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

BSW Integrated Care Board – Board Meeting in Public

Thursday 16 November 2023, 10:00hrs

Dorothy House Hospice Care, Winsley, Bradford on Avon, Wiltshire, BA15 2LE

Agenda

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
10:00	1	Welcome and apologies	Chair	Note	Verbal
	2	Declarations of Interests	Chair	Note	Verbal
	3	Minutes from the ICB Board Meeting held in Public on 21 September 2023	Chair	Approve	ICBB/23-24/071
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/23-24/072
10:05	5	Questions from the public *Pre-submitted questions and answers*	Chair	Note	Verbal
10:10	6	BSW ICB Chair's Report	Chair	Note	Verbal
10:15	7	BSW ICB Chief Executive's Report	Sue Harriman	Note	ICBB/23-24/073
STRATEGIC OBJECTIVE ONE: Focus on prevention and early intervention					
10:25	8	The Future of Community Services in BSW	Fiona Slevin-Brown, Penny Harris	Note	ICBB/23-24/074
STRATEGIC OBJECTIVE TWO: Fairer health and wellbeing outcomes					
10:45	9	Primary Care Access Recovery Plan (PCARP) – System Level Access Improvement Plan	Fiona Slevin-Brown	Approve	ICBB/23-24/075
11:05 – Short break – 10 mins					

Timing	No	Item title	Lead	Action	Paper ref.
STRATEGIC OBJECTIVE THREE: Excellent health and care services					
11:15	10	Palliative Care Alliance	Wayne de Leeuw, Carolyn Bell, Pippa Baker	Note	Presentation in meeting
Items for Assurance					
11:55	11	BSW Operational Performance and Quality Report	Rachael Backler, Sharren Pells	Note	ICBB/23-24/076
12:10	12	BSW ICB and NHS ICS Revenue Position	Gary Heneage	Note	ICBB/23-24/077
12:25	13	BSW ICB Corporate Risk Register	Rachael Backler	Note	ICBB/23-24/078
12:35	14	Briefing on 2024/25 Planning Approach	Rachael Backler	Note	ICBB/23-24/079
12:45	15	Report from ICB Board Committees	Committee Chairs	Note	ICBB/23-24/080
Closing Business					
12:50	16	Any other business and closing comments	Chair	Note	

Next ICB Board Meeting in Public: 18 January 2024

Glossary of Terms and Acronyms

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

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

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

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

Acronym /abbreviation	Term	Definition
MDT	Multi-Disciplinary Team	A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. psychiatrists, social workers, etc.), each providing specific services to the patient.
	Non-elective care	Non-elective care is admitted patient care activity which takes place in a hospital setting where the admission was as an emergency.
OD	Organisational Development	Organisational development is a planned, systematic approach to improving organisational effectiveness and one that aligns strategy, people and processes. To achieve the desired goals of high performance and competitive advantage, organisations are often in the midst of significant change.
OPEL	Operational Pressures Escalation Levels	Framework system implemented by NHSE to provide a consistent approach in times of pressure.
	Primary Care	Healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists, pharmacists and opticians.
PCN	Primary Care Network	Primary care networks were introduced in January 2019 to encourage local GP practices to link up with other neighbouring practices to deliver care to groups of between 30,000 – 50,000 patients.
QOF	Quality and Outcomes Frameworks	The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of quality care and helps to fund further improvements in the delivery of clinical care.
RTT	Referral to treatment	NHS England collects and publishes monthly referral to treatment (RTT) data, which are used to monitor NHS waiting times performance against the standards set out in the National Health Service Commissioning Board and Clinical Commissioning Groups
	Scheme of Financial Delegation	This Scheme of Financial Delegation contains both an overview of the Delegated Financial Limits (DFLs) and detail to support day-to-day operational decision making. It should be read in conjunction with the Standing Financial Instructions (SFIs) and the Scheme of Reservations and Delegations (SoRD) which sets out what decision-making authorities are reserved for the ICB Board or delegated to committees and individuals.
SoRD	Scheme of Reservations and Delegations	The SoRD sets out those decisions that are reserved to the ICB Board, and those decisions that the Board has delegated to committees, sub-committees, individuals, relevant bodies, incl. functions and

Acronym /abbreviation	Term	Definition
		decisions in accordance with section 65Z5 of the 2006 Act, or a local authority under section 75 of the 2006 Act committees.
	Secondary Care	Secondary care is the services provided by medical specialists, quite often at a community health centre or a main hospital. These services are provided by specialists following a referral from a GP, for example, cardiologists, urologists and dermatologists.
SFI	Standing Financial Instructions	The SFIs are part of the ICB's control environment for managing the organisation's financial affairs, as they are designed to ensure regularity and propriety of financial transactions. SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB.

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

Thursday 21 September 2023, 10:00hrs
Function Room, Wyvern Theatre, Theatre Square, Swindon, SN1 1QN

Members present:
Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Primary Care Partner Member, Dr Francis Campbell (FC)
Deputy NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Cara Charles-Barks
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
Local Authority Partner Member – BaNES, Will Godfrey (WG) *(from 12:24hrs)*
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector – Dominic Hardisty (DH)
ICB Chief Finance Officer, Gary Heneage (GH)
Local Authority Partner Member – Wiltshire, Terence Herbert (TH) *(until 11:45hrs)*
ICB Chief Nurse, Gill May (GM)
Non-Executive Director for Finance, Paul Miller (PM)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

Regular Attendees:
ICB Director of Planning and Performance, Rachael Backler (RB)
Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)
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)
Chief Executive, Swindon Borough Council, Sam Mowbray (SM)
ICB Director of Place – Swindon, Gordon Muvuti (GM)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
ICB Director of Strategy and Transformation, Richard Smale (RSm)
ICB Chief People Officer, Jasvinder Sohal (JS)
ICB Deputy Director of Corporate Affairs *(from 10:15hrs)*
ICB Board Secretary

Invited Attendees:
HealthWatch, Swindon and BaNES
Director for Urgent Care and Flow – for item 11
Transformation Director, BSW Elective Care Programme – for item 12

Apologies:
Non-Executive Director for Quality, Professor Rory Shaw (RS)
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
ICB Assistant Director of Communications and Engagement
ICB Director of Place – BaNES, Laura Ambler (LA)

1. Welcome and Apologies

1.1 The Chair welcomed members, officers and observing members of the public to the meeting of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) held in public, in particular to attending participants Sam Mowbray and Shirley-Ann Carvill who joined for their first Board meeting.

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 13 July 2023

3.1 The minutes of the meeting held on 13 July 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.

4.2 There were no matters arising.

5. Questions from the Public

5.1 The Chair welcomed questions in advance of the Board meetings held in public. The ICB website details the process on how the public can submit questions to the Board, questions need to be sent in seven business days in advance of the meeting.

5.2 One question had been submitted regarding Patient Participation Groups, and the number that were active across the Swindon/Shrivenham area. The Chair responded by explaining that there are two Patient and Public Engagement Groups in BaNES and Swindon, and a number of Patient Participation Groups in Swindon, as well as in Wiltshire and BaNES. The full question and response will be published on the BSW ICB website: https://bsw.icb.nhs.uk/document/questions-from-the-public-and-responses-icb-board-21-september-2023/

6. BSW ICB Chair's Report

6.1 The Chair provided a verbal report on the following items:

- ICB Board Member Resignation – The Chair advised that the resignation of the NED for Quality had been received, with Professor Shaw wishing to now retire and stand down. The ICB Chair would now consider appointment options for this vital Board role, including discussions with NHS England regarding a temporary NED option until an appointment process could be undertaken. In the interim, the Chair would ensure the role and its duties were appropriately covered.
- Impending Governance Review - On establishment in July 2022, all ICBs were given the clear national expectation that they would review their governance and partnership

arrangements after a year. The ICB Chair, working with the NHS England Regional Director, would decide on the scope of work. BSW ICB would embark on this governance and decision-making review shortly.

- NHS England Fit and Proper Person Test (FPPT) Framework - NHS England has developed the FPPT Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). The framework introduces a means of retaining information relating to testing the requirements of the FPPT for Board members, a set of standard competencies for all board directors, and a new way of completing references whenever a member leaves an NHS Board. The Framework is effective from 30 September 2023 and must be implemented by all NHS Boards going forward from that date. Members of the Board would shortly receive a letter outlining the new framework and its requirements.
- National Performance Themes – the NHS had recently been highlighted through national media headlines and cases, namely the Letby case, request to introduce Martha's Law, and the survey on sexual assault and harassment across female surgeons. These would all have a significant impact on the NHS, and the culture and leadership within individual organisations.
- The Chief Medical Officer acknowledged the concerns and unacceptable behaviour raised by the recent national sexual harassment survey results as part of the 'Breaking the Silence: Addressing Sexual Misconduct in Healthcare' report, which stated two thirds of NHS female surgeons had been sexually harassed, and one third sexually assaulted. In collaboration with key partners across the healthcare system, BSW ICB was committed to working through the 16 recommendations of the report, and the ten core principles and actions raised within NHS England's recently published first ever sexual safety charter.
- The ICB was also supportive of the proposed introduction of Martha's Law, and was committed to formalising those options and processes already in place across BSW, giving patients and their families the power to request a clinical review. BSW supported that empowerment, ensuring patients and families felt able to voice concerns and seek a second opinion, further building on the BSW Freedom to Speak Up culture.
- The Chief Executive reflected on the recent Letby case outcome, and the links again with leadership and culture amongst organisations, and the importance of listening and learning. The facts of the case were being reviewed to ensure the NHS responded, reflected and embedded learning.
- NHS BSW Estate - The deterioration of reinforced autoclaved aerated concrete (RAAC) across public buildings was a significant issue currently being assessed by the Government and public sector bodies. The Chief Finance Officer advised that an assessment of the Integrated Care System (ICS) estate had been ongoing over the last 18 months, with no issues of RAAC yet yielded. Assessments would continue across the whole estate, with further updates brought to the ICB Board as required.

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, which acknowledged the continued demands, pressures, risks and challenges seen across the system. The Chief Executive highlighted the following to members:

- Correction to item 2.5 – the costs driven by industrial action should state £2.4m, not £32.4m. This would be amended in the report and republished.

- Recovery of services and waiting lists to post pandemic levels continued, though demand was still greater than capacity in many areas. The productivity gap remained from pre-pandemic 2019/20 to 2023/24. The continued industrial action brought unprecedented situations for the NHS, impacting on outcomes and morale for staff and patients.
- The financial recovery of BSW remained a significant focus, acknowledging the post pandemic and historic underlying deficits. Month 4 had seen a further deterioration in the financial position of the system, largely due to continued cost pressures and inflation. A balance was needed between urgent and proposed transformation of health and care services and delivering elective recovery - to bring that safer and sustainable future. The Medium-Term Financial Plan (MTFP) needed to support our Integrated Care Strategy, acknowledging the requirement to breakeven over the three year period.
- Performance challenges for BSW continued against some areas of the NHS Oversight Framework, with the outcome of the NHS England quarter 1 segmentation process now confirming that BSW overall was to move from segment 2 to segment 3. (GWH and SFT remained in segment 2, RUH moved to segment 3).
- The Board supported the Chief Executive in signing the Armed Forces Covenant on behalf of the ICB, as part of the Op COMMUNITY initiative.

7.2 The Board discussion noted:

- Consideration was to be given to the ICB Board and system partners roles in embedding a strong safety culture across the system, ensuring appropriate apparatus, thinking and data points were in place to bring that level of assurance required.
- The implementation of the Patient Safety Incident Framework would shift how the NHS responded to incidents, encouraging curiosity and learning. This would be further explored with partners, being clear about operational values and supportive of speaking up. The quality of leadership was key in this, practicing the right behaviours and values, and creating a safe, speak up environment, aligned with the NHS People Promise, and the objectives of the ICBs Public and Involvement Strategy.
  ACTION: ICB Board Development Session to further discuss ICS Culture and Leadership
- BSW needed to improve on its community inclusion at all points, noting that community engagement timelines were often driven by NHS England and the implementation of its guidance.
- Plans being developed to support and improve system performance in relation to the BSW's Oversight Framework position should recognise the innovation required, whilst maximising the existing financial and workforce resources. A balance of decision-making and level of risk was needed. It was acknowledged that there were significantly more staff in post across the system since the pandemic, noting that the workforce was now favouring the agency environment and the working arrangements that brought. This provided an opportunity for BSW to develop its flexible working offer, to bring these colleagues back into the NHS.

8. Annual Report and Accounts 2022-23:
8a. BSW CCG 3-Month Annual Report and Accounts 2022-23
8b. BSW ICB 9-Month Annual Report and Accounts 2022-23

8.1 In accordance with the NHS England reporting guidance, the BSW Clinical Commissioning Group (CCG) 3-Month, and BSW ICB 9-Month Annual Reports and Accounts for 2022-23 were presented as part of this BSW ICB Board meeting held in public. The ICB was required to prepare two Annual Reports and Accounts for 2022-23 to reflect the three months operation of the BSW CCG for quarter one, and BSW ICB during quarters two to four.

8.2 The Board noted that the two Annual Reports and Accounts had received sign off by NHS England and had subsequently been published upon the ICB's website.

9. BSW Primary and Community Care Delivery Plan

9.1 The ICB Place Director for Wiltshire talked through a number of slides to present the BSW Primary and Community Care Delivery Plan to the Board, setting out the six transformation priorities, key elements of the delivery plan, continued engagement plans, and next steps.

9.2 The Delivery Plan builds on the Integrated Care Strategy and its ambition, and draws on supporting national and local strategies relating to primary and community care services, informing the Integrated Community Based Care (ICBC) Programme. The Plan and priorities have been shaped by the Oversight Group, which included representatives from Healthwatch and the Voluntary, Community, and Social Enterprise (VCSE) Alliance, benefiting also from the engagement undertaken as part of the Strategy development. The Plan confirmed BSW's commitment to investing in primary and community care transformation, noting the focus areas and enablers, and required further exploration of solutions, interventions and timelines to aid decision-making.

9.3 The Board discussion noted:

- Though recognising that the expectation was of providers and partners to come together to deliver the Plan and take action, and to maintain the closer to home solution and person centred approach; a query was raised regarding item 6.3.1 of the Plan with regards 'first contact provided by third sector partners' as part of the mental health interface. Acknowledging the complexity of the needs of some people accessing mental health services, it was felt the wording needed to be amended to recognise that, where clinically appropriate, mental health professionals should provide that first contact. It was agreed to amend the wording to reflect the role of both sectors.
- The Plan would be used to directly inform decision making within the operational groups and programmes, and investment decisions going forwards.
- The VCSE Partner Member had also raised concerns at the Oversight Group regarding the need to strengthen the role of the VCSE sector in the Plan and would approve it with the caveat that this be amended.
- Assurance was given to the Board concerning the level of primary care engagement in the development of the Plan, despite the feedback deadlines and summer holiday period. Primary Care leads were members of the Oversight Group, engagement had been undertaken with the Primary Care Collaborative, and a short video had been shared with all practices to gather broader feedback. In his roles as a GP Partner and Primary Care Network Clinical Director, the Primary Care Partner Member advised that all routes for engagement had been tested and details had been shared wider, inviting feedback also from the Local Medical Committee.
- The stated transformation priorities support the need for evidence and clinical opinion at the right point, to support the personalisation agenda. This would support that

sustainable system approach of changing the way of working and culture, empowering people to have a voice.

9.4 The Board approved the BSW Primary and Community Care Delivery Plan, subject to the third sector involvement element being reworded for the mental health interface point 6.3.1, and the voluntary sector reference being amended (as raised at the Oversight Group). The Board acknowledged the importance of this Plan in the context of the Integrated Community Based Care Programme, providing the strategic framing for the programme.

10. NHS Equality, Diversity and Inclusion Improvement Plan

10.1 The ICB Chief People Officer presented the NHS Equality, Diversity and Inclusion (EDI) Improvement Plan, following its recent national launch. Though aimed at NHS organisations, the intent was to share this with wider system partners in due course. The Plan aligned with the ICB's statutory duties, the Public Sector Health Equality Duty, and the CQC well led reviews. The paper outlined an initial analysis and recommendations of the six high impact actions and the accountability framework for BSW.

10.2 The ICB People Committee had reviewed the paper at its meeting held on 13 September 2023, with the core discussion points noted, including the need to make EDI a system of practice and a consolidated item across all programme boards. The first of the high impact actions referenced Board objectives, with plans in place to discuss this further at a future development session. The remaining five actions related more to individual organisations, such as the international recruitment of staff. The ICB was able to support on the production of induction, onboarding and development documentation. How actions were progressing amongst system partners would be mapped out for the system, to consider if areas could be covered once for all organisations or share best practice. Partner support and the lack of a current EDI lead was a risk to progressing the Plan and the required improvements.

10.3 The Board discussion noted:

- Required reporting against the six high impact actions relied mainly on data, and less so on the 'doing' – of investment of time and effort and conversations. There was a need to develop qualitative softer material to determine experiential and effectiveness, and progress the new way of working. An improved understanding of the current available quantitative data and honest reflection was needed to better understand the BSW communities and population.
- This framework and actions should link in with the 16 recommendations of the Breaking the Silence and Sexual Harassment Survey Report, ensuring associated training, exit interviews etc were in place.
- The ICB People Committee would receive the ICB Gender Pay Gap Report at its next meeting, which would review the gap between medical and non-medical staff as part of action 3 to gauge the whole system view and wider impact. An explicit reference to equal pay would be made, in light of the current equal pay claims situation for Birmingham City Council.
- An EDI Champion and supporting resource was needed to progress this work and improvements. The Team would identify the resource required and associated risks.

- This Framework brought collaboration opportunities, ensuring the system started to make that cultural step change, and share learning. System leadership was needed to drive this forward.

10.4 The Board approved the NHS Equality, Diversity and Inclusion Improvement Plan, and the identified actions for BSW.

11. BSW Winter Plan

11.1 The ICB Director of Urgent Care and Flow updated the Board on the system's Urgent and Emergency Care Winter Plan for 2023-24, sharing the key risks, challenges and mitigations. The BSW Winter Plan reflected the whole system approach, with all partners involved in its development. Demand and capacity planning had informed the annual planning process, alongside the learning from 2022-23 and the three key area priorities, and the further four key areas identified as part of the self-assessment undertaken in July. The identified risks and constraints would continue to be monitored by the BSW Urgent Care and Flow Board.

11.2 The Board discussion noted:

- The ICB's role was to work with system partners to produce this winter plan for submission to NHS England. Assurance was given to the Board that the plan was being used to navigate the expected challenges of Winter. Discussions concerning demand had resulted in scenario planning being undertaken to consider risks, consequences, and potential decision-making, to ensure safe and timely care continued to be delivered to the BSW population against these expected extreme circumstances, as learned through patient behaviours, demand and capacity modelling, and local and world trends.
- The value and support of the VCSE in delivery of the Plan and associated preventive and stay well campaigns should not be overlooked. It was also recognised that the VCSE workforce sees capacity and demand challenges over the winter period, in return in the spirt of the system, could the Employee Assistance Programmes be opened up by partners to VCSE commissioned services to support the sector resilience.
- Discussions would continue with Local Authority partners to resolve the additional funding requirement in support of this plan.
- The £6.877m of additional capacity investment had been built into the system budget for 2023-24. The forecast cost for the additional 23 step down beds referenced as an investment scheme would be clarified.
  ACTION: Details concerning the 23 beds and supporting financial resources as part of the Additional Capacity Investment Scheme would be confirmed with the Board.

11.3 The Board noted the contents of the report and supporting presentation, the outline work undertaken to date, and the planned actions expected to be taken ahead of the final Winter Key Lines of Enquiry submission. The BSW Urgent Care and Flow Board would monitor the delivery of the schemes and report back to BSW Recovery Board and ICB Quality and Outcomes Committee.

12. BSW Elective Care Delivery Plan

12.1 The Senior Responsible Officer for Elective Care (and Chief Executive of the RUH), and the Transformation Director for the BSW Elective Care Programme presented the BSW Elective Care Delivery Plan, providing an update to the Board on its development and

direction of travel. BSW's ambition was to benchmark within the top 20% nationally, challenging itself to deliver services differently, address variation in outcomes, and maximise equity for the population.

12.2 The Plan was being developed in two phases, the first relating to quality and productivity improvement. The priorities for phase one focussed on achieving that consistent and co-ordinated approach, excellence in the basics, and ensuring mobilisation and implementation of the Sulis Elective Orthopaedic Centre, and Community Diagnostic Centre. The second phase would set out the strategic plan for elective care development and transformation, to consider the specific schemes to expand capacity, reconfigure services and the different ways of working. The demand and capacity modelling was a crucial element to this work, providing that tactical and strategic data to drive improvement and support the best utilisation of existing resources, and inform potential investment and transformation decisions. This was also a process being adopted across the South West, to drive region wide elective service change and inform investment. The governance framework would ensure that the BSW Elective Care Board (ECB) maintained oversight of all workstreams via the operations groups, System Intelligence Forum, task and finish groups and the Elective Recovery Fund (ERF) Delivery Group; ensuring clear management and the holding of partners to account.

12.3 The Board discussion noted:

- As a system, BSW was to focus on delivery of elective care to ensure the 107% activity target was met and ERF monies secured. The financial and productivity targets needed to be quantified to realise the delivery requirements. SFT and the independent sector were currently over achieving against the activity target, with the RUH and GWH working towards recovery in this area. The key was to achieve this target at the lowest cost, to align with MTFP and the Getting it Right First Time (GiRFT) programme. Monthly updates against this activity target would be provided to the ICB Finance and Investment Committee.
- Patient experience and patient impact data would be pulled through to inform the plan and delivery of the strategic health outcomes. Themes and methods to reduce variation would be further discussed by the BSW ECB and through the quality forums. Though a deliberate current focus on the short term, the plan would ensure a credible direction to shift the dials and improve delivery.
- The use and access to system data would need to be enhanced, to improve productivity and the amendment of standards and job plans with practices and surgeons, using targeted interventions.
- A focus on prevention and intervention would support the management of demand, freeing up capacity and moving to a sustainable position.
- The BSW ECB had commissioned the Acute Hospital Alliance to support the production of the delivery plan. Each Trust Board had also signed off the Plan, confirming ownership and accountability against the collective system action.
- Steps were in place to review the waiting lists and make contact with patients at least every three months, to consider the impact for those patients waiting for treatment. The My Planned Care website provides patients with waiting list information, though greater awareness of this national resource was needed.
- The discussion and comments from this should be a lens applied to all Delivery Plans – bringing together all Plans to cross reference improvement actions and consider and strengthen pathways and speciality opportunities.

12.4 The Board noted the BSW Elective Care Delivery Plan and approved the ongoing progression and development, noting further work was required to map against system demand and capacity modelling in conjunction with the 2024/25 planning round.

13. Review of Reading the Signals Maternity Report

13.1 The ICB Chief Nurse provided an overview to the Board of the BSW position relating to progress against the recommendations set out within the "Reading the Signals report into East Kent Maternity services", published in October 2022. BSW had responded to the recommendations and actions, providing assurance to the Board that robust governance was in place to continue monitoring against these.

13.2 NHS England has now published a three year delivery plan for maternity and neonatal care, though would be reviewed and refined in light of the recent Letby case. This highlighted the importance of listening to women and families with compassion. The focus was to grow, retain and support the workforce. The implementation of the Patient Safety Incident Framework would help support and sustain a culture of safety and learning. The BSW Local Maternity Neonatal System Board would maintain oversight against the implementation of these actions, with the ICB Quality and Outcomes Committee receiving deep dives against the outcomes to improve safer standards.

13.3 The Board noted the report for assurance regarding the BSW position and identified actions and monitoring processes.

14. 999 Lead Commissioner Arrangements – SWASFT Ambulances

14.1 The ICB Chief Nurse talked through the proposed new lead commissioner arrangements with Dorset ICB, as part of the South West ICBs co-commissioning of ambulance services with the South Western Ambulance Services Foundation Trust (SWASFT). As lead commissioner, Dorset ICB would act on behalf of the South West ICBs to commission and manage the contract. The ICB Quality and Outcomes Committee would continue to be sighted on any arising incidents. The associated financial cost to support the new arrangements and additional resource required was capped at £104,469 for 2023/24 for BSW ICB.

14.2 The Board discussion noted:

- SWASFT performance was critical to the BSW agenda and delivery of its Strategy. The BSW ICB Chief Executive remained a member of the Ambulance Joint Commissioning Committee to maintain robust relationships with the South West ICBs and SWASFT direct. The BSW Care Co-ordination Hub was an example of joint working to effect positive change for the BSW population.
- BSW ICB would use non-recurrent funds to cover the associated costs for 2023-24, with this ongoing cost built into the financial plan. Though it was noted this would see a 50% rise in associated costs of ambulance contract management, there was no existing resource within BSW to undertake this commissioning and contract management role. The Local Authority Partner Member for BaNES felt this was a significant increase, particularly in the context of BSW's financial position. The financial element of these new arrangements had been scrutinised and approved by the Executive as per the ICBs Delegated Financial Limits. BSW ICB was not looking at alternative options of

commissioning or procuring this contract arrangement. The Board was to consider the proposed lead commissioning arrangements and delegation of the commissioning function to Dorset ICB. The total value of the contract with Dorset ICB equated to £691,000 The arrangements would support that improved commissioning resources and leverage to get the best out of the contract.

14.3 The Board noted the associated financial cost (capped at £104,469 for 2023/24 for NHS BSW ICB), and the concerns raised regarding this increase. However, overall agreement was confirmed against the proposed lead commissioning arrangement for SWASFT, and approval given for the delegation of the ambulance commissioning function, together with the relevant powers and authorities, to NHS Dorset ICB.

15. BSW Operational Performance and Quality Report

15.1 The Board received and noted the NHS Operational Performance and Quality Report, providing that assurance to the Board against the key operational performance indicators. The ICB Quality and Outcomes Committee had reviewed the report in detail at its meeting held on 5 September 2023. By way of update to the report, the Board noted that BSW had moved into segment three as the outcome of the NHS Oversight Framework segmentation process (as discussed under item 7.1)

16. BSW ICB and NHS ICS Revenue Position

16.1 The ICB Chief Finance Officer presented the report on the ICB and NHS ICS revenue position, highlighting the following to members:

- Month four reported that the ICS was materially off plan, with a £19.8m deficit - £11.1m behind the planned deficit of £8.7m.
- Drivers of this significant deterioration were noted as the industrial action (accepted variance), prescribing pricing pressures with the 10+% growth and inflation, agency spend, and the efficiency shortfall. Industrial action was expected to impact further.
- Significant pressures were also being seen for Continuing Healthcare and Learning Disabilities, recording increased inflation and a growth in individuals requiring care.
- The segmentation process had identified finances as a concern, and a risk of delivery against the ambitious targets, with an impact on the MTFP.
- A reforecast with all providers was underway, to be finalised the following week. The ICS was to focus on those areas of impact that it could influence. There was significant risk in the outturn position, with additional specific steps and interventions required.

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

17. Report from ICB Board Committees

17.1 The Board noted the summary report from the ICB Board Committees.

18. Any other business and closing comments

18.1 There being no other business, the Chair closed the meeting at 12:49hrs

Next ICB Board meeting in public: Thursday 16 November 2023

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

Updated following meeting held on 21/09/2023

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
21/09/2023	7. BSW ICB Chief Executive's Report	ICB Board Development Session to further discuss ICS Culture and Leadership	Chair, Sharon Woolley	Noted on the forward planner.	CLOSED	
21/09/2023	11. BSW Winter Plan	Details concerning the 23 beds and supporting financial resources as part of the Additional Capacity Investment Scheme would be confirmed with the Board.	Gary Heneage	**Update 25/10/2023:** These are the 23 Homeward beds (previously called Ward 4 beds). The beds were reduced to 16 from July and funded from the UEC budget (£1.4m) to the end of November. We are in discussion re requirements beyond November as part of the Winter/UEC discussions.	CLOSED	

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	16 November 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	X
Noting	For noting without the need for discussion	

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

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

1. National and Regional Context:

1.1 **NHS Sexual Safety Charter**. On 4th September NHS England launched its first ever NHS Sexual Safety Charter (https://www.england.nhs.uk/long-read/sexual-safety-in-healthcare-organisational-charter/). Through this charter more support will be provided to NHS staff who have suffered harassment or inappropriate behaviour. The charter is an agreement with ten pledges including commitments to provide staff with clear reporting mechanisms, training, and support. NHS England is creating policies and support for local hospitals and health systems to use to address incidents of sexual misconduct. The NHS staff survey covering all organisations in England will also now include questions around sexual safety so the health service can monitor progress. BSW ICB has now signed up to this important new Charter.

1.2 **Provider Selection Regime (PSR).** The Provider Selection Regime (PSR) was created under the Health and Care Act 2022. The PSR is a set of new rules to be followed by 'relevant authorities' when procuring health care services in England. The 'relevant authorities' in this context are NHS England, Integrated Care Boards, NHS Trusts and NHS Foundation Trusts, and local authorities or combined authorities.

Subject to parliamentary scrutiny and agreement, the PSR is expected to come into force on 1 January 2024. The Health Care Services (Provider Selection Regime) Regulations 2023, which sets out the PSR, was introduced into Parliament on 19 October 2023. NHSE published the draft statutory guidance . This guidance will sit alongside the PSR regulations, and relevant authorities must have regard to the guidance once the regulations are in force. A draft toolkit is intended to support relevant authorities with the application of the PSR. The PSR is complex. It will introduce three provider selection processes that relevant authorities can follow to award contracts for health care services: direct award processes (A, B, and C); most suitable provider process; and competitive process. Each of the processes comes with specific rules that must be obeyed. The PSR also introduces robust transparency and documentation requirements, including the formal recording of relevant authorities' decision (and rationale) to choose a specific provider selection process, and the publication of contract award intentions. The PSR further affords providers the opportunity to make representations to the relevant authorities with regards to the intended contract award. We are working through the PSR documents and guidance to develop the processes and arrangements that the ICB needs to have in place to apply the PSR from January 2024.

1.3 **Specialised Commissioning Delegation**. Following submissions made by the seven ICBs in the South West, the regional NHSE team supported a delay to the delegation of specialised commissioning until April 2025 which has been accepted by the national NHSE panel. This will allow further development of the joint working arrangements, and clarification of the financial implications and risk management for ICBs. A development plan for the region, to enable the safe delegation, has been drafted to support this revised timeline and will be overseen by the regional Joint Committee for Specialised Commissioning.

1.4 **Data Federation.** NHS England is procuring a Federated Data Platform (FDP) which will allow NHS Trusts and ICSs to connect to national data and reporting in a secure way. The new platform builds on the successful management of data and information during the pandemic, where national reporting and data was made available quickly and consistently to national and local teams. The new platform will go further than the existing platform (Foundry) by providing access to a wider range of reporting based on five priority national uses cases: Elective Recovery, Care Co-ordination, Vaccination and Immunisation, Population Health Management, and Supply Chain Management. The new platform will also provide access to the underlying data, giving local systems the ability to develop their own reports an analysis in their local 'area' of the platform. The platform will form one part of BSW's wider strategic approach to data, which aims to bring partners together to better share and collaborate with data for the benefit of the wider system, including a focus on population health analytics. Once available, BSW will work to integrate the FDP into our wider data offer, which includes a focus on supporting the Regional Secure Data Environment for Research. The narrow focus on national use cases means the FDP cannot cover all BSW's reporting requirements, and so these FDP reports will supplement our existing local reporting, as we look to make reports across multiple platforms easy for users to access via a central BSW 'portal.'

2. BSW ICB updates:

2.1. **Operational Demand.** The BSW Winter Plan final submission was presented to the national and regional teams in September. The focus for the plan is to ensure that there is sufficient capacity identified to support winter pressures, with the focus being on the vaccination programme, capacity for paediatric respiratory infection and capacity in the acute hospitals and community to support flow. The priority is to ensure that we maintain a safe service for our population. It was agreed that a further £1.4m was required to support Winter capacity, through the Recovery Board. It is likely further funding will be required to support Urgent and Emergency Care.

2.2. Ambulance handover delays and response times for ambulance calls remains an issue across the system, along with the number of people waiting to leave acute and community hospital beds. Further work has been undertaken with all providers to ensure the capacity required to meet the predicted demand is in place for winter. This includes:

- An ambulance handover improvement group which conducts dynamic risk assessments and takes a zero tolerance to ambulance handovers.
- Acute trust flow improvements including within Emergency Departments
- Enhanced focus on reducing Non-criteria to Reside (NCTR)
- Audits across all three acute hospitals to ensure adherence to national best practice
- A care coordination reset week to reduce attendance/admission.

2.3. As part of our winter planning a new system Escalation Plan has been implemented that outlines clear actions for all system partners when the system is under operating under high demand. This includes how we will communicate with the public and stakeholders across the system. This is in line with the NHS England national requirements.

2.4. **Financial Position – month 6.** The BSW ICS reported financial position at month 6 is an adverse variance of £20.5m. This is a £4.5m deterioration since month 5. This is driven by three main factors:

- Costs driven by Industrial Action (£6.9m) which was not accounted for in our plans
- Unfunded pricing pressures within primary care prescribing (£6.2m)
- Other of £7.4m which includes efficiencies delivery shortfall, inflation, escalation areas and pay award shortfall.

2.5. Following a national call on 7 November, £800m will now be provided nationally to support Industrial Action and any other pressures (the BSW allocation is £10.8m). We have also been told we can play in any dental or SDF underspend. All ICBs have now been instructed to get back to their agreed plan for 2023/24 which is break even for BSW. The ICS is working through the options.

2.6. **Medium Term Financial Plan (MTFP).** The final iteration of the Medium-Term Financial Plan was submitted to the regional team on the 29th September. Year 1 of the plan is 23/24. Year 2 shows a deficit of £29m and a balanced position by Year 3. We are now working across the ICB to turn the MTFP into a delivery plan, with clear actions and targets.

2.7. **Performance Oversight Framework**. The Board were updated in September that we were awaiting the outcome of the NHS England Quarter 1 Segmentation process. This has now been confirmed with both the ICB and RUH moving to segment 3 performance (deterioration). This is driven by performance in certain areas including diagnostics, cancer, mental health performance and finances. For all the identified areas, existing recovery plans were in place and the elective care remedial action plans have been reviewed and discussed in detail at the Elective Care Board alongside delivery against improvement trajectories. The ICB also held an enhanced oversight meeting with the RUH to receive and seek assurance on the provider specific plans.

2.8. **Elective Care.** The Elective Care Board oversees performance and recovery actions for elective targets and has received detailed remedial action plans and trajectories for the areas requiring most improvement. The ICB has seen a slight worsening of the number of over 78-week waiters at the end of September, largely driven by non-local providers. Local providers reported 34 over 78-week waiters at the end of October which remained static from the September position. The national Patient Initiated Mutual Aid process for all patients waiting over 40 weeks has commenced and the ICB will be responding to requests from patients through this system to find alternative capacity where patients are willing to change provider. Circa 6,500 ICB patients have been contacted through this process with 242 patients (3.6%) having responded to be considered as at 5th November. There remains some risk in the delivery of the 65-week target by March 24 due to the impacts of Industrial Action.

2.9. **Diagnostic Performance.** Diagnostic performance has remained an issue at both RUH and GWH in large part as a result on non-obstetric ultrasound capacity. The Elective Care Board has received detailed remedial action plan showing a recovery trajectory for March 24 and achievement of the national target at that point. Increased insourced capacity has commenced as a key contributor to the improvement plans.

2.10. **Cancer Performance.** Performance against the key cancer standards remain below national targets with pressures relating to colorectal and skin at RUH and skin at all three providers. Detailed remedial action plans have been presented to the Elective Care Board with RUH now showing the fastest recovery of performance in October for the 62-day treatment measure in the country. Additional insourced activity for the skin pathway is also showing improvements in the most recent weekly unvalidated data for SFT and GWH. All three providers have improvement trajectories to achieve their nationally set 62-day backlog volume by March 24. There remains some risk in achieving the Faster Diagnostic Standard and the Elective Care Board identified maximising the utilisation rates of the new diagnostic mobile capacity as a mitigation to this risk.

2.11. **IAPT Access.** IAPT access rates have improved all through 2023 to 46% in August, although not yet reaching the national standard (50%). Access rates continue to

improve above trajectory, with expected seasonal variation for month 6. BSW Talking Therapies has formally 'launched' its new NHSE and NICE compliant model.

2.12. **Children and Yount Persons (CYP) Access.** We have achieved over 90% compliance, with CYP access, with an agreed trajectory which is showing as on plan. Oxford Health have also now recommenced data reporting which will take several months to be included in national reporting.

2.13. **Dementia Diagnosis**. The Dementia Diagnosis Rate (DDR) transformation plan continues to show a rate of 58% against a national standard of 66.7%. We anticipate that as the DDR transformation plan is implemented further, we will continue to see positive improvement.

2.14. **Learning Difficulties and Autism (LD&A) Inpatient Rates**. We continue to see an increase in inpatient numbers across BaNES and Wiltshire above the agreed trajectory (38 against a target of 32 at end of Quarter 2). Weekly patient level calls are now in place with BSW leads to discuss each patient and discharge plans and support being provided to the locality to expedite actions. These actions report through to the BSW LD&A Programme Board.

2.15. **Planning for FY 24/25.** Planning Guidance for FY 24/25 is expected shortly. The ICB has an established Operational Plan Steering Group with membership from system NHS partners and is forming an Executive Group to provide sign off plans for FY 24/25. Capacity planning has already commenced in advance of the guidance and submission requirements being received.

2.16. **Quality and Safety – Mortality Programme.** The BSW Mortality Program, led by Dr Barry Coakley (Dep Chief Medical Officer), has four facets:

- Immediate mortality trend issues – National data trends have identified SFT and GWH as outliers. ICB is actively working with Trust colleagues to understand this data trend, why it has happened, and how it can be addressed. Initial assessment looks like it is down to a coding issue rather than poor clinical care. ICB Quality Team, led by our Chief Nurse, continue to work with each Trust Quality Board to establish the facts and context in these cases.

- Joint Acute Trust Mortality Review Program – The ICB is hosting the development of a program to standardise the metrics and review process across BSW, with the aim of gaining assurance around the accuracy of the data and then creating a dynamic learning environment to optimise patient care and experience. All three Acute Trusts are actively participating and engaging, with the support of their respective Chief Medical Officers.

- Community Mortality Review Program – As the Medical Examiner role becomes statutory in April 2024, BSW ICB is embarking on a project with Primary Care, NHSE and the Medical Examiners to establish a robust reporting mechanism. The aim of the program is to support General Practice and Community Services in accurate cause of death certification, gathering

of data on community mortality and the development of a standardised case review process to harness the learning from each case.

- Bringing (2) & (3) together to create a BSW System Mortality Group – The formation of Acute and Community phases of this Mortality Program will be deliberately coordinated to ensure that they dove-tail to both inform and enrich the narrative being gathered. By combining these programs, the ICB partners will be able to track the patient's path from health to disease and ultimately to death, right across their life journey. This will enable health and social care colleagues to identify areas which require improvement as well as excellent practice that can be shared. We are linking with neighbouring systems (Dorset, Devon, and Cornwall ICBs) to share the learning in this space. We also continue to work closely with NHSE and rest of the SW region.

2.17. **Integrated Care Partnership (ICP) Development.** The ICP met on 24th October. Having delivered the Integrated Care Strategy earlier in the year, the ICP must now ensure that the Strategy remains relevant and attainable, while monitoring progress towards our stated goals. The ICP reviewed our Implementation Plan, which has been jointly created with partners. This plan provides the essential direction to ensure the individual, and collective work steams, remain aligned to our strategic goals. It was agreed that the ICP will annually hold three meetings, one for each of our Strategic Objectives, where progress will be assessed, along with factors that may require elements of our Strategy to be updated. Alongside that work, there will be a continuous focus on engagement, with our population and stakeholders. This will be achieved through the alignment of numerous collective engagement activities that currently occur in isolation across the system.

2.18. **Hampshire Together Programme Consultation**. The Hampshire and IoW ICB asked that we are content for them to begin a consultation relating to a modernisation programme that may see material changes in services in 2032. These changes may have impacts on our population, but they do not appear to be material at this stage. We have agreed to the consultation starting on the proviso that we are kept informed of any changes that relate to BSW.

2.19. **Health Inequalities.** All three places have now selected organisations in their localities to award inequalities funds. These were reported at the last Population Health Board meeting on the 25th of October, and a total of 30 projects will be funded. A cross system working group is being set up to monitor the progress of these projects.

2.20. **Health Inequalities (HI) at Place**. Work in on-going to develop key links between the HI Strategy Group (which reports to the Population Health Board) and the three place-based HI networks. The aim is to streamline work taking at place level, with strategic influence from a system level.

2.21. **Prevention**. With the change in portfolio responsibilities, an assessment of on-going, with programme leads and SROs, to measure what current work is taking place around prevention, before establishing gaps and areas of need.

2.22. **Treating Tobacco Dependency (TTD)**. The TTD work is progressing well. A new TTD business group is being developed (which will report to the BSW Prevention Group, which in turn with reports to the Population Health Board). This group will ensure system partners are accurately reporting on up take of services and on budget spend. BSW have agreed to host a NHSE regional TTD role for 12 months (currently in recruitment process), although this will be a regional role, it will raise the profile of the work BSW is undertaking in this programme. With on-going Government consultations into potential new laws to curb smoking uptake in the young, this is an exciting time and BSW is poised to seize the opportunities to make a generational difference to population health.

2.23. **People.** Steps are being taken to progress talks with medical trade unions regarding their ongoing pay disputes with the government with no new strike dates being announced at the time of writing this update. Medical consultants in England are being re-balloted on extending their mandate for industrial action. The ballot opened 7 November and due to close 18 December. If successful, the new mandate would last until 17 June 2024. Consultants' current IA mandate expires on Boxing Day.

2.24. We have signed up to the South West Leading for Inclusion strategy which has three strategic aims around leadership, culture and policy and accountability. Plans to implement this strategy are expected shortly.

2.25. In our ICB, we are now working on the next steps of our organisational redesign named Project Evolve. With the executive consultation complete, we have put an interim structure in place. Working with colleagues, we will now focus upon deciding the function of the ICB in terms of ways of working and driving efficiencies before we decide upon its form and streamline our structure.

3. **Focus on Place (reports by exception, matters unique to a locality)**

3.1. **Wiltshire.** Since the last Board update, the partners in Wiltshire have been continuing to focus on UEC and improvement work on Non-Criteria to Reside (NCTR) ahead of winter. Our priority as a partnership remains on keeping people well and at home, however for those who do go into hospital we have an agreed set of projects which will enable us to reduce avoidable delays in helping people return home or receive onward care. This includes:

- The delivery of our project for Home First
- Taking forward the Emergency Care Improvement Support Team (ECIST) recommendations
- Refreshing the model to fit the discharge flows that we are now seeing across Wiltshire.

- Addressing challenges with the increase care needs which is impacting on available commissioned capacity and the subsequent impact on partners in terms of budgetary pressures, through a jointly agreed leadership post, funded by Wiltshire Council adult social care discharge funds.

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

Title of Report:	The Future of Community Services in BSW
Report Author:	Fiona Slevin-Brown, Place Director Wiltshire and Executive Lead for Primary and Community Care Penny Harris, Specialist Advisor
Board / Director Sponsor:	Sue Harriman, ICB CEO
Appendices:	Slides attached

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

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	x
2. Fairer health and wellbeing outcomes	x
3. Excellent health and care services	x

Previous consideration by:	Date	Please clarify the purpose
ICB Board	21 September 2023	Noting. The ICB Board has previously received the Primary and Community Delivery Plan. These slides provide further context and an update on the Integrated Community Based Care Programme

1	Purpose of this paper

To provide an update to the Board on the transformation of Community Services across BSW, through the delivery of the Integrated Community Based Care (ICBC) Programme.

The slides attached provide the strategic context for the programme, and the framing of the ambition and outcomes we expect to see achieved. The presentation also provides information on the approach to securing transformed community services from 2025, and an updated procurement timeline.

2	Summary of recommendations and any additional actions required

The Board is asked to note the strategic context of the ICBC Programme, progress to date and the next steps.

3	Legal/regulatory implications

The ICBC procurement process is being undertaken in line with the relevant procurement legislation.

4	Risks

The ICBC programme maintains a risks and issues log on behalf of all commissioning parties.
The Corporate risk register includes a risk specifically related to this Programme.

5	Quality and resources impact

Delivery of the ICP strategy, and the Primary and Community Delivery Plan through programmes such as the ICBC programme present significant quality improvement opportunities. The presentation includes reference to the outcomes and benefits expected through the delivery of the ICBC Programme.

Finance sign-off	n/a

6	Confirmation of completion of Equalities and Quality Impact Assessment

An Equalities Impact Assessment (EQIA) has been considered by a panel to be convened during October. Feedback has been fed directly to the ICBC Programme Board and will be considered within the programme. The EQIA remains a live document and will be updated and reviewed on a regular basis throughout the duration of the programme.

7	Communications and Engagement Considerations

The ICB has a general duty under section 14Z45 of the NHS Act 2006 to arrange for people to whom services are provided or may be provided and their carers and

representatives to be involved (consulted or provided with information or involved in other ways) in the commissioning functions of the ICB where specified conditions are met. This paper acknowledges that the statutory regime for service reconfiguration may be triggered and divides public engagement exercises into:

- Minor changes to the delivery of services, but fundamentally the service does not change.
- More significant service changes that can be undertaken by providers.
- Significant variation and reconfiguration of services, which may require formal public consultation and consultation with local scrutiny committees.

The ICB is aware that there are substantial potential organisational, financial, and legal risks associated with reconfiguring NHS services. If service re-configuration is triggered, the ICB is aware that it will be required to formally engage with the public, national bodies and local authorities.

Given the early stage of the programme, it is appropriate to acknowledge that the approach to public engagement will be developed in time. It is too soon to conclude precisely which duties are engaged and what level of engagement is required.

8	Statement on confidentiality of report
This presentation can be shared in public.	

Bath and North East Somerset,
Swindon and Wiltshire Together

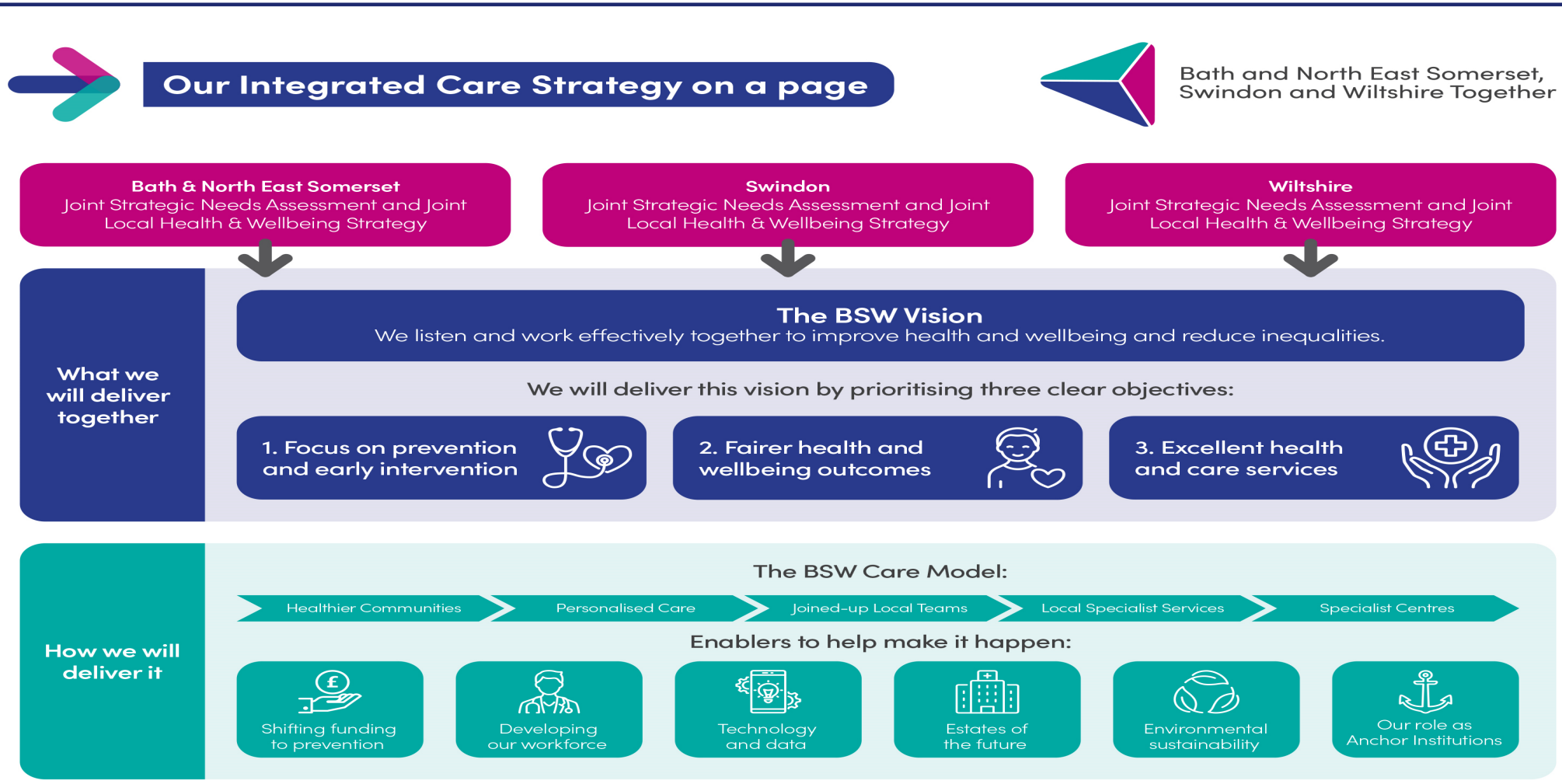
BSW Together

The Future of Community Services in BSW

ICB Public Board

16th November 2023

Setting the scene – ICS vision and Strategy



Setting the scene – ICS vision and Strategy

Section 5

What do we want to achieve?

5.3 What achieving our vision will look like

Healthy pregnancy, birth and neonatal care

1. Mothers have a healthy pregnancy and good birth experience
2. Babies are born in good health
3. Parents approach parenting with confidence

Start well 0-25 years

1. Children, young people and families have a healthy environment in which they can grow up in
2. Mental health support is available for children and young people who need it
3. The most vulnerable children and young people are well-supported, including those in and leaving care, as well as those who need to be kept safe
4. Children are ready to start education
5. There are better links between health and care services and schools

Live well 25-64 years

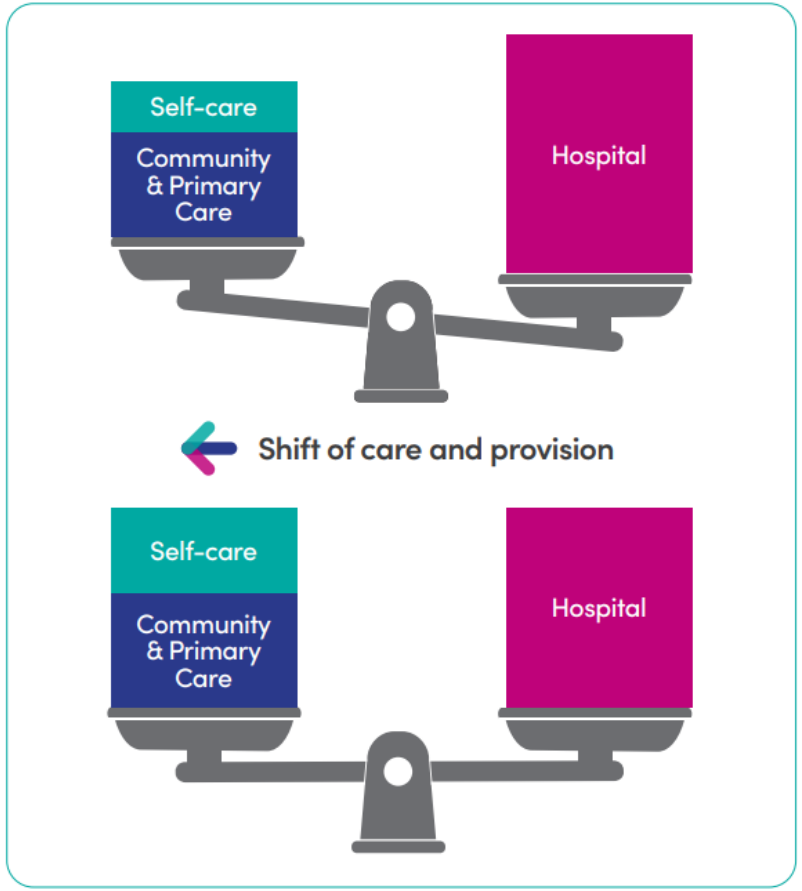
1. Individuals are supported to look after their own health and wellbeing
2. All residents benefit from living and working in places that promote health and wellbeing
3. Those with physical disabilities, learning disabilities and mental health conditions are in good health. Their care and support includes access to opportunities such as accommodation, housing and employment

Age well +64 years

1. Older people feel that they are happy, healthy, independent and in control of their own care
2. The health and wellbeing of carers is prioritised and supported
3. When needed, health and care services are delivered at home, or as close to home as possible

Die well

1. Individuals are consulted on where they would like their life to end and how they would like to be cared for in the final months of their life
2. Individuals feel that their wishes are respected by staff and those around them
3. Comprehensive support services are provided for individuals and their loved ones through palliative care, including bereavement support for families



The proportions of how much is spent in different sectors is expected to change over time.

Primary and Community Delivery Plan - Executive summary

The primary and community care delivery plan is a strategic document that supports the broader **BSW Together Integrated Care Strategy and Implementation Plan**. It was approved by the BSW ICB Board in public on 21 September 2023.

Purpose

BSW Together has the opportunity to transform how we deliver primary and community care services across the integrated care system (ICS). We want those living and working within our communities, and those who use and deliver these services to feel a step change in how we come together and collaborate. This will create a truly integrated network where everyone's contribution is valued and recognised.

We need to address important drivers including an ageing population with increasingly complex needs, including frailty; growing demand and pressure across our services and on our workforce; the need for a person-centred approach to care; and the relationship between greater equality, better care, and a healthier economy

Approach

A range of inputs have been captured and consolidated to develop the delivery plan and identify the supporting detail. These include:

- Review of existing BSW Together documents including the Integrated Care Strategy and Implementation Plan
- Broader national policy and guidance including the Fuller stocktake, Major Conditions strategy and NHS Long Term Plan
- Market engagement with local providers and partners
- Stakeholder feedback from the ICBC Programme, Clinical Oversight Group and ICB members, and primary care GPs

Transformation priorities

Six **transformation priorities** have been set out to provide a consolidated view of the direction of travel for primary and community care services:

1. **Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams**
2. **Adopt a scaled population health management approach by building capacity and knowledge**
3. **Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets**
4. **Increase personalisation of care through engaging and empowering our people.**
5. **Improve access to a wider range of services closer to home through greater connection and coordination**
6. **Support access to the right care by providing co-ordinated urgent care within the community**

Each transformation priority is then detailed through **interventions and actions** which identify the specific activities that need to be completed to support successful delivery of each transformation priorities.

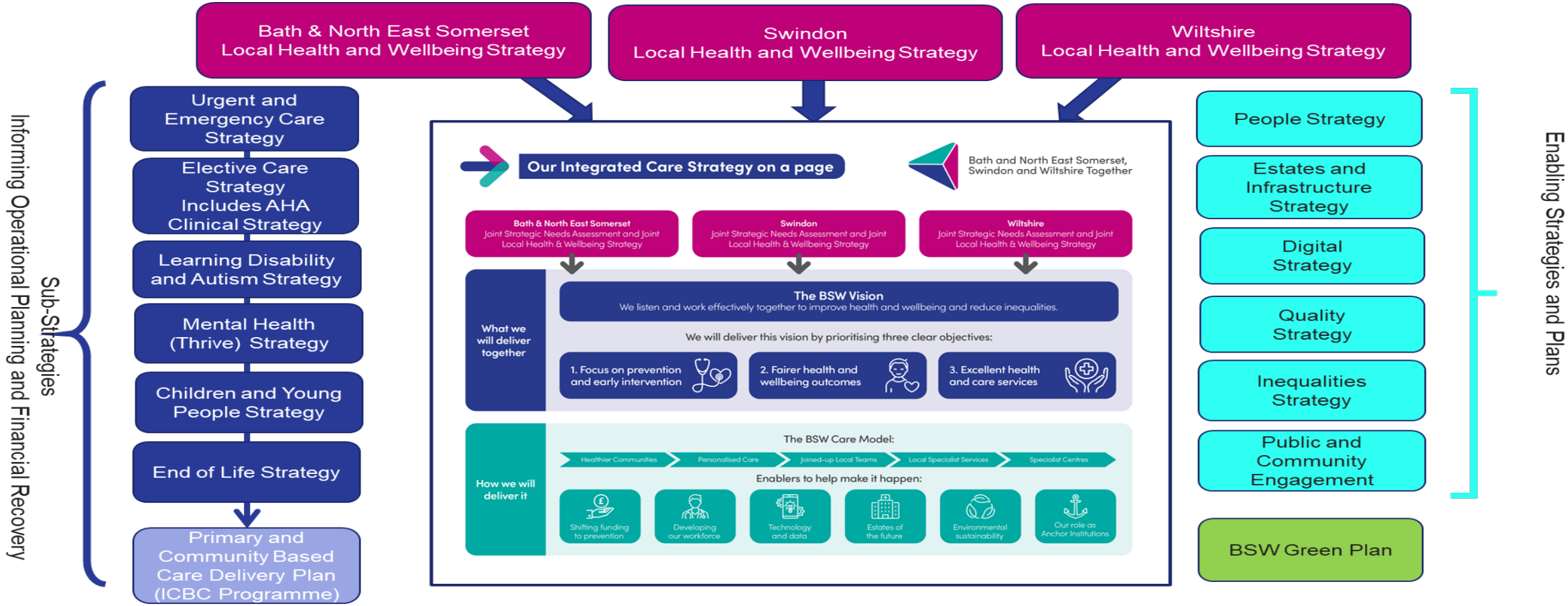
Five **focus areas** are considered across all priorities: health inequalities, children and young people, mental health, major conditions, learning disabilities and autism.

This delivery plan will be supported by the **six enablers** identified in the BSW Together Integrated Care Strategy, as well as an additional enabler on commissioning and contracting:

- Shifting funding to prevention
- Developing our workforce
- Technology and data
- Estates of the future
- Environmental sustainability
- Our role as an anchor institution
- Commissioning and contracting

Moving towards delivery

The ICB initiated a strategic programme in the Autumn of 2022 called the Integrated Community Based Care Programme. This programme will serve to enable delivery of a long term transformed model of Community Services and is informed by the Primary and Community Delivery Plan. It works alongside the other ICS Strategic transformation programmes including Primary Care, Elective Recovery, Urgent and Emergency Care, Mental Health and Learning Disabilities and Autism.



Integrated community-based care – Strategic Outline Case

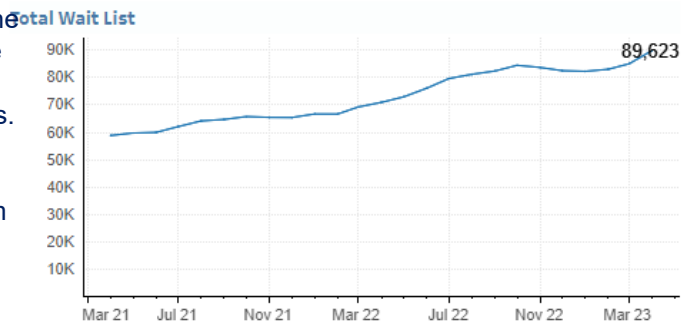
Case for change in BSW

Like all care systems BSW faces a range of strategic challenges, including an ageing population and workforce, significant variation in health and wellbeing outcomes, increasing demand for services, growing numbers of individuals living with chronic conditions, challenging performance targets with regards to access to some services, significant medical and technologic advances and limited financial resources. When these challenges are combined with the public and political expectations that are placed on Local Authority and NHS services, the need for innovation and improvement in the way services are delivered becomes essential.

Children's health
While most child health indicators are better than national average, many children have difficult living circumstances across the system:

- 1 in 4 children do not achieve a good level of development at the end of Reception
- 1 in 10 children are living in poverty
- 1 in 200 children are in care
- Obesity and mental health problems are increasing.

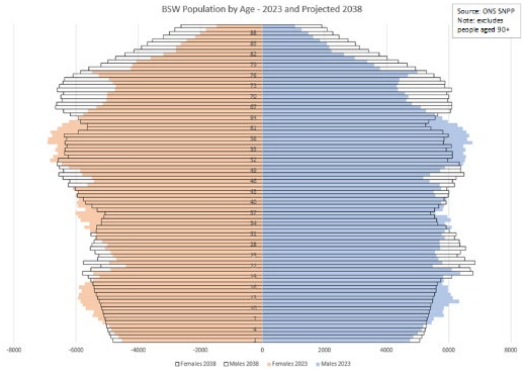
Access to services is a challenge within BSW. Since the start of the Covid pandemic we have seen an increase in the waiting times for many services.



The **resilience** of many organisations within the system is also a key factor for us to address in order to deliver effective services in the future.

Inequality: The prevalence of many health conditions is higher for those living in less advantaged communities. Inequalities across the BSW population arise because of the conditions in which people are born, grow, live, work and age. These conditions influence the opportunities for good health, and how people think, feel and act, and this shapes their mental health, physical health, and wellbeing. The Covid-19 pandemic has only exacerbated existing health inequalities.

Aging population: In BSW, significant population growth in the older age groups is expected. There are currently over 80,000 people aged over 75 across the area. By 2025, this number is expected to grow by over 40 per cent to over 100,000 and the BSW population is likely to exceed one million, with one in five people – or more than 200,000 – aged over 65 years. . This will also have the long-term effect of reducing the proportion of our population who are working.



The climate emergency facing our planet is directly impacting on the health and wellbeing of the BSW population. Through our Green Plan we have identified the areas where health and care services can play an important role in responding to this significant challenge.

Rurality
BSW covers an area of 1,500 square miles, much of which is rural, especially across Wiltshire and BaNES. There are several challenges that rural areas face, including around transport and broadband connectivity. In terms of health services, trusts operating in rural areas tend to treat more older people than in urban areas. Frailty and complex needs amongst elderly populations present major challenges to the delivery of care in rural settings – particularly in isolated, small communities.

Integrated Community-based Care – The ICS vision and strategy

Setting the scene – ICS vision and Strategy

BSW Care Model Video

Priorities of the Fuller Stocktake Report

- Streamlining access to care and advice
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals; and
- Helping people to stay well for longer.

1. Personalised care

   We want everyone who lives in BSW to experience a personalised approach, however they interact with health and care

2. Healthier communities

   We want every community in BSW to be a healthier community with reduced health inequality so that everyone has a better chance to live a healthy life

3. Joined-up local teams

   Multi-disciplinary teams, designed for and based in healthier communities, will be able to work together seamlessly to serve local people

4. Local specialist services

   We will make more specialist services available at home and closer to where people live

5. Specialist centres

   Our network of specialist centres will develop to focus more on the most specialist care and less on routine services which we can provide elsewhere

Integrated Community-based Care

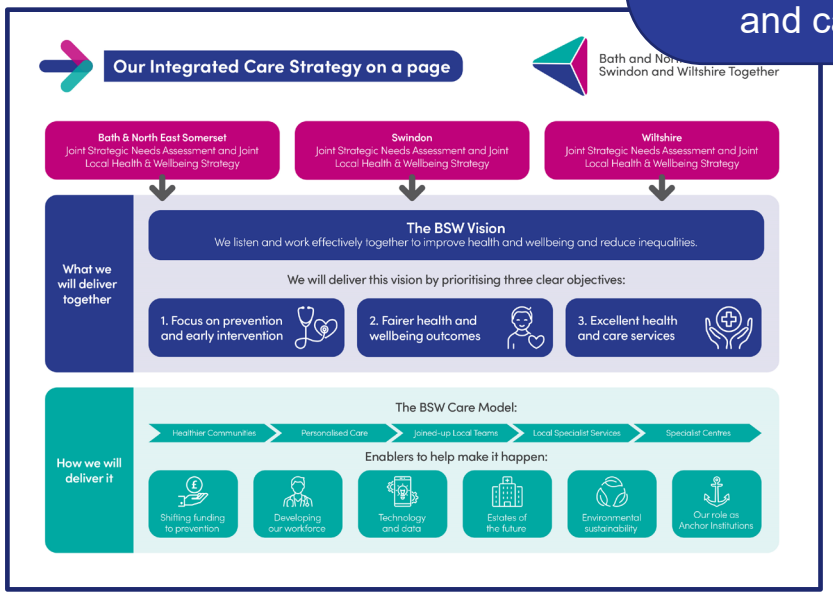
What outcomes are we seeking?

The BSW Vision
We listen and work together to improve health and wellbeing and reduce inequalities

Strategic objectives
1. Focus on prevention and early intervention
2. Fairer health and wellbeing outcomes
3. Excellent health and care services

If we are successful, we will see long-term improvements:
1. An overall increase in life expectancy across our population
2. A reduction in the gap between life expectancy and healthy life expectancy across our population
3. Reduced variation in healthy life expectancy by geography, deprivation, ethnicity and other characteristics

Overarching Outcome Measures



Integrated Community-based Care

Commissioning approach for community-based services

Context

- Current service contracts date back to the era of three separate Clinical Commissioning Groups across BSW
- Some contracts are highly integrated between the Councils and ICB and include health, public health and social care services, others are focussed on health only services.
- Mix of *'all age'* and separate *'adults'* and *'children's'* only contracts.
- Some contracts include end of life services including hospice care.
- The B&NES contract is a prime provider contract and includes the sub commissioning of 39 sub-contractors providing a range of services on behalf of the Council and the ICB.
- There is unwarranted variation in the scope and level of services commissioned varies across BSW.
- Sustainability of providers within BSW and the recruitment and retention of a valued workforce are core priorities in our approach.

Integrated Community-based Care

Principles underpinning our approach to the recommissioning of community-based health and care services.	
Core principles associated with the provision of community-based care	
1. Population focussed	• We will collectively focus on the wellbeing of the population, the prevention of ill-health and the provision of early interventions when needed. • Our approach will be informed by the use of Population Health Management tools and intelligence to target improvements more accurately to the areas of greatest need within BSW. • Our approach will be holistic, focussing on the whole person and the wider determinants that affect their health and wellbeing.
2. Informed by the experts and those with lived experience	• We will develop approaches and services through co-creation with the local population who use them and colleagues who deliver them. • We will become an effective learning system, with a willingness to experiment, fail and learn so that we can deliver better outcomes.
3. Rewarding roles and careers	• We will invest to develop and grow a dynamic and innovative workforce with the skills, knowledge and behaviours to offer personalised care with patient safety and positive experience as central to all care delivery for the local population • We will recognise and value the critical role played by formal and informal carers and the voluntary and community sectors in the delivery of care.
4. Support delivery of the BSW Together 'Integrated Care Strategy'.	• Our approach to the provision of community-based care services will reflect our commitment to delivering the outcomes set out in the Integrated Care Strategy and the approach described in the BSW Care Model. • Particular attention will be given to the delivery of fairer health outcomes within BSW.
5. Consistency of service offer	• The service offer across BSW will be consistent, but with variation in services where it is appropriate for meeting local needs.

Principles underpinning our approach to the recommissioning of community-based health and care services.	
Principles specifically associated with this commissioning process	
6. Specification of requirements	• We will commission services by: ➢ describing a set of desired outcomes; and ➢ setting out specific requirements (e.g: Personalised care, collaborative operating between different providers, coordinating service delivery at the neighbourhood level, using Population Heath Management Tools and sharing information via the Integrated Care Record).
7. Scope of requirements	• The scope of requirements will be described in two ways: ➢ Core – what range of services are we commissioning from 1st April 2025 to replace the current services – linked to the expiration of five existing contracts across BSW. ➢ Reserved – additional services that may be introduced into the contract(s) at a later date, for example when other existing contracts expire, or an improved way of working is identified.
8. Work collaboratively	• The new provider or providers are expected to emerge through true collaboration between current and potential providers. They will need to involve a cross section of statutory, voluntary and community sector organisations and are expected to maximise the contribution from local organisations.
9. Focus on value for money	• Our investment decisions will be informed by an evidence-based approach to achieving value for money. • We expect to see a shift in the proportion of resources invested in different sectors to more effectively deliver care and improve outcomes (shift left). • Our emerging ‘Case for Change’ highlights the risk if we do nothing and challenges our traditional approaches to the allocation of financial resources. • We need greater financial transparency between partners.

Principles underpinning our approach to the recommissioning of community-based health and care services.	
Principles specifically associated with this commissioning process	
10. Use technology better	• We will deploy digital and automated tools to enhance capacity and capability, supporting individuals and professionals to make better choices. • With more relevant, timely and accurate information our aim is to increase the ability and confidence of our local communities to take responsibilities for their own wellbeing, health and care.
11. Achieve environmental sustainability	• Providers will need to deliver improvements in the environmental sustainability of services.
12. Allow time for innovation and collaboration	• We will support providers to innovate services over time, building on current good practice and developing collaboration. • We will set out the early priorities for transformation during the initial years of the contract(s). • We will take a shared risk approach between partners in the way we transition and deliver services. • We will encourage collaborative behaviours and challenge those which are non-collaborative. •

Integrated Community-based Care

Timeline	Phase	Decision Gateways
Oct-23	Pre-selection (Selection Questionnaire)	1. To agree go-live of negotiated procurement
Nov-23		
Dec-23		
Jan-24	Invitation to Negotiate (ITN)	2. To shortlist bidders to ITN stage (max 4 bidders) 3. To publish ITN
Feb-24		
Mar-24	Round 1 - Dialogue / negotiation / evaluation/moderation	
Apr-24		
May-24		4. To shortlist bidders to stage 2 (max 2 bidders)
Jun-24	Round 2 - Dialogue / negotiation / evaluation/moderation	
Jul-24		
Aug-24		5. To approve proposed contract award * (final contract & final specifications)
Sep-24	Commencement of new Contract for mobilisation and transition of services to new provider	
Apr-25	Commencement of full ICBC contract	

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

Title of Report:	Primary Care Access Recovery Plan (PCARP) – System Level Access Improvement Plan
Report Author:	Jo Cullen – Director Primary Care Louise Tapper - Asst Director Primary Care With contributions from identified workstream leads
Board / Director Sponsor:	Fiona Slevin-Brown - Wiltshire Integrated Care Alliance Director, and BSW ICB Executive Lead for Primary Care
Appendices:	Primary Care Access Recovery Plan (weblink included)

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

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

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
Primary Care Executive Group	12th October 2023	Discussion & Input of Draft Version
Board Development Session	19th October 2023	Discussion & Input of Draft Version

Primary Care Access Recovery Working Group	2nd November 2023	Discussion & Input of Draft Version

1	Purpose of this paper

This Primary Care Access Recovery Plan for BSW has been developed following the publication of NHSE guidance earlier in the year and has been led by the BSW ICB Primary Care team working with all the GP practices across BSW and with system partners. The document format is based on a standard template provided by NHSE regional colleagues.

The context and content of the document was discussed in detail at the Board development session in October. Following the discussions, a final version of the document has now been produced with an associated communications plan. The Board is now asked to approve the plan.

The following sets out a brief summary of the content of the document, however the full version is available to Board members and to the public via the ICB website, found here: https://bsw.icb.nhs.uk/document/item-9-primary-care-access-recovery-plan-system-level-access-improvement-plan/

The Primary Care Access Recovery Plan (PCARP)[1] forms part of the operational planning guidance[2]. The PCARP supports all three elements of the Fuller Stocktake[3] vision and the development of Integrated Neighbourhood Teams but focusses on the first element of streamlining access to care and advice. The **national ambitions** for the PCARP are:

- To make it easier for patients to contact their practice and;
- For patients' requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.

[1] Delivery plan for recovering access to primary care (england.nhs.uk)
[2] PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf (england.nhs.uk)
[3] https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

The PCARP seeks to support recovery by focussing on four key areas:

Area	Focus
Empower Patients	• Improving information and NHS App functionality • Increasing self-directed care where clinically appropriate • Expanding community pharmacy services
Modern General Practice	• Implementing 'Modern General Practice Access' • Better digital telephony • Faster navigation, assessment and response
Build Capacity	• Larger multidisciplinary teams • More new doctors • Retention and return of experienced GP's. • Higher priority for primary care in housing developments
Cut Bureaucracy	• Improving the primary – secondary care interface • Building on the 'Bureaucracy Busting Concordat'

BSW ICB currently has a mixed performance in relation to the PCARP ambitions as demonstrated by the following results:

- Ease of getting through to practice on the phone – GP Survey. BSW ICB 55% National 50%.
- 39.5% of appointments were seen within 1 working day. The national average is 43.7%
- 76.9% of patients were seen within 2 weeks. The national average is 82.7%
- BSW ICB has the lowest proportion of appointments booked after 28 days.

It is recognised that within BSW ICB there is variation between practices and the experiences that patients are receiving that needs to be understood and addressed through the PCARP.

All 27 PCNs submitted Capacity and Access Plans (CAIPs) in June which covered the following areas

1) Patient Experience of contacting the practice
2) Ease of access and demand management
3) Accuracy of Recording in appointment books

The ICB team has been working with all 88 practices against the practice/PCN actions from the PCARP checklist that were not already covered by those previously developed Capacity and Access improvement Plans. In relation to the four areas of PCARP, this included:

1) Empower Patients

Practices/PCN are required to have enabled all four NHS App functions for patients, the current position for the BSW practices is in the table below:

PCARP Requirement	Position in BSW ICB
Apply system changes or manually update patient settings to provide prospective record access to all patients.	84% of BSW practices enabled for prospective (future) full record access with 74 out of 88 practices currently live. We are on course to have all practices enabled by the NHSE timeline of 31st October 2023.
Ensure directly bookable appointments are available online.	98% of BSW practices (86 out of 88 practices) have had patients booked appointments via the NHS app.
Secure NHS App messaging to patients where practices have the technology to do so in place.	BSW ICB is funding AccuRx until April 2025 by which time it is hoped that System One will be able to send messages directly to the NHS App. The ability of AccuRx to provide this feature has only been made available during September 2023 and the ICB is encouraging all practices to use this feature.
Encourage patients to order repeat medications via app supported by comms toolkit.	This is offered and is being used by patients in 100% of practices.
Expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance.	For the 7 mandated self-referral pathways in BSW there are 21 different services across 10 different provider organisations, therefore it has been more complex than anticipated to ensure the requirements are fully met. A BSW working group is in place and good progress is being made across all pathways and with engagement from all providers. The deadline of September has not been achieved however we are working to complete this work by the end of the financial year.
Expand services offered by Community Pharmacy	Whilst we have good levels of Community Pharmacy Consultation services activity in BSW, our focus going forward is now on consistency across all providers. The main risk to achieving this ambition is workforce, with BSW having the

	2nd highest vacancy rate for pharmacists in the country. We have a System Pharmacy workforce lead in post, and are working closely with the local providers and Local Pharmacy Committee to deliver improved access and offer for our population.

2) Implement Modern General Practice

Actions required from PCNs and practices and those underway relating to this are covered in detail in the main body of the document. These include implementing cloud based telephony and other digital tools which support the delivery of a modern general practice.

3) Build Capacity

PCNs have submitted Additional Roles Reimbursement Scheme (ARRS) and workforce plans to the ICB. These has been completed by all PCNs in BSW. A second round of ARRS workforce submissions has taken place nationally during October 2023, and the ICB has been supporting PCN's with their submission.

Through the development of the plan we have sought assurance that practices and PCNs are taking up local offers for retention. Example offers in BSW ICB are available as follows:

- GP Fellowship
- GPN Fellowship
- Supporting Mentors Scheme (GPs)
- NEW2GPN Project (new to GP nurses)
- GPN pipeline
- Practice Managers Training
- International Medical Graduate Programme

These offers are communicated to practices and PCNs via the Training Hub. These schemes all have good uptake, supporting recruitment and retention across multiple staff roles and assist in business continuity planning.

4) Cut Bureaucracy

An important part of the Primary Care Access Recovery Plan is system change to help create capacity within practices. Whilst practices have had the opportunity to feed back to the ICB on progress against primary and secondary care interface difficulties through the LMC and directly to ICB colleagues, work programmes have

been put in place with the aim to build new interface pathways, as well as self-referral pathways to designated acute and community services.

2	Summary of recommendations and any additional actions required
The Board is required to sign off this plan prior to its submission to NHSE. The document will be assessed by NHSE against the guidance note issued to ICBs in July 2023. NHS England » Primary care access improvement plans – briefing note for system-level plans	

3	Legal/regulatory implications
Requirement from NHSE that this report is taken to the ICB's Public Board in Autumn 2023. Further reports to take place at six monthly intervals.	

4	Risks

The Primary Care Access Recovery working group oversees any risks to delivery, and reports through the Primary Care Operational Group, and into the Primary Care Executive Group any risks which need to be included within the Primary Care Risk register or any issues which need escalating.

The main risks to delivery include.

- Workforce and capacity to deliver.
- Practice resilience
- Practice and PCN leadership
- ICB Primary Care and enabling team capacity
- Ongoing and concurrent demands on Primary Care

5	Quality and resources impact

Please outline any impact on

Quality, Patient Experience and Safeguarding: An EQIA is required as part of the plan.

Finance: The funding is provided by NHSE as part of the SDF allocation for Primary Care, and specific programme allocations, content of the finance section has been discussed with Finance.

Workforce: Funded expansion of the workforce is included within the plan.

Sustainability/Green agenda: Will be woven into the plan as appropriate (but not specifically mentioned in this plan as not on the NHSE checklist).

Finance sign-off	Steve Collins

6	Confirmation of completion of Equalities and Quality Impact Assessment
EQIA has been completed as part of the plan.	

7	Communications and Engagement Considerations
The BSW ICB Communications team have contributed to the Plan, and a specific communications plan has been developed. We are also expecting national communications resources to be provided.	

8	Statement on confidentiality of report
The final version of this report is required to be made public.	

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

Title of Report:	BSW Operational Performance and Quality Report
Report Author:	Sharen Pells – Deputy Director Nursing and Quality, Jo Gallaway – Performance Manager
Board / Director Sponsor:	Gill May – Chief Nurse Rachael Backler – Chief Delivery Officer
Appendices:	Integrated Performance Dashboard

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

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

Previous consideration by:	Date	Please clarify the purpose
ICB Executive Management Meeting	18/10/23	Review of performance across the oversight framework domains
ICB Quality and Outcomes Committee	07/11/23	Assurance

1 Purpose of this paper

The aim of this paper is to provide oversight and assurance on the safe and effective delivery of NHS care and NHS operational performance to the ICB Board

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 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 Executive Management meeting that takes place each month. We continue to progress with the development of an integrated performance dashboard covering the key domains of quality, finance, workforce and operational performance. These metrics are closely aligned to the 2023/24 NHS Oversight Framework metrics and the regional and national assurance processes. The dashboard is included as an appendix to this paper. The quality committee considers this dashboard, along with detailed exception reports.

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

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

4	Risks
There are several risks on the BSW ICB Corporate Risk Register (dated 12/09/23) that reflect the challenges to delivering Quality and Performance. • BSW ICB 01 – Insufficient capacity for Urgent and Emergency Care and Flow • BSW ICB 03 – Ambulance Hospital handover delays • BSW ICB 04 – Impact of Industrial Action • BSW ICB 06 – System workforce challenges. • BSW ICB 08 – Workforce challenges in MH services • BSW ICB 09 – Recovery of Elective Care capacity • BSW ICB 10 – Cancer waiting times underperforming • BSW ICB 11 – Impact of difficulty finding placements for children looked after • BSW ICB 13 – Primary Care POD delegation impacted by lack of reporting	

5	Quality and resources impact	
Quality impacts linked to the performance of the system are highlighted in this report. Where appropriate action is taken to address this impact.		
Finance sign-off		Not required.

6	Confirmation of completion of Equalities Impact Assessment
N/A	

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

BSW Executive Escalation and Assurance Report
Operational Performance and Quality Report to the ICB Board

1. Introduction and purpose of report

1.1. This report is provided in order to 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.

2. Key operational performance information

2.1. BSW have seen increased ambulance response times and handover delays from September and at the end of October is causing concern at the regional level. There are a mix of drivers being reviewed by the System UEC tactical meeting. Care Co-ordination support to 999 is diverting more patients from ED than previously, supported by a specialist paramedic from SWASFT. Four hour performance and bed occupancy are showing signs of pressure, though non-criteria to reside is unchanged.

2.1. Improvement actions continue to be put in place across the system with a focus on four hour performance at RUH and NCTR in Wiltshire. 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, and we have not yet treated all patients waiting within this category. In addition, there remains a reducing small cohort of long waiting patients awaiting breast reconstruction surgery who had not previously been categorised as RTT at SFT. Provisional data for September shows an increase in over 78 week waiters which is largely a result of increases at providers outside of BSW. A recent notification from a neighbouring ICB has alerted BSW ICB to some potential unreported 78 week breaches at a non local independent sector provider and further detail is awaited.

2.3. Diagnostic performance continues to be a significant challenge, DM01 performance (the % of the waiting list over 6 weeks) worsened over the Summer. Key driver of the challenged performance is the non-obstetric ultrasound workforce. Remedial action plans have been formed and presented to the Elective Care Board detailing additional recruitment and insourcing to address the backlog. Additional capacity has commenced and recovery is expected by March 24 for both RUH and GWH.

2.4. Cancer waiting time reporting against the national targets for August showed none were met for BSW ICB patients. Performance improved for 4 targets; declined for 7 targets. The most challenged pathways all have recovery plans underway. Increased executive focus and oversight is being brought to the recovery plans via the Elective Care Board. The 62 day target has already

shown recovery for RUH in most recent data (end of October) and is now meeting the threshold to exit from Tier 2 NHSE rating. SFT 62 day breaches are predominantly in the skin pathway and extended use of the existing outsourced capacity will reduce this backlog by the end of December 23. GWH have recruited an additional consultant who will focus entirely on cancer skin pathways and also commence with an insourced capacity in December for skin pathway backlog. These combined actions support overall system forecast of target achievement by March 24.

2.5. The two week wait standard has now (1 Oct 23) ceased as a nationally reportable target. In future, the 31 day and 62 day standards will be a reduced composite of previously separate 31d and 62d reportable targets, again in accordance with national reporting changes.

2.6. In mental health, BSW Talking Therapies (TT) recovery rates have improved all through 2023 to 46% in August, although not yet reaching the national standard (50%). Access rates continue to improve above trajectory, with expected seasonal variation for month 6.

2.7. Dementia diagnosis rates have improved slightly and are expected to continue to improve. The older Adults transformation workstream undertaking a brief review of locality pathways to understand the degree of variation (Q3 23/24).

2.8. CYP access now over 90% compliance with committed trajectory (on plan). OHFT have resumed data reporting following the cyber incident of July 2022, national reporting will take a few months to catch up. Ongoing improvement plan to ensure all eligible providers are submitting CYP access data to MHSDS.

2.9. Complex LDA inpatient numbers continue to rise above the agreed trajectory. Direct management progressing through the Acute Care Pathway, Prevention and Oversight (pillar of the refreshed BSW LDA Programme), with objective to ensure quality of care and reduce inpatient admissions.

2.10. The Q1 NHSE Oversight Framework Segmentation process for the ICB and providers reflected the challenges noted above. This has led to RUH and the ICB moving to Segment 3 which highlights the ICB / Trust need bespoke support from the NHSE region, on top of system working, to support the resolution of issues in delivering the oversight themes which align to plan delivery and high quality services.

3. Key financial performance information

3.1. We continue to see challenges across the NHSE Oversight Framework for each of the finance metrics including Financial efficiency, Financial stability and Agency spending.

3.2. We are in the process of producing a three year financial plan.

3.3. Further detail is available within the finance reports considered by the Finance and Investment Committee and the Board.

4. Key quality performance information

4.1. A number of providers took part in world patient safety day. The theme this year was engaging patients for patient safety.

4.2. A BSW Joint Mortality Surveillance Group is being established to explore mortality data and identify any learning. The aim is to support a focused collaborative approach to understanding BSW SHMI mortality data and associated learning from structured judgement reviews (SJRs). There was a focussed discussion on Mortality at the System Quality Group on 31st October.

4.3. SFT Trust Level data is 'Higher than Expected SHMI'; however, it is important to note that Salisbury Hospice is included in this data and if broken down to site level, SFT is 'As expected SHMI' and Salisbury Hospice is 'Higher than expected SHMI'. SFT's Trust Board have commissioned a review of the Trust's mortality governance process.

4.4. In September there was 1 Never Event reported by WH&C. This related to the administration of insulin and they have an investigation underway.

4.5. Eleven Serious Incidents were reported in the system in September. There is no evidence that these can be attributed to system demand or industrial action.

4.6. The ICB Quality Team continues to work with system partners to undertake a system wide audit review relating to Mixed Sex Accommodation Breaches. The ICB Quality Team has visited several providers and will be completing a report which will be shared with the Quality and Outcomes Committee.

4.7. The main PALS enquiries are relating to waiting times for new and follow up appointments, communication and information and clinical care and concerns.

4.8. Overall incidents reported relating to Urgent Care have reduced again for Q2 23/24 compared to the three previous quarters with only 2 reported.

4.9. ICB Chief Nurse and ICB LMS Midwife are working collaboratively with the Maternity Safety Services Programme Advisor to support the Ockenden actions.

4.10. ICB is undertaking assurance for the Saving Babies Care Bundle version 3.

4.11. Clostridium Difficile (CDI) remains a concern across BSW ICS. BSW ICB breached the threshold set by NHSE in 22/23 with 238 cases against threshold of 216, all acute trusts breached their set thresholds. There was a notable rise in CDI in the last 2 months of Q4 and this rise in being sustained into 23/24. Multiple actions are being taken forward by the system collaborative and monitored via Quality Assurance and Outcomes Committee and BSW System Quality Group.

4.12. CHC operational performance has not improved in line with plan. A recovery plan is being developed and assurances are being provided to the regional NHSE team regarding changes underway.

5. Key workforce performance information

5.1. The July vacancy rate across BSW was 6.9% for Acutes. Currently, it is neither improving nor deteriorating but is above target.

5.2. Bank usage continues to fluctuate. This month 6.9% of the budgeted WTE was spent on bank staff.

5.3. In the last 6 months there have been improved average sickness levels. This is reflecting the decreased Covid related sickness absences this year.

5.4. It is anticipated that 12-month turnover rate will not meet the 12% target this year. However, there has been a consistent trend of improvement since August 2022, down from a peak of 15% to 12.9%

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BSW Integrated Performance Dashboard November 2023

ICB Board, 16/11/2023

BSW Integrated Performance Dashboard

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The following slides provide the latest published position on system-level key performance, quality, finance and workforce metrics. The data shows performance for the BSW population, and not only the population treated by providers within our geographical boundary.

The data is taken from the NHS oversight framework and wider system metrics against the targets set out in the BSW 23/24 Operating Plan plus additional in year ambitions set by NHSE and BSW system partners.

The wider reporting of these metrics continues to be developed with supporting detail.

Each metric is supported by a statistical process control chart (SPC charts). SPC charts are constructed by plotting data in time order, calculating and displaying the average (the mean) and some data comparisons known as the upper and lower control limits as lines. These limits, which are a function of the data, give an indication by means of chart interpretation rules as to whether the process exhibits common cause (predictable) variation or whether there are special causes.

The summary icons shown in the dashboard indicate how a specific metric is performing using symbols for variation and assurance – more detail is shown on the right.

The dashboard shows where the indicator is also an NHS oversight metrics (SOF) – see next slide.

What are summary icons?

Summary icons provide an instant view of how a specific metric is performing using symbols for variation and assurance. Variation shows if there are any trends in the most recent data and assurance shows how the metric is performing in relation to a target.

Assurance Icons

The current process is capable and will consistently pass the target if nothing changes.

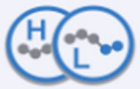
The current process will hit and miss the target as the target lies between process limits.

The current process is not capable and will fail the target if nothing changes.

Assurance cannot be given as there is no target.

Or blank

Variation Icons



Special cause variation of an improving nature.

Common cause variation, no significant change.

Special cause variation of an concerning nature.

Not enough data for an SPC chart, so variation cannot be given.

Or blank

Special cause variation where up or down is not necessarily improving or concerning.

NHS Oversight Framework: BSW 23/24 Q1 Rating

- During August 2023, NHS England undertook a detailed Quarter 1 review against the six themes in the framework. NHS England's South West Regional Support Group (RSG) agreed that, in comparison to Quarter 4, 2022/23, the ICB's position in relation to the Oversight Framework had deteriorated and was now considered to be in overall segment 3 for Quarter 1, 2023/24.
- This was due to very specific areas in which improvements and further assurance is required:

2023/24 Q1	BSW ICB	GWH	RUH	SFT	AWP
Overall Rating by segment 1-4	3 ⇧	2 ⇔	3 ⇧	2 ⇔	3 ⇔
Feedback from NHSE SW Region in relation to delivery of the Oversight metrics.	Key areas of concern noted were • Elective – diagnostics • Mental Health CYP Access, Talking Therapies and Dementia • Finance - efficiency and stability • LDA – Inpatients	Key areas of concern noted were • Finance - efficiency and stability • Elective – diagnostics • Quality – CQC overall – Requires improvement	Key areas of concern noted were • Cancer – 62 day • Finance - efficiency and stability • Elective – diagnostics • UEC – A&E 4 hour standard	Key areas of concern noted were • Finance - efficiency and stability • Maternity – safety support programme • Workforce – safety culture • Workforce – Leaver rate	Key areas of concern noted were • Workforce - strategy / plan • Workforce – Leaver Rate • Quality – CQC overall – Requires improvement

- Further detail on these metrics is given in the relevant places in this report. We note that finance and workforce are subject to their own detailed report through the relevant committees.
- Following the deterioration to segment 3 for RUH, we have moved into an 'enhanced oversight' process whereby we are now meeting with RUH each month to carry out oversight of the recovery plans.
- We are awaiting feedback on the outcome of the Q2 process.

Segment	Support offered
1. High performing	No specific support
2. On development journey	Flexible peer support in system and NHSE BAU
3. Significant support needs	Bespoke mandated support led by NHSE region
4. Serious, complex issues	Mandated intensive support delivered through the Recovery Support Programme

BSW Integrated Performance Dashboard

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ELECTIVE CARE

Metric	Group	Latest Date	Previous Value	Latest Value	Target	In Month	Change	Improvement Direction	Variation	Assurance
RTT Waiting List 65 Weeks+ SOF	BSW COMMISSIONER TOTAL	Aug-23	1290	1384	0		▲	▼		
RTT Waiting List 78 Weeks+	BSW COMMISSIONER TOTAL	Aug-23	34	46	0		▲	▼		
Cancer 28 Days Faster Diagnosis SOF	BSW COMMISSIONER TOTAL	Aug-23	68%	66%	75%	●	▼	▲		
Diagnostic Tests Over 6 Weeks - Total SOF	BSW COMMISSIONER TOTAL	Aug-23	41%	45%	15%	●	▲	▼		
% of DM01 WL over 13 weeks	BSW COMMISSIONER TOTAL	Aug-23	20%	22%	0%		▲	▼		
62 Day Cancer Standard	BSW COMMISSIONER TOTAL	Aug-23	64%	62%	85%	●	▼	▲		
Cancer 62 Day Pathways SOF	ALL_ICB - ACUTE TOTAL	Sep-23	633	729			▲	▼		
% 2WW seen in 2 weeks	BSW COMMISSIONER TOTAL	Aug-23	60%	54%	93%	●	▼	▲		
ERF SOF	BSW COMMISSIONER TOTAL	Sep-23	109%	109%	107%	●	▼	▲		
Cancer Waits >104 Days	ALL_ICB - ACUTE TOTAL	Sep-23	145	150			▲	▼		

SOF Denotes an NHS oversight framework metric

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QUALITY

Metric	Group	Latest Date	Previous Value	Latest Value	Target	In Month	Change	Improvement Direction	Variation	Assurance
Percentage of GP Appointments With Good Experience - Annual SOF	BSW COMMISSIONER TOTAL	Dec-22		62.5%				▲		
MRSA Infection Rate SOF	BSW COMMISSIONER TOTAL	Aug-23	6	6	0		◆	▼	H	F
c.Diff Infection Rate SOF	BSW COMMISSIONER TOTAL	Aug-23	160%	152%	100%	●	▼	▼	H	F
E.coli Infection Rate SOF	BSW COMMISSIONER TOTAL	Aug-23	142%	142%	100%	●	▼	▼	H	F

PRIMARY CARE

Metric	Group	Latest Date	Previous Value	Latest Value	Target	In Month	Change	Improvement Direction	Variation	Assurance
GP Appointments	BSW COMMISSIONER TOTAL	Aug-23	495401	494870			▼	◆		
% GP Appointments Booked within 14 days SOF	BSW COMMISSIONER TOTAL	Aug-23	77%	77%			◆	▲		

SOF Denotes an NHS oversight framework metric

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URGENT CARE

Metric	Group	Latest Date	Previous Value	Latest Value	Target	In Month	Change	Improvement Direction	Variation	Assurance
Total Ambulance Conveyances	ALL_ICB - ACUTE TOTAL	Aug-23	5551	5697			▲	▼		
Average Handover Delays > 15 mins	ALL_ICB - ACUTE TOTAL	Aug-23	00:51	00:39	00:25	●	▼	▼		
4 hour % total Attendances SOF	ALL_ICB - ACUTE TOTAL	Aug-23	68%	70%	76%	●	▲	▲		
NCTR % Occupancy SOF	ALL_ICB - ACUTE TOTAL	Aug-23	20%	19%	13%	●	▼	▼		
Average Response Time (HH:MM) Category 2 Incidents SOF	BSW COMMISSIONER TOTAL	Aug-23	00:43	00:26	00:30	●	▼	▼		

OCCUPANCY

Metric	Group	Latest Date	Previous Value	Latest Value	Target	In Month	Change	Improvement Direction	Variation	Assurance
G&A Bed Occupancy - Adult % SOF	ALL_ICB - ACUTE TOTAL	Aug-23	105%	100%			▼	▼		

COMMUNITY

Metric	Group	Latest Date	Previous Value	Latest Value	Target	In Month	Change	Improvement Direction	Variation	Assurance
UCR % 2hour Response SOF	ALL_ICB - ACUTE TOTAL	Jul-23	67%	71%			▲	▲		
Virtual Wards: Average Occupancy % SOF	ALL_ICB - ACUTE TOTAL	Aug-23	45%	57%	80%	●	▲	▲		

SOF Denotes an NHS oversight framework metric

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MHLDA

Metric	Group	Latest Date	Previous Value	Latest Value	Target	In Month	Change	Improvement Direction	Variation	Assurance
Access to Talking Therapies SOF	BSW COMMISSIONER TOTAL	Jul-23	3295	3555			▲	▲		
Dementia Diagnosis Rate SOF	BSW COMMISSIONER TOTAL	Sep-23	58.1%	58.2%	66.7%	●	▲	▲		
Out of Area Placements SOF	BSW COMMISSIONER TOTAL	Jul-23	30	30	0		◆	▼		
Specialist Perinatal Access SOF	BSW COMMISSIONER TOTAL	Aug-23	450	555			▲	▲		
Access to Community MH Services SOF	BSW COMMISSIONER TOTAL	Aug-23	4165	4180			▲	▲		
CYP Access SOF	BSW COMMISSIONER TOTAL	Aug-23	10669	10692			▲	▲		
LD Inpatients (Rate per million) SOF	BSW COMMISSIONER TOTAL	Sep-23	41.7	41.7			◆	▼		
% LD Annual Health Checks Carried Out SOF	BSW COMMISSIONER TOTAL	Aug-23	12.2%	16.4%	75%	●	▲	▲		

SOF Denotes an NHS oversight framework metric

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WORKFORCE

Metric	Group	Latest Date	Previous Value	Latest Value	Target	In Month	Change	Improvement Direction	Variation	Assurance
Sickness Rate - 12m SOF	BSW COMMISSIONER TOTAL	Jul-23	4.6%	4.5%	4%	●	▼	▼		
Vacancy Rate - all staff	BSW COMMISSIONER TOTAL	Jul-23	13.5%	13.5%	6%	●	◆	▼		
Agency Usage % - all staff SOF	BSW COMMISSIONER TOTAL	Jul-23	2.54%	4.07%	2%	●	▲	▼		
Bank Usage % - all staff	BSW COMMISSIONER TOTAL	Jul-23	6.35%	7.52%	4%	●	▲	▼		
Sickness Rate - in month	ALL_ICB - BY ACUTE	Jul-23	3.7%	4.4%	4%	●	▲	▼		
Turnover Rate - 12m SOF	ALL_ICB - BY ACUTE	Jul-23	13.5%	13.5%	12%	●	◆	▼		
Turnover Rate - in month	ALL_ICB - BY ACUTE	Jul-23	1.1%	0.9%	1%	●	▼	▼		

SOF Denotes an NHS oversight framework metric

Note: The Agency staff usage plan target can be expressed in people / WTE as 2% and in finance / £s as 3.7%

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FINANCE

Metric	Group	Latest Date	Previous Value	Latest Value	Target	In Month	Change	Improvement Direction	Variation	Assurance
Financial stability - variance from plan (£m YTD) SOF	BSW COMMISSIONER TOTAL	Sep-23	£-5.6	£-6.5			▼	◆	○	○
Financial efficiency - variance from efficiency (£m YTD) SOF	BSW COMMISSIONER TOTAL	Sep-23	£-0.3	£0			▲	◆	○	○
Efficiencies % recurrent Actual SOF	BSW COMMISSIONER TOTAL	Sep-23	£0.38	£0.4			▲	▼	○	○
Achievement of Mental Health Investment* SOF	BSW COMMISSIONER TOTAL	Sep-23	£0	£0			◆	◆	○	○
Agency Spend vs agency ceiling (% over plan YTD) SOF	BSW NHS ICS - TOTAL	Sep-23	11%	11%			◆	▼	○	○

SOF Denotes an NHS oversight framework metric

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

Title of Report:	BSW ICB & NHS ICS Revenue Position
Report Author:	Rebecca Paillin, Head of Finance Programmes, Financial Planning, Co-ordination and Recovery
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer
Appendices:	BSW ICS Finance Report M6

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

Purpose:	Description	Select (x)
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

Previous consideration by:	Date	Please clarify the purpose
ICB Finance & Investment Committee	1st November 2023	Discussion & Assurance

1 Purpose of this paper

This is a high-level BSW NHS Integrated Care System (ICS) 2023-24 overview of the revenue position for information. Key points are:

- The BSW ICS NHS position is a reported £31.7m deficit. This is £20.5m behind the planned deficit of £11.2m.
- The ICS breakeven position is dependent on achievement of £96.3m of efficiencies representing 5.1% of system allocation.
- As a system 17.2% of efficiencies are seen as high risk in terms of our ability to delivery in year. Over a third of planned schemes are non-recurrent in nature impacting our underlying position into next year
- Net risk stands at £42.0m.

- Agency Limit in month has been exceeded by £1.9m with a forecast £2.3m (6.7%) below the £33.8m threshold. Controls to achieve this are being supported by the Workforce Group.
- Implementation of protocols including reviews of any investments over £50k continue through the Financial Recovery Group who are also supporting delivery of efficiency targets and triangulating efforts to maximise productivity benefit in year.

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

3	Legal/regulatory implications
As a system to achieve the target agreed with NHSE.	

4	Risks
This report links to risk on the corporate risk register. The most significant risk is that financial target will not be achieved. The report contains a section on risks and mitigating actions stating the factors impacting this risk	

5	Quality and resources impact
Resources: The report is created by BSW ICB Financial Recovery Team and uses information from ICB, NHSE and BSW NHS Acute and Community Partners. It details the Revenue and Capital position of all organisations as reported to NHSE. It is labour intensive currently to produce.	
Finance sign-off	Gary Heneage

6	Confirmation of completion of Equalities and Quality Impact Assessment
N/A	

7	Communications and Engagement Considerations
N/A	

8	Statement on confidentiality of report
The financial position noted within the reporting pack has been approved by all parties and reflects the position reported to their Boards. It is therefore sensitive but not confidential.	

Bath and North East Somerset, Swindon and Wiltshire
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NHS BSW ICS Finance Report

September 2023 (Month 6)

1. ICS Financial Position

BSW NHS ICS reported financial position at month 6 is an **adverse variance of £20.5m**. This is driven by:

- Prescribing price £6.2m
- Industrial Action £6.9m*
- Other £7.4m

This is an adverse movement of £4.5m month on month mainly driven by prescribing and industrial action. Other drivers are cited as temporary staffing; inflationary cost pressures; use of escalation beds/patient complexity; staff pay awards in excess of funding; and YTD CIP delivery

In the ICB other includes Elective Recovery funding income for providers accrued at plan values but costs to date have been reflected on an actual basis and exceed income.

The deterioration in the year-to-date position demonstrates the deviation from plan being managed by non-recurrent measures. The impact this will have on the underlying position and the Medium-Term Financial Planning is being worked through.

	Year-to-date					Forecast Outturn			
	Plan	Reported Actual	Variance to Plan			Plan	FOT	Variance to Plan	
	£m	£m	£m	%		£m	£m	£m	%
Great Western Hospital	(0.9)	(6.9)	(6.0)	(658.0%)	↓	0.0	0.0	0.0	0.0%
Royal United Hospital	(7.9)	(11.7)	(3.7)	(46.7%)	↓	0.0	0.0	0.0	0.0%
Salisbury Hospital	(2.3)	(6.6)	(4.3)	(185.4%)	↓	0.0	0.0	0.0	0.0%
Provider surplus / (deficit)	(11.2)	(25.2)	(14.0)	(125.5%)	↓	0.0	0.0	0.0	0.0%
BSW ICB surplus / (deficit)	**0.0**	**(6.5)**	**(6.5)**	**(0.7%)**	→	0.0	(0.0)	(0.0)	(0.0%)
ICS surplus / (deficit)	**(11.2)**	**(31.7)**	**(20.5)**	**(183.3%)**	↓	**0.0**	**(0.0)**	**(0.0)**	**0.0%**

** Industrial action costs at M6 were reported to be £9.3m, this is offset by £2.4m of funding via the ERF 2% into baselines (6/12th recognised at M6)*

2. ICS Risks and Mitigations

Gross Risks	Total £m	ICB £m	GWH £m	RUH £m	SFT £m
Additional cost risk	(40.9)	(13.0)	(9.1)	(6.9)	(12.0)
Additional inflation	(25.5)	(17.5)	(3.9)	(4.1)	0.0
Contract risk (excl. ERF)	(6.1)	(6.1)	0.0	0.0	0.0
COVID risk	(0.5)	0.0	(0.5)	0.0	0.0
Efficiency risk	(14.4)	(3.0)	(8.4)	(3.0)	0.0
Income risk	(2.7)	0.0	(2.0)	(0.7)	0.0
BSW ICS Gross Risks	**(90.1)**	**(39.6)**	**(23.9)**	**(14.6)**	**(12.0)**

Mitigations	Total £m	ICB £m	GWH £m	RUH £m	SFT £m
Additional cost control	**19.0**	6.0	9.1	3.9	0.0
Risk share	**6.0**	5.3	0.0	0.7	0.0
Transformational / Pathway changes	**9.9**	0.0	6.9	3.0	0.0
Unmitigated: COVID	**0.0**	0.0	0.0	0.0	0.0
Efficiency mitigation	**4.5**	4.5	0.0	0.0	0.0
Mitigations not yet identified	**8.8**	7.8	1.0	0.0	0.0
BSW ICS Mitigations	**48.1**	**23.6**	**16.9**	**7.6**	**0.0**

Net Risk	Total £m	ICB £m	GWH £m	RUH £m	SFT £m
Additional cost risk	(17.3)	0.0	0.0	(5.3)	(12.0)
Additional inflation	(18.7)	(13.0)	(3.9)	(1.8)	0.0
Contract risk (excl. ERF)	(2.0)	(2.0)	0.0	0.0	0.0
COVID risk	(0.5)	0.0	(0.5)	0.0	0.0
Efficiency risk	(2.5)	(1.0)	(1.5)	0.0	0.0
Income risk	(1.0)	0.0	(1.0)	0.0	0.0
BSW ICS Net Risk	**(42.0)**	**(16.0)**	**(6.9)**	**(7.1)**	**(12.0)**

NB tables do not read across as each gross risk may have more than one mitigation category or mitigations not yet identified

Recovery plans are in development and national protocol controls and assurance processes have been adopted voluntarily within the system.

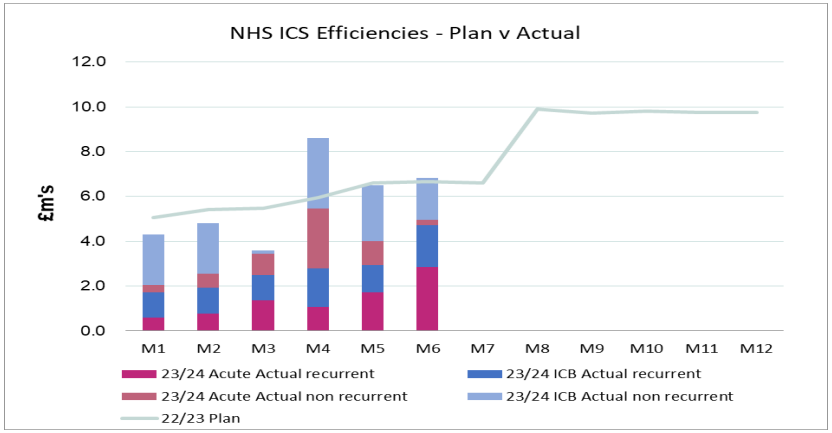
Providers updated their risk position at month 5. There are managing a number of financial risks, the most significant being the delivery of the savings target; **continued industrial action (£4.5m);** temporary staffing costs to meet demands in services and under delivery of the elective recovery programme. They are managing these risks through internal programmes however it is becoming evident that industrial action will only be mitigated by additional cash funding.

The largest ICB Risk is driven by **prescribing price inflation (£10.5m).** ICB budgets reflect only original level funded. Local CIP schemes are supporting demand pressures, but the gross risks remain unmitigated. Year-to-date caseload growth in Continued Health Care and Mental Health has exceeded planned mortality assumptions and CIP schemes are not yet delivering as expected leading to £3.5m remaining net risk. A further risk within this years contracts remains to be resolved.

3. ICS Efficiency Schemes

Overall efficiencies within the 2023-24 NHS system plan to enable the required breakeven position total £96.3m. This represents 5.1% of the overall NHS system allocation. We are currently forecasting to achieve only 4.9%, **0.2% below our planned target**.

Overall YTD ICS achievement has improved by 1.3% to a favourable variance of 3.2% (£1.2m) with recurrent achievement improving by 6.2% driven by RUH and ICB. The forecast has also improved by a further 1.2% (£1.2m) with recurrently delivered schemes improving by 0.8%.



	Year-to-date					Forecast Outturn				
	Plan £m	Actual £m	(Under)/over delivery £m	(Under)/over delivery %		Plan £m	FOT £m	(Under)/over delivery £m	(Under)/over delivery %	
BSW ICB	15.9	8.2	(7.6)	(48.0%)	↑	31.7	17.3	(14.4)	(45.4%)	↑
Great Western Hospital	3.5	3.3	(0.2)	(4.7%)	↓	9.9	9.3	(0.6)	(6.3%)	→
Royal United Hospital	2.7	2.7	(0.0)	(0.4%)	↑	23.5	20.4	(3.1)	(13.1%)	→
Salisbury Hospital	4.4	3.7	(0.7)	(15.4%)	↓	10.8	10.9	0.2	1.8%	↑
Recurrent Efficiencies	**26.5**	**18.0**	**(8.5)**	**(32.0%)**	↑	**75.8**	**57.9**	**(17.9)**	**(23.6%)**	↑
BSW ICB	4.5	12.2	7.7	168.9%	↓	9.1	20.8	11.8	129.8%	↑
Great Western Hospital	2.0	2.8	0.7	35.5%	↑	6.8	7.6	0.8	11.4%	↑
Royal United Hospital	0.0	2.0	2.0	100.0%	→	0.0	3.1	3.1	100.0%	→
Salisbury Hospital	2.9	2.2	(0.7)	(24.5%)	↑	4.6	4.4	(0.2)	(4.2%)	↓
Non Recurrent Efficiencies	**9.4**	**19.1**	**9.6**	**102.1%**	↓	**20.4**	**35.9**	**15.4**	**75.6%**	↑
Total Efficiencies	**35.9**	**37.1**	**1.2**	**3.2%**	↑	**96.3**	**93.8**	**(2.5)**	**(2.6%)**	↑

3. ICS Efficiency Status and Risk by organisation

	GWH £m	RUH £m	SFT £m	ICB £m	Total £m	Total %
Fully Developed - in delivery	7.7	8.1	10.6	37.1	63.6	67.8%
Fully Developed - delivery not yet started	3.7	5.6	0.2	1.0	10.6	11.3%
Plans in Progress	5.2	6.1	1.9	0.0	13.2	14.1%
Opportunity	0.2	0.0	2.6	0.0	2.8	2.9%
Unidentified	0.0	3.7	0.0	0.0	3.7	4.0%
Forecast status of Efficiency Schemes	**16.8**	**23.5**	**15.3**	**38.2**	**93.8**	
Recurrent as % of all Efficiency Schemes (YTD)	59.2%	58.1%	63.3%	40.4%	48.6%	
Recurrent as % of all Efficiency Schemes (FCST)	54.9%	86.9%	71.5%	45.4%	61.8%	

93.1% of efficiency schemes required to deliver the savings target have now been **identified**

Recurrent schemes as a percentage of overall target savings account for 61.8%, **over a third are non-recurrent** which will mean additional savings will need to be found next year to close the underlying gap.

Risk in delivery is moving from High Risk (-1.7%) to lower risk schemes.

Low risk schemes account for over half of the overall delivery target but include unidentified.

	Low Risk £m	Med Risk £m	High Risk £m	Total £m	Low Risk %	Med Risk %	High Risk %
BSW ICB	32.9	0.7	4.5	38.2	86.2%	1.9%	11.9%
Great Western Hospital	7.7	5.2	3.9	16.8	45.9%	30.9%	23.2%
Royal United Hospital	8.2	10.5	4.8	23.5	34.7%	44.9%	20.5%
Salisbury hospital	6.0	6.5	2.8	15.3	39.0%	42.4%	18.6%
Level of Risk in delivery of Efficiency Schemes	**54.7**	**23.0**	**16.1**	**93.8**	**58.3%**	**24.5%**	**17.2%**

4. ICS Workforce

	Year-to-date					Forecast Outturn				
	Plan £m	Actual £m	Under/(over) spend £m	Under/(over) spend %		Plan £m	FOT £m	Under/(over) spend £m	Under/(over) spend %	
Registered Nursing Midwifery and HV's	127.3	134.0	(6.7)	(5.3%)	↓	250.3	241.0	9.3	3.7%	↑
Healthcare Scientists and Techincal Staff	46.6	45.9	0.7	1.6%	↓	93.4	92.6	0.8	0.8%	↑
Qualified Ambulance Service Staff	0.5	0.8	(0.3)	(48.7%)	↑	1.1	1.6	(0.5)	(50.2%)	→
Support to Clinical Staff	54.1	60.4	(6.3)	(11.7%)	↑	107.1	116.7	(9.6)	(8.9%)	↓
Consultants	70.8	70.9	(0.0)	(0.0%)	↑	139.8	133.7	6.1	4.3%	↑
Other Medical staff	42.7	51.7	(9.0)	(21.0%)	↑	85.4	96.1	(10.7)	(12.5%)	↑
Non-medical/Non-clinical	73.1	75.2	(2.0)	(2.8%)	↑	143.6	142.5	1.1	0.8%	↑
Other Employee Benefit costs *	0.6	1.1	(0.6)	(101.5%)	↓	1.1	1.6	(0.5)	(39.9%)	→
Total Provider Workforce Expenditure	**415.7**	**439.9**	**(24.2)**	**(5.8%)**	↑	**821.7**	**825.8**	**(4.0)**	**(0.5%)**	↑

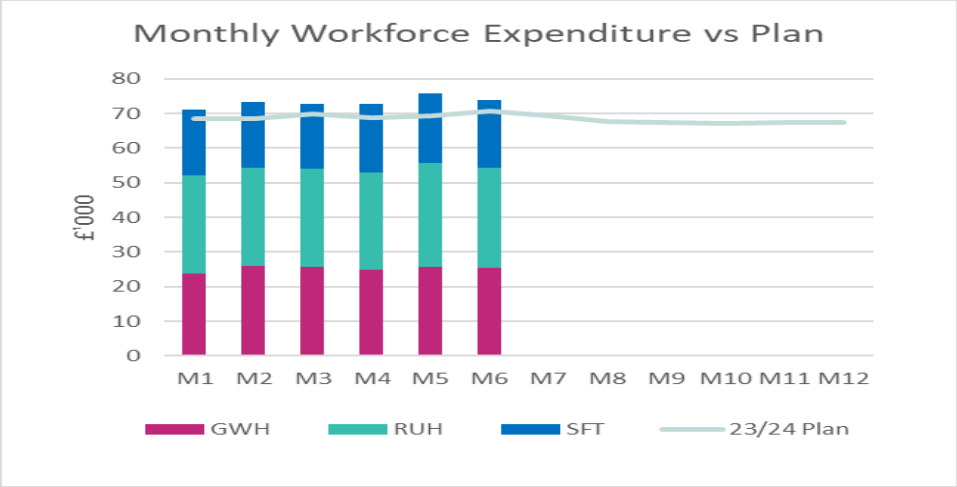
*Aprenticeship levy

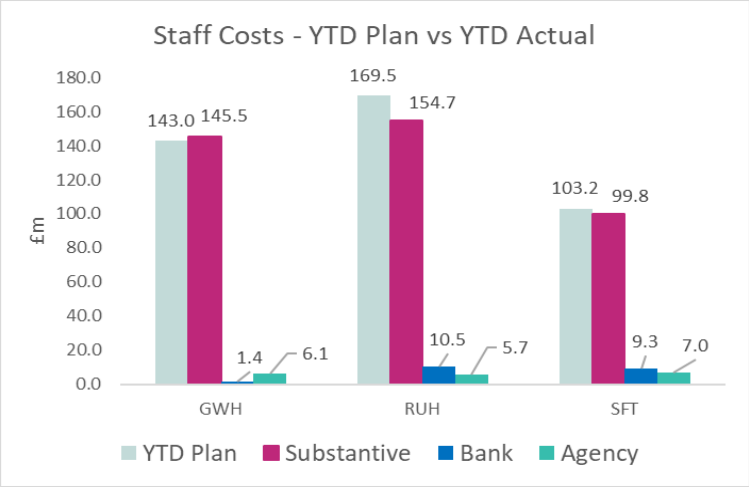
The **overall YTD position** in percentage terms has **improved by 0.3%.** Staff costs exceed the year-to-date plan in part due to industrial action. The forecast has followed this trajectory reducing from 1% behind plan to 0.5% behind plan reflecting the expected impact of internal control measures.

Use of **Bank** staff has fallen by 13% but remains **22.2% above the planned level** The forecast has swung from an underspend of £0.2m to an **overspend of £1.4m (-4.6%).**

Use of **Agency YTD** stands at **£1.9m above the limit** of £16.9m**.** This reflects the staffing challenges of sickness absence and expensive agency night shifts. Despite this the forecast position has moved favourably (+£1.4m) to £31.5m, **£2.3m (6.7%) below the agency limit** of £33.8m as the overall rate of spend falls. BSW is the only system under the target which is for a reduction of 3.7%.

4. ICS Workforce – Delivery vs Plan

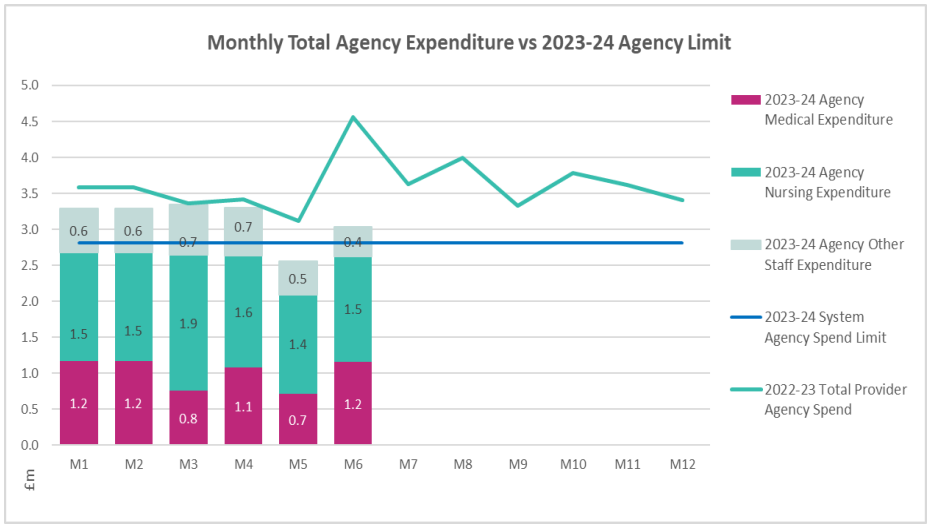


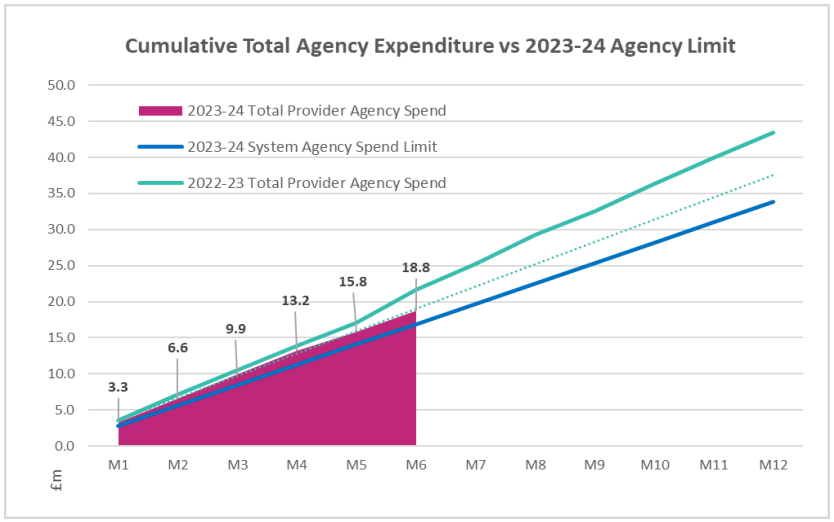


Year-to-date	Substantive				Bank				Agency			
	Plan	Actual	Under/(over) spend		Plan	Actual	Under/(over) spend		Plan	Actual	Under/(over) spend	
	£m	£m	£m	%	£m	£m	£m	%	£m	£m	£m	%
Registered Nursing Midwifery and HV's	111.1	118.2	(7.1)	(6.4%)	7.0	6.5	0.5	7.1%	9.1	9.3	(0.2)	(1.8%)
Healthcare Scientists and Techincal Staff	45.8	44.0	1.8	3.9%	0.4	0.4	(0.0)	(10.3%)	0.5	1.5	(1.0)	(219.3%)
Qualified Ambulance Service Staff	0.5	0.7	(0.2)	(36.7%)	0.0	0.1	(0.1)	(442.0%)	0.0	0.0	0.0	100.0%
Support to Clinical Staff	51.3	55.5	(4.2)	(8.1%)	2.7	4.8	(2.1)	(77.8%)	0.1	0.1	(0.0)	(40.5%)
Consultants	66.7	65.2	1.5	2.2%	1.8	2.0	(0.2)	(11.4%)	2.3	3.6	(1.3)	(55.5%)
Other Medical staff	36.7	44.5	(7.9)	(21.5%)	2.2	4.7	(2.5)	(115.8%)	3.9	2.4	1.4	37.3%
Non-medical/Non-clinical	68.8	70.7	(1.9)	(2.8%)	3.2	2.6	0.6	19.3%	1.1	1.8	(0.8)	(69.4%)
Other Employee Benefit costs *	0.6	1.1	(0.6)	(101.5%)								
Total Provider Workforce Expenditure	**381.4**	**400.0**	**(18.5)**	**(4.9%)**	**17.3**	**21.2**	**(3.8)**	**(22.2%)**	**17.0**	**18.8**	**(1.8)**	**(10.6%)**

*Aprenticeship levy

4. ICS Workforce - Agency





	APR £m	MAY £m	JUN £m	JUL £m	AUG £m	SEP £m	OCT £m	NOV £m	DEC £m	JAN £m	FEB £m	MAR £m	YTD	GWH	RUH	SFT
2023-24 Agency Medical Expenditure	1.2	1.2	0.8	1.1	0.7	1.2							6.1	2.9	1.6	1.5
2023-24 Agency Nursing Expenditure	1.5	1.5	1.9	1.6	1.4	1.5							9.3	2.8	2.3	4.2
2023-24 Agency Other Staff Expenditure	0.6	0.6	0.7	0.7	0.5	0.4							3.4	0.4	1.8	1.3
2023-24 Total Provider Agency Spend	**3.3**	**3.3**	**3.3**	**3.3**	**2.6**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**18.8**	**6.1**	**5.7**	**7.0**
2023-24 System Agency Spend Limit	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	**16.9**	**6.9**	**6.1**	**3.9**
Variance to planned Limit (over)/under	**(0.5)**	**(0.5)**	**(0.5)**	**(0.5)**	**0.3**	**(0.2)**	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	**(1.9)**	**0.8**	**0.4**	**(3.1)**
2022-23 Total Provider Agency Spend	**3.6**	**3.6**	**3.4**	**3.4**	**3.1**	**4.6**	**3.6**	**4.0**	**3.3**	**3.8**	**3.6**	**3.4**	**21.6**	**8.9**	**7.8**	**5.0**
Variance to previous year Spend (over)/under	**0.3**	**0.3**	**0.0**	**0.1**	**0.6**	**1.5**	**3.6**	**4.0**	**3.3**	**3.8**	**3.6**	**3.4**	**2.8**	**2.8**	**2.1**	**(2.0)**

5. ERF Performance

ERF performance at month 6 is still heavily impacted by 'above average' rates of uncoded inpatient activity, resulting in higher volumes of zero tariff spells. Month 6 uncoded inpatient activity is at 30.6% (29% Day case, 42% Ordinary admission) and ↓ 8% from month 5.

The below highlights uncoded activity levels by POD and provider for month 6. A backlog of uncoded activity now looks to be resolved, with month 6, now the only affected month, across system acutes.

Org	Ordinary	Total
ICB	***41.7%***	***30.6%***
Salisbury Hospital	91.7%	92.1%
Great Western Hospital	79.3%	41.9%
Royal United Hospital	4.5%	4.1%
Independent Sector	3.0%	5.6%

Nb provider splits are ICB commissioned, not trust total)

Month 6 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
ICB	***106.0%***	***104.2%***	***109.0%***
Salisbury Hospital	96.0%	91.8%	99.3%
Great Western Hospital	101.8%	92.2%	97.8%
Royal United Hospital	104.5%	103.9%	104.3%
Independent Sector	120.9%	129.1%	129.6%

Great WesternHospital

Royal United Hospital

Salisbury Hospital

Independent Sector

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

Title of Report:	BSW ICB Corporate Risk Register (CRR)
Report Author:	Anett Loescher, Deputy Director of Corporate Affairs
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	

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	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 Executive	18 Oct 2023	Discussion

1	Purpose of this paper
This paper presents to the BSW ICB Board the ICB's Corporate Risk Register, which shows 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 a list of the significant risks facing the ICB; it is not a complete list of all risks facing the BSW system. 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.

Since the Board's last consideration of risk, the following new risks were identified and included on the corporate risk register following ICB Executive Group consideration:

- BSW ICB 16, Cyber Risk. A risk that a cyber incident has the potential to severely impact patient care system-wide due to malware affecting shared and individual computer systems, causing the loss of essential services including diagnostics devices and patient information systems. This new risk has been scored as 15 (3x5).
- BSW ICB 19, Quality and Patient Risk. A risk that the ICB will not achieve the expected national CHC targets, due to insufficient capacity and limited systems and processes in place. This new risk has been scored as 20 (5x4).
- BSW ICB 20, Quality and Patient Experience. A financial / legal and patient safety / experience risk due to the PHB management approach not being sufficiently robust. This new risk has been scored as 15 (3x5).

A further risk was identified and discussed by the Executive Management Team, which they felt needed further development before being included into the Corporate Risk Register:

- BSW ICB 18, Quality and Patient Risk. Service provision does not meet expected standard or service arrangements. Reputational and financial risk if we are not securing appropriate service provision to meet population need. This new risk has been scored as 16 (4x4).

2	Summary of recommendations and any additional actions required
The Board is asked to note the BSW ICB's corporate risk register.	

3	Legal/regulatory implications
The ICB is required to have, and is committed to maintaining, a sound and effective system of integrated governance, risk management and internal control, across the whole of the ICB's activities, which supports the achievement of the ICB's objectives. Robust processes to identify and manage strategic and operational risks are an inherent part of such arrangements.	

4	Risks
This paper and appendix 1 (Corporate Risk Register) identifies the key risks that face the ICB.	

The absence of robust processes for the identification and management of risk will leave the organisation exposed and likely unprepared / incapable to deal with and respond to risks of any nature.

5	Quality and resources impact
Please outline any impact on Quality, Patient Experience and Safeguarding: Finance: Workforce: Sustainability/Green agenda: All of the above could be impacted by a lack of robust processes to identify and manage operational and strategic risks.	
Finance sign-off	n/a

6	Confirmation of completion of Equalities and Quality Impact Assessment
n/a	

7	Communications and Engagement Considerations
n/a	

8	Statement on confidentiality of report
The Corporate Risk Register is not considered to be a confidential document.	

Both and North East Somerset, Swindon and Wiltshire Together

BSW ICB Corporate Risk Register

Oct-23

Risk no.	Risk Category	Risk Entered Date	Risk name	Bodies affected by risk	Executive Risk Owner	Risk Manager	Reviewing Committee or Group	Date of last review	Likelihood	Impact	Latest risks score	Change in risk rating since last reviewed	Target risk score	Risk Treatment	Description of risk including event, cause and consequences	Existing controls	Assurances, and gaps in assurance	Mitigations	Mitigation owner	Target dates for mitigations to be in place	Mitigations RAG	Residual likelihood	Residual impact	Residual Risk Score
BSW ICB 01	Public, patient, and staff safety including clinical harm	23-Sep-22	Insufficient capacity across urgent and emergency care and flow leading to reduction in system flow.	ICS NHS organisations and partner organisations	Gill May, Chief Nurse Officer	Heather Cooper, Director of Urgent Care and Flow	Urgent Care & Flow Board; Quality & Outcomes Committee	11-Sep-23	5	4	20	⟺	12	Treat	Demand and Capacity planning has identified there is a shortfall in capacity to safely meet the demand across health and social care resulting in continued periods of escalation, continued high numbers of patients who do not have a criteria to reside, delays in all parts of the system resulting in inadequate performance and sub optimal patient experience. Whilst there have been some improvements in NCTR numbers, this is attributable to seasonal variation.	* System Demand and capacity modelling through the System Demand and Capacity Steering Group. System wide escalation plans in place. Shrewd system alerts us with a live performance and use of capacity position. * Weekly UEC Tactical urgent care meetings, that are increased in frequency as required. * UEC recovery planning process * KLOE assurance processes completed as required (UECBAF). Reporting to Quality and Outcomes Committee and Board as required. BSW wide Demand and capacity model in place which the localities use.	Actions from the SD&CG fed to the localities and vice versa. Goes to Urgent Care & Flow Board. * Urgent care and flow board has oversight of all elements of urgent care and flow. Monthly reporting on all elements of urgent care and flow from localities to system, to Execs and the ICB Board. Winter Learning events to take place in April has identified learning opportunities and gaps to consider for Winter Planning 23/24. BSW wide Demand and capacity model in place which the localities use.	Locality discharge from hospital plans to deliver additional capacity supporting ASC discharge funding and discharge funding. UEC recovery plan for 2023/24 covering the 5 areas of focus: increasing capacity; increasing workforce size; improving discharge; expanding care outside hospital and; making it easier to access the right care reporting to UCAFB. Guidance and policies to support decision making for front line staff. Additional capacity been identified in Wiltshire to be presented to the ICB Recovery Board. BSW ICB have completed self assessment against the national 10 high impact interventions ahead of Winter to identify opportunities for further improvement. Now have the 4 areas of focus: ARI hubs; acute internal improvements; SDEC; and frailty.	Heather Cooper, Director of Urgent Care and Flow	National target to have plans in order by the end of September 2023. Plans will be iterative and will be monitored.	Amber	4	4	16
BSW ICB 02	Finance	28/10/2022	Non Delivery of the ICS NHS finance and operating plan for 2023/24 and that the ICS does not hit its statutory obligation to meet its annual control target.	ICS NHS organisations	Gary Heneage, Chief Finance Officer	Budget Holders	Finance & Investment Committee	05-Oct-23	5	4	20	⟺	12	Treat	The risk is that the ICS (which includes the ICB, RUH, SFT and GWH and Place) are unable to deliver on the interventions to enable a break even position for 23/24. There has been a significant amount of non recurrent funding used to balance the 22/23 position and this will not be available in 23/24. Failure to meet a balanced control total could result in undertakings, SoF ratings, and further conditions imposed by NHSE. There continues to be uncertainty regarding the non consolidated 22/23 NHS pay award and the guidance concerning non-NHS organisations. The ICB continues to follow national guidance, which is not to pay, as the award only related NHS Employers.	System DoFs group Coordinated system planning process System Oversight group Provider membership of ICB Board Finance Committee discuss risks. Board escalation, by exception. NHSE Forecast Protocol in place (adopted voluntarily).	Regular and timely DoFs meetings to discuss finance across the system, which generates actions. System Planning Group in place to develop the Operating Plan for 2023/24. Finance Summit involving system CEOs and DoFs (January 2023). System partners are responsible for their own organisational plans. Board escalation, by exception (and by organisation) submitted by March 2023. External financial support has been engaged to support action plan 2 Year Recovery ICS Programme and signed off by Board. Financial Recovery Board set up.	1) 5 year planning process already started to understand what the financial position is over the next 5-years (best practice). 2) Understanding the underlying position and actions to be taken reported to Board meeting. 3) Agree system planning assumptions and instructions. 4) Financial Recovery Specialist appointed and in place. 5) Financial Recovery Board, meets every 2 weeks, attended by all CFOs, CEOs, Programme Leads. 6) Financial Protocol conditions work is ongoing. Collated a system position, detail to be undertaken by Workforce Group.	System DoFs.	1) On-going refresh, updated regularly. First iteration expected during 2023/24 2023/24 Annual Plan submitted by March 2023. 2) On-going reporting. 3) On-going. 4) Q1 23/24 Appointed 5) Meets every 2 weeks, on-going reporting. 6) On-going.	Amber	5	4	20
BSW ICB 03	Capacity, Capability, Quality and Patient Experience	01-Dec-20	Hospital handover delays	ICB NHS organisations	Gill May, Chief Nurse Officer	Heather Cooper, Director of Urgent Care and Flow Emma Smith, Head of Urgent Care Helen Harris, Urgent Care Quality Lead	Urgent Care & Flow Board; Quality & Outcomes Committee	11-Sep-23	5	4	20	⟺	6	Treat	There are significant ambulance handover delays at acute trusts due to challenges with system flow. The requirement is to offload patients within 15 minutes, which is not currently being achieved. This leads to long waits for patients on ambulances contributing to patient harm, along with delays in patients receiving a timely 999 response. The impact is sub optimal experience for patients, families and carers there is a delay in conveyance and a moral injury to staff, both ambulance crews and hospital staff. The UEC Recovery Plan has an ambition that systems support an Ambulance Cat 2 mean response of 30 minutes in 2023/24 and SWAST have indicated to achieve this mean, an average handover delay needs to be no more than 40 minutes. Whilst we are under our trajectory, as a result of improvements in flow due to the reductions in NCR, there are still variations in handover delay.	* SWAST Escalation Plan and associated SOPs. Providers have escalation plans in place to support. System Demand and Capacity modelling in place. Tactical meetings (see above). Implementation of care coordination to support non conveyance, business case being developed. Each acute offers a real area for crews with refreshments, HALO in place for clinical prioritisation for patients who are queuing for offload. Patients waiting in ambulances are closely monitored and offered refreshments. Daily bed flow meetings with clear SOPs in place. 100 Day Challenge actions, implemented and monitored. BSW 2023/24 Ambulance handover trajectory has been developed and monitored on a weekly basis.	* Oversight of SWAST performance Ambulance Governance meetings - AJCC , FCSC, QASC, TIG, CAG. * BSW Urgent Care and Flow Board and QAC oversight at UEC Tactical. * Monitoring of harm through incidents, clinical harm reviews and end to end reviews. * EQIA accompanying all surge decisions.	1. BSW Care Coordination model extended until end of March 2024. 2. Revised SWAST Strategy being socialised in the UEC system and updated Transformation plan is being developed. This includes Cat 2 implementation plans. 3. Additional capacity has been funded nationally to improve Cat 2 response times. 4. Discharge to Assess Programme at UCAFB which will improve system flow. 5. Task & Finish Group to facilitate discharges across 7 days. Complete. 6. Ambulance co-horting areas established as a standard. 7. Regional Ambulance Handover Data Quality Improvement Group set up. 8. All providers to review their practices against good practice guidance and identify their own internal actions. 9. BSW ICB have completed self assessment against the national 10 high impact interventions ahead of Winter to identify opportunities for further improvement. Now have the 4 areas of focus: ARI hubs; acute internal improvements; SDEC; and frailty. 10. BSW Ambulance Working Group has been established and reporting to UCFB, which will explore further opportunities to reduce handover delays.	Heather Cooper, Director of Urgent Care and Flow Emma Smith, Head of Urgent Care Helen Harris, Urgent Care Quality Lead	Reviewed on a monthly basis at UCFB and also through AJCC. Score to be reviewed next month re: performance. We did not achieve the trajectory for June although we are expected to for July. There are lower levels of confidence to achieve the trajectories as we move into the Autumn and Winter.	Amber	4	4	16
BSW ICB 05	Capacity and Capability, Quality and Patient Experience	19-Jan-22	Workforce and Resilience	ICS NHS organisations and partner organisations	Jas Sohal, Chief People Officer	System HR Leads & ICB HR Leads	People Committee Strategic Workforce Group Recovery Board	12-Sep-23	5	4	20	⟺	9	Treat	Staff vacancies are very high with a heavy reliance on temporary workforce, particularly agency staff, which could result in a lack of availability of staff to meet the high demand of services. There is also a national expectation to reduce premium spend associated with bank and agency staffing to 3.7% of total pay-bill 2023-24. This together with a difficulty to recruit and retention due to other industries able to pay higher wages and therefore attract a potential NHS workforce. Compounded by the current cost of living crisis. As a system we do not have a process to identify and deploy staff to maximise their impact according to patient need. Surge plans are based on individual organisation surge plans. System wide surge plans are not in place and this needs systemwide CEO commitment and drive to mitigate and achieve solutions, including system surge plans to allow for inter-organisation workforce flexibility. With staff sickness levels still remaining high, this is compounding the situation. The risk to the ICB is that services commissioned by the ICB fail to be delivered effectively. These risks affect all of the following sectors: Providers in Acute, Community, Mental Health and Primary Care Social Care / Domiciliary Care Virgin Care / Medvivo Pharmacy	**Short term controls:** Local risk management process for staffing. **Medium term controls:** Systemwide recruitment and retention initiatives including international recruitment. E.g. Career Navigators, wellbeing initiatives and development of middle managers. Plans to be developed in how to tackle staff absence. BSW NHS Employers have existing controls in place over agency and non-framework agency usage. Current system wide bank and agency usage programme being scoped. **Longer term controls:** Working alongside health and social care partners to develop more flexible career paths and consistent remuneration packages. Strategic workforce priorities to be developed systemwide. Programme plan in place to enact in order of priorities, as part of the recovery work. Priorities agreed and programme of work to be agreed with partners.	Surge planning, Community Hub approaches. Local Health & Wellbeing Support in organisations plus the BSW H&WH (Hub). Implementation of international recruitment progressing rapidly with recruitment process currently being finalised. Career navigators now recruited to support on-going retention initiatives and undertake / lead on 'itchy feet' conversations. Development of system wide surge plans. Working closer with the Nursing Directorate, the Academy Group is looking at a talent pipeline and career opportunities. As a system the ICB Resourcing and Recruitment team have developed an NHS partner programme of work, to include grip and control, control of off-framework usage, an enhanced bank offer and a collaborative rate card. NHS Partner organisations assurance to system that their individual processes and controls are sufficient to meet 2023-24 National target of 3.7% for agency spend.	**Short / Medium term:** Strategic Workforce Lead in place who will identify workforce risks and gaps to support workforce mapping and planning. A System Workforce Plan as part of the Operating Planning Process and Narrative and Numerical Workforce Plans being developed. Identified hotspots will inform further inventions to mitigate against the risk. **Longer term:** Operational Working Groups reporting progress on workstream to the Strategic Workforce Group (SWG) which reports to the People Committee, which is a formal sub-committee of the ICB Board (on-going monthly activity). Participation in longer term workforce planning - 10 year plans, utilising supply tool. Due to the reliance on a collaborative approach to addressing workforce priorities, likelihood and impact of this risk will be reduced once programme agreed and implemented. NHS Partner Chief People Officers, PA Consulting meeting with ICB Leads to discuss and agree next steps to implement a system wide process.	Chief People Officer BSW Strategic Workforce and Intelligence Lead Chief People Officer	30/10/2023 31/03/2024	Amber	4	4	16
BSW ICB 12	Quality and Patient Experience	30-Mar-23	Community Services Commissioning	ICS system organisations	Fiona Slevin-Brown Director of Place Wiltshire Exec Lead Community Services	Anna Field Programme Director for Integrated Community-Based Care Programme	ICB	14-Aug-23	4	5	20	⟺	9	Treat	Current controls include: 1) Programme Structure in place including Programme Board chaired by ICB and reporting through ICB Governance arrangements 2) ICB executive leadership 3) Outsourcing of support for the completion of the Strategic Outline Business Case and September Decision paper 4) Collaborative commissioning arrangements with LA Commissioning partners underpinned by local arrangements 5) Access to legal advice to support decision making 6) Defined budget for the Programme to enable access to SME advice and input as needed 7) Additional leadership capacity recruited (new SRO) now started 8th May 23. 8) Close working between ICBC Programme team and Place teams, strengthened through new Commissioners Group 9) Full governance structure established to support the preparation for a provider selection process	Gaps in Assurance: Effective and robust communications and engagement activities are essential to the smooth running of the programme, and the delivery of the anticipated outcomes for the population and staff. Programme resourcing requires strengthening as this is a limiting factor in enabling delivery within the required timeframes. Recognised gaps in resourcing currently within the Programme team and also Comms and Engagement in particular.	1. Review of Comms and Engagement resources and plan in development 2. Programme resourcing being reviewed in discussion with the CSU to ensure best practice structures and sufficient capacity and capability to optimise success. Recruitment to permanent Project Manager post, with a view to starting September 2023. 3. Commissioning arrangements post April 2024 being determined with a proposal going to July ICB Board to ensure continuity of provision. 4. Use of business case process to support system alignment - need to secure extension of existing contract with external partner 5. Partner engagement within market engagement events 6. Public engagement as a part of Community Based Care Implementation Plan development 7. Place Directors are working with local authorities to work through timelines re: governance and collectively there will be careful wording of their recommendation for the ICB Board. 8. Making sure that the decision making paper and supplementary information is available for the ICBC Programme Board to consider and sign off. 9. Agreement with LAs of the principles that underpin our approach to this programme.	1 -7) Anna Field, Programme Director	1. August 2023 2. CSU from July 2023, permanent post September 2023 3. July 2023 4. August 2023 5. Ongoing 6. August 2023 7. August 2023 8. September 2023 9. August 2023	Amber	3	5	15
BSW ICB 14	Finance	07-Aug-23	Sufficiency of capital funding for the ICB and system	ICS NHS organisations	Gary Heneage, Chief Finance Officer	Directors of Finance	Finance & Investment Committee	05-Oct-23	5	4	20	⟺	12	Treat	Resources aligned by organisations to deliver system priorities. Failure could result in finite resource being spent on schemes that don't support the delivery of system objectives or create revenue pressures which add to the system underlying deficit and ongoing savings requirements. Need for system ownership, coordination and monitoring.	1) Capital plan 2) Assurance and decision making group 3) PID process 4) Capital plan (5yr-5yr) 5) Finance and Investment Committee oversight	1. ICB Finance capital role in place 2. Capital Group 3. Business cases now coming to ICB Finance Committee 4. Capital plan required as part of MTFP. Comprehensive capital report October F&I committee. 5. Developing system vs organisational monitoring and reporting capabilities	1) ICB capital role in place (to 2024) 2) Capital assurance group 3) Finance Committee oversight 4) Capital plan (5-5year) 5) In development	System DoFs.	Ongoing. Comprehensive capital report for September F&I committee.	Green	5	4	20
NEW BSW ICB 19	Quality and Patient Risk	06-Oct-23	CHC Performance Targets	ICS system organisations	Gill May, Chief Nurse Officer	Sarah- Jane Peffers, Associate Director of Quality and Patient Safety	Quality and Outcomes	06-Oct-23	5	4	20	New Risk	8	Treat	There is a risk that the ICB will not achieved the expected national CHC targets. This is caused by insufficient capacity and limited systems and processes in place and would result poor patient experience and additional oversight by NHSE with an expected improvement plan to be agreed and delivered which may require additional resource.	Policies, Operational Leadership	Gaps- IT infrastructure to capture timely data to continually support performance 12 WTE vacancies Exhausted workforce SOPs agreed across all 4 CHC/ FNC functions Social work capacity	Improvement Plan developed: LB Healthcare to support capacity and demand gap Recruitment plan- All Vacancies agreed, advertised and recruitment has started Working with HR colleagues to design and deliver a focused OD programme. SOPs in development Business case for New IT E2E solution	Kirstie Jackman	Apr-24	Amber	3	4	12
BSW ICB 08	Capacity and capability	24/11/2022	There is a risk that we will not have sufficient MH trained staff to deliver effective and responsive core services across our system	ICS system organisations	Gordon Muvuti, Swindon Place Director	Jane Rowland/ workforce subgroup chair	Thrive Programme Board People Committee	08-Aug-23	4	4	16	⟺	12	Treat	There is a risk that current vacancy rates across all providers will make it challenging to deliver and maintain effective and responsive core mental health provision. This is evidenced through high vacancy rates in Swindon CAMHS, within AWP (c. 1000 vacancies). A lack of trained staff means that we have had to implement business continuity arrangements in some services. B&NES intensive and crisis services. This impacts on our ability to provide consistent liaison cover to acute hospitals. Existing staff end up with higher caseloads and longer waiting times for treatment for patients.	Thrive Programme Board oversees all aspects of MH delivery BSW MH Workforce Planning Group established Regular review calls with partners to identify mitigations to existing challenges Business continuity arrangements in place for specific areas of challenge	Workforce Planning as part of Operational Plan in partnership with People Directorate colleagues. Business Continuity Plans shared with system partners. International Recruitment within AWP: AWP - 10 Trainee Nurse Associates joined from October 2022 (pan AWP) AWP - expanding Mental Health and Wellbeing Practitioner roles by a further 18 (pan AWP) in 2022/23 and in partnership with Health Education England through their training programme AWP - Clinical Associate Psychologist roles - further 8 roles to be recruited in 2022/23 to expand existing workforce. Registered Nurse Degree programme in place. Trainee Nursing support programme in place in partnership with Oxford Brookes and UWE.	New roles established to improve vacancy rates. This includes 1) AWP Multi-professional Approved Clinicians (MPAC). 2) AWP implementation of retention strategy with multiple support processes in place including wellbeing support offer (use of Wellbeing Hub for staff funded by NHSE) ongoing implementation. 3) AWP Trainee Nurse Associate Support Worker (TNSW) recruitment - 126 offers made on the day in May 2022, target number of posts to be filled by March 2023 is 211 (pan AWP so incl. BNSSG) 4) AWP - Scoping Physician Associate roles for plan to be implemented from 2023/24 5) Oxford Health - Vacancy rate of 31% as at October 2022 - new roles including social work and OT apprentices, clinical associate psychologists and nursing associates being piloted 6)Oxford Health - new supervisory roles being implemented during 2022/23 (Band 7s supervising teams of Band 4 staff) 7) Oxford Health - implementation of Healios (digital platform) to mitigate staff shortages and maintain access target	Julian Feasby, Director of HR, AWP. Andrea Shand, Associate Director for BSW CAMHS, Oxford Health.	1) On-going recruitment 2) On-going 3) On-going 4) March 2024 5) On-going 6) On-going 7) On-going	Amber	3	3	9
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	Rachael Backler, Executive Director of Planning and Performance	Mark Harris, Director of Commissioning	Elective Care Board & Elective Recovery Sub-Group	12-Sep-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 23/24 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 and of month forecasts submitted to NHSE for 65 week waits. Weekly elective care activity report. 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 specialties. (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 (Lead : Acute providers) 7. Development and submission of business case for 2 additional theatres at Sulis 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 Sulis and day case arthroscopy 11. Diagnostic recovery action plans and NHSE site visits (Plans produced and monitored Lead : Lucie Owens and Rob Gittens) 12. Regional diagnostic deep dives to review opportunities for adopt and adapt from other systems. 13. Additional mobile capacity being reviewing with InHealth for RUH on Bath Clinic pad 14. Reconfiguration of use of mobile vans between SFT and GWH to address pressure 15. Implementation of patient initiated digital mutual aid process 16. Remedial action projects for Cancer 62 days (RUH), Diagnostics (all three acutes) to be presented to Elective Care Board and Enhanced Oversight Meeting to be held with RUH. (Oct 23)	1) Mark Harris 2) Mark Harris 3) Acute Providers 4) Mark Harris 5) Acute Providers 6) Acute Providers 7) Victoria MacFarlane 8) GWH 9) Acute Providers 10) RUH 11) Lucie Owens and Rob Gittens 12) NHSE 13) RUH 14) Lucie Owens 15) Amber House 16) Paul Doyle	Amber	3	4	12
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	Rachael Backler, Executive Director of Planning and Performance	Mark Harris, Director of Commissioning	Elective Care Board & Quality and Outcomes Committee	12-Sep-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 -resubmission 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: running WLI's; locum provision; deep dive RCA; additional Cancer Alliance funding for community-based independent sector provision for BCCs; use of insourcing for routine pathway patients; clinical summit planned for Sep/Oct including trust, ICB, TVCA as existing mitigations considered unlikely to resolve the ongoing demand/capacity gap. Urology at GWH: deep dive ongoing. LGI at RUH: additional 7 endoscopy lists weekly, prioritised for cancer patients; additional GI radiologist from Oct; additional colorectal surgeon from Sept; additional capacity in pathology, OP, and theatres for resulting increased surgical capacity. Prostate at RUH: additional lists and list capacity from oct as familiarity with robot delivered procedures continues to develop. Skin at RUH: locum sought for minor Ops capability; looking to run WLI's; investigating ability to employ GPwER for telederm A&G. Prostate at SFT: largely now resolved with improved pathway management and additional Band 6 role to help manage patient flow. STT for u/s or flex. Skin at SFT: plastics locum in place now; additional trust clinician starts Oct; routine work - looking to provide increased capability for routine work to alleviate from cancer work; further plans being developed. On-going monitoring in respect of 2023/24 for both performance and the number of breaches.	Andy Jennings	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	Gill May, Chief Nurse Officer	Anne Gray/Naomi Black, Designated Nurses for Children Looked After	Quality and Outcomes	06-Oct-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 a secondary care setting. This also impacts on staffing and bed capacity in acute settings. This is a constant throughout the year. During July / August 2023, there was an increase in the number of children, not only from BSW children and young people, but other local authorities CLA (of which we have a statutory duty to meet their health needs).	ICB has an established escalation process in place and the executive nurse and commissioners are kept aware of any cases were 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 database outlining which hospitals, local authority and days from admission to discharge for individual cases. Assurance received that each local authority has a policy to address placement sufficiency.	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. Meeting to take place (11/07) to discuss collective oversight of all children currently residing in acute settings.	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. 5. Early discussions and plans to meet with Somerset in September 2023 to look at a model they have developed between ICB and the Local Authorities. 6. The re-introduction of the Concordat Panels, led by Associate Director of Mental Health, from September 2023.	1 National 2. 3 Anne Gray 4. Gill May 5. Anne Gray / Jane Rowland 6. Georgina Ruddle	1. TBC 2. Monthly 3. End of 2023 4. End September 2023 5. October 2023 6. End 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	Fiona Slevin-Brown Director of Place Wiltshire Executive Lead for Primary Care	Jo Cullen, Director of Primary Care Victoria Stanley Programme Lead, POD.	Primary Care Executive Group	05-Oct-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 issues and risks 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. 7. Finance information obtained 8. Primary Care Quality and Oversight Group to include PODD reporting. 9. The complaints process transferred to the ICB on 1st of July and we are developing a process of complaints reporting into PCEG.	Finance and quality reporting to PCEG Highlight report from PODD Transition Group coming to Strategic PMO and PCEG monthly Revised ToR of PCEG to include PODD Regular review of finance, quality & performance issues through the operational groups ICB representation Director rep on Commissioning Hub meetings and strategic transformation meetings. Transition Oversight Group meets monthly and reports Meetings with NHSE take place. NHSE are represented in Operational Groups Risk Register established around the operational groups PODD Risk Register reports onto PCEG Operational Groups set up and meeting from end June 2023. SW Task and Finish Group meeting from end of June 2023. POD Risk Management Framework adopted.	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, now recruited. Quality, Finance & Performance dashboards to be developed. South West Task & Finish Group to be set up focusing on recovery of dental access. Dental access to be discussed at September's Executive Performance & Risk Meeting. Development Board session to discuss PODD October 2023. Primary Care Exec Group reports to Exec Management Meeting, monthly.	Victoria Stanley Programme Lead, POD.	As per Transition timelines.	Green	3	4	12

NEW BSW ICB 16	Cyber Risk	08-Mar-23	Cyber Attack	ICS system organisations	MULTIPLE Organisations	TBC / Steve Mapleston	Cyber Technical Design Authority	02-Oct-23	**3**	**5**	**15**	New Risk	**8**	**Mitigate**	There is a risk that a cyber incident has the potential to severely impact patient care system-wide due to malware affecting shared and individual computer systems, causing the loss of essential services including diagnostics devices and patient information systems. The ICB has a obligation under NIS to make sure appropriate measure are in place https://www.gov.uk/government/publications/network-and-information-systems-regulations-2018-health-sector-guide/the-network-and-information-systems-regulations-2018-guide-for-the-health-sector-in-england Any lack of adequate system wide funding also contributes to this risk due to the impact on the ability to deploy protective measures, however a suitable risk based balance is required. Examples of the types of factors causing this risk include but are not limited to: -Data loss via internal abuse -Lack of ICS Cyber lead -Ransomware breaching a ICS network -Phishing breaching a ICS network -Websites breach / DOS -Other Cyber Attack -Cyber Attack on 3rd Party Supplier (Recent 111 and SWAST issues as an example) -Out-dated Systems -Physical Security -Medical Equipment	-Use of Microsoft MDE -Roll-out of MFA -Individual Trust Cyber Staff -National SOC Cyber monitoring -National Respond to a Cyber alert Increasing willingness across the ICS to work together on cyber including formation of ICS wide cyber group (CTDA)	DPST at individual org level More is needed to understand impact as system level	ICS wide mitigations to be discussed at future CTDA 3rd party suppliers need significant national work especially for suppliers that we do not contract with directly or are on national frameworks ICS Cyber Exercise to take place Nov 23	CTDA / Steve Mapleston	See mitigations tab. NB cyber will always be ongoing as significant work is required to just maintain current risk as cyber attacks become more advanced	**Amber**			
NEW BSW ICB 20	Quality and Patient Experience	06-Oct-23	PHB Management	ICS system organisations	Gill May, Chief Nurse Officer	Sarah- Jane Peffers, Associate Director of Quality and Patient Safety	ICB	06-Oct-23	**5**	**3**	**15**	New Risk	**8**	**Treat**	There is a financial/ legal and patient safety/ experience risk that without a robust PHB management approach people will not have the required offer and support for PHB's when receiving CHC funding	Policies, Operational Leadership	Gaps- Resource, SOPs, IT infrastructure	Current Financial audit Interim funding for additional resource	Kirstie Jackman/ Sarah Corkery-Lloyd	Jan-24	**Amber**	**5**	**4**	**20**

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

Title of Report:	Briefing on 2024/25 Planning Approach
Report Author:	David Jobbins, Interim Deputy Director – Planning & Programmes
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	

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

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

Previous consideration by:	Date	Please clarify the purpose

1	Purpose of this paper

All ICBs are required by NHSE to work with NHS providers to produce an Operating Plan for 2024/25 which sets out trajectories for delivering the national objectives which will be set out in the guidance. These system plans should be triangulated across activity, workforce and finance and be signed off by the ICB and partner trust and foundation trust boards before submission.

The process of producing the submission is being co-ordinated by the Operating Plan Steering Group (OPSG) which has a membership taken from the ICB and NHS system partners and is chaired by the ICB Interim Deputy Director – Planning & Programmes/ ICB Director of Commissioning. The Steering Group will report into a BSW health partner planning executive group chaired by the ICB Chief

Delivery Officer. This group has an executive membership from across the ICB and partner acute providers, will meet fortnightly and will be the point of escalation for the OPSG. The Steering Group will be meeting weekly through to submission. We are currently working through the governance timetable with regards sign-off of the completed plan ahead of submission.

2	Summary of recommendations and any additional actions required

The Board is asked to note that the 2024/25 Planning Guidance has been delayed. We have not been given a new issue date but anticipate it being in December.

Given that it is still the expectation that the Operating Plan process will be completed by the end of March 2024 the process of producing the plan and undertaking system signoff will be quite short.

Points to note:

- Whilst guidance has not yet been issued it is likely that priority areas will be very similar to 2023/24 although the detail of some metrics may change;
- The Operating Plan will be fully aligned with the Medium Term Financial Plan;
- We are starting to work through system expectations and scenarios now that we are best prepared when the guidance is issued;
- Acute partners (working through the Acute Hospital Alliance) will work to the same assumptions, principles and documentation which should help simplify the process;
- We understand that will not be a narrative submission in the same way as previous years. Instead we are working with SW NHSE to agree a much simpler template that focuses on key messages, priority areas and areas of risk which will help simplify the process; and
- Whilst the final timeline is not known it is likely that the plan will need to be completed for submission around the end of February. Corporate and system governance and board meetings to facilitate signoff currently do not align well with this timeline and consideration will need to be given to ensuring a process that enables full and transparent signoff and timely submission.

3	Legal/regulatory implications

Delivery of the Operating Plan will support the ICB and NHS partners in meeting their respective and collective legal and regulatory duties.

4	Risks

The production and delivery of the Operating Plan is relevant to all parts of the organisation and failure to produce a deliverable plan will have implications across patient safety and experience, resource utilisation and reputation for the ICB and local NHS provider organisations.

5	Quality and resources impact
As part of the process of producing the plan there is an expectation of local triangulation of the content across activity, workforce and finance and also, as noted below, as EQIA will be undertaken.	
Finance sign-off	n/a

6	Confirmation of completion of Equalities Impact Assessment
n/a	

7	Communications and Engagement Considerations
The Operating Plan is the detailed system planning document for 2024/25. It is informed by the BSW Implementation Plan and BSW Strategy which are the public facing documents. It will be on these documents rather than the Operating Plan where wider communications and engagement activities will be undertaken. Partners will be informed and engaged in the Operating Plan through cascades coming out of the OPSG and the BSW planning executive group.	

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

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

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

Title of Report:	Summary Report from Integrated Care Board (ICB) Board Committees
Report Author:	Sharon Woolley, Board Secretary
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	None

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
This summary report provides an update of meetings of ICB Board committees since the last meeting of the ICB Board. The report brings to the attention of the Board the business covered by each Committee, and any decisions made by the Committees.	

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

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

3	Legal/regulatory implications
None	

4	Risks
N/A	

5	Quality and resources impact
N/A	
Finance sign-off	N/A

6	Confirmation of completion of Equalities Impact Assessment
N/A	

7	Communications and Engagement Considerations
N/A – Considered as part of each item presented to committees.	

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 No further meetings of the Committee have been held since 7 September 2023. The next meeting of the BSW ICB Audit and Risk Committee will be held on 7 December 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 No further meetings of the Committee have been held since 5 September 2023. The next meeting of the BSW ICB Quality and Outcomes Committee will be held on 7 November 2023.

3 BSW ICB Finance and Investment Committee

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

3.2 The meetings of the BSW ICB Finance and Investment Committee held on 4 October 2023, 16 October 2023, and 1 November 2023 were chaired by the Non-Executive Director for Finance, Paul Miller.

4 October 2023

Received and Noted:

- BSW ICB and System Revenue Positions
- Update from the BSW Recovery Board and associated actions
- BSW Medium Term Financial Plan
- ICB Finance Risk Register
- Community Provider Update
- Integrated Community Based Care – development of procurement documentation

Items Escalated to Board:

- None

Endorsed / Approved:

- None

16 October 2023 (Extraordinary meeting)

Endorsed / Approved:

- Integrated Community Based Care - Approval of Procurement Document

1 November 2023

Received and Noted:

- BSW ICB and System Revenue Positions
- BSW ICB Capital Update Month 6
- BSW Financial Recovery Plan
- Productivity of Medium-Term Financial Plan
- Update from the BSW Recovery Board and associated actions
- South Newton Update
- External Audit - ICB Auditor's Annual Report 1 July 2022 – 31 March 2023
- Triangulation of Provider with ICB risks
- Community Provider Update

Items Escalated to Board:

- None

Endorsed / Approved:

- *Referenced in the private committee report, due to commercial sensitivities.*

3.3 The next meeting of the BSW ICB Finance and Investment Committee will be held on 6 December 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 meeting of the BSW ICB Remuneration Committee held on 17 October 2023 was chaired by the Non-Executive Director for People and Remuneration, Suzannah Power.

4.4 The next meeting of the BSW ICB Remuneration Committee is scheduled for 26 March 2024.

5 BSW ICB Public and Community Engagement Committee

5.1 The BSW ICB Public and Community Engagement Committee provides assurance to the Board that that the ICB discharges its statutory duties and functions regarding public

involvement and engagement. The Committee provides assurance that the ICB and its system partners have effective public and community engagement processes, at system and place level.

5.2 The meeting of the BSW ICB Public and Community Engagement Committee held on 31 October 2023 was chaired by the Non-Executive Director for Public and Community Engagement, Julian Kirby.

Received and Noted:
- GP Access Recovery Plan
- Research Network Development Programme (REND) Update
- Locality Community Engagement Updates for BaNES, Swindon and Wiltshire
- Integrated Care Based Care – how we are communicating with our population

Items Escalated to Board:
- None

Endorsed / Approved:
- None

5.3 The next meeting of the BSW ICB Public and Community Engagement Committee will be held on 23 January 2024.

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 13 September 2023 was chaired by the Non-Executive Director for People and Remuneration, Suzannah Power.

Received and Noted:
- Agency Spend Update
- Long Term Workforce Plan
- Shared People Services
- Workforce Risk Register
- Exception Reports
  - BSW Academy
  - BSW Strategic Workforce Group

Items Escalated to Board:
- NHS Sexual Safety Charter – and the role of the ICB in providing assurance to NHS England on behalf of the system.

Endorsed / Approved:
- ICB Freedom to Speak Up Arrangements
- NHS Impact Plan - *subject to the nuanced changes as discussed in the meeting being made*
- Equality, Diversity and Inclusion Improvement Plan

6.3 The next meeting of the BSW ICB People Committee will be held on 13 December 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 26 September 2023 considered the following business:

- Assurance, Contracting and Performance – Tier One Summary Position
- Lead Commissioner Model Update
- South West 999 Dashboard
- South Western Ambulance Service Foundation Trust (SWASFT) Performance Report
- Winter Assurance Plans
- South West Urgent and Emergency Care Clinical Fellows Programme Overview
- Annual SWASFT Emergency, Preparedness, Resilience and Response Assurance Process Update

7.3 The next meeting of the AJCC is scheduled for 28 November 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 31 October 2023 considered the following business:

- Operational Delivery Network Update
- Adult Critical Care and South West Spinal Networks/One Devon Programme
- Arrangements for Review of Joint Specialised Services Committee
- Review of In-year Specialised Commissioning Underspends
- Cleft Lip and Palate Service Commissioning Report
- Formal Recommendations from the Joint Directors Group
- Feedback from Key National Meetings
- Specialised Commissioning Operational Performance
- Specialised Commissioning Financial Planning and Performance
- Development of a South West Specialised Commissioning Strategy
- Provider Collaborative Update

8.5 The next meeting is scheduled for 12 December 2023.