

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

Thursday 16 November 2023, 10:00hrs

Dorothy House Hospice Care, Winsley, Bradford on Avon, Wiltshire, BA15
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Members present:

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Deputy - NHS Trusts & NHS Foundation Trusts Partner Member –acute sector, Cara Charles-Barks (CCB)
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
ICB Chief Finance Officer, Gary Heneage (GH)
Local Authority Partner Member – Wiltshire, Terence Herbert (TH)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
Non-Executive Director for Finance, Paul Miller (PM)
Deputy - ICB Chief Nurse, Sharren Pells (SPe)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
Deputy - NHS Trusts & NHS Foundation Trusts Partner Member –mental health sector, Alison Smith (AS)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

Regular Attendees:

ICB Chief Delivery Officer, 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 Place – Wiltshire, Fiona Slevin-Brown (FSB)
Deputy - Director of Public Health, Swindon Borough Council – Steve Maddern (SM)
ICB Chief People Officer, Jasvinder Sohal (JS)
ICB Deputy Director of Corporate Affairs
ICB Board Secretary

Invited Attendees:

ICBC Programme Consultant - for item 8
CEO, Dorothy House Hospice, Consultant, Salisbury Hospice, and Director of Patient and Family
Services, Prospect Hospice – for item 10

Apologies:

ICB Director of Place – BaNES, Laura Ambler (LA)
Primary Care Partner Member, Dr Francis Campbell (FC)
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector, Dominic Hardisty (DH)
Local Authority Partner Member – BaNES, Will Godfrey (WG)
ICB Chief Nurse, Gill May (GM)
Non-Executive Director for Quality, Alison Moon (AM)
Chief Executive, Swindon Borough Council, Sam Mowbray (SM)
ICB Director of Place – Swindon, Gordon Muvuti (GM)
Healthwatch Wiltshire, Stacey Sims (SS)
ICB Assistant Director of Communications and Engagement

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, and in particular welcomed those deputies in attendance as noted above.
- 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 21 September 2023

- 3.1 The minutes of the meeting held on 21 September 2023 were approved as an accurate record of the meeting, subject to the following amendment being made:
 - The consolidated feedback from the voluntary sector (VCSE) had been reflected prior, and was correct in the version received by the Board on 21 September 2023, therefore the caveat could be removed from 9.4 of the minutes.

4. Action Tracker and Matters Arising

- 4.1 Two actions were noted on the tracker, both marked as CLOSED, with updates added for the Board to note.
- 4.2 The opening up of partners Employee Assistance Programmes to VCSE commissioned services, to support the sector resilience, was raised as a matter arising. This would be followed up out of meeting, and added as an action to the tracker.
ACTION: The opening up of partners Employee Assistance Programmes to VCSE commissioned services was to be considered.

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 Two questions had been submitted concerning the ICB's work and engagement with carers, and paediatric long COVID clinic provision across BSW. The Chair read out the ICB's response.
- 5.3 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-16-november-2023/>

6. BSW ICB Chair's Report

- 6.1 The Chair provided a verbal report on the following items:
 - Interim Non-Executive Director for Quality - Following the resignation of Prof Rory Shaw from the BSW ICB Board, Alison Moon has been appointed as interim BSW ICB Non-Executive Director (NED) for Quality. Alison is a NED of neighbouring Bristol,

North Somerset and South Gloucestershire (BNSSG) ICB, and is also a NED of Gloucestershire Hospitals NHS Foundation Trust. As interim BSW ICB NED Quality, Alison will be a member of the BSW ICB Board, and will chair the BSW ICB Quality and Outcomes Committee. Alison will also be a member of the BSW ICB Finance and Investment Committee, and the BSW ICB Remuneration Committee. Alison's experience and skill set is welcomed to BSW during this challenging period. We will shortly be commencing a formal recruitment process for a NED for Quality.

- ICB Freedom to Speak Up Non-Executive Sponsor - Julian Kirby, NED for Public and Community Engagement, has agreed to take on this non-executive role for the ICB, supporting the embedding of the new arrangements.
- 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. BSW ICB will undertake a review of its governance and decision-making arrangements in quarter three of 2023/24. The Chair asked that Board members and attendees take the time to complete the survey once shared, to reflect what has worked well since establishment, and what changes and improvements are required.
- Catch Up Sessions with Board Members - One to one conversations were to be held with each Board Member over the coming weeks.

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, acknowledging that additional detail on a number of areas was included in supporting papers as part of the agenda.

7.2 The Chief Executive highlighted the following to members:

- Item 2.2 – The ambulance handover delays across BSW were a symptom of the challenges seen across all three acutes and the entire urgent and emergency care pathway, not just the emergency department. The ICB, three acutes and NHS England were working to ensure the pathway was working efficiently, with rapid handovers, working to avoid cohort bays. Dynamic risk assessments were to be undertaken by providers to determine the best place for patients, and if ambulances could be released. The 'call before convey' model being implemented by Cambridge and Peterborough ICB was being looked into.
- Item 2.5 – The letter from NHS England to each ICB on 8 November 2023 set out the action required for each system to ensure their agreed 2023-24 plans were met, which was breakeven for BSW. The 40 days of industrial action for the health sector had brought significant operational and financial impact, it was unknown if any further action was planned. The estimated national cost of action was £1bn over the last 10 months. Though national finance support had been allocated, it did not cover BSW costs in full. The priorities of the NHS England letter were to:
 - Achieve financial balance,
 - Protect patient safety,
 - Prioritise emergency performance and capacity,
 - Protect urgent care, and high priority - elective care,
 - Prioritise operational services over the winter period.

BSW was working to recut its financial plan to resubmit by 22 November 2023. An extraordinary ICB Board meeting in private was scheduled for 21 November, with

providers each also holding their own extraordinary Trust Board meetings or Finance and Investment Committee meetings. Meetings with NHS England would be held w/c 27 November to discuss the plan.

Difficult decisions would need to be made concerning current and future investments, whilst considering the associated risk and extending the triple lock arrangements of provider, ICB and region approval. Workforce controls were to be established, restricting recruitment to essential only.

- Item 2.7 – With regards enhanced oversight, and segmentation via the Oversight Framework – for quarter one, the ICB is at SOF 3 driven largely by the financial position. RUH moved to SOF 3, predominantly in relation to its cancer position. The response from RUH expected them to meet their exit criteria by quarter 3.
- As the Senior Responsible Officer for Elective Care, CCB advised the Board that with regards cancer performance, the trajectory was on track to deliver by the end of the year. RUH's improvements would see them move from tier 2 to tier 1 status following four weeks of consistent performance. GWH and SFT were insourcing support to improve on the skin pathway, with improvements already recorded for SFT, and GWH on track for the end of the year. Cancer was a priority area to protect, with inpatient beds being made available. Diagnostics pressure points remained around non-obstetric ultrasound activity, and was being supported through insourcing resource. Growth had been seen in the referral to treatment (RTT) waiting list. BSW as a whole was seeing and treating increased referrals compared to last year. Resilience was being built for the winter period, with an incremental shift to day cases where possible and offsite activity. Sulis was also supporting the increase in elective capacity.
- Item 2.25 – The ICB team were working towards the nationally required 30% reduction in running costs, with a number of programmes underway to work towards this, whilst ensuring the organisation was fit for purpose, and evolving for the future. The Executive Team had changed shape and size, with the overall structure of the organisation now being considered as part of the next phase of Project Evolve, to conclude in quarter four. Mutually Agreed Redundancy Schemes/ Voluntary Redundancy Schemes could be used to support that process.

7.3 The Board discussion noted:

- The current difficulties and pressures on the ICB leadership team were acknowledged, though values, ethics and principles should still be honoured. It was a concern to note the national priority being placed on finances. The Board was to remain sighted on the quality and safety dimensions.
- Though a balance was needed and parameters had changed, financial focus could bring a required change in delivery. There were lessons to learn from local authority partners on their approaches used.
- Item 1.2 - The Provider Selection Regime was in relation to procuring health services only. Discussions had commenced at place level regarding the specific procurement codes and section 75 pooled funds, considering how these contracts would be commissioned going forwards, particularly to the voluntary sector, to maximise the benefit of working together.
- Item 2.19 - A total of 35 projects had been successful in securing health inequalities funding. The Integrated Care System (ICS) Strategy set out the aim on prevention and fairer outcomes for all. The VCSE Partner Member shared a case study to demonstrate how health inequalities monies were supporting the BSW population.

- Further explanation was requested against some of the data and metrics used within reporting to clarify if the position was at a positive or negative level, for example the dementia diagnosis rates.

8. The Future of Community Services in BSW

- 8.1 The ICB Place Director for Wiltshire provided an update to the Board on the transformation ambition of Community Services across BSW, through the strategic framing and delivery of the Integrated Community Based Care (ICBC) Programme. The desire was to level up the investment in self-care and primary and community care, against an emphasis on spend and activity via acute hospital services. The BSW Primary and Community Delivery Plan set out the transformation priorities, supported by the six enablers identified in the BSW Integrated Care Strategy. This was not an isolated programme of work; it would run in parallel to other areas to bring benefit the whole system. The Strategic Outline Case set out the case for change, acknowledging that the 'do nothing' option was not feasible, with increasing demand, inequalities and an aging population to be addressed with system partners.
- 8.2 The ICBC Programme Lead was in attendance, further adding that the ICBC programme aim was to help people to stay at home, join up services, and enable that proactive support. The procurement was now underway via a competitive tender. Colleagues and potential providers would be supported throughout the process. The underpinning principles would drive the procurement approach, shared at market engagement events, aligned with transformation ambitions. Working collaboratively was an important element of the programme, encouraging providers to come together to form a collective, innovative response.
- 8.3 The programme was currently in the selection questionnaire stage, with the invitation to negotiate (ITN) to be issued in January 2024. There would be up to two opportunities for dialogue with bidders and to test the process. Internal Audit would also be involved in reviewing and checking the processes followed. Six months for the mobilisation period had been built in, to ensure continuity and maintained quality of services, and sufficient time for the new services to commence from April 2025. The proposed contract award would be presented to the ICB Board in July/August 2024. The detailed timeline as part of the private session papers set out the full involvement of the Board and its Committees throughout the process. Significant interest in the procurement and programme had already been received.
- 8.4 The Board discussion noted:
- This was a significant journey for BSW, to bring real innovation and transformation – to bring a profound difference to the population, whilst achieving the strategic objectives.
 - The NED for Public and Community Engagement was a member of the ICBC Programme Board, having that oversight of the direction and stages of the procurement. The programme and procurement is being carefully managed purposefully to ensure conflicts of interests are appropriately managed and a clean process followed. Legal advice has been sought throughout the process, to ensure this was managed in a fair way.
 - It was expected that the risk map may alter during the process, with full risks, assumptions, issues, and dependencies (RAID) processes undertaken weekly. Risk

processes would be defined and assessed throughout, particularly regarding the move to the collaborative approach with the contract and services being under one lead provider.

- 8.5 The Board noted the strategic context of the ICBC Programme, progress to date and the next steps.

9. Primary Care Access Recovery Plan – System Level Access Improvement Plan

- 9.1 The ICB Place Director for Wiltshire presented the Primary Care Access Recovery Plan for BSW, as shared and discussed at the October Board Development Session. The production of the plan followed the publication of NHS England guidance earlier in the year, and has been led by the BSW ICB Primary Care team, working with all the GP practices across BSW, Primary Care Networks (PCNs), and system partners. This final version was to be approved by the ICB Board before submission to NHS England.
- 9.2 The Plan was to address two specific national ambitions; to make it easier for patients to contact their practice, and for patients' requests to be managed on the same day, whether that was an urgent appointment, a non-urgent appointment within two weeks, or signposting to another service. This brought four key areas of focus as set out in the Plan and covering paper, with associated national targets. Full detail sat behind each of these, and these were held with each Practice. Target timelines would be set against each to note expected achievement and trajectory performance, though noting each Practice and PCN was starting from different points. There would be a focus on where there was performance variation at Practice and PCN level.
- 9.3 Work was now underway with each Practice, PCNs and the ICB Communications Team to launch the Plan against the Communications Plan, to manage expectations. A national campaign was also to be released.
- 9.4 Governance surrounding primary care had recently been strengthened, with the ICB Executive now receiving regular reports from the Primary Care Executive Group. Updates had also fed frequently into the ICB Quality and Outcomes Committee, though this needed to be formalised to ensure the broader strategic piece was brought out. Improved governance and assurance for primary care would be a factor to address through the ICB Governance Review.
- 9.5 The Board approved the BSW Primary Care Access Recovery Plan, and its submission to NHS England.

10. Palliative Care Alliance

- 10.1 The Board welcomed the CEO of Dorothy House Hospice, a Consultant from Salisbury Hospice, and Director of Patient and Family Services from Prospect Hospice to the meeting, each of which were part of BSW Hospices Together. The briefing for the Board focused on the specialist palliative and end of life care services offered across BSW, equitable access to hospice care, integrated working with SFT, reducing variation, and the BSW Palliative and End of Life Care Alliance formed of all providers and commissioners of palliative and end of life care across BSW.

10.2 The Board discussion noted:

- A system mapping session had been held to identify the service gaps, population coverage, and those not currently being reached. The death literacy piece per neighbourhood had also been undertaken to establish where the needs were and indicate gaps. Population health data was also used to inform services and provision. Two specific neighbourhoods in the BaNES area had been selected for focussed work on reaching those deprived and social inequality areas. Colleagues were working with Bath City Football Club to empower the community and encourage care for one another.
- Noting the rural geography of the patch, it had been acknowledged that services may be difficult to access. Hospice clinics had been established in the surgery in Marlborough and were soon to be set up in Swindon. Virtual consultations were also offered.
- The education, research and professional development element of services provided brought that joint working with the acute teams, to share knowledge and information, to bring that beneficial wider impact. Advanced Care Planning was also being encouraged amongst all professionals.
- 1% of the population accessed end of life care, in BSW 0.3% of the population were recorded on the end of life registers, the national average was 0.5%. The challenge to the Board was to encourage and support the ICB and ICS to do more to support this valuable end of life care, to manage more at community level, whilst also bringing savings in acute activity.

10.3 The Chair thanked BSW Hospice Together partners for the comprehensive briefing and sharing of case studies to raise awareness of services and integrated working.

11. BSW Operational Performance and Quality Report

11.1 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 also reviewed the report at its November meeting. The ICB Chief Delivery Officer advised that work continued to develop the dashboard and data feeds, noting that gaps currently remained whilst this was work in progress.

11.2 The following was highlighted to the Board:

- Improvements against mental health standards were now being seen.
- Significant challenges remained across urgent and emergency care.
- Elective care pathways were showing some improvement in more recent data following the implementation of recovery plans. The elective care waiting list was starting to stabilise.
- The 62-day cancer target had shown dramatic improvement across all three acutes, particularly at the RUH in recent weeks. This was not yet showing in published data.
- The diagnostics 6-week waiting list is now beginning to show improvement, with a push on ultra sound and CT scans recovery.
- Though an improvement in the 65-week waiting list, 78-week remained an issue – being addressed by the acutes.

11.3 The Deputy ICB Chief Nurse drew the Boards attention to the following quality elements:

- The Serious Incident Framework was changing to the Patient Safety Incident Response Framework. Never Events were monitored and reported through this, with one low risk event reported in this period, at no harm to the patient. Themes are monitored and reported through to the BSW System Quality Group.
- The dashboard indicated high numbers of Clostridium Difficile and E.coli infections. Infection control measures and the healthcare associated infections were important measures of good quality care, and were routinely reviewed as a metric. A rise had been seen in the acutes, and was now moving to community settings. The Infection, Prevention and Control Network was reviewing data, though full outbreaks or themes were not yet apparent. This was driving a review of community infections and the antimicrobial prescribing.
- Two quality improvement programmes were underway concerning hydration, staying well, eating well, and moving well; and review of urinary tract infection cases to reduce infections, to present back to region.

11.4 The Board discussion noted:

- The BSW Mortality Surveillance Group was reflecting on indicator data and identifying learning, particularly following the Letby Case, ensuring also that clinical coding was correct. Trust Chief Medical Officers were involved in this.
- Whilst considering disinvestments, it was critical that the ICB and system continued with routine and additional monitoring through the quality framework, noting no, low, medium and severe harm incidents, and identifying risks and mitigations. The BSW System Quality Group was also assessing themes and trends. Leading indicators would be defined when disinvesting, to track and course correct. The Extraordinary Board meeting would consider the quality impacts of the Board decision-making as part of the revised financial plan.
- It was queried whether additional narrative could be provided to enable Board members to understand the issues, action being taken to address it, and provide that level of assurance. It was noted that additional detail was presented to the ICB Quality and Outcomes Committee, with an oversight level shared with the Board. Similarly, the ICB Finance and Investment Committee received and discussed the supporting data.
- The BSW Integrated Care Partnership (ICP) had agreed to use its meetings to track and measure against the three Strategy priorities in turn. In parallel to this, the commitment and achievement against the Implementation Plan would also be monitored. The Health and Wellbeing Boards would also play a role in monitoring delivery.

12. BSW ICB and NHS ICS Revenue Position

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

- At month 6, the ICS NHS position was reported as £20m off plan, largely due to the costs associated with industrial action, and underfunded pricing pressures in prescribing.
- The letter received from NHS England on 8 November 2023 clearly set out the priority for ICS's to achieve financial balance, presenting a real challenge for BSW to address. To help manage the position, £800m of national funding had been allocated against industrial action costs and system pressures. BSW would receive an allocation of £10.8m from this. The elective care target had also been reduced, bringing a benefit of

£5m. This confirmed £16m against the £20m pressure. Significant work would continue to close the remaining gap, and to breakeven. NHS England had advised that urgent and ambulatory care, maternity, primary care recovery plans, and the primary care Additional Roles Reimbursement Scheme were not to be impacted by these financial reviews.

- 12.2 The Board noted the report and the financial position of the BSW NHS ICS. The system would be taking difficult decisions to realise the savings required. An extraordinary ICB Board meeting in private was to be held on 21 November 2023 to consider the revised financial plan in response to the letter.

13. BSW ICB Corporate Risk Register

- 13.1 The ICB Chief Delivery Officer presented the ICB's Corporate Risk Register, which recorded the significant risks facing the ICB body corporate. The Register was shared regularly with the Board for oversight and assurance. The Board Assurance Framework (BAF), as approved in July, would be a focus for the December development session to consider the ICB's risk appetite.

- 13.2 The risk management approach had matured, linking with all Executive discussion and flowing through to the relevant committee for review and scrutiny.

- 13.3 The articulation of the risks surrounding the financial challenge would be reviewed, to ensure this appropriately reflected the potential impact on services, and quality and safety. The risk of not achieving the prevention agenda as set out in the Strategy was also raised, and would be reflected via the BAF as the ICB corporate not achieving its objective.

- 13.4 The Board noted the BSW ICB's Corporate Risk Register.

14. Briefing on 2024/25 Planning Approach

- 14.1 The ICB Chief Delivery Officer advised the Board on the ICBs requirement to produce an NHS Operating Plan for 2024-25, and the proposed process to produce the plan with system sign off. The paper had set out an indicative timeline, though this was expected to shift due to this two week action to review the financial plan for 2023-24. Guidance was expected later in December, with this to be a focus for the Board development session. The draft was expected to be submitted in January, though the deadline may be pushed back. The planning cycle would be used to affect left-shift and to state bold ambitions.

15. Report from ICB Board Committees

- 15.1 The Board noted the summary report from the ICB Board Committees.

16. Any other business and closing comments

- 16.1 There being no other business, the Chair closed the meeting at 12:35hrs

Next ICB Board meeting in public: Thursday 18 January 2024