

## BSW Integrated Care Board – Board Meeting in Public

Thursday 13 July 2023, 10:00hrs

Banqueting Room, Bath Guildhall, High Street, Bath BA1 5AW

### Agenda

Timing	No	Item title	Lead	Action	Paper ref.
<b>Opening Business</b>					
10:00	1	Welcome and apologies	Chair	Note	Verbal
	2	Declarations of Interests	Chair	Note	Verbal
	3	Minutes from the ICB Board Meeting held in Public on 18 May 2023	Chair	Approve	ICBB/23-24/027
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/23-24/028
10:05	5	Questions from the public <i>Pre-submitted questions and answers</i>	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/23-24/029
<b>STRATEGIC OBJECTIVE ONE: Focus on prevention and early intervention</b>					
10:30	8	BSW Implementation Plan	Rachael Backler	Approve	ICBB/23-24/030
<b>STRATEGIC OBJECTIVE TWO: Fairer health and wellbeing outcomes</b>					
10:50	9	BSW Health Inequalities Strategy and Plan	Jane Moore	Approve	ICBB/23-24/031
<b>STRATEGIC OBJECTIVE THREE: Excellent health and care services</b>					
11:10	10	NHS Workforce Plan	Jas Sohal	Discuss	Presentation in meeting
11:30	11	Delegation of Specialised Commissioning to ICBs	Rachael Backler	Note	ICBB/23-24/032

Timing	No	Item title	Lead	Action	Paper ref.
<b>Items for Assurance</b>					
11:40	12	BSW Operational Performance and Quality Report	Rachael Backler, Gill May	Note	ICBB/23-24/033
11:55	13	BSW ICB and NHS ICS Revenue Position	Gary Heneage	Note	ICBB/23-24/034
12:10	14	BSW ICB Board Assurance Framework	Rachael Backler	Approve	ICBB/23-24/035
12:25	15	Report from ICB Board Committees a. ICB Quality and Outcomes Committee Terms of Reference	Committee Chairs  Professor Rory Shaw	Note  Approve	ICBB/23-24/036
12:30	16	BSW ICB Board Forward Planner to March 2024	Chair	Review	ICBB/23-24/037
<b>Closing Business</b>					
12:40	17	Any other business and closing comments	Chair	Note	

**Next ICB Board Meeting in Public: 21 September 2023**

## Glossary of Terms and Acronyms

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

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

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

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

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

<b>Acronym /abbreviation</b>	<b>Term</b>	<b>Definition</b>
		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.



## **DRAFT** Minutes of the 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

### **Members present:**

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)  
ICB Chief Executive, Sue Harriman (SH)  
Primary Care Partner Member, Dr Francis Campbell (FC)  
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)  
Local Authority Partner Member – BaNES, Will Godfrey (WG)  
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector – Dominic Hardisty (DH)  
ICB Chief Finance Officer, Gary Heneage (GH)  
Local Authority Partner Member – Swindon, Susie Kemp (SK) (*absent 11:00-12:00hrs*)  
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)  
Deputy - Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)  
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) (*from 10:30hrs*)  
ICB Chief People Officer, Jasvinder Sohal (JS)  
ICB Board Secretary  
ICB Assistant Director of Communications and Engagement - interim

### **Invited Attendees:**

Director of Public Health Swindon – for item 9  
Associate Director of Policy and Strategy – for item 8

### **Apologies:**

Local Authority Partner Member – Wiltshire, Terence Herbert (TH)  
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)  
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)  
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)

## **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 16 March 2023**

- 3.1 The minutes of the meeting held on 16 March 2023 were **approved** as an accurate record of the meeting.

## **4. Action Tracker and Matters Arising**

- 4.1 Four actions were noted on the tracker, all marked as CLOSED, with updates added for the Board to note.

## **5. Questions from the Public**

- 5.1 The Chair welcomed questions in advance of the Board meetings held in public. The ICB website details the process on how the public can submit questions to the Board, questions need to be sent in seven business days in advance of the meeting.
- 5.2 No questions were received in advance of the meeting.

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

- 6.1 The Chair had no updates to share with the Board that were not covered elsewhere on the agenda.

## **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 ICB had presented a balanced plan for 2023-24 during its meeting with NHS England colleagues on 24 April 2023. The significant risk in the plan, the deliverability challenges, and the efficiency and productivity targets to meet were acknowledged. The plan recognised the new BSW Integrated Strategy and would link to the Joint Forward Plan (BSW Implementation Plan).
  - Noting the reversal of the UK Governments plans to introduce the Liberty Protection Safeguards, the ICB Board would need to consider how it would seek assurance in relation to this change of approach, whilst ensuring safety and quality of services continued whilst working within the regime.

- The results from the national annual NHS Staff Survey were being reviewed, with themes and actions to be shared with Board members in due course. Staff morale within the ICB and providers was a significant element. The Chief People Officers were working together to consider the ability to become a learning system, and the health and wellbeing of its staff.
- The commitment for the ICB and the Board to discharge its duties regarding the Modern Slavery Act was noted, with the statement published upon the ICB website.

7.2 The Board discussion noted:

- Discussions were being held regionally and nationally concerning how ICBs are to account for the industrial action, and the impact upon elective care delivery. A variance in month 12 reporting was anticipated, noting the key drivers also included operational pressures, and inflation. The Board would maintain oversight of this throughout the coming year.
- The feedback noted from the meeting held with NHS England colleagues included some challenge on the level of ambition and deliverability of the plan, working to reduce no criteria to reside alongside the elective plan, and that some injection of capital was required to unlock the transformation required. The full commitment of system partners was needed to ensure an understanding of their joint responsibility in delivery of the plan to effect change. Four main risks had been acknowledged, the impact of the strikes on elective delivery and receipt of elective recovery funding; significant inflation pressures; the non-consolidated pay award and funding this across all NHS providers in the Integrated Care System (ICS); and the ambitious efficiency plans, with focus on recurrent efficiency and transformation. The letter of formal feedback would be received within the next few weeks, setting out the required actions. Regular meetings would be held with NHS England colleagues to track progress.

7.3 The Chair wished to note how proud she had been of the BSW team during the recent regional and national meetings, and their articulation of the plan and supporting actions. The challenge remained now to ensure delivery of the plan.

## **9 Health Inequalities Funding and Population Health Board (*item moved*)**

9.1 The ICB Director of Equalities, Innovation and Digital Enterprise, and Director of Public Health Swindon (and BSW ICS Senior Responsible Owner for Health Inequalities) briefed the Board on Health Inequalities Funding, development of the Health Inequalities Strategy, and the Population Health Board (PHB). The proposal was to delegate to the PHB, 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, noting oversight via the Quality and Outcomes Committee, who would receive updates on the outcomes achieved using the funding.

9.2 The Board discussion noted:

- The Health Inequalities Funding now formed part of the ICBs baseline funding meaning it will increase in line with growth with a commitment in the BSW plan to it being ringfenced for the next five years. It was referenced in the BSW Implementation Plan, to aid both the shift to prevention and deliver fairer outcomes. The funding

would sit with the ICB, and would be allocated once the PHB had reviewed and agreed actions and schemes.

- The programme would work both at system and place level, as per the needs of the BSW population.
- The refresh of the Health Inequalities Strategy includes the components of the Core20PLUS5 for adults and children and young people. The Chief Nurse requested this also include the transition from child to adult, and the first 1,000 days of life.
- This Strategy should also take into account the Modern Slavery Act, understanding BSW's communities and where modern slavery is found, ensuring BSW employees across the system remained curious about the lives of such individuals.
- It was recognised that the measures currently referenced include those agreed with the Health and Wellbeing Boards as part of their strategies, as well as measures from the Public Health Outcome Framework, and are in line with the strategic framework and legislative requirements. However, the PHB were asked to consider what practical output variables and smarter outcomes could be identified to help measure the incremental difference and impact on the population, economy and NHS. The use of BSW population health data should allow that drill down to different elements of the population, to help identify access, intervention and final outcomes for the patient. It was agreed that outcome measures would be reviewed and adapted as the programme developed and incorporated within the BSW Implementation Plan.
- The Hewitt Report recommends that ICB spend on prevention should increase over the next five years by a minimum of 1% of the total ICB budget, bringing an opportunity to look at substantive prevention and early intervention schemes across all BSW programmes and across care pathways. The PHB was committed to supporting the ICB on moving the dial towards prevention and early intervention as far as possible as part of the ICS strategy and would work with all the BSW programmes to achieve this, noting the interdependent links and impact on resources. Mental health also remained a key priority, and the health inequalities programme will work with the Thrive Board to embed better data and the change model.
- The five year commitment would enable PHB to commit to projects for a meaningful length of time and hopefully demonstrate how the funding can bring about change. The £2m a year of funding would be used to leverage in other funds to drive change, and to work towards health inequalities becoming business as usual. The programme would be subject to both in year review and an annual evaluation against budget and expected outcomes.
- The programme should look to take a whole life approach and bring together relevant system partners. This acknowledges that driving this at place would bring together the work already underway by the Councils, voluntary sector, and police etc, at a level where change really happens.
- The PHB terms of reference were to be reviewed to consider the inclusion of service users or representative groups.
- An element of the funding would be used to invest in the staff resource, to develop the expertise across the system to enable the health inequalities agenda to move forward against the explicit core ask around the Core20PLUS5 programme. The 10% related to the costs of delivering the system elements of the programme and the administration elements of this would be reviewed and adjusted as required, to ensure the majority of funding was supporting direct outcomes.

**ACTION: Clarification on administration programme costs to be brought back to Board.**

- 9.3 The majority of Board members were in support of the proposed delegation to the PHB, and were comfortable in giving it the authority to make decisions on the prioritisation of the Health Inequalities Funding in support of the delivery of the Health Inequalities Programme for the next five years. (£2m a year for five years).
- 9.4 It was noted that although the Local Authority Partner Member for BaNES was in support of the principle of delegating the funding to the PHB, he felt unable to approve this proposal at this stage without view of the revised BSW Health Inequalities Strategy and its priorities, to give clarity against the investment and the basis of delegation.
- 9.5 Without the revised Strategy and set priorities, the Chair felt the Board was unable to make a decision at this stage on the delegation proposal. It was agreed that the revised Strategy would be brought to the July ICB Board meeting to bring clarity to the proposed delegation arrangements.  
[ACTION: Revised BSW Health Inequalities Strategy and Plan to be brought to the July ICB Board meeting.](#)

## **8 BSW Integrated Care Strategy**

- 8.1 The Chair of the BSW Integrated Care Partnership (ICP) introduced the BSW Integrated Care Strategy and the three objectives; the lens to shape all future work. As granular data is recorded, the Strategy would be further shaped, bringing also that wider input from stakeholders.
- 8.2 The ICB Associate Director of Policy and Strategy presented the BSW Integrated Care Strategy, as agreed by the ICP at the end of March 2023. It outlined the ambitions for BSW for the next five years, evolving as input from the voluntary sector, system partners and the public was recorded. Though a statutory requirement, this was not an NHS document, having been co-developed with system partners, with extensive engagement undertaken at place level. The Strategy on a page had been developed to provide that clear reference to the vision, objectives and enablers. The BSW Implementation Plan was under development to support the delivery of commitments from the Strategy.
- 8.3 The Director for Planning and Performance briefed the Board on the progress of the production of the Implementation Plan, following on from the detailed discussion that took place at the Board Development Session on 20 April 2023. A working draft was being edited in readiness to launch via the Integrated Care Alliances (ICAs) to commence place engagement. The Plan was to be submitted to NHS England by 30 June 2023.  
[ACTION: Webinar to be set up to enable ICB Board members to contribute to, and feedback against, the BSW Implementation Plan.](#)
- 8.4 The Board discussion noted:
- System partners, including Local Authorities, were members of the Steering Group developing this critical system Plan. There had been a loose engagement requirement as part of the development of this years Plan, a more robust engagement process would be applied ahead of next year's Plan.
  - ICB Executive discussions had commenced concerning the ICB's structure and resource requirements to align with, and deliver, the Strategy and Plan, though noting



it was not only the role and responsibility of NHS organisations to deliver and resource.

- Pathways and the patient were to be considered throughout, rather than a treatment focus, to ensure all three objectives were met, and the left shift embedded. The review of system spend on prevention would be needed across all system partners (and not only by finance colleagues) to ensure the left shift could be supported and extended. The fundamental shift in NHS culture to achieve objectives 1 and 2 should not be underestimated, as the move from a treatment-based approach is adopted.
- The Plan would set out those programmes that are required at a system and a place level, recognising that some measures require a system level view despite operating at place. This would ensure the system was sighted on all areas, bringing fairer outcomes for the population, though recognising change happened at place level.
- The Strategy was built upon what was already emerging at place, taking into account each Joint Strategic Needs Assessments etc, ensuring delivery was possible at place, and removing contradiction.

8.5 Engagement from the ICB Board on the draft Plan would be sought through the webinar, noting that the Board Development Session to be held on 22 June 2023 may need to include the sign off the BSW Implementation Plan ahead of submission. The team are exploring whether the sign off could be gained at the July board meeting instead.

8.6 The Board endorsed the BSW Integrated Care Strategy.

## **10 Equality Delivery System Report 2022 and Actions 2022**

10.1 The ICB Chief People Officer briefed the Board on the findings of the 2021-22 NHS England Equality Delivery System (EDS) submission, and the process undertaken against the three domains, advising that the ICB was required to publish its EDS submission. Action plans have since been created to support those 'developing' areas as noted within the report.

10.2 The Board noted that the maternity and workforce risks referenced in the cover sheet were specific to one of the acutes and the pausing of home births, an associated risk upon the ICB corporate risk register. This had since seen improvement and was a retrospective reference, with compliance against the Ockenden review workforce requirements now in place.

10.3 The ICB Board approved the submitted EDS evaluation and action plan for publication, and supported the proposal for the management and governance of EDS for 2023/24.

## **11 ICB Data Security and Protection Toolkit**

11.1 The Director of Planning and Performance updated the ICB Board on the progress of completing the Data Security and Protection Toolkit (DSPT). All NHS organisations that process data on behalf of the NHS are required/expected to complete the DSPT on an annual basis.

11.2 The Board agreed to formally delegate approval of the final DSPT submission to the ICB Executive Team.

### **13 BSW Integrated Care Board and NHS Integrated Care System Revenue Position (item moved)**

13.1 The ICB Chief Finance Officer talked through the financial performance report of the ICS, which included the key performance indicators, efficiency scheme position, workforce overview and statutory financial indicators. The following was highlighted to Board members:

- The NHS ICS had delivered a small surplus of £0.2m in 2022-23.
- The ICB was expected to meet its statutory duties and the Mental Health Investment Standard (subject to audit).
- 2022-23 had been supported by a significant amount of non-recurrent monies, as is the 2023-24 plan currently.
- The system delivered less than 50% of recurrent efficiencies, with a focus now on delivery of recurrent savings in 2023-24.
- All three acutes had reached a breakeven position in 2022-23, supported through the enactment of the BSW risk share agreement.
- Agency spend had exceeded the cap; this remained a focus of the ten point recovery plan to address this across the ICS. A 5% target had been set for 2023-25. A workforce workstream was in place to address this, noting the challenge and impact of the industrial action. Engagement at Chief Executive level was being sought to bring a consistent approach and agreement to tackle it collectively. The data would be used to understand the root causes, to work with NHS England and other South West systems.
- The non-consolidated NHS pay award may bring cost pressures if the full award exceeded estimates and was not fully funded.
- Capital spend had been exceeded, however this had been approved by NHS England.
- The recording of the breakeven position for 2022-23 caused no additional costs to be applied, the cash position remained at an appropriate level going into 2023-24.

### **12 Resubmitted BSW NHS ICS Operating and Financial Plan 2023/24**

12.1 The Chief Finance Officer updated the Board on the NHS ICS operating and financial plan for 2023-24. There had been no material changes to the submitted balanced Plan, other than to the operating metrics.

12.2 The main assumptions, risks, and the approach to mitigate these were highlighted:

1. Delivery of the £96m of efficiencies – noting this was likely to be more towards £150m due to a significant amount of non-recurrent funding being used. This was also reliant on delivery of the elective recovery target and receipt of associated funding.
2. Four main risks had been identified – industrial action, inflation, the pay award and efficiency plans.
3. Mitigations were in place via the recently established BSW Financial Recovery Board, appointment of the BSW Recovery Director, and external support secured to drive recovery. A three year financial recovery plan was being developed, expected to be available to share in July. A dashboard was to be implemented to enable monitoring against the Plan and required efficiencies.

12.3 The Board discussion noted:

- The Plan was in response to an NHS England requirement and the set central targets of delivery. It was noted however, that these targets represented only an element of the work undertaken by the ICS, and it was for the BSW system to also decide on what was measured, to enable that shift to deliver the Strategy and three objectives. Formal feedback from the Hewitt Review was awaited (expected June), which would also suggest targets, measures and outcomes to consider going forwards. Though BSW was required to meet these statutory and legislative requirements, flexibility would be built in to meet local needs to share the system intentions for the population.
- The deliverability and achievability of the proposed efficiency savings was a concern. External support was currently undertaking a review of the required savings, and establishing a structure to enable delivery, and identifying further efficiency opportunities and benchmarking. A rolling review against the ten-point recovery plan would be carried out.
- The joint arrangements referenced in the paper reflected the direction to delegate. This was already in place through the Better Care Fund arrangements via Section 75's. The ICS needed to first move to a sustainable position before moving in the direction set by NHS England, to delegate to place where most appropriate.

12.4 The Board approved the ICB operating and financial plan for 2023/24, noting feedback from NHS England was awaited against the final submission, further also noting the risks to delivery.

## **14 BSW Operational Performance and Quality Report**

14.1 The Board received and noted the NHS Operational Performance Dashboard, providing assurance to the Board against the key operational performance indicators. Separate work was underway to look at outcomes reporting.

14.2 The ICB Chief Nurse presented the Quality Report, providing assurance to the Board on the safe and effective delivery of care. A winter wrap up and learning across the system has taken place, focussing on the patient experience and the quality of care given to patients along their full pathway. It was acknowledged that some patients did come to harm during the unprecedented and demanding winter period. The Joint Quality Improvement Group has held its first meeting, working with colleagues from the Bristol, North Somerset and South Gloucestershire ICB, were ensuring the actions from the recent Care Quality Commission (CQC) inspection of AWP remained on track.

14.3 Concerns were shared by Members regarding the performance of services serving the BSW population. The current landscape and financial recovery were acknowledged, however the report identified the need for investment and improvement. The level of risk needed to be better reflected.

14.4 It was noted that efficiency schemes forming part of the recovery plan were subject to an Equality Quality Impact Assessment (EQIA) and monitoring by the BSW Financial Recovery Board. The system needed to ensure schemes remained appropriate, and not only delivering 'different', but 'better' services and outcomes. The significant productivity gap against the pre-pandemic position remained. The Board supported the Executive Team in their ongoing open and honest discussions with the national and regional NHS teams.



## **15 Declarations of Interests for the BSW ICB Board**

- 15.1 As required, the ICB's Declarations of Interests Register is regularly shared with the Board for assurance. The Chair requested that Members send any amendments through to the ICB Governance Team to ensure the register remained accurate. The Board noted that the change in job role for the VCSE Partner Member at Voluntary Action Swindon would be updated accordingly.
- 15.2 The Board reviewed the register and noted the update.

## **16 Report from ICB Board Committees**

- 16.1 The Board noted the summary report, and in particular the appendix to the report, the BSW ICB Audit and Risk Committee Annual Report.

## **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. Those items as raised in meeting would be added to the planner. The following items were raised for inclusion:
- GP Access and Recovery Plan – November business meeting, with Board discussion and input built into the October Development session.
  - ICB Corporate Risk Register – to be presented to the Board more frequently. This will be a discussion item for the June Board Development Session.
  - Progress reports against delivery of BSW Integrated Care Strategy and the BSW Implementation Plan. A one year review of the Strategy would also be undertaken.
  - To continue deep dive reviews and discussions as part of the Board Development Sessions, and to protect time for strategic and transformation discussions.

## **18 Any other business and closing comments**

- 18.1 There being no other business, the Chair closed the meeting at 12:30hrs

**Next ICB Board meeting in public: Thursday 13 July 2023**

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

Updated following meeting held on **18/05/2023**

### OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
18/05/2023	9. Health Inequalities Funding and Population Health Board	Clarification on administration programme costs to be brought back to Board.	Jane Moore, Steve Maddern	Noted on the Board forward planner for July.	CLOSED	Jul-23
18/05/2023	9. Health Inequalities Funding and Population Health Board	Revised BSW Health Inequalities Strategy and Plan to be brought to the July ICB Board meeting.	Jane Moore, Steve Maddern	Noted on the Board forward planner for July.	CLOSED	Jul-23
18/05/2023	8. BSW Integrated Care Strategy	Webinar to be set up to enable ICB Board members to contribute to, and feedback against, the BSW Implementation Plan.	Rachael Backler	Webinar held 7 June 2023.	CLOSED	Jun-23

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	13 July 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 <b>note</b> the content of this report.	

## 1. Contextual update

- 1.2 **National and Regional:** On 5 July 2023, along with national and regional colleagues, we celebrated NHS 75. We are grateful to our partners, and others in our community, that facilitated Salisbury Cathedral, the Roman Baths, in Bath, and Swindon Library being illuminated with blue lights to recognise the important role the NHS has played, and continues to play in the nation, and all our lives. Great Western Railway (GWR) honoured the NHS by naming a train ‘Aneurin Bevan’, and a small delegation were pleased to meet it a Swindon station, along with Aneira Thoms (the first baby born under NHS care) when it stopped on its inaugural journey from Wales to London. This halt marked the historic connection with the GWR Medical Fund of the 1940s, that provided comprehensive health care for rail workers in Swindon, and was, allegedly, the inspiration for the NHS of today.
- 1.3 **BSW ICB 1<sup>st</sup> Anniversary:** As well as NHS 75, BSW ICB, along with other ICBs across England, marked our first anniversary. In a year dominated by the most operationally testing winter in memory, recurrent periods of industrial action and

challenging running cost savings set by the Government, it is important to note the positive outcomes that we have already delivered. Here are some of the things that we are proud of, with links to the full story:

- [New state of the art health centre in Devizes](#) - A leading NHS net zero building with an energy EPC rating of A+, which utilises green technology, such as heat pumps and solar panels, to generate electricity and heat to serve the building.
- [Integrated Care Strategy health and care ambitions for BSW](#)
- [Acute Hospital Alliance](#) – the only collaborative from the South West to form the first wave of innovators, working closely together to tackle local challenges, improve patient outcomes, and enhance resilience.
- [Integration courses launched in India to attract nurses to work in BSW](#)
- [Launch of Care Coordination Centre to provide greater experience of care for patients](#)

1.4 As papers were being prepared for this Board the Government released its NHS Long Term Workforce Plan on 30 June 2023. (<https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>). We are still assimilating the detail of this long-awaited report to fully understand our role in its delivery. Over the forthcoming months we will make clear how we will embrace the challenges it sets to deliver an effective and efficient workforce, focusing on training, recruitment and retention and building on the firm foundations of our People Promise (<https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/the-promise/>).

## 2. BSW ICB updates

- 2.1. **Operational Demand/Pressures:** The performance for the last quarter continues to be variable. Overall, the system delivered its targets for reducing ambulance handover delays in April and May, though in June we are forecast to be slightly over the trajectory. There continue to be challenges at weekends and the early part of the week in ambulance handover performance. The response time for category 2 demand in the ambulance service remains an area of focus for the System and the ambulance service. The System is reporting increased activity in Minor Injury Units and Emergency Departments over what has been planned and there is on-going work to better understand this situation. The number of patients that are waiting to leave acute and community beds remains challenging, with some improvement noted in April. There continues to be variation in May and June with some particular challenges in June that has required an increased focus on processes that will deliver effective urgent and emergency care flow. We continue to work with national experts on this. The plan for recovery of urgent and emergency care is finalised, providing the System with a clear roadmap for improvement.
- 2.2. **Performance and Planning – Annual Assessment:** Under the terms of the Health and Care Act 2022, NHS England has a legal duty to undertake an annual [performance assessment](#) of each Integrated Care Board (ICB), and to publish a summary of these assessments. ICBs are statutory organisations that commission services for their area and work with local authorities and wider partners to improve population health and establish shared strategic priorities. NHSE’ assessment of ICBs’ performance is underpinned by three main sources of evidence: an ICB’s annual report and accounts, the outcomes of routine discussions between NHS

England and the ICB held over the course of the year, and feedback from an ICB's key system partners. BSW ICB submitted its annual report and accounts on 30 June 2023, and also provided NHSE with the results of a feedback exercise with system partners. We are now waiting for NHSE to share its assessment outcomes with the BSW ICB Chair by the end of July 2023.

- 2.3. **Submission of Data Protection and Security Toolkit:** At its meeting in May 2023, the Board delegated sign-off and submission of the Data Security and Protection Toolkit (DSPT) to the BSW ICB Executive. The DSPT is a key means of assurance that organisations access and handle patient data responsibly and in compliance with data protection legislation. The ICB Executive approved and submitted the BSW ICB DPST 2022/23 in June, and is pleased to report that the ICB achieved a '[standards met](#)' assessment, as well as an internal audit assessment of 'significant assurance with minor improvement opportunities for its information governance and data security arrangements and processes.
- 2.4. **Organisations eligible to nominate partner members of the BSW ICB Board:** ICBs must ensure that relevant NHS trusts and foundation trusts are engaged in the process of developing and updating the System's joint forward plan on an annual basis. Every year, ICBs are therefore required to confirm their partner trusts in accordance with two conditions that are set out in secondary legislation: the ICB considers the trusts essential to the development and delivery of the five-year joint forward plan (the 'forward plan condition'), and the trusts provide services for the purposes of the health service within the ICB's area (the 'level of service provided condition'). The ICB confirms that for the purposes of the BSW joint forward plan (the BSW Implementation Plan), its partner trusts are the Royal United Hospitals (Bath), Great Western Hospital (GWH), Salisbury Foundation Trust (SFT), and Avon and Wiltshire Mental Health Partnership (AWP). The trusts are eligible to nominate partner members to the BSW ICB Board, as set out in the BSW ICB Constitution.
- 2.5. **Executive lead roles within Integrated Care Boards:** During consideration of the Health and Care Act 2022, legislators gave the commitment to Parliament that every ICB would identify members of its board – i.e. any member with voting rights at meetings of the ICB board – which would have explicit executive responsibility for certain population groups and ICB functions. This is in addition to the role fulfilled by the Partner Member (Mental Health), Dominic Hardisty. Recent statutory guidance details NHSE's expectations as to the responsibilities of these executive lead roles. In accordance with this guidance, the BSW ICB CEO has assigned the following responsibilities to executive members of the BSW ICB Board:
- Children and young people (aged 0 to 25) – BSW ICB Chief Medical Officer, Dr Amanda Webb
  - Children and young people with special educational needs and disabilities (SEND) – BSW ICB Chief Nurse Officer, Gill May
  - Safeguarding (all-age), including looked after children – BSW ICB Chief Nurse Officer, Gill May
  - Learning disability and autism (all-age) – BSW ICB CFO, Gary Heneage, alongside Laura Ambler, Place Director (B&NES)
  - Down syndrome (all-age) – BSW ICB CFO, Gary Heneage, alongside Laura Ambler, Place Director (B&NES).

- 2.6. **Elective Care and Cancer Performance:** Elective long waits have continued to reduce, and within the ICB geography only RUH had any patients that had not completed their treatment pathway within 78 weeks at the end of June (7 patients at Trust total level). Good progress has been made in ensuring this position is maintained as well as reducing the number of 65 week waits as the next staged national target area. Elective activity for month one is showing good delivery against the elective recovery fund which measures the planned increased activity versus the 19/20 pre covid period as an indicator of recovery. Diagnostics performance, measured by the proportion of people on the waiting list over 6 weeks, remains challenging; and the impacts of the improvement plan that have been put in place are not yet showing through. Key cancer performance targets which measure the access time from GP to appointment (2 weeks) and to first definitive treatment (62 days) remain above the national average, although not hitting the national target standards.
- 2.7. **Financial Position:** The BSW ICS reported financial position at month 2 is an adverse variance of £3.4m. This is driven by four main areas: Costs driven by Industrial Action of £1.0m which was not accounted for in our plans; Efficiencies delivery shortfall of £0.9m; Unscheduled Care/CHC £1.7m; Offset by other benefits of +£0.4m. This variance would have been £2.1m worse but the ICB (as agreed with Region) accrued the shortfall in provider elective income of £2.1m. The ICB has also recognised 2/12 of the £15m ERF margin anticipated on the basis we will meet the elective care target. All available ICB contingency and reserves were released as part of achieving a balanced plan. The greatest concern at this stage is the deliverability of the £96m efficiency plan with 8.8% of efficiencies remaining unidentified, and some efficiencies backloaded; this is being driven and supported by the recovery board. The Agency Limit has been exceeded by £0.9m in month 2 and this is a key action for the workforce group. Net risks are £27m – the main risks relate to inflation, efficiencies, and placements. It was agreed at the ICB Board meeting on 23 June that the system would enact ‘forecast protocols’ with immediate effect; this also means more stringent oversight of investments – approval required on all investment over £100k (from £250k) for all organisations.
- 2.8. **Integrated Community Based Care (ICBC) Strategy (including Primary Care):** With our ICBC programme well underway, it is becoming clear that to enable us to effectively frame and use this as a mechanism for delivering transformational change, we need a clear strategy which sets out our vision for the future of community-based health and care, including Primary Care (and Pharmacy, Optometry and Dental services). We have therefore commenced work on the development of this strategy, with the aim of using our ICP Strategy objectives and priorities to frame the vision and inform the content. We will use national policy and best practice to develop an initial draft which we will share over the coming weeks with key stakeholders for their input. Our intention is also to use fora already established across the System, and those in place to support our Integrated Community Based Services Programme, to make best use of colleague’s time, and effective local networks. This Strategy will directly inform the ICBC Programme deliverables and the development of the associated service specification.
- 2.9. **Health Inequalities:** The Population Health Board signed off the revised BSW Health Inequalities Strategy in June. This is fully aligned with ICS Integrated Care Strategy and supports two of its three strategic objectives (namely “1. Focus on prevention



and early intervention” and “2. Fairer health and wellbeing outcomes”). The work programme that underpins the health inequalities strategy features across several chapters of the 2023/24 Implementation Plan including the section outlining the outcomes measures. The outline work programme for 2023/24 has been developed and high-level milestones were agreed at the June Population Health Board. Further work is now underway to set out more detailed work plans and timescales for the specific projects and programmes. From July a programme of oversight and assurance on delivery of the workplan will be provided by the Population Health Board.

- 2.10. **People:** The pay offer of a 5% increase in salary for 2023-24 and a one-off back payment for 2022-23 was awarded to BSW staff on Agenda for Change terms in June salaries. Guidance published by the Department of Health and Social Care has confirmed that the non-consolidated payments will only apply to staff directly employed by NHS employers on 31 March 2023 (those on permanent and fixed term contracts). The NHS employers in scope are set out in Annex 1 of the handbook on Agenda for Change terms and conditions. This has caused repercussions in the workforce. We continue to be subject to Industrial action with BSW Consultants due to strike on 20-21 July. It is anticipated that NHS Employers will be subjected to an ongoing schedule of strikes at a time when annual leave for summer holidays already impacts safer staffing levels. To date, the BMA (Junior Doctors) have been unsuccessful in securing agreement on the 35% salary increase requested.
- 2.11. Our pulse survey results were available in May for the ICB. Although the sample size was small it does highlight the impact of the on-going organisational changes on our teams. This is something we have taken to our newly formed colleague engagement forum to help us on formulate plans to improve. We hope that this, together with the relaunch of our performance review process and our approach to Freedom to Speak Up, will help improve engagement over time. NHSE have recently published an EDI Improvement Plan which we are currently assessing to understand what actions we need to implement.
- 2.12. The Long-Term Workforce Plan has been published and promises over £2.4 billion over five years to fund additional education and training places on top of existing funding commitments. The certainty of confirmed funding up to 2028 allows the plan to define actions locally, regionally, and nationally, to address three priority areas:
- Train – Grow the workforce
  - Retain – Embed the right culture and improve retention
  - Reform – Working and training differently

We are looking to welcome the first cohort of international mental health nurses from India in July. Taking an innovative approach, we designed specific training which was delivered in their home country to enable them to practice mental health nursing in the UK on arrival.

### 3. Focus on Place

- 3.1. **B&NES:** In June, the ICA held a workshop on Mental Health and emotional wellbeing with our partners including the third sector, our providers, education, public health, children’s teams (CAHMS) and safety partnership representatives. We

considered together some real-life case examples and reviewed how we may look at supporting individuals and our communities in a timely, responsive, and holistic way within the resources we already have and understanding any gaps in provision. This builds on the success of our access model offer, delivered through Bath Mind, our Community Wellbeing Hub, and our provider AWP working collaboratively to provide early intervention and support.

- 3.2. 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. As Part of this our established NHS@Home Virtual Wards Programme completed its first month of 'Step Up', admission avoidance provision, with growing patient volumes aligned to increasing capacity as we onboard new workforce.
- 3.3. The B&NES Integrated Community Nurse conference ran for a second year in June at the Newton Park Campus of Bath Spa University. Coordinated by key community providers; B&NES Enhanced Medical Service, HCRG Care Group, Dorothy House and B&NES Nursing Home representatives, the event was highly successful and well-received by all 50 delegate nurses from across all specialities.
- 3.4. The conference focused on two main themes: integration and celebration, with the overriding aim being to bring together nurses, celebrate nursing achievements. This has been a demonstrable example of strengthening the integrated working between providers, facilitating knowledge sharing and fostering collaborative and integrated approaches to patient care in our locality. A representative from the University of the West of England placements team attended to observe, which will help to forge new placements links for the future workforce.
- 3.5. **Swindon:** Construction on a £31.85m investment to expand and integrate the Urgent and Emergency Care (UEC) services at the Great Western Hospital (GWH) continues and is on target for completion in summer 2024. All three-emergency department service decants (moving to temporary spaces) have taken place and are operating as planned. Quality and patient experience is being closely monitored. Swindon continues to work with partners to reduce the number of people waiting to leave hospital. Significant developments implemented include the *home first* pathway which has delivered 100 discharges in June. We continue to develop work on seven day working which aims to improve patient flow particularly at weekends.
- 3.6. In primary care work continues developing an integrated neighbourhood teams' model. The locality is starting to work up the operational model and identify members of the first pilot teams. The integrated neighbourhood team model is aimed at getting GP's and community staff to work together more effectively in creating seamless pathways for our community.
- 3.7. We have officially relaunched our community engagement forum in Swindon. The aim is to increase the reach and diversity of members. The community engagement committee is providing the oversight of the development of these exciting forums across the three localities.
- 3.8. The locality held its mental health strategy workshop on 8th June with over 50 carers, people with lived experience and providers. There was a huge amount of feedback



that the mental health team are now distilling to update our own priorities and to feed into the emerging strategy for mental health across BSW.

- 3.9. Swindon Borough Council and the ICB welcomed the Local Government Association during 27-29 June who undertook a Building the Right Support peer review into our learning disability and autism services. Early feedback was very helpful, and the teams are now developing a response.
- 3.10. Finally, the locality would like to congratulate Kevin McNamara the chief executive of Great Western Hospital on his new appointment as the new chief executive of Gloucestershire Hospitals Foundation Trust. In addition, Susie Kemp the chief executive of Swindon Borough Council will be departing at the end of July. Both have been instrumental in driving forward key initiatives within the alliance, and we would like to extend our thanks to them for their dedication to improving partnership working in Swindon. We wish them all the best for the future.
- 3.11. **Wiltshire:** Wiltshire Council and its partners recently participated in a Local Government Association led SEND (Special Educational Needs and Disabilities) Peer Review. The aim being to help the Council, ICB and their partners reflect on and improve the outcomes for children and young people with special educational needs and disabilities. The feedback was very positive, with the Peer Reviewers citing many examples of good practice and reflecting a 'tidal wave' of positivity and commitment they experienced from officers and partners across the Local Area. We expect to receive a draft report in a few weeks followed by the finalised report; this will be circulated and shared at the Wiltshire SEND and AP Board in due course.
- 3.12. Wiltshire continue to focus on our Urgent Care and Flow improvement plans and in July the National Emergency Care Support Team (ECIST) will be visiting Wiltshire.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	8
Date of Meeting:	13 July 2023		

Title of Report:	BSW Implementation Plan
Report Author:	David Jobbins, Interim Deputy Director – Planning & Programmes
Board / Director Sponsor:	Rachael Backler, Director of Planning & Performance
Appendices:	Implementation Plan

Report classification	Please indicate to which body/collection of organisations this report is relevant. <i>Only one of the below should be selected (x)</i>
ICB body corporate	
ICS NHS organisations only	
Wider system	X

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	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	X
2. Fairer health and wellbeing outcomes	X
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
Board – In Public	12-01-23	Discussion
Board Development Session	20-04-23	Discussion
Board Webinar	07-06-23	Discussion
Board Development Session	22-06-23	Discussion

1	<b>Purpose of this paper</b>
The purpose of this paper is to present the BSW Implementation Plan 2023/24 for Board approval. As discussed by the Board extensively in recent months, the	

Implementation Plan sets out how ICP partners will work together to deliver the BSW Strategy 2023-28.

The Plan will be refreshed annually and therefore this year's plan focusses on deliverables for 2023/24 as well as setting out a picture of what will be different in five years' time at the end of the period covered by the BSW Strategy.

The process of producing the Plan has been co-ordinated by the Integrated Care Strategy & Implementation Plan Steering Group which has a membership taken from the ICB and wider system partners. The process of engagement with stakeholders has been led through our ICAs.

We note that as part of the process of engagement with stakeholders on the Plan there was a requirement to consult with Health and Wellbeing Boards (HWBs) on how well this implementation plan reflects the requirements of the Joint Local Health and Wellbeing Strategies. HWBs were asked to provide an Opinion on the Plan which are now included in this version.

The work of delivery will be undertaken through our statutory organisations, transformation programmes and collaboratives. We are in the process of setting up a process to allow us to undertake collective oversight on delivery of the commitments within the plan and allow for mutual check and challenge. Through this process we will also put in place a mechanism for assurance to both the ICB and ICP on delivery and escalation of issues as required.

2	Summary of recommendations and any additional actions required
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The Board is asked to approve the BSW implementation plan.	
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3	Legal/regulatory implications
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Delivery of the Implementation Plan will support the ICB and wider system partners in meeting their respective and collective legal and regulatory duties.	
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4	Risks
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The production and delivery of the Plan is relevant to all parts of the Board Assurance Framework and failure to produce an effective Plan will have implications across patient safety and experience, resource utilisation and reputation for the ICB and all system partners.	
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5	Quality and resources impact
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As part of the process of producing and, subsequently, monitoring against the Plan there will be a level of triangulation of the content across quality, service capacity, workforce and finance building on the work undertaken in agreeing the BSW Operating Plan 2023/24.	
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It should be noted that our approach to Environmental sustainability and the BSW Green Plan are referenced within the Implementation Plan.	
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Finance sign-off	n/a
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<b>6</b>	<b>Confirmation of completion of Equalities Impact Assessment</b>
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An EQIA has not been undertaken for the overall plan, but EQIAs will be required for the services changes outlined in the document to deliver the strategy.	
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<b>7</b>	<b>Statement on confidentiality of report</b>
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This report is not considered to be confidential.	
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# BSW Implementation Plan Public Board Meeting

13-07-23





# Introduction

- The BSW Implementation Plan sets out how we and our partners working together at a system level and in our places, Bath and North East Somerset, Swindon and Wiltshire, will deliver our Integrated Care Strategy over the period 2023 – 2028.
- The purpose of this plan is to enable our local populations, our partners and our stakeholders to have a clear picture of the programmes and plans that will be delivered in support of our partnership strategy.
- It has been developed with regard to the Integrated Care Strategy, NHS Priorities, operational planning and other system partnership key plans particularly the Joint Local Health and Wellbeing Strategies
- As a minimum it must say how NHS organisations will implement the local strategy, but may go further and speak to how all local partners will work together to implement. This is what we have aimed to do in BSW.
- It must cover the 17 legislative requirements of ICBs and be in line with recommended content including workforce, digital, performance and system development
- It should be noted that whilst we are producing a system-wide plan it is the responsibility of the ICB to produce and submit.



# Implementation Plan Structure

- The structure of the plan reflects our intention for it to be used as a working document setting out the collective ICS plan for delivering the strategy as well as providing a summary of how the ICB will meet each of its legislative duties.
  1. Introduction and Purpose
  2. Working Together to Deliver our Strategy
  3. Ongoing Engagement and Involvement
  4. Our Population
  5. Our local implementation plans
  6. Our outcome measures
  7. Strategic Objective 1: Focus on Prevention and Early Intervention
  8. Strategic Objective 2: Fairer Health and Wellbeing Outcomes
  9. Strategic Objective 3: Excellent Health and Care Services
  10. Children & Young People
  11. Enabling workstreams
  12. Monitoring performance and delivery
  13. Appendices (including ICB statutory duties)



# Board Engagement

- As noted earlier, this plan sets out the 23/24 implementation of the BSW Strategy which the approved in March 2023.
- The specific Board engagement on this plan is shown below:

Meeting	Date	Purpose
Board Meeting	12 <sup>th</sup> January 2023	Outline of process and timetable
Board Development Session	20 <sup>th</sup> April 2023	Walk-through structure, update on process and engagement, deep dive into mental health as a theme
Board Webinar	7 <sup>th</sup> June 2023	Update on progress, chance to comment on engagement draft
Board Development Session	22 <sup>nd</sup> June 2023	Review of final draft
Board Meeting	13 <sup>th</sup> July 2023	Approval of final version for publication





# Role of the Steering Group

- Oversight of the production of both the BSW Integrated Care Strategy and the BSW Implementation Plan has been through the Integrated Care Strategy & Implementation Plan Steering Group co-chaired by Richard Smale and Rachael Backler
- The steering group was meeting monthly in the autumn and winter and has been meeting fortnightly since April
- Membership comes from our NHS partners and all Public Health directors as well as Place Directors and functional leads from the ICB
- The group has been used to inform and enable communications on production of the Strategy and Plan and take comments from members to inform structure and approach



# Engagement Approach

- We have said in the Strategy that we need to be working continuously with partners and communities across the BSW geography to demonstrate how we are taking forward the ambitions set out within it.
- The annual refresh process will enable partners to review progress and take into account any changes in priority and population need. As part of this process, we have worked with our three local Health and Wellbeing Boards (HWBB) to ensure that the Plan is consistent with the respective Health and Wellbeing Strategies and each HWBB has provided an opinion on the plan as a whole on whether the plan takes proper account of their respective Health and Wellbeing Strategy.
- It should be noted that the current engagement process is only the start of longer-term joint working and engagement across partners and our population over the five-year life of both the Strategy and the Plan.



## Monitoring and oversight of delivery

- Delivery of the implementation plan sits with our statutory organisations, transformation programmes and collaboratives
- We are in the process of developing a framework for system partners to collectively have oversight of progress with our commitments and deliverables
- This will enable the system executives to collectively provide assurance to relevant committees and boards, and the ICP on overall delivery of our strategy
- We will update the Board in due course on the framework and present a timetable for assurance activities
- In parallel, we are aiming to finalise the work on outcomes, and develop the specific measurements and data collections to allow us to understand and monitor progress against our targets

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	9
Date of Meeting:	13 July 2023		

Title of Report:	Health Inequalities Strategy and Plan
Report Author:	Massimo Morelli Programme Director of Equalities, Innovation, and Digital Enterprise
Board / Director Sponsor:	Jane Moore Director of Equalities, Innovation, and Digital Enterprise Dr Amanda Webb Chief Medical Officer
Appendices:	Appendix 1: BSW Inequalities Strategy (view online: <a href="https://bsw.icb.nhs.uk/document/bsw-inequalities-strategy-2021-24/">https://bsw.icb.nhs.uk/document/bsw-inequalities-strategy-2021-24/</a> ) Appendix 2: PHB Reporting Cycle Appendix 3: Health Inequalities Milestones for 23/24

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
Population Health Board	June 2023	Approval of updated Health Inequalities Strategy

1	<b>Purpose of this paper</b>
<p>At the May Board Meeting, Board Members were asked to approve delegation of funds to the BSW Population Health Board in relation to Health Inequalities. Board Members asked to have sight of the updated BSW Inequalities Strategy and to receive some further information on the role of the Population Health Board, the use of the funding and how the Board would receive assurance on impact. This paper provides that information for the Board.</p>	

2	Summary of recommendations and any additional actions required
<p>The Board is asked:</p> <ul style="list-style-type: none"> <li>- To note the revised BSW Inequalities Strategy as approved by the Population Health Board</li> <li>- To note the work of the Population Health Board and the progress made on the development of a Health Inequalities and Prevention programme.</li> <li>- To note the proposed use of the funds and how the Board will be assured on impact</li> <li>- To delegate 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.</li> </ul>	
3	Legal/regulatory implications
<p>Compliance with the requirements of the Public Sector Equality Duty, <a href="#">section 149 of the Equality Act 2010</a>. 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.</p>	
4	Risks
<p>This programme of work will help reduce the risk that we do not effectively tackle inequalities by preventing ill health of our population and therefore do not achieve two of the three objectives of our integrated care strategy.</p>	
5	Quality and resources impact
<p>Quality: The outcomes of this programme are aimed at narrowing the gap between healthy life expectancy and life expectancy of the BSW population.</p> <p>Finance: The financial resources are already accounted for within the ICB plan for this year.</p> <p>Workforce: The impact on workforce will be quantified when the plans for expenditures are finalised.</p> <p>Sustainability/Green agenda: It is expected that this work will have a positive impact on BSW's sustainability plans in particular around wider determinants of health.</p>	
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 Update

### 1. Introduction and purpose of report

- 1.1. The aim of this paper is to respond to the particular asks of Board Members to receive further assurance ahead of the proposed delegation of Health Inequalities Funding to the Population Health Board (PHB).
- 1.2. At its May Meeting, the Board were broadly supportive of delegation of funding but asked for further information as follows:
  - to receive the updated BSW Inequalities Strategy and
  - to receive some further information on the role of the Population Health Board,
  - To clarify the use of funding, particularly in relation to the funds to be held by the System,
  - To clarify how the Board would receive assurance on impact of the funds.
- 1.3. This paper provides that information for the Board.

### 2. BSW Inequalities Strategy

- 2.1. The BSW Inequality Strategy aims to address inequalities across the life course, to include pregnancy, children and young people, adults and into old age.
- 2.2. The Strategy 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.
- 2.3. The BSW Inequalities Strategy, was originally approved by the PHB in March 2022. It was then revised to include, amongst other things, the Core20PLUS5 approach for CYP, the Equality Delivery System and updated JSNAs. It has been approved again by the PHB in June 2023. The Strategy is included as Appendix 1.
- 2.4. The revised strategy is fully aligned with ICS Integrated Care Strategy and supports two of its three strategic objectives (namely “1. Focus on prevention and early intervention” and “2. Fairer health and wellbeing outcomes”).

### 3. Role of the Population Health Board

- 3.1. The Population Health Board (PHB) is a multidisciplinary board, that provides the oversight role and advice function for the delivery of BSW work programmes in relation to health inequality and prevention both at system and place level including the use of the Core20PLUS5 Health Inequalities Funding.
- 3.2. The Board is Chaired by Steve Maddern Director of Public Health for Swindon Borough Council and BSW SRO for Health Inequalities, and the Co-Chair is Dr

Amanda Webb (Chief Medical Officer) The Board includes the following members.

- Directors of Public Health for B&NES and Wiltshire.
- ICB Director for Equality, Innovation, and Digital Enterprise.
- BSW providers SROs for Health Inequalities.
- ICB Directors of Place for B&NES, Swindon, and Wiltshire.
- Voluntary, Community, Social, Economic (VCSE) Sector Representation.
- Resident Voice Representation.
- Healthwatch Representation.
- Representative of the regional blended team on behalf of NHS England and Office for Health Improvement and Disparities (OHID).
- Representatives from the ICB Programmes.

3.3. The Board oversees the development and implementation of the BSW Inequalities Strategy and the Prevention Framework (the latter will be developed during the summer).

3.4. The PHB is responsible for the assurance that all the components of the Health Inequalities and Prevention Programme set out in the implementation plan are being delivered even where the primary responsibility for delivering that element sits within another ICB Programme.

3.5. The parent committee of the PHB is the BSW Quality and Outcomes Committee. The BSW Quality and Outcomes Committee includes in its Terms of Reference its role of carrying out assurance over activities in relation to population health outcomes and inequalities.

3.6. A detailed reporting cycle for the different elements of the Health Inequalities and Prevention Programme is included as Appendix 2. This reporting cycle also sets out the timescale for developing the programme and funding decisions for years two to five.

3.7. The PHB Terms of Reference have been recently reviewed to reflect these increased responsibilities and will be submitted to the Quality and Outcomes Committee for final sign-off in August 2023. These are available for Board Members to review if required.

#### **4. Workplan and use of Health Inequalities Funding for 2023/24**

4.1 In line with the priorities for the Health Inequalities and Prevention Programme for 2023/24 and the co-developed workplan featuring in the ICB Implementation Plan, further work is underway at system and place level to deliver the objectives of the BSW Integrated Care Strategy. Detailed workplan is included in the Implementation plan with milestones and timescale and as Appendix 3.

4.2 At the May meeting, the Board asked for further information on the use of the System Programme Delivery Funding – representing a portion of funds to be



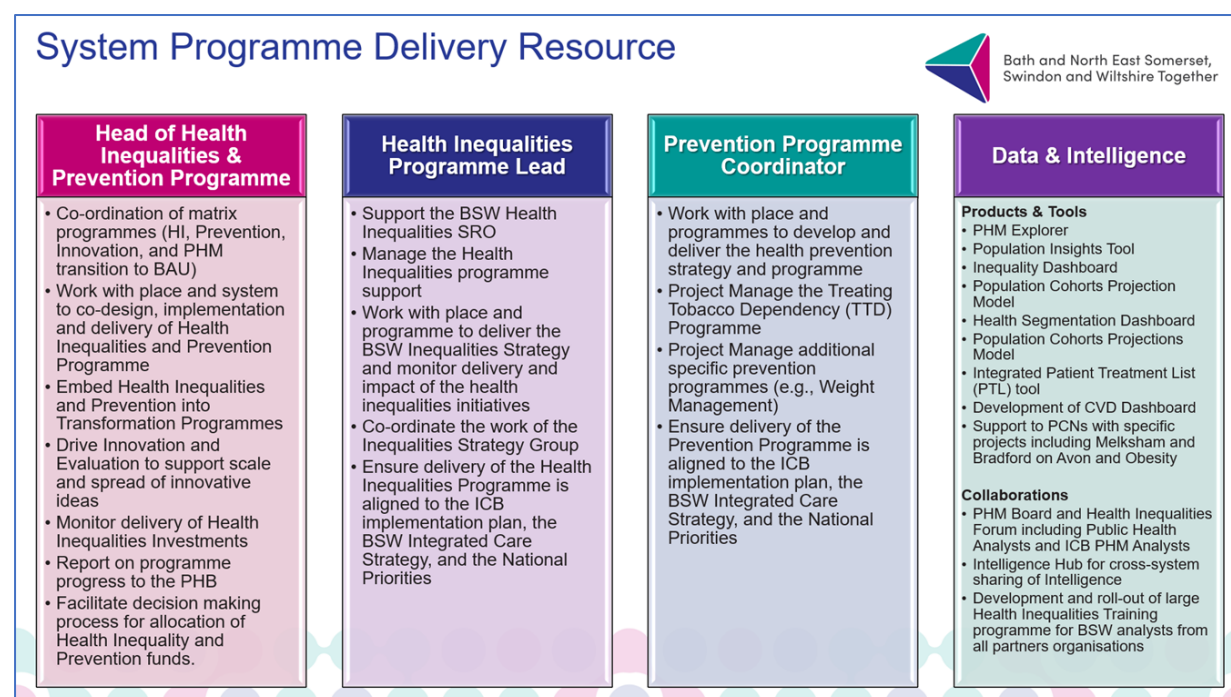
retained at System level (£240k for 23/24). The full breakdown of funding is shown in Table 1 below.

Table 1: Use of funding for 23/24

Place/System	Population	Population Adjustment (Inequalities Formula)	Pop Adjustment (Inequalities 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
B&NES	220,222	153,469	21%	£357,896.74
Place overall population	977,544	714,823	100%	-
System CYP				£150,000.00
System Programme Delivery*, Coordination* and Better Data**				£240,000.00
<b>Total</b>				<b>£2,057,000.00</b>

\*Investments to include posts and their programme costs / \*\* non-recurrent investments (BAU by 2025/26)

4.3 The components of the system programme delivery have been agreed at the Population Health Board. The table below shows the key components of system programme delivery resource.



4.4 The three Integrated Care Alliances are in the process of identifying the projects and initiatives to support using the Place allocations from the Health Inequalities Fund.

## 5. Assurance on use and impact of funds

5.1. The PHB will provide oversight of the allocation and deployment of the Health Inequalities funds. It will offer assurance to the ICB Board via the Quality and



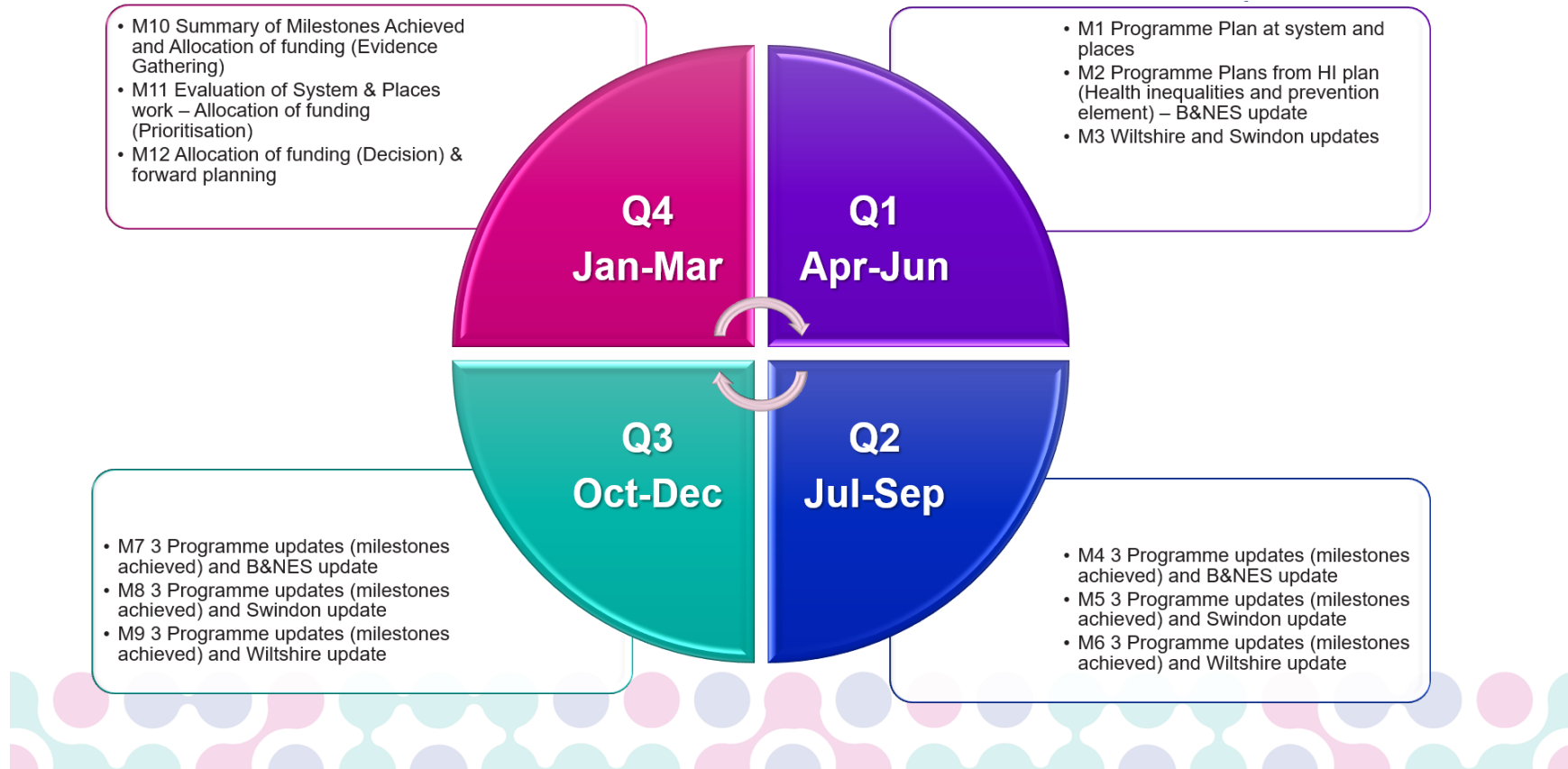
Outcomes Committee, by providing regular updates on delivery and outcomes over the identified and agreed priorities and areas of work.

- 5.2. In addition, the support for both developing the outcome measures and for ensuring that BSW is using these outcomes to understand progress in the implementation plan, has been provided by people identified within the membership of the Population Health Board. The next phase of the work will be to work with programmes on the specific outcome measures that link to their key transformation objectives. The outputs of this work on measuring outcomes will feed into the Quality and Outcomes Committee that will provide the scrutiny on behalf of the ICB Board.

## **6. Recommendations**

- 6.1 The Board is asked:
- To note the revised BSW Inequalities Strategy as approved by the Population Health Board
  - To note the work of the Population Health Board and the progress made on the development of a Health Inequalities and Prevention programme.
  - To note the proposed use of the funds and how the Board will be assured on impact.
  - To delegate 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.

## Appendix 2: Population Health Board Reporting Cycle



### Appendix 3: Health Inequalities Milestones for 23/24

Objectives	Ownership	Milestones	Timescale 23/24
<b>Embedding Health Inequalities and Prevention across all BSW Programmes</b>	System and Place	Development of a Strategy and a programme of work for Prevention	Quarter 2
	System	Engagement with programmes Elective Care (Q1), Children and Young People (Q1), Mental Health (Q2) Community Services (Q2), Mental Health (Q2), Health Inequalities and Prevention to be discussed at Programme Committee/Board meetings	Quarter 1-2
	System	Identification and monitoring of key metrics and outcomes for each programme to ensure BSW deliver the ambitions of the Health Inequalities and the Integrated Care Strategies	Quarter 2
	System	Population Health Management support	Quarter 2
<b>Identification of resource to support Health Inequalities Programme</b>	System and Place	Develop full five-year programme of work to deploy the Health Inequalities funds at System and Place level as leverage to deliver Health Inequalities and Prevention ambitions	Quarter 2
<b>Sustainability of Health Inequalities and Prevention in the longer term</b>	System	Define the baseline and agree the ambitions Health Inequalities and Prevention in BSW	Quarter 2
	System	Develop trajectories for increasing the % resource used to support Health Inequalities and Prevention in BSW	Quarter 3
<b>Building Capability and Capacity of Communities as well as Primary and Community Services to work together</b>	Place	Develop collaborative approaches at neighbourhood level to reduce inequalities and prevent ill health with focus by: Creating Multi-Disciplinary Teams, Identifying cohort to target using PHM tools, Monitoring impact and outcomes	Quarter 2-3
<b>Reduce variation in outcomes in BSW by encouraging innovative projects at Place level that can be scaled and spread</b>	Place	Integrated Care Alliances to focus their investments on Health Inequalities and Prevention with particular attention to Smoking Cessation, CVD, Mental Health and any other area that will produce an impact in reducing health inequalities within the Place	Quarter 2-3
	System	Develop an Innovation and Evaluation Framework to ensure successful projects at Place level are identified, scaled and spread across BSW	Quarter 2-3

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11
Date of Meeting:	13 July 2023		

Title of Report:	Delegation of Specialised Commissioning to ICBs – briefing paper
Report Author:	Mark Harris, Director of Commissioning
Board / Director Sponsor:	Rachael Backler, Executive Director of Planning and Performance
Appendices:	Appendix 1 – Benefits of more integrated commissioning Appendix 2 – Services to be delegated. Appendix 3 – What will be different? Appendix 4 – Pre-Delegation Assessment Process.

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

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	
2. Fairer health and wellbeing outcomes	
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
Specialised Commissioning Workshop with ICBs	16/6/23	Discussion

1	<b>Purpose of this paper</b>
The purpose of this paper is to brief the Board about planned changes to arrangements for the commissioning of some specialised commissioning services in 2024/25. This paper sets out the nationally planned delegation of some specialised commissioning to Integrated Care Boards on 1st April 2024. This	

follows the joint commissioning arrangements put in place for this financial year. As a precursor to the delegation there is a requirement to submit a Pre-Delegation Assessment Framework (PDAF) in September. This paper describes the rationale for the further direction, the risks and opportunities and the actions underway to complete the PDAF for board agreement.

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

The Board is asked to note:

- the overall direction of travel for the delegation of specialised commissioning services to ICBs;
- the potential risks and opportunities this presents to BSW ICB; and
- the requirement and arrangements to complete the Pre-Delegation Assessment Framework before submission in September 2023.
- the final decision to accept delegation will take place after December 2023.

**3 Legal/regulatory implications**

The NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 sets out NHS England’s responsibility to arrange all reasonable requirements for the provision of specialised services. This was amended by the 2022 Health and Care Act, Section 2, which details NHSE requirement to commission specialised services. The services were set out in the Manual for Prescribed Specialised Services 2018/19.

**4 Risks**

This report does not currently link to any existing risks on the Corporate Risk Register and an assessment of any new risks to be added will be undertaken as part of the preparation of the Pre-Delegation Assessment Framework.

- There is a risk that the PDAF submission does not comply with all NHSE requirements and results in a delegation agreement with conditions. This will be mitigated by working jointly with NHSE regionally to ensure the submission is complete and compliant.
- At this stage the financial allocation at ICB level is not known but once services have been delegated any overspends against budget will be part of the systems position. The NHSE contract team that will continue to work on those contracts will use the contractual levers to mitigate this. However, the finance working group will further assess this risk as part of the work up of the PDAF submission. Additionally, risk share arrangements will be discussed as part of the process.
- There is a risk that the service improvement and performance management of additional contracts draws on ICB management resource. ICBs are discussing this with the specialised commissioning team.

**5 Quality and resources impact**

Please outline any impact on:  
 Quality, Patient Experience and Safeguarding: One of the national drivers behind delegation is to remove budget silos, allowing resources to be directed towards population need.  
 Finance: ICB allocations for 24/25 related to delegated services has not been calculated at this stage.  
 Workforce: The current NHSE team will remain as a resource to support the activities, with ICB assessment of staffing resource impact to be undertaken as part of completion of the Pre-Delegation Assessment Framework.

Finance sign-off	To be undertaken as part of Finance Working Group for PDAF submission.
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6	Confirmation of completion of Equalities Impact Assessment
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EIA to be completed as part of PDAF submission.
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7	Statement on confidentiality of report
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This paper is not confidential.
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## Delegation of Specialised Commissioning to ICBs

### 1. Background and wider context

- 1.1. There are 175 specialised services. These are set out in the Prescribed Specialised Services Manual<sup>1</sup>. (Note that there are less than 175 service specifications in the manual as some cover multiple service lines). These cover a huge range of services including specialised cancer and cardiac services, Neonatal services, and Adult Critical Care.
- 1.2. NHSE set out its intentions to delegate specialised services to Integrated Care Systems in the Roadmap for Integrating Specialised Services within Integrated Care Systems in May 2022.<sup>2</sup> Appendix 1 sets out the benefits described by NHSE of integration.
- 1.3. As the first step, NHS England and multi-ICB collaborations (covering nine geographical footprints) established statutory joint committees that oversee and take commissioning decisions for 59 specialised services. This was approved by the BSW ICB Board at the meeting of 16<sup>th</sup> March 2023. Appendix 2 lists the services that became part of these joint commissioning arrangements from 1<sup>st</sup> April 2023.
- 1.4. To further enact the roadmap, NHSE are now proposing that further delegation of commissioning of the identified 59 services suitable for greater integration by ICS' takes place from 1<sup>st</sup> April 2024. This means that responsibility and liability for these services will transfer fully to ICBs (although accountability will remain with NHSE).
- 1.5. The scope of this further delegation covers the same 59 services under the joint commissioning arrangement. A further 38 services are intended to be delegated at a later date.

### 2. What this will mean in practice for the ICB.

- 2.1. Specialised commissioning spend will become part of the ICB and ICS overall financial position.
- 2.2. It is proposed that the Joint Committee of ICBs and NHSE regional team in the South West continues for 24/25.
- 2.3. Service standards, and specifications will continue to be set nationally.
- 2.4. The NHSE specialised commissioning team will move into a collaborative commissioning hub in 24/25 and continue to be the team supporting the commissioning and contracting activities that are delegated as well as the nationally retained specialised commissioning and contracting. This will be a similar arrangement to the commissioning hub related to the delegation of Pharmacy, Opticians and Dentistry.

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/10/PRN00115-prescribed-specialised-services-manual-v6.pdf>

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/05/PAR1440-specialised-commissioning-roadmap-addendum-may-2022.pdf>



- 2.5. Any major shifts in population flows are currently managed regionally. Any shifts in flows (changes of provider) will be subject to a national business case process, although where supported by a regional joint committee of ICBs, this may be a lighter touch process.
- 2.6. Specialised commissioning budgets will be delegated and not ringfenced in ICB allocations. This is intended to support the ability to utilise resources along the patient pathway to mitigate growth in specialised commissioned services. This presents an opportunity for the ICB to further our aims to invest in preventative activities.
- 2.7. Appendix 3 summarises the key changes from NHSE-held responsibility, through to current joint commissioning arrangements and future delegated responsibility to ICBs.

### **3. Requirements of the Integrated Care Board**

- 3.1. In September 2023, each ICB is required to submit a completed Pre-Delegation Assessment Framework. Delegation readiness will be assessed against six domains in the following categories:
  - Category 1 (Delegation) – The (multi-) ICB is ready for full delegated commissioning from April 2024. The delegation agreement will include no, or limited conditions.
  - Category 2 (Delegation with developmental conditions) - The (multi-) ICB is ready for full delegated commissioning from April 2024 subject to developmental conditions being attached. The delegation agreement will include developmental conditions.
  - Category 3 (Intensive support required). Where the (multi-ICB) is not yet ready for full delegated responsibility from April 2024 and requires an additional year of support through more intensive developmental conditions. The delegation agreement will include more restrictive conditions, including NHSE continuing to have a role in the arrangement.
- 3.2. This will be followed by a due diligence process undertaken jointly with NHSE in December 2023. Any incomplete actions may result in a transition assurance plan to be incorporated into the Delegation Agreement.
- 3.3. NHSE regionally have pre-populated proposed responses to all but one of the domains for ICB review. The Joint Committee of ICBs has agreed to work collectively on responses that will be common to all ICBs in the region. A region wide finance working group will undertake the same exercise for the finance domain.
- 3.4. The final sign off of the PDAF submission by the ICB does not constitute a decision to accept delegation. This will be a request of ICBs after December 2023 following the safe delegation process. The PDAF submissions will be due in early September and it is suggested by NHSE that a board sub-committee could agree the submission made by the ICB.

- 3.5. BSW ICB has put in place a working group to oversee the completion of the local elements of the PDAF for board sign-off in September. Appendix 4 sets out the national timetable alongside the proposed approach to be adopted by the South West regional team which takes account of the governance processes of ICBs.
- 3.6. Within the Finance domain, ICBs will need to agree whether any pooled budget arrangements are to be proposed for all or some of the services. This would replicate arrangements that operated in Primary Care Trusts in most regions.

#### **4. Impact on resources**

- 4.1. The 23/24 specialised commissioning allocation for the South West is £1.973bn. Services in scope of delegation total £1.424bn. 85% of the spend in the South West is with NHS providers in the South West regional geography. The BSW 23/24 specialised commissioning envelope is £141.897m, of which approximately two thirds relates to spend that is under block arrangements (fixed payment).
- 4.2. BSW spends £157.81 per head of population on specialised commissioning, which is less than the regional average of £181.18. However, the nature of specialised commissioning being for high cost, low volume services mean that this could fluctuate year on year.
- 4.3. Services that remain commissioned by NHSE will be managed as a separate and ringfenced allocation. i.e., there is no impact on delegated services spend from the spend on the nationally retained services.
- 4.4. Specialised commissioning drugs are managed at regional level, however the budget is held at a national level along with the associated risk.
- 4.5. Whilst there will remain a team from NHSE supporting the commissioning and contracting of specialised services that have been delegated, this will also increase the involvement of ICB staff in specialised commissioning. It is not yet possible to quantify that impact.

#### **5. Risks**

- 5.1. There is a risk that the PDAF submission does not comply with all NHSE requirements and results in a delegation agreement with conditions. This will be mitigated by working jointly with NHSE regionally to ensure the submission is complete and compliant.
- 5.2. At this stage the financial allocation at ICB level is not known but once services have been delegated any overspends against budget will be part of the system. The extent of the financial risk is not currently known. The finance working group will further assess this risk as part of the work up of the PDAF submission. Additionally, risk share arrangements will be discussed as part of the process.
- 5.3. There is a risk that the service improvement and performance management of additional contracts draws on ICB management resource.

## **6. Next steps**

- 6.1. The BSW PDAF working group to work in collaboration with Joint Committee (region level) to complete the domains for the ICB submission.
- 6.2. ICB finance team to also participate in the regional finance group, including agreeing any risk share proposals.

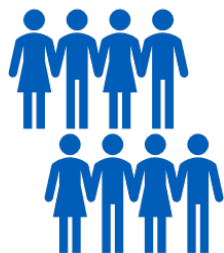
## **7. Recommendations**

- 7.1. The Board is asked to note:
  - the overall direction of travel for the delegation of specialised commissioning services to ICBs;
  - the potential risks and opportunities this presents to BSW ICB;
  - the requirement and arrangements to complete the Pre-Delegation Assessment Framework before submission in September 2023; and
  - the final decision to accept delegation will take place after December 2023.

## Appendix 1 – Benefits of more integrated commissioning



What should this mean for our patients, populations and their communities?



### Quality of patient care

Patients will receive more **joined up care** – better communication and sharing of information between professionals and services.

More of a **holistic, multi-disciplinary approach** to care. A range of professionals can be involved in planning a patient's care.

Increase focus and investment on **prevention**.

Patients will receive the **right care at the right time in the right place**.

Better **step-down care** to support patients who are ready to leave specialised care.

### Equity of access

Population based budgets means decisions on spend are based on the **needs of a local population** – the demographics, health behaviours etc rather than on activity in hospitals.

Specialised clinical expertise will have a role in managing population health and to **challenge underlying drivers of health inequalities**.

Providers and professionals working collaboratively, free from organisational constraints and commissioning boundaries, will help improve **quality of care and tackle unwarranted variation**.

Opportunity to **level up access across the country**

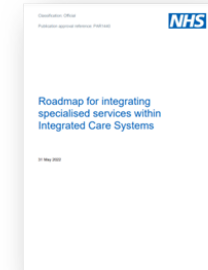
### Value

Investment in preventative care could **reduce demand** for specialised services.

Providers and professionals can **better manage patient demand**, even when one part of the system becomes stretched. Patients can be re-directed or transferred so they have faster and better access to treatment

A whole system approach creates opportunities to **protect and build 'workforce resilience'**, as shown during the pandemic.

Pooled/delegated budgets allow **underspends to be shared or reinvested** and avoids commissioning pressures on any one organisation.



- Accessible care
- Tailored care
- Seamless care
- Effective care
- Preventative care

Appendix 2 – Services to be delegated.

# ANNEX A – Service list

## 1. Services suitable and ready for greater ICS leadership<sup>2</sup>

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
2	Adult congenital heart disease services	13X	Adult congenital heart disease services (non-surgical)
		13Y	Adult congenital heart disease services (surgical)
3	Adult highly specialist pain management services	31Z	Adult highly specialist pain management services
4	Adult highly specialist respiratory services	29A	Pulmonary vascular services
		29E	Management of central airway obstruction
		29M	Interstitial lung disease
		29S	Severe asthma
5	Adult highly specialist rheumatology services	26Z	Adult highly specialist rheumatology services
7	Adult Specialist Cardiac Services	13A	Complex device therapy
		13B	Cardiac electrophysiology & ablation
		13C	Inherited cardiac conditions
		13E	Cardiac surgery (inpatient)
		13F	PPCI for ST- elevation myocardial infarction
		13H	Cardiac magnetic resonance imaging
		13T	Transcatheter Aortic Valve Replacement (TAVI)
		13Z	Cardiac surgery (outpatient)

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
9	Adult specialist endocrinology services	27E	Adrenal Cancer
		27Z	Adult specialist endocrinology services
11	Adult specialist neurosciences services	08O	Neurology
		08P	Neurophysiology
		08R	Neuroradiology
		08S	Neurosurgery
		08T	Mechanical Thrombectomy
12	Adult specialist ophthalmology services	37C	Artificial Eye Service
		37Z	Adult specialist ophthalmology services
13	Adult specialist orthopaedic services	34A	Orthopaedic surgery
		34R	Orthopaedic revision
15	Adult specialist renal services	11B	Renal dialysis
		11C	Access for renal dialysis
16	Adult specialist services for patients infected with HIV	14A	Adult specialist services for people living with HIV
17	Adult specialist vascular services	30Z	Adult specialist vascular services
18	Adult thoracic surgery services	29B	Complex thoracic surgery
		29Z	Adult thoracic surgery services: outpatients
30	Bone conduction hearing implant services (adults and children)	32B	Bone anchored hearing aids service
		32D	Middle ear implantable hearing aids service
35	Cleft lip and palate services (adults and children)	15Z	Cleft lip and palate services
36	Cochlear implantation services (adults and children)	32A	Cochlear implantation services



PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
40	Complex spinal surgery services (adults and children)	06Z	Complex spinal surgery services
54	Fetal medicine services (adults and adolescents)	04C	Fetal medicine services
58	Highly specialist adult gynaecological surgery and urinary surgery services for females	04A	Severe Endometriosis
		04D	Complex urinary incontinence and genital prolapse
58A	Highly specialist adult urological surgery services for men	41P	Penile implants
		41S	Surgical sperm removal
		41U	Urethral reconstruction
59	Highly specialist allergy services (adults and children)	17Z	Highly specialist allergy services
61	Highly specialist dermatology services (adults and children)	24Z	Highly specialist dermatology services
62	Highly specialist metabolic disorder services (adults and children)	36Z	Highly specialist metabolic disorder services
63	Highly specialist pain management services for children	23Y	Highly specialist pain management services for children
64	Highly specialist palliative care services for children and young adults	E23	Highly specialist palliative care services for children and young adults
65	Highly specialist services for adults with infectious diseases	18A	Highly specialist services for adults with infectious diseases
		18E	Specialist Bone and Joint Infection
72	Major trauma services (adults and children)	34T	Major trauma services
78	Neuropsychiatry services (adults and children)	08Y	Neuropsychiatry services
83	Paediatric cardiac services	23B	Paediatric cardiac services

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
94	Radiotherapy services (adults and children)	01R	Radiotherapy services (Adults)
		51R	Radiotherapy services (Children)
		01S	Stereotactic Radiosurgery / radiotherapy
105	Specialist cancer services (adults)	01C	Chemotherapy
		01J	Anal cancer
		01K	Malignant mesothelioma
		01M	Head and neck cancer
		01N	Kidney, bladder and prostate cancer
		01Q	Rare brain and CNS cancer
		01U	Oesophageal and gastric cancer
		01V	Biliary tract cancer
		01W	Liver cancer
		01Y	Other rare cancers
		01Z	Testicular cancer
		04F	Gynaecological cancer
		19V	Pancreatic cancer
		24Y	Skin cancer
106	Specialist cancer services for children and young people	01T	Teenage and young adult cancer
		23A	Children's cancer
106A	Specialist colorectal surgery services (adults)	33A	Complex surgery for faecal incontinence
		33B	Complex inflammatory bowel disease
		33C	Transanal endoscopic microsurgery
		33D	Distal sacrectomy for advanced and recurrent rectal cancer
107	Specialist dentistry services for children	23P	Specialist dentistry services for children
108	Specialist ear, nose and throat services for children	23D	Specialist ear, nose and throat services for children
109	Specialist endocrinology and diabetes services for children	23E	Specialist endocrinology and diabetes services for children
110	Specialist gastroenterology, hepatology and nutritional support services for children	23F	Specialist gastroenterology, hepatology and nutritional support services for children

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
111	Clinical genomic services (adults and children)	20H	Pre-Implantation genetic diagnosis and associated in-vitro fertilisation services
112	Specialist gynaecology services for children	23X(b)	Specialist paediatric surgery services - Gynaecology
113	Specialist haematology services for children	23H	Specialist haematology services for children
115B	Specialist maternity care for women diagnosed with abnormally invasive placenta	04G	Specialist maternity care for women diagnosed with abnormally invasive placenta
118	Specialist neonatal care services	NIC	Specialist neonatal care services
119	Specialist neuroscience services for children	23M	Specialist neuroscience services for children
		07Y	Paediatric neurorehabilitation
		08J	Selective dorsal rhizotomy
120	Specialist ophthalmology services for children	23N	Specialist ophthalmology services for children
121	Specialist orthopaedic services for children	23Q	Specialist orthopaedic services for children
122	Specialist paediatric intensive care services	PIC	Specialist paediatric intensive care services
125	Specialist plastic surgery services for children	23R	Specialist plastic surgery services for children
126	Specialist rehabilitation services for patients with highly complex needs (adults and children)	07Z	Specialist rehabilitation services for patients with highly complex needs
127	Specialist renal services for children	23S	Specialist renal services for children
128	Specialist respiratory services for children	23T	Specialist respiratory services for children
129	Specialist rheumatology services for children	23W	Specialist rheumatology services for children
130	Specialist services for children with infectious diseases	18C	Specialist services for children with infectious diseases
131	Specialist services for complex liver, biliary and pancreatic diseases in adults	19L	Specialist services for complex liver diseases in adults
		19P	Specialist services for complex pancreatic diseases in adults

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
	pancreatic diseases in adults		
		19Z	Specialist services for complex liver, biliary and pancreatic diseases in adults
132	Specialist services for haemophilia and other related bleeding disorders (adults and children)	03X	Specialist services for haemophilia and other related bleeding disorders (Adults)
		03Y	Specialist services for haemophilia and other related bleeding disorders (Children)
134	Specialist services to support patients with complex physical disabilities (excluding wheelchair services) (adults and children)	05P	Prosthetics
135	Specialist paediatric surgery services	23X(a)	Specialist paediatric surgery services - General Surgery
136	Specialist paediatric urology services	23Z	Specialist paediatric urology services
139A	Specialist morbid obesity services for children	35Z	Specialist morbid obesity services for children
139AA	Termination services for expectant mothers with significant comorbidities that require either or both critical care and medical support	04P	Complex termination of pregnancy
ACC	Adult Critical Care	ACC	Adult critical care
6	Adult secure mental health services	22S(b)	Secure and specialised mental health services (adult) (Medium and low) - Excluding LD / ASD / WEMS / ABI / DEAF
		22S(c)	Secure and specialised mental health services (adult) (Medium and low) - ASD
		22S(d)	Secure and specialised mental health services (adult) (Medium and low) - LD
		YYY	Specialised mental health services exceptional packages of care
8	Adult specialist eating disorder services	22E	Adult specialist eating disorder services
32	Tier 4 child and adolescent mental health services	23K	Tier 4 CAMHS (general adolescent inc eating disorders)
		23L	Tier 4 CAMHS (low secure)
		23O	Tier 4 CAMHS (PICU)

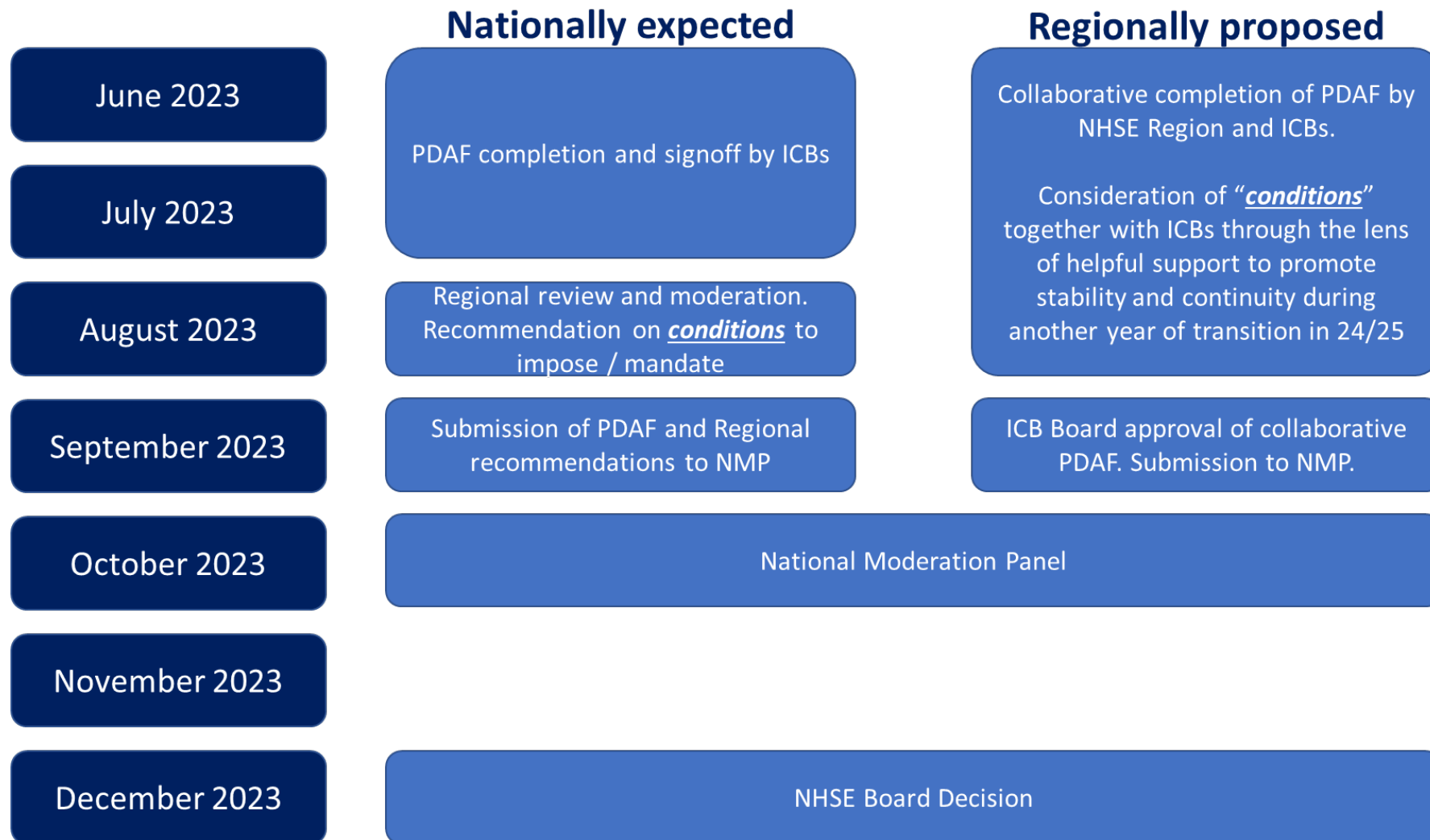


PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
		23U	Tier 4 CAMHS (LD)
		23V	Tier 4 CAMHS (ASD)
98	Tier 4 specialist forensic mental health services for young people	24C	FCAMHS
124	Specialist perinatal mental health services	22P	Specialist perinatal mental health services

### Appendix 3 – What will be different?

Pre 1/4/23 arrangements	Current Joint Working Arrangements	Future Delegation arrangements
<b>Governance</b>		
<ul style="list-style-type: none"> <li>NHSE is fully accountable, responsible and liable for the entire portfolio of specialised services</li> </ul>	<ul style="list-style-type: none"> <li>Statutory joint committee underpinned by a Joint Working Agreement (JWA) between multi-ICBs and NHSE</li> <li>Accountability remains with NHSE</li> <li>Responsibility is shared between NHSE and ICBs</li> <li>Liability remains with NHSE</li> </ul>	<ul style="list-style-type: none"> <li>ICBs take on delegated commissioning responsibility via delegation agreement (DA) between NHSE and individual ICBs</li> <li>ICBs would need to form appropriate multi-ICB collaboration arrangement</li> <li>Accountability remains with NHSE</li> <li>Responsibility and liability is delegated to ICBs</li> </ul>
<b>Decision making and voting rights</b>		
<ul style="list-style-type: none"> <li>Regionally-led partnership boards in place / being established with ICBs</li> <li>ICBs have a 'seat at the table'</li> </ul>	<p><u>For services that are 'suitable and ready':</u></p> <ul style="list-style-type: none"> <li>Shared decision making between ICBs and NHSE</li> </ul> <p><u>For services that are 'suitable but not yet ready':</u></p> <ul style="list-style-type: none"> <li>NHSE retains decision making responsibility and ICBs have a 'seat at the table' so they are able to influence decisions</li> </ul>	<p><u>For services that are 'suitable and ready':</u></p> <ul style="list-style-type: none"> <li>ICBs are fully responsible for decision making and NHSE has a 'seat at the table'</li> </ul> <p><u>For services that are 'suitable but not yet ready':</u></p> <ul style="list-style-type: none"> <li>NHSE retains decision making responsibility and ICBs have a 'seat at the table' so they are able to influence decisions</li> </ul>
<b>Finance and Contracts</b>		
<ul style="list-style-type: none"> <li>Specialised commissioning budget is provider-based and held by NHS England</li> </ul>	<ul style="list-style-type: none"> <li>Population based budgets – full budget remains with NHSE</li> <li>ICBs have sight of budgets and are able to influence how the budget for services that are 'suitable and ready' is spent</li> <li>Contracting responsibility remains with NHSE</li> </ul>	<ul style="list-style-type: none"> <li>Population based - the portion of the budget for services that are 'suitable and ready' transfers to ICBs</li> <li>ICBs have full responsibility for the relevant portion of the specialised commissioning budget</li> <li>Contracting responsibility is delegated to ICBs</li> </ul>
<b>Workforce</b>		
<ul style="list-style-type: none"> <li>Commissioning resource sits in NHSE national and regional teams</li> </ul>	<ul style="list-style-type: none"> <li>NHSE commissioning teams support commissioning of all services</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning hub hosted by an ICB supports commissioning of NHSE retained services as well as delegated services</li> </ul>

Appendix 4 – Pre-Delegation Assessment Process.



Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12
Date of Meeting:	13 July 2023		

Title of Report:	BSW Operational Performance and Quality Report
Report Author:	Sarah-Jane Peffers – Associate Director of Patient Safety and Quality, Sharren 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
ICB Executive Performance and Risk Meeting	19/06/23	Review of performance across the oversight framework domains
ICB Quality and Outcomes Committee	04/07/23	Assurance

1	<p><b>Purpose of this paper</b></p> <p>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 ICB Board.</p> <p>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, in the first instance for the Quality and</p>
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Outcomes Committee’s attention and then to the ICB Board. 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.

Work is progressing to develop an integrated performance report covering the key domains of quality, finance, workforce and operational performance. We are expecting the revised NHS Oversight Framework metrics to be finalised shortly which will enable us to align our internal reporting with regional and national assurance processes.

2	Summary of recommendations and any additional actions required
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The Board is asked to receive this report for assurance purposes.	
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3	Legal/regulatory implications
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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.	
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4	Risks
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There are several risks on the BSW ICB Corporate Risk Register (dated 13/06/23) that reflect the challenges to delivering Quality and Performance.	
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|---|--|
| <ul style="list-style-type: none"> <li>• BSW ICB 01 – Insufficient capacity for Urgent and Emergency Care and Flow</li> <li>• BSW ICB 03 – Ambulance Hospital handover delays</li> <li>• BSW ICB 04 – Impact of Industrial Action</li> <li>• BSW ICB 06 – System workforce challenges.</li> <li>• BSW ICB 08 – Workforce challenges in MH services</li> <li>• BSW ICB 09 – Recovery of Elective Care capacity</li> <li>• BSW ICB 10 – Cancer waiting times underperforming</li> <li>• BSW ICB 11 – Impact of difficulty finding placements for children looked after</li> <li>• BSW ICB 13 – Primary Care POD delegation impacted by lack of reporting</li> </ul> |  |
|---|--|

5	Quality and resources impact
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Quality impacts linked to the performance of the system are highlighted in this report. Where appropriate action is taken to address this impact.	
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Finance sign-off	Not required.
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6	Confirmation of completion of Equalities Impact Assessment
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N/A	
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7	Statement on confidentiality of report
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This report is not considered to be confidential.	
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## **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. 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.
- 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. BSW have improved performance in April and May for ambulance handover, in terms of numbers delayed over 15 mins and overall hours. Ambulance response times for Cat 1 (< 10 mins) and Cat 2 (40 mins) are also showing improved performance in 23/24. In June handover challenges have increased at the weekends at BSW hospitals.
- 2.1. The BSW non-criteria to reside position has continued to be challenged in May with 22% of beds occupied by non-criteria to reside patients. In particular SFT are seeing delays in discharges on pathways 2 and 3. The 23/24 plans to support reductions continue to be implemented.
- 2.2. BSW did not meet the initial March 23 deadline to clear all 78 week waiters, this has been extended to the end of June and BSW providers are expecting to meet this deadline. The cohort has decreased significantly in recent months down to 32 BSW patients at the end of May including a number of delays due to patient choice. This figure represents the ICB population view and includes providers outside of BSW.
- 2.3. Industrial action continues in July with junior doctors striking 13<sup>th</sup> to 18<sup>th</sup> July and Consultants also striking on the 20<sup>th</sup> and 21<sup>st</sup> causing cancellations of elective care appointments and procedures / operations. BSW will continue to monitor and manage the impact of the strikes to minimise the impact on patients.
- 2.4. BSW Talking Therapies has formally 'launched' its new NHSE and NICE compliant model. Recovery rates have improved in the last four months, not yet reaching the national standard (50%). Access rates continue below target. Both low and high intensity waiting lists are growing reflective of the fact that although workforce expansion is progressing the trainee workforce can only hold a limited case load.

- 2.5. BSW NHS employers are currently exceeding the agency cap for month 1 and 2. Work is underway to remove off-framework agency spend to support meeting the 23/24 overall agency cap of 3.7% of NHS employers pay bill. A collaborative bank has been established between the acute trusts to work together on locums. Future phases will look at other staff groups and collaborating more widely within the region.

### 3. Advise

- 3.1. A response to the CQC S29A notice has been submitted by AWP. A Quality Improvement Group established across both systems (BSW and BNSSG) is continuing to support the delivery of the action plans in response to the CQC inspection and reporting to the System Quality Group.
- 3.2. Clostridium Difficile (CDI) rates continue to be closely monitored by the Health Care Associated Infection (HCAI) Collaborative across the BSW system. BSW ICB breached the threshold set by NHSE in 22/23 with 238 cases reported against a threshold of 216. Increased rates are being noted at both a regional and national level. The BSW HCAI Collaborative, including health, social care and public health leads, is progressing focused quality improvement programmes aimed at reducing CDI. Monitoring of all health and care associated infections is via the BSW Quality Assurance and Outcomes Committee.
- 3.3. SW Perinatal Quality Surveillance System Group (SWPQSSG) and BSW Local Maternity and Neonatal System (LMNS) is reviewing and monitoring information relating to postpartum haemorrhage as national dashboard data highlights BSW providers as currently being above national average rate.
- 3.4. Quality Assurance following the publication of Serious Adult Review in Somerset due to the sad death of two individuals, one from Wiltshire. ICBs recommended to lead on working to reduce out of area (OOA) placements in line with national recommendations. BSW are taking forward several actions to secure learning from the report.
- 3.5. CQC inspections - WH&C received two visits from CQC in April as part of a routine inspection programme. Final report awaited.
- 3.6. BSW ICB has seen a number of complex LDA (Learning Disability and Autism) inpatient discharges across all three localities. The system is also seeing an increase in admissions (June 23, total adult LDA inpatient number was 21). Oversight and monitoring is via the Acute Care Pathway, Prevention and Oversight pillar of the refreshed BSW LDA Programme, with the objective to ensure the system target of 11 is met by Q4 23.
- 3.7. Diagnostic performance continues to be a significant challenge, DM01 performance (the % of the waiting list over 6 weeks) for April is 40.7%. We are expecting to see improvements in MRI and CT with the deployment of the mobile vans. Key driver of the challenged performance is the non-obstetric ultrasound workforce, NHSE region are coordinating work to resolve.



**4. Assure**

- 4.1. Banes, Swindon and Swindon (BSW) vaccination programme are taking opportunities to increase flu vaccinations for all 'at risk' groups based on 22-23 BSW uptake.
- 4.2. Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme Year 5 standards now published with maternity and neonatal providers working on actions. Progress will continue to be reported at BSW LMNS Safety Group and provider boards.
- 4.3. GWH are now compliant with initial Ockenden actions, RUH awaiting board confirmation of compliance also. SFT are non-compliant and working to achieve actions which have been delayed. BSW Pilot Maternity and Neonatal Independent Senior Advocate role (Ockenden recommendation) appointed to commence in role Sept 2023.
- 4.4. The ICB Quality Team is currently collaborating with all organisations to undertake a system wide audit and review to understand the current systems in place and risks relating to Mixed Sex Accommodation Breaches (MSAB) and to align the assurances organisations are taken forward individually.
- 4.5. Cancer waiting time reporting against the ten national targets for April showed one of the ten cancer waiting time targets were met for BSW ICB patients. BSW performance was top quartile for three national targets and better than the national average in six of ten national targets. We note that Performance against the two weeks wait standard remained below target but has continued to improve. The most challenged pathways all have recovery plans underway.

# BSW Operational Performance Dashboard July 2023

Quality Assurance and Outcomes Committee, 04/07/2023

ICB Board, 13/07/2023



# Key BSW Performance Metrics

Key Performance Metrics		Unit	Current period	Last Period	This Period	Movement	Target	Target delivery
Non- Elective	A&E 4 hour standard - All types <sup>1</sup>	%	May-23	72.7%	71.6%	↓	69.9%	✓
	Ambulance mean response Cat 2 <sup>2</sup>	mins	May-23	40.3	39.5	↓	30.0	✗
	Adult G&A bed occupancy <sup>1</sup>	%	May-23	97.6	97.7	↑	98.7	✓
	% of beds occupied by patients meeting Non Criteria to Reside <sup>1</sup>	%	May-23	21.5%	21.7%	↑	20.5%	✗
	Ambulance mean response Cat 1 <sup>2</sup>	mins	May-23	9.2	9.6	↑	7.0	✗
	Ambulance handovers by ICB > 15 mins <sup>2</sup>	#	May-23	3,397	3,377	↓	0	✗

<sup>1</sup> A&E 4 hour standard /G&A bed occupancy/ NCTR - there is no ICB level plan so the mean of the 3 BSW trust plans has been used as a proxy target.

<sup>2</sup> Ambulance metrics are targeted against national targets as there is not a BSW version of the submitted plan.

Elective	RTT incomplete 78 weeks - BSW population	#	May-23	35	32	↓	0	✗
	RTT incomplete 65 weeks - BSW population	#	May-23	980	1003	↑	1,207	✓
	Cancer - 62 day backlog (Trust totals)	#	May-23	409	488	↑	481	✗
	Activity -Total Elective Admissions	#	Apr-23	n/a	9,007		8,648	✗
	RTT incomplete 52 weeks - BSW population	#	May-23	4,680	5,007	↑	4,380	✗
	Activity - Total First Outpatients (specific acute)	#	Apr-23	n/a	23,109	n/a	24,302	✗
	Activity F/Up Outpatients (specific acute)	#	Apr-23	n/a	37,705	n/a	37,111	✓
	Activity - Daycase (specific acute)	#	Apr-23	n/a	7,936	n/a	7,531	✓
	Activity - Ordinary Admissions (specific acute)	#	Apr-23	n/a	1,071	n/a	1,117	✗
	Diagnostics - % >6 week wait	%	Apr-23	38.2%	40.7%	↑	< 15%	✗
	Cancer - 28 day Faster diagnostic standard	%	Apr-23	74.0%	70.0%	↓	70%	✓
	Cancer - % Waiting < 62 day (GP)	%	Apr-23	66.7%	65.3%	↓	85%	✗

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

They will reflect the 23/24 NHS oversight framework, wider system metrics and the 23/24 Operational plan deliverables with additional in year ambitions set by NHSE and / or the system.

The metrics reported here this month are currently defined, in use and can be reported at a system level. Some of the key performance metrics aligned to the 2023/24 plan ambitions are shown in bold.

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

# Key BSW Performance Metrics

Key Performance Metrics		Unit	Current period	Last Period	This Period	Movement	Target	Target delivery
Primary Care and Community Access	Primary Care Access - booked appointments	#	Apr-23	565,295	437,562	↑	462,935	n/a this is an expected level
	Primary Care Access - % face to face appointments	%	Apr-23	72.1%	71.7%	↓	n/a	
	Primary Care Access - % booked same day	%	Apr-23	39.5%	38.8%	↓	n/a	
	Primary Care Access - % booked within 14 days	%	Apr-23	79.2%	75.3%	↓	n/a	
	Community Access - % UCR within two hours	%	Apr-23	66%	68%	↑	80%	✗
	Community Access - % Virtual Ward occupied	#	May-23	39.0%	52.0%	↑	56.2%	✗
Mental Health	Access to talking therapies	rolling 3 mth #	Mar-23	2,445	2,740	↑	5,076	✗
	Out of area placements (bed days)	rolling 3 mth #	Apr-23	10	0	↓	73	✓
	Access to CYP MH services ( see note)	rolling 12 mth #	Apr-23	7,775	7,420	↓	10,448	✗
	Community Access	rolling 12 mth #	Apr-23	3,805	3,780	↓	4,077	✗
	Perinatal MH access	ytd #	Mar-23	905	995	↑	985	✓
	Dementia diagnosis rate 65+	%	Apr-23	57.8%	57.7%	↓	63.2%	✗
LD	In patients - Adults & Children CCG & NHSE funded	#	Q4 22 23	39	37	↓	25	✗
	LD Annual health checks	ytd %	Apr-23	71.0%	1.8%	n/a	3.0%	✗

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.

CYP MH data is a rolling 12 mth figure. Our main provider has not submitted data to the MHSDS since the Adastra outage ( 8 mths data missing) and so their reported activity is reducing and driving the overall reduction; the activity is being undertaken and reporting is expected to be resolved by Q3. Following work with other providers to support their submissions to MHSDS, a wider range of services are now included in the results.

# Key BSW Performance Metrics

Key Performance Metrics		Unit	Current period	Last Period	This Period	Movement	Target	Target delivery
Workforce	Vacancy - all staff	%	May-23	7.5%	7.6%	↑	9.0%	✓
	Vacancy - Registered Nursing	%	May-23	7.2%	7.5%	↑	7.5%	✗
	Vacancy - Support to clinical	%	May-23	5.4%	6.2%	↑	7.9%	✓
	Vacancy - Medical and dental	%	May-23	8.2%	8.9%	↑	11.7%	✗
	Vacancy - AHP	%	May-23	7.9%	9.0%	↑	5.2%	✗
	Retention (rolling turnover) - all staff	%	Mar-23	17.3%	17.0%	↓	12.0%	✗
	Sickness - in month all staff	%	May-23	3.4%	3.2%	↓	5.0%	✓
	Agency usage - all staff	WTE	May-23	393	375	↓	377	✓
	Bank usage - all staff	WTE	May-23	1021	954	↓	765	✗

NB. Workforce data is for GWH, RUH and SFT in line with planning. Data not available on PWR and has been taken from alternate sources: HEE and the NHSE portal.

Report to:	BSW ICS Board – Meeting in Public	Agenda item:	13
Date of Meeting:	13 July 2023		

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

Report classification	
ICB body corporate	X
ICS NHS organisations only	X
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

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	
2. Fairer health and wellbeing outcomes	
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
ICB Finance and Investment Committee	5 July 2023	Review and assurance

<b>1</b>	<b>Purpose of this paper</b>
<p>This is a high-level BSW NHS ICS 2023-24 overview of the revenue position at month 2 for information. Key points are that:</p> <ul style="list-style-type: none"> <li>• A breakeven position has been forecast for all organisations and for the BSW NHS ICS.</li> <li>• Profiling of efficiency schemes in plans meant that a deficit of £7m YTD was expected at M2 and recovery over the latter months of the year. The overall BSW ICS NHS YTD position is a £10.5m deficit. (£3.4m adverse vs plan)</li> </ul>	

- The full year breakeven position is dependent on achievement of £96.3m of efficiencies representing or 5.2% of system allocation.
- Significant risks around delivery of efficiencies with 29.4% of schemes still seen as High Risk at M2. £10.3m of the £11.3m planned YTD are reported as delivered.
- Net risk stands at £27.4m which is similar to levels reported in planning submissions in May.
- Agency Limit has been exceeded by £0.9m YTD but is below levels in previous year. This is being supported by the Workforce Group.
- National forecast protocols have been adopted voluntarily by the system due to the risk position and YTD adverse variance to plans. This will provide added assurance processes around recovery plans/actions and include reviews of revenue investments over £100k by Financial Recovery Group. This group is also supporting delivery of efficiency targets and triangulating efforts to maximise productivity benefit in year.

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

<b>3</b>	<b>Legal/regulatory implications</b>
This report links to risk on the corporate risk register.	
The BSW NHS ICS has a statutory obligation to breakeven.	

<b>4</b>	<b>Risks</b>
There is a risk that the financial position will not be achieved.	

<b>5</b>	<b>Quality and resources impact</b>
N/A	
Finance sign-off	Rebecca Paillin

<b>6</b>	<b>Confirmation of completion of Equalities Impact Assessment</b>
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 2 as reported to NHSE.	

<b>7</b>	<b>Statement on confidentiality of report</b>
This report can be shared publicly.	



# NHS BSW ICS Board Finance Report

May 2023 (Month 2)



# 1. Financial Position

BSW NHS ICS draft reported financial position at month 2 is an adverse variance of £3.4m. This is driven by four main areas.

- Industrial Action £1m
- Efficiencies delivery £0.9m
- Unscheduled Care £1.7m
- Other benefits £0.4m

There are no reserves/contingency to manage the financial position. Industrial action was not accounted for in our plans, in line with the national guidance. Elective Recovery funding has been accrued at planning levels (YTD margin of 2/12 of £15m plus £2.1m of planned provider achievement). Efficiency plans are largely evenly phased in organisations other than RUH. Efficiency delivery has not fully ramped up within all schemes at month 2.

	Year-to-date				Year to date	Forecast Outturn				Forecast
	Plan	Reported Actual	Variance to Plan			Plan	FOT	Variance to Plan		
	£m	£m	£m	%		£m	£m	£m	%	
Great Western Hospital	(1.9)	(4.7)	(2.9)	(154.6%)	●	0.0	0.0	0.0	0.0%	●
Royal United Hospital	(3.0)	(5.4)	(2.4)	(79.6%)	●	0.0	0.0	0.0	0.0%	●
Salisbury Hospital	(2.2)	(2.4)	(0.2)	(10.9%)	●	0.0	0.0	0.0	0.0%	●
<b>Provider surplus / (deficit)</b>	<b>(7.1)</b>	<b>(12.6)</b>	<b>(5.5)</b>	<b>(78.2%)</b>	●	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>	●
<b>BSW ICB surplus / (deficit)</b>	<b>0.0</b>	<b>2.1</b>	<b>2.1</b>	<b>-</b>	●	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>	●
<b>ICS surplus / (deficit)</b>	<b>(7.0)</b>	<b>(10.5)</b>	<b>(3.4)</b>	<b>(48.4%)</b>	●	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>	●

## 2. Risks and Mitigations

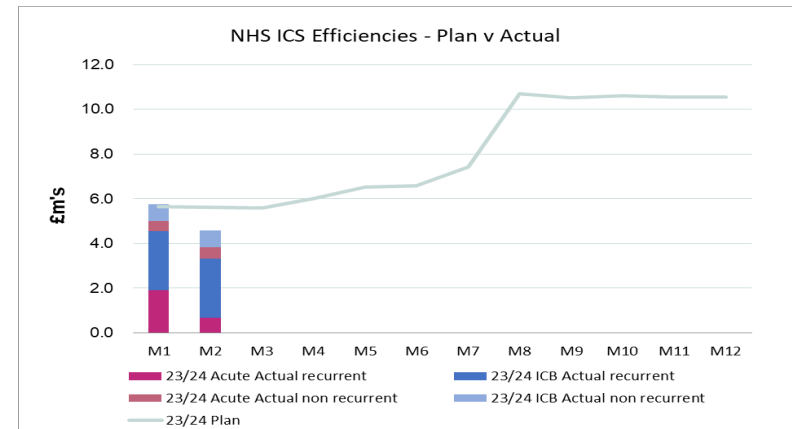
Risks are reviewed monthly and ICS net risk stands at £27.4m. Delivery of challenging efficiency targets remains the highest gross risk at £44.5m with cost pressures amounting to a further £29.6m of overall gross risk.

Gross Risks	Total £m	ICB £m	GWH £m	RUH £m	SFT £m	Mitigations	Total £m	ICB £m	GWH £m	RUH £m	SFT £m	Net Risk	Total £m	ICB £m	GWH £m	RUH £m	SFT £m
Additional cost risk	(29.6)	(8.5)	(9.1)	(4.0)	(8.0)	Additional cost control	26.6	8.0	9.1	3.0	6.5	Additional cost risk	(3.0)	(0.5)	0.0	(1.0)	(1.5)
Additional inflation	(17.3)	(7.4)	(3.9)	(4.0)	(2.0)	Risk share	7.4	7.4	0.0	0.0	0.0	Additional inflation	(9.9)	0.0	(3.9)	(4.0)	(2.0)
Contract risk (excl. ERF)	(5.5)	(5.5)	0.0	0.0	0.0	Transformational / Pathway changes	7.5	0.0	0.0	7.5	0.0	Contract risk (excl. ERF)	(5.5)	(5.5)	0.0	0.0	0.0
COVID risk	(1.5)	0.0	(0.5)	(1.0)	0.0	Unmitigated: COVID	0.0	0.0	0.0	0.0	0.0	COVID risk	(1.5)	0.0	(0.5)	(1.0)	0.0
Efficiency risk	(44.5)	(26.1)	(8.4)	(10.0)	0.0	Efficiency mitigation	31.0	24.1	6.9	0.0	0.0	Efficiency risk	(6.0)	(2.0)	(1.5)	(2.5)	0.0
Income risk	(2.5)	0.0	(2.0)	(0.5)	0.0	Mitigations not yet identified	1.0	0.0	1.0	0.0	0.0	Income risk	(1.5)	0.0	(1.0)	(0.5)	0.0
<b>BSW ICS Gross Risks</b>	<b>(100.9)</b>	<b>(47.5)</b>	<b>(23.9)</b>	<b>(19.5)</b>	<b>(10.0)</b>	<b>BSW ICS Mitigations</b>	<b>73.4</b>	<b>39.5</b>	<b>16.9</b>	<b>10.5</b>	<b>6.5</b>	<b>BSW ICS Net Risk</b>	<b>(27.4)</b>	<b>(8.0)</b>	<b>(6.9)</b>	<b>(9.0)</b>	<b>(3.5)</b>

# 3. Efficiency Schemes

Overall efficiencies within the 2023-24 NHS system plan to enable the required breakeven position total £96.3m. This represents 5.2% of the overall NHS system allocation.

YTD ICS achievement is behind plan by 8.3% (£0.9m) but forecast remains to achieve all planned efficiencies. Further work is ongoing via the Recovery Board



	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	5.3	5.3	0.0	0.0%	31.7	31.7	0.0	0.0%	●
Great Western Hospital	0.7	1.4	0.7	91.7%	9.9	9.3	(0.6)	(6.3%)	●
Royal United Hospital	0.6	0.2	(0.3)	(61.1%)	23.5	22.5	(1.0)	(4.4%)	●
Salisbury Hospital	1.1	0.9	(0.2)	(14.5%)	10.8	11.2	0.4	3.8%	●
<b>Recurrent Efficiencies</b>	<b>7.7</b>	<b>7.9</b>	<b>0.2</b>	<b>2.4%</b>	<b>75.8</b>	<b>74.6</b>	<b>(1.2)</b>	<b>(1.6%)</b>	●
BSW ICB	1.5	1.5	0.0	0.0%	9.1	9.1	0.0	0.0%	●
Great Western Hospital	1.0	0.2	(0.7)	(75.9%)	6.8	7.4	0.6	8.9%	●
Royal United Hospital	0.0	0.1	0.1	100.0%	0.0	1.0	1.0	100.0%	●
Salisbury Hospital	1.1	0.6	(0.5)	(46.3%)	4.6	4.1	(0.4)	(9.0%)	●
<b>Non Recurrent Efficiencies</b>	<b>3.6</b>	<b>2.5</b>	<b>(1.1)</b>	<b>(31.4%)</b>	<b>20.4</b>	<b>21.7</b>	<b>1.2</b>	<b>6.0%</b>	●
<b>Total Efficiencies</b>	<b>11.3</b>	<b>10.3</b>	<b>(0.9)</b>	<b>(8.3%)</b>	<b>96.3</b>	<b>96.3</b>	<b>(0.0)</b>	<b>(0.0%)</b>	●

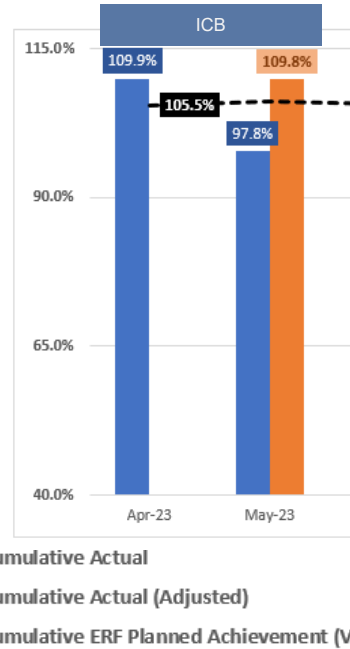
Slippage in Provider returns is balanced to plan by additional non-recurrent savings to be made.

# 4. ERF Performance (month 2)

ERF performance at month 2 is still heavily impacted by 'above average' rates of uncoded inpatient activity, resulting in higher volumes of **zero tariff** spells. Month 2 uncoded inpatient activity is at **33% (31% Daycase, 49% Ordinary admission)**

The below highlights uncoded activity levels by POD and provider for month 2

Org	Daycase	Ordinary	Total
<b>ICB</b>	<b>31.2%</b>	<b>49.1%</b>	<b>33.3%</b>
Salisbury Hospital	64.4%	82.4%	66.4%
Great Western Hospital	47.9%	88.0%	52.6%
Royal United Hospital	6.3%	3.4%	6.1%
Independent Sector <i>(No provider splits are ICB commissioned, not trust total)</i>	6.4%	8.2%	6.6%



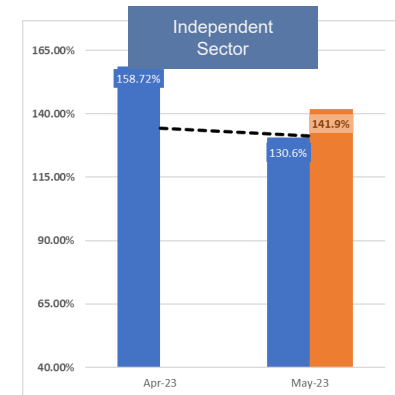
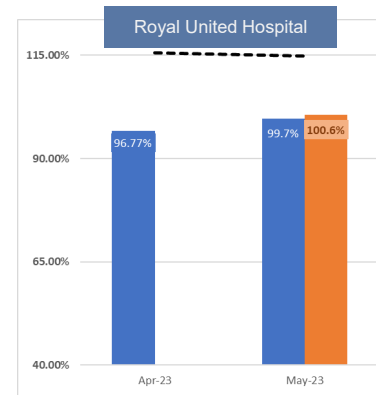
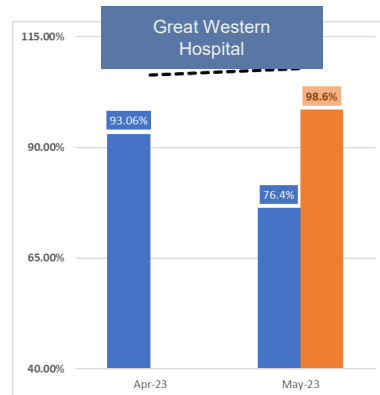
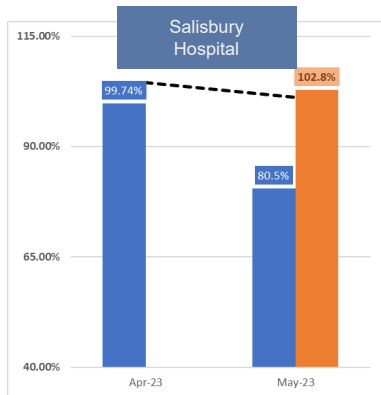
**Month 2 activity** has been cost adjusted to estimate performance, as per 'normal' levels of uncoded activity.

A reflective percentage of uncoded activity has been costed at an average POD price, however adjusted performance should be used with caution as performance is likely to be overstated.

- **All activity** is currently costed at 22/23 tariff.
- **Performance** is monitored against the NHSE Op plan baseline target of **107.1%**

The below highlights adjusted and non-adjusted performance by organisation, against ytd cumulative plan.

Org	Plan	Non-Adj	Adj
<b>ICB</b>	<b>106.3%</b>	<b>97.8%</b>	<b>109.8%</b>
Salisbury Hospital	101.1%	80.5%	102.8%
Great Western Hospital	107.9%	76.4%	98.6%
Royal United Hospital	114.8%	99.7%	100.6%
Independent Sector	131.2%	130.6%	141.9%

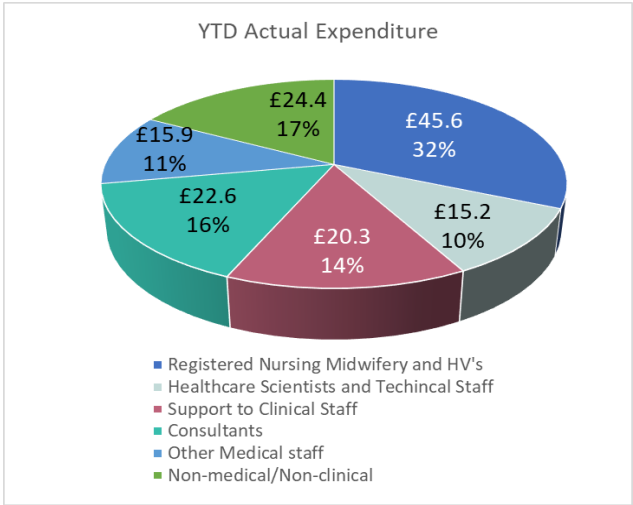


# 5. Workforce - Overview

Overall staff costs exceed the plan in both month 1 and month 2 in part due to higher than anticipated sickness levels.

Use of bank staff is £1.3m (22.3%) above the planned level of £5.8m but forecast to be below plan.

Use of Agency is below 22/23 expenditure but is still above the agency limit by £0.9m.



	Year-to-date			
	Plan £m	Actual £m	Under/(over) spend £m	%
Registered Nursing Midwifery and HV's	42.2	45.6	(3.4)	(8.1%)
Healthcare Scientists and Technical Staff	15.3	15.2	0.2	1.1%
Qualified Ambulance Service Staff	0.2	0.3	(0.1)	(49.4%)
Support to Clinical Staff	17.8	20.3	(2.6)	(14.5%)
Consultants	23.3	22.6	0.7	2.9%
Other Medical staff	14.1	15.9	(1.8)	(12.8%)
Non-medical/Non-clinical	24.2	24.4	(0.2)	(0.8%)
Other Employee Benefit costs *	0.2	0.3	(0.1)	(55.3%)
<b>Total Provider Workforce Expenditure</b>	<b>137.2</b>	<b>144.5</b>	<b>(7.3)</b>	<b>(5.3%)</b>

	Forecast Outturn			
	Plan £m	FOT £m	Under/(over) spend £m	%
Registered Nursing Midwifery and HV's	247.7	244.2	3.5	1.4%
Healthcare Scientists and Technical Staff	92.3	94.2	(1.9)	(2.1%)
Qualified Ambulance Service Staff	1.1	1.3	(0.3)	(23.3%)
Support to Clinical Staff	105.7	111.7	(6.0)	(5.7%)
Consultants	138.2	135.3	2.9	2.1%
Other Medical staff	84.3	88.5	(4.2)	(5.0%)
Non-medical/Non-clinical	142.6	143.2	(0.6)	(0.4%)
Other Employee Benefit costs *	1.1	1.6	(0.5)	(39.9%)
<b>Total Provider Workforce Expenditure</b>	<b>812.9</b>	<b>819.9</b>	<b>(7.0)</b>	<b>(0.9%)</b>

Year to date

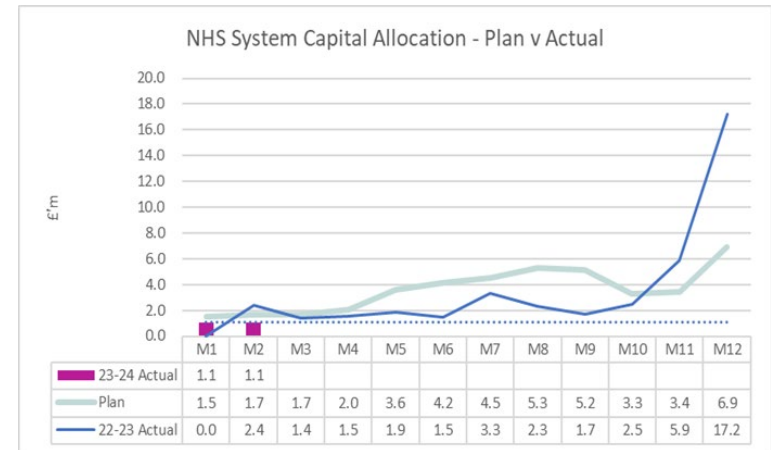
Improvement expected over remainder of the year in Nursing staff (9.5%), other medical (7.8%) and support to clinical (8.8%) from YTD position

Largest deterioration from YTD to Forecast out turn is in Healthcare Scientists (3.2%)

\*Apprenticeship levy

# 6. Capital – Delivery vs Plan

Capital spend at month 2 is 74.5% behind plan. Full update to be provided at month 3.



	Year-to-date			
	Plan £m	Actual £m	(Under)/over £m	delivery %
Provider Charge against Capital Allocation (Plan) - Excluding IFRS16 impact	3.2	2.1	1.1	34.4%
IFRS16 impact on Charge against capital allocation (Plan)	0.5	0.0	0.5	100.0%
Primary Care charge against Capital allocation (Plan)	0.0	0.0	0.0	0.0%
<b>Performance against Capital Allocation (Plan) - Including IFRS16 impact</b>	<b>3.7</b>	<b>2.1</b>	<b>(1.6)</b>	<b>(42.5%)</b>
Provider Charge against National Allocations charged to CDEL	24.7	5.1	(19.6)	(79.2%)
Other items charged to CDEL	0.0	0.0	0.0	0.0%
<b>Performance against CDEL</b>	<b>28.4</b>	<b>7.2</b>	<b>(21.1)</b>	<b>(74.5%)</b>

	Forecast Outturn				YTD Spend as % FOT	Year to date
	Plan £m	FOT £m	(Under)/over £m	delivery %		
	43.3	42.7	0.6	1.4%	4.9%	●
	12.6	12.6	0.0	0.0%	0.0%	●
	1.6	0.0	(1.6)	(100.0%)	0.0%	●
<b>Performance against Capital Allocation (Plan) - Including IFRS16 impact</b>	<b>57.4</b>	<b>55.3</b>	<b>(2.2)</b>	<b>(3.8%)</b>	<b>3.8%</b>	●
	152.8	152.3	0.6	0.4%	3.4%	●
	0.0	0.0	0.0	0.0%	0.0%	●
<b>Performance against CDEL</b>	<b>210.3</b>	<b>207.5</b>	<b>(2.8)</b>	<b>(1.3%)</b>	<b>3.5%</b>	●

**66% under delivery against YTD plan excl IFRS 16 impact**

**YTD Spend should be @ 17%**



Report to:	BSW ICB Board – Meeting in Public	Agenda item:	14
Date of Meeting:	13 July 2023		

Title of Report:	BSW ICB Board Assurance Framework (BAF), and BSW ICB Corporate Risk Register (CRR)
Report Author:	Anett Loescher
Board / Director Sponsor:	Rachael Backler, Executive Director of Performance and Planning
Appendices:	1 – BAF 2 – CRR

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

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	x
2. Fairer health and wellbeing outcomes	x
3. Excellent health and care services	x

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Audit Committee	19/10/2022	Discussion (BAF, in the context of risk management framework)
BSW ICB Audit Committee	21/12/2022; 22/02/2023; 04/05/2023	Discussion, assurance (CRR)
BSW ICB Board	16/02/2023; 22/06/2023	Discussion (BAF)

1	Purpose of this paper
	<p>In January 2023, the Board approved the BSW ICB's Risk Management Framework. The Framework stipulates that two specific documents would underpin the ICB's management of risk:</p> <p>a) The Board Assurance Framework (BAF). Collates the most significant strategic risks facing the ICB, i.e. the risks that may stop us achieving our goals and / or delivering our collective strategy.</p> <p>BSW ICB adopted as its strategic objectives the vision elements and the three objectives articulated in the BSW Integrated Care Strategy, namely</p> <ul style="list-style-type: none"> <li>• Working and listening effectively together (vision element)</li> <li>• Improve health and wellbeing and reduce inequalities (vision element)</li> <li>• Focus on prevention and early intervention</li> <li>• Fairer health and wellbeing outcomes</li> <li>• Excellent health and care services</li> </ul> <p>The BSW ICB BAF brought to the Board today articulates risks to achieving these strategic objectives from the ICB's perspective. It is therefore a BSW ICB BAF. The aim is to develop this BAF, over time, into a system BAF that articulates risks to achieving the BSW Integrated Care Strategy not from a specific organisation's perspective, but from a BSW system point of view.</p> <p>The Board considered this BAF at its development session in June 2023. We are now asking the Board to support a soft-launch of this BAF from July 2023, with a view to evolving the BAF iteratively under oversight by the BSW ICB Audit Committee. It is intended that the BSW ICB Audit Committee and the BSW ICB Board will regularly consider the BAF, and that these considerations of strategic risk will inform future Board agendas.</p> <p>b) The ICB corporate risk register (CRR). This is a register of the significant risks facing the ICB body corporate. These risks are identified by the ICB Directorates as part of their normal risk management processes and elevated to the corporate register if their likelihood and impact are considered significant (scores of 15+). The corporate risk register is therefore not a complete list of all risks facing the system, but a list of the significant risks facing the ICB. The risk register does however note where a risk is also relevant to and has impact on system partners. The corporate risk register is regularly reviewed by the BSW ICB Executive Management Team, and the BSW ICB Board assurance committees regularly consider operational risks (in particular the effectiveness of controls and mitigations) within the respective committee's subject matter area.</p>

<b>2</b>	<b>Summary of recommendations and any additional actions required</b>
<p>The Board is asked to</p> <ul style="list-style-type: none"> <li>- formally approve the BSW ICB Board Assurance Framework (BAF) and to support its soft-launch, with a view to iteratively evolve the BAF from ICB-focussed to system-focussed.</li> <li>- Mandate the BSW ICB Audit and Risk Committee to oversee and steer the development of the BAF.</li> <li>- Note the BSW ICB's corporate risk register</li> </ul>	
<b>3</b>	<b>Legal/regulatory implications</b>
<p>An understanding of the strategic risks facing the ICB and the BSW system is essential in order to take strategic and tactical steps to manage such risks, to enable the ICB and the system to meet their aims and objectives, and thus to fulfil their statutory duties and responsibilities.</p> <p>The BAF is an essential tool to assure the ICB that it has properly identified the risks it faces to the achievement of its strategic objectives, and that it has processes and controls in place to mitigate those risks and the impact they have on the ICB and the BSW system.</p> <p>This is underpinned and supported by the ICB corporate risk register's focused view on ICB operational risks.</p>	
<b>4</b>	<b>Risks</b>
<p>Failure to implement the BAF exposes the ICB and the BSW system to failure in achieving strategic objectives, and fulfilling the statutory duties and functions for which the ICB and integrated care system were set up.</p>	
<b>5</b>	<b>Quality and resources impact</b>
<p>The sound management of risks to strategic objectives will have a positive impact, chiefly by recognising and mitigating adverse impact.</p>	
Finance sign-off	n/a
<b>6</b>	<b>Confirmation of completion of Equalities Impact Assessment</b>
<p>None undertaken</p>	
<b>7</b>	<b>Statement on confidentiality of report</b>
<p>This paper can be shared publicly.</p>	

### Proposed BSW ICB Board Assurance Framework

Proposed summary view (for inclusion in CEO reports to Board meetings in public)

BAF Risk	Inherent risk score	Current risk score	Target risk score
SO1.1, BSW ICS is unable to create the right conditions and incentives for all BSW residents to stay healthy			
SO2.1, BSW ICB does not put reducing inequalities at the heart of all its activities			
SO3.1, BSW ICB is unable to meet the additional healthcare demands and deliver our operational plan			
SO3.2, BSW ICS is unable to recruit and retain suitably qualified staff			
SO3.3, BSW ICS is unable to reduce its expenditure to address its underlying financial deficit			
VE1.1, BSW ICB and partner health and care organisations in BSW do not work more effectively in partnership			
VE1.2, BSW ICB and partner health and care organisations in BSW do not focus on those things that impact most on health outcomes			
Risks removed from active BAF monitoring			

SO = Strategic Objective, numbered per the detailed BAF

Risk scoring matrix underpins BAF and corporate risk register. BAF shows only risks 15+

Impact	Likelihood				
	1 Rare <i>will probably never happen/ recur</i>	2 Unlikely <i>not expected to happen but possible</i>	3 Possible <i>might happen / recur occasionally</i>	4 Likely <i>will probably happen / recur, but it is not persisting</i>	5 Certain <i>will undoubtedly happen / recur, possibly frequently</i>
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

**Proposed full BAF (for discussion at Board in private)**

The BSW Integrated Care System (ICS) vision is “Working and listening effectively together to improve health and wellbeing.”

The BSW ICS strategic objectives (set over the five years 2023-2028) are:

- 1 Focus on prevention and early intervention,
- 2 Fairer health outcomes,
- 3 Excellent health and care services

As a key partner and enabler in the ICS, BSW ICB adopts the ICS strategic objectives as BSW ICB strategic objectives. This BSW ICB BAF articulates risks, from the ICB’s perspective, to achieving the ICB strategic objectives, and to the achievement of the BSW ICS vision as set out in the BSW [Integrated Care Strategy](#) .

We recognise that over time, it may be appropriate to develop a BSW ICS Assurance Framework to identify and oversee system risks to the achievement of the ICS strategic objectives.

Risk ref	Key risk to achieving strategic objective	Accountable (in bold)/ responsible* (See note)	Assurance committee	Inherent risk score	Current risk score	Target risk score & date	Risk tolerance	Controls and mitigations	Assurance and Evidence	Gaps in controls and assurance	Planned actions
<b>Strategic objective 1: Focus on prevention and early intervention</b>											
SO1.1	If BSW ICS is unable to create the right conditions and incentives for BSW residents to stay healthy – including through actively addressing the wider determinants of health – we will not prevent disease, injury or ill-health, or avoidable complications associated with long-term conditions. This will then lead to increased and additional healthcare demands, and jeopardise BSW's ambitions and plans for sustainable, equitably accessible, high-quality health and care services, and will continue to lead to long waits for treatment and poorer outcomes.	<b>Chief Medical Officer</b>  CMOs of NHS Trusts	Quality & Outcomes Committee					<b>Strategies and Plans</b> <ul style="list-style-type: none"> <li>System Development Plan</li> </ul> <b>Partnerships and Services</b> <ul style="list-style-type: none"> <li>Transformation Programmes</li> <li>Mental Health Transformation Board</li> <li>Local Maternity and Neonatal System</li> <li>Primary Care Networks</li> <li>Mental Health Provider Collaborative (nascent)</li> <li>System Quality Group</li> </ul> <b>Governance &amp; Engagement Structures</b> <ul style="list-style-type: none"> <li>Integrated Care System Executive Group</li> <li>ICS DoF Group</li> <li>ICB Board</li> <li>ICB Finance and Investment Committee</li> <li>ICB People Committee</li> <li>Strategic Workforce Group</li> </ul>	<b>First Line of Assurance</b> <ul style="list-style-type: none"> <li>Prevention and early intervention activities report</li> <li>Workforce report</li> <li>Routine Quality Monitoring and Triangulation by Quality Team</li> <li>Performance Dashboard</li> <li>Monthly Key Lines of Enquiry for areas of underperformance / concern</li> </ul> <b>Second Line of Assurance</b> <ul style="list-style-type: none"> <li>General Practice Appointment Data Monitoring</li> <li>Reports to ICB Quality and Outcomes Committee:                             <ul style="list-style-type: none"> <li>Integrated Performance Report</li> <li>Integrated Provider Report</li> </ul> </li> <li>Reports to ICB Finance and Investment Committee                             <ul style="list-style-type: none"> <li>Performance Report</li> <li>Annual Operating Plans</li> </ul> </li> </ul> <b>Third Line of Assurance</b> <ul style="list-style-type: none"> <li>National System Oversight Framework</li> <li>NHSE Quarterly System Review Meetings</li> </ul>	<ul style="list-style-type: none"> <li>5 Year Joint Forward Plan</li> <li>Primary Care Strategy</li> <li>Prevention and early intervention strategy / plan</li> <li>Quality Assurance Framework</li> <li>Quality Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Develop 5 Year Joint Forward Plan to be approved by ICB Board</li> <li>Develop Primary Care Strategy to be approved by ICB Board</li> <li>Develop People Plan to be approved by People Committee</li> <li>Develop Quality Strategy to be approved by ICB Board</li> <li>Develop Quality Assurance Framework to be approved by ICB Quality and Outcomes Committee</li> </ul>
<b>Strategic objective 2: Fairer health and wellbeing outcomes</b>											
SO2.1	If BSW ICB does not put reducing inequalities at the heart of all its activities, and work closely with partners in order to deliver on its plans, then we will continue to see reduced opportunities and outcomes for	<b>Director of Equalities, Innovation and Digital Enterprise</b>  LA DPHs	People and Community Engagement Committee  Quality Committee					<b>Strategies and Plans</b> <ul style="list-style-type: none"> <li>Health Inequalities Strategic Plan</li> <li>Population Health Roadmap 2022-27</li> <li>Joint Strategic Needs Assessments</li> </ul>	<b>First Line of Assurance</b> <ul style="list-style-type: none"> <li>Routine progress reports from key workstreams, such as Population Health Management and Decision Support Unit Development</li> </ul>	<ul style="list-style-type: none"> <li>5 Year Joint Forward Plan</li> <li>ICB Board Development Framework</li> <li>ICS digital and data strategy</li> </ul>	<ul style="list-style-type: none"> <li>5 Year Joint Forward Plan by March 2023 and implement monitoring arrangements</li> <li>Develop ICS Digital and Data Strategy and Supporting Plan</li> </ul>

Risk ref	Key risk to achieving strategic objective	Accountable (in bold)/ responsible* (See note)	Assurance committee	Inherent risk score	Current risk score	Target risk score & date	Risk tolerance	Controls and mitigations	Assurance and Evidence	Gaps in controls and assurance	Planned actions
	our population incl. re prevention and early intervention.	CIOs of NHS Trusts  LA DAS/DCS leads for BCF						<ul style="list-style-type: none"> <li>Integrated Care Partnership and Integrated Care Board Development Programme</li> <li>Better Care Fund Plans</li> <li>Care Collaborative Transfer Plan</li> <li>Primary Care Strategy</li> <li>ICB Communities Strategy</li> <li>Clinical and Professional Leadership Programme</li> </ul> <b>Partnerships and Services</b> <ul style="list-style-type: none"> <li>Integrated Care Partnership</li> <li>Care Collaboratives</li> <li>Provider Collaboratives (Primary Care Collaborative, Mental Health Collaborative and Acute Collaborative)</li> <li>ICS Executive Group and System Groups</li> </ul> <b>Governance &amp; Engagement Structures</b> <ul style="list-style-type: none"> <li>Integrated Care Partnership; ICB Board and associated Committees</li> <li>Care Collaborative Programme Board</li> </ul>	<ul style="list-style-type: none"> <li>Regular Population Health Management Workstream Update to the Population Health Management Group</li> <li>Regular Inequalities Workstream Update to the Population Health Management Group</li> </ul> <b>Second Line of Assurance</b> <ul style="list-style-type: none"> <li>Care Collaborative Development Report to ICB Planning</li> <li>Population Health, Inequalities and Prevention Programme Report to ICB Planning</li> </ul>	<ul style="list-style-type: none"> <li>Provider Collaborative development oversight by ICB committees</li> </ul>	<ul style="list-style-type: none"> <li>Digital Board reports into Planning</li> </ul>
<b>Strategic objective 3: Excellent health and care services</b>											
3.1	If BSW ICB is unable to meet the additional healthcare demands and deliver our operational plan then our patients and residents will wait longer for treatment, and this will result in poorer outcomes	<b>Director of Planning and Performance</b>  COOs of NHS Trusts	Quality Committee					<b>Strategies and Plans</b> <ul style="list-style-type: none"> <li>System Development Plan</li> <li>Winter Plan</li> </ul> <b>Partnerships and Services</b> <ul style="list-style-type: none"> <li>Urgent and Emergency Care Programme Board</li> <li>Transformation Programmes</li> <li>Mental Health Transformation Board</li> <li>Emergency Preparedness Resilience and Response Framework</li> <li>Local Maternity and Neonatal System</li> <li>Primary Care Networks</li> <li>Mental Health Provider Collaborative (nascent)</li> </ul>	<b>First Line of Assurance</b> <ul style="list-style-type: none"> <li>Routine Quality Monitoring and Triangulation by Quality Team</li> <li>General Practice Appointment Data Monitoring</li> <li>Performance Dashboard</li> <li>Monthly Key Lines of Enquiry for areas of underperformance / concern</li> <li>Monthly Oversight System Review Meetings</li> <li>Monitoring and oversight by command structure</li> </ul> <b>Second Line of Assurance</b> <ul style="list-style-type: none"> <li>Reports to ICB Quality and Outcomes Committee: <ul style="list-style-type: none"> <li>Cancer and Planned Care Report</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Winter Plan</li> <li>5 Year Joint Forward Plan</li> <li>Primary Care Strategy</li> <li>People Plan</li> <li>Independent Assessment (NHSE Operating Framework, CQC Assessment Framework)</li> <li>Quality Assurance Framework</li> <li>Quality Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Winter Plan to be approved by Finance and Investment Committee</li> <li>Develop 5 Year Joint Forward Plan to be approved by ICB Board</li> <li>Develop Primary Care Strategy to be approved by ICB Board</li> <li>Develop People Plan to be approved by People Committee</li> <li>Develop Quality Strategy to be approved by ICB Board</li> <li>Develop Quality Assurance Framework to be approved by ICB Quality and Outcomes Committee</li> </ul>



Risk ref	Key risk to achieving strategic objective	Accountable (in bold)/ responsible* (See note)	Assurance committee	Inherent risk score	Current risk score	Target risk score & date	Risk tolerance	Controls and mitigations	Assurance and Evidence	Gaps in controls and assurance	Planned actions
								<ul style="list-style-type: none"> <li>System Quality Group</li> </ul> <b>Governance &amp; Engagement Structures</b> <ul style="list-style-type: none"> <li>Integrated Care System Executive Group</li> <li>ICS DoF Group</li> <li>ICB Board</li> <li>ICB Finance and Investment Committee</li> <li>ICB People Committee</li> <li>Strategic Workforce Group</li> </ul>	<ul style="list-style-type: none"> <li>Urgent and Emergency Care Report</li> <li>Integrated Performance Report</li> <li>Learning Disability and Autism Assurance Report</li> <li>Local Maternity and Neonatal System Report</li> <li>Integrated Provider Report</li> </ul> <ul style="list-style-type: none"> <li>Reports to ICB Finance and Investment Committee <ul style="list-style-type: none"> <li>Performance Report</li> <li>Annual Operating Plans</li> </ul> </li> </ul> <b>Third Line of Assurance</b> <ul style="list-style-type: none"> <li>National System Oversight Framework</li> <li>NHSE Quarterly System Review Meetings</li> </ul>		
<b>Strategic objective 3: Excellent health and care services</b>											
SO3.2	If BSW ICS is unable to attract, recruit and retain suitably skilled staff then we will be unable to deliver our desired levels of care and the future transformation to our services.	<b>Chief People Officer</b> LA workforce lead CPOs NHS Trusts	People Committee					<b>Strategies and Plans</b> <ul style="list-style-type: none"> <li>People Strategy Short- and Long-Term Strategic Workforce Priorities</li> </ul> <b>Partnerships and Services</b> <ul style="list-style-type: none"> <li>Joint Academy &amp; People Delivery Group</li> <li>Chief Nurse and Workforce Leads group – Nursing &amp; AHP supply focus</li> <li>Strategic Workforce Group</li> <li>Chief People Officer Group</li> <li>LA Workforce Leads Group</li> <li>Academy</li> <li>Training Hub</li> </ul> <b>Governance &amp; Engagement Structures</b> <ul style="list-style-type: none"> <li>People Committee</li> </ul>	<b>First Line of Assurance</b> <ul style="list-style-type: none"> <li>Workforce dashboard</li> </ul> <b>Second Line of Assurance</b> <ul style="list-style-type: none"> <li>Strategy Workforce Priorities Progress Report to the ICB People Committee</li> </ul> <b>Third line of Assurance</b> <ul style="list-style-type: none"> <li>NHSE workforce data and assurance meetings</li> </ul>	<ul style="list-style-type: none"> <li>People Strategy</li> <li>System-wide Strategic Workforce Priorities</li> </ul>	<ul style="list-style-type: none"> <li>Develop Strategic Workforce Priorities and implement monitoring arrangements</li> <li>Focus and interventions required to encourage and enable collaborative working on system-wide workforce challenges amongst CEO's, CNO's, CPO's and Workforce Leads across the system</li> </ul>
<b>Strategic objective 3: Excellent health and care services</b>											
SO3.3	If BSW ICS is unable to reduce its expenditure to address its underlying financial deficit, then it will not be financially sustainable and will be unable to meet the health and care requirements of its patients.	<b>Chief Finance Officer</b> CFOs NHS Trusts	Finance and Investment Committee					<b>Strategies and Plans</b> <ul style="list-style-type: none"> <li>System Financial Strategy, incorporating: <ul style="list-style-type: none"> <li>Healthcare Financial Management Association (HFMA) Financial</li> </ul> </li> </ul>	<b>First Line</b> <ul style="list-style-type: none"> <li>Monitoring delivery of System Financial Strategy and Financial Plan by BSW DoF Group</li> <li>Standing Orders, Standing Financial Instructions and Delegated Financial Limits</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Care System Estates Strategy</li> <li>Transformation Programme Plan</li> <li>5 Year Joint Forward Plan</li> </ul>	<ul style="list-style-type: none"> <li>Take Integrated Care System Estates Strategy through the ICB governance via Finance and Investment Committee</li> <li>Develop Integrated Care Partnership Strategy and</li> </ul>



Risk ref	Key risk to achieving strategic objective	Accountable (in bold)/ responsible* (See note)	Assurance committee	Inherent risk score	Current risk score	Target risk score & date	Risk tolerance	Controls and mitigations	Assurance and Evidence	Gaps in controls and assurance	Planned actions
	This will then impact our ability to deliver more joined-up, preventative, and person-centred care for our whole population, across the course of their life.	CFOs LA						<ul style="list-style-type: none"> <li>sustainability checklist <ul style="list-style-type: none"> <li>Triple Aim framework</li> <li>Value based decision making approach</li> </ul> </li> <li>Financial Revenue Plan</li> <li>Financial Capital Plan</li> <li>Efficiency and Transformation Plans</li> <li>Estate Programme</li> </ul> <b>Partnerships and Services</b> <ul style="list-style-type: none"> <li>Transformation Board</li> <li>Digital Board</li> <li>Estates Board</li> <li>People Board</li> <li>Elective Care Board</li> <li>Urgent and Emergency Care Board</li> </ul> <b>Governance &amp; Engagement Structures</b> <ul style="list-style-type: none"> <li>Finance and Investment Committee</li> <li>Audit Committee</li> </ul>	<ul style="list-style-type: none"> <li>Financial Accounting Performance Metrics</li> <li>HFMA Financial Sustainability Checklist</li> <li>Better Payment Practice Code</li> <li>Productivity review informed by: <ul style="list-style-type: none"> <li>Getting It Right First Time (GIRFT)</li> <li>Model Health System</li> </ul> </li> </ul> <b>Second Line</b> <ul style="list-style-type: none"> <li>Finance Report to Finance and Investment Committee</li> <li>Integrated Finance and Performance Report to the ICB Board</li> </ul> <b>Third Line</b> <ul style="list-style-type: none"> <li>Monthly Integrated (Care System) Finance Return and Provider Finance Returns reporting to NHSE</li> <li>Quarterly NHSE Financial Stocktake</li> <li>NHSE Annual planning process (and triangulation of Finance, Activity and workforce planning)</li> </ul>		<ul style="list-style-type: none"> <li>implement monitoring arrangements</li> <li>5 Year Joint Forward Plan by March 2023 and implement monitoring arrangements</li> </ul>
<b>Vision element 1: Working and listening effectively together</b>											
VE1.1	If BSW ICB and partner health and care organisations in BSW do not work more effectively in partnership, then we will fail to deliver joined-up support across our health and care services that better meets the needs of the population. This would result in unwarranted variation, continued inequality of access, and poorer outcomes.	<b>Director of Strategy and Transformation</b>  CEOs partner organisations	People and Community Engagement Committee					<b>Strategies and Plans</b> <ul style="list-style-type: none"> <li>BSW Integrated Care Strategy</li> <li>Health Inequalities Strategic Plan</li> <li>Population Health Roadmap 2022-27</li> <li>Health and Wellbeing Strategies</li> <li>Local Authority Strategies</li> <li>ICB Communities Strategy</li> </ul> <b>Partnerships and Services</b> <ul style="list-style-type: none"> <li>Integrated Care Partnership</li> <li>Population Health Management Group</li> <li>Place</li> <li>Primary Care Networks</li> </ul> <b>Governance &amp; Engagement Structures</b> <ul style="list-style-type: none"> <li>Integrated Care Partnership</li> <li>Health and Wellbeing Boards</li> </ul>	<b>First Line of Assurance</b> <ul style="list-style-type: none"> <li>Ongoing involvement with Healthwatch as well as the Voluntary Community and Social Enterprise</li> <li>Joint Strategic Needs Assessments</li> </ul> <b>Second Line of Assurance</b> <ul style="list-style-type: none"> <li>Population Health, Inequalities and Prevention Programme Report to ICB</li> <li>Quarterly Communications and Engagement update to ICB People and Community Engagement Committee</li> </ul>	<ul style="list-style-type: none"> <li>5 Year Joint Forward Plan</li> </ul>	<ul style="list-style-type: none"> <li>Develop 5 Year Joint Forward Plan to be approved by ICB Board</li> </ul>

Risk ref	Key risk to achieving strategic objective	Accountable (in bold)/ responsible* (See note)	Assurance committee	Inherent risk score	Current risk score	Target risk score & date	Risk tolerance	Controls and mitigations	Assurance and Evidence	Gaps in controls and assurance	Planned actions
<b>Vision element 2: Improve health and wellbeing, and reduce inequalities</b>											
VE2.1	If BSW ICB and partner health and care organisations in BSW do not focus on those things that impact most on health outcomes, we will not make a significant difference in the health and wellbeing of the people of BSW. This will then impact our ability to deliver more joined-up, preventative, and person-centred care for our whole population, across the course of their life.	<b>Director of Equalities, Innovation and Digital Enterprise</b>  LA Cllrs with housing, economic development, education portfolios  LA DPHs	People and Community Engagement Committee					<b>Strategies and Plans</b> <ul style="list-style-type: none"> <li>BSW Integrated Care Strategy</li> <li>Health Inequalities Strategic Plan</li> <li>Population Health Roadmap 2022-27</li> <li>Health and Wellbeing Strategies</li> <li>Local Authority Strategies</li> <li>ICB Communities Strategy</li> </ul> <b>Partnerships and Services</b> <ul style="list-style-type: none"> <li>Integrated Care Partnership</li> <li>Population Health Management Group</li> <li>Place</li> <li>Primary Care Networks</li> </ul> <b>Governance &amp; Engagement Structures</b> <ul style="list-style-type: none"> <li>Integrated Care Partnership</li> <li>Health and Wellbeing Boards</li> </ul>	<b>First Line of Assurance</b> <ul style="list-style-type: none"> <li>Ongoing involvement with LAs and LEPs as well as the Voluntary Community and Social Enterprise</li> <li>Joint Strategic Needs Assessments</li> </ul> <b>Second Line of Assurance</b> <ul style="list-style-type: none"> <li>Quarterly Communications and Engagement update to ICB People and Community Engagement Committee</li> </ul>	<ul style="list-style-type: none"> <li>5 Year Joint Forward Plan</li> </ul>	<ul style="list-style-type: none"> <li>Develop 5 Year Joint Forward Plan to be approved by ICB Board</li> </ul>

**\*Note: Accountable/ Responsible:**

'Accountable' = usually an ICB Executive and occasionally more than one.

'Responsible' = could be an ICB Executive and/or a partner and may often be more than one.



BSW ICB 09	Capacity and capability	12/05/2021	There is a risk that elective care capacity will not recover as planned.	ICS system organisations	Executive Director of Planning and Performance	Director of Commissioning	Elective Care Board & Elective Recovery Sub-Group	05-Jun-23	4	4	16	12	Treat	There is a risk that elective care capacity will not recover as planned or to the extent required, where assumptions and actions do not deliver the impact anticipated; or where additional factors such as urgent care pressures impact on capacity.  As a result there is a risk that the BSW system will not eliminate over 65 weeks waits by March 2024. There is a risk that the operational plan requirements related to additional capacity in 2024 will not be met, resulting in under-achievement of ERF income versus financial plans. There is additional pressure on this target due to the ongoing industrial action.  Additionally there is a risk that diagnostic performance will not achieve the regional target of 85% by March 2024 (non cancer) seen within 6 weeks.	Weekly long wait end of month reports submitted to NHSE for 65 week waits. Weekly elective care activity reports. Elective Recovery Group (sub group of Elective Care Board) fortnightly review. NHSE and ICB joint assurance reviews of performance and action plans for diagnostics. Elective Care Board monthly review. Individual contractual discussions with Independent Sector Providers (not represented on Elective Care Board)	Operational performance report reported to Quality & Outcomes Committee ERF position and forecast reported to Finance and Investment Committee. Elective Care Performance Dashboard and topic deep dives and action plans presented and reviewed at Elective Recovery Group and Elective Care Board.	1. Memorandum of Understanding placed within IS provider contracts to support requests for mutual aid. (In place) 2. All three acute providers participating in the new NHSE led Digital Mutual Aid process and supporting contract with IS providers for requested mutual aid transfers. (In place Lead: Mark Harris) 3. Mutual aid opportunities between acute providers and joint working of service teams in hot spot specialities. (In place) 4. Weekly review of Waiting List Minimum Dataset report to identify current and forecast issues (In place) 5. Increased theatre productivity - actions from Four Eyes review (In place - Lead: Acute providers) 6. Completion of actions for High Volume Low Complexity (Next review with NHSE March 23 - Lead: Acute providers) 7. Development and submission of business case for 2 additional theatres at Sullis Hospital - planned opening in 2024/25 8. Opening of 14th Theatre at GWH (Aug 23 - Lead GWH) 9. Introduction of system waiting list tool 10. Increased ASA grade activity at Sullis and day case arthroscopy 11. Diagnostic recovery action plans (Plans produced and monitored)	1) In place 2) Next review June 23 3) Reviewed fortnightly 4) In place 5) Next review Sept 23 6) Next review Sept 23 7) June 23 8) Aug 23 9) RUH, GWH live. SFT June 23 10) May June 23 11) In place	Amber	3	3	9
BSW ICB 10	Capacity and capability	29/11/2019	There is a risk that cancer waiting times will not meet the NHSE target levels required	ICS system organisations	Executive Director of Planning and Performance	Director of Commissioning	Elective Care Board & Quality and Outcomes Committee	05-Jun-23	4	4	16	9	Treat	There is a risk that patients may come to harm as a result of long waits for cancer diagnosis and treatment, specifically in relation to 62 day treatment target.  This target is currently measured as the number of breaches versus a nationally set plan for systems. The associated measure is the national standard of achieving the target for 85% of patients.	-Weekly oversight of trust level data on number of patients waiting over 62 days for start of cancer treatment -Reassessment of trust level trajectories for remainder of FY22/23 -Bi-weekly situation updates at pan-BSW cancer forum -Regular cancer alliance activity, performance and capacity update and review meetings (SWAG and TVCA) where current position is reviewed and assurances provided -monthly update of current (2 months prior) performance (and mitigations for poor performance) into BSW ICB reporting process -Quarterly 1-1 cancer review meetings with each trust for more targeted discussions e.g. of recovery plans for specific tumour types, covering both activity volumes and performance -Clinical harm reviews of all long wait cancer patients for any evidence of harm resulting from the delay -Cancer is reportable to the Elective Care Board for governance and oversight	Harm review forms part of reporting to Elective Care Board and Quality & Outcomes Committee.	-Trusts running internal recovery projects, each with multiple strands, to address issues for what are currently the most challenged tumour types and pathways e.g. skin at GWH, LGI at RUH, prostate at SFT and RUH. Lead: acute providers. Target dates: On-going monitoring in respect of 2023/24 for both performance and the number of breaches.	Monthly reports to Elective Care Board and Cancer Alliances to March 2024	Amber	3	4	12
BSW ICB 11	Public, patient, and staff safety including clinical harm	06/02/2023	Lack of capacity of suitable placements for BSW Children Looked After. Both within BSW and across England and Wales	ICS NHS organisations, local authorities and other partner organisations	Chief Nurse Officer	Designated Nurses for Children Looked After	Quality and Outcomes	08-Jun-23	4	4	16	8	Treat	There is a lack of suitable placements for Children Looked After particularly for children with complex needs. These placements are Local Authority commissioned placements but this impacts on health hence the risk for BSW ICB. It means more children looked after are placed beyond 20 miles from their homes. There is an increased use of unregulated placements. The available placements may not be able to address all the child's needs leading to risk of unmet needs or placement breakdown. The risk to the ICB is that this could lead to increasing numbers of children being admitted to acute hospitals and placements are then giving immediate notice so when the child is fit for discharge there is no suitable placements available, and child remains in hospital, sometimes for weeks before a suitable placement is found. This is a national issue but having significant local impact where children with complex and challenging behaviour are in secondary care setting. This also impacts on staffing and bed capacity in acute settings. As of April 2023, the number of cases are increasing.	ICB has an established escalation process in place and the executive nurse and commissioners are kept aware of any cases where a child is fit for discharge but no placement is available. The three acute trusts in BSW ICB have put in place escalation processes and will inform the ICB if they have a child looked after who is fit for discharge but cannot be discharged because of lack of a placement. There are established processes in place between the ICB and Local Authorities with regard to multi-disciplinary meetings and case discussion with senior managers. As of April 2023, the designated professionals have maintained a local impact where children with complex and challenging behaviour are in secondary care setting. This also impacts on staffing and bed capacity in acute settings. As of April 2023, the number of cases are increasing.	The ICB will facilitate a LEAP meeting and/or CETR (multi-agency meetings) were appropriate. There is a Strategic Looked After Children's Group where issues are raised. This Group has the Chief Nurse, Designated Nurses, ICB commissioners and representatives from the three local authorities as members. The Designated Nurses meet with the Chief Nurse and the Associate Director of Strategic Safeguarding monthly.  Concern raised at the Children & Young People's Transformation Board.	1. This is a national problem which the recently completed Care Review sought to begin to address. A Government response to the Care Review has been received with further details awaited. 2. The Designated Nurses will monitor the situation and will update Chief Nurse on any cases of children looked after who are in an acute bed and fit for discharge but unable to leave due to a lack of suitable placement on a one-to-one basis. If the child has a learning disability or autism a CETR will be considered. 3. Corporate Parenting Board / Panels in each of the three local authorities will be made aware that the ICB has this issue on their Corporate Risk Register. 4. Paper to be taken to the Children & Young People's Transformation Board.	1. TBC 2. Monthly 3. End of 2023 4. September 2023	Amber	3	4	12
BSW ICB 13	Quality and Patient Experience	18/04/2023	POD Quality and Performance risks are not fully known and understood	ICS system organisations	Director of Place - Wiltshire and Executive Lead for Primary Care	Director of Primary Care Deputy Director of Primary Care	Primary Care Executive Group	08-Jun-23	4	4	16	12	Treat	The ICB is not yet in receipt of detailed reporting of finance, performance and quality reports for POD. Without this it is challenging for the ICB to fully understand the key risks and issues relating to provision across BSW, and to plan effectively with our population, IBC partners and neighbouring ICBs, and NHSE partners to address these, without this information. This presents delivery, financial and reputational risks to the ICB.	1. BSW POD Delegation Transition Steering Group set up (from delegation preparation steering group) with named workstream leads, meeting monthly to manage the outstanding actions. 2. Engaged in the monthly NHSE SW Transition Group (monthly) with NHSE colleagues and PCCC/PCEG Chairs. 3. Share all documents and information with wider ICB team 4. BSW Operational Groups for pharmacy services, dental and primary eye care services now set up and all meeting for first time in June with attendance from Local Representative Committees, clinical leads, LA and NHSE. 5. A SW wide Task and Finish Group being established to review Risk Register - both risk management in transition, and managing risks of service delivery here and now. BSW reps engaged. 6. NHSE colleagues have supporting reported on dental position to Swindon and Wiltshire HOSC - BaNES in June after local elections.	Lack of regular reporting and data for BSW.	DPA agreement now signed by the ICB Transition group and Project plan include development of future reporting arrangements Operational sub-groups being established with representation from NHSE. Transition Leadership role out to advert.	Operational Groups set up and meeting by end June 2023. SW Task and Finish Group to meet by end of June 2023.	Green	3	4	12

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	15
Date of Meeting:	13 July 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 – BSW ICB Quality and Outcomes Committee Terms of Reference

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	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	
2. Fairer health and wellbeing outcomes	
3. Excellent health and care services	x

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
	<p>This summary report provides an update of meetings of ICB Board committees since the last meeting of the ICB Board. The report brings to the attention of the Board the business covered by each Committee, and any decisions made by the Committees.</p> <p>Committee Terms of Reference can be found on the BSW ICB website as part of the Governance Handbook - <a href="https://bsw.icb.nhs.uk/about-us/governance/our-constitution-and-governance-handbook/">https://bsw.icb.nhs.uk/about-us/governance/our-constitution-and-governance-handbook/</a></p>

2	Summary of recommendations and any additional actions required
<p>The ICB Board is asked to <b>note</b> this report, and to raise any further questions with the respective Committee Chair's.</p> <p>The Board is also asked to <b>approve</b> the revised ICB Quality and Outcomes Committee Terms of Reference.</p>	
3	Legal/regulatory implications
None	
4	Risks
N/A	
5	Quality and resources impact
N/A	
Finance sign-off	N/A
6	Confirmation of completion of Equalities Impact Assessment
N/A	
7	Statement on confidentiality of report
N/A	

## 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 meeting of the BSW ICB Audit and Risk Committee held on 13 June 2023 was chaired by the Non-Executive Director for Audit and Governance, Dr Claire Feehily.

Received and Endorsed:

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

The Annual Reports and Accounts were endorsed by the Committee and recommended for approval by the ICB Board ahead of submission to NHS England, subject to some minor amendments being made.

- 1.4 The next meeting of the BSW ICB Audit and Risk Committee will be held on 7 September 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 4 July 2023 was chaired by the Non-Executive Director for Quality, Professor Rory Shaw.

Received and Noted:

- BSW ICB Quality and Patient Safety Report
- BSW Operational Performance Report
- System Quality Group Update
- Quarterly Continuing Healthcare and Funded Nursing Care report

Items Escalated to Board:

- None



Endorsed / Approved:

- Endorsed the recommendations from the Securing Services 2024/25, recommending them for approval by the ICB Board.

2.4 The next meeting of the BSW ICB Quality and Outcomes Committee will be held on 5 September 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 meeting of the BSW ICB Finance and Investment Committee held on 8 June 2023 was chaired by the Non-Executive Director for Finance, Paul Miller.

Received and Noted:

- BSW ICB and System Revenue Positions
- ICB Efficiency Plan and Quality, Innovation, Productivity and Prevention (QIPP) update
- Commissioning and Business Cases updates
- Protocols and processes for changes to forecasts and additional expenditure
- Estates update
- Community Diagnostics update
- Approach to expired / expiring contracts
- Finance risk register

Items Escalated to Board:

- None

Endorsed / Approved:

- BSW Joint Capital Resource Plan 2023/24

3.3 The next meeting of the BSW ICB Finance and Investment Committee will be held on 5 July 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 The next meeting of the BSW ICB Remuneration Committee is scheduled for 5 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 There have been no further meetings of the BSW ICB Public and Community Engagement Committee since the May report to the ICB Board.
- 5.3 The next meeting of the BSW ICB Public and Community Engagement Committee will be held on 15 August 2023.

## **6 BSW ICB People Committee**

- 6.1 The BSW ICB People Committee is to advise the Board and provide assurance on matters relating to the BSW health and care workforce, and the ICB staff.
- 6.2 The meeting of the BSW ICB People Committee held on 7 June 2023 was chaired by the Non-Executive Director for Remuneration and People, Suzannah Power.

### Received and Noted:

- Workforce Plan – Wiltshire Council
- BSW Operational Planning – Workforce Narrative
- BSW Staff Survey
- Cost of Living Update
- Exception Report from the BSW Strategic Workforce Group
- BSW ICB Corporate Risk Register – risks relating to workforce

### Items Escalated to Board:

- None

### Endorsed / Approved:

- Received and noted the Exception Report from the BSW Academy – endorsing the recommendations regarding under 18 year olds work experience and placement offers.
- Reviewed the suite of ICB HR policies – recommending them for approval by the ICB Executive and adoption by the ICB, subject to a further review of the BSW ICB Pay Protection Policy, BSW ICB Secondment Policy, and BSW ICB Organisational Change Policy.

- 6.3 The next meeting of the BSW ICB People Committee will be held on 13 September 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 meeting of the AJCC held on 30 May 2023 considered the following business:

- Assurance, Contracting and Performance update
- Lead Commissioner Model – update
- AJCC Annual Work Programme for 2023/24
- Risk Register/Assurance Framework
- Transformation and Improvement Plans – 2023/24
- Industrial Action Learnings

7.3 The next meeting of the AJCC is scheduled for 25 July 2023.

## **8 South West Joint Specialised Services Committee**

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 meeting of the Committee held on 27 June 2023 considered the following business:

- Review of the Joint Specialised Services Committee terms of reference
- Recommendations from the Joint Directors Group
- Specialised Commissioning Clinical and Operational Priorities Funding 2023/24
- Operational Delivery Network update
- Specialised Commissioning operational performance
- Specialised Commissioning Financial Planning and Performance
- Development of a South West specialised Commissioning Strategy

8.5 The next meeting is scheduled for 22 August 2023.

## Appendix 1



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

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

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

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## 1. Establishment

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

### 1.1 Definitions:

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

**Amendment:** The terms of reference may only be changed with approval of the ICB board.

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

### 1.2 Purpose

To agree the priorities for quality improvement and provide assurance to the board that the quality governance arrangements are continuously improving:

- Outcomes and inequalities in health, care and wellbeing
- Quality of health and care provision and unwarranted variation

## 2. Roles and responsibilities

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

### 2.1 Duties

- **Priorities:** Agree and recommend the key quality priorities that are included within the ICB strategy/ annual plan, including priorities to address variations/ inequalities in:
  - Health and care outcomes
  - Patient experience
  - Safety of health and care
- **Risks:** Focus on the risks included in the board assurance framework (BAF) which relate to quality and could impact on health and care outcomes:
  - Seek assurances from the relevant ICB executive that significant gaps in controls are addressed
  - Assess the strength of assurances, recognising the potential for false (e.g. not resulting in the right outcomes) or incomplete assurance
- **Compliance:** Seek assurances that significant gaps in the ICB's compliance with statutory and regulatory requirements are being addressed

#### 2.1.1 Outcomes and inequalities in health, care and wellbeing

The committee requires assurance that health inequalities and poor outcomes are being addressed by:

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

- **Prevention:** Maximising effectiveness of prevention efforts by joining up input of Public Health England (PHE), NHSE and Local Government Public Health
- **Wider determinants:** Focusing on wider determinants of health and links in primary, secondary, and tertiary health prevention approaches
- **Interventions:** Supporting evidence-based interventions across the Integrated Care System (ICS), with quantitative outcome targets for improvements, with timescales and monitoring delivery against these.
- **Offering choice:** Following the Universal Model of Personalised Care, where people have choice and control over the way their health and care is implemented
- **Transformation:** Providing updates on programmes of transformation changes across BSW ICS
- **Embedding PHM:** Establishing the infrastructure across all levels of BSW ICS to make population health management “business as usual”

## 2.1.2 Service Quality and Performance

The committee requires assurance that inequalities in health outcomes and unwarranted variations (and where variation does exist, there is the evidence to support it) in service quality are being addressed by:

- **Quality management:** Robust structures and processes for the effective management of quality, including mechanisms to review and monitor the effectiveness of the quality of care delivered by providers and place
- **Quality Improvement Programmes (QIPs):** Effective and sustained delivery of the ICB QIPs, including regular high-level reports on the outcomes of quality improvement programmes, supported by quantitative population health data
- **Policies:** Policies related to quality and safety
- **Continuous learning:** The ICB seeks assurance that lessons are learned from all relevant sources, for example, incidents, never events, mortality, complaints, safeguarding case reviews and claims and that learning is disseminated and embedded
- **Stakeholder engagement:** People drawing on services are systematically and effectively involved as equal partners in quality activities
- **Meeting statutory and regulatory requirements, including:**
  - The dimensions of quality set out in the Shared Commitment to Quality and in the Health and Care Act 2022.
  - The ICB’s statutory responsibilities for safeguarding adults and children, infection prevention and control, medicines optimisation and safety, equality and diversity as it applies to people drawing on services
  - Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained

## 2.1.3 How duties are executed

In executing these duties, committee members must:

- Comply with standing orders, standing financial instructions, ICB policies and the scheme of reservation and delegation
- Take account of guidance issued by the government, the Department of Health and the NHS

- Adhere to all relevant laws and regulations
- Conduct business in line with the ICB values, objectives and principles
- Demonstrate that they have considered the equality and diversity implications of decisions they make.
- Uphold standards in public life, in accordance with the Nolan principles of public life

The Quality Committee will provide assurance to the ICB by:

- **Scrutinising** the relevance, quality, completeness of information provided
- **Triangulating multiple sources** of internal and external information
- Agreeing **improvement action**: highlighting weaknesses, identifying opportunities for learning and improvement, and making recommendations for remedial actions
- Considering **efficacy and efficiency**: quality governance systems and processes are being operated correctly so that the desired outcomes are achieved in an optimal way.

## 2.2 Authority:

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

### Delegation in the Scheme of Reservation & Delegation

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

Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)
<ul style="list-style-type: none"> <li>• Oversee and monitor ICB and system performance</li> <li>• Scrutinise arrangements in place for effective quality planning, control and improvement.</li> <li>• Be assured that areas of concern are addressed by timely action</li> <li>• Highlight areas of unsatisfactory redress to the Board, and recommend implementation of remedial action by the ICB Chief Nurse</li> </ul>



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

- Approve recommendations regarding clinical protocols, service reviews and pathway redesign
- Oversee and scrutinise the ICB's response to all relevant directives, regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies / external agencies and recommend to the board courses of action to ensure compliance where warranted
- Approve ICB clinical policies
- Agree ICB quality improvement programmes, based on a holistic view of the interrelations of quality, finance, workforce and performance

### 2.3 Accountability and reporting

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

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

Accountabilities	Description
	– The committee’s self-assessment, including evidence of successful delivery against targets
Audit Committee Report	The Committee advises the Audit Committee on the adequacy of assurances available and contributes to the Annual Governance Statement.

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

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

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

### 3.2 Frequency and formats

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

Description of rules	
Meeting frequency	<p>The Committee will meet at least six times a year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p>

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

### 3.3 Procedures

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

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

#### 4. Secretariat and administration

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

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

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR
V2.0	1 November 2022	Board of ICB	Interim	Review and revision of ToR
V3.0	17 November 2022			Minor amendments to section 1.2
V4.0	TBD	Board of the ICB	Annual	Review and revision of 1.2 (Purpose) and 2.1 (Duties)

### Document control

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

**Review date:** July 2023

**Contact:** [bswicb.governance@nhs.net](mailto:bswicb.governance@nhs.net)

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	28 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 8/6/23	12noon 29/6/23	12noon 7/8/23	12noon 6/10/23	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	16 June 2023	06 July 2023	14 September 2023	12 October 2023	09 November 2023	07 December 2023	11 January 2024	16 February 2024	07 March 2024	
Staffing Items	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	
	Notes from last session - <i>approve</i>	Notes from last session - <i>approve</i>	Notes from last session - <i>approve</i>	Notes from last session - <i>approve</i>	Notes from last session - <i>approve</i>	Notes from last session - <i>approve</i>	Notes from last session - <i>approve</i>	Notes from last session - <i>approve</i>	Notes from last session - <i>approve</i>	Notes from last session - <i>approve</i>	Notes from last session - <i>approve</i>	
	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	
	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 Board Forward Planner	ICB Board Forward Planner	ICB Board Forward Planner	ICB Board Forward Planner	ICB Board Forward Planner	
	ICB Committees reports - <i>public and private</i>	ICB Committees reports - <i>public and private</i>	ICB Committees reports - <i>public and private</i>	ICB Committees reports - <i>public and private</i>	ICB Committees reports - <i>public and private</i>	ICB Committees reports - <i>public and private</i>	ICB Committees reports - <i>public and private</i>	ICB Committees reports - <i>public and private</i>	ICB Committees reports - <i>public and private</i>	ICB Committees reports - <i>public and private</i>	ICB Committees reports - <i>public and private</i>	
	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	Quality and Safety Issues to Raise by Exception (GM, AW) - <i>in private</i>	
Performance / monitoring	Questions from the Public - <i>read out, note, publish after meeting</i>	Questions from the Public - <i>read out, note, publish after meeting</i>	Questions from the Public - <i>read out, note, publish after meeting</i>	Questions from the Public - <i>read out, note, publish after meeting</i>	Questions from the Public - <i>read out, note, publish after meeting</i>	Questions from the Public - <i>read out, note, publish after meeting</i>	Questions from the Public - <i>read out, note, publish after meeting</i>	Questions from the Public - <i>read out, note, publish after meeting</i>	Questions from the Public - <i>read out, note, publish after meeting</i>	Questions from the Public - <i>read out, note, publish after meeting</i>	Questions from the Public - <i>read out, note, publish after meeting</i>	
	ICB Chair's Report - <i>public and private</i>	ICB Chair's Report - <i>public and private</i>	ICB Chair's Report - <i>public and private</i>	ICB Chair's Report - <i>public and private</i>	ICB Chair's Report - <i>public and private</i>	ICB Chair's Report - <i>public and private</i>	ICB Chair's Report - <i>public and private</i>	ICB Chair's Report - <i>public and private</i>	ICB Chair's Report - <i>public and private</i>	ICB Chair's Report - <i>public and private</i>	ICB Chair's Report - <i>public and private</i>	
	ICB CEO's Report - <i>public and private</i>	ICB CEO's Report - <i>public and private</i>	ICB CEO's Report - <i>public and private</i>	ICB CEO's Report - <i>public and private</i>	ICB CEO's Report - <i>public and private</i>	ICB CEO's Report - <i>public and private</i>	ICB CEO's Report - <i>public and private</i>	ICB CEO's Report - <i>public and private</i>	ICB CEO's Report - <i>public and private</i>	ICB CEO's Report - <i>public and private</i>	ICB CEO's Report - <i>public and private</i>	
	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	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 - <i>to include Financial Recovery Programme Board update</i>	Finance Reports - <i>to include Financial Recovery Programme Board update</i>	Finance Reports - <i>to include Financial Recovery Programme Board update</i>	Finance Reports - <i>to include Financial Recovery Programme Board update</i>	Finance Reports - <i>to include Financial Recovery Programme Board update</i>	Finance Reports - <i>to include Financial Recovery Programme Board update</i>	Finance Reports - <i>to include Financial Recovery Programme Board update</i>	Finance Reports - <i>to include Financial Recovery Programme Board update</i>	Finance Reports - <i>to include Financial Recovery Programme Board update</i>	Finance Reports - <i>to include Financial Recovery Programme Board update</i>	Finance Reports - <i>to include Financial Recovery Programme Board update</i>	
Assurance, Governance	Equality Delivery System Report 2022 and actions	Equality Delivery System Report 2022 and actions	Equality Delivery System Report 2022 and actions	Equality Delivery System Report 2022 and actions	NHS EDI Improvement Plan (Jas Sohal, Sarah Green)	Update on Progress Against BSW Implementation Plan	Update on Progress Against BSW Implementation Plan	Update on Progress Against BSW Implementation Plan	Update on Progress Against BSW Implementation Plan	Update on Progress Against BSW Implementation Plan	Update on Progress Against BSW Implementation Plan	
	Sign off of the COG 9-month and ICB 9-month Annual Report and Accounts	Sign off of the COG 9-month and ICB 9-month Annual Report and Accounts	Sign off of the COG 9-month and ICB 9-month Annual Report and Accounts	Sign off of the COG 9-month and ICB 9-month Annual Report and Accounts	COG 9-month and ICB 9-month Annual Report and Accounts	Annual Emergency Preparedness Resilience & Response (EPRR) Assurance Report (Louise Cadley) - <i>note</i>	Annual Emergency Preparedness Resilience & Response (EPRR) Assurance Report (Louise Cadley) - <i>note</i>	Annual Emergency Preparedness Resilience & Response (EPRR) Assurance Report (Louise Cadley) - <i>note</i>	Annual Emergency Preparedness Resilience & Response (EPRR) Assurance Report (Louise Cadley) - <i>note</i>	Annual Emergency Preparedness Resilience & Response (EPRR) Assurance Report (Louise Cadley) - <i>note</i>	Annual Emergency Preparedness Resilience & Response (EPRR) Assurance Report (Louise Cadley) - <i>note</i>	
	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	Annual ICB Duty - Eligible Partner Trusts (as part of Gov Review) - <i>incl in CEO Report</i>	
	QOC ToR - <i>append to Committee report</i>	QOC ToR - <i>append to Committee report</i>	QOC ToR - <i>append to Committee report</i>	QOC ToR - <i>append to Committee report</i>	Specialised commissioning PDMP Approval	Annual Quality Report - <i>via QOC first</i>	Annual Quality Report - <i>via QOC first</i>	Annual Quality Report - <i>via QOC first</i>	Annual Quality Report - <i>via QOC first</i>	Annual Quality Report - <i>via QOC first</i>	Annual Quality Report - <i>via QOC first</i>	
	Risk / BAF	Risk / BAF	Risk / BAF	Risk / BAF	AJOC - CCA Lead Commissioner Arrangements - <i>requires Board sign off</i>							
	8 Monthly Col register review - <i>via A&amp;RC</i>	8 Monthly Col register review - <i>via A&amp;RC</i>	8 Monthly Col register review - <i>via A&amp;RC</i>	8 Monthly Col register review - <i>via A&amp;RC</i>	Specialised commissioning delegations	8 Monthly Col register review - <i>via A&amp;RC</i>	8 Monthly Col register review - <i>via A&amp;RC</i>	8 Monthly Col register review - <i>via A&amp;RC</i>	8 Monthly Col register review - <i>via A&amp;RC</i>	8 Monthly Col register review - <i>via A&amp;RC</i>	8 Monthly Col register review - <i>via A&amp;RC</i>	
	ICB Staff Survey Results - <i>in CEO report</i>	ICB Staff Survey Results - <i>in CEO report</i>	ICB Staff Survey Results - <i>in CEO report</i>	ICB Staff Survey Results - <i>in CEO report</i>								
	Chairs Action taken regarding Regional Community Diagnostic Centre Mobile Contract (RC)	Chairs Action taken regarding Regional Community Diagnostic Centre Mobile Contract (RC)	Chairs Action taken regarding Regional Community Diagnostic Centre Mobile Contract (RC)	Chairs Action taken regarding Regional Community Diagnostic Centre Mobile Contract (RC)								
	Health Inequalities Report	Health Inequalities Report	Health Inequalities Report	Health Inequalities Report								
	Cost of living impact update - <i>in CEO report</i>	Cost of living impact update - <i>in CEO report</i>	Cost of living impact update - <i>in CEO report</i>	Cost of living impact update - <i>in CEO report</i>								
	<i>Binding</i> South West MH Collaborative - Melanie Walker	<i>Binding</i> South West MH Collaborative - Melanie Walker	<i>Binding</i> South West MH Collaborative - Melanie Walker	<i>Binding</i> South West MH Collaborative - Melanie Walker								
					Integrated Community based Care Programme Update	GP Access and Recovery Plan	GP Access and Recovery Plan	GP Access and Recovery Plan	GP Access and Recovery Plan	GP Access and Recovery Plan	GP Access and Recovery Plan	
					Community Services - <i>direct awards (RS, FSB, GM, LA)</i>	ICBC SOC	Palliative Care Alliance	Palliative Care Alliance	Palliative Care Alliance	Palliative Care Alliance	Palliative Care Alliance	
					Update on Integrated Community Based Care - <i>direct awards timeline</i>	LDA Capital project business case (LB)	LD & Autism with BANES / BaNES LD Pooled Budget	LD & Autism with BANES / BaNES LD Pooled Budget	LD & Autism with BANES / BaNES LD Pooled Budget	LD & Autism with BANES / BaNES LD Pooled Budget	LD & Autism with BANES / BaNES LD Pooled Budget	
					Electronic Patient Record	Approval of South Newton Business case						
				Contract Award Recommendation Report - Swindon Children and Young People Mental Health Services								
Strategy, policies	Resubmitted Operating Plan	Resubmitted Operating Plan	Endorse Draft BSW Implementation Plan	ICS Workforce Strategy	BSW Systemwide Infrastructure Strategy (SY)	BSW Systemwide Infrastructure Strategy (SY)	BSW Systemwide Infrastructure Strategy (SY)	BSW Systemwide Infrastructure Strategy (SY)	BSW Systemwide Infrastructure Strategy (SY)	BSW Systemwide Infrastructure Strategy (SY)	BSW Systemwide Infrastructure Strategy (SY)	
	Sulis FBC	Sulis FBC		Primary Care Strategy								
	DSPT Sign off - <i>delegate to execs</i>	DSPT Sign off - <i>delegate to execs</i>		BSW Health Inequalities Strategy and Plan	BSW Elective Care Strategy							
	BSW ICP Strategy	BSW ICP Strategy		Approve BSW Implementation Plan								
ICB Board Development Session / Banner	Integrated Care Strategy	Governance and the ICB Board		Outcomes of ICB Annual Assessment	Committee and Board Effectiveness Review Report							
	Joint Forward Plan / Implementation Plan	System Risk Principles and BAF		GP Access and Recovery Plan								
	Reflections on Year One and GGI Observations Report											
	Primary Care											
	Deep Dive on Mental Health Delivery											