a week in late spring, early summer. All GP practices in the Swindon Locality are in Primary Care Networks (PCN's), of which there are eight since a new configuration since April 2023. All PCN's are delivering Enhance Access services through a combination of extended hours within practices, with a Saturday morning service at Taw Hill, provided by Brunel PCN, on behalf of all the practices within Swindon. All PCN's are also using the remote GP service, which is providing an additional 800 remote GP appointments within the town per month. Feedback from the practices and patients is positive on all aspects of the Enhanced Access is positive. We have completed a review of our current patient and public involvement forums and agreed to undertake a revamp to ensure a much broader and more inclusive reach. We will be working with closely with the community engagement committee to ensure we are aligned with the broader BSW strategic approach for engagement.

3.3. **Wiltshire:** The Integrated Care Alliance (ICA) reviewed and signed off the ICA Demand and Capacity Plan for 23/24. The plan is challenging and requires collective commitment across the partnership to pathway and performance improvements. The Non Criteria to Reside position in Wiltshire however remains very challenging. The partnership is undertaking a rapid review of progress against the ICA plan and has sought support from the Urgent and Emergency Care Team and external facilitation to achieve and sustain improvement. The Health Inequalities group for Wiltshire hosted an engagement event during April, the outputs of this workshop will inform our proposals for the use of Health Inequalities funding and the development of our ICA implementation plan. Special Educational Needs Disabilities (SEND) remains a priority for the Wiltshire Alliance with regular updates on the position at the Alliance partnership board. Progress to update Wiltshire SEND self-evaluation (SEF) is progressing and the partnership have agreed to a SEND Peer Review which will be undertaken in June. Neighbourhood collaborative programme is gaining traction with the Melksham and Bradford on Avon collaborative now established and working to identify the work they will deliver together. The overall programme of work has been strongly supported by the Wiltshire Health & Wellbeing Board.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	8
Date of Meeting:	18 May 2023		

Title of Report:	BSW Integrated Care Strategy
Report Author:	Richard Smale, Director of Strategy & Transformation William Pett, Associate Director of Policy & Strategy
Board / Director Sponsor:	Richard Smale, Director of Strategy & Transformation
Appendices:	Link to BSW Integrated Care Strategy https://bswtogether.org.uk/about-us/our-integrated-care-strategy/

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

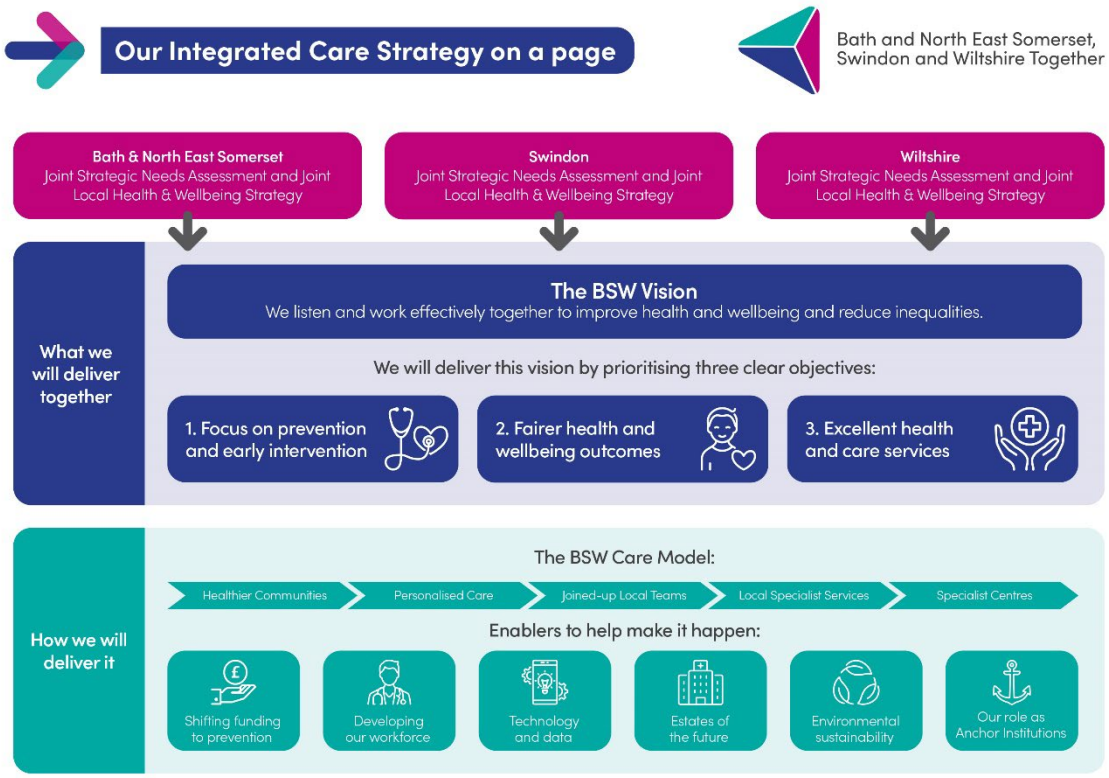
Previous consideration by:	Date	Please clarify the purpose
ICP and ICB	21 February	Draft version (v2.3) shared with ICP and ICB for discussion
ICP	29 March	Final version approved

1	Purpose of this paper
The purpose of this paper is to present to the Board the final Integrated Care Strategy on behalf of the ICP. All Integrated Care Partnerships have published a Five-Year Integrated Care Strategy as required by the Health and Care Act. These describe how all	

partnership members are working together to meet the assessed health, care and wellbeing needs of the local population. The Strategy may be updated annually.

The BSW Strategy was completed and agreed by the ICP by the end of March 2023, following a series of engagement activities to work with, and take account of the views of, stakeholders and our local population. The Strategy can be accessed via our Partnership website: https://bswtogether.org.uk/about-us/our-integrated-care-strategy/

A summary Strategy on a page has been generated to support communicating the key messages contained within the strategy.



The process of producing the Strategy was co-ordinated by the Integrated Care Strategy & Implementation Plan Steering Group, which has a membership taken from the ICB and wider system partners. The Steering Group still meets fortnightly, with attention now on the development of the Implementation Plan.

2	Summary of recommendations and any additional actions required

The Board is asked to endorse the content of the strategy.

The Board is also asked to offer views on what is needed next, beyond the development of the Implementation Plan, to make the ambitions of the Strategy a

reality across partners. How, in other words, can we ensure that the Strategy becomes 'everyone's business'?

3	Legal/regulatory implications
Delivery of the Integrated Care Strategy and Implementation Plan will support the ICB and wider system partners in meeting their respective and collective legal and regulatory duties.	

4	Risks
The production and delivery of the Strategy and Implementation Plan is relevant to all parts of the Board Assurance Framework and failure to effectively deliver the Strategy and Implementation Plan will have implications across patient safety and experience, resource utilisation and reputation for the ICB and all system partners.	

5	Quality and resources impact
The implementation of this Strategy is likely to have significant implications for resources. This will be worked through by each partner organisation as part of delivery of the Implementation Plan. Impacts on quality associated with putting in place plans to achieve these objectives will need to be tested through EQIAs that are generated at the appropriate time for each initiative.	
Finance sign-off	n/a

6	Confirmation of completion of Equalities Impact Assessment
The Strategy has identified the achievement of fairer health and wellbeing outcomes as one of our priority objectives. Equality Impact Assessments will need to be developed at the appropriate time for each of the interventions that are proposed within the Implementation Plan. These Equalities Impact Assessments will demonstrate how each initiative is designed to deliver the objective of fairer health and wellbeing outcomes.	

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	9
Date of Meeting:	18 May 2023		

Title of Report:	Health Inequalities Funding and the Population Health Board
Report Author:	Massimo Morelli Programme Director of Equalities, Innovation, and Digital Enterprise
Board / Director Sponsor:	Steve Maddern Senior Responsible Owner for the Health Inequalities Programme. Jane Moore Director of Equalities, Innovation, and Digital Enterprise
Appendices:	Yes (BSW Inequalities Strategy format TBC)

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	
ICS NHS organisations only	
Wider system	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 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
ICB Executive Meeting	2nd May 2023	Consideration of initial proposal and proposed amendments

1	Purpose of this paper
The aim of this paper is to ask the Board to delegate to the BSW Population Health Board the decision-making with regard to the prioritisation of the Health Inequalities Funding for the next five years (£2m a year for five years). This paper explains the work of the BSW Population Health Board, the development of the Health Inequalities Strategy and how the ICB Board will be given oversight of the use of the funding and the outcomes delivered.	

2	Summary of recommendations and any additional actions required

The Board is asked:

- To delegate to the Population Health Board the authority to make decisions on the prioritisation of the Health Inequalities Funding that will be used to support the delivery of the Health Inequalities Programme for the next five years.
- To note the work of the Population Health Board and the progress made on the Health Inequalities Strategy (a contemporary update will be shared in the Board meeting).
- To note that if delegation is approved, the Board via the Quality and Outcomes Committee will receive updates on the outcomes achieved using the Health Inequalities funding.

3	Legal/regulatory implications

Compliance with the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010. Compliance with a number of sections of the 2006 Act (amended by the 2022 Act) where duties are placed on the ICB to secure health services in an integrated way, and to improve the quality of those health services and reduce inequalities between persons with respect to their ability to access those services and with respect to the outcomes achieved.

4	Risks

This programme of work will help reduce the risk that we do not effectively combat health inequalities within our population and therefore do not achieve one of the main aims of an integrated care system.

5	Quality and resources impact

Quality: The outcomes of this programme are aimed at improving the life expectancy and more importantly healthy life expectancy of the BSW population.
Finance: The financial resources are already accounted for within the ICB plan for this year.
Workforce: The impact on workforce will be quantified when the plans for expenditures are finalised.
Sustainability/Green agenda: It is expected that this work will have a positive impact on BSW's sustainability plans.

Finance sign-off	Gary Heneage

6	Confirmation of completion of Equalities Impact Assessment

EQIAs will be drawn up for each scheme as part of the expenditure plans.

7	Statement on confidentiality of report

N/A

Health Inequalities Funding and the Population Health Board

1. Introduction and purpose of report

1.1. The purpose of this paper is to ask the Board to delegate to the BSW Population Health Board the decision-making with regard to the prioritisation of the Health Inequalities Funding for the next five years.

1.2. This paper explains the work of the BSW Population Health Board, the development of the Health Inequalities Strategy and how the ICB Board will be given oversight of the use of the funding and the outcomes delivered.

2. Background and wider context

2.1. BSW ICB has a legislative requirement to

(a) Reduce inequalities between person with respect to their ability to access health services and
(b) Reduce inequalities between patients in respect to the outcomes achieved for them by the provision of health services.

2.2. The ICB has also the duty to have regard to the wider effects of decisions on inequalities. The duty to promote integration requires consideration of securing integrated provision across health, health-related and social services where this would reduce inequalities in access to services or outcomes achieved.

2.3. It is part of the core purpose of every integrated care system to improve outcomes in population health and healthcare and to tackle inequalities in outcomes, experience, and access. In addition, our recently published BSW ICS Strategy confirms that achieving fairer health and wellbeing outcomes for our population is one of our three strategic priorities.

2.4. To support the prioritisation of tackling Health Inequalities, NHS England (NHSE) included an additional £200m in the national allocations for 22/23. In 23/24, this funding is not ringfenced, but still forms part of system allocations. Whilst allocations have not yet been communicated for the next five years, the BSW ICB intends to make a five-year commitment to ringfence funds to support health inequalities of £2m per annum.

2.5. We note that this allocation is a minimum commitment for BSW at this stage. The Hewitt report recommends that the spend that ICBs commit to prevention should increase over the next 5 years by a minimum of 1% of the total ICB budget and the Integrated Care Strategy identifies the need for resource to be moved to support prevention and early intervention.

3. BSW Population Health Board

3.1. The Population Health Board (PHB) is a multidisciplinary board, which provides the assurance role and advice function for the delivery of BSW work programmes in relation to prevention, inequality and population health management as well as the connection of these agendas into other BSW work streams.

3.2. The PHB is overseeing the development of the BSW Inequality Strategy and delivery of the related programmes of work. Members of the PHB act as ambassadors for tackling health inequalities across BSW by ensuring that tackling health inequalities is sufficiently reflected within BSW integrated care system strategies and associated programmes of work.

3.3. The following are members of the Board, i.e., they have the right to receive meeting documents and to participate in decision-making:

- BSW Medical Director (Co-Chair)
- Directors of Public Health, B&NES, Swindon and Wiltshire (Co-Chairs)
- BSW ICS Director of Finance or deputy
- BSW Assistant Director of Digital Transformation or BSW Chief Clinical Information Officer
- BSW Director for Equality, Innovation and Digital Enterprise
- Nominated representation from each of the BSW Workstreams
    - Inequality
    - Prevention
    - Population Health Management
    - Urgent and emergency care
    - Children and young people
    - Neonatal and maternity services
    - Primary and community services
    - Elective care board
    - Thrive mental health and learning disabilities
    - NHS England Representation

3.4. The PHB is responsible for the implementation of the Health Inequalities and Prevention Programmes and will offer the ICB Board via the Quality and Outcomes Committee, assurance by providing regular updates on delivery and outcomes over the identified and agreed priorities and areas of work.

4. BSW Inequality Strategy

4.1. The BSW Inequality Strategy aims to address inequalities across the life course, to include pregnancy, children and young people, adults and into old age. It aims to build a foundation for a shared understanding of health

inequalities as a system, bringing together existing strategy and local data and intelligence and focusing this on the CORE20PLUS5 population.

4.2. The BSW Inequalities Strategy, was originally ratified by the former PHB in March 2022, and is in the process of being revised to include, amongst other things, the Core20PLUS5 approach for CYP, the Equality Delivery System and updated JSNA. It will shortly be considered by the PHB for approval again, given the revisions that have been made, before being shared at the ICB Quality and Outcomes Committee.

4.3. Agreeing this strategy will be a key milestone in the work of the Population Health Board and help set the agenda for the prioritise of health inequalities funding in future years.

5. Proposal for delegation of health inequalities funding

5.1. Members of the PHB are working to collectively prioritise the allocation of health inequalities funding for 2023/24. Two workshops have been held to review the priority areas and the factors that should be considered in agreeing health funding to be used. This was in line with the strategic framework and legislative requirements, on how to implement a robust Health Inequalities Programme including the allocation of the Health Inequalities Funds for 2023-24. It is worth noting that this approach and methodology have been recognised as a good practice by NHS England who have asked to share the BSW approach nationally.

5.2. The following three areas of work from the NHS Health Inequalities Priorities have been agreed as high priorities:

- Accelerate Preventative Programmes
- Restoring Services Inclusively
- Timely and Completed Databases

5.3. The workshops also identified three clinical prevention and early intervention areas from the Core20PLUS5 approach for adults: smoking cessation, cardio-vascular disease, and serious mental illness. For CYP, the three clinical areas identified were mental health, asthma and oral health.

5.4. The PHB is keen to allocate the majority of funding to our three localities, with the aim of supporting each locality to put in place programmes of work that address the priorities and clinical areas set out above. There will also be allocations to support system-level work and co-ordination of activities.

5.5. The draft proposed allocation for the 2023/24 funding is set out below.

Place/System	Population	Polulation Adjustment (Inequalities Formula)	Pop Adjustment (Inequaliteis Formula) (%)	Allocations for System and Place (Adjusted using Inequalities Population formula)
Wiltshire	510,855	349,962	49%	£ 816,127.42
Swindon	246,467	211,392	30%	£ 492,975.83
BANES	220,222	153,469	21%	£ 357,896.74
System	977,544	714,823	100%	-
System CYP				£ 150,000.00
System Programme management*, Coordination* and Better Data**				£ 240,000.00
Total				**£ 2,057,000.00**
*Investments to include: posts and other programme costs				
** non-recurrent investments (BAU by 2025/26)				

5.6. The focus of investments at Place level should be on Prevention with a particular attention on Smoking Cessation, CVD (hypertension), CYP and Mental Health. This does not prevent funds being used for further areas not included in this list if the evidence at Place demonstrates that such investments will produce an impact in reducing health inequalities within the Place.

5.7. If the board agrees to delegate prioritisation and first-line oversight of the funding to PHB, the PHB will be responsible for agreeing the use of the funds for each place, and ensuring there is a robust way of monitoring delivery, ensuring value for money and monitoring outcomes.

5.8. The PHB will also be responsible for setting the priorities for the future allocation of funds over the next four years and developing a longer-term programme of work aligned to the Health Inequalities Strategy.

6. Next Steps and Conclusions

6.1. The Board is asked to delegate to the Population Health Board the responsibility to make decisions around the Health Inequalities Funds to support the delivery of the Health Inequalities Programme for the next five years.

6.2. If agreed, the PHB will agree the allocation of funds at its next meeting and put in place a process to agree the detailed use of funding for each locality over the new few months.

6.3. The PHB will also ensure regular updates on the use of funding to the Quality and Outcomes Committee.

Report to:	BSW ICB Board - Meeting in Public	Agenda item:	10
Date of Meeting:	18 May 2023		
Title of Report:	Equality Delivery System 2022 Submission		
Report Author:	Sarah Green Director BSW Academy Director Gayle Williams Inclusion Pillar Lead Lowri Williams Director of People		
Board / Director Sponsor:	Jas Sohal, Chief People Officer		
Appendices:	EDS Reporting template (sent out as a separate attachment)		

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	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
Public and Community Engagement committee	24th April 2023	Noting
Executive Management Meeting	2nd May 2023	Endorse
Quality and Outcomes Committee	10th May 2023	Approval

1 Purpose of this paper

The attached paper summarises the findings of the 2021/2022 NHSE Equality Delivery System (EDS) submission, the overall score for 2021/22. Please note that this period covered the transition of the CCG to the ICB in July 2022. The EDS process is designed in such a way to ensure that the 10 months following the reporting year in question focusses on review and published in February the following year. The proposed actions arising from the report will be undertaken during 2023/24 and beyond.

The EDS forms part of the NHS statutory duty under the Public Sector Equality Duty (PSED) Act with 3 core domains of: commissioned or provided services, workforce health and wellbeing, and inclusive leadership. Overall responsibility for the EDS lies with the Executive Board within each organisation.

In 2022, a change in technical guidance set out Domain 1 for services requiring a system rather than organisation approach. In recognition of organisations applying EDS 2022 in a new way the reporting period for 2022/23 was seen as a transitional year and guidance published in Q3 indicated the transitional application of EDS as:

- Systems to apply Domain 1 to two services, rather than three as requested in the official Technical Guidance from 2023
- One of the two services for Domain 1 fall within one of the five Core20PLUS5 clinical areas
- One of the two services for Domain 1 as a small/non-complex service.

Therefore, Domain 1 has been undertaken as a system activity and the information assured through the Boards of the involved organisations prior to this overall BSW Board submission paper. Domains 2 and 3 remain solely for an organisation application and therefore, in this paper, refer to the BSW ICB workforce and leadership. However, please note, the 2021/22 assessment covers the time period when the CCG transitioned into the new statutory ICB organisation and the focus of the people team was mainly on that transition process, meaning that many other people-focussed pieces of work were paused until the new ICB organisation was formed in July 2022.

The results of EDS reviews, and any action planned and/or taken as a result, feed into organisation's service-based and improvement plans and corporate and strategic objectives. They should also contribute to organisations' longer-term equality objectives.

The completed and approved EDS report should be published on NHS organisation websites and made available to the public in accessible ways. Organisations are advised to publish as much information as possible from the EDS review.

2	Summary of recommendations and any additional actions required

The ICB Board is asked to:

1. Approve the submitted EDS evaluation and action plan for publication.
2. Support the proposal for management and governance of EDS in 23/24.
3. Note delay in publication due to changes in NHSE technical guidance.

3	Legal/regulatory implications

Completion of the EDS provides support to evidence compliance against our Public Sector Equality Duty (PSED).

4	Risks

This report relates to two overarching risks on the corporate risk register regarding maternity services and workforce. More generally, there is a risk that if the ICB does not effectively tackle health inequalities then we will not fulfil one of the key priorities in the strategy.

5	Quality and resources impact

Please outline any impact on
Quality, Patient Experience and Safeguarding: None
Workforce: None

Finance sign-off	

6	Confirmation of completion of Equalities Impact Assessment

An EIA has not been completed, because the EDS assesses our services and treatment of staff against both protected characteristics and health inequalities. Future activity under EDS involving engagement with service users will include an EIA before such activities take place.

7	Statement on confidentiality of report

Public

Equality Delivery System 2022 Outcome

Introduction

The paper is being tabled at the Board for:

- Assurance of the evaluation and reporting with stakeholder engagement
- That the BSW ICB has met its statutory duty under the Public Sector Equality Duty Act to complete the EDS reporting
- That there are sufficient action plans and an agreed governance process for 23/24

1.0 Situation

The Equality Delivery System (EDS) was officially launched in 2011, and updated in 2013, with the aim of embedding equality within the current and future NHS – for both commissioner and provider organisations. It is an improvement tool for patients, staff, and leaders of the NHS.

To maximise the opportunities that EDS can offer, organisations are encouraged to engage in active conversations with people who use services, patients, public, staff, staff networks, community groups and trade unions to review and develop their approach in addressing health inequalities. The tool is divided across three domains: Services, Workforce and Leadership.

Implementation of the Equality Delivery System (EDS) is a requirement of both NHS commissioners and NHS providers. It can support compliance with the Public Sector Equality Duty (PSED) and increases the profile and consideration being given to equality within organisational and governance processes.

2.0 The Domains

There are three core Domains to EDS:

Domain 1: Commissioned or provided services.
Domain 2: Workforce Health and Wellbeing
Domain 3: Inclusive Leadership

In 2022/23, technical guidance set a new requirement for Domain 1 to be a collaborative system activity with the selection of two services, one of which must reflect the Core20Plus5. 2022/23 was a transitional year for the new guidance and from 2023/ 24 there is an expectation Domain 1 will move from two to the selection of three services. For 2022/23, with stakeholder engagement, the services selected for the EDS evaluation were maternity services and Improving Access to Psychological Therapies (IAPT). According to the technical guidance, only one of the two services needed to be used for scoring, favourably the larger service. Consequently, maternity services have been used for the scoring in the evaluation.

Domains 2 and 3 remain internal organisation focused and, therefore, for the purposes of this paper the information and data provided regarding those domains relate solely to the BSW ICB organisation. However, please note, the 2021/22 assessment covers the time period when the CCG transitioned into the new statutory ICB organisation and the focus of the people team

was mainly on that transition process, meaning that many other people-focussed pieces of work were paused until the new ICB organisation was formed in July 2022.

The Scoring System

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement. Once each outcome has a score, they are added together to gain Domain ratings. Domain scores are then added together to provide the overall score, or the EDS Organisation Rating.

The scoring system allows organisations to identify gaps and areas requiring action.

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

3.0 The Assessment

Domain 1: Commissioned or provided services.

1A: Patients (service users) have required levels of access to the service.

Assessed as Developing

For Domain 1 submission, an assessment of BSW maternity services was undertaken. Data and evidence were provided from the three acute hospitals with maternity services: Great Western Hospitals Swindon (GWH), Salisbury Foundation (SFT) Trust, and Royal United Hospitals Bath (RUH). The scoring activity was undertaken through the identified leads from maternity services, EDI leads, the LMNS maternity lead and two members of the maternity voices' partnership, with Director of Midwifery and Chief Nursing Officer oversight.

It is evident that the services have made efforts to improve access such as developing films in widely spoken languages with information on access and the available services. All maternity services offer personalised care based on a 'what matters to me' approach that enables choice and control for women and birthing people. SFT provides a triage service for

access to services and a 6 day a week breast feeding service for enhanced flexibility and access for all service users.

RUH have evaluated birth outcome data according to ethnicity and indices of multiple deprivation. Access to maternity services was defined as a maternity booking by 12 weeks gestation. Women of white ethnicity were most likely to have accessed maternity services by 12 weeks (mean 93.4%, n4402) in companion to Black women (80.9%, n 55). The reason for this finding is of yet unclear. The evaluation also found that 293 women reported not understanding English at their initial booking appointment.

In GWH, the same access to services based on booking by 12 weeks gestation also found that white women were proportionally more likely to have accessed services by 12 weeks in comparison to women of ethnic backgrounds. In response, work is under way working with the maternity voice partnership seeking ways to enhance access for women and with a focus on asylum seekers or refugees.

Work is also in progress on improving access for people with communication barriers, those whose first language is not English and with additional communication needs such as the deaf community and learning disabilities. All the maternity services have an inequalities group exploring access with new initiatives being implemented such as consistent use of google translate, app development and overcoming access due to digital inequalities.

Further evidence such as consistently capturing demographic data across BSW would provide more detailed insight into access for people with protected characteristics. Additional work is also required to gain a detailed understanding and full implementation of the in-scope actions to address the identified access variations with consistent evidence from across all BSW maternity services illustrating improved access for service users with protected characteristics.

1B: Individual patients (service users) health needs are met.

Assessed as Developing

There are standard operating procedures in place that enable individual assessments such as the inclusion of mental health, domestic abuse, and identification of need for translation or communication support at the point of access for maternity services. Translation services are available at routine appointments, although out of hours these are less consistent.

A series of inclusive films, made in conjunction with maternity voice partnership and service users, have been made available outlining individualised care and the BSW maternity services. In Swindon, the maternity voice representation regularly meet with asylum seekers and refugees and findings are fed back to the maternity services and the wider BSW system. This work has ensured an agreed pathway of care based on individual need that supports access and care.

BSW focus groups have also been held exploring perinatal pelvic health that has identified service user themes that have directly informed the development of the services. There is a breast-feeding initiative launched in October 2022 called the ‘Milk Project’ aimed at increasing breastfeeding rates for a known area of lowest initiation rates. GWH have worked with families with LGBTQIA+ parents to enable sensitive and individualised care. In addition, there is a continuity of care team based in an area of known deprivation with higher proportion of women identifying as an ethnic minority focused on providing a personalised care pathway.

To increase from developing there is a need to gain outcome measures from the newly implemented services and initiatives.

1C: When patients (service users) use the service they are free from harm.

Assessed as Developing

The BSW LMNS and maternity services have developed an equity and equality plan which was based on an Equity Needs Analysis and Community Asset mapping. The action plan again highlights that some of the data collection is in initial stages for understanding inequalities and the impact of current interventions on outcomes.

National figures are available for the relative risk of still birth for Black and Black British women (1.54%) and for Asian and Asian British women the risk is 0.69%. Early findings indicate that the risk in Bath and Northeast Somerset, Swindon and Wiltshire are lower for Black and Black British women comparable to national figures for Asian and Asian British women. Although, data/numbers at this point are small so not statistically significant.

The Equity and Equality action plan has specific actions to upskill maternity staff with training on anti-racism and bias which is being made compulsory and commissioned by the ICB.

All the maternity services have a robust risk reporting system where all staff can raise clinical and operational risks. The score was assessed as developing due to the improvements still to be made specifically for women with protected characteristics.

Further improvement could made through consistent service user engagement in service design and consistent data and impact measures.

1D: Patients (service users) report positive experiences of the service

Assessed as Achieving

Feedback from the friends and family test is consistently positive of BSW maternity services however, the data is largely from service users from white backgrounds. The maternity services are actively exploring and initiating new methods to increase the diversity of participation in the friends and family test. In 2022, RUH undertook an assessment to be accredited as part of the NHS Rainbow scheme that raises awareness and commitment to reduce inequalities for LGBT + communities. The scheme encompassed maternity services and the responses received the maximum score available for the maternity/perinatal questions.

Improvements can be made by understanding the experiences from women with protected characteristics through the Friends and Family test and increasing accessible communication tools.

Domain 2: Workforce health and wellbeing

The assessment for Domain 2 and 3 for the BSW ICB organisation was undertaken by the people team in the ICB. However, please note, the 2021/22 assessment covers the time period when the CCG transitioned into the new statutory ICB organisation and the focus of the people team was mainly on that transition process, meaning that many other people-focussed pieces of work were paused until the new ICB organisation was formed in July 2022.

2A: When at work, staff are provided with support to manage obesity, diabetes, asthma.

Assessed as Achieving.

BSW ICB offers a range of wellbeing resources with a dedicated webpage for physical and mental health. For example, NHS digital weight management programme, smoking cessation, sleep and physical activity. Mental health conditions are supported through a free counselling Employee Assistance Programme (EAP) service and there are mental health first aiders. Stress, anxiety /depression/other psychiatric illness accounted for 40% of all sickness absence during January 2022 and January 2023, although there is an overall low sickness rate of 1.84%.

All new members of staff are assessed by occupational health ahead of their start date, so the ICB can proactively complete the necessary reasonable adjustments to accommodate them. Throughout, employment there is ongoing access to occupational health services.

To increase the score further, data collection for staff accessing services would enable the evaluation of their effectiveness particularly in relation to those with protected characteristics.

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Assessed as Developing

The ICB is clear on its no tolerance approach to abuse, harassment, bullying and physical violence with the commission of security advisory provision to help minimise any physical threat to individuals. Policies are in place to enable prompt reporting of abuse, harassment and bullying and the appraisal process encompasses a wellbeing check-in.

However, the assessment does not address this outcome in sufficient detail therefore, the score for this outcome is 1 and is described as a ‘developing activity’. Health and wellbeing are a feature of the staff survey and data can be correlated in relation to staff with protected characteristics. We can demonstrate that scores in this area are generally positive and have improved once again during the review period, however reporting year data is variable and therefore more work is required to ensure sustained and significant decrease in bullying and physical violence from any source.

	People Survey 2020	Internal People Survey 2021 (Reporting Period)	People Survey 2022 (Action Planning Period)
% agree or strongly agree that they are able to speak up about anything that concerns them,	69%	74%	67%
% agree or strongly agree that they have not experienced harassment, bullying or abuse from patients/service users, their relatives, or members of the public,	89%	85%	98%
% agree or strongly agree that they have not experienced harassment, bullying or abuse from managers	88%	87%	94%
% agree or strongly agree that they have not experienced harassment, bullying or abuse from other colleagues	87%	90%	91%
% agree or strongly agree that they have not experienced discrimination, bullying or abuse from patients/service users, their relatives, or members of the public	99%	90%	98%
% agree or strongly agree that they have not experienced discrimination from a manager/team leader or other colleagues	96%	88%	95%

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source.

Assessed as Developing

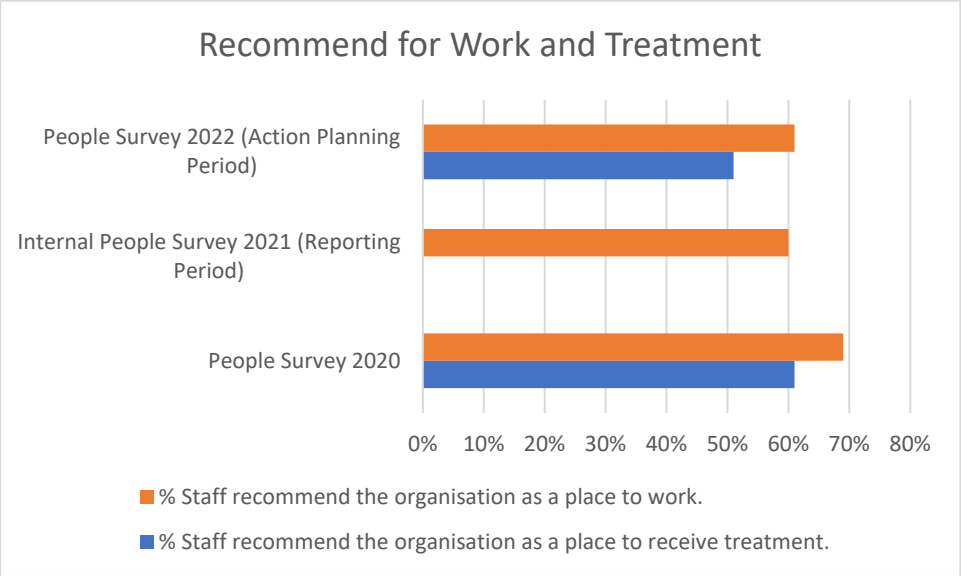
There is a free confidential counselling service both for a self and manager referral process as part of the EAP (Employee Assistance Programme) offer. Return to work interviews demonstrate evidence of health and wellbeing conversations following a period of absence. There is a wellbeing check-in within 1-1 to annual appraisal documents that specifically checks if individuals wish to report any H&B issues and checks if they are feeling well supported. Several short courses and seminars have been made available to colleagues including those hosted by NHS England. The ICB have active health and wellbeing champions and mental health first aiders able to offer independent, confidential support and advice.

The Freedom to Speak up framework and offer needs refreshing to enable easier access to all members of staff and work is currently underway to do this.

Additional information from staff feedback, unions, networks, and further data would enable enhanced evidence on assessing the impact and uptake of available support and any unwarranted variations across staff groups.

2D: Staff recommend the organisation as a place to work and receive treatment.

Assessed as Developing



Whilst in 2022, 72% of staff reported feeling respected and 71% feeling valued, and the ICB benchmarks in the median quartile in relation to other comparators, more is to be done in this area to improve colleagues view of the ICB as a place to work or receive treatment. To improve the situation, further insight into the staff experience is required to inform the necessary interventions and support, and we will do this during 23/23 through colleague workshops and a new Colleague Engagement Group. In future, the assessment could be further enhanced through the inclusion of data and tables to confirm the scores when benchmarked against peer organisations. It will be important to break down the survey results to understand differential responses for underrepresented groups to support this ongoing activity.

Domain 3: Inclusive Leadership

3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.

Assessed as Developing.

There is commitment to equalities and health inequalities at Board and executive level. Board champions are provided through the Chief People Officer and Director for Equalities, Innovation and Digital Enterprise. There is a focus on Board and system leader development as part of the inclusion pillar of the BSW Academy, which has scoped and delivered

programmes of work focussed on senior leaders such as compassionate culture programmes, system leadership and health inequalities.

The score can be enhanced through capturing evidence for board equality activities such as enhancing the provision of Staff Equality networks, actively championed by Executive Board Members, the inclusion of EDI Objectives within senior leader appraisals, and greater executive participation in cultural intelligence training and Diversity and Inclusion awareness sessions at board level.

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

Assessed as Developing.

The ICB has a Quality and Equality Impact Assessment (QEIA) process in place which provides the framework to ensure compliance with statutory obligations and to identify any risks to the organisation. Impacts are also assessed through the cover sheets for all reports that are presented to the Board, as well as other committees, to ensure it is integral to planning and implementation. However, this is adopted intermittently, and more work needs to be done to ensure anyone who authors a paper, understands what the EQIA process is and why it is important to address it thoroughly.

The ICB has an active framework for patient and public engagement and attends the Health and Wellbeing Boards. A network of patient participation groups and regular events seek the views of patients and the public.

Work has also commenced to implement inclusive recruitment methods including gender balanced panels, and EDI (including WRES and WDES) action plans.

To increase the scoring, the ICB will undertake a thorough review of how EQIA is undertaken, ensure all necessary training and education about the EQIA process is available to anyone writing a paper then analyse board and committee papers to assess the extent to which equality and health inequalities related impacts and risks are discussed and actions in place to address the identified inequalities. During 23/23, the ICB will develop a diversity and inclusion strategy as required by all ICB's and will harmonise EDI activity moving the focus away from the reporting towards a focus on achieving positive EDI gains.

3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

Assessed as Developing

There is a well-established quality group with an operational framework for recording health and equalities data which meets regularly and is available to access through the colleague intranet. In addition, there is a health inequalities strategy with associated implementation plans, however both require greater communications with colleagues through active oversight

by senior leaders to ensure a shared understanding. There is a statutory duty to produce an Annual Diversity and Inclusion report which includes clear action plans around managing performance and monitoring progress with staff and patients around EDI matters. Gender Pay Gap reporting, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reporting take place annually providing the ICB an opportunity to assess how well it does against these frameworks and develop specific actions to target improvement each year. The Executive team have recently launched a new appraisal process to support a greater oversight of progress and manage performance aligned to organisational strategy objectives, led by Executive colleagues. This replaces the compliance 'chase' process traditionally undertaken by the people team and should better support an ongoing culture of senior leadership owned organisational performance.

Further steps to improve this score could include better oversight of strategies, action planning and committees on the intranet and through weekly staff engagement activities, and more generally staff engagement via staff networks and other channels, including Trade Union representatives to specifically address staff inequalities and create action plans collaboratively.

4.0 Summary of Scoring

Domain Outcomes	Score out of 3	Outcome
Domain 1 Patients and services		
1A: Patients (service users) have required levels of access to the service	1	Developing
1B: Individual patients (service users) health needs are met	1	Developing
1C: When patients (service users) use the service, they are free from harm	1	Developing
1D: Patients (service users) report positive experiences of the service	2	Achieving
Domain 2 Staff Health and wellbeing		
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	2	Achieving
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	1	Developing
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	1	Developing
2D: Staff recommend the organisation as a place to work and receive treatment	1	Developing
Domain 3 Inclusive Leadership		
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	1	Developing
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	1	Developing
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	1	Developing
Total	**13**	Developing

5.0 Action Plan

An action plan has been developed and is part of the official EDS reporting template submitted alongside this paper to the Board. The action plan for Domain 1 has been with stakeholder input and sign off. A large part of the action plan illustrates the need to focus on collecting relevant data sets in order fully understand staff and service users accessing services.

With respect to workforce health and wellbeing and leadership actions, these mainly reflect the need to focus on developing our identity and values-based culture as an ICB. This includes creating a health and wellbeing commitment with colleagues which supports physical, mental, emotional and financial wellbeing, sustainably; creating and joining networks across the system to benchmark and share great practice; work with colleagues to identify and support opportunities to reduce duplication, and therefore increase capacity and wellbeing; and focussing on mobilising a compassionate leadership culture for compassionate health services through leadership development and colleague feedback..

Please refer to the NHS EDS submitted template for fuller oversight of evidence and actions.

6.0 EDS in 2023/24

Going forward the EDS will be managed so that the selected services required for Domain 1 are identified through the Quality and Outcomes Committee with robust stakeholder engagement and with input from the Public and Community Engagement Committee. In each stage of the process a coterminous board assurance process will be built in for the organisations involved in the submission enabling mutually discussing, sharing and transparency of information.

Domain 2 and 3 for the ICB will be discussed with the Colleague Engagement Group (CEG) and other staff forums which link into the CEG. They will then be reported into the Executive Management meeting and finally go to the People Committee for oversight prior to Board and publication.

According to NHSE guidance the annual cycle of EDS evidence and insight is recommended as:

- Reviews on Domain 1 (Commissioned or provided services) should take place during the summer months (quarter 2 of the financial year).
- Reviews of Domain 2 (Workforce health and well-being) should take place during the spring and/or summer months (quarters 1 and 2 of the financial year).
- Reviews of Domain 3 (Inclusive leadership) should take place during the Autumn months (quarter 3 of the financial year).

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11
Date of Meeting:	18 May 2023		

Title of Report:	ICB Data Security and Protection Toolkit (DSPT)
Report Author:	Susannah Long, Information Governance & Assurance Manager
Board / Director Sponsor:	Rachael Backler, Senior Information Risk Officer (SIRO)
Appendices:	

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	Yes
ICS NHS organisations only	No
Wider system	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
Information Governance Steering Group (IGSG)	18/4/23	Discussion – DSPT Progress
Audit & Risk Committee	4/5/23	Noting – DSPT Progress

1	Purpose of this paper
The aim of this paper is to update the ICB Board on the progress with the Data Security and Protection Toolkit (DSPT) and to request delegation of final approval of the submission by 30 June 2023 to the ICB Executive Meeting.	

2	Summary of recommendations and any additional actions required
The Board is asked to formally delegate approval of the final DSPT submission to the Executive Meeting.	

3	Legal/regulatory implications
Data Protection Act 2018; GDPR 2016; Data Security & Protection Toolkit (DSPT) – NHS Digital	

4	Risks
Information Governance risks are held on a dedicated risk register. Risks reaching / exceeding the Corporate Risk Register risk scoring threshold are identified for consideration by the Executive Committee. No risks currently reach this threshold. DSPT successful completion is on the IG risk register. Failure to reach 'Standards Met' will impact on the ICBs ability to receive and handle data and may cause a loss of trust by other organisations and the public.	

5	Quality and resources impact
Systematic and controlled handling of data is vital.	
Finance sign-off	

6	Confirmation of completion of Equalities Impact Assessment
Report only – no EIA required.	

7	Statement on confidentiality of report
Paper can be made available to the public.	

BSW ICB Data Security and Protection Toolkit (DSPT)

1. Introduction

1.1. The Data Protection Act 2018 (DPA) controls how personal information is used by organisations within the UK and is the UK implementation of the General Data Protection Regulation (GDPR). All NHS organisations and external organisations that process data on behalf of the NHS are required/expected to complete the Data Security and Protection Toolkit (DSPT) on an annual basis.

1.2. This is an online self-assessment tool that assists organisations to measure their performance against the National Data Guardian's 10 Data Security Standards. There are different levels of DSPT for different types of organisations and BSW ICB is a Level 1 organisation equivalent to NHS Foundation Trusts.

1.3. The DSPT provides assurance that personal information is being handled correctly and there is good data security. The Toolkit itself is reviewed and amended each year, by NHS Digital, to tighten data control measures across the NHS. This is leading towards a strengthened cyber and IT focus.

1.4. The previous DSPT was submitted on 28 June 2022 by BSW CCG and achieved the required level of 'Standards Met'. The ICB is required to undertake a self-assessment against the DSPT and make a submission for the period 1 July 2022 to 30 June 2023.

1.5. The Level 1 DSPT consists of 131 mandatory and non-mandatory requirements. Each of these requirements stipulates prescriptive evidence that should be held to support the assertion that the ICB is compliant with the requirement. Some items of evidence, such as the IG policies, will evidence multiple requirements.

1.6. An independent audit must be carried out to assess the evidence provided. This is a nationally defined audit reviewing particular requirements, taking a rolling approach so that the full DSPT is reviewed after a number of years. For this year 50 requirements will be reviewed by KPMG. The audit is due to start in early May 2023, but findings may not be provided in time for DSPT submission.

2. DSPT progress

2.1. A baseline submission was made to NHS Digital on 22 February 2023 to provide assurance that the self-assessment is underway. The BSW ICB Information Governance Steering Group (IGSG) oversees this self-assessment, addressing any issues and providing assurance to the Audit and Risk Committee.

2.2. 86 requirements are now complete with evidence in place to show compliance. The remaining 45 are in progress with evidence under review or in production.

Work is progressing at pace to ensure evidence is in place to achieve "Standards Met" at final submission in June.

2.3. It is anticipated that the ICB will make a fully compliant submission, but some areas have been identified where further work is needed before submission or where arrangements could be strengthened, and this will form part of the IG workplan.

2.4. These areas are training, data flow mapping and information asset register, IT/cyber requirements, business continuity and access audits. A fuller update on progress on these areas has been shared with the Audit and Risk Committee and are being closely managed by the Executive team.

3. Recommendations

3.1. The ICB is asked to note the progress towards the DSPT final submission.

3.2. Due to the timing of the final submission, due by 30 June 2023, it will not be possible to bring the final complete self-assessment to the Board for consideration and approval before submission. The Board is asked to delegate approval for the final submission, as provided by the Information Governance Steering Group and endorsed by SIRO, to the Executive Management Meeting.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12
Date of Meeting:	18 May 2023		

Title of Report:	BSW NHS ICS Operating and Financial Plan 2023/24
Report Author:	Gary Heneage, Chief Finance Officer
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer Rachael Backler, Director of Planning and Performance
Appendices:	

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	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
ICB Finance and Investment Committee	03 May 2023	Discussion and update on financial planning process
ICB Finance and Investment Committee	05 April 2023	Discussion and update on financial planning process
ICB Board Meeting	16 March 2023	Update on financial planning process, delegation off sign-off to CEO and CFO

1 Purpose of this paper

This paper is to:

1. Update the Board on the NHS ICS operating and financial plan for 2023/24
2. Gain Board approval of the BSW ICB financial plan.

Following the draft and final submission, the ICB has now made a further submission to NHS England, following national meetings held with each ICB during April 2023.

There have been no financial changes to the ICB submission. Some changes were made to the operating plan metrics in order to respond to requests from the national and regional NHS England team. The revised submission therefore included improvements in the following areas:

- numbers of adults and older adults supported by community mental health services
- numbers of children and young people accessing mental health support
- reduced reliance on inpatient care for people with a learning disability and autistic people
- reduced reliance on inpatient care for children with a learning disability and autistic people.

The revised submission also included a re-profiling of our planned elective activity resulting in small changes in our overall waiting list for elective care and our planned activity. We also saw a small improvement in our planned diagnostic activity.

2	Summary of recommendations and any additional actions required

The Board is asked:

- to approve the ICB operating and financial plan for 2023/24 – noting that we have not yet received feedback on our final submission from NHS England,
- note the risks to delivery outlined in the paper, and
- note that the Board will receive updates on progress throughout this year.

3	Legal/regulatory implications

The NHS ICS has a statutory duty to deliver a balanced financial plan and is responsible for delivering key constitutional targets.

Delivery of the Operating Plan will support the ICB and wider system partners in delivering the three national priorities for the NHS which are:

- Recovering our core services and improving productivity
- Make progress in delivering the key NHS Long Term Plan ambitions
- Continue transforming the NHS for the future

4	Risks

This paper relates to a number of key risks on our corporate risk register relating to financial balance and delivery of key operating targets with respect to elective care, urgent and emergency care and diagnostics.

5	Quality and resources impact

This paper outlines the plans to achieve financial balance including the need for £96m (5.4%) of cost savings from the system cost base in support of a balanced financial plan. There has been an extensive process throughout planning to align the workforce, activity, performance and quality aspects of the plan. The scope of this paper is limited to financial matters.

Finance sign-off	Joss Convey

6	Confirmation of completion of Equalities Impact Assessment
The reduction in expenditure planned as part of the required financial savings for this year will be subject to EQIA.	

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

BSW ICS 2023/24 Financial Plan

May 2023 submission to NHS England

Key Changes since 30th March

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

- All systems were required to resubmit plans following the submission at the end of March, irrespective of whether changes were required.
- No financial changes were required for the ICB submission.
- Changes have been made to provider submissions as part of the system plan for alignment issues between the individual provider and system submission.
- **The ICS continues to show £ breakeven at both system and organisational level.**

Key messages

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

There are significant risks in the plans

- **Activity delivery** (achieving the 106% planned care target to keep the associated funding we have assumed) AND
- **Realisation of efficiency targets** we have in the plans (£96.2m or 5.4% across the ICS)
- We are also **removing a material level of non recurrently funded costs** (UEC schemes, COVID schemes, service efficiencies) and these will need to be subject to EQIA
- Ongoing **operational demand** and **NCTR** is impacting on our ability to deliver
- We have **limited system reserves** to manage any in-year pressures
- We will need further funding to manage **AfC pay increases**
- There is a significant amount of **non recurrent funding** (£66m) supporting the 23/24 plan
- **NHS system (BSW ICB, RUH, GWH and SFT) is required to breakeven**

Mitigation: We need to focus on delivery and service transformation.

Risks in the plan as a system

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

Elective risks

1. **Elective Recovery rates** – with implied productivity requirement to achieve 106% (risk £37m of ERF funding). Elective activity **payment by results** risks de-stabilisation of contracts and intra-system funding
2. **No Criteria to Reside** reduction – impact on all providers
3. The required **Productivity** increases to achieve the elective target.

Contracting risks

1. Financial risk of **PbR** is not included in financial plans
2. **Contracts** and activity plans are not agreed and signed

Financial risks

1. Plans assume **pay award** is fully funded for providers
2. **No contingency** held to manage risk in year (released 0.5% = £7.9m)
3. Plan assumes we will meet the **106% elective target** (our plan assumes £22m of investment to deliver this and £15m of benefit to support the position). Subject to clawback by NHSE.
4. **Excess inflation** – Utilities, Care packages, Drugs all expected to grow above 2.9% average funding
5. **Agency pressures** connected with recruitment and strike action
6. **Limited additional mitigations** without consequences
7. **Demand** – increasing complexity and costs in all care settings
8. Reliance on **non-recurrent** intervention and funding to land the position
9. **Unidentified** or mobilised CIP schemes
10. Final plans need to be agreed by all **Boards.** Each organisation was asked to do an additional ask to support closing the gap

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

BSW ICS Positions

ICS NHS Financial Position

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

£m	GWH	RUH	SFT	Providers	ICB	ICS
23/24	-	-	-	-	-	-

Key Headlines:

- **£ breakeven at both system and organisational level** with 5.4% efficiencies
- Risk share agreement as part of planning to support mutual obligation for system balance.

Key Assumptions

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

- NHS system risk share principle to continue to avoid large deficits and offsetting surpluses across organisations.
- ICB contingency £8m and £15m of ESRF funding to be distributed as part of improving system and organisational positions under the NHS system risk share.
- Not all of the schemes supported with non-recurrent funding will continue in 23/24 (subject to EQIA & Notice on schemes to be given)
- No contingency / reserves held within the ICB (0.5% contingency released as part of NHS system risk share)
- Ambitious efficiency target (£96.2m across the ICS)
- Non recurrent initiatives and funding will continue but expected to reduce during the year.
- Assume hit 106% ERF target delivery to keep the £37m and avoid clawback of funds (planned benefit in existing position)
- £3.5m of SDF funds will be required to support baseline costs in the ICB (subject to EQIA)

ICS Efficiency schemes

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

System Efficiency Summary	Total efficiencies		
	Net ICS Efficiencies £'m	Net ICS efficiency %	
	i	i	
BSW ICB	40.8	2.3%	% of total allocation
GREAT WESTERN HOSPITALS	16.7	3.8%	% gross operating expenses
ROYAL UNITED HOSPITALS BATH	21.1	4.3%	% gross operating expenses
SALISBURY	15.3	4.7%	% gross operating expenses
TOTAL	**93.9**	**5.3%**	**% of ICB expenditure**

- The ICB has not taken efficiencies on its spend with intra-system providers to avoid double counting. Our adjusted QIPP is circa 4.6%.

System Efficiency Summary	Net ICS Efficiencies £000	Net ICS efficiency %
	i	i
NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE INTEGF	40,785	2.3%
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	16,686	3.7%
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	23,500	4.5%
SALISBURY NHS FOUNDATION TRUST	15,300	4.4%
TOTAL	**96,271**	**5.4%**

Key elements of Financial Recovery Plan

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

- Financial Recovery Plan (FRP) agreed across the system (clear actions/timescale)
- External finance support to help drive this
- Financial Recovery Board from 1 April with recovery director
- 2 Year Transformation and Cost Improvement Programme – longer term financial strategy will be developed in parallel
- Ten existing areas prioritised as a targeted focus to accelerate financial recovery
- Rapid redevelopment of the scope, actions required, resources, timeline and delivery impacts of each programme with SROs
- Refocussed oversight and governance across the system to develop pace of delivery
- Developing a scope to improve intelligence & data to manage the cost base and review opportunities
- Driving some specific programme delivery objectives through the AHA
- Assessing resources required for the above

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

BSW ICB Position

ICB I&E

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

	£'m
ICB allocations	**1,770.4**
Acute Service Expenditure	(881.1)
Mental Health Service Expenditure	(181.1)
Community Health Service Expenditure	(191.2)
All-age Continuing Care Service Expenditure	(96.0)
Primary Care Service Expenditure	(188.4)
Other Programme Service Expenditure	(19.5)
Other Commissioned Services	(7.4)
Primary Medical Services Expenditure	(164.7)
Running Costs	(15.2)
Reserves (supporting intra-system risk share)	(25.9)
	(1,770.4)
Surplus	-

ICB is setting aside £25.9m which will be used to support other income assumptions within intra-system plans as part of risk sharing arrangements. This is comprised of the ICB contingency of £8m, £15m of ERF funds and additional ICB CIP/Income expectations.

It will be transacted in 2023/24 to mirror the distribution of related funding.

New delegated services for 23/24

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

	£'m
Allocation	88.6
Dental Services	
Primary Care Dental Services Gross (GDS/PDS)	(35.5)
Primary Care Dental Services Patient Charge Revenue (GDS/PDS)	11.3
Primary Care Dental Services Non-UDA/UOA tier 2 Commissioning	(0.4)
Primary Care Dental Services Reserves	(7.6)
Primary Care Dental Services Total	(32.2)
Community Dental Net	(3.8)
Community Dental Net/Total	(0.3)
Secondary Care Dental	(14.9)
Non-NHS Secondary Care Dental	(2.0)
Dental Services Total	(53.1)
Ophthalmic Services	(16.5)
Pharmacy Services	(28.4)
Prescription Fees & Charges	10.1
Pharmacy Services	(18.3)
General Practice/General Practice IT	(0.4)
Other Primary Care including Reserves/Contingency	(0.3)
Total ICB Delegated Primary Care Expenditure	(88.6)
	-

NHS England will be submitting plans for the new services transitioning to the ICB.

The entries are included in the ICB system submission as memorandum entries.

A fully funded plan is being submitted by NHSE.

The dental allocation of c. £53m is ringfenced.

Investments

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

	£'m	
Virtual Ward	5.6	The plan includes £18.8m of confirmed funding. Work is largely complete to align the investments to fit the funding envelope. Allowance has been made separately for the £2m to match funding obligation to support the Virtual Ward based on submitted plans. This would take the full spend on Virtual Ward to £7.6m. Decisions are largely agreed on the schemes that will continue. £18.8m is confirmed recurrent funding.
Wiltshire based beds	2.0	
Care coordination	1.5	
Falls provision	0.4	
Discharge support grant	0.1	
BaNES based beds	1.4	
Swindon based beds	1.4	
BSW beds and homecare	11.7	
	29.2	
Indicative funding	(6.7)	£6.7m of UEC funding which is not yet confirmed but in plans as indicative
CIP to balance to funding	(0.5)	*Ongoing work to address this gap*
Confirmed funding available	**18.8**	**Virtual Ward (£13.3m) + Discharge funding (£5.5m) = £18.8m**

ICB Efficiency schemes

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

	£'m	
Management of care packages and caseloads	8.0	Improvement in case management, step downs, repatriations, Home First and optimisation of investments
Technical adjustments	6.0	Accounting estimates and revaluations
COVID spend reductions	1.1	Reduce spending to pre-covid levels.
Medicines optimisation	6.8	Rebates, incentives, demand management, wastage, price optimisation
IM&T	0.9	Service review and contracting arrangements
Funding optimisation	9.5	Maximise value from non-recurrent funding opportunities and sources.
Other schemes	6.0	Includes £2m of CIP to find
Establishment costs	2.5	Vacancy controls, management of discretionary spend and non-pay
	40.8	

Updating ICB Joint arrangements

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

The ICB has separate joint arrangements in place with Swindon Borough Council, Wiltshire Council and Bath & North East Somerset Council.

These arrangements are contracted via agreements under Section 75 of the NHS Act. In the course of enacting the ICB financial plan for 23/24, the relevant finance schedules will be updated to reflect the revised financial contributions as agreed by each organisation through their respective budgeting processes. We note that this process is currently also being finalised for the 22/23 financial year.

The arrangements are hosted by the three local authorities. The ICB Board is required to authorise the arrangements the ICB makes under Section 71 arrangements.

The underlying ICB contributions and spend attributed to these arrangements are included within the overall ICB plan based on the nature of service spend (i.e. Continuing Care, Community etc). The scope of each agreement is different reflecting how local services are provided and contracted.

Areas of spend covered by ICB contributions	Better Care Fund	Community Equipment	Adult (LD)	Other Adult Services	Childrens Services
Swindon	√	√		√	√
Bath & North East Somerset	√	√	√	√	√
Wiltshire	√	√			

Section 75 schedules will be updated to reflect revised agreed contribution levels by partners in 23/24.

ICB risks and mitigations

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

		£'m
Prescribing	No Cheaper Stock Obtainable (NCSO) risk	4.4
Mental Health	Placement demand and excess inflation	6.0
Continuing care	Placement demand, excess inflation and joint funding contribution levels	7.7
ERF	Assumed £15m benefit from ERF to support the position	15.0
IM&T	Contracting pressures	1.9
Efficiency	Non delivery risk against unidentified CIP	2.0
Risks		37.0
Funding	NCSO pressures would be funded recurrently on top of envelope	(4.4)
ERF	System to hit planned target of 106% to realise the ERF reserve	(15.0)
POD	Reserves	(4.0)
Contracting	Redesign IM&T services	(1.9)
Mitigations		(25.1)
Unmitigated risk		11.9

This assumes that the £40m of ICB CIP is delivered

Additional funding/non-recurrent measures would be required to support if all these risks materialised

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

Operating Plan Submission

Overview of operating plan metrics

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

- On the following slides we set our planned achievement against the key operating plan targets as per our recent submission to NHS England. These are the operational metrics on which we will be held to account for delivery over the next twelve months.
- Metrics where we are already clear on our planned achievement for next year have been marked as ‘met’ or ‘not met’ to indicate where we will plan to meet the target or not. We have discussed these with the regional and national team and they are aware of the actions we are taking to drive recovery as much as possible, even if we are not able to plan to meet the target at this point.
- There are some metrics that have not yet been finalised e.g. due to relatively recent publication of the national primary care plan. These will be worked through in the coming months.
- For workforce, SFT, GWH & RUH returned an unchanged submission to the previous version reviewed by the Board. There has been an increase in the planned AWP workforce numbers related to the IAPT recovery plan. There has also been a change to the primary care submission in relation to ARRS workforce.

Summary
Recovering our core services and improving productivity

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

Area	Objective	Planning assumption - Met / Not met	Comments and key risks (where applicable)
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	Met	Our draft plan shows us meeting the 76% standard in all hospitals by March 2024. None of our acute providers are forecasting to meet the 92% bed occupancy target and NHSE are aware of this. Work with SWASFT ambulance continues across the South West to finalise our ambulance handover position.
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25	Not met – SW wide work underway	
	Reduce adult general and acute (G&A) bed occupancy to 92% or below	Not met	
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	Met	
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	Met	
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	Met	
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	Not met	Further work will continue on this in 23/24.

Summary
Recovering our core services and improving productivity

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

Area	Objective	Planning assumption - Met / Not met	Comments and key risks (where applicable)
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	Met	
	Deliver the system- specific activity target (agreed through the operational planning process)	Met	
Cancer	Continue to reduce the number of patients waiting over 62 days	Met	
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	Met	
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Met	We are still below pre-covid levels however the most recent data available is from 2020. We expect continued improvement noting that the relevant national data for 2023 is not published until December 2025. Work is underway on early presentation and uptake of cancer screening and work with under represented communities to improve the position.

Summary
Recovering our core services and improving productivity

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

Area	Objective	Planning assumption - Met / Not met	Comments and key risks (where applicable)
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	Not met	As a system we are currently below the trajectory to achieve 85% by March 24 however, recovery actions are in place to improve our position.
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Not met	Our Community diagnostic programme goes live in 23/24 to contribute to diagnostic recovery and support reducing backlogs. It is planned that the programme will deliver 10,268 additional CT scans, 6,882 additional scopes and 11,478 additional MRI scans in 23/24.
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury	Met	Key projects to support this include: • Provision of antenatal care in line with Saving Babies Lives Care Bundle v2 – RUH compliant and SFT and GWH 4/5 elements compliant • Pathway to optimise outcomes for pre-term neonates • Work to reduce admissions of term babies to neonatal units – national target 6%; SW target 5% ; BSW 4.9%
	Increase fill rates against funded establishment for maternity staff	Met	Vacancy rates reducing but remain challenging due to national shortage of midwives and neonatal staff.

Summary
Long Term Plan and Transformation

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

Area	Objective	Planning assumption - Met / Not met	Comments and key risks (where applicable)
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	Met	
Mental Health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	Not met	We have made an improved submission in our latest plan but are still not able to plan to meet the target.
	Increase the number of adults and older adults accessing IAPT treatment	Not met	We are planning for significant improvement to be made in 23/24 - core to which is addressing the staffing gap.
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	Met	
	Work towards eliminating inappropriate adult acute out of area placements	Not met	The plan does not meet the LTP ambition of getting to zero but does demonstrate significant improvement on 22/23
	Recover the dementia diagnosis rate to 66.7%	Met	
	Improve access to perinatal mental health services	Met	

Summary
Long Term Plan and Transformation

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

Area	Objective	Planning assumption - Met / Not met	Comments and key risks (where applicable)
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	Met	
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	Met – children inpatients Not met - adults	Changes made to latest submission to meet the target for children inpatients.
Health inequalities	Continue to address health inequalities and deliver on the Core20PLUS5 approach	Met	Work will continue to embed the Core20PLUS5 approach in all plans relating to primary and secondary prevention priorities in the NHS Long Term Plan

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13
Date of Meeting:	18 May 2023		

Title of Report:	BSW ICB and NHS ICS Revenue Position
Report Author:	Gary Heneage, Chief Finance Officer
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer
Appendices:	

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	
Noting	For noting without the need for discussion	x

Previous consideration by:	Date	Please clarify the purpose
ICB Finance and Investment Committee	03 May 2023	Discussion

1	Purpose of this paper

The paper provides a high-level summary of the financial performance of the ICS for the year ended March 23.

Core reports provided set out headline information for the NHS organisations within the BSW system (CCG, ICB, RUH, GWH and SFT).

They include:

- Key performance indicators.
- Financial position.
- Efficiency schemes overview.
- Workforce overview including performance against Agency Limit.

- Delivery of capital programme and Performance; and
- Statutory Financial Indicators

Appendices include system partner information where this is available. Due to year end audits not all results have been declared.

Key headlines:

- ICB, RUH, SFT and GWH have delivered both a system surplus against plans and a statutory surplus at organisational level for the year (subject to audit).
- The ICB plan surplus was increased during the year from £nil to c.£24m due to the return of historic surpluses and the CCG surplus in Q1. These are technical adjustments as the surplus is not available for investment.
- NHS efficiency delivery was £6.9m or 9.5% off plan for the year with £72.4m delivered.
- The NHS agency cap was exceeded earlier in the year with the cap ultimately being over by c. £20m (c82% over the cap).
- CDEL has been overspent by £1.7m (NHSE approved)
- Partner organisations where a result has been declared report surpluses with the exception of HCRG.

2	Summary of recommendations and any additional actions required
The Board is asked to note the report and the performance for the year.	

3	Legal/regulatory implications

The NHS ICS has a statutory duty to deliver a balanced financial plan. This has been achieved with a small system surplus of c.£0.2m.

All NHS organisations within the BSW system are also expected to deliver small surplus results on a statutory basis. This has been supported by an intra-NHS risk share to redistribute the original planned £51m surplus in the ICB to offset £51m planned deficits across RUH, GWH and SFT.

The ICB has joint arrangements in place with the three local authorities across BSW using section 75 arrangements under the NHS Act.

The BSW ICB Constitution states that the Board must authorise any arrangements the ICB makes under section 75 arrangements. As part of finalising the ICB result for 22/23, we are adjusting the relevant finance schedules in these agreements to make sure they are up to date for the 22/23 financial year. Similar updates to agreements will be required in 23/24.

Changes in 22/23 have been delayed due to the introduction of the Adult Social Care Discharge Fund (https://www.gov.uk/government/publications/adult-social-care-discharge-fund) during Q4 which has had to be managed via Better Care Funds within section 75 agreements. The Better Care Fund plans are signed and agreed by the relevant Health and Wellbeing Board and the ICB. The BSW ICB Finance and Investment Committee has oversight of the final position for each section 75 agreement, and it is reported within the Financial Statements.

4	Risks
The system is reporting a breakeven position for the year. Any impacts because of the NHS pay award for 22/23 that exceed estimates reflected by individual organisations will become cost pressures in 23/24.	

5	Quality and resources impact
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 12 as reported to NHSE.	
Finance sign-off	Rebecca Pailin

6	Confirmation of completion of Equalities Impact Assessment
N/A.	

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

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

NHS BSW ICS Finance Report

March 2023 (Month 12)

	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	✓	✓		
4.	Efficiency Schemes - Overview	Slide 8	✓	✓	✓	
4b.	Efficiency Schemes – Delivery vs Plan	Slide 9	✓	✓		
4c	Efficiency Schemes – Productivity Opportunity	Slide 10	✓	✓		
5.	Workforce - Overview	Slide 11	✓	✓	✓	
6.	Capital –Delivery vs Plan	Slide 12	✓	✓		
7.	Financial indicators – BPPC	Slide13	✓	✓		
	Appendices	Slide 14	✓	✓	✓	
	Activity Reporting Appendices	Slide 19	✓	✓		

1. Key Messages

Overall Position (Section 3)

- **BSW NHS ICS** has reported a surplus of £0.2m against plan for the year. All organisations are reporting surpluses on a statutory basis. See slide 7
- **AWP** are reporting an in month surplus of £8m against a plan of breakeven. This has led to a final year end position of £8m surplus. Link to Summary
- **WH&C** report a position of £6k ahead of plan in month. The final year end position is a £4k surplus. Link to Summary
- **HCRG** are in the process of finalising their position. The last reported position was a forecast deficit of £750k. Link to Summary

1. Key Messages (cont.)

Risk and Mitigations

- As reported at the finance summit, there was a gap to break even. The system agreed the following:
  - A further £3.7m was paid to SFT and £1m to RUH to finalise ERF and under risk sharing arrangements within the system
  - The remainder was balanced within organisations.

Efficiency Delivery (Section 4)

- ICB slippage in schemes from M6 onwards ended £4.6m (20.8%) behind planned system efficiencies (mainly due to delaying the inventory adjustment).
- RUH and SFT achieved their planned system efficiencies through increases in non-recurrent schemes with GWH £2.3m (20.7%) behind plan.
- Overall the ICS position was £6.9m (9.5%) behind the planned efficiencies of £72.4m.

1. Key Messages (cont.)

Workforce (Section 7)

- Agency and Bank usage climbing to over double planned levels with agency costs 27% higher than 21/22.
- Agency Limit of £24.4m, breached at month 7 has seen spend YTD of £44.0m. The final position exceeded the cap by 81.6% (£19.8m).

Capital Plan (Section 9)

- The overall CDEL year end position was £41.6m, £1.7m (4.2%) ahead of plan following regional agreed adjustments in month 12.

2. Key performance indicators

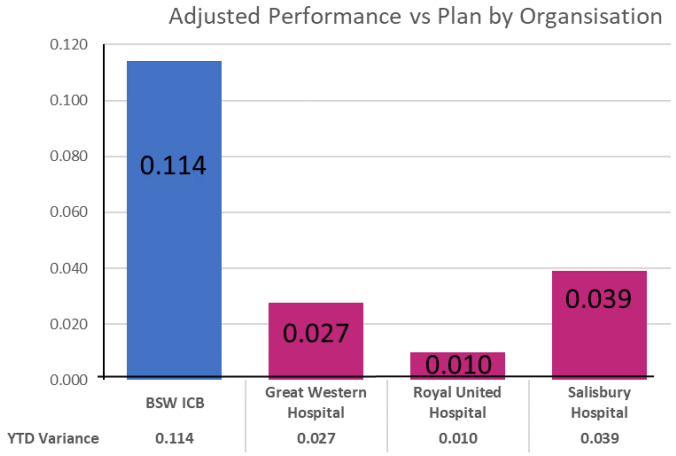
	Year to date			
	Variance		RAG	Change to previous month
	£m	%	Rating	
Adjusted System Income & Expenditure surplus / (deficit)	0.2	0.8%		
System Efficiencies ahead / (behind) plan Target = £72.4m	(6.9)	(9.5%)		
Elective Recovery Target = 104%	tbc	tbc		
Agency Spending Limit Target = £24.2m	(19.2)	(79.1%)		
System Capital Expenditure vs Plan Target = Fully Spent	23.6	26.4%		
Better Payment Practice Code (by value) Target = 95% of invoices paid in 30 days		98.1%		
Better Payment Practice Code (by volume) Target = 95% of invoices paid in 30 days		93.6%		
Net Risk decreased / (increased)	0.0	0.0%		

3. Financial Position – Overview

BSW NHS ICS has reported a surplus of £0.2m against plan for the year.

An intra-system risk share of £51.1m from the ICB to the Providers has enabled all organisations to achieve statutory surpluses.

The overall planned surplus of £24.2m increased from the original £nil due to the return of ICB historic surpluses of £13.2m and the Q1 CCG surplus of £11m. These are technical adjustments and are not available for future investment.



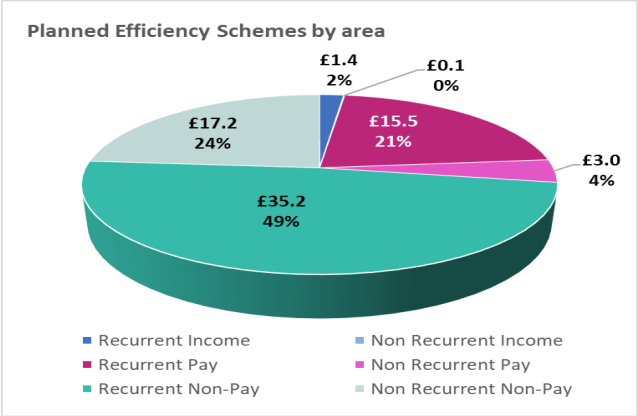
	Year-to-date							
	Plan	Reported Actual	Risk Share Adj	Q1 surplus	Actual exc. Risk share	Variance to Plan		Year to date
	£m	£m	£m	£m	£m	£m	%	
Great Western Hospital	(19.4)	0.0	19.4		(19.3)	0.0	0.1%	
Royal United Hospital	(19.3)	0.0	19.3		(19.3)	0.0	0.1%	
Salisbury Hospital	(12.4)	0.0	12.4		(12.4)	0.0	0.3%	
Provider surplus / (deficit)	**(51.1)**	**0.1**	**51.1**	**0.0**	**(51.0)**	**0.1**	**0.1%**	
BSW ICB surplus / (deficit)	**75.3**	**13.4**	**(51.1)**	**(11.0)**	**75.4**	**0.1**	**0.2%**	
ICS surplus / (deficit)	**24.2**	**13.4**	**0.0**	**(11.0)**	**24.4**	**0.2**	**0.8%**	

4. 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.

Our Partner organisation WH&C have also indicated that achievement of 99% of their planned level of savings was supported significantly by non recurrent schemes and that next years efficiency target (estimated at 4.6%) will be challenging to achieve.

The year end recurrent position improved marginally (2.0%) against plan to 32.3%, with RUH (+0.8%) and SFT (+1.6%) continuing to improved delivery against plan, and GWH (+6.3%) reversing month 11 slide and improving their achievement against plan. Non recurrent schemes saw over delivery against plan in month to offset slippage in recurrent, with the final ICS position significantly better than the month 11 forecast (-11.3%) at £6.9m behind plan.

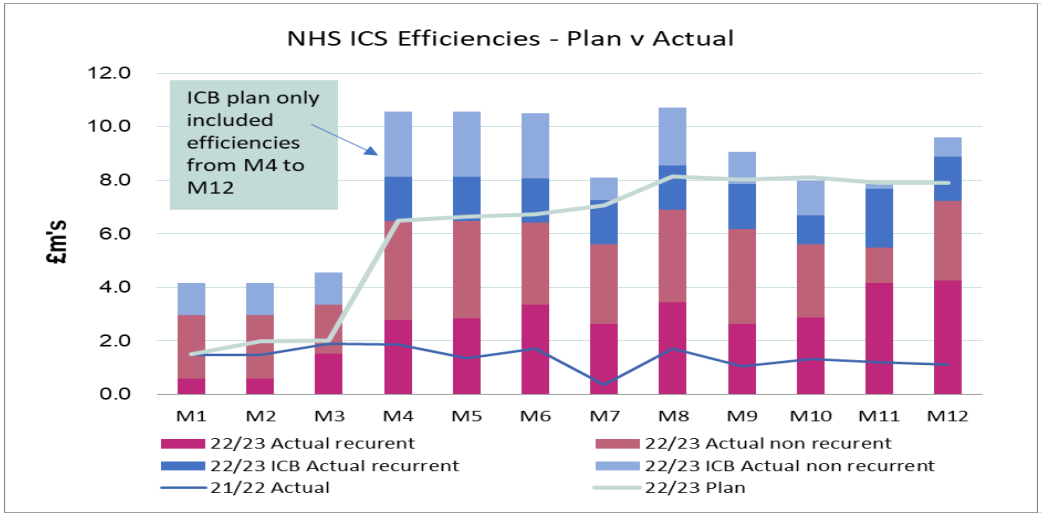


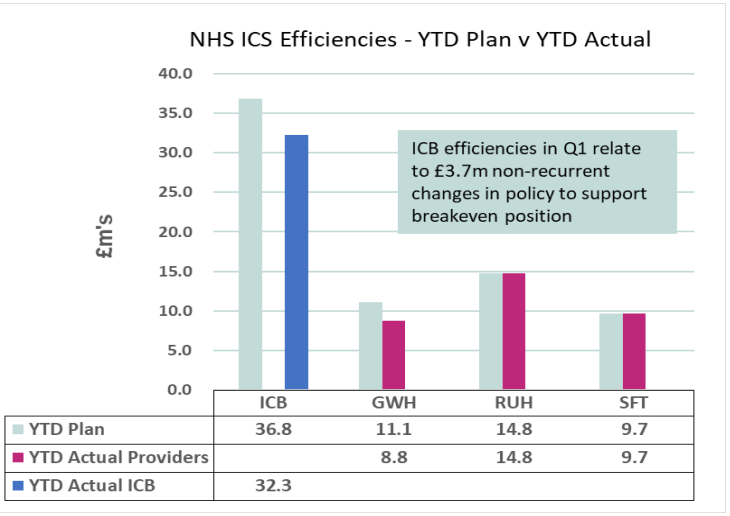
	Year-to-date				Forecast Outturn				Year to date
	Plan £m	Actual £m	(Under)/over delivery £m	%	Plan £m	FOT £m	(Under)/over delivery £m	%	
BSW ICB	14.9	14.9	0.0	0.0%	14.9	14.9	0.0	0.0%	
Great Western Hospital	10.0	4.3	(5.7)	(57.0%)	10.0	4.3	(5.7)	(57.0%)	
Royal United Hospital	13.1	7.7	(5.4)	(41.3%)	13.1	7.7	(5.4)	(41.3%)	
Salisbury Hospital	8.7	4.7	(4.0)	(46.1%)	8.7	4.7	(4.0)	(46.1%)	
Recurrent Efficiencies	**46.7**	**31.6**	**(15.1)**	**(32.3%)**	**46.7**	**31.6**	**(15.1)**	**(32.3%)**	
BSW ICB	21.9	17.3	(4.6)	(20.8%)	21.9	17.3	(4.6)	(20.8%)	
Great Western Hospital	1.1	4.5	3.4	293.3%	1.1	4.5	3.4	293.3%	
Royal United Hospital	1.7	7.1	5.4	313.5%	1.7	7.1	5.4	313.5%	
Salisbury Hospital	1.0	5.0	4.0	415.3%	1.0	5.0	4.0	415.3%	
Non Recurrent Efficiencies	**25.7**	**33.9**	**8.2**	**32.1%**	**25.7**	**33.9**	**8.2**	**32.1%**	
Total Efficiencies	**72.4**	**65.6**	**(6.9)**	**(9.5%)**	**72.4**	**65.6**	**(6.9)**	**(9.5%)**	

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.

4b. Efficiency Schemes – Delivery vs Plan

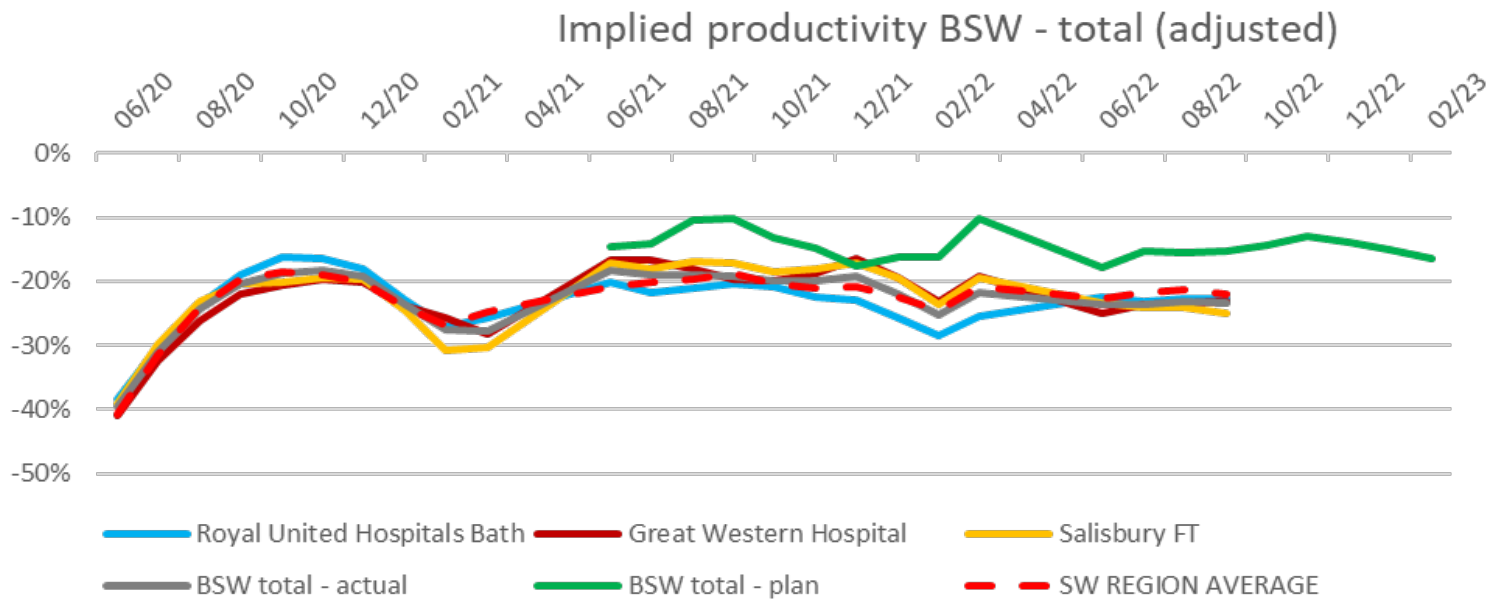




	APR £m	MAY £m	JUN £m	JUL £m	AUG £m	SEP £m	OCT £m	NOV £m	DEC £m	JAN £m	FEB £m	MAR £m	YTD
Planned Delivery of Efficiency Schemes	1.5	2.0	2.0	6.5	6.6	6.7	7.1	8.1	8.0	8.1	7.9	7.9	72.4
Actual Delivery of Efficiency Schemes	3.0	3.0	3.3	6.5	6.5	6.4	5.6	6.9	6.2	5.6	5.5	7.2	65.6
In Month Variance to Plan	**1.5**	**1.0**	**1.3**	**(0.0)**	**(0.2)**	**(0.3)**	**(1.5)**	**(1.2)**	**(1.8)**	**(2.5)**	**(2.4)**	**(0.7)**	**(6.9)**
BSW ICB	1.2	1.2	1.2	0.0	0.0	0.0	(1.6)	(0.3)	(1.2)	(1.7)	(1.7)	(1.7)	(4.6)
Great Western Hospital	(0.1)	(0.5)	(0.1)	(0.2)	(0.1)	(0.3)	0.2	(0.4)	(0.8)	(0.1)	(0.5)	0.5	(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	0.0	(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)	0.6	0.0
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)**	**(2.4)**	**(0.7)**	**(6.9)**
Cumulative Variance to Plan	**1.5**	**2.5**	**3.8**	**3.8**	**3.6**	**3.3**	**1.9**	**0.6**	**(1.2)**	**(3.8)**	**(6.2)**	**(6.9)**	**(6.9)**

4c Efficiency Schemes – Productivity Opportunity

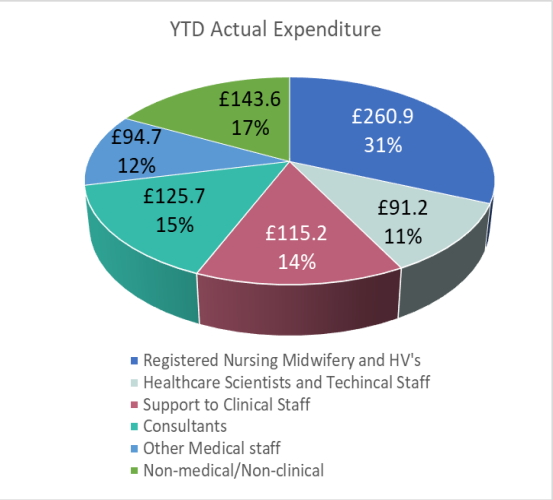
- Based on SW regional analysis, BSW acute providers have an implied productivity gap of over 20%, indicating that opportunities remain to deliver cost base improvements.
- In recent months, BSW is worse than the regional average on pay productivity.
- Recent general trend is an improvement



5. Workforce - Overview

The month 12 position includes accruals based on the backdated element of the recent pay offer made to, but rejected by nursing unions. As the best estimate of costs in year guidance was to retain this within the accounts. The final position is of therefore a £104.5m adverse variance to plan. This is a £72.7m deterioration on month 11 a movement of 9.5% in the main as a result of the accrual. Income funding is shown to offset this accrual in part but it is noted that there is a gap in the funding levels and actual estimated costs. This gap will have to be managed in 23/24.

Cost of agency and bank overall is higher than in 21/22. The Agency Limit for the year of £24.2m was exceeded by £19.8m (81.6%) at 27% higher than previous years levels. 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.

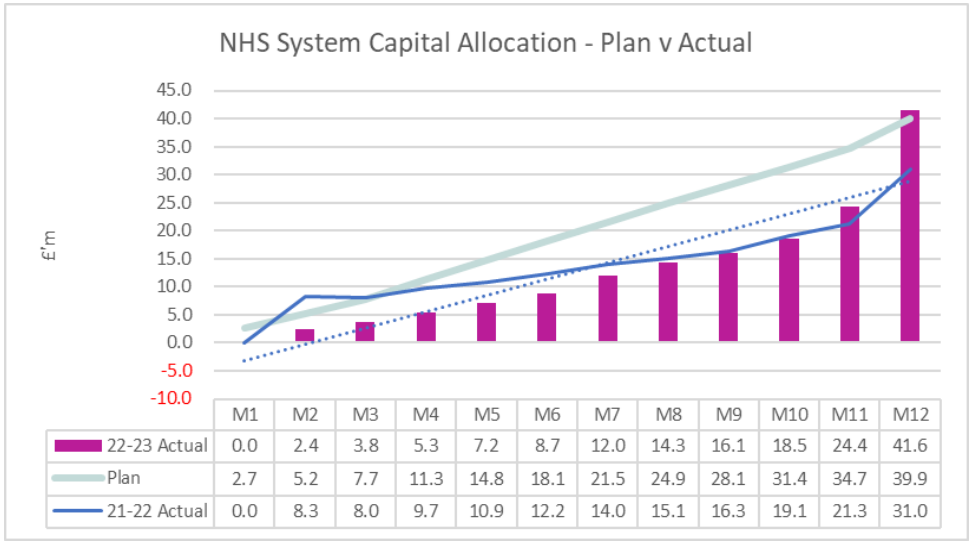


AWP showed high levels of temporary staffing, with £13.5m adverse variance to plan at the year end. This was being offset by vacancies in substantive staff but at month 12 the overall staff variance to plan is £18.4m adverse showing the potential impact of the pay award. HCRG continue to cite high agency use in maintaining safe staffing levels in community hospitals as a main driver of deficit position.

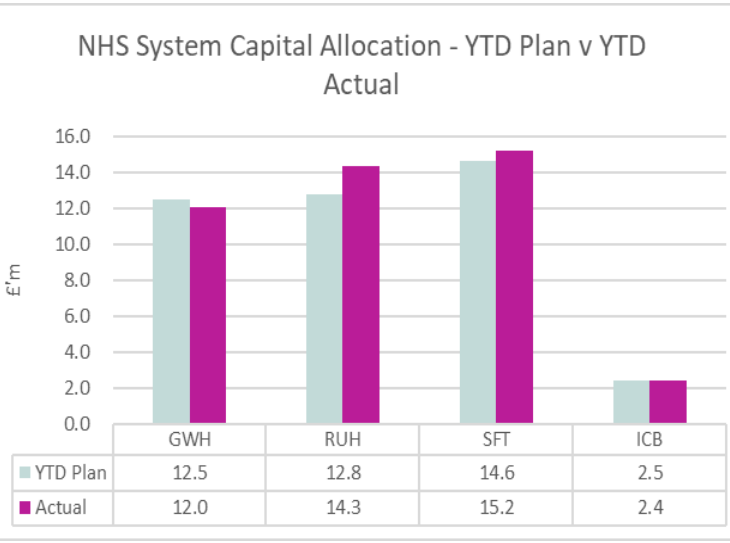
	Year-to-date				Forecast Outturn				Year to date
	Plan £m	Actual £m	Under/(over) spend £m	Under/(over) spend %	Plan £m	FOT £m	Under/(over) spend £m	Under/(over) spend %	
Registered Nursing Midwifery and HV's	230.5	260.9	(30.5)	(13.2%)	230.5	260.9	(30.5)	(13.2%)	
Healthcare Scientists and Techincal Staff	91.0	91.2	(0.3)	(0.3%)	91.0	91.2	(0.3)	(0.3%)	
Qualified Ambulance Service Staff	0.2	1.2	(1.0)	(415.4%)	0.2	1.2	(1.0)	(415.4%)	
Support to Clinical Staff	96.3	115.2	(19.0)	(19.7%)	96.3	115.2	(19.0)	(19.7%)	
Consultants	127.2	125.7	1.5	1.2%	127.2	125.7	1.5	1.2%	
Other Medical staff	86.5	94.7	(8.2)	(9.5%)	86.5	94.7	(8.2)	(9.5%)	
Non-medical/Non-clinical	128.9	143.6	(14.7)	(11.4%)	128.9	143.6	(14.7)	(11.4%)	
Other Employee Benefit costs *	2.1	34.5	(32.4)	(1,576.4%)	2.1	34.5	(32.4)	(1,576.4%)	
Total Provider Workforce Expenditure	**762.6**	**867.1**	**(104.5)**	**(13.7%)**	**762.6**	**867.1**	**(104.5)**	**(13.7%)**	

*Aprenticeship levy

6. 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	24.4	41.6
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



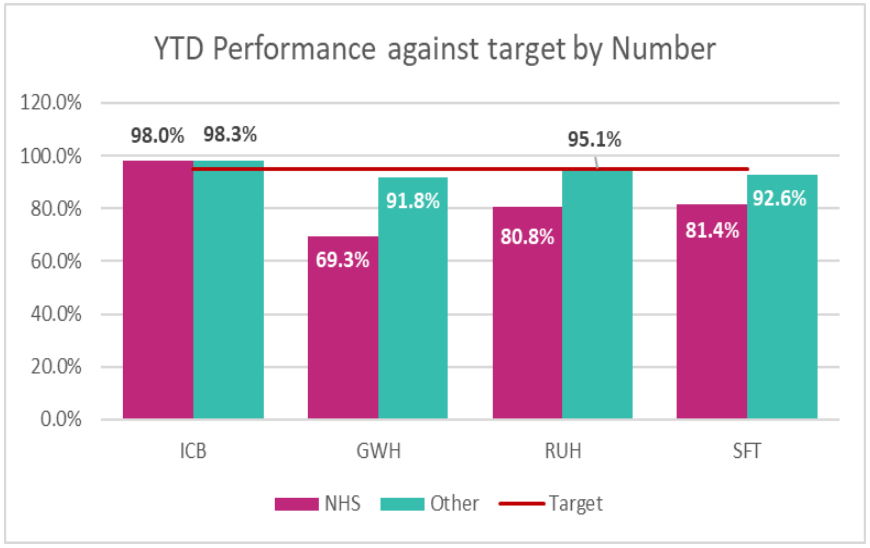
	GWH	RUH	SFT	ICB
YTD Plan	12.5	12.8	14.6	2.5
Actual	12.0	14.3	15.2	2.4

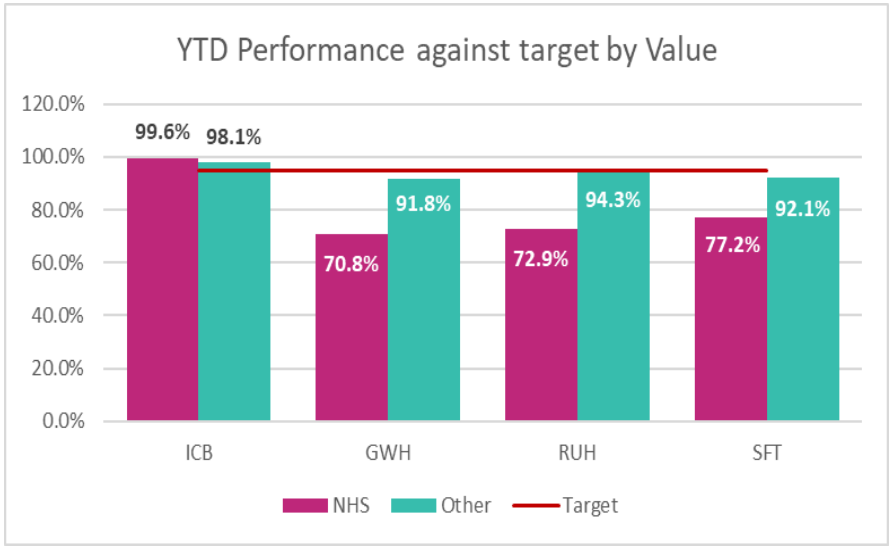
	Year-to-date			
	Plan £m	Actual £m	(Under)/over delivery £m	%
Provider Charge against Capital Allocation (Plan) - Excluding IFRS16 impact	39.9	41.6	1.7	4.2%
IFRS16 impact on Charge against capital allocation (Plan)	11.2	29.8	18.6	166.1%
Primary Care charge against Capital allocation (Plan)	2.5	2.4	(0.1)	(2.2%)
Performance against Capital Allocation (Plan) - Including IFRS16 impact	**53.6**	**73.8**	**20.2**	**37.7%**
Provider Charge against National Allocations charged to CDEL	33.1	38.9	5.8	17.4%
Other items charged to CDEL	2.7	2.7	(0.0)	(0.2%)
Performance against CDEL	**89.4**	**115.4**	**26.0**	**29.1%**

The ICS has reported to NHSE that with agreement it has overspent the CDEL capital allocation of £39.9m by £1.7m.

The Primary Care Allocation has been fully spent in February.

7. Financial indicators – BPPC and Aged Debt





Overall ICS combined performance is:

- 93.6% by number of invoices paid; and
- 98.1% by value of invoices paid

Aged debt has risen marginally to 22 days for RUH and 25 days for SFT, but has fallen from 33 to 22 days for GWH.

Target 95%	Year-to-date			
	ICB	GWH	RUH	SFT
Better Payment Practice Code - NHS	98.0%	69.3%	80.8%	81.4%
Better Payment Practice Code - Other	98.3%	91.8%	95.1%	92.6%
Percentage of bills paid within target by number	**98.3%**	**91.2%**	**94.9%**	**92.4%**
Better Payment Practice Code - NHS	99.8%	70.8%	72.9%	77.2%
Better Payment Practice Code - Other	98.1%	91.8%	94.3%	92.1%
Percentage of bills paid within target by Value	**98.1%**	**90.6%**	**93.3%**	**91.4%**

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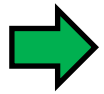
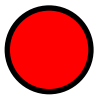
Integrated Care Board

Appendices

AWP M12 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 £1.1m before central / System funding. This is £2.0m favourable to the updated plan. • National reimbursements for Covid-19, top up / System funding and below the line adjustments have resulted in a reported £0.01m surplus which is marginally better than the updated plan.			
Efficiency Savings	• As at month 12, £8.4m of efficiency savings have been delivered, with 66% of the in-month efficiency requirement delivered on a recurrent basis. • The recurrent forecast position has deteriorated by £0.11m in month with 42% of efficiencies anticipated to be delivered in year recurrently.			
Cash	• The cash position at the end of the financial year was £17.0m. The Trust is maintaining an average BPPC figure of 98%, therefore keeping the Trust above the heightened NHSE monitoring tolerance of 95% for non-NHS suppliers being paid within 30 days of invoice.			
Capital	• Trust capital expenditure to the end of the financial year was £7.0m and achieved an outturn position in line with forecast and plan. The national funding for the Callington Road redevelopment project has been unpaused by Department of Health & Social Care. IPG is continuing to work on the prioritisation of schemes for 23/24.			
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 M12 Reporting – Overall Summary

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

	Month 12			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income From Commissioned Services	(22,951)	(44,892)	21,941	(285,122)	(304,549)	19,427
Other Income	(884)	(2,357)	1,473	(10,606)	(15,742)	5,136
Total Income	**(23,835)**	**(47,249)**	**23,414**	**(295,728)**	**(320,291)**	**24,563**
Permanent Staff incl. technical adjustments	17,111	34,945	(17,834)	209,084	213,947	(4,863)
Temporary Staff	3,685	6,354	(2,669)	44,219	57,721	(13,502)
Pay	**20,796**	**41,299**	**(20,503)**	**253,303**	**271,668**	**(18,365)**
Non Pay incl. technical adjustments	**4,637**	**5,187**	**(550)**	**61,754**	**62,506**	**(752)**
Total Operating Expenditure	**25,433**	**46,486**	**(21,053)**	**315,057**	**334,174**	**(19,117)**
EBITDA	**1,598**	**(763)**	**2,361**	**19,329**	**13,883**	**5,446**
PFI Costs	610	610	0	7,319	7,319	0
Finance Charges	883	1,254	(371)	10,590	10,392	198
Total Financing Costs	**1,493**	**1,864**	**(371)**	**17,909**	**17,711**	**198**
(Surplus) /Deficit Before Central / System Funding	**3,091**	**1,101**	**1,990**	**37,238**	**31,594**	**5,644**
Reimbursement of COVID-19 expenditure	(404)	(411)	7	(4,848)	(4,932)	84
System funding	(2,554)	(675)	(1,879)	(30,539)	(26,647)	(3,892)
Funding of AfC Pay Gap	(133)	0	(133)	(1,851)	0	(1,851)
Total Central / System Funding	**(3,091)**	**(1,086)**	**(2,005)**	**(37,238)**	**(31,579)**	**(5,659)**
Below the Line Adjustments						
Depreciation of donated assets	0	(14)	14	0	(14)	14
PPE stock adjustment	0	(9)	9	0	(9)	9
Total Below the Line Adjustments	**0**	**(23)**	**23**	**0**	**(23)**	**23**
(Surplus) / Deficit Against Control Total	**0**	**(8)**	**8**	**0**	**(8)**	**8**

	£'000	Recurrent
Efficiencies required in month 12	**-700**	
Delivered in Month via:		
COVID u/spend	-232	No
Travel underspend	6	Yes
Movement on Out of Area	-469	Yes
Vacancies	-5	No

The in-month position before Central / System funding is a deficit of £1.10m, which is better than plan. The reasons for this movement are outlined below. Given the significant number of movements (both recurrent and non-recurrent) in month, accurately assessing the recurrent underlying deficit is problematic. However, given the increase in expenditure on temporary staffing seen in month, it is likely that the underlying position has deteriorated to circa £2.9-3.0m

The in-month position before the application of System funding has improved. This is predominantly due to a release of balance sheet accruals which are no longer required and therefore have been released to the I&E as well as the receipt of non-recurrent income in month 12. As a result of this, the System funding required to enable break-even in month is lower than forecast with the unutilised funding passed back to the BNSSG System. There are also some technical adjustments which impact both income and expenditure, such as the adjustment to employers' pension contribution and notional apprenticeship levy but these items off-set each other. There are also some non-recurrent pressures seen in month such as the gap between the internal assessment of the non-consolidated Agenda for Change pay award and the notified national income available.

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 M12 Reporting – Overall Summary

Financial Position as at 31 March 2023

	Month 12			Outturn		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Total income	**5,574**	**6,175**	**601**	**68,370**	**68,140**	**(230)**
Operating Expenditure						
Pay	4,294	4,880	586	51,343	52,312	969
Non-Pay	1,310	1,319	9	17,027	15,824	(1,203)
Total Expenditure	**5,604**	**6,199**	**595**	**68,370**	**68,136**	**(234)**
Surplus/(Deficit)	**(30)**	**(24)**	**6**	**0**	**4**	**4**

The in-month position is a £6k surplus. The final position for month 12 is a £4k surplus.

99% of the YTD efficiency target of £1.524m has been delivered, but is significantly supported by non recurrent unplanned benefits incurred in year.

The financial risks and pressures are significant going in to 2023/24 and include; delivering a challenging efficiency target now estimated at 4.6% within the block contract, managing substantial inflationary cost pressures above nationally funded levels, together with the significant currently unfunded ongoing enhanced care pressures above funded levels across the community wards, the reliance of temporary staffing across the MIUs and further reduction of non recurrent and covid funding, with the unfunded and MIU elements being above the efficiency target requirements to manage.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	14
Date of Meeting:	18 May 2023		

Title of Report:	BSW Operational Performance and Quality Report
Report Author:	Sarah-Jane Peffers – Associate Director of Patient Safety and Quality, Sharen Pells – Deputy Director Nursing and Quality, Jo Gallaway – Performance Manager
Board / Director Sponsor:	Gill May – Chief Nurse Rachael Backler – Director of Planning and Performance
Appendices:	Summary Operational Performance Dashboard Quality Assurance Report

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	10/05/23	Assurance on performance and quality oversight
ICB Executive Performance and Risk Meeting	24/04/23	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 safe and effective delivery of NHS care and NHS operational performance to the Board, with this paper having already been considered by the BSW ICB Quality and Outcomes Committee.	

Quality and performance are considered in detail at a number of executive-led meetings within the system and therefore this report presents items for assurance and where necessary, escalation, for the Board's attention. The System Quality Group is the main executive-led group that reviews quality matters, operational performance is considered within the ICS programme boards and also through the ICB Performance and Risk meeting that takes place each month.

In order to better service the board and its committees and in line with the proposed changes to the terms of reference for the Quality and Outcomes Committee (which will be brought to the ICB Board for approval in July), we are revising our quality and performance reporting in order to focus on reporting by exception, supplemented by an integrated performance report covering the key domains of quality, finance, workforce and operational performance. The relevant ICB executives are meeting later this month to progress this work.

In addition, and in response to an ask from the ICB Board in March, work has started on developing outcomes reporting that can help track our overall progress against key system priorities. The development of the implementation plan in light of the ICB strategy is a key enabler to this work. The approach to outcomes measurement will come to the board for discussion at the June development session.

Finally, we have initiated work to help understand the difference noted in discharge pathways between our three localities. An update on this was provided to the Quality and Outcomes Committee at the May meeting.

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), the NHS Constitution and the NHS operational plan	

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 Urgent and Emergency Care and Flow
- 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 • BSW ICB 11 – Impact of difficulty finding placements for children looked after • BSW ICB NEW – Primary Care POD delegation impacted by lack of reporting Corporate Risk Register 19/04/23

5	Quality and resources impact
Quality impacts linked to the performance of the system 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
N/A	

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

BSW Executive Escalation and Assurance Report: Alert, Advise, Assure
Operational Performance and Quality Report to the ICB Board

1. Introduction and purpose of report

1.1. This report is provided in order to alert, advise and assure the Board on the work undertaken within the system in relation to management and overview of key quality and operational indicators.

1.2. This report provides a concise update of key issues for the Board's awareness and will in future months be supplemented by an integrated performance report which is in development. We note that there are a number of executive meetings across the ICS that focus on detailed scrutiny of performance across the domains of finance, quality, workforce and operational performance. This report was also taken to the Quality and Outcomes Committee for assurance purposes.

1.3. This report is structured under the three headings 'Alert, Advise, Assure' with the aim of providing a summary of key issues raised from the executive-led meetings that are providing oversight of NHS quality and operational performance within the ICS.

2. Alert:

2.1. There has been ongoing pressure in the system during this continued period of industrial action, Category 1 ambulance response times improved in March while Category 2 mean response times increased above 50 mins again following improved times in January and February. BSW's hospital handover delays did not meet targets in March but improved on recent months.

2.2. The BSW non-criteria to reside position has continued to be challenged in March. We have now agreed plans for 23/24 and our localities are working on supporting improvements in the position, alongside hospital discharge improvement plans.

2.3. BSW did not meet the March 23 deadline to clear all 78 week waiters. The cohort has decreased significantly in recent months down to 144 at the end of Feb with an estimated 43 BSW patients at the end of March including a number of delays due to patient choice. This figure represents the ICB population view and includes providers outside of BSW.

2.4. During the Junior Doctors industrial action in March 879 outpatient appointments and 132 day cases / inpatient procedures were cancelled in BSW including 2 week cancer appointments and cancer surgery. Processes are in place to monitor the people impacted.

2.5. We have been working with NHS England following the request to re-submit our operational plans for 23/24. This has focussed on some key areas including the achievement of key mental health standards. Amongst other challenges, an improvement plan has been agreed to address challenges in Access to Talking Therapies. Increasing our access rate is contingent on

increasing our total staff in line with the NHS Workforce Modelling tool, our recovery plan anticipates that this will take 2-3 years.

2.6. Although benchmarking well regionally, BSW has now breached the annual threshold set for the number of E Coli bloodstream infections reported within its population. The NHSE threshold is set at 516 for 2022/23, with 540 cases reported to March. The BSW Infection Prevention and Control network is taking forward dedicated quality improvement initiatives with regard management of urinary tract infections in the community setting (key learning from post infection reviews) which includes roll out of a hydration project and a continued focus on antimicrobial prescribing in the primary care setting.

3. Advise

3.1. Following a successful pilot from December 22 to March 23, the BSW system care co-ordination hub pilot has been rolled forward and a business case written making recommendations for the longer term.

3.2. Incidents continue to be reported and reviewed for the Winter period relating to ED and delays in patient pathways around workforce and overcrowding of ED departments.

3.3. Eliminating Mixed Sex Accommodation (EMSA) breaches continues to be a focus for providers within the BSW system and is monitored closely. Patient safety is the priority, with mitigations in place to reduce impact on patient experience. BSW system reports below national levels.

3.4. The Medical Examiner function is now not expected to be in statute until April 2024 which creates a potential risk to GP practice engagement and adoption. The ICB Quality team are continuing to promote early adoption.

3.5. The coding backlog in clarifying the recording around deaths continues to be a challenge across the ICS and impacts the validity of the data available for review, however on each site all deaths are reviewed by the Medical Examiner and structured judgement reviews are carried out as deemed necessary, providing alternative assurance and learning regarding quality and safety of care.

3.6. The closure of Taplow Manor in Berkshire (an independent specialist child and adolescent mental health inpatient service) will go ahead by the end of May 2023. As a result, there is an increased risk that any inpatient placements for children and young people (CYP) within BSW may need to be sourced further from home. This will be monitored through the MH Thrive programme.

3.7. BSW ICB has seen a number of complex LDA (Learning Disability and Autism) inpatient discharges across all three localities. We are also seeing an increase in admissions. Oversight will be undertaken under the new Acute Care Pathway, Prevention and Oversight pillar of the refreshed BSW LDA Programme, with a focus on early intervention and prevention as well as discharge planning.

3.8. The BSW System Quality Group (SQG) is supporting AWP to take forward quality improvement action plans following the recent CQC inspections of

AWP services in January and February 2023. This includes oversight of improvements needed within acute wards for adults of working age; psychiatric intensive care units and community based mental health services for adults of working age.

4. Assure

4.1. Cancer waiting time reporting against the ten national targets for Feb 23 showed three of the ten cancer waiting time targets were met for BSW ICB patients. BSW performance was top quartile for four national targets and better than the national average in five of ten national targets. We note that Performance against the two weeks wait standard remained below target but has continued to improve.

4.2. Diagnostic performance continues to be a significant challenge, although DM01 performance (the % of the waiting list over 6 weeks) has improved in Feb to 41.0%. A further improvement is being seen in March to 38.2% (provisional). Key drivers of the challenged performance have been workforce with some modalities also impacted by higher cancer referrals.

4.3. A significant improvement has been noted in relation to the number of LDA annual health checks completed.

4.4. The number of reported clostridium difficile infections (CDIs) remains below the threshold set for the BSW population for 2022/23. There remains a continued focus on all healthcare associated infection (HCAI) surveillance monitoring across health and care settings.

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

BSW Operational Performance Dashboard May 2023

Quality Assurance and Outcomes Committee, 10/05/2023

ICB Board, 17/05/2023

Key BSW Performance Metrics

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**	%	Mar-22	68.6%	71.2%	↑	76%	✗
	Ambulance mean response Cat 2	mins	Mar-22	47.3	52.9	↑	30.0	✗
	Patients meeting Non Criteria to Reside - daily average (BSW cut of 3 Acutes) vs 30% reduction*	#	Mar-22	325	343	↑	218	✗
	Virtual Ward capacity	#	Mar-22	68	87	↑	87	✓
	Ambulance mean response Cat 1	mins	Mar-22	10.1	9.8	↓	7.0	✗
	Ambulance handovers by ICB > 15 mins	#	Mar-22	3,210	3,753	↑	0	✗

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

Elective	**RTT incomplete 78 weeks - BSW population**	#	Feb-22	215	144	↓	n/a	
	RTT incomplete 65 weeks - BSW population	#	Feb-22	1032	934	↓	n/a	
	Cancer - 62 day backlog (Trust totals)	#	Mar-22	356	374	↑	328	✗
	Activity -Total Elective Admissions	# YTD	Feb-22	94,449	103,901	↑	106,571	✗
	RTT incomplete 52 weeks - BSW population	#	Feb-22	3,699	3,621	↓	n/a	
	Activity - Total First Outpatients (specific acute)	# YTD	Feb-22	247,021	271,649	↑	267,955	✓
	Activity F/Up Outpatients (specific acute)	# YTD	Feb-22	398,572	437,267	↑	425,649	✗
	Activity - Daycase (specific acute)	# YTD	Feb-22	82,190	90,424	↑	91,709	✗
	Activity - Ordinary Admissions (specific acute)	# YTD	Feb-22	12,259	13,477	↑	14,862	✗
	Diagnostics - % > 6 week wait	%	Feb-22	47.1%	41.0%	↓	< 15%	✗
	Activity - Diagnostic tests (% variance to 19/20)	%	Feb-22	3.4%	-0.2%	↓	-0.8%	✓
	Cancer - 28 day Faster diagnostic standard	%	Feb-22	68.1%	72.2%	↑	75%	✗
	Cancer - % Waiting < 62 day (GP)	%	Feb-22	65.6%	64.9%	↓	85%	✗

Key BSW Performance Metrics

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

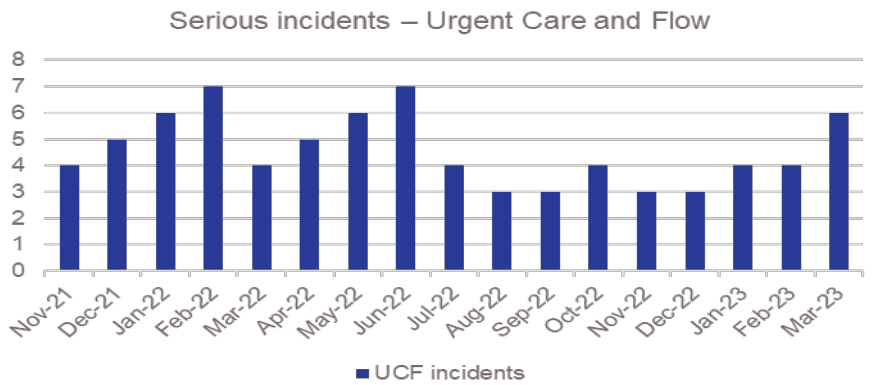
	Key Performance Metrics	Unit	Current period	Last Period	This Period	Movement	Target	Target delivery
Primary Care and Community Access	**Primary Care Access - booked appointments**	#	Mar-22	479,752	565,295	↑	524,372	n/a this is an expected level not target
	Primary Care Access - % face to face appointments	%	Mar-22	72.1%	72.1%	↔	n/a	
	Primary Care Access - % booked same day	%	Mar-22	40.3%	39.5%	↓	n/a	
	Primary Care Access - % booked within 14 days	%	Mar-22	81.3%	79.2%	↓	n/a	
Mental Health	**Access to talking therapies**	rolling 3 mth #	Jan-23	2,735	2,650	↓	4,883	✗
	Out of area placements (bed days)	rolling 3 mth #	Jan-23	55	35	↓	272	✓
	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+	%	Feb-23	57.4%	56.4%	↓	66.7%	✗
LD	In patients - Adults & Children CCG & NHSE funded	#	Q4 22 23	39	37	↓	25	✗
	LD Annual health checks	ytd %	Feb-23	52.9%	62.5%	↑	66.1%	✗

NB. Primary Care data is from the National appointments dataset and includes the scheduled surgery appointments and telephone consultations but only partially includes other appointments.
There is a remaining local data issue for CYP MH following the Adastra outage, the service is moving a new system to resolve the issues.

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

Quality and Patient Safety Report

BSW Urgent Care Patient Safety and Quality



Main Themes:

1. Ambulance and ED delays
2. Missed diagnosis
3. Queue / Stack safety
4. Management of deteriorating patient

Shared Learning from Incidents

•Patients who are waiting healthcare intervention due to demand remains a key theme for urgent care and flow with triage and identifying the sickest patients.
•Learning related to safeguarding referrals (substance misuse, domestic abuse and mental ill health)
• Prescribing relating to mental health crisis out of hours.

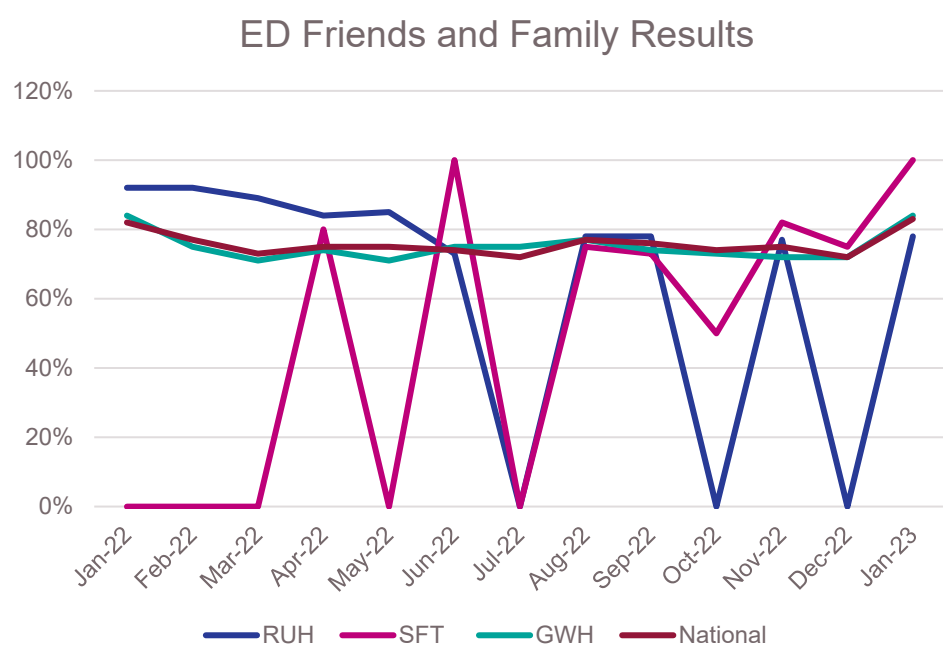
Actions and Assurance

- February and March has seen incidents reported relating to the ED setting as per previous months however, there has been an increase in pre-hospital incidents in March. A continued theme relates to treatment delays on patient pathways. SWAST, who have previously reported an incident backlog due to system demand has made progress in incident backlog recovery and this has resulted in an in month increase of serious incidents reported from pre-hospital setting

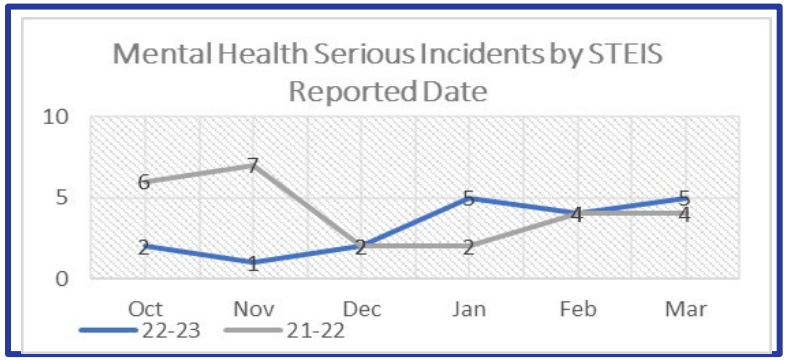
- Three of these incidents in month relate to system demand in December 2022 and relate to ambulance resource and timeliness for a Category two response. Duty of Candour discharged by SWAST. End to end review being planned to understand wider learning for BSW.

- Alongside improving ED quality metrics we have seen an improvement in reported patient experience, outperforming national trends with positive staff attitude and good care being reported as themes

- Practice Plus Group went live as BSW's 111 provider W/C 24th April. Transition reported as safe with no quality issues. Ongoing assurance being gained from Medvivo relating to workforce and quality assurance for transition and ongoing service provision.



BSW Mental Health Patient Safety and Quality



Main Themes:
1) Staffing
2) Care planning
3) Risk assessments
4) CQC
5) Listening to families
6) Medication

Shared learning from incidents:
1) Triangle of care and consent to share with families and carers
2) Interface and referring across teams in community
3) Record keeping and documentation
4) Listening to families when raising concerns

Serious Incidents
• Similar number of serious incidents reported in February and March compared to previous year. Key themes in February and March were medication incidents and apparent self inflicted harm. Learning was identified around the management and monitoring of medication in the community setting.

Advise, Actions and Assurance
• S136 system workshop held by AWP, attended by partners from across BSW and BNSSG including both police forces, acute trusts, and representatives from different teams in AWP. Guest speaker from Cornwall ICB. Productive session and project team within AWP are now developing action plans against the agreed constraints, with support from BSW Urgent Mental Health Oversight Group
• Prioritisation process taking place for proposed schemes under the Community Services Framework for 23/24 and prioritisation matrix being used to understand the implications in terms of finance, quality etc.

Oxford Health
• Notification of the closure of Taplow Manor (Berkshire) scheduled for the end of May (commissioned by the provider collaborative).

AWP
• Continued focus on CQC action plan and specific attention to Section 29A notice. Joint Quality Improvement Group established across both BSW and BNSSG systems with a focus on supporting the quality improvement action plan

BSW System Status – Health Care Acquired Infection

SARS-CoV-2 (covid-19), Influenza Like Illness, Norovirus and Outbreaks
Outbreaks of SARS-CoV-2, influenza and Norovirus have decreased across all health and care settings.

MRSA
There have been 3 new cases of MRSA during January and February, 1 Hospital Onset, Healthcare Associated (HOHA) and 2 Community Onset, Community Associated (COCA) cases. All three are currently under investigation by the ICB IP&C team and the respective trust IPC team.

Clostridium Difficile Infection (CDI)
BSW currently remain under the threshold set by NHSE. 205 cases across BSW (April 2022- February 2023) against a threshold of 217. There is a risk we will breach this threshold. Hospital Onset, Healthcare Associated (HOHA) have continued to rise during quarter 4 with HOHA cases higher than Community Onset Community Acquired (COCA) cases. The BSW CDI collaborative regularly meet to discuss and share learning from post infection reviews. BSW system are working with regional partners at reducing CDI through the southwest collaborative workshops. The work being undertaken to understand the impact of high capacity / demand, occupancy and patient turnover on BSW CDI cases continues. Patient case reviews so far have not identified any direct trends/themes.

E-Coli
BSW ICB has now breached the threshold set by NHSE of 516. There have been 540 cases reported to date (April 2022- February 2023).
The BSW HCAI collaborative continue to drive forward the quality improvement work streams for the reduction and management of lower urinary tract infections – a key learning theme from E Coli blood stream infections.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	15
Date of Meeting:	18 May 2023		

Title of Report:	BSW ICB Board – Declarations of Interests
Report Author:	Anett Loescher, Deputy Director of Corporate Affairs
Board / Director Sponsor:	Rachael Backler, Executive Director of Planning and Performance
Appendices:	Appendix 1 - ICB Board Member Conflicts of Interests Register Appendix 2 – ICB Board Attendees Conflicts of Interests Register

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

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

Previous consideration by:	Date	Please clarify the purpose
Deputy Director of Corporate Affairs	monthly	Regular maintenance review of registers
ICB Audit and Risk Committee	4 May 2023	Assurance

1	Purpose of this paper

The ICB Corporate Office holds and maintains the statutorily required corporate registers, including that for conflicts of interests.

We regularly present these registers to the Audit and Risk Committee for information and assurance that the ICB complies with statutory requirements and has in place a policy framework / key controls.

As required, the Declarations of Interests Register is also regularly shared with the ICB Board for assurance.

Register of Interests
The current register of Board members' interests is published on the ICB website, likewise the register of regular attendees' interests. Both registers are shared with the ICB Board for review and confirmation of accuracy. This will satisfy the requirement of the BSW ICB Standards of Business Conduct Policy for regular review of the Board members' register of interest, by the Board.

In compliance with the Health and Care Act 2022 and the BSW ICB Standards of Business Conduct policy, the Corporate Office maintains a comprehensive register of interests for all ICB Board and committee members, employees, and individuals working for / on behalf of the ICB. This full register is kept as an internal document, but is available to the public on request, per the Health and Care Act 2022.

2	Summary of recommendations and any additional actions required
The Board is asked to **note** this update, and to take assurance that the ICB has processes in place that enable it to comply with statutory requirements regarding transparency around, and management of, interests wherever and in whatever form they may arise.	

3	Legal/regulatory implications
The ICB is compliant with law and regulations by maintaining corporate registers for conflicts of interests; gifts, hospitality, and sponsorship; and procurement decisions. These registers must be made available to the public, and the ICB does so by publishing these registers on its website.	

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
The corporate registers (with the exception of the Policy Register) are published on the ICB website once reviewed by the Audit and Risk Committee.	

Appendix 1

Register of Interests for members of the BSW ICB Board, April 2023

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

Name	Role	Interest Type	Interest Description	Provider	Interest Category	Direct or In-direct	Mitigation
Amanda Webb	ICB Medical Director	Declarations of Interest	Salaried GP	Westrop Medical Practice	Financial	Direct	Declaration raised when required. No active involvement in discussions or decisions regarding Westrop Surgery.
		Declarations of Interest	Founder and member of Phoenix GP	Phoenix GP	Financial	Direct	
Claire Feehily	Non-Executive Director Audit	Outside Employment	Non-Executive Director and Audit Chair	Gloucester Hospitals NHS FT			
		Outside Employment	Trustee, SID and Audit Chair	National Lottery Heritage Fund			
		Outside Employment	Trustee	The Brandon Trust			
		Outside Employment	Chair and Trustee	Stroud and Cotswolds Citizens Advice			
Dominic Hardisty	NHS Trusts & NHS Foundation Trust Partner Member - Mental Health Sector	Declarations of Interest	Chief Executive	Avon & Wiltshire Mental Health Partership	Financial	Direct	Will declare when relevant
Francis Campbe	ICB Partner Member - Primary Care	Declarations of Interest	GP Partner	Elm Tree Surgery	Financial	Direct	Would declare if decision directly affected this business or could be perceived to materially effect
		Declarations of Interest	Clinical Director	Brunel PCN	Non-Financial Professional	Direct	Declare where relevant. Ensure that actions taken do not - or could not be perceived to- afford preference to any one particular PCN
Gary Heneage	ICB Chief Finance Officer	Declarations of Interest	Family member is a sport and exercise consultant	Circle Hospital Reading	Indirect	Indirect	Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct Policy
		Declarations of Interest	Family memer is a solicitor	DWF	Indirect	Indirect	
Gillian May	ICB Chief Nurse	Nil Declaration					
Julian Kirby	Non-Executive Director Public & Community Engagement	Nil Declaration					
Pam Webb	Voluntary, Community & Social Enterprise Partner member	Declarations of Interest	Chief Executive	Voluntary Action Swindon	Financial	Direct	Would declare as necessary
Paul Miller	Non-Executive Director Audit	Declarations of Interest	I am both a Director and employee of Sparrow Healthcare Consulting Limited, which provides training, coaching, consulting and audit services to a wide range of clients	Sparrow Healthcare Consulting Ltd	Financial	Direct	Sparrow Healthcare Consulting Limited will not provide any paid service, whether a contract or sub-contract, funded directly from Bath and North East Somerset, Swindon and Wiltshire ICB
		Declarations of Interest	Family member is a retired senior NHS finance professional and volunteers for Hampshire Hospitals NHS Foundation Trust	Hampshire Hospitals NHS Foundation Trust	Indirect	Indirect	No mitigation required, unless a specific conflict of interests arises in the future and then that would be declared and appropriate mitigations agreed.
Rory Shaw	Non-Executive Director Quality	Declarations of Interest	Chairman of the Board	Feedback PLC	Financial	Direct	Avoid any participation decision making in relation to IT procurement in BSW ICS
		Declarations of Interest	Non-Executive Director on the Board	DIOSynVax	Financial	Direct	The Company hopes to sell to National Governments, not to the Individual ICS's
		Declarations of Interest	A family member is a partner in the Accountancy firm	BDO	Indirect	Indirect	Works in the International business arena, and does not participate in audit or activities relating to any healthcare businesses.
Stacey Hunter	NHS Trusts & NHS Foundation Trusts Partner Member	Declarations of Interest	Chief Executive	Salisbury NHS Foundation Trust	Financial	Direct	would declare as relevant
Stephanie Elsy	BSW Independent Chair	Declarations of Interest	I am an adviser	Impower Consulting Ltd	Financial	Direct	Declaration when relevant
	BSW Independent Chair	Declarations of Interest	Shareholder and Director	Stephanie Elsy Associates Ltd	Financial	Direct	Declaration when relevant
	BSW Independent Chair	Declarations of Interest	Non Executive Director	Solent NHS Trust	Non-Financial Professional	Direct	Declaration when relevant
Susie Kemp	Local Authority Partner Member - Swindon	Declarations of Interest	Chief Executive	Swindon Borough Council	Financial	Direct	Would declare as necessary
Suzannah Powe	Non-Executive Director Remuneration & People	Declarations of Interest	Patient Representative, CVD Programme Board	BNSSG ICB	Non-Financial Personal	Direct	Will declare as and when relevant
	Non-Executive Director Remuneration & People	Declarations of Interest	Family member is Senior Partner until 01/11/22	The Tolsey Surgery, Sherston, Wiltshire	Non-Financial Personal	Indirect	Will declare as and when relevant
	Non-Executive Director Remuneration & People	Outside Employment	Member of the Approvals and Oversight Board, CVD-COVID-UK Project	British Heart Foundation Data Science Centre			
	Non-Executive Director Remuneration & People	Declarations of Interest	I have been appointed as Deputy Chair of the HDR Public Advisory Board.	Health Data Research UK - the national institute for health data science	Non-Financial Personal	Indirect	Where there is a potential conflict of interest I will bring it to the attention of the committee or group involved. This would only be an issue were we as an organisation involved in commissioning healthcare academic research.
Suzanne Harrim	BSW ICB CEO Designate	Nil Declaration					
Terence Herber	ICB Partner Member - Wiltshire Council	Declarations of Interest	Chief Executive	Wiltshire County Council	Financial	Direct	Declaration when relevant
Will Godfrey	Local Authority Partner Member - BaNES	Declarations of Interest	Chief Executive	Bath and North East Somerset Council	Financial	Direct	Would declare when relevant

Appendix 2

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

Register of Interests for attendees of the BSW ICB Board, April 2023

Employee	Role	Interest Type	Interest Description (Abbreviated)	Provider	Interest Category	Direct/In-Direct	Mitigation
Fiona Slevin-Brown	ICB Place Director	Declarations of Interest	Family member has bank contract with a Primary Care Provider in East Berkshire and works for them on a part-time basis during University holidays	Primary Care Provider - East Berkshire	Indirect	Indirect	This provider does not provide services in BSW. They are local only to East Berkshire and Frimley ICS Declaration would be shared should a situation arise where this changes, and decisions would need to be made at a Committee or at the Board where I was present, and this would be managed appropriately by the Chair.
Gordon Muvuti	ICB Place Director	Declarations of Interest	Trustee	YMCA Southampton	Non-Financial Personal	Direct	They have no interaction with BSW. If they did I would declare and leave the room
Jane Moore	ICB Director of Equalities & Innovation	Declarations of Interest	Member of the advisory board	What works well - Wellbring Programme (this is not an organisation but a programme funded by Government departments and other partners to bring together the evidence on wellbeing)	Non-Financial Professional	Direct	to declare in meetings where may be material
Jasvinder Sohal	ICB Chief People Officer	Declarations of Interest	A property company which my husband has set up and which has not current links to health and social care	Director of Big Rock Estates Limited	Non-Financial Personal	Indirect	No conflict of interest
	ICB Chief People Officer	Declarations of Interest	A property company which my husband has set up and which has no current links to health and social care	Director of Little Rock Estates Limited	Non-Financial Personal	Indirect	No conflict of interest
John Collinge	Chief of Staff	Declarations of Interest	Volunteer Community First Responder	South West Ambulance Service NHS FT	Non-Financial Personal	Direct	Declare interest at all meetings involving SWAST and allow Chair to determine appropriate steps to be taken.
Laura Ambler	ICB Place Director	Nil Declaration					
Rachael Backler	ICB Director of Planning & Performance	Declarations of Interest	Family member works as Deputy Director of Finance at East Sussex Healthcare NHS Trust	East Sussex Healthcare NHS Trust	Non-Financial Personal	Indirect	Would declare as and when relevant in meeting.
Richard Smale	ICB Director of Strategy & Transformation	Declarations of Interest	Volunteer member of the Football Foundation Funding Panel.	Football Foundation	Non-Financial Professional	Direct	Time commitment to attend Panel sessions (4 per year) will be recorded against voluntary activities as the focus is on community engagement, tackling inequalities and maximising value from investment in community assets.
	ICB Director of Strategy & Transformation	Declarations of Interest	Family member works for SILS (Supported independent Living Services)	SILS (Supported Independent Living Services)	Non-Financial Professional	Indirect	Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
	ICB Director of Strategy & Transformation	Declarations of Interest	Volunteer Coach and Trustee of Keynsham Town Junior Football Club.	Keynsham town Juniors Football Club	Non-Financial Personal	Direct	Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy

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:	18 May 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:	Appendix 1 – ICB Audit and Risk Committee Annual Report

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 the business covered by each Committee, 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 Chair's.	

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 18 April 2023 and 4 May 2023 were chaired by the Non-Executive Director for Audit and Governance, Dr Claire Feehily.

18 April 2023 (Extraordinary meeting):

Received and Endorsed:

- Draft BSW CCG 3-Month Annual Report and Accounts – Quarter 1 2022-23
- Draft BSW ICB 9-Month Annual Report and Accounts – Quarters 2 to 4 2022-23

The draft annual reports and accounts were endorsed by the Committee and recommended for submission to NHS England, subject to some minor amendments being made.

Items Escalated to Board:

- None

4 May 2023

Received and Noted:

- Out of Meeting Endorsement Report – Internal Audit and Counter Fraud Services
- Annual Review of Services Briefing Note
- Report on ICB Chairs Action taken on behalf of the ICB Board regarding Regional Community Diagnostic Centre Mobile Contract
- External Audit Progress Report
- External Audit BSW ICB 9-Month Audit Plan
- External Audit BSW CCG Mental Health Investment Standard Report 2021-22
- Internal Audit Progress Report and Action Tracking
- Internal Audit Annual Report and Head of Internal Audit Opinion - For ICB 9-month
- Internal Audit Reviews and Reports
  - Risk Management
  - Delegated Commissioning
  - Data Quality
- Draft Internal Audit Annual Plan
- Counter Fraud Annual Report from TIAA, and the Government Functional Standard Return for BSW
- Security Management Service Annual Report 2022-23
- Counter Fraud Service Arrangements for 2023-24
- Risk Management Report

- Information Governance - Exception Report from the Information Governance Steering Group, including.
  - Information Governance Steering Group annual report 2022/23 and work plan 2023/24
  - Data Security and Protection Toolkit Submission - progress update
- Update on Implementation of Procurement Challenge Lessons Learnt Actions
- BSW ICB Corporate Registers
- Competitive Tender Waivers
- Finance Update

Items Escalated to Board:

- ICB Audit and Risk Committee Annual Report – endorsed by the Committee subject to some minor amendments, and to be noted by the ICB Board (Appendix 1)

1.4 The next meeting of the BSW ICB Audit and Risk Committee will be held on 13 June 2023.

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 meeting of the BSW ICB Quality and Outcomes Committee held on 10 May 2023 was chaired by the Non-Executive Director for Quality, Professor Rory Shaw.

Received and Noted:

- BSW Operational Performance Report
- BSW Quality and Patient Safety Report
- Learning from Lives and Deaths – people with learning disabilities and autistic people (LeDeR) Annual Report
- Designated Clinical Officer Annual Report
- Deep Dive – Infection Control
- Equality Delivery System Report 2022
- Risk Register

Items Escalated to Board:

- The Committee discussed in detail the high clinical risk associated with extreme pressure on the emergency pathway. This increased risk is shared by most other organisations in the NHS. The Committee reviewed and approved the actions undertaken to reduce or mitigate this risk in BSW, noting also that a system wide workshop had been conducted to identify lessons learned in preparation for next winter. The Committee agreed that this risk should be brought to the attention of the ICB Board.

Endorsed / Approved:

- Quality and Outcomes Committee Terms of Reference and Proposed Business Cycle
- A three month extension of the current BSW ICB Serious Incident Policy - whilst linked policies are reviewed and amalgamated where possible.

2.4 The next meeting of the BSW ICB Quality and Outcomes Committee will be held on 4 July 2023.

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 5 April 2023 and 3 May 2023 were chaired by the Non-Executive Director for Finance, Paul Miller.

5 April 2023

Received and Noted:

- Month 11 BSW ICB Finance Report
- Month 11 BSW ICS Finance Report and Activity Report
- BSW 22023-24 Financial Plan
- Update on Recovery Plan 2023-24 and 2024-25
- Community Diagnostics Hosting
- Commissioning and Business Cases
- Finance Risk Register
- Community Contract Update

Items Escalated to Board:

- None

Endorsed / Approved:

- The procurement approach to be taken in relation to Third Sector Mental Health contracts.

3 May 2023

Received and Noted:

- Month 12 BSW ICB Finance Report
- Month 12 BSW ICS Finance Report and Activity Report
- 2023-2024 Operational Plan Update and Financial Plan Update
- Inventory
- Commissioning and Business Cases
- Finance Risk Register
- Sexual Assault and Abuse Therapy Service in Swindon and Wiltshire Contract Award Recommendation Report
- Learning Disabilities and Autism Capital Project Update

- Community Diagnostic Update
- Third Sector Mental Health Contracts Update

Items Escalated to Board:
- None

Endorsed / Approved:
- None

3.3 The next meeting of the BSW ICB Finance and Investment Committee will be held on 8 June 2023.

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 There have been no further meetings of the BSW ICB Remuneration Committee since the March report to the ICB Board.

4.4 The next meeting of the BSW ICB Remuneration Committee will be held on 18 July 2023.

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 25 April 2023 was chaired by the Non-Executive Director for Public and Community Engagement, Julian Kirby.

Received and Noted:
- Voluntary, Community and Social Enterprise Engagement Methodology
- Community Investment Fund Updates
- 10 Principles of Engagement – Centre decision-making and governance around the voices of people and communities
- Community Engagement Update from Each Locality
- Equality Delivery Service Report 2022

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 July 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 There have been no further meetings of the BSW ICB People Committee since the March report to the ICB Board.

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 30 May 2023.

8 South West Joint Working Committee - Specialised Commissioning

8.1 From April 2023, those ICBs who entered joint working agreements with NHS England, have become jointly responsible, with NHS England, for commissioning the Joint Specialised Services, and for any associated Joint Functions.

8.2 NHS England and the South West ICBs have formed 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 and Specialised Mental Health, to improve health and care outcomes and reduce health inequalities. Joint Committees are intended as a transitional mechanism prior to each ICB taking on full delegated commissioning responsibility.

8.3 The ICBs covered by these joint commissioning arrangements are BSW; Bristol, North Somerset and South Gloucester; Devon; Dorset; Gloucestershire; Kernow and Somerset.

8.4 The first meeting of the Joint Specialised Services Committee was held on 25 April 2023. The next meeting is scheduled for 27 June 2023.

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

BSW ICB Audit and Risk Committee Annual Report - 1 July 2022 to 31 March 2023

1. Summary for the Year

The Audit and Risk Committee (A&RC) for NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) provides assurance to the ICB Board on governance, risk management, internal control processes, and the integrity of financial statements and the annual report.

2. Membership

The members of the Committee for the period 1 July 2022 to 31 March 2023 were as follows:

BSW ICB Non-Executive Director (Audit and Governance)	Dr Claire Feehily
BSW ICB Non-Executive Director (Remuneration and People)	Suzannah Power
BSW ICB Non-Executive Director (Public and Community Engagement)	Julian Kirby
Local Authority Partner Member of the Board *from November 2022*	Susie Kemp
Community Provider Partner Member of the ICB Board – *from November 2022*	Douglas Blair
BSW ICB Non-Executive Director (Quality) *until October 2022*	Professor Rory Shaw
BSW ICB Non-Executive Director (Finance) *until October 2022*	Paul Miller
ICB Chief Nurse *a voting member until October 2022*	Gill May
Executive Director of Planning and Performance *a voting member until October 2022*	Rachael Backler

To ensure governance arrangements remained appropriate for the ICB, a governance review was undertaken during September and October 2022 to reflect on whether the structures put in place from 1 July 2022 took account of the new ICB responsibilities, and whether the executive and assurance functions were clearly defined. Recommendations concerning governance structures and committee membership, including for A&RC, were agreed by the ICB Board, and adopted and implemented from 1 November 2022.

The following would normally attend Committee meetings and contribute to discussion, but not participate in the Committee's decision-making:

- ICB Chief Executive – Sue Harriman
- ICB Chief Financial Officer – Gary Heneage
- ICB Chief Nurse Officer – Gill May
- ICB Executive Director for Planning and Performance – Rachael Backler
- Head of Internal Audit – KPMG representatives
- External Auditors – Grant Thornton representatives
- Local Counter-Fraud and Security Management – TIAA representatives

3. Frequency of Meetings

The Committee has met six times throughout the reporting period.

Attendance at these six meetings was as follows:

BSW ICB Chief Nurse	3 as voter / 4
BSW ICB NED for Public and Community Engagement	6 / 6
BSW ICB NED for Audit and Governance	6 / 6
BSW ICB NED for Finance	0 / 4 1/7/22 to 31/10/22
BSW ICB NED for Quality	2 / 4 1/7/22 to 31/10/22
BSW ICB NED for Remuneration and People	3 / 6
Local Authority Partner Member – Swindon	2 / 2 *From 1/11/22*
Community Provider Partner Member	1 / 2 From 1/11/22

4. Principal Review Areas

This Annual Report is divided into ten sections reflecting the key duties of the Committee as set out in the Terms of Reference.

Integrated governance and systems risk

In order to fulfil this duty the Committee has undertaken the following:

- A review of the Annual Governance Statement to ensure that it is consistent with the ICB's systems of internal control. It has sought comment from the Internal Auditors, External Auditors and other appropriate independent bodies in order to gain assurance that the ICB's system of internal control is working effectively.
- A review of the risk management arrangements and the extent to which these are developing, embedded and operating as intended throughout the organisation.

Risk Management

The Committee has been kept appraised of the work underway by the ICB risk management and governance teams to redesign the Board Assurance Framework (BAF) to ensure it meets the requirements of the ICB. The Committee will continue to have oversight of development of the BAF, recognising that the work and discussions with the ICB Board on the ICB and system-wide risk approach and risk tolerances will inform this further.

The Committee reviewed and considered the ICB Risk Management Framework at its meeting in December 2022, and recommended it to the ICB Board for approval.

The ICB's Corporate Risk Register has been presented to each meeting for discussion and review, with the Committee noting that the Risk Management Framework is still being embedded in the organisation and further work is required in light of the recent Internal Audit findings.

Internal audit

KPMG have been the internal auditors for this reporting period. In recognition of the Government's Health and Care Bill and the BSW Clinical Commissioning Group's (CCG) transition to become the BSW ICB, internal audit arrangements with KPMG were extended until March 2023. It is good governance practice to periodically test the market to ensure that value for money is being maintained for these services. Therefore, the ICB participated in a joint procurement exercise with a number of system partners for internal audit services (and counter fraud services) at the end of 2022. KPMG was awarded the internal audit contract with effect from 1 April 2023.

In accordance with the Committee's terms of reference, an annual review of internal audit services was undertaken in March 2023, ahead of starting new contracts in 2023 - to aid the future delivery of services, help set the service expectations, and ensure they add value.

Throughout the reporting period the Committee has worked effectively with Internal Audit to strengthen the ICB's internal control processes. The Committee has also in year:

- Reviewed and approved the Internal Audit Plan for 2022-23 at its July 2022 meeting.
- Considered the major findings of the following Internal Audit reviews and is assured that management have responded in an appropriate manner.

Area of Audit	**Level of Assurance Given**
Integrated Care System Due Diligence	Significant assurance with minor improvement opportunities'
Primary Care Workforce	Partial assurance with improvements required
Procurement - Lessons Learnt	N/A – lessons learnt review
IT Network Implementation Review	Significant assurance with minor improvement opportunities

Net Zero Design Authority - Data Assurance	N/A – advisory review
Improving NHS Financial Sustainability (HFMA Checklist)	N/A – advisory review
Conflicts of Interest	Significant assurance with minor improvement opportunities
Risk Management	Partial assurance with improvements required
Delegated Commissioning	Significant assurance with minor improvement opportunities'
Data Quality	Partial assurance with improvements required

- Continued to challenge Executives on making sure that Internal Audit recommendations and actions are adhered to in a timely manner. Action deadlines can now only be altered following discussion and agreement by the Executive Team.
- Noted that the BSW CCG draft Head of Internal Audit Opinion for the period 1 April 2021 to 30 June 2022 was one of *'Significant assurance with minor improvement opportunities'* on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.
- Noted that the BSW ICB draft Head of Internal Audit Opinion for the period 1 July 2022 to 31 March 2023 was one of *'Significant assurance with minor improvements'.*

External audit

The external auditors are Grant Thornton who were appointed with effect from 1 April 2020. In recognition of the Government's Health and Care Bill and BSW CCG's transition to become the BSW ICB, external audit arrangements were extended until March 2023. It is good governance practice for the ICB to periodically test the market to ensure that it is getting value for money for its services. BSW ICB participated in the joint procurement process for external audit services conducted during quarter three of 2022, managed by the SCW CSU, and with other ICBs from across the South West. Grant Thornton was awarded the external audit contract with effect from 1 April 2023.

In accordance with the Committee's terms of reference, an annual review of external audit services was undertaken in March 2023.

Throughout the year the Committee has reviewed and commented on reports prepared by the external auditors.

The external auditors will be producing their opinion of the BSW CCG 3-month, and BSW ICB 9-month accounts and annual reports which will be reported through their Findings Report (ISA 260 report). This will be reported to the Audit and Risk Committee in June 2023, allowing the Committee to recommend the accounts and annual reports to the ICB Board for approval.

Draft copies of the CCG and ICB annual reports were reviewed and commented on by members. All deadlines for the production of the accounts and annual report are expected to be achieved.

Other assurance functions

At the first meeting of the Committee in July 2022, it received and noted the ICB's statutory functions and duties, and considered those that sat within the Committee's assurance remit, and how it would support the ICB Board in its delivery of the ICB objectives.

Whilst no specific reference has been made by the Committee to any further outside bodies for additional assurance, it should be noted that members meet with the internal auditors and external auditors for a short period prior to the start of each Committee meeting to raise any matters of concern and to discuss wider issues within and without the NHS that might affect the ICB.

Following the transition from the BSW CCG to BSW ICB, the Committee received updates against the NHSE issued checklist concerning the due diligence process associated with the closure of the CCG, and establishment of the ICB, and to highlight any risks to the newly established organisation.

The Committee has continued to have oversight of the progress made against the recommendations of the lessons learnt report in relation to the Advice and Guidance procurement challenge and case judgment, and has sought assurance that systems and process are being improved and strengthened as required to ensure sufficient oversight of procurements. The Committee has been regularly sighted on the action plan put into place in response to the recommendations, and has acknowledged improvement in wider staff cultural dimensions to procurement activity, with the ICB Procurement Policy now refreshed, and training and support tools provided.

Counter fraud and security management

Counter fraud and security management services have been provided by TIAA throughout the reporting period. The ICB participated in a joint procurement exercise with a number of system partners for counter fraud services at the end of 2022. KPMG was awarded the counter fraud contract with effect from 1 April 2023. Security Management services will continue to be provided by TIAA for 2023-24.

The Committee reviewed the in-depth reports provided by TIAA to every meeting and took assurance from these, and the associated work plans in place, that the ICBs counter fraud and security management arrangements are sufficient and comprehensive. No significant fraud has been reported.

Supporting counter fraud proactive reviews were undertaken during the reporting period and were presented through to the Committee:

- High Spend Continuing Healthcare Final Report - The issues identified were found to be common across other TIAA clients, though the staffing resource issue within the CCG (and into the ICB) was acknowledged. An action plan to address these issues was developed to work through the back log of cases, and to scope software

to bring greater oversight of personal health budget (PHB) and continuing healthcare spend.

- Personal Health Budget Misuse – The Committee noted that an audit and review of 70 PHBs was commissioned in response to this report and findings. Additional ICB resource to oversee PHBs was being put into place, to work alongside the audit and action any findings to strengthen the process.

In accordance with the Government Functional Standard 013 Counter Fraud, the ICB is required to complete and submit a Counter Fraud Functional Standard Return and has been assessed with an overall rating of GREEN for 2022/23.

Financial Reporting

The Committee reviewed the draft BSW CCG 3-month and BSW ICB 9-month Annual Report and Financial Statements at its April 2023 meeting, and will review the final drafts in June 2023 prior to submission to the ICB Board for final approval.

An advisory review of 'Improving NHS Financial Sustainability' against the HFMA Checklist was undertaken by internal audit during the reporting period. The Committee was sighted on the action plan put into place in response to the HFMA checklist scoring, and was assured that the ICB Finance and Investment Committee would maintain oversight of the action plan and its completion.

The Committee remained fully briefed on the financial position of the ICB throughout the period, and were advised of areas of financial and operational risk associated with the in-year plan and the 2023-24 plan.

The Committee had supported the review of the ICB Scheme of Financial Delegations to clarify decision making routes and delegated limits, recommending these for approval and adoption to the ICB Board.

Information Governance

The Committee receives escalation reports from the Information Governance Steering Group (IGSG) as required, and will seek assurance from the Group on compliance ahead of the submission of the Data Security Protection Toolkit in June 2023.

The Committee initiated the review of the IGSG and its terms of reference in September 2022, to ensure the membership and responsibilities were appropriate. Reporting into the Committee was revised to ensure the level of assurance required, and to bring issues and risks to the Committee's attention.

Conflicts of Interest

The Committee reviews the ICBs Declaration of Interest register for ICB Board members regularly. The Committee is assured that in compliance with the Health and Care Act 2022 and the BSW ICB Standards of Business Conduct policy, the ICB Corporate Office maintains a comprehensive register of interests for all ICB Board and committee members, employees, and individuals working for / on behalf of the ICB.

Reports concerning the ICB's Corporate Registers and ICB's Policy Register were reviewed by the Committee at meetings held in August 2022, December 2022, and February 2023. The Declarations of Interest register is shared with the ICB Board also, and published upon the ICB's website.

Freedom to Speak Up

The Committee is assured that the ICB has adequate Freedom to Speak Up (FTSU) arrangements and policies in place. The ICB Non-Executive Director for Quality has been appointed as the FTSU Guardian.

The ICB has an easy to navigate intranet page which provides access to its Freedom to Speak Up Policy, and policies and procedures relating to counter fraud and anti-corruption.

Management and Communication

There have been no changes in the Executive Management of the ICB since its inception in July 2022.

During the reporting period the Committee has requested additional evidence and assurances from the ICB Procurement and Contracting Team against the response to the identified actions of the Procurement Challenge Lessons Learnt report.

The Committee would request the attendance of the lead Executive Director in relation to internal audits should these be rated as 'partial assurance with improvements required' or 'no assurance'.

5. Effectiveness of the Audit and Risk Committee

The Committee has been active during the year in carrying out its duty in providing the ICB Board with assurance (or not) that effective internal control arrangements are in place.

An effectiveness review of the Committee (and the ICB Board and its sub-committees) will be undertaken during quarter one of 2023-24. The results and actions arising from this review will be reported to the Committee during quarter two.

6. Conclusion

The Committee is of the opinion that this Annual Report is consistent with the draft Annual Governance Statement, the Head of Internal Audit Opinion and the External Audit review, and there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

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 - to include Financial Recovery Programme Board update		Finance Reports - to include Financial Recovery Programme Board update for priv session	Finance Reports - to include Financial Recovery Programme Board update for priv session		Finance Reports - to include Financial Recovery Programme Board update for priv session		Finance Reports - to include Financial Recovery Programme Board update for priv session		Finance Reports - to include Financial Recovery Programme Board update for priv session
		Equality Delivery System Report 2022 and actions									
Assurance, Governance			Sign off of the CCG 3-month and ICB 9-month Annual Report and Accounts		CCG 3-month and ICB 9-month Annual Report and Accounts				Annual Emergency Preparedness Resilience & Response (EPRR) Assurance Report (Louise Cadle) - note		PSED 2023?
				Annual Committee Reports (note)	B2099: Report following the Independent Investigation into East Kent Maternity and Neonatal Services letter / Report following Reading Signals Maternity Report (GM) - in private						
				Annual ICB Duty – Eligible Partner Trusts (as part of Gov Review)	Committee and Board Effectiveness Review Report - Full						Annual ICB Duty – Eligible Partner Trusts (as part of Gov Review)
											Annual Quality Report - via QOC first
				Committee and Board Effectiveness Review Report (interim / summary?)							
				Risk / BAF							
		6 Monthly CoI register review - via A&RC							6 Monthly CoI register review - via A&RC		
		ICB Staff Survey Results - in CEO report									
		Chairs Action taken regarding Regional Community Diagnostic Centre Mobile Contract (RB)									
		Health Inequalities Report									
		Cost of living impact update - in CEO report									
		Briefing: South West MH Collaborative - Melanie Walker									
Operations				LD & Autism with BANES / BaNES LD Pooled Budget	Electronic Patient Record						Operational plan and budget - approve
				Community Services - direct awards (RS, FSB, GM, LA)							Annual review of - * Joint Capital Plan * 5 yr plan
		Update on Integrated Community Based Care - direct awards timeline		LDA Capital project business case (LB)							
				Approval of South Newton Business case							
Strategy, policies		Resubmitted Operating Plan		BSW Elective Care Strategy	BSW Systemwide Infrastructure Strategy (SY)						
		Suils FBC		Methodology to produce Primary Care Strategy	Primary Care Strategy						
		DSPT Sign off - delegate to execs									
		BSW ICP Strategy									
ICB Board Development Session / Seminar	Integrated Care Strategy		Draft BSW Implementation Plan			Outcomes of Board and cttee effectiveness review, ICB governance and partnership review, and ICB Annual Assessment					
	Joint Forward Plan / Implementation Plan		Health Inequalities - moving from perf to outcome measurement								
			BAF								
	Primary Care										