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

BSW Integrated Care Board – Board Meeting in Public

Thursday 16 May 2024, 10:00hrs

Double Tree Hilton Hotel, Lydiard Fields, Great Western Way, Swindon SN5 8UZ

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 28 March 2024	Chair	Approve	ICBB/24-25/002
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/24-25/003
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/24-25/004
10:30	8	BSW NHS ICS Operating and Financial Plan 2024-25	Sue Harriman, Rachael Backler	Note	ICBB/24-25/005
10:45	9	NHS BSW Capital Plan 2024-25	Paul Miller, Gary Heneage	Approve	ICBB/24-25/006
10:55	10	BSW Urgent and Emergency Care Winter Learning	Gill May, Heather Cooper	Discuss, Note	ICBB/24-25/007
11:15	11	BSW Equality Delivery System 2023-24 Submission	Sarah Green	Approve	ICBB/24-25/008
11:25 – Short break – 10 mins					

Timing	No	Item title	Lead	Action	Paper ref.
11:35	12	Primary Care Access Recovery Plan – System Level Access Improvement Plan Progress Update Report	Gordon Muvuti, Jo Cullen, Louise Tapper	Note	ICBB/24-25/009
11:50	13	BSW ICB Data Security and Protection Toolkit	Rachael Backler	Approve Delegation	ICBB/24-25/010
11:55	14	BSW ICB Corporate Risk Management	Claire Feehily, Rachael Backler	Note	ICBB/24-25/011
12:05	15	BSW Performance and Quality Report	Rachael Backler, Gill May	Note	ICBB/24-25/012
12:20	16	BSW ICB and NHS ICS Revenue Position	Paul Miller, Gary Heneage	Note	ICBB/24-25/013
12:35	17	BSW ICB Board - Declarations of Interests	Chair	Note	ICBB/24-25/014
12:40	18	Report from ICB Board Committees a. BSW ICB Audit and Risk Committee Annual Report	Committee Chairs Claire Feehily	Note Note	ICBB/24-25/015
Closing Business					
12:45	19	Any other business and closing comments	Chair	Note	

Next ICB Board Meeting in Public: 18 July 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.
CIP	Cost Improvement Programme	NHS organisations use CIPs to deliver and plan the savings they intend to make. Encompassing efficiency and transformation programmes.
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.
	Never Event	Never Events are incidents that require full investigation under the NHS Serious Incident Framework, with a key aim of promoting and maintaining a learning culture within healthcare to prevent future harm. The list of Never Events is set out within this framework and are defined as patient safety incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.
	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.
QIPP	Quality, Innovation, Productivity and Prevention	Quality, Innovation, Productivity and Prevention is a large scale programme introduced across the NHS to improve the quality of care the NHS delivers, whilst making efficiency savings to reinvest into frontline care.

Acronym /abbreviation	Term	Definition
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 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.
YTD	Year to Date	A term covering the period between the beginning of the year and the present. It can apply to either calendar or financial years.

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

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

Thursday 28 March 2024, 10:00hrs
Sir Daniel Gooch Theatre, STEAM – Museum of the Great Western Railway, Fire Fly Avenue (off Kemble Drive), Swindon, SN2 2EY

Members present:
Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Primary Care Partner Member, Dr Francis Campbell (FC)
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
Local Authority Partner Member – BaNES, Will Godfrey (WG)
Deputy - ICB Chief Finance Officer, Matthew Hawkins (MH)
Local Authority Partner Member – Wiltshire, Terence Herbert (TH)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May (GM)
Non-Executive Director for Finance, Paul Miller (PM)
Non-Executive Director for Quality, Alison Moon (AM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
Deputy - ICB Chief Medical Officer, Dr Andy Virr (AV)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

Regular Attendees:
ICB Director of Place – BaNES, Laura Ambler (LA)
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 Acting Chief People Officer, Sarah Green (SG)
Healthwatch BaNES and Swindon, Amritpal Kaur (AK)
Chief Executive, Swindon Borough Council, Sam Mowbray (SM)
ICB Director of Place – Swindon, Gordon Muvuti (GMu)
NHSE South West Director of Commissioning, Rachel Pearce (RP)
ICB Board Secretary

Invited Attendees:
Associate Director of Mental Health Transformation - for item 9
Wiltshire Director of Public Health, Kate Blackburn (KB) - for item 10
Director of Primary Care - for item 10
Programme Lead - Community Pharmacy, Optometry and Dentistry - for item 10

Apologies:
ICB Chief of Staff, Richard Collinge (RCo)
NHS Trusts & NHS Foundation Trusts Partner Member –mental health sector, Dominic Hardisty (DH)
Deputy - NHS Trusts &NHS Foundation Trusts Partner Member –mental health sector, Alison Smith (AS)
ICB Chief Finance Officer, Gary Heneage (GH)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
ICB Deputy Director of Corporate Affairs

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 Deputy Chief Finance Officer, Matthew Hawkins, and Deputy Chief Medical Officer, Dr Andy Virr.

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 18 January 2024

3.1 The minutes of the meeting held on 18 January 2024 were approved as an accurate record of the meeting.

4. Action Tracker and Matters Arising

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

5. Questions from the Public

5.1 The Chair welcomed questions for the Board meetings held in public. The ICB website details the process on how the public can submit questions to the Board, currently questions need to be sent in seven business days in advance of the meeting. The Chair planned to review this process in light of feedback, to ensure an accessible and humanised process. The Board Development Session in April would consider ideas and improvements.

5.2 Two questions had been submitted in advance of the meeting from the Chippenham Community Hub, concerning the ICB's communication strategy with the VCSE, and querying the progress made in recruiting and training people with lived experience to co-deliver the Oliver McGowan mandatory training. The Chair read out headlines from the ICB's responses.

5.3 The Chair wished to acknowledge the importance of all VCSE partners in the delivery and transformation of health and care services across BSW, this was supported through the inclusion of a VCSE partner member upon the Board, of which BSW ICB was one of five across the country to do so.

5.4 Further to the question response, the VCSE Partner Member wished to applaud the Voluntary Sector Alliances that had been established from the outset for the BaNES, Swindon and Wiltshire localities, noting there was further work to do to raise the profile of each. These bring together the voluntary sector, Wiltshire's rural community council, the Councils for the Voluntary Sector, and HealthWatch for the area. The Chippenham Community Hub would be encouraged to engage with the Wiltshire Voluntary Sector Alliance.

5.5 The ICB Chief People Officer spoke of the Oliver McGowan training, a successful ICB project developed from the national programme, which supported learning for people with Learning Disabilities and Autism. 3,000 people had been trained to date, with a number of trainers bringing that lived experience to the core group and advocacy groups. BSW was one of only few Integrated Care Systems (ICS) to have those lived experience people with learning disabilities to now have paid employment as those trainers.

5.6 The questions and the full responses will be published on the BSW ICB website: https://bsw.icb.nhs.uk/documents-and-reports/

6. BSW ICB Chair's Report

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

- NHS Leadership Competency Framework for Board Members

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed'. This NHS Leadership Competency Framework, published by NHSE on 28 February 2024, responds to that recommendation and forms part of the NHS England Fit and Proper Person Test Framework for Board members (FPPT).

The Leadership Competency Framework is for Chairs, Chief Executives and all Board members in NHS systems and providers; and serves as a guide for aspiring leaders of the future.

The six competency domains as defined in the framework should be considered for all Board members, taking account of any specific role related responsibilities and nuances; and should be applied to / in recruitment, appraisal, and ongoing development of Board members. A Board Member Appraisal Framework will be published by autumn 2024.

- Framework for Conducting Annual Appraisals of NHS Chairs

On 28 February 2024, NHS England published this framework to establish a more standardised approach to the annual appraisal of Chairs, including ICB, NHS trust and foundation trust Chairs. The framework is aligned with the NHS Leadership Competency Framework.

The framework sets out expectations as to the way in which appraisals of NHS chairs are conducted. In particular, the framework describes a standard annual appraisal process, and the role of the Senior Independent Director (SID) or Deputy Chair as facilitators of the Chair's appraisal. The framework is not intended to be prescriptive. However, local application should be consistent with the framework's broad principles and seek to meet the expectations of the framework.

It was noted that the NHS Regional Director was currently conducting the appraisal of the BSW ICB Chair. The ICB's SID (Non-Executive Director (NED) for Audit) was also to seek feedback from colleagues and stakeholders in support of this process. The ICB Chair would soon also be conducting the ICB CEO's appraisal and seeking feedback. The CEO advised that there would be a slight delay to conducting the ICB Executive Team appraisals this year (quarter two) alongside the behavioural framework to first enabling that testing of how it works for the ICB, though with objective setting currently

underway. NED appraisals would too be undertaken in line with guidance; however guidance was silent on partner member appraisals. NHS Regional and ICB Chair discussions were in support of a relaxed approach to this, with objectives to be set for all members.

- Those Eligible to Nominate Trust Partner Member(s) of the BSW ICB Board

The BSW ICB Board currently has a vacancy in the category 'partner member – NHS trusts and foundation trusts.' The RUH CEO attends ICB Board meetings as a participant, however the formal joint nominations process has not been undertaken that is required by law to formally appoint this particular partner member.

The government set out secondary legislation (regulations) determining which trusts may participate in the process for nominating the partner member for appointment to the ICB board. Trusts are eligible to jointly nominate the trust partner member(s) of the ICB Board if:

a. they provide services for the purposes of the health service within the ICB's area, and
b. the relevant ICB consider them to be essential to the development and delivery of the five-year joint forward plan (forward plan condition, as described in regulations).

For the avoidance of doubt, point a. above does not require the services provided by a trust to be physically located within the area of an ICB. It is sufficient that the services they provide are accessed by patients for whom the relevant ICB is responsible, and those services are being provided for the purposes of the health service within the area of the ICB.

Where a trust providing services for the purposes of the health service within the ICB's area does not meet the forward plan condition (point b. above), it becomes a nominating organisation for the ICB from which the trust receives the largest proportion of its ICB income for the provision of local NHS services.

In the process of its establishment, the ICB identified those trusts that meet both points a. and b. above as set out in the ICBs Constitution, and are therefore eligible to nominate the trust partner member(s). The ICB must keep this list of eligible trusts up-to-date and review it regularly to ensure all trusts eligible to nominate the trust partner member(s) are identified as such and have an opportunity to exercise their nomination rights.

It was recognised that Oxford Health NHS Foundation Trust provides health services to the BSW population. It was recommended that the ICB tests if Oxford Health is eligible to nominate the trust partner member(s), either by meeting points a. and b. above, or by testing from which ICB Oxford Health receives the largest proportion of its ICB income for the provision of local NHS services. This latter test would require Oxford Health to calculate the percentage of their historical ICB income for the provision of local NHS services in respect of each relevant ICB (BSW ICB, and Buckinghamshire, Oxfordshire and Berkshire West ICB [BOB]). This should be based on the best information available from the most recent full financial year, i.e. 2023/24.

When the trusts eligible to nominate the trust partner member(s) are confirmed, the formal joint nominations process will be run to appoint to the current vacancy of the Partner Member - NHS Trusts and Foundation Trusts (acute hospital sector). The nominations process for the Local Authority Partner Member Swindon would also be run alongside this, to fill the current vacant position. The process to fill the vacant Community Provider Partner Member position would be conducted on the completion of the BSW

Integrated Community Based Care programme and contract award. The CEO of Wiltshire Health and Care would continue to attend the ICB Board as a participant in the meantime.

- Non-Executive Director Quality Interviews

The recruitment process was underway. Alison Moon would continue in the role as Interim NED Quality until September 2024.

- BSW Integrated Care Partnership (ICP) Meeting – 12 March 2024

The March ICP meeting received a report and presentation on the early intervention and prevention piece underway across the system. Members and the public were encouraged to attend these meetings held in public.

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.

7.2 The Chief Executive highlighted the following to members:

- Significant pieces of statutory guidance for NHS bodies had been released regarding the new Ministerial Intervention Powers, preparation of Integrated Care Strategies, arrangements for delegation and joint exercise of statutory functions, and ICB constitutions and governance. The ICB must have regard to all statutory guidance, and the ICB's partner organisations may wish to keep informed of such guidance and its implications for collaborative working.
- With the Easter bank holiday period approaching, urgent and emergency care (UEC) service partners were working to ensure access to care remained. Challenges remained for BSW UEC pathways, particularly in meeting the four-hour target of 76%, though improvements were being made through partnership working and development of pathways.
- The new Primary Care Contract had now been released – bringing both opportunities and challenges. The 2% uplift for primary care in the fifth year of a five year deal would be a financial challenge for the ICB. Conversely, the new one year contract for 2024-25 attempted to bring more flexibility in key decisions, and workforce utilisation and the use of the Additional Roles Reimbursement Scheme. NHS England wished to ensure a 'high trust low bureaucracy year' for primary care, to allow for focus on access and patient care. The next ICB Board development session was to include a primary care roundtable, an opportunity for open dialogue.
- The BSW system had agreed a £9.9m deficit position for 2023-24, with partners working to safely and effectively end the financial year. Planning for 2024-25 was underway, with planning guidance released on 27 March 2024. The BSW Operational Plan was to be submitted by 2 May 2024. Next year would be exceptionally challenging financially for BSW.
- Enhanced oversight was in place for SFT, AWP and RUH whilst they remained in segment three of the NHS Performance Oversight Framework.
- Congratulations were noted for RUH for being given an 'outstanding' rating for its maternity services. RUH is one of only 3% of maternity services in England to be given an outstanding rating by the CQC. The variation in maternity services and outcomes across BSW were acknowledged, with the learning from RUH to be shared as a system.

- Significant organisational change for the ICB was underway through Project Evolve, with the direct impact on its people recognised. Though NHS staff survey responses were improving, there remained work to do as Evolve concluded.

7.3 The subsequent Board discussion noted:

- The triple lock process for BSW consisted of the organisation, wider NHS system, and NHS England sign off for any new revenue investment over £50k. This was not to replace existing layers within organisations, though provided that final veto. This was a requirement of the national financial protocol process. BSW had voluntarily adopted this process when it moved off its original financial target. The BSW Investment Panel was in place to oversee the process. The Panel's remit had been recently reviewed and revised, to ensure robust controls and oversight remained. The ICB Chief Medical Officer chairs the panel. A prioritisation framework was being finalised for adoption by BSW partners. Partners were supportive of the process, bringing a greater system visibility on potential investments, and encouraging that move to a system based solution, rather than just place (where appropriate). The awareness of this national process and control on BSW's investments was brought to the attention of the Board and members of the public, as this could impact on local decision-making.
- An emergent risk remained around industrial action for BSW whilst consultants were being balloted on a revised pay offer, and while the British Medical Association was also balloting junior doctors for a renewed mandate for industrial action and the outcome of the referendum.
- Noting the emerging guidance on the new Ministerial Intervention Powers, it was currently unclear of the impact of 'Local authorities no longer being able to make new referrals to the Secretary of State under the 2013 regulations.' This would be followed up outside of the meeting and reported back in due course.

8. Draft BSW Implementation Plan (Joint Forward Plan)

8.1 The Chief Delivery Officer talked through a supporting slide deck, highlighting the requirements of the Plan, the process being followed, and key things of note for the refresh. The draft BSW Implementation Plan had been shared as part of the paper pack, to be submitted to NHS England by 31 March 2024. Work would continue ahead of the final submission. A BSW System Planning event was also being organised for 9 April 2024 to input into the Plan. NHS England's deadline for final submission had changed following the delay in the release of the planning guidance; ICB's were now expected to publish plans by 30 June 2024.

8.2 As part of the refresh and engagement process, all three Health and Wellbeing Boards had been consulted, with stronger links formed with the joint local health and wellbeing strategies. Draft opinions had been received and will be reflected within the draft Plan. The Plan would be used to track the priorities and commitment of the system, including that of financial recovery (involving workforce reduction) and prevention.

8.3 Two case studies regarding Integrated Neighbourhood Teams and Reducing Harm to Unborn and Under 1 Year Olds were shared to illustrate the achievements and transformational changes seen against the previous Implementation Plan and strategic objectives. These case studies and achievements, and the coming together of the Plan

were due to hard work of system individuals, and were symbolic of the increasing collaborative working across teams.

8.4 The Board discussion noted:

- As part of this refresh process, colleagues were reflecting on the difference the Plan, its actions and outcomes were making – noting the quality and quantitative impact, acknowledging that the intellectual 'so what' needed to be captured. Work was underway with the Business Intelligence team to develop logic models for each programme of work, to first pilot with the UEC team, and then roll out further.
- The evaluation against the Plan was important to show achievements against the intended impact, as well as where challenges remained. Partnership working was critical to success and to improving areas. The NHS financial situation could impact on the level of achievement, though confidence remained against delivery, particularly on the move to longer term transformation and increased productivity. The Plan was to be realistic and pragmatic, and clear on priorities.
- The work towards workforce reduction required as part of the financial savings was also being worked into the BSW Operational Plan, reducing the pay bill, and increasing productivity and transformation. A triangulation of workforce, funding, and services was needed – and should not be looked at in isolation due to interdependencies.
- The involvement in the production of the Plan provided that opportunity for teams to get that mandate for action, subject to financial controls. The Plan was used to inform staff appraisals, and work plans and objectives.
- The timeline for approaching the annual revision of the Implementation Plan would be reviewed going forwards to allow a longer run time, as this was currently being undertaken alongside that of the Operational Plan.

8.5 The Board received and approved the draft BSW Implementation Plan, and the revised timeline.

9. BSW Draft Mental Health Strategy 2024-29

9.1 The Place Director for Swindon and the Associate Director of Mental Health Transformation wished to socialise the emerging Mental Health Strategy with Board members, to provide an overview of the key priorities and ambitions, and to seek members engagement and feedback on the development so far. BSW had fallen behind against the national and regional mental health priorities, and wished to set out its ambitious and transformational, yet realistic plan, to ensure delivery and improvement in its offer. The Strategy had been built up from the initial locality discussions, aligned with the BSW Case for Change and supporting data. Further work was still required on the financial elements to consider how to invest against priorities, return on investments, and utilising the existing mental health resources differently, balanced against the known service gaps, BSW Care Model, and move to prevention. A life course approach was required, avoiding duplication with services already offered via other parts of the system. Circa £220m was currently invested into commissioning of specialised mental health services across all age ranges.

9.2 The following areas were brought to the attention of the Board:

- The Strategy was being co-produced, working with he Applied Research Collaborative at the University of Bristol, engaging with relevant stakeholders, users and carers. Previous engagement work undertaken had also been reviewed, recognising the richness of all data and feedback, and acknowledging engagement fatigue.
- The current risk-based model needed to change - listening to those who know what their support requirements are, putting this into place before crisis point and avoiding admissions, helping them to maintain good mental health, and to continue to meet their life goals and ambitions. Earlier access support approaches would include voluntary sector support, digital, and signposting and information sharing. Though not to work in isolation from the main support requirements.
- It was acknowledged that mental health staffing was currently a challenge – one aim was to focus on this, making the BSW system a great place to work and inspiring people to join the workforce. There would be a greater emphasis on trauma-informed care and training for the workforce.
- The Delivery Plan would align to the ambition of the Strategy, set out in phases to ensure performance against the national metrics. Partnership working would be fostered to develop and refine delivery models.
- Though referenced that the final Strategy would be brought to the May Board meeting, this would now be extended to the July meeting to ensure full co-production and engagement was fed into the final version.

9.3 The Board discussion noted:

- Mental health touched all elements of the system, a system wide approach was required to deal with the challenges posed. However, consideration was also to be given to the amount of place difference that would be appropriate – with principles set against this at this early stage.
- A further understanding of the transformational elements, early interventions and proposed outcomes was required. This would be in the detail to be shared with members once the Strategy and Delivery Plan were finalised. The good practice being noted by NHS England as seen across the region would be shared to learn and accelerate change.
- In empowering patients to manage their condition, bringing that true personalisation of care, access to support in a timely manner, and via an approach that met their needs would be fundamental to the success of the Strategy, removing the barriers. 16-25 years was a critical life time, where this could really make a significant difference.
- The Strategy needed to reflect and acknowledge an element of realism, a focus on priorities was needed with the limited resources available, recognising that not all expectations and co-production feedback could be met.
- Noting the current workforce challenges and current vacancies seen across the mental health providers, further work was required on recruitment and retention, training, and improved utilisation of the voluntary sector support available.
- The emphasis on prevention could only be a focus if existing system monies were shifted to provide that additional resource. In support of this, the circa £26m spent on out of area specialist placements were to be stopped with partners as part of phase one, reducing this outlying cost, giving the ability to use this locally. The last three years had seen a significant investment into the Community Services Mental Health Framework transformation into secondary care, though monies had not been best utilised, with staff not recruited to deliver against it. This would be a fundamental change to spend the monies differently in support of this new approach. The ICB was

also to ringfence funds against the Mental Health Investment Standard, which would continue into 2024-25, increasing investment and providing some new money to use effectively and efficiently.
- Additional co-production time would be welcomed, to enable Councillors to fully review and feedback.
- A shared diagnostic of what current system support was not doing right was required, to inform the design and ensure the new approach met the needs of patients and their families.
- The Learning Disability and Autism portfolio sat separately to this, with its own programme of work ongoing, and a Programme Board and Strategy in place.

9.4 Members had welcomed the opportunity to engage and input into the development of the BSW Mental Health Strategy, and were encouraged to feedback anything further directly to the Place Director for Swindon and the Associate Director of Mental Health Transformation. It was anticipated that the final Strategy would be presented to the July Board meeting.

10. BSW Dental Recovery and Transformation Plan

10.1 The Wiltshire Director of Public Health, Director of Primary Care, and Programme Lead - Community Pharmacy, Optometry and Dentistry joined the meeting for this item to update the Board on the plans to recover and transform primary dental services across BSW, in line with the BSW Case for Change. It had been a year since BSW ICB had taken on delegated responsibility from NHS England, becoming a priority for the system and ICB.

10.2 Statistics from the Case for Change had shown that those 0 to 19 years olds being admitted to hospital for tooth extraction was double that of the national rate in Swindon, in Wiltshire it was one and a half, and a slightly better picture for BaNES. Dental issues could also detrimentally impact on speech and language development if left untreated. For adults, poor dental health could impact on eating well and fluid intake. These brought both considerable support costs to BSW, acute dentistry services, as well as personal costs to the population. The whole continuum pathway needed to be considered for BSW, with system partners collaborating to achieve recovery and transformation.

10.3 Working with Public Health, and other local partners such as HealthWatch via the Dental Operational Group – supporting action would be embedded in local plans. The performance trajectory was to improve, and dental units of activity increased. Recovery formed a wider priority amongst the South West ICBs, jointly setting metrics. Activity levels and fees would be addressed via the Dental Recovery Plan, aligned with the National Recovery Plan recently released and the priorities of oral health, access and workforce. £2.9m of investment was planned into dental services across BSW against these key areas (details could be shared upon request). Some plans were already underway against the stabilisation and urgent care pathways work, and working with the local authorities on the oral health plans.

10.4 Significant work was underway at a local and regional level to improve access to dental services, with feedback received from HealthWatch and the BSW Patient Participation Groups, linking with the regional Collaborative Commissioning Hub. Access to dental services was the highest rated negative feedback, and should remain a strong focus for

the ICB and the Board. Dental Vans were to be piloted, used to reach those hard to reach groups in need of support, currently being developed with national and regional colleagues.

10.5 The Board discussion noted:

- Links were being formed with schools, early years, care homes, domiciliary care, refugee projects, and shelters to improve awareness and support for oral health. This would expand as per the national Plan and the Enhanced Health in Care Homes Framework.
- Recovery targets were to reach activity levels of pre-COVID, though it was acknowledged that access and services were not sufficient before the pandemic. To move to a functional service was more than that of recovery. A whole system approach was required to make that significant change. A strategic approach to dentistry was required, and would be worked up once this newly delegated service was stable and the circumstances understood. There were immediate actions to put into place whilst working in line with the national constraints, before working on the BSW ambition.
- The risks associated against recovery were documented, including that of contract hand backs due to costs, and recruitment and retention of NHS dentists. (Capacity of NHS dentists was a notable South West issue, now raised onto the national agenda). The risks were monitored via the Primary Care Executive Group which reported into the ICB Executive. Regional Dental Operational, Transformational and Recovery Groups had also been established. The recent ICB Governance Review had recognised the need to consider the assurance of these services, and would form part of the Board development session discussion in April.
- The fluoridation of water was also noted as a significant impact for the BSW area. Local Authority partners support was required to influence change with the water provider for the area, Wessex Water. The ICB Chair was happy to support this notion and to also make contact with the water provider.
- From the £56.4m of dental funding; £34.2m was for primary care dental contracts, £2.9m investments, and the remaining £19.3m in support of the secondary care services. Supporting action to stop activity going into the hospitals would reverse the trend and enable savings to be reinvested into other areas and prevention.

10.6 The Board approved the BSW Dental Recovery and Transformation Plan.

11. BSW Performance Report

11.1 The Board received and noted the BSW Performance Report, providing oversight and assurance on the safe and effective delivery of NHS care and NHS operational performance.

11.2 The Chief Delivery Officer informed the Board that challenges were noted across the national standards, with a significant focus on the A&E four-hour standard, and achieving zero 78 week waits by year end. Challenges were also being seen across the mental health and cancer measures – with fluctuations and variations. The ICB Quality and Outcomes Committee were to undertake a deep dive as part of its May meeting. Plans for 2024-25 actions were being worked on to improve performance.

11.3 The Chief Nurse Officer advised that an increase in reporting of never events was evident. Work was underway with the community in practice and the BSW System Quality Group to feedback where these had taken place, particularly around surgical interventions to address. To also note, the BSW Infection, Prevention and Control Collaborative was now in place, and would be focussing on improvements around antibiotic prescribing and community support and action.

12. BSW ICB and NHS ICS Revenue Position

12.1 The NED for Finance reported on the detailed review carried out via the ICB Finance and Investment Committee on the ICB and system financial position, and the assurance sought, highlighting the following:

- The aim was to mitigate the impact of the £9.9m system deficit, this shortfall did not reflect a success for the system, and would have to be repaid to NHS England next year. This position still had significant risks associated to resolve.
- The approach to the 2023-24 financial strategy was bold, with collective agreement. The £60m risk share had been utilised with providers to enable individual management of risks. The ICB did not therefore hold a contingency reserve. The Board would need to reflect on learnings from this approach in the 2024-25 plan.
- Risks would remain within services, though BSW should not reach a culture of accepting overspend. Industrial action would bring further cost pressures – headroom needed to be created to manage pressure events such as this.
- Improvement in planning and delivery were necessary, with realistic efficiency plans. To date £94m of the required £95m saving had been recorded, though noting £24m of this was non-recurrent. £45m would need to be found going into next year, adding to the next year's deficit. High level lessons needed to be acknowledged and enacted upon in readiness for next year.

12.2 The Deputy Chief Finance Officer presented the report on the ICB and NHS Integrated Care System (ICS) revenue position at month ten, highlighting the following to members:

- Uncertainty of further industrial action remained – an element of funding had been received, but not at the level required against underlying spend.
- Month 10 to month 12 would require management of implications, risks and opportunities. Elective recovery was expected to over deliver against Elective Recovery Fundings, and further efforts were to be made by NHS system partners to improve their balance sheets.

12.3 The Local Authority Partner Member for Wiltshire wished to highlight the significant risk to local authorities should the review of Continuing Healthcare backlogs and timings be undertaken as a remedial action, potential moving the associated costs to local government. Savings and action should be considered in line with the detrimental impact that could be caused to system partners. The ICB Chief Nurse was aware of this action and was linking in with local authority colleagues.

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

13. Report from ICB Board Committees

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

13.2 The NED for Public and Community Engagement acknowledged that the ICB Public and Community Engagement Committee (P&CEC) had not yet met this year, though acknowledged that supporting engagement work continued via various programmes. It was recognised that Project Evolve and the financial situation was impacting all elements of the system and ICB. The next meeting of the P&CEC on 23 April 2024 would be used to focus on a review of the P&CEC, to ensure it remained fit for purpose, and aligned with the ICB's legislative engagement duty and responsibilities.

13.3 The NED for Quality advised that the ICB Quality and Outcomes Committee would receive and review the Cancer and Continuing Healthcare deep dives at its May meeting. It was recorded that the March meeting had approved the BSW Population Health Board terms of reference.

14. Any other business and closing comments

14.1 There being no other business, the Chair closed the meeting at 12:56hrs

Next ICB Board meeting in public: Thursday 16 May 2024

Item 4

BSW Integrated Care Board - Board Meeting in Public Action Log - 2024-25

Updated following meeting held on 28/03/2024

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
28/03/2024	*No actions recorded*					

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	16 May 2024		

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 The National Leadership meeting with all NHS leaders and NHS England Executive in early May reflected on the progress that has been made over the last 12 months as the post pandemic recovery continues, whilst also focusing on what is important for the next 12 to 36 months. The planning round this year has been exceptionally challenging and our attention must be on deriving real value from every pound spent and realising the opportunities of the investment in Digital technology. Four productivity tools were presented: workforce productivity, core productivity metrics, acute trust productivity driver waterfalls and power Business Intelligence dashboard. These tools will enable a focus on improvement, best practice sharing and overall efficiency. The adoption and improvement derived from these tools will need focus, a framework for use and sound governance through to this Board.

1.2 **Visit of Chris Hopson, Chief Strategy Officer of NHS England**. At the time of writing, we are preparing for the visit of Chris Hopson to BSW on 17 May 2024. Our planned visit programme will see Chris meet system CEOs at a regular Integrated

Care System (ICS) Executive virtual meeting, which he will join from Great Western Hospital, Swindon. We then plan to take Chris to see the state-of-the-art Devizes Medical Centre. As well as being an exemplar for the way we seek to develop our estates, with net zero environmental building designed around the needs of patients and clinicians, the new infrastructure is enabling much enhanced ways of working for community partners. Finally, we hope to introduce Chris to some of the shining examples of NHS and voluntary sector cooperation in our area.

1.3 **Mobile Dental Vans.** On 7 February 2024, the Department of Health, and Social Care (DHSC) published its Dental Recovery Plan with the ambition to make dental services faster, simpler, and fairer for our population. One priority is to bring dental care directly to under-served, more isolated communities via the deployment of mobile dental vans. On the same day as dental recovery plan was published, the Secretary of State named the twelve ICBs where dental access remains most challenging, which included BSW ICB. Further details about the BSW position are at paragraph 2.28.

1.4 Since then, scoping work has been conducted nationally to map the details of existing vehicles delivering dental services across the country, with consideration to potential staffing models to reflect the range of treatments that vans could offer. Options are now being appraised for the acquisition of vehicles, and a national market engagement exercise, as part of a procurement process has taken place. We are waiting for the service specification. We are keen, in BSW, to ensure these plans support and supplement the ongoing local work with the Public Health teams to support access, and our focus on inequalities and oral health plans (as presented at the last ICB Board meeting on 28 March 2024). We will also be using our collective learning gained during the pandemic on the use of other non-van options, such as the use of local facilities for pop-up services.

1.5 We are working across the South West and, as an ICB, scoping the unmet need and vulnerable populations and key demographic areas for a targeted approach, with a view that the service will commence September / October 2024.

1.6 **Women's Health Hub.** The DHSC launched the Women's Health Strategy for England in August 2022 to tackle the known disparities faced by women in accessing health and care. The Women's Health Strategy sets out, through a 6-point plan, the commitment to improve how the health and care system listens to women's voices, and boost health outcomes for women and girls. It takes a life-course approach focusing on women's health policy and services throughout their lives, embedding hybrid and wrap around services as best practice.

1.7 In July 2023, the Department set out the ambition to have a women's health hub established in every local area by 2024/25, allocating two years of non-recurrent funding totalling £595k to each ICS to accelerate the expansion of an existing service or the establishment of a new hub. Women's health hubs bring together healthcare professionals and existing services to provide integrated women's health services in the community. Hub models aim to improve access to and experiences of care, improve outcomes for women, and reduce health inequalities. There is a national core specification of what a women's health hub is and the core service areas that could be brought into a hub model. These include but are not limited to menstrual problems, menopause, contraceptive counselling, and cervical screening.

1.8 The requirement on every ICB to establish a women's health hub was included in the recently published 2024/25 Operational Planning Guidance by NHS England. This

expects ICBs, by end of July 2024, to have at least one hub operational and providing clinical support and consultation/triaging against at least 2 core services from the core specification. By the end of December 2024 ICBs are to have at least one hub that is operational and provides clinical support and consultations/triaging against all core services from the core specification. BSW ICB is now working to meet this direction.

1.9 An ICB-led exploratory task and finish approach oversaw a procurement process which has resulted in three schemes being taken forward in BSW during 2024/25. Devizes PCN in Wiltshire will use funding to expand a women's health service that has been piloted since October 2022. The BANES Enhanced Medical Service Ltd (BEMS), in collaboration with the RUH and other community partners, will establish a women's health hub in one PCN in B&NES. Both these schemes will deliver against the national core specification within the planning guidance. The third scheme is a collaboration between the three Councils in B&NES, Swindon, and Wiltshire who in partnership will be offering two additional training courses (in LARC – long-acting reversible contraception) per Primary Care Network across the ICS to support primary care in offering these services.

2. BSW ICB updates:

2.1. **Operational Demand.** BSW continue to have challenges across the system that relate to flow across all services. We continue to see significant ambulance handover delays, with no improvement in recent weeks. Improvement plans are in place and have been revised in line with recent planning guidance. System partners have revisited improvement plans and focus through the Urgent Care Delivery Group and are ensuring improvements required have clear actions identified to deliver improvement in pathways for patients and are then reflected in urgent and emergency care performance targets. These actions and impacts will be monitored at a system level engaging all partners across BSW. The schemes to support delivery in 2024/25 include increased access to BSW Care Coordination, Virtual Wards that align to a one system integrated model, improvements across acute and community pathways, and schemes designed at place to ensure out of hospital capacity is right sized.

2.2. We continue to see improvements in the number of people leaving hospital on the day that they can leave acute hospital beds. There is more to do to reach a level where flow is consistent across seven days. We continue to review the funding allocation to support increasing capacity across the system to enable more people to go home to their usual place of residence and this continues to have a positive impact. There continues to be a focus on improving processes to decrease delays to improve efficiency across the pathway and ensure more effective system flow.

2.3. There has been no industrial action over the last month though there are ongoing discussions at a national level with junior doctors' leaders.

2.4. For the month of March 2024 there was a requirement for all acute trusts to achieve a minimum of 76% of patients being seen and treated within four hours in the Emergency Department. We achieved 73.6% 4-hour performance in March 2024 (the February figure was 70.7%), though providers continue to work together to make further improvements on this target through collaborative working and ensuring all parts of the system participate to ensure delivery of this quality metric.

2.5. The system priority is to ensure patients remain safe in our health and care services.

2.6. **Financial Position**. The BSW ICS reported an adverse variance against the full year plan of £17.9m on an aggregated basis which is a deviation in month of £8m. The increase in the system deficit has been discussed and agreed with NHSE and is driven by technical accounting movements at the end of the year, rather than an underlying deterioration in system financial performance in month.

2.7. The full year adverse variance has been impacted by:

- Industrial action costs.
- High inflation and national living wage increases.
- Workforce growth.
- The local impact of national prescribing drug pressures.
- Technical accounting adjustments by SFT and RUH of c.£8.0m

2.8. The ICS has performed strongly against its elective recovery targets which has delivered financial benefits to the system from the national Elective Recovery Fund. The financial benefits have unfortunately not been sufficient to fully mitigate the cost pressures the system has faced this year. The ICS has delivered below planned levels of agency spend, but we have continued to increase substantive and bank staff use.

2.9. **2024/25 Financial Position**. The ICS submitted a financial plan to NHSE on the 2 May 2024 with a deficit of £35.7m. This position has been reached following escalation meetings with NHS CEOs and the position was supported by the NHSE regional team. The improvement of £19.8m on the previously reported £55.6m deficit is due to £11m increase in depreciation allocation, of which £9.8m flows to the bottom line and a joint commitment to deliver a £10.0m further improvement in the position.

2.10. The £35.7m deficit includes a Cost Improvement Programme (CIP) target of over £140m or 7% of NHS allocation. There is further work to be done to ensure these savings are delivered. Currently £24.5m (17%) of the savings are unidentified. We have an ambitious Elective plan of 118%, which is 9% over the Elective Recovery Fund (ERF) target.

2.11. 2024/25 will be an exceptionally challenging year and as previously reported, the system will continue throughout 2024/25 with the enhanced financial controls that were put in place in 2023/24 including:

- Enhanced workforce controls.
- Further controls on discretionary spend.
- Triple lock investment panel.

2.12. **Operational Plan 24/25**. We have made our final submission to NHS England on Thursday 2 May 2024, following ICB Board approval on Wednesday 1 May 2024. The plans will now go through a series of regional and national assurance processes, including a meeting with the NHSE national team and representatives from the BSW

system on Tuesday 14 May 2024. We have made material improvements in our plans across both financial and operational plan metrics, and this will be discussed at the Board meeting.

2.13. **Implementation Plan Refresh.** The refresh of the plan is well underway, and the final version of the plan will be published by no later than 30 June 2024. We have received some preliminary feedback from NHS England which has been positive in nature but suggesting a few areas for consideration for future annual refreshes.

2.14. **Performance, Oversight, and Delivery.**

2.15. **NHS Oversight Framework.** The NHSE Quarter 3 Segmentation process for the ICB and provider shows minimal change. This remains driven by performance in certain areas, including diagnostics, cancer, mental health performance, and finances. Additionally, all three acute providers are entering Tier 2 (regionally led support) for cancer and diagnostics for Quarter 1 of 24/25. Final Quarter 4 performance information is not yet available for all areas covered, with published cancer performance data being several months behind current performance.

2.16. **Elective Care**. The Elective Care Board oversees performance and recovery actions for elective targets, and the detailed remedial action plans and trajectories, for the areas requiring most improvement. The ICB has seen a slight deterioration in the number of people waiting over 78-weeks at the end of February from seventy-six (December) to eighty-two in February. Fifty-six of these breaches were within providers in BSW, with the remainder at non local, predominately Bristol, providers. Whilst we were hopeful of having zero patients waiting over 78 weeks at the end of March, most recent data for local providers show four people waiting (three at GWH and one at Bath Clinic.) There is active mutual aid between acute and independent sector providers for pressured specialties, including paediatrics, Ear, Nose and Thorat and Spines.

2.17. **Diagnostic Performance**. Diagnostic performance whilst remaining an issue at both RUH and GWH, has seen improvement with latest data showing a 6 week wait breach rate of 26% versus the target of 15%. It remains the case that additional capacity is targeted at the longest waits and is expected to start showing more material improvements in the 6-week performance data from March performance figures.

2.18. **Cancer Performance**. Performance against the key cancer targets remains below national targets, with continued challenges relating to colorectal and skin cancer Remedial action plans have been in place for several months and the system met the end of March 2024 62 day “fair shares” (allocated number of breaches target). From April 24, this target will revert to focusing on the percentage achievement for the 62-day cancer standard.

2.19. **Children and Young Persons (CYP) Access**. CYP access standard (12 month rolling) has decreased from 80% October to 70% in February 2023 (threshold is 90% of plan), using local Oxford Health data, while we wait for national reporting to catch up. This is not expected until April 2024.

2.20. **Dementia Diagnosis**. The Dementia Diagnosis Rate (DDR) has improved from 58.8% to 59.2% against a national standard of 66.7%. We are forecasting a year end position of 62.9-64.4% as the DDR transformation plan is implemented, and the impact of the Q4 focus on assessment and diagnosis of people in care homes continues.

2.21. **Primary Care.** There were 472,771 appointments across BSW GP Practices in March 2024. This is a decrease of 3% from February 2024 and a decrease of 4.6% from March 2023. Of these 44.2% were GP appointments, and 55.8% were other primary care appointments. 65.8% of the appointments were face to face which is lower than the national average of 66.6%; and telephone appointments were 31.5%, higher than the national average of 26% . There is an average 3% monthly DNA rate across BSW. Further details are in the BSW Primary Care Access Recovery Plan as a separate Board item. Our 140 community pharmacies routinely dispense c130K prescription items per month across BSW, and between April and Nov 2023, delivered over 36,000 Community Pharmacy Consultation Service consultations, taking referrals from GPs and NHS111. When the new Pharmacy First service launched in Jan 2024, 99% of our pharmacies signed up to deliver the new Minor Illness services and 93% to deliver Hypertension Case Finding.

2.22. **Quality and Safety - Martha's Rule.** Thirteen-year-old Martha Mills died from sepsis at King's College Hospital, London, in 2021, due to a failure to escalate her to intensive care and after her family's concerns about her deteriorating condition were not responded to promptly. Extensive campaigning by her parents Merope and Paul, supported by the cross-party think tank Demos, has seen widespread support for a single system that allows patients or their families to trigger an urgent clinical review from a different team in the hospital if the patient's condition is rapidly worsening and they feel they are not getting the care they need.

2.23. In February 2024, the NHS announced the rollout of 'Martha's Rule' in hospitals across England from April, enabling patients and families to seek an urgent review if their condition deteriorates. The patient safety initiative is set to be rolled out to at least 100 NHS sites and will give patients and their families round-the-clock access to a rapid review from an independent critical care team if they are worried about their or a loved one's condition.

2.24. This national programme will build on NHS England's Worry and Concern pilots launched at seven trusts last year, which developed and tested escalation methods for patients' and families' concerns. Two of our acute trusts have submitted their interest in piloting the roll out.

2.25. **Quality and Safety - Independent Review of Greater Manchester Mental Health NHS Foundation Trust (GMMH FT).** In September 2022, BBC Panorama showed abuse, humiliation and bullying of vulnerable patients at the Edenfield Centre, GMMH FT. This led NHS England to commission an independent review into the quality concerns led by Professor Oliver Shanley. The report highlighted that the Trust was not sufficiently focused on understanding the experience of patients, families, and carers. The priority must be on people, quality and on listening to those who use and work in their services. The Board had competing objectives focused more on matters such as expansion, reputation and meeting operational targets rather than the quality of care. The Trust relied disproportionately on the periodic opinions of external

regulators, rather than forming its own views based on strong governance. There was insufficient curiosity about the ongoing patient and staff experience across the Trust. The lack of both curiosity and focus on improvement led to missed opportunities for organisational learning across a number of services.

2.26. We were very privileged to hear Professor Oliver Shanley present at the BSW Health and Care Professional Leadership event last month, sharing his findings with a focus on leadership. Whilst the incidents happened in Manchester we are reflecting, as a system, on the Professor Shanley's findings.

2.27. **BSW Dental Challenges and Improvement Plans**. Nationally the impact of the pandemic has meant the recovery of NHS dental provision has been all too slow, with many patients still unable to access treatment they need, with routine and urgent capacity insufficient to meet demand and an increasing risk of deteriorating child and adult oral health due to the demand on all dental services. This is why we have already implemented a key part of the National dental reform programme and increased the minimum unit of dental access (UDA) to £28, making NHS work more attractive and sustainable to dentists, as well introducing all eligible contractors across BSW to the new patient premium that specifically increases access for new patients by immediately introducing a new patient payment of either £50 or £15 for each patient, depending on treatment need. This is in addition to the funding the practice would already receive for their care; with commitment to further expansion of to the already successful local contract reform packages that focus on specific access for key populations.

2.28. The South West region, has specific challenges around recruitment especially in our more rural areas, including BSW. International Dental Graduates (IDGs) already form a considerable proportion of the dental workforce in our region with, 35% of South West dentists registered with the GDC holding an overseas qualification, compared with 31% across England. This eases the growing pressures on our dental workforce and improves patient access, as well as ensuring that overseas dentists are provided a positive and supported environment that allows practices and our system to benefit from their skills and experience, BSW has been pleased to be able to support a range of subsidised hands-on courses and networking opportunities to this group of dentists with initial indications showing that the proportion of dentists choosing to stay in the South West has increased to 66%.

2.29. Evidence from our local authority oral health teams tell us that a sizeable number of those aged three years have active tooth decay and that across BSW, approximately 50% of our child population is not accessing NHS dental services. Nationally there has been an 83% increase in the number of tooth extractions in hospital for 0–19-year-olds and tooth decay remains one of the most common reasons for hospital admission for children aged 6–10-year-olds. Supervised toothbrushing programmes (STPs) are a cost-effective public health intervention, reducing tooth decay and health inequalities in children especially where evidence suggests that the frequency of toothbrushing in vulnerable groups is much lower than all age and demographic school children. Therefore, BSW has committed to a supervised toothbrushing programme for the next two years in early years settings and reception classes, in all indices of multiple deprivation (IMD) classes 1 to 6. To date, 73% of schools across BSW have signed to the supervised toothbrushing programme, 77 school staff have been trained, and 40 oral health education lessons delivered.

2.30. **Mental Health (MH) Strategy Development.** The MH Strategy was considered at the last meeting of the ICB. Since then rapid progress has been made. Colleagues have met with Public Health colleagues to develop the incorporation of prevention throughout the strategy, ensuring consistency of language with the BSW prevention agenda. They have presented the Strategy to Wiltshire Local Authority Health Scrutiny Panel, the BANES locality MH and LDA forum, and BANES ICA group. Work has also been undertaken to align the work with police colleagues, through the Right Care Right Person strategic group. Further engagement will be undertaken over the next month with publication of the draft narrative to system partners, and the public, to obtain feedback on the content. It is anticipated it will take several weeks to amalgamate feedback, and a further three to four weeks for the design team to accommodate required alterations. The timeline for completion and formal submission to Board is September 2024.

2.31. **Health Inequalities.** The Health Inequalities team (HI) presented a draft Implementation Plan at the Population Health Board (PHB) in April, highlighting the teams' priorities for 24/25. The plan includes greater emphasis on how this work will be led by HI population health data. The joint grants funding group have co-produced a monitoring process for all 35 grants that have been funded through the HI funds for 24/25. All monitoring will be conducted on a quarterly basis with the updates reported to the PHB. The HI Implementation Plan defines how the CORE20PLUS5 criteria will be applied across BSW.

2.32. The 'CORE 20' population are defined as the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). Core20PLUS5 focuses on deprivation across the country so as not to exacerbate inequality nationally.

2.33. The 'PLUS' populations, split into adults and children, are locally determined population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the 'Core20' alone. This is based on ICS population health data. In BSW, the 'PLUS' populations are defined at place using public health data to determine which population groups were experiencing the worst health outcomes in addition to the 'Core20' by locality as follows:

- **BANES -** People from ethnic minority backgrounds, people experiencing homelessness and people living with severe mental illness.
- **Swindon -** People from ethnic minority backgrounds.
- **Wiltshire -** Routine and manual workers (specifically those in minority groups, e.g. polish speakers) and Gypsy, Roma, and Traveller communities.

2.34. The Children and Young People (CYP) population are defined as follows:

- **BANES -** Children eligible for free school meals**.**
- **Swindon -** Children from ethnic minority backgrounds.
- **Wiltshire -** Children from Gypsy, Roma, Boater and Traveller communities

2.35. The '5' clinical areas for adults are the five clinical focus areas which are a priority for the 'Core20PLUS' population. This approach enables the biggest impact on

avoidable mortality in these populations and contributes to an overall narrowing of the health inequalities gap.

- **Maternity:** Ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups.
- **Severe Mental Illness (SMI):** Ensuring annual health checks for 60% of those living with SMI.
- **Chronic Respiratory Disease:** A clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
- **Early Cancer Diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.
- **Hypertension Case-Finding and Optimal Management and Lipid Optimal Management:** To allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

2.36. The five clinical areas for CYP are:

- **Asthma:** Address over reliance on reliever medications and decrease number of asthma attacks
- **Diabetes:** Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds. Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.
- **Epilepsy:** Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
- **Oral Health:** Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.
- **Mental Health:** Improve access rates to children and young people's mental health services for 0–17-year-olds, for certain ethnic groups, age, gender, and deprivation.

2.37. **People.** The internal re-organisation of the ICB (known as Project Evolve) consultation closed on 22 April 2024. During the process, a number of methods were used to capture staff feedback with a considerable number of helpful comments and suggestions received. These responses are now being considered and assimilated. The aim is the provide a formal response during the week of 20 May 2024. Wider stakeholder engagement has been conducted and will continue. Transitional plans are already being developed with the aim of providing a smooth evolution to the new structure as swiftly as possible. Adoption of the new structure will also be accompanied by layered organisational development interventions, new ways of working and a reinforcement of our values and purpose.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	8
Date of Meeting:	16 May 2024		

Title of Report:	BSW NHS ICS Operating and Financial Plan 2024/25
Report Author:	Leanne Field, Interim Head of Planning
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer 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	X
Noting	For noting without the need for discussion	

Previous consideration by:	Date	Please clarify the purpose
ICB Executive	18/03/2024	Discussion
ICB Finance and Investment Committee	19/03/2024	Approval of plan for submission to NHSE
ICB Board (Private)	28/03/2024	Ratification of plan approval
Extraordinary ICB Board (Private)	01/05/2024	Sign off of plan

1	Purpose of this paper

The purpose of this paper is: to provide members of the Board with an overview of the final operational planning submission for the BSW NHS system for the financial year 24/25.

Following the draft operational submission for planning which took place in March 2024, the ICB has now made a final submission to NHS England. This plan was submitted on 2 May 2024, following approval from members of the ICB Board and Finance and Investment Committee on 1 May. We are expecting feedback from NHS England w/c 13th May on our submission and an update will be shared with Board members at our Board meeting. The final approved plan will be brought to Board when sign off has been received from NHS England.

Key areas of note in the plan are:

Finance:

- Significant work has been continuing to be undertaken across the system in which we are now submitting our final plan with a deficit of £35.7m.
- We have an ambitious efficiency plan of £142m (unidentified savings are currently circa £24m) with 50% of these recurrent
- We are planning Elective activity of 118% (which is 9% above our target)

Operational performance:

Within this submission we are planning the following:

- We will meet the national target on the A&E 78% target, an improvement from our submission in March;
- We will reduce our non-criteria to reside figures to 9%
- We will reduce our length of stay with c.30% reduction in occupancy over 21 days
- Two out of the three providers will see an increase on non-elective activity growth on 23/24
- We will meet the standard of zero 65 week waits by September 2024;
- We will have zero 52-week waits by March 2025;
- Whilst we have seen slightly revised figures since our March position, we will continue to exceed the nationally set target of 70% for cancer patients seen with 62 days, as well as faster cancer rate diagnosis targets. We note that this is an area for which we are in Tier 2 (regionally-led support) and there are a number of recovery initiatives underway;
- We will meet all national targets for mental health including access for children and young people and use of talking therapies
- We are not planning to meet the 95% 6 week diagnostic ambition and this is an area for which we are in Tier 2 (regionally-led support). We are continuing to make improvements against this standard and are planning improvement to 85%. The most significant driver is still non-obstetric ultrasound and recovery plans are underway.
- We are not yet planning for significant improvement in outpatient follow-ups and PIFU. This is an agreed area of focus for our elective care programme

this year and a plan is being scoped up but was not ready in time to inform this plan.

Workforce

- We will have a system reduction in total workforce by a combined total of 4.7% or 764. This reduction is mostly in the use of bank staff although there is also a reduction in substantive staffing

A system planning executive group (including exec and senior member across activity, finance and workforce) from the ICB and our providers has recently come together and will continue to meet on a regular basis to work together to develop our transformation plans and financial recovery plans – working on a multi-year basis to recovery the financial position. Whilst the development of this plan is still in its infancy, it will ensure that all programmes of transformation are pulled together to give a clear view of opportunity and risks.

2	Summary of recommendations and any additional actions required

The Board are asked to note the latest submission of the ICB operating and financial plan for 2024/25 – appreciating that we have not yet received feedback on our final submission from NHS England.

3	Legal/regulatory implications

The NHS ICS has a statutory duty to deliver a balanced financial plan and is responsible for delivering key constitutional targets. We therefore expect to receive further challenge.

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

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

4	Risks

This paper relates to a number of key risks on our corporate risk register relating to financial balance and delivery of key operating targets with respect to elective care, urgent and emergency care and diagnostics.
The plan itself is stretching, as all organisations have pushed ourselves hard to set a stretching but credible plan. This is essential in light of our current financial and operating performance.
We note that as we are not delivering all of the national standards, this will continue to have an impact on patient access and experience. We are working hard to improve this position.

We also highlight that given we are not planning to deliver a breakeven position, this present a significant risk to the ICB and providers. This may impact of oversight framework rating.

5	Quality and resources impact
There has been an extensive process throughout planning to align and triangulate the workforce, activity, performance and quality aspects of the plan.	
Finance sign-off	Gary Heneage, Chief Finance Officer

6	Confirmation of completion of Equalities Impact Assessment
No EQIA has been completed in developing the plan, however EQIAs will be developed as appropriate through the financial recover and three-year plan process	

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

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

Report to:	BSW ICB Board - Meeting in Public	Agenda item:	9
Date of Meeting:	16 May 2024		

Title of Report:	NHS BSW Capital Plan 2024/25
Report Author:	Bina Kakad Gary Heneage, Chief Finance Officer
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer
Appendices:	NHS BSW ICS – 2024/25 Capital Planning final submission

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	
ICS NHS organisations only	BSW ICS
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	
2. Fairer health and wellbeing outcomes	
3. Excellent health and care services	

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Finance and Investment Committee	01 May 2024	Discussion, Assurance & Noting

1	Purpose of this paper
The purpose of this report is to provide an update to the BSW ICS Board. This is to share the BSW ICS – 2024/25 final Capital Plan for assurance. The paper was discussed at the BSW ICB Finance & investment committee on 01 May 2024	

2	Summary of recommendations and any additional actions required
The ICB Board is asked to formally approve NHS BSW ICS – 2024/25 Capital Plan	

3	Legal/regulatory implications
Legal responsibility for the timely preparation and publication of the Joint capital plan lies with the ICB.	

4	Risks
The risks to Capital are on the risk register.	

5	Quality and resources impact
Finance sign-off	Gary Heneage, CFO

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
This report is to be shared in the public session of the Board.	

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

NHS BSW ICS - Capital Plan
02 May 2024 final submission

Capital Plan 2024/25

- BSW has received a system allocation £45.3m for 2024/25 from the NHSE regional team. Of the £45.3m, £7.0m is ring fenced by region and therefore the available capital is £38.3m. The system plan submission is in line with the allocation plus we have included 'allowable over programming' of £1.8m which represents 5% of the net allocation.

- National programmes are not included in the indicative allocation. Our approach is to submit a compliant capital financial plan. NHSE regional team are focussed on 1-year plans at this stage.

- There is recognition that the future years schemes are not fully worked through and will be going through a prioritisation exercise.

- We have started working through the Strategic capital group to deliver our plan to utilise the capital allocation differently. Our aim is to deliver capital investment schemes based on population demand and capacity across the BSW system including community opportunities to optimise investment in our system to support the delivery of care.

- To prioritise spend and realise benefits against system challenges and objectives i.e. we have an existing pipeline of schemes – our capital plan will help us determine in what order we consider each of these.

- Ensure primary, community, Mental Health and acute schemes are considered against our future needs/strategy.

Capital Plan

- We will need to utilise system capital allocation differently to maximise delivery of the health and care model and deliver cost effective sustainable solutions by joining up our programmes across partners. We cannot continue to use our collective capital resources in the way that we have historically as this is unlikely to deliver financial sustainability.

- As part of the ICS strategy, the partner organisations in BSW have committed to deliver transformation as collaborative, system wide initiatives to maximise efficiency and effectiveness (i.e infrastructure projects).

- We recognise that all partners will need to manage delivering schemes within the Capital allocation envelope and support our overall BSW recovery programme. Our aim is to identify and enable the collective management of risk.

- As a system we will continue to work together across all partners to maximise available capital resources into BSW by having a coherent, strategic plan for capital investment.

- BSW will be required to be more efficient and reduce duplication in respect of capital planning. We will need to utilise system capital allocation differently to maximise delivery of the health and care model and deliver cost effective sustainable solutions by joining up our programmes across partners.

BSW Capital Plan 2024/25

BSW Capital plan 2024-25	GWH	RUH	SFT	Total	ICB	ICS	Total	Notes
	£M	£M	£M	£M	£M	£M	£M	
Capital Plans (CDEL +ICB)	11.5	11.8	13.5	36.7	1.6		38.3	EPR included in Trust plans
Capital Reserve						7.0	7.0	
Total Operational Capital	11.5	11.8	13.5	36.7	1.6	7.0	45.3	
Allowable overprogramming for slippage		1.8		1.8			1.8	5% allowable overprogramming for planning purposes only - this is not an allocation to the system. Monitor underspend across system to mitigate position to manage the urgent CIR issue at RUH
Total with overprogramming	11.5	13.6	13.5	38.5	1.6	7.0	47.1	
National /Central funding	14.6	26.2	4.4	45.2			45.2	To be confirmed by national team
Private Finance Initiative residual Lease	5.2	0.0	0.5	5.7			5.7	
IFRS 16 (to be confirmed by regior	2.3	3.7	3.0	9.0			9.0	Impact of ICBC award to NHS provider will need to be covered if awarded
BSW Total	**33.6**	**43.5**	**21.4**	**98.4**	**1.6**	**7.0**	**107.0**	

Notes
Planning template included 5% over programming on CDEL for slippage on schemes

Notes:

- Allowable overprogramming 5% included in plan
- EPR has been approved by national team.
- National/central funding includes: CDC, EPR, Sulis and Way Forward programme.
- The above is an indicative allocation, further work to be undertaken across providers.
- The £7m will be held as a system reserve.

Risks

- **Unfunded Capital Schemes** – system partners have provided a list of unfunded schemes through the strategic capital group. These are not included in this submission but will be considered as part of the system wide prioritisation process.

- **IFRS 16** – Additional risk as the allocation is lower than the previous year. There may be further requirements for additional funding on clinical equipment and building leases.

- **Capital requirements –** CDC – current West Swindon project is funded only.

- **Primary care and Community transformation** - capital required for transformation. Further work required as part of prioritisation process.

- **Revenue impact** of schemes on system position – Additional risk where the revenue impact is not assessed at the start of scheme and needs to be reviewed across our future programmes.

- **Future capital** – limited capital available in future years i.e. SFT DSU, Community and impact due to EPR requirements.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	10
Date of Meeting:	16 May 2024		

Title of Report:	Urgent and Emergency Care Evaluation Winter 2023/24
Report Author:	Heather Cooper – Director of Urgent Care and Flow
Board / Director Sponsor:	Gill May – Chief Nurse
Appendices:	

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	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
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
Urgent Care and Flow Delivery Group	15 May 2024	For information

1	Purpose of this paper
The purpose of this paper is to provide the BSW ICB Board with a comprehensive evaluation of principles, outcomes, risks and issues identified within the winter period 2023/24 across the BSW system. To feedback on the Winter Learning Event attended by all system partners. Outline the programme of work for Urgent care and Flow Delivery Group for 24/25 in preparation for Winter 24/25.	

2	Summary of recommendations and any additional actions required
The Board is asked to formally note the feedback from Winter 2023/24	

3	Legal/regulatory implications
None	

4	Risks

There are currently two risks that pertain to UEC on the Corporate Risk Register that have particular relevance to winter surges.

- Hospital Handover delays BSW ICB 03
- Insufficient Capacity across urgent and emergency care and flow leading to reductions in system flow BSW ICB 01.

Both risks are reviewed and discussed at the UCFDG monthly.

5	Quality and resources impact

- **Quality, Patient Experience and Safeguarding**:

Effective patient flow under periods of extreme demand, surge or pressure have an impact on patient experience and quality of services. The purpose of the winter plan and evaluation of the Winter activities undertaken in 232/4 is to ensure that learning is taken forward and applied to services and provision going into the coming financial year particularly for Winter.

- **Finance:**

There were financial impacts for Winter 23/24 due to a shortfall in capacity identified across out of hospital/community services and for paediatric demand for respiratory conditions.

- **Workforce:**

The effect on a difficult winter has an impact on workforce but across the system there has been collaborative working to solve the challenges as they have arisen.

- **Sustainability/Green agenda:** Not applicable

Finance sign-off	Not required

6	Confirmation of completion of Equalities Impact Assessment
An EQIA has not been completed as not a material change to direct patient care	

7	Statement on confidentiality of report
Shared as part of the Board meeting in public.	

NHS
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Integrated Care Board

BSW Winter Learning Evaluation 23/24

Heather Cooper, Director for Urgent Care and Flow.

May 2024

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

Winter 23/24 Principles

Adopt a whole system approach

- Understand whole system and clinical need to support a truly integrated workforce model
- Utilisation and incorporation of the UEC recovery plan to form the basis of the system plan
- Focus on key areas of improvement aligning with UEC recovery plan

Demand and capacity modelling

- Demand and capacity modelling to support the system that informed by BSW operating plans
- Care Co, Virtual Wards, locality and Acute plans. Same day emergency care, Frailty, Inpatient Flow and length of stay, Acute respiratory infection hubs

Facilitate the earliest clinical conversation independently of where the patient presents in the system:

- Home – 2hr UCR, NHS @ Home, Community,Primary Care, Clinical Assessment Service(F2F or remote)
- Care Co, Community Diagnostic Centre, Hospital, ED, SDEC, UTC.

BSW integrated escalation system to support flow and escalation.

- Utilisation of SHREWD and BSW Bi to inform and support decision making across the system
- Full implementation of BSW SCC which coordinated system flow and escalation.

BSW Urgent Care Intelligence Winter 2023/24 Report Summary

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111 Call and Online Activity	•Activity has stayed the same consistently with some growth on last year's activity, particularly in Feb and March. Demand follows previous years pattern. •December was less busy compared to last year. •Toothache without Dental Injury is consistently the most common call symptom. (11-12% Calls) •Repeat prescriptions is the most common symptom group for online activity.
Ambulance Activity	•Increase over Winter 23/24. •Weekly peak activity in Winter 23/24 was not as high as the previous winter (3056 vs 3216) related to the Strep A surge in 22/23. •There is an increase Growth in the aging population across BSW.
Handover Duration	•BSW handover trajectory was not achieved throughout winter. •BSW has had a sustained level of long handover times. •Winter 23/24 did not reach the peak of handover delays seen in winter 22/23, with some improvements across the week at particular times. Oct 23 to Feb 24 was an average handover delay of 76 minutes.
Cat 2 Response Time	•BSW did not achieve CAT 2 response time targets as outlined in the system trajectory. •In winter 23/24, there was improvement in Cat 2 response times compared to 22/23. As we do not have surge of Strep A across the system
A&E 4Hr %	•Increase in activity (4.1% growth). BSW achieved a year end position of 70.3% for 4 hour performance. •BSW saw in a reduction in national ranking in comparison to ICB's. (16th to 25th)
NEL Admission	•There has been a decrease in LoS over 21 Days. •Observed NEL growth over 23/24 was 7.2% This has been observed in 0 days LoS & 1+ LoS and NEL admissions.
NCTR (Acute)	•NCTR has been steadily decreasing over time. Redcuced by 7.2% over the year 23/24. •Although improving we are still over the target of 13%. Oct 22 was 24%, Mar 23 -23%. Oct 23 - 18%, Feb 24 - 17%.
NCTR (Community)	•Community NCTR has seen a continued reduction.
Total Discharges	•Discharges have increased but not by a statistically significant amount.

Winter 23/24 Outcomes

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

Increased community capacity across BSW to support Home First

NCTR there was a reduction of 7.2% compared to this period last year 2022/23

Decrease in LoS by 0.5 days, more opportunity for 24/25

Working to timescales in line with the hospital discharge guidance

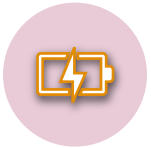
Fully established Care Co model over the winter period with a specialist paramedic in the room

Moved to the new acute OPEL framework

Lack of appetite to manage risk outside of bed base areas

Inconsistent flow processes and discharges for patients under mental health services

Lack of visibility of Primary Care capacity



The system did have to identify more financial support to deliver more community capacity

Industrial action had an impact on system flow, particularly post action recovery periods

IP&C continued to have an impact across the system with closed beds though less than 22/23

ARI hubs no provision at the outset of winter but additional clinics put in for Paediatric respiratory hubs that were well utilised

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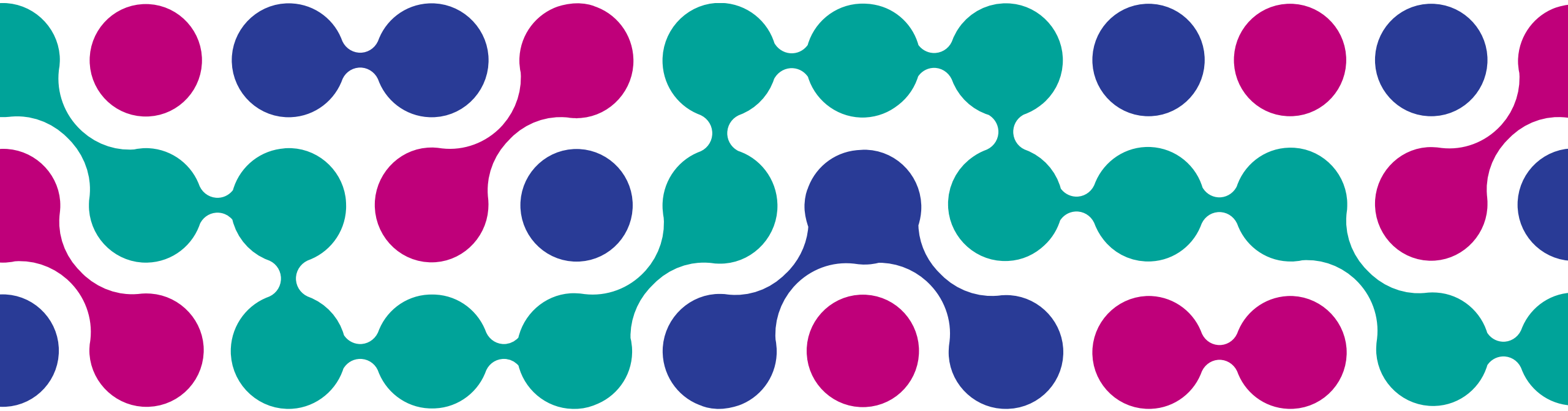
Winter 24/25 Focus



Winter 23/24 Risks & Actions for 24/25

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

Lack of appetite to manage risk outside of bed base areas

Inconsistent flow processes and discharges for patients under mental health services

Visibility of Primary Care capacity

The system did have to identify more financial support to deliver more community capacity

Industrial action had an impact on system flow, particularly post action recovery periods

IP&C continued to have an impact across the system with closed beds though less than 22/23

ARI hubs no provision at the outset of winter but additional clinics put in for Paediatric respiratory hubs that were well utilised

MITIGATIONS 24/25

Use data to inform and make decisions
Use of Ethical framework to support front line staff
Grow confidence to manage risk outside of bed base areas
Improve processes

Initiate and deliver consistent flow processes and discharges for patients under mental health services
Link the work of the THRIVE board to the work of the UCFDG

Develop opportunities to maximize visibility of Primary Care capacity
Ensure the Primary care recovery plan has links to the UEC plan
Work across Place to ensure that Primary care teams are linked into the work
Use of Care Co to support Primary Care

Further develop demand and capacity modelling tools and their use to ensure understanding of demand and ensuring sufficient capacity in place to deliver against predicted demand and surges in demand
Use of national and regional intelligence to inform decision making

Ensure system planning in place prior to IA and ensure actions taken to mitigate post IA impacts .
Senior clinical decision makers have a positive impact on flow; need to plan to avoid backlog of tasks when IA finishes

Daily system wide IP&C meetings active.
Consistent comms with SCC & EPRR to manage issues.

UEC paediatric plan required for winter 24/25 . Working with CYP programme Board. Plan for paediatric ARI hubs for winter 24/25

BSW Urgent Care – What do we want to take into 2024/25

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

Move away from a winter plan and develop an annual plan

Agree at BSW system level what are the top three priorities

Let's have different conversations in 2024/25 and not re-visit previous discussions had in 2022/23 and 2023/24

111 Call and Online Activity. Sustain/reduce 111 call activity around Christmas/new year period.

Ambulance Activity Using statistical process control to identify emerging peaks.

Handover Duration Focus on Sunday handover delays, currently do not appear to recover until following Thursday in some weeks.

Improved Cat 2 Response Times

A&E 4Hr % Achieving 78% Operational planning target and not exceed activity plan, through system schemes.

NCTR Achieving NCTR occupancy % plan trajectory of 9% by March 25 (RUH10%, GWH 10%, SFT 5%)

System ownership to support homelessness pathway

Work hand in hand with Primary Care

Mental health – improvement in flow, capacity and data. Integration of processes and pathways across BSW

Re-focus on right patient, right place, right time

What else can we do to reduce our LOS by another 0.5 day

Focused effort on personalised care plans

Develop a 3 -5-year plan for UEC and align to the strategy

Enhance the use of Care co to ensure appropriate attendance avoidance at Acute trusts and to support more people cared for in the community and at home

URGENT CARE AND FLOW DELIVERY GROUP

Focus areas

Virtual wards

Additional system capacity, national guidance states requirement to provide additionality to acute trust beds in the system

System Care Coordination

Attendance and admission avoidance through diverting ambulances/ attendances away from acute trusts

Process Improvements Acute Trust & Referral Processes

Opportunity to deliver improvements in LOS & improve alternatives to admission through SDEC, with improvements in acute trust flow; timely interventions for patients by senior decision makers

Locality plans

Out of hospital capacity to support out of hospital discharges to support delivery of NCTR

Activities / Opportunity's

- Virtual Wards
  - Step Up Community
  - Step Down (RUH Model)
- Care Coordination
  - Falls Service
  - UCR
  - Community Services
- Acute
  - Flow
  - SDEC
  - Ward Processes
- Community Interface
  - Referral Pathways 1-3
- Locality Plans
  - Capacity
  - NCTR

Outcomes & Measures

- Increase utilisation of VW beds
- Reduce acute trust occupancy
- Reduce attendance and admission at acutes
- Reduce LOS of complex frail patients
- Reduce NCTR no. s
- Reduce ambulance conveyance
- Reduce attendances
- Reduce admissions
- Reduce LOS
- Reduce overcrowding in ED and associated harms
- Decrease in handover delays
- Reduction time between discharge ready & discharge date.
- Increase productivity
- Reduce LOS
- Increase <1 day LOS
- Reduce NCTR nos
- Improve 4 hour perf & Cat 2 response
- Reduced LOS in acutes and across all pathways in community
- Reduce NCTR no.s
- Achieve JB % in line with national guidance
- Reduce acute escalation capacity and associated costs

Reductions in activity expected during 24/25

BSW Virtual Ward 24/25 Impact

Step Up = 120 – 300 NEL admissions (/month), 22 – 55 acute beds Step Down = 12 – 29 acute beds

System Care Coordination 24/25 Impact

Care Co = 11 admissions (/month), 2 acute beds, 25 ED attendances (/month), 33 ambulance conveyances (/month)

Process Improvements

Handover Delay reduction

Increase A&E Performance to 81.3%

Reduction in bed occupancy 96%

NCTR 9%

Locality Plans 24/25 Impact

NC2R Reduction to 10% = 86 acute beds To 5% = 160 acute beds.

New NCTR target of 9% agreed across the system.

Forecasted Imopacts

24/25 **GWH**

TBC

24/25 **RUH**

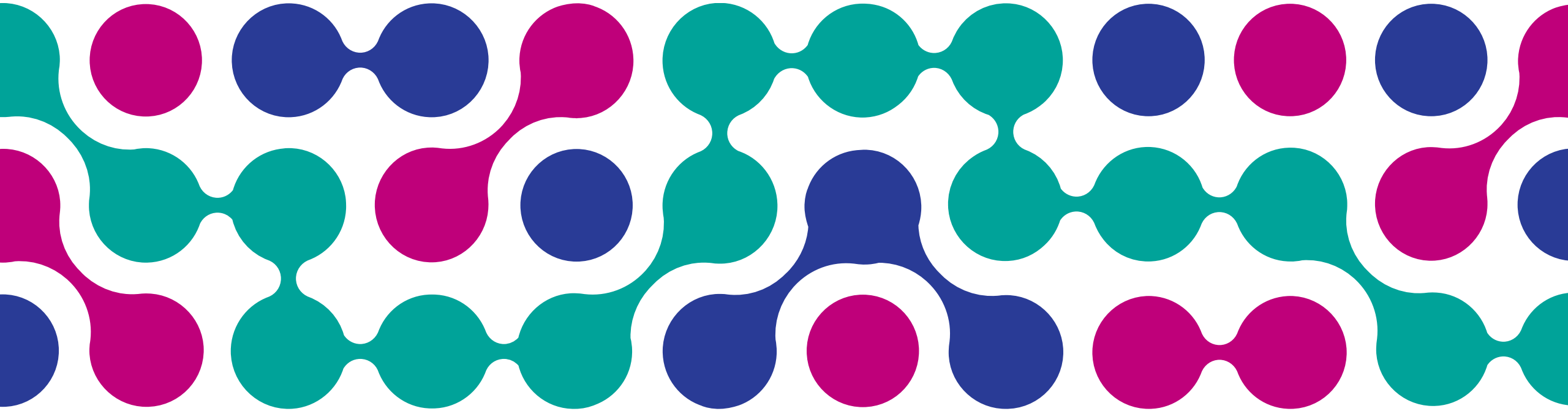
Bed occupancy – 92%
Discharge Lounge occupancy – 40 patients per day (70% by 10am and 100% by midday)
% discharged by 12 MD – 33%
Zero P0 delays >24 hrs post EDD
< 1 day LOS (SDEC) – 45% of admissions
> 7 day LOS – less than 188 patients
>14 day LOS – less than 96 patients
NCTR numbers - reduction to 55 patients

24/25 **SFT**

TBC

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

Any Questions?



Report to:	BSW ICB Board – Meeting in Public		11
Date of Meeting:	16 May 2024		

Title of Report:	BSW Equality Delivery System 2023-24 Submission
Report Author:	Sarah Green, BSW ICB Chief People Officer, S Woma, EDI Lead GWH, D Walsh, ICB People Programmes and OD Lead
Board / Director Sponsor:	Sarah Green, BSW ICB Chief People Officer,
Appendices:	Appendix 1 - EDS Reporting Template 2023 (report comp Q1 2024)
Report classification	Relevant to ICB and some partners in the BSW ICS
ICB body corporate	Yes
ICS NHS organisations only	Yes
Wider system	Not beyond BSW ICS

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

Previous consideration by:	Date	Please clarify the purpose
BSW Learning Disabilities and Autism Board (Domain One)	December 2023	Approval for completion of assessment of LDA physical Health Checks
Acute Hospital Alliance	March 2024	Approval of PALs and Complaints services as part of Domain One through individual Trust Boards.
ICB Executive Management Meeting	17 April 2024	Approval by BSW ICB Executive.

1 Purpose of this paper

The attached paper summarises the findings of the 2023/2024 NHSE Equality Delivery System (EDS) submission. The template provides the full detail of the analysis and related action plans.

The EDS forms part of the NHS statutory duty under the Public Sector Equality Duty (PSED) Act with 3 core Domains of: 1) commissioned or provided services, 2) workforce health and wellbeing, and 3) inclusive leadership. Overall responsibility for the EDS lies with the Executive Board within each organisation.

In 2022-2023, a change in the technical guidance set out Domain 1 was for services requiring a system, rather than organisation approach, that in 2023/24 moved to the assessment being based on 3 services. This report therefore takes information from multiple sources.

2	Summary of recommendations and any additional actions required

Approve the submitted EDS evaluation with a total ICB score of 20.5 (Developing activity score) for publication as part of the PSED requirements.
To approve the completed actions from 2022/23 report and newly identified action plan for 2024/25

To note that Domain 1 has been based on 2 services and not 3 due to unforeseen context preventing the 3rd service to be reviewed (NHSE Patient Quality Team aware)

For 2024/25 forward plans to identify Domain 1 services in Q1 from Quality and Outcomes Committee with enhanced matrix working and shared ownership.

To further embed EDS and note existing evidence for strategic programmes of work for placing high regard in improving equality as core to commissioning and improvement of services. (endorsed by recent desk top review from Equality and Human Rights Commission on ICB compliance with PSED in March 2024)

To continue to incorporate EDS (Domain 2 and 3) as part of overall people programmes for maximizing impact and reducing duplication.

To support a BSW ICB People Programme Delivery Group to be established for enhanced oversight of the ICB People and Culture priorities, one of which would be EDS, reporting into the Executive Management and People Committee.

3	Legal/regulatory implications

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

4	Risks

5	Quality and resources impact

Alignment with service leads as part of Quality and Outcomes Committee.

Finance sign-off	NA

6	Confirmation of completion of Equalities Impact Assessment

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

7	Statement on confidentiality of report

Public

Equality Delivery System 2022/2023 Outcome

Introduction

The paper is being tabled at the EMM and ICB Board for**:**

- Assurance of the evaluation and reporting with stakeholder engagement
- Assurance that the BSW ICB has met its statutory duty under the Public Sector Equality Duty Act to complete the EDS reporting.

1.0 Situation

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

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

Implementation of the Equality Delivery System (EDS) is a requirement of both NHS commissioners and NHS providers. It can support compliance with the Public Sector Equality Duty (PSED) and increases the profile and consideration being given to equality within organisational and governance processes. A recent desktop website review (March2024) from the Equality and Human Rights Commission identified BSW as meeting the requirements of having stated equality objectives, but that further evidence could be made available in relation to equality being part of commissioning activity.

2.0 The Domains

There are three core Domains to EDS:

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

In 2022/23, technical guidance set a new requirement for Domain 1 to be a collaborative system activity with the selection of three provider services to be reflected from 2023/24.

For 2023/24 the selected services for Domian 1 were 1) Annual Health Checks for patients on the learning disability register, 2) Patient Advisory Liaison Services and Complaints, in each of the three acute trusts. The third selected service due to unforeseen circumstances was unable to be completed. The national NHSE equality team were contacted, and approval gained for proceeding in 2023/24 with 2 robust services as long as transparent reporting was evident.

Domains 2 and 3 remain internally organisation focused and, therefore, for the purposes of this paper the information and data provided regarding those domains relate solely to the BSW ICB organisation.

2.1 The Domains Scoring System

The outcomes are self-evaluated, scored, and rated using a sample of available evidence and insight. It is these ratings that provide assurance or point to the need for improvement. Once each outcome has a score, they are added together to generate Domain ratings. For Domain 1 the scores are totalled and then a mean identified. The 3 Domain scores are then added together to provide the overall score, or the EDS Organisation Rating for each organisation.

The self-assessed scoring system allows organisations to identify gaps and areas requiring action and commence action planning to address these.

This paper provides a high-level summary of the EDS scoring and Domains with Appendix A providing the NHS completed EDS template in full detail with reporting on last years and the forthcoming years action plans.

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

3.0 The Assessment

Domain 1: Commissioned or provided services.

Overall score of 8.5

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

For Domian 1 assessment of two services were undertaken of Patient Advice and Liaison Services (PALs) and Complaints at AWP, RUH, GWH and SFT, and Annual Health checks for patients on the learning disability register.

Data and assessment were overseen through services and EDI leads with prior Board approval gained from each of the involved individual organisations prior to being presented at the ICB Executive Management Meeting and subsequent ICB May 2024 Board.

Annual Health Checks (score 3, excelling): The national learning disabilities health check scheme is designed to encourage GP practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which will include producing a health action plan. Access was deemed as excelling in activity where data is monitored monthly and meeting the national local target of 75%.

PALs and Complaints: (score 1, developing) It was evident that all organisations provide a good level of access for patients, carers, and public with commitment to Accessible Information Standards. The rationale for the overall score from service leads was based on restricted data being unable to evidence accessibility for people with protected characteristics and the need for a stronger focus on seldom heard groups. Although there was recognition that the scoring based on quantitative data may not be reflective of the rich qualitative, lived experiences that many of the services anecdotally shared.

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

Annual Health Checks (score 3, excelling) The services were assessed as excelling activity with dedicated pilots able to evidence individuality of health needs and a health action plan being in place. Data was also available for analysis of age, gender, and deprivation index able to guide specific interventions such as pilots focused on improving health needs for younger population groups.

PALs and Complaints (score 1, developing) PALs and Complaints were able to demonstrate how they support patients and the public, including communication needs in the form of language support or reasonable adjustments. Two of the assessed organisations have undertaken engagement with communities and organisations to inform service provision whilst AWP are using the Patient & Carer Race Equality Framework for Mental Health Providers to improve the service. People who access PALs and Complaints are also able to give feedback about their experience. An assessment across the services identified strengths of engagement visits with communities and clear signposting of services and information. The awarded score reflected the lack of available evidence and data for capturing health care needs being met according to protected characteristics and the many challenges in mapping of the EDS scoring to the selected services.

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

Annual Health Checks: (score 3, excelling) Practices that were part of the pilot provided specific administrator training and contacted all service users through the telephone and gave a follow up named point of contact. The success of the approach and improved relationships with all service users is being embedded into practice.

PALs and Complaints: (score 2, achieving) Evidence of processes in place for escalation to ensure patients and service users are free from harm with good examples of triangulation of outcomes and shared learning. Growing development of the utilisation of quality improvement process for taking forward improvements.

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

Annual Health Checks (score 3, excelling) Rates of annual health checks and plans have increased across all pilot sites inclusive of service user positive evaluations. The client group reported the value of having a consistent person to speak to, as well as the same clinician at their appointment as it reduced their anxiety around medical appointments.

PALs and Complaints (score 1, developing) All Trusts collect feedback for PALs and Complaints services, with follow-up letters sent to patients, service users and the public. This activity includes the recording of compliments. In addition, learning from PALs, Complaints and engagement with patient experience groups inform changes across the Trusts, this is a quarterly or biannual activity. As a recurrent theme the score was deemed developing from service leads and EDI leads due to gap in equality data reporting and the services not lending well to the EDS scoring process.

Domain 2: Workforce health and wellbeing

The assessment for Domain 2 and 3 for the BSW ICB organisation was undertaken by the people team in the ICB.

Overall Score of 7

2A: When at work, colleagues are provided with support to manage obesity, diabetes, asthma. (score 2, achieving)

There is evidence of a range of BSW ICB resources within a dedicated section on the intranet. These include resources to support managing obesity, diabetes, and asthma, along with a range of other health conditions. The support materials relate to both physical and mental health. Mental health conditions are supported through a free Wellbeing Support Service and the ICB has trained mental health first aiders for supporting colleagues and training offers. All new employees have an occupational health assessment enabling proactive management of any reasonable adjustments.

Additional resources include a weight management programme, smoking cessation support, sleep and physical activity advice, and BMI checker. The ICB have also linked menopause to this suite of conditions and provided evidence of a menopause webinar with over 100 colleagues in attendance, and the commencement of a BSW Menopause Support Group.

Leads from within the organisation who have particular expertise in long term health conditions have provided guidance in relation to potential % of colleagues likely to have certain health conditions against an example of patient population in the locality, to help steer the priority for development of future resources. Recent work has commenced with the colleague engagement group for work to help support dyslexia within the organisation.

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

The ICB is demonstrating its no tolerance approach to abuse, harassment, bullying and physical violence with the commissioning of expert security advisory provision to help minimise any physical threat to individuals.

Policies are in place to enable prompt reporting of abuse, harassment and bullying and the appraisal process encompasses a wellbeing check-in. The ICB Bullying and Harassment Policy underwent an in-depth review during Summer 2023 and was updated where necessary. The Lone Worker Policy contains a number of risk assessments to cover a range of scenarios. Furthermore, Freedom to Speak Up Guardians are now in place and advertised on the intranet, launched during 2022-2023.

Health and wellbeing factors are a feature of the staff survey and data can be correlated in relation to colleagues with protected characteristics. The ICB have previously been able to demonstrate that scores in this area were generally positive, however latest data in this regard indicates that a few areas for further investigation. i.e. speaking up scores have decreased, and harassment, bullying and abuse scores are not at levels that a zero-tolerance organisation would desire.

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

There is evidence of a free confidential counselling service being advertised for both colleague and manager referral processes as part of the Staff Wellbeing offer. The CSU report that this service is utilised and receives positive feedback.

CSU confirm that return to work interviews demonstrate evidence of health and wellbeing conversations following a period of absence. There is a wellbeing check-in within 1-1's and through to annual appraisal documents that specifically check if individuals wish to report any issues and asks if they are feeling well supported.

Evidence shows wellness action plans are available on the intranet for colleagues and managers. Stress risk assessments are available for working with colleagues to look at how stress can be mitigated and/or reduced.

The ICB have active health and wellbeing champions and mental health first aiders in place, able to offer independent, confidential support and advice.

The Freedom to Speak up policy has been refreshed however more work is currently being undertaken with learning from the ICB's newly qualified FTSU Guardians, in line with national framework and recommendations.

The ICB have engaged an external mediation service when necessary to help improve working relationships.

2D: Staff recommend the organisation as a place to work and receive treatment. (score 1, developing)

The main focus for review of this category is as a recommendation as a place to work, as this pertains to all colleagues.

During 2023, there was an increased decline in staff reporting recommending the organisation as a place to work as evidenced by the 2023 NHS Staff Survey. It should be noted that during this reporting period colleagues in the ICB have been part of a significant change programme with workforce reductions and new ways of working. This is a key factor for review, as the rate and pace of change since the survey was run has increased significantly. It is of note that the decrease in ICB staff recommending the organisation as a place to work is consistent with other ICB and that BSW is not an outlier.

Further insight into colleagues' experience was gained during 2023 through colleague briefings, away days, Q&As with the CEO and other Execs, quarterly pulse surveys, and via the newly formed Colleague Engagement Group.

There is already a clear intention on trying to improve this score in the coming year, an example of this was when the issue was referenced by the CEO at a colleague meeting on 26th Mar 2024. Specific mitigations have been placed as part of the change programme such as additional communication, dedicated change workshops, FAQs and Colleague briefing sessions. In addition, the Colleague Engagement Group has had its term of references reviewed with additional membership that is now reflective of all directorates.

Domain 3: Inclusive Leadership

Overall, Domain Score: 5

3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities. (score 2, achieving)

There is commitment to equalities and health inequalities at Board and executive level. Board champions have been provided through the Chief People Officer, and the Director of Inequalities (post in place during the reporting period). A Board development session on inclusion and the NHS High Impact Actions has been undertaken in February 2024 with a commitment for a collective inclusion objective and each executive are working toward having specific objectives for addressing equality and health inequalities. The BSW Integrated Care Strategy also identifies the ICB role and responsibility in leading health inequalities for the communities it serves and integral to the way of working.

System leadership and inclusion programmes have continued in 2023/24, both of which were co designed with partners. The inclusion programme provided practical tools for application into the workplace that received positive feedback from participants. In addition, there is an equality, diversity and inclusion ICS network that meets and shares best practice and increasingly joint programmes of work for supporting inclusive system leadership. NHSE funding for increasing diversity of research participation has also been successful in recruiting

research champions and sharing with research managers lived experiences of our communities, with a focus on seldom heard voices.

Board members are signed up to the BSW EDI annual employer report and committed to the NHS EDI High Impact improvement plan which supports the NHS Long Term Workforce Plan.

This score could be enhanced through capturing evidence for Board equality activities and the impact measures of success.

The Board have supported having Freedom to Speak Guardians in line with the EDI ICB annual employer report.

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed. (score 1, developing)

The ICB has a Quality and Equality Impact Assessment (QEIA) process in place which provides the framework to ensure compliance with statutory obligations and to identify any risks to the organisation. Impacts are also assessed through the cover sheets for all reports that are presented to the Board, as well as other committees, to ensure it is integral to planning and implementation.

Work has commenced to implement inclusive recruitment methods including gender balanced panels, and EDI (including WRES and WDES) action plans. The ICB also increased reporting analysis to ensure that disability and ethnicity pay gaps were covered, which is above the mandated standards.

Guidance is available on the intranet to enable compliance. To increase the scoring, the ICB could undertake a thorough review of how EQIA is undertaken, ensure all necessary training and education about the EQIA process is available to anyone writing a paper then analyse Board and committee papers to assess the extent to which equality and health inequalities related impacts and risks are discussed and actions in place to address the identified inequalities. Attention is needed in 204/24 in relation to a review of the ICB diversity and inclusion strategy as required by all ICB's. This would harmonise EDI activity with the main emphasis on achieving positive EDI gains.

3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients. (score 2, achieving)

The ICB has a well-established quality group with an operational framework for recording health and equalities data.

The ICB has fulfilled its statutory duty to produce an Annual Diversity and Inclusion report. The duty includes the production of clear action plans for managing performance and monitoring progress with colleagues and patients in relation to EDI matters. Gender Pay Gap, Workforce Race Equality Standard (WRES), and the Workforce Disability Equality Standard (WDES) reporting has taken place annually and has provided the ICB with an opportunity to

assess against these frameworks, and to develop specific actions to target improvement each year. This report was highlighted as best practice as part of a desk top review by the Equality and Human Rights Commission in February 2024.

The Executive team are in the process of reviewing the appraisal process to support greater oversight of progress and management of performance aligned to organisational strategy objectives, and this will include a greater focus on inclusion objectives. This refresh includes reference to the new leadership competency framework for Board members. The ICB Board confirm they are also waiting for the new Board member appraisal framework, expected in Autum 2024. Further steps to develop this score could include greater oversight of all activities across the organisation in relation to how EDI is being driven throughout the ICB.

Please refer to the completed EDS reporting template in Appendix A for a detailed analysis of each of the domains.

4.0 Summary of Scoring

Domains	Overall Score	Total Outcome
Domain 1	8.5	
Domain 2	7	
Domain 3	5	
Total	**20.5**	**Developing Activity**

5.0 EDS in 2024/25

Going forward the EDS will be managed so that the selected services required for Domain 1 are identified through the Quality and Outcomes Committee with robust stakeholder and service leads engagement.

In each stage of the process a coterminous Board assurance process will continue to be formed for the organisations involved in the submission enabling mutually discussing, sharing and transparency of information.

Domain 2 and 3 for the ICB will be discussed with the Colleague Engagement Group (CEG) and other staff forums which link into the CEG. There is also an aim that in 2024/24 an ICB People Delivery Group will be established able to oversee People and Culture priorities of which inclusion agenda will be core reporting into Executive Management and the People Committee.

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APPENDIX 1

Classification: Official

Publication approval reference: PAR1262

NHS England

NHS Equality Delivery System 2023-2024

EDS Reporting Template

(report completion in Q1 2024)

Document Style Version 1, 15 August 2022

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation		BSW ICB		**Organisation Board Sponsor/Lead**	
				Sarah Green Interim Chief People Officer	
Name of Integrated Care System		BSW			
EDS Lead	Sarah Green Interim Chief People Officer Di Walsh, Head of People Programmes & OD		**At what level has this been completed?**		
				***List organisations**	
EDS engagement date(s)			**Individual organisation**	Bath and North East Somerset Swindon, and Wiltshire, (BSW together) Integrated Care Board	
			Partnership* (two or more organisations)	Avon Wiltshire Mental Health Partnership NHS Trust, Great Western Hospital, Royal United Hospitals NHS Foundation Trust, and Salisbury Foundation Trust,	
			Integrated Care System-wide*	Great Bedwyn GP Practice Downton GP Practice BSW ICB	
Date completed	March 2024		**Month and year published**		
Date authorised	April 2024		**Revision date**		
				Total score 20.5 (developing activity)	

Completed actions from previous year	
Action/activity 2023-2024	**Related equality objectives**
LMNS Equity and Equality action plan identified access as an ongoing focus including boating community and women from ethnic. RUH focused work completed on understanding why women who racialize as black book later for care in comparison to women who racialize as white. Identified need for prioritisation of translation of key patient information for access and what to do when feel not being listened to. 12 videos about maternity care produced with translation into top 10 spoken languages made available on BSW Maternity together website. (complete)	Domain 1a
Black Mothers Matter (BMM)intensive training completed in June 2023 with second cohort commenced in March 2024. BSW participation now evident as part of West of England quality improvement project with leaders from providers participating in the BMM. (complete)	Domain 1a
Project evaluation review of Milk Project Pilot of additional focused breast-feeding support in an area with low breastfeeding initiation and continuation rates. Breast feeding initiation in 2023/24 at 48 hours increased by 3.6% in Paulton, 6% in Radstock and 7.1% in Midsomer Norton. This compares to 2% increase across whole RUH provider area and demonstrates improvements. Continuation at 6-8 weeks - All women in Bath area increased by 3% with Paulton women increasing by 15% (from 50% in 2022 to 58% in 2023), Radstock from 52% to 58% an increase of 6% and Midsomer Norton increased by 5% from 48% to 53%). Feedback from women included " information and support was great before the birth" " was very useful" and " there is a lot of information online but it's helpful to speak to an actual person. Additional funding identified for second year of the project and ongoing evaluation. (complete)	Domain 1b
Review of 2021 MBRRACE data did not identify any association between age and outcomes for perinatal deaths in BSW or maternal mortality between 2020 and 2024. MBRACCE 2022 perinatal mortality data currently being reviewed following most recent reports made available March 2023. (complete)	Domain1c
Completion of breastfeeding policy aim by June 2024, as part of the roll out of the single maternity digital system recording of pronouns and options for relationship status will be implemented. Anti- racism training commissioned by BSW LMNS (ICB) and provided to	Domain 1c

600+ members of maternity, neonatal and maternity and neonatal voice partnership representatives (complete)	
Contacting providers of services to analyse uptake and access to provided services modified approach undertaken. Staff satisfaction was monitored for the external H&W offer via AWP. This service is no longer available, so an alternative offer has been suggested in the new action plan. ICB colleagues are asked as routine to give feedback on the internal wellbeing resources and are amended/added to as appropriate. Some low-level benchmarking has taken place in relation to partners offers to explore extending an ICS Health and wellbeing offer. Partners have tailored offers to suit their services with no addition being identified as required. (complete)	Domain 2 a
Work commenced to refresh the Freedom to Speak up approach in the ICB and introduce new Freedom to Speak up guardians. These guardians are advertised on the intranet and are readily accessible to ICB staff. (complete)	Domain 2b
Themes provided on reasons for access i.e., work/personal stress, broader information unable to be identified due to the confidential nature of counselling services. (complete)	Domain 2c
Further review with colleague engagement group and health and wellbeing leads in order to support the development of a health and wellbeing strategy. Six high impact actions for recruitment and retention fully implemented across BSW system and part of ongoing review and oversight. ICB rep joined ICS wide staff networks group to look at potential to establish. Menopause group established and Dyslexia group underway. (complete)	Domain 2 d
Review and consult on the ICB Diversity and Inclusion strategy –to be taken forward into 2024/25. EDI embedded as part of evidence for appraisal and selection process. (partially complete to be extended in 2024/25)	Domain 3 a
Some guidance and quality information/coaching has been available in relation to EQIA, run by the quality team. Papers without an EQIA are rejected. (complete)	Domain 3b
ICS EDI network sharing activity and best practice that will be further extended for taking forward in the ICB organisation in 2024/24	Domain 3 c

EDS Rating and Score Card

Domain 1:

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure and can assist you and those you are engaging with to ensure rating is done correctly.

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

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

Domain 1 - Commissioned or provided services

<table>
<tr><th>Domain</th><th>Outcome</th><th>Evidence</th><th>Rating</th><th>Owner (Dept/Lead)</th></tr>
<tr>
<td>Domain 1: Commissioned or provided services.</td>
<td>1A: Patients (service users) have required levels of access to the service</td>
<td>
PALs and Complaints:
<table>
<tr><th>Strengths</th><th>AWP</th><th>GWH</th><th>BATH</th><th>SALISBURY</th></tr>
<tr><td>Varied options to engage with PALs, online, face-to-face, email, in writing, telephone and sign-live</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Language translation available on website and patients can request leaflets in other languages and formats</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Posters displayed prominently across hospital explaining how to raise concerns, including some additional languages</td><td>X</td><td>X</td><td>X</td><td></td></tr>
<tr><td>Patient leaflets can be provided in different languages, easy read, braille etc</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Demographic data held for at least 3 protected characteristics, mainly age, ethnicity and sex (not all groups)</td><td>X</td><td>X</td><td></td><td>X</td></tr>
</table>
All Trusts take steps to ensure that PALs and Complaints are accessible to all patients, carers and the public. People can access the services through a range of mechanisms highlighted in the table above. The Trusts adhere to the Accessible Information Standards and are committed to continuous improvement with some Trust’s hosting an AIS working group or individuals reviewing this area.

Data is pulled from clinical systems and therefore restricted to prescribed fields. The Trusts acknowledge there are gaps in the data for some protected characteristics, and this is a longstanding issue.
</td>
<td>1</td>
<td>PALs/Complaints teams</td>
</tr>
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		For example, the system collects simplistic data with regards to sex, limited to male and female. There is a need for cultural change so that collecting equalities information from patients becomes common practice. This was less practical for the PALs and Complaints service if they are managing a vexatious issue. Data is not captured for non-patients e.g. carers and it is therefore not possible to evaluate their experience to PALs and Complaints based on protected characteristics. Evaluators recognised that data only told part of the story and listening to the public will teel us more about their experience. **Annual Health Checks for patients on the learning disability register** The National learning disabilities health check scheme is designed to encourage GP practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which will include producing a health action plan. Monthly monitoring take place of the percentage of the Learning Disability, (LD) Register that have received health checks. Data from previous years tells us that most annual health checks in our locality, Bath & Northeast Somerset Swindon, and Wiltshire take place in quarter 4 each year. The National and Local (LTP) target is 75% of the Register by March 2024. Local data is available sooner than the National data, and we can see by the evidence provided we are on track to meet the 75% target by the end of the financial year, (March 2024). In 2022-23, 3,491 Health Checks were carried out; this is 73.5% of the current LD register (4,747) and 488 more checks than the same period last year. At locality level: 76.4% Wiltshire, 75.7% BaNES and 66.0% Swindon on LD registers have received Health Checks. The	3	

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<tr>
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<td>LD Register grew by 104. Of the patients receiving a Health Check, 97% had also received a Health Action Plan.

A pilot looking at how to increase the Annual Health check service in GP practices took place during 2023. Two pilot sites, Great Bedwyn practice and Downton GP Practice took part. The pilot involved one of the practice administrators having dedicated time to contact the patients or their carers for those who had not received an annual health care check, with a particular focus on those who had not had one for two years.

The pilots were very successful with all patients contacted, with the exception of one patient having an annual health check carried out. Annual health checks have to be carried out in person, due to a physical examination and bloods being taken. This meant the patients did have to attend the surgery in person. Despite not all patients having their own transport, all were able to attend the practice to have their check carried out.</td>
<td></td>
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<tr>
<td></td>
<td>1B: Individual patients (service users) health needs are met</td>
<td>PALs and Complaints

<table>
<tr><th>Strengths</th><th>AWP</th><th>GWH</th><th>BATH</th><th>SALISBURY</th></tr>
<tr><td>PALs web page links to other offers of support – Hidden Disabilities, Hearing Impairment, Disability Access, Learning Disabilities and Interpreting and Translation Services e.g. AWP refers to advocacy services and promotes their role and promote Ask, Listen, Do (improved services for patients with autism and LD)</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>PALs and Complaints team can consult other teams to ensure adjustments are made to meet individual patient needs – arranging interpreter, attending with carer, longer appointment slot, providing hearing loop, providing easy read and other adjustments</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
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</tr>
</table>

Digital flag (Patient Administration System) to alert staff of patient needs – adhering to Accessible Information Standards	X	X	X	X		
PALs led Trust-wide communication review with recommendations and improvements made to improve communication	X	X		X		
Engagement/visits takes place with community organisations and groups to gain feedback, including seldom heard groups to understand health needs and identify inequalities		X	X			

The table above highlights areas where PALs and Complaints are able to demonstrate how they support patients and the public who have different needs, including communication needs in the form of language support or reasonable adjustments. Two Trusts have undertaken engagement with communities and organisations to help inform service provision. AWP were in a unique position; their Patient & Carer Race Equality Framework for Mental Health Providers will help to improve the service. People who access PALs and Complaints are also able to give feedback about their experience. Trusts are continuing to take steps to improve how they meet Accessible Information Standards.

As per Domain 1A, scoring is low because of the data gaps for some protected characteristics. The evaluators acknowledged it takes time to build trusted relationships with some communities, overtime Trusts will become more informed about their experience. Improving the data and information we hold will help to educate staff and address health inequalities. During the relationship building stage and when patients attend for appointments are the ideal time to collect equalities information.
The evaluators, who included PALs staff from all Trusts, also acknowledge the difficulties in adapting the EDS framework to review PALs and Complaints in isolation. The service works closely with Patient Engagement Leads to help bring insights into the Trusts and it was difficult to separate their work.

		Annual Health Checks for patients on the learning disability register. During the pilot Patients really appreciated having a dedicated, consistent person to speak to in each practice and where possible seeing the same clinician for their health appointments. For the GP practices that took part, they have indicated they will continue to embed the new ways of working going forward with this group of patients. Protected characteristics and health inequalities data is collected on ethnicity and sexual orientation at a local (GP surgery) level, so not easily accessible at a system level for this group. Inequalities metrics are also available within the local data, but this is unpublished practice data and varies from practice to practice. We can say with confidence that there has been a marked increase in the number on the Register, a growth of 217 since March 2023, particularly in Swindon locality. **Age**: Those people under 35 years have proportionally less recorded checks, with 14–18-year age group the lowest and there is a continued annual increase in the percentage of 14-25 age group on the Register receiving Health Checks. In recognition of this, a project was undertaken by First Option Healthcare (our system provider of annual health care checks) between September 2022 and February 2023 involving going into special education need (SEN) schools in Swindon and parts of Wiltshire to carry out the annual health checks, instead of providing them in GP practices. First option health care reported an influx of interest which led to a boom in health checks carried out in SEN schools across Swindon and parts of Wiltshire. As of the 9th of February 2023, when the LD project came to an end, there were 95 parental consent forms returned to First Option Healthcare. Of which 100% of those students, with written consent, have now received their annual health check. Having the check carried out in school led to less disruption for the patients and their routine, something which is extremely important to	3	

<table>
<tr><td></td><td></td><td>this client group. It had the added benefit of being in a familiar environment.

There were difficulties with the project, gaining access to the system used by GP practices to access the learning disability register proved problematic and communications between the GP practices, the SEN schools and First Option Healthcare wasn't always successful, meaning not all SEN schools in Bath and Northeast Somerset Swindon and Wiltshire took part in the project. The full report by First Option Healthcare is available here.

Gender - There are more men on the LD Register (59%), but a lower proportion of men (70%) than women (75%) have recorded Health Checks.

Health inequalities: Deprivation Index (IMD Quintile) – Across BSW people on the LD Register in the most deprived quintile recorded a slightly lower proportion of Health Checks (68%) than those in the two least deprived quintiles (75 and 72%). This is only a small statistical difference given the relative size of the learning disability registered population and there is more variation at locality level due to even smaller numbers of patients registered with each GP practice.</td><td></td><td></td></tr>
<tr><td></td><td>1C: When patients (service users) use the service, they are free from harm</td><td>PALs Complaints
<table>
<tr><th>Strengths</th><th>AWP</th><th>GWH</th><th>BATH</th><th>SALISBURY</th></tr>
<tr><td>PALs/Complaints office is located in an accessible site (e.g. ground floor/nearby entrance); this is well signposted, and door is accessible with push pad</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>PALs deal with issues raised about clinical care, safety and risk, cases are actioned within a prescribed timeframe. Staff have a route to escalation</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>When an immediate risk is identified the appropriate services are contacted e.g. police, social services, safeguarding, ambulance etc</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
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		PALs/Complaints team receive Safeguarding Adults/Childrens training (including mandatory) and have access to safeguarding and clinical team advisors	X	X	X	X		
		PALs/Complaints service is confidential unless there are risks to individuals or others. The Team receive training and are clear when there is a duty to share information	X	X	X	X		

The table highlights what measures the PALs and Complaints have taken to ensure patients and service users are free from harm with established routes for escalation – access, clinical risks and safety, safeguarding and confidentially have been taken into consideration. For example, when working with clinical risks, learning is shared and there is some triangulation of outcomes.

AWP have included patients in their internal evaluation and feedback from this group has informed this score. The evaluators acknowledged the potential of trauma that might be caused by patients or family members reliving and retelling their experience during the complaints process, especially in mental health services.

Scoring this Domain was challenging, as PALs and Complaints are an enabling service and less likely to cause harm when reviewing the criteria for this outcome.

Annual Health Checks for patients on the learning disability register.

Dedicated time was carved out for an administrator in each GP practice to be the point of contact for patients. Patients would be contact by telephone and again the day before their appointment to remind them to attend. They were also given the name of the administrator as a point of contact for any queries they had. Those patients who could not be reached by phone were also texted and/or written to. In most cases the

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<table>
<tr><td></td><td></td><td>administrator spoke with the patient's carer or parent rather than the patient directly. There was only one patient where contact, though attempted could not be made.

Training was provided for GP practices on understanding of annual health checks, the benefits to the practice and the patients and the link between the annual health check and the annual health plan.

Those practices which took part in the pilot are continuing to embed the new ways of working into their practice.</td><td></td><td></td></tr>
<tr><td></td><td>1D: Patients (service users) report positive experiences of the service</td><td>PALs and Complaints

<table><tr><th>Strengths</th><th>AWP</th><th>GWH</th><th>BATH</th><th>SALISBURY</th></tr><tr><td>PALs team collate positive feedback and compliments about services</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>PALs team collate positive feedback and compliments about the PALs service</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>A follow-up letter is sent to all complainants asking for feedback about the complaints process</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>Good customer service is seen as a main function of the role and a source of job satisfaction for staff</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>
All Trusts collect feedback for PALs and Complaints services, with follow-up letters sent to patients, service users and the public. This includes the recording compliments. In addition, learning from PALs, Complaints and engagement with patient experience groups inform changes across the Trusts, this is a quarterly or biannual activity.

The evaluators acknowledge looking at data too frequently reduces the chance of seeing patterns and there must be a balance between the need to monitor data and the need to build a body of evidence over time</td><td>1</td><td></td></tr>
</table>

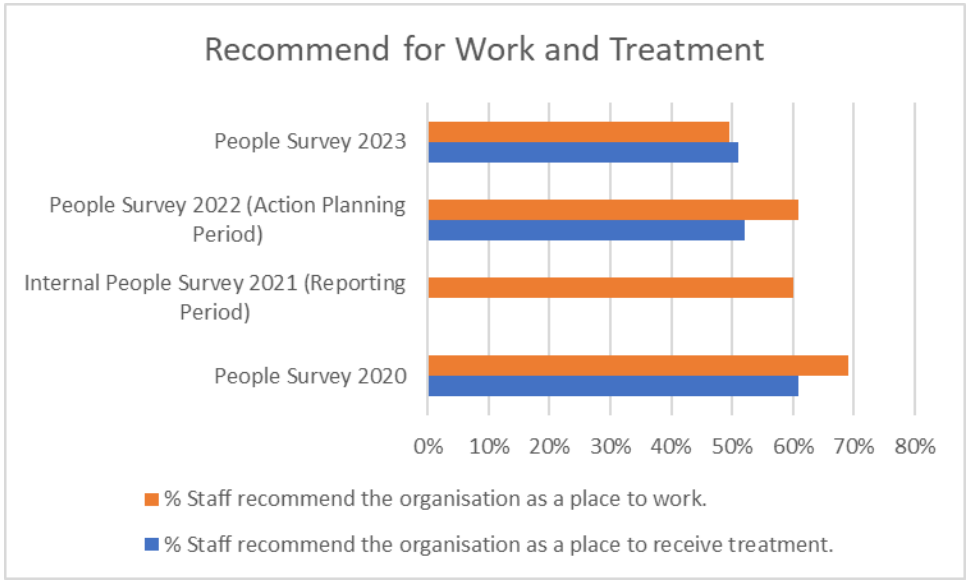
		Annual Health Checks for patients on the learning disability register. Pilot took place during spring 2023 with the last pilot taking place over the summer of 2023. Patients and their carers were given information on what an annual health check is, why the GP practice was asking them to come in and provided with a lead person to contact with queries. Support was given to the administrator in the form of dedicated time to contact patients and support in answering their questions. Additionally, contact was largely by telephone rather than by letter/text message. Evaluation was undertaken by the administrator who also collected feedback from the patients. Rates of annual health check have gone up across all pilot sites and patients report being happy with the contact received and emphasised having a consistent person to speak to as well as the same clinician at their appointment was important for this client group, in particular it reduced their anxiety around medical appointments.	3	
Domain 1: **Commissioned or provided services overall rating**			8.5	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	BSW ICB offers a range of wellbeing resources with a dedicated section for supporting colleagues with managing health conditions. This support relates to both physical and mental health. There are subcategories for obesity and weight management; diabetes, respiratory conditions including asthma and COPD, and mental health conditions. Examples of resource are the NHS digital weight management programme, smoking cessation support, sleep and physical activity advice, and BMI checker. We have also linked menopause to this suite of conditions, and in addition to resources, have held a menopause webinar with over 100 participants in attendance, and started a BSW Menopause Support Group. Leads from within the organisation who have particular expertise in long term health conditions, have been invited to share information used to engage with the patient population in our locality, for use with colleagues internally. We have linked with expertise re local population health data, and have been advised that colleague population with long term conditions is statistically likely to be as follows: - 33 people with asthma 4 with COPD 103 with obesity 23 with diabetes 79 with depression 92 with MSK For this reason, we will plan to major on resources to support weight management, stress and depression and MSK in the coming year. Mental health conditions are supported through a free Wellbeing Support service (formally known as the Staff Support service). There are several trained mental health first aiders (MHFA's) and an ongoing offer to train. Stress, anxiety /depression/other psychiatric illness accounted for 35% of all sickness absence during January 2023 to December 2023, although there was an overall low sickness rate of 2.84% during the year. For this reason, there is regular communication in relation to signposting to the organisations stress risk assessment. There is an active wellbeing group who give regular attention to mental health episodes, conditions, and signposting accordingly.	2	People Team

		All new colleagues are assessed by occupational health ahead of their start date, so the ICB can proactively complete the necessary reasonable adjustments to accommodate them. The welcome checklist used by managers reminds them to facilitate a conversation in relation to Long Term Conditions, and signposts to the intranet resources. The 1-1 template available on-line also provides a reminder to have ongoing dialogue in relation to support needs for colleagues living with health conditions. Throughout employment there is ongoing access to occupational health services for advice for colleagues and managers in working with a variety of health conditions. We have recently commenced on some work to assist colleagues with dyslexia. This includes one of the members on the Colleague Engagement Group representing those with dyslexia and giving an option for others to assess them for support as well as creating a staff network. There is evidence of retire and return opportunities, as well as flexible working requests, to aid work life balance and choice. A communication has gone out to all colleagues, asking for feedback in relation to usefulness of resources to date and for suggestions re further support required.		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	The ICB is clear on its no tolerance approach to abuse, harassment, bullying and physical violence with the commission of security advisory provision to help minimise any physical threat to individuals. Policies are in place to enable prompt reporting of abuse, harassment and bullying and the appraisal process encompasses a wellbeing check-in. The ICB Bullying and Harassment Policy has recently undergone an in-depth review during Summer 2023 and updated where necessary. The Lone Worker Policy contains a number of risk assessments to cover a range of scenarios. Furthermore, Freedom to Speak Up Guardians are in place. Equality and Diversity, Freedom to Speak Up, Safeguarding Adults, and Safeguarding Children are all part of our mandatory training suite, along with Conflict Resolution. We also mandate Mental Health Awareness. All of the above work together to enhance understanding and create a culture of collaboration and anti-aggression of any kind. BSW have a Domestic Violence & Abuse policy in place, and this topic has been a feature in a colleague briefing. Multiple helplines are referenced, and colleagues are also able to access advice from our in-house safeguarding team. Health and wellbeing factors are a feature of the staff survey and data can be correlated in relation to staff with protected characteristics. We have previously been able to demonstrate that scores in this area are generally positive, however latest data in this regard gives a few items that will need further investigation. Speaking up scores have decreased, and harassment, bullying and abuse scores are not at levels we would hope for in a zero-tolerance organisation.	2	People Team

		<table><tr><td></td><td>NHS Staff Survey 2020</td><td>Internal People Survey 2021 (Report Period)</td><td>NHS Staff Survey 2022 (Action Planning Period)</td><td>NHS staff Survey 2023</td></tr><tr><td>% agree or strongly agree that they are able to speak up about anything that concerns them,</td><td>69%</td><td>74%</td><td>67%</td><td>61%</td></tr><tr><td>% agree or strongly agree that they have not experienced harassment, bullying or abuse from patients/service users, their relatives, or members of the public,</td><td>89%</td><td>85%</td><td>87%</td><td>90%</td></tr><tr><td>% agree or strongly agree that they have not experienced harassment, bullying or abuse from managers</td><td>88%</td><td>87%</td><td>94%</td><td>93%</td></tr><tr><td>% agree or strongly agree that they have not experienced harassment, bullying or abuse from other colleagues</td><td>87%</td><td>90%</td><td>91%</td><td>89%</td></tr><tr><td>% agree or strongly agree that they have not experienced discrimination, bullying or abuse from patients/service users, their relatives, or members of the public</td><td>99%</td><td>90%</td><td>98%</td><td>100%</td></tr><tr><td>% agree or strongly agree that they have not experienced discrimination from a manager/team leader or other colleagues</td><td>96%</td><td>88%</td><td>95%</td><td>96%</td></tr></table>		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying	There is a free confidential counselling service both for a self and manager referral process as part of the Staff Wellbeing offer. Return to work interviews demonstrate evidence of health and wellbeing conversations following a period of absence. There is a wellbeing check-in within 1-1's and through to annual appraisal documents that specifically checks if individuals wish to report any H&B issues and checks if they are feeling well supported. There are wellness action plans available for colleagues and managers and cover working from home within the wellbeing resources to support mental health at work.				2	People team

	harassment and physical violence from any source	Stress risk assessments are also undertaken with colleagues to look at how stress can be mitigated and/or reduced. Resources available also include reference to financial advice and guidance via national organisations. Several short courses and seminars have been made available to colleagues including those hosted by NHS England. The ICB have active health and wellbeing champions and mental health first aiders able to offer independent, confidential support and advice. External coaching via the NHS leadership Academy (including bite size sessions), is regularly advertised. The Freedom to Speak up policy has been refreshed however more work will be undertaken with learning from the newly qualified FTSU Guardians in line with national framework and recommendations. We are also members of a regional FTSU group and are readily sharing best practice with other guardians and ICB's. We have engaged an external mediation service when necessary to help improve working relationships.		
	2D: Staff recommend the organisation as a place to work and receive treatment	 The main focus for review on this category is as a recommendation for work, as treatment provided is limited to fewer staff.	1	People team

		During 2023, there has been a decline in staff reporting recommending the organisation as a place to work. This is in part expected due to the volume and scale of organisation change taking place and the highly unsettling impact experienced by the majority of colleagues. This is a key factor for review, as the rate and pace of change since the survey was run as increased significantly. Further insight into colleagues' experience has been gained during 2023 through colleague briefings, away days, Q&As with the CEO, quarterly pulse survey and the newly formed Colleague Engagement Group. Following the all-colleague away days, a colleague improvement group has been established to review and where appropriate, take immediate action on the feedback received, and to identify how the organisation can be restored and developed. There is clear intention on trying to improve this score in the coming year. It should be noted that this trend data with the lowering of staff recommendation as a place to work is a consistent theme with all other ICB's at this time.		
Domain 2: Workforce health and well-being overall rating			7	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	There is commitment to equalities and health inequalities at Board and executive level. There has been a focus on Board and system leader development as part of the inclusion pillar of the BSW Academy, which scoped and delivered programmes of work focussed on senior leaders in the ICB and worked towards culture programmes, system leadership and health inequalities. Board members are signed up to the EDI annual employer report and are committed to the NHS EDI improvement plan which supports the NHS Long Term Workforce Plan. There is a non-executive member with responsibility for People and Culture. A Board development session was undertaken in February 2024 with commitment to collective and individual inclusion objectives. Executives have an EDI objective and programmes of work are increasingly using business intelligence from the BSW case of change that identifies health inequalities /population health data to inform decision making and strategy and is part of the joint forward plan (ICS Strategy). NHSE funding for increasing diversity of research participation has also been successful in recruiting research champions and sharing with research mangers lived experiences of our communities, with a focus on seldom heard voices. The score could be enhanced through capturing evidence for more board equality activities such as enhancing the provision of staff equality networks and ensuring that EDI objectives are also a feature of all colleague's performance review and all strategic programmes of work.	2	People team

		The Board are committed to having Freedom to Speak Guardians in line with the EDI ICB annual employer report. The Board endorse financial support for eyesight tests, and flu vaccinations for eligible colleagues.		
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	The ICB has a Quality and Equality Impact Assessment (QEIA) process in place which provides the framework to ensure compliance with statutory obligations and to identify any risks to the organisation. Impacts are also assessed through the cover sheets for all reports that are presented to the Board, as well as other committees, to ensure it is integral to planning and implementation. Templates for committee and board papers include guidance to reflect equality & diversity. Board meetings are held online and face to face to give flexibility and allow for adjustments to be made. The policy on policies requires impact assessments to be made. Some work has commenced to implement inclusive recruitment methods including gender balanced panels, and EDI (including WRES and WDES) action plans. The ICB also increased reporting analysis to ensure that disability and ethnicity pay gaps were covered, which is above mandated standards. To increase the scoring, the ICB could undertake a thorough review of how EQIA is undertaken, ensure all necessary training and education about the EQIA process is available to anyone writing a paper then analyse board and committee papers to assess the extent to which	1	Exec committee

		equality and health inequalities related impacts and risks are discussed and actions in place to address the identified inequalities. Attention is needed in relation to an ICB diversity and inclusion strategy as required by all ICB's. This would harmonise EDI activity with the main emphasis on achieving positive EDI gains.		
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	There is a well-established quality group with an operational framework for recording health and equalities data which meets regularly and is available to access through the colleague intranet. In addition, there is a health inequalities strategy with associated implementation plans. There is a statutory duty to produce an Annual Diversity and Inclusion report which includes clear action plans around managing performance and monitoring progress with staff and patients around EDI matters. Gender Pay Gap reporting, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reporting take place annually providing the ICB an opportunity to assess how well it does against these frameworks and develop specific actions to target improvement each year. The Executive team have recently launched a new appraisal process to support a greater oversight of progress and manage performance aligned to organisational strategy objectives, led by Executive colleagues. This replaces the compliance 'chase' process traditionally undertaken by the People Team and should better support an ongoing culture of senior leadership owned organisational performance. Regular performance monitoring for both staff and patients is managed through the Strategic PMO with regular deep dives for enhanced understanding, oversight and management.	2	

		Further steps to improve this score could include better oversight of strategies, action planning and committees on the intranet and through weekly staff engagement activities, and more generally staff engagement via staff networks and other channels, including Trade Union representatives to specifically address staff inequalities and create action plans collaboratively.		
Domain 3: Inclusive leadership overall rating			**5**	

EDS Organisation Rating (overall rating): Developing (13)
Organisation name(s): BSW Integrated Care Board and BSW Integrated Care System.
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Leads	**Year(s) active**
Emma Baker-Gaunt, Sharon Woma, Harjinder Bahra	2023-2024
EDS Sponsor	**Authorisation date**
Sarah Green, Interim Chief People Officer	

Domain	Outcome	Objective	Action	Completion date
1a		Gain further evidence and uptake of services for people with protected characteristics.	Improve data collection to over 50% of protected characteristics where known gaps and explore data collection on carers	December 2024
1b		Gain further evidence and uptake of services for people with protected characteristics.	Improve data collection for protected characteristics particularly for patients with higher risk due to these protected characteristics to ensure needs are met in a way that works for them	December 2024
1c		Improved working with clinical risk teams	Further promoting through clinical risk teams, a culture of speaking up and an improvement culture that drives EDI. To further utilise Improving Together change management methodology for a collective endeavour.	October 2024
1d		improved data collection for assurance and service design	Identify new ways to collect data/lived experiences to support evidence-based action plans.	January 2025

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	Offer additional support to colleagues in relation to a range of conditions	Scope costing for free hearing test offer (DW and wellbeing group) Flexible working legislation (JC) Establish a menopause policy (JC) Utilise options for the use of ESR data to measure equalities in relation to uptake of training (DW & CSU)	End May 2024 End Aug 2024 End Sept 2024 End June 2024
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Increase colleague awareness of types of abuse. Adhere to new legislation.	Offer a Hate Crime Awareness Session (DW) Sexual Safety in Healthcare Charter (JC and HR colleagues	End Oct 2024 End Aug 2024
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Enhance the offer to all colleagues for access to confidential support	Re-register with Mindful Employer or alternative EAP (DW)	End June 2024
	2D: Staff recommend the organisation as a place to work and receive treatment	Increase understanding of psychological safety in support of a cultural programme, and colleague empowerment Ensure measures to increase colleague satisfaction	Offer 4 x psychological safety sessions (DW) Post Evolve OD Programme to include (SG and team)	End Aug 2024 End Dec 2024

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Tangible commitment measures to be established	Explore free hearing tests (as above) Plain English guidance (with support from Comms Team) People Strategy (including wellbeing strategy) (SG) EDI strategy (SG) Board Competency Framework (SG)	December 2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Extend peer learning and oversight of impact and risks	Review/audit of committee papers for peer learning. BSW EDI strategy	December 2024
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Move EDI objectives into the whole organisation	Add EDI objective to all appraisals for all colleagues (DW)	End June 2024

Patient Equality Team NHS England and NHS Improvement england.eandhi@nhs.net

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12
Date of Meeting:	16 May 2024		

Title of Report:	Primary Care Access Recovery Plan (PCARP) – System Level Access Improvement Plan Progress Update Report
Report Author:	Jo Cullen – Director Primary Care Louise Tapper - Assistant Director Primary Care With contributions from identified workstream leads
Board / Director Sponsor:	Gordon Muvuti - Executive Director Place Swindon, Executive Director Mental Health and BSW ICB Executive Lead for Primary Care
Appendices:	None

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB NHS organisations only	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	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
Primary Care Operational Group	25 April 2024	Discussion & Input of Draft Version
Primary Care Executive Group	9 May 2024	Discussion & Input of Draft Version

1	Purpose of this paper

Primary Care Access Recovery Plan (PCARP) - System Level Access Improvement Plan Update

The Primary Care Access Recovery Plan for BSW has been developed following the publication of NHSE guidance in May 2023 outlining the requirements for ICBs to develop system-level access improvement plans (System Delivery Plan) and has been led by the BSW ICB Primary Care team working with all the GP practices and PCNs across BSW and with system partners.

In April 2024, NHSE published an update and actions for PCARP in 2024/25 focussing on realising the benefits to patients and staff from the foundations already built within the four priority areas.

As required by NHSE, a report was taken to the ICB Board in November 2023, and ICBs are required to report progress bi-annually. This document provides an update on progress against the national actions and local system delivery plan, noting feedback from NHSE on the previous report.

Primary Care Access Recovery Plan (PCARP) – national ambitions

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.

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

[1] NHS England » Delivery plan for recovering access to primary care: update and actions for 2024/25
[2] NHS England » 2024/25 priorities and operational planning guidance
[3] https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

PCARP Areas of Focus	
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'

Progress within the first year of PCARP

BSW has made good progress with the delivery of PCARP during the first year of the programme and is in a strong position regionally. Our headlines of achievement within the report are:

- Third highest ICB in South West % Face to Face primary care appointments being offered
- Fourth highest ICB in South West number of appointments per 1,000 offered
- Third highest in South West GP staff FTE per weighted 10,000 patients
- Second highest in South West % P9 Patient Registrations via NHS App
- Joint first in South West % practices with prospective records access enabled
- First in South West for % practices which have completed one care navigator course
- First in the country with 6.6 registrations per 1000 GP population via NHS App. The national average was 3.7, SW average was 4.2.

Second year of PCARP

As a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year. The PCARP Programme Trajectories and Next Steps will enable progress to continue with system partners.

2	Summary of recommendations and any additional actions required

The Board is required:

- To note the contents of this update report.
- To consider how key ambitions can be supported by wider system partners.
- To be cognisant of the need to support what is an expanding, and system critical, primary care transformation programme.

The update report 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 updates to the System Level Access Improvement Plan is taken to the ICB Public Board bi-annually for the duration of the two-year programme.

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
- System-wide support

5	Quality and resources impact

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 is required as part of the plan.	

7	Communications and Engagement Considerations
The BSW ICB Communications team have contributed to the plan. National communications resources are provided from NHSE.	

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

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

BSW Primary Care Access Recovery Plan (PCARP)
System Level Access Improvement Plan
Progress Update Report for 16th May 2024 ICB Board

Timeline and Approach

In May 2023, the two-year Delivery Plan for Recovering Access to Primary Care (PCARP) was published by NHSE, outlining the requirements for ICBs to develop system-level access improvement plans (System Delivery Plan'). In April 2024, NHSE published an update and actions for PCARP in 2024/25 focussing on realising the benefits to patients and staff from the foundations already built within the four priority areas.

As required by NHSE, ICBs reported to ICB Board in November 2023, and ICBs are required to report progress bi-annually.

This document will provide an update on progress against the national actions and local system delivery plan.

April submission governance timeline:

Governance Milestone	Date
Feedback on November submissions from NHSE	9.1.24
Primary Care Operational Group	25.4.24
Primary Care Executive Committee	9.5.24
BSW ICB Board	16.5.24

A key element of the governance around the Primary Care Access Recovery Plan (PCARP), and instrumental in securing the progress made to date, is the transparent and collaborative approach taken with BSW's Primary Care Access Recovery Working Group members, Wessex Local Medical Committee and Primary Care Network (PCN) and General practice colleagues.

The Importance of Primary Care

Primary Care is rightly seen as the bedrock of the NHS, with Primary Care services dealing with around 90% of patient contacts.

The Kings Fund's February 2024 report, "Making care closer to home a reality" states:
"The health and care system in England must shift its focus away from hospital care to primary and community services if it is to be effective and sustainable."

NHS Confederation recent research with Carnall Farrar published August 2023 states:
"We need to invest in the Out of Hospital Care system in order to create savings."

Local Context: Increased Demand in BSW – Case for Change

- 6% Population growth in 15 years
- 35% Growth in the over 60 population
- £5mil Per year cost pressure on acute ‘activity’ through demographics alone
- 115 Additional acute bed demand in 5 years driven by demographic changes
- 57% Increase in adults over 65 requiring care in 15 years
- 12–18-Year-olds are our biggest children’s cohort. They are the Covid generation who will transition to adulthood in the next 5 years
- 3,000 Children and Young people with 2 or more long-term conditions
- 300% Increase in Neurodiversity caseloads in some parts of BSW during the pandemic
- 33% Of year 6 children in BSW are overweight or obese

Reminder: Key ambitions of the Primary Care Access Recovery Plan (PCARP)

1. **To make it easier for patients to contact their practice** and;

2. **For patient 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

PCARP is split into 4 areas:

Area	Focus
Empower Patients	• improving information and **NHS App** functionality • increasing self-directed care where clinically appropriate • increasing the number of **self-referral** options, guided by clinical advice • expanding **community pharmacy** services
Modern General Practice	• better digital **(cloud based)** telephony • simpler **online consultation**, booking and messaging • faster navigation, assessment and response
Build Capacity	• larger **multidisciplinary** teams • more new doctors • **retention and return** of experienced GPs • higher priority for primary care in housing developments
Cut Bureaucracy	• improving the **primary-secondary care interface** • building on the Bureaucracy Busting Concordat

Board Development Session 18th April: Primary Care Deep Dive

Key areas in PCARP:	Group Discussion:
Empower patients to manage their own health	• Personalised care – straightforward and consistent language and messaging • Pharmacy First services • Sign posting
Implement Modern General practice access	• Shape demand rather than manage demand • Try and simplify the problem into something manageable • Differential front doors into primary care • Maturing of self-referral systems
Build Capacity so practices can offer more appointments from more staff	• Build knowledge and self-care and use of NHS App • Targeted approach and hot spots • Parity with physical and mental health • Clarity of return on investment with evaluation
Cut bureaucracy in order to free up clinical time	• Create single digital forms • Not fully integrated / interoperable clinical systems • Align / simply number of portals • Concerns for inequalities and digital exclusion

Progress: Headlines

- **Headlines from NHSE South West region Primary Care Dashboard – April 2024:**
  - Third highest ICB % Face to Face primary care appointments being offered
  - Fourth highest number of appointments per 1,000 offered
  - Third highest GP staff FTE per weighted 10,000 patients
  - Second highest % P9 Patient Registrations via NHS App
  - Joint first % practices with prospective records access enabled
  - First for % practices which have completed one care navigator course
  - 6.6 registrations per 1000 GP population via NHS App, the highest in the country. The national average was 3.7, SW average was 4.2.
- **Strengths and challenges**
- Table below describes some of our key strengths and challenges (not an exhaustive list

Our Strengths	Our challenges
Good starting point on access – BSW compares well to other areas.	Variation exists within access, which we need to address.
Good progress made on workforce in terms of Additional Roles Reimbursement Scheme (ARRS) and recruitment and retention schemes.	Impact of ARRS roles on core practice staff and wider system.
Good relationships with primary care providers.	Capacity to maintain relationship and develop Primary Care Provider Collaboratives.
BSW has led the way in digital innovation through the online consultation and prospective records support,	Ensuring digital tools are properly embedded in practice access models. Need for whole system interoperability.
Ability to secure and maximise funding opportunities at short notice.	Primary Care access to, and reliance on, non-recurrent funding pots. This inhibits long term change. Need to invest in out of hospital care.
Assessment of resilience of practices in place.	Capacity and funding to support proactively rather than in crisis. Currently no local at scale provider alternative emerging.

Progress: Modern General Practice – PCNs

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

What we said in November

- PCN Capacity and Access Improvement Plans (CAIP) all submitted within timescales.
- CAIP plans approved via panel approval process including external stakeholders, health watch, Local Medical Committee.
- CAIP's covered three overarching areas relating to
    1) Patient Experience of contacting the practice
        1) Patient Engagement
        2) General Practice Patient Survey and local surveys for practice feedback
        3) Digital Inclusion programmes
    2) Ease of access and demand management
        1) Offer New Appointment types
        2) Promotion of Community Pharmacy Services
        3) Promotion of self-referrals
    3) Accuracy of Recording in appointment books
        1) Data Audits and rota alignment
        2) Capturing all appointment slot types
        3) Mapping all categories of appointment types
- Use of the NHS App four functions captured (see digital slide).
- Practices and PCNs would work towards implementing Modern General Practice Access Model.
- To build capacity, PCN Additional Roles Reimbursement Scheme (ARRS) and workforce plans completed, plus retention offers being taken up.
- National GPIP and Training offers being available to practices and PCN's.
- Practice feedback to support cutting interface bureaucracy welcomed and incorporated into primary / secondary interface developments.

Where we are now

- Update of the uptake of the national support offers to PCNs and Practices:

NHSE Support Offer	Take up of programmes in BSW ICB
Universal	Offered national webinars to all practices & PCN's. At least 14 practices attended Demand & Capacity webinars.
Intermediate & Intensive General Practice Improvement Plan	10.1% of practices completed GPIP programmes. Issues of practice capacity to attend given the time commitment.
Digital Transformation Leads Development Programme	National courses closest to BSW in London and Birmingham, practices waiting for South West option.
General Practice Improvement Leads Programme	8 practices completed this offer.
Fundamentals of Change & Improvement Programme	BSW practices have not yet completed this programme.
Care Navigation Training	70.8% practices completed, first in the South West.
Support Level Framework	Offered to all PCNs & practices to identify support needs. Delivered Action Learning Set with all PCN's.

- ARRS Roles Utilisation at 98%
- NHS App four functions well used (see separate digital slide)
- PCN Clinical Director's working with Deputy Chief Medical Officer to cut interface bureaucracy.

Progress: Modern General Practice – PCN's

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

What we said in November

- Support practices and PCNs in delivering their Capacity and Access Improvement Plans (CAIPs)through:
  - Webinars and Action Learning Sets
  - Drop-in sessions with relation to the PCARP
  - Signposting and facilitating peer to peer support
  - Signposting to experts (internal stakeholders) for support with specific subject matters (e.g., Cloud Based Telephony, digital App, workforce, communications)
  - Support though GP and Admin Fellows through the BSW Training Hub with the e-consultation roll-out
  - Promotion of national offers
  - Enabling the Directory of Service Team to develop a unique Directory of service with each practice and which practices will be able to maintain themselves which will enable Care Navigators to have information to hand when signposting patients appropriately (MiDOS).
  - Power BI Support Tool to enable understanding of practice capacity and use of the capacity and GPAD data, along with action learning sets and 1:1 support.
  - Sharing of all learning.

- Plan (CAIP) progress reviews.
- Friends and Family Test reporting and capturing patient feedback.
- General Practice Access Data (GPAD) – support to ensure coding is as consistent and accurate as possible to ensure all appointment activity is being captured appropriately.

Where we are now

- 100% of the Capacity and Access Improvement payments released to Primary Care Networks (PCN) based on meeting national criteria.
- First year Transition Support and Transformation Funding rolled out to 100% of practices to support PCN plans for their Modern General Practice Journey.
- GPAD assurance process – through CAIP 100% PCNs confirmed self-certification of accurate recording of all appointments and compliance with GPAD.
- Practices committed to providing an outcome at first point of contact.
- Update of Friends and Family Test Reporting:

Uptake of FFT Reported by BSW Practices	Feb 23	Feb 24
Total Population of BSW	990,575	1,003,506
Total number of FFT responses	5,417	21,155
% of population responded	**0.55%**	**2.11%**
Total number of practices	89	89
Number of practices displaying no data	67	30
Number of practices displaying data	22	59
Percentage of Practices displaying data	25%	66%
Percentage of positive responses	**96%**	**93%**
Percentage of negative responses	2%	3%
Percentage of neither positive or negative	1%	3%
Percentage of 'Don't know'	1%	1%

Progress: Modern General Practice - Digital

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

What we said in November

- 23 out of 88 practices were on analogue telephone systems, with ICB working through NHSE Priority list.
- Online consultation, messaging and booking functionality is in place across some BSW PCN's through different systems. A handful of PCN's provided their online consultation rate per 1000 population, however late in 2023 it is expected that this metric will be published by NHSE as the data companies are being requested to upload patient data usage by practice.
- We have received notification from NHE England regarding the new "Digital Pathway Framework, which is currently anticipated to provide an additional 93 pence per patient for practices to fund "high quality digital tools". Until we receive further clarity this is very difficult to develop detailed plans.
- The ICB has confirmed that it will reimburse on-line consultation products used by practices up to a certain level during 2023/24 as from 204/25 this funding will be available through PCARP, however we are waiting for the delayed NHSE framework on digital pathways to be ready for use. Our clinical system user group is supporting PCN's in choosing the right product for them.
- As the digital tools become available the ICB will support practices in embedding the tools; work and transform to provide modern general practice and review online consultation rates against age and deprivation markers to ensure that the tools are being accessed appropriately.
- A review of Practice websites recently undertaken by both the BaNES and Swindon, and Wiltshire Healthwatch, and the helpful observations are being used by PCNs within their CAIP plans.

Where we are now

Cloud Based Telephony
- All BSW practices have a cloud telephony solution or had opportunity to upgrade.
- NHSE South West Dashboard April'24, 91% BSW ICB Practices are on CBT, with the remaining practices signed up to transition from Analogue to CBT.
- Practices have been required to choose solutions in line with the others in their PCN to improve resilience and support PCN working.

Digital Pathway Framework
- New process for 2024-25 advised by NHSE, due to the national digital pathway framework indefinite delay. The revised maximum 76 pence per patient will be used within the new guidance, ICB IT liaising with practices to develop a locally procured plan. Future funding is unknown at this stage.

Digital Registrations
- 59 of 87 practices have opted in to receive digital registrations.
- Participation expected to increase sharply when full integration between the new interface and the clinical systems.
- Some practices await additional functionality to meet their needs before enrolling.
- BSW encourages practices to sign up with the support of practice-level champions.

Websites
- 1 BSW practice in the NHSE standardised website project.- currently in design phase.

Full Record Access via Online Services (as at 31/04/2024)
- All BSW practices able to offer full prospective record access to patients via Online Services.
- At 78 of 84 practices, 93% of those with online services accounts can access their full medical record. Plan in place for remaining practices to work through safeguarding concerns.

Primary Care Digital Maturity Assessment
- This PCARP plan has been aligned to the Primary Care Digital Maturity Assessment.

Diversion to NHS 111
- ICB Digital and Primary Care team are supporting practices prioritised using GPAD, POMI and NHS 111 data to identify areas of greatest support needs.

Progress: Modern General Practice - Digital App

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

What we said in November

- NHS App – position against each of **4 App functions** for patients:

PCARP Requirement	Position in BSW ICB of 4 NHS App Functions
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 funding AccuRx till April 2025 then hoped System One can send messages directly to the NHS App. Ability of AccuRx to provide feature only made available during September 2023, ICB encouraging all practices to use.
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.

Where we are now

- NHS App – position against each of **4 App functions** for patients:

PCARP Requirement	Position in BSW ICB
Apply system changes or manually update patient settings to provide prospective record access to all patients.	93% of BSW practices enabled for prospective (future) full record access with 78 out of 84 practices currently live.
Ensure directly bookable appointments are available online.	100% of BSW practices use URL booking links to enable patients to choose a convenient date and time for their appointment and preferred clinician where applicable.
Secure NHS App messaging to patients where practices have the technology to do so in place.	BSW ICB is funding AccuRx until April 2025 which is live with sending certain appointments via the NHS App. TPP are looking to roll functionality out May 2024. Fallback message also sent where appropriate.
Encourage patients to order repeat medications via app supported by comms toolkit.	100% of BSW practices offering this functionality to patients..

NHS App (data up to 31/03/2024)

- All BSW practices offer services via the NHS App.
- 6.6 registrations per 1000 GP population, the highest in the country. The national average was 3.7, SW average was 4.2.
- 615 app logins per 1000 GP population, the 6th highest in the country. The national average was 498, SW average was 545.
- 4.7K appointments booked; 75K repeat prescriptions ordered;320K record views.
- BSW continues to actively encourage practices to promote the NHS App, through communications toolkit and with updates shared at regular meetings.

Progress: Self-Referral

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

What we said in November

- Baseline submission completed to NHSE.
- Complexity of 3 different providers for each self-referral pathway, therefore 21 services across 10 different provider organisations.
- Self-referral Working Group comprising acute, community and primary care commissioners and Local Medical Committee.
- Service reviews taking place across all self-referral pathways, with only Community Musculoskeletal Services Self-referral was available in all three localities.

Where we are now

- Continue to expand the 7 self-referral pathways (falls services, musculoskeletal services, audiology for older people including loss of hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services) as set out in 2023/24 operational planning guidance. Also noting operational planning action to expand direct access where GP involvement is not clinically necessary (by 30 Sep 2023)
- Self- assessment completed against all 7 pathways. Self-referral pathways available in over half of the pathways, with on-going conversations with providers and NHSE for the remaining pathways.
- Senior Responsible Officer, Operational and Business Intelligence leads identified and engaged in the South West Self-Referral Workstream.
- Responding to NHSE focus on data capture through Commissioning Datasets to demonstrate achievement of regional self-referral target of 50% increase in referral activity data.
- Easy wins identified through regional ‘deep dive’ focussing on data quality and ensuring that the self-referrals per month that are not currently being captured on the Community Services Dataset (CSDS) are feeding into the data.
- Working with service providers to improve the quality of data captured through the CSDS.
- Developed BSW Community services waiting list report for adults and children, understanding comparisons in witing times will drive the work on self-referral pathways.
- Developing communications page for all available pathways.

Community Pharmacy Progress

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

Our Priorities

- Instigate Community Pharmacy Operational Group including system partners e.g., CP Avon, CP Swindon & Wilts, Public Health, finance, digital etc.
- Recruitment of an ICB System Chief Pharmacist, who will be the lead for Delegated or transferred responsibilities for commissioning, including any delegated or transferred responsibilities for the community pharmacy contractual framework.
- Ensure appropriate representation of community pharmacy within ICB and system infrastructure e.g., Primary Care Collaboratives.
- Ensure community pharmacy priorities are embedded in system strategies and implementation plans.
- Identify Community Pharmacy PCN leads with protected time to engage with GP practices to improve integrated working and increased access for patients to services
- Understand integrated working between PCNs and community pharmacies in line with PCN DES. Explore and develop a plan (with PCN Leads) to improve integrated working with community pharmacy.
- Assess impact of pharmacy closures and changes of hours and revision of unplanned closure policy
- Participation in IP Pathfinder Programme

Workforce:

- Agree Initial Education and Training Standards of Pharmacists reforms (IETP) cross-sector training models ready for submission to Oriel.
- University events to support Oriel preferencing.
- Establish social media to support careers engagement.
- Ongoing schools' careers engagement.
- Pharmacy technician pre-registration training (PTPT) bid submission
- Explore the development of a model to map community pharmacy capacity, access and activity that can be used to identify areas of greatest need.

Where we are now:

- Community Pharmacy Operational Group meets monthly and reports to Primary Care Executive Group. It includes system partners and is chaired by the Health & Care Professional Director. Soon to be chaired by the new ICB Chief Pharmacist
- The new System Chief Pharmacist commenced in post in March 2024
- Community Pharmacy PCN Leads identified for nearly all PCNs and a programme of activity has commenced to engage with GP practices at PCN and locality level.
- ICS Community Pharmacy Clinical Lead included in Primary Care Collaborative/ Integrated Neighbourhoods development and exploring inclusion of BSW Community Pharmacy PCN Leads.
- National digital programme to facilitate integration of GP practice and Community Pharmacy IT systems enabling read/write access from pharmacy to GP record expected to launch TBC as part of National Pharmacy First service.
- Work ongoing with South West Collaborative Commissioning Hub to assess impact of pharmacy closures and changes of hours.
- National Pharmacy First scheme launched end of January to include clinical pathways for acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat and uncomplicated urinary tract infections - 99 % of BSW pharmacy contractors signed up. Awaiting activity data from NHSE.
- 5 pharmacies participating in the IP Pathfinder in BSW, testing a minor illness model. Awaiting national IT solutions to go live.
- Support the expansion of community pharmacy services (including the oral contraception and blood pressure services) and coordinate local communications – through pathway development.
- Integrating Community antimicrobial stewardship into ICB usual governance.

Workforce:

- 75 training places into Oriel for 25/26 for the system, of which 44 are split places (primary care or community pharmacy) with DPPs allocated to support independent prescribing competences.
- Also working on a single lead employer model to support primary care.
- Events at Reading, Cardiff and Bath Universities have taken place, and more are planned for 2024.We are currently evaluating the impact, although we are confident that is has been positive.
- Our Trainee pharmacists are running very active Instagram and X accounts @BSWTrainees and @BSWPharmTeam and a proposal is going forward to get summer placement students on the gold scholarships mentor scheme at Bath University to support
- Attended multiple schools and careers events and Linked in with regional leads for careers events
- For the PTPT bid, we were successfully awarded 5 places, but could only recruit to 2. Our first cohort of three have just qualified and they have all stayed in BSW

Progress: Workforce

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

What we said in November

- BSW Primary Care Team and Training Hub working with practices and PCN's to maximise the ARRS offers and ensure support packages in place to upskill and retain ARRS practitioners.
- BSW Training Hub working in collaboration to develop system wide plans which challenge, build, develop and strengthen the primary care workforce. Deliverables against this plan include (not exhaustive); a variety of GP retention schemes; advance practice financial sponsorship; mentoring supply in support of number of learners; learning organisational approvals to maximise placements and support supply of workforce as well as a variety of health and wellbeing offers.
- BSW Training Hub trialling recruitment of a legacy nurse which could be expanded to other practitioners to aid retention, plus implementing a project for administration fellows (first in the South West) to support the PCARP workstream of roll out of e-consultations and care navigation.
- The Training Hub and three near-peer fellows to support international medical graduates training; obtaining roles; and focusing on retention in BSW Primary Care.

Where we are now

- Primary Care Team are linking in with NHSE Strategic Workforce Team to progress with the next stage of the PCARP strategy.
- Continuing to strengthen working in partnership with BSW Training Hub through planning and delivery of a range of workforce solutions.
- Scoping of Advanced Practice ARRS funding completed. Advanced Practice Primary Care leads are supporting the system in a variety of ways to maximise the benefits of Advanced Practitioners.
- ARRS roles utilisation is at 98%. As an ICB our PCNs are on track to spend c.£21.196m of the originally estimated £21.712m.
- General Practice Nurse pipeline is in place, and supply of newly qualified GPN's is higher than vacancies available.
- Digital Fellows project (GP and Administrators) is underway and supporting practices with e-consultations and care navigation roll-out.
- 93% of uptake on places on the national Care Navigation Training.
- Extension of two near-peer fellows has enabled continued support of international medical graduates (IMG) for qualifying and obtaining roles in BSW.

Progress: Primary / Secondary Care Interface

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

What we said in November

- Establish agreed set of principles through an agreed policy document 'BSW Primary and Secondary Care: Excellence in Partnership Working'.
- To ensure principles are communicated and embedded across organisations (including all clinicians operating on the ground), and to therefore ensure that the associated benefits are realised in primary and secondary care, a robust implementation plan will be developed, through locality engagement, that will require sign up from all stakeholders.
- Ongoing monitoring of adherence to principles designed to ensure system effectiveness and efficiency as well as clear routes for prompt escalation will also be established.

Where we are now

- The development of the 'BSW Primary and Secondary Care: Excellence in Partnership Working' document has been signed off by the ICB, the three local Acute Trusts, and the Local Medical Committee. The principle has been widely welcomed across both primary and secondary care. It is, however, important to recognise that its sign off across provider organisations represents the starting point on this journey and that it is only with continued collaboration and effort over a prolonged period on both sides of the interface, that the key benefits of this work will be realised.
- The leadership required to achieve associated behavioural changes rests with medical directors across the ICS but also with local leadership and collaboration at place.
- Interface leads identified from each organisation with responsibility for implementing and embedding principles and providing forum for monitoring and escalation.
- ICB Primary Care Medical Director starting regular meetings with secondary care leads to assess implementation and identify ongoing issues that need addressing.
- Electronic feedback mechanism being explored with Governance colleagues.
- The NHSE Primary – Secondary Care Interface Assessment is being completed by the three Acute Trusts and Primary Care Clinical Directors.

Progress: Communication Strategy

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

What we said in November

- The communications strategy produced by the ICB aims to not only raise awareness of the key issues outlined in the national Primary Care Access Recovery Plan, but to also shine a light on what is happening across primary care in Bath and North East Somerset, Swindon and Wiltshire.
- The activities referenced in the plan will take place throughout the autumn and winter of 2023, as well as the early part of 2024.
- Wherever possible, all local activity will seek to tie-in with the messages being shared by NHS England as part of its larger national primary care campaign. National assets, such as those created for websites and social media, will also be employed to help reinforce local campaign messages.
- Activity is expected to be prolonged and will stretch across many months. Given the extended duration, the campaign will have a number of key focus areas, including:
  - Did not attend
  - While you wait
  - Enhanced access
  - Don't Put it Off
  - Digital GP access
  - Wider practice team
  - Alternatives to primary care
- All local communications plan actions as well as the national communications resources will be shared with local stakeholders such as Healthwatch, the Voluntary Sector and the Local Medical Committee & Patient Participation Groups.

Where we are now

- Maintaining the awareness of both the pressures within primary care through both opportunistic and strategic public messages through all media forms across Bath and North East Somerset, Swindon and Wiltshire.
- Utilised the national messaging shared from NHSE to bring to a local level through the use of the assets created for websites and social media to reinforce local campaign messages.
- Specific programme setting up a local steering group with primary care representatives from across BSW to work with the ICB Communications and Engagement team to develop a suite of new assets targeting patients for use on practice channels to tackle the issue of Did – Not – attends (DNAs). The assets contained posters, email and SMS messages and drew on published behaviour change research to introduce new ways to nuance practice messages to tackle the DNA problems. The toolkit was also supported by a media release which was picked up by several outlets. Key objectives addressed were:
  - Raise awareness of the thousands of general practice team appointments being wasted every month across BSW.
  - Understand the drivers to DNA and tackle the barriers and motivations.
  - Remind people of the importance of cancelling or changing their appointment time if they no longer need it or can no longer make it.
  - Highlight a connection between missed appointments and ongoing challenges with capacity for appointments.
  - Raise awareness of the method(s) that patients can use to cancel or amend appointments at their local GP practice.
  - Normalise the appropriate behaviour of cancelling appointments when need be.

PCARP Finance Update

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

Funding Stream	What is it	Value	How we are applying it?
Investment and Impact Fund National Capacity and Access Support	Paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the 23/24 financial year	Average size PCN receives £11,500 per month	Unconditional funding paid monthly.
Investment and Impact Fund Local Capacity and Access Improvement Payment	Paid to PCNs based on commissioner assessment of a PCN's improvement in three areas over the course of 2023/24	Average PCN receives £56,000 per year	All PCN's have met the criteria to support their Modern General Practice journey and have received funding.
Transition Cover and Transformation Support Funding	To support practices to make the change to a modern general practice access model	Average PCN receives £13.5k over two years. £677k received by BSW for each year.	All PCN's have met the criteria to support their Modern General Practice journey and have received the first year's funding.
Digital Telephony	To support transition of practices to Cloud Based Telephony Systems	For BSW £729k received	Allocation committed for those practices on NHSE list to move to Cloud Based Telephony.
Online Consultation tools – Digital Pathway Framework	Funding tools via Digital Pathway Framework	For BSW 93p per patient received (now 76p in 2024).	Awaiting national framework publication.
Primary Care / System Development Funding	Primary Care / System Development Funding	General ICB Transformation Funding	PCN Leadership; Flexible Staff Pools; Training Hub; Resilience.

Update: Aligning funding streams to maximise opportunities in the delivery of Modern General Practice

NHS
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- The ICB Primary Care Finance Strategy seeks to ensure that all national and discretionary funding streams have been invested in accordance with the national guidance and aligned where possible to initiatives linked to delivery of the overarching Primary Care Access Recovery Plan (PCARP) agenda. For example, project lines funded through this year's System Development Funding are directly linked to the priority areas of PCARP. This is demonstrated in the supporting table on the previous slide. We have ensured that no funding stream duplicates existing renumerated programmes of work or core contractual requirements. The new funding streams are therefore providing new and additional activity.
- The Primary Care finance team manages the allocations received ensuring that payments are made to practices and Primary Care Networks (PCN's) in accordance with the guidance. We have made specific arrangements to ensure that resources reach providers as early as possible and have spent all resources in year. We have made payments to all practices for the Transition Cover and Transformation stream to ensure practices are fully supported, based on practices and PCN's declaration on their journey towards Modern General Practice, as PCARP is a two-year programme. Where we identify practices with particular access or resilience challenges, we expect, encourage and support them to use that funding in a way that best meets their particular need to address their particular challenge. E.g. actively signposting to General Practice Improvement Programme (GPIP) support offers, inclusion in Cloud Based Telephony transition, additional business/project management support.
- The ICB gains assurance via submitted evidence from PCNs and practices, which is checked and monitored in accordance with guidance and local plans. The ICB engages with the local PCARP Working Group and the Primary Care Operational Group which also includes Local Medical Committee representatives on these plans to ensure they are developed collaboratively and are deliverable.
- We seek to align all areas of primary care commissioned activity and spend to achieve our strategic objectives to leverage the maximum value from the entirety of primary care resources.
- Looking forward to the 2024/25 financial year, as well as continuing to ensure national funding streams are spent appropriately , promptly and efficiently, the ICB will also fully consider the use of any discretionary funds that are made available within 2024/25 to invest in the development and transformation required to move towards a greater level of at scale delivery, again ensuring we maximise the opportunities available withing the funding we receive.

Progress: Trajectories

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

What we said in November

- The ICB is developing a Primary Care Quality Dashboard which will include a number of access measures and deliverables under PCARP included in its strategic metrics, the dashboard will be received by the Primary Care Operational Group on a bimonthly basis.

Where we are now

- BSW ICB has begun to use the newly developed NHSE South West PCARP dashboard. The BSW ICB Business Intelligence Team enables this report to be appropriately used within BSW ICB reporting and governance arrangements.
- BSW ICB has a trajectory plan for the whole of the PCARP programme with key indicators and milestones over the two-year programme, updated to reflect national changes.

Summary of PCARP Programme Trajectory			
Improvements in PCARP areas	**Measures**	**Update April 2024**	**Plan 24-25**
PCN Modern General Practice			
• Patient experience of contact: • GPPS • F&F	• Improvement trend on GPPS on 2022-23 • Sign up and publish FFT	• GPPS 2023 analysis when published • 41% improvement publishing FFT	• Share GPPS analysis and improvements. • 100% FFT publishing.
• Ease of access & demand management: • Cloud Based Telephony • Features of CBT	• 100% move to CBT • Comparison of call wait times across PCN • Sharing of best practice/protocols	• 91% practices on CBT • Awaiting national statistics from suppliers • CBT User Working Group set up	• 100% practices with CBT solution September 2024 • Analyse CBT statistics
• Accuracy of recording in appointment books: • GPAD	• Record all appointments in appointment books in line with agreed definition of an appointment. • Improve the accuracy of appointment recording by referring to existing guidance. • Improve the use of GPAD to differentiate urgent from routine	• 100% PCN's GPAD compliance & self-certification of accurate appointment recording • Practices & PCN's mapping ACC-08 IIF indicator for two-week appointment: NHSE advised 4 exception codes not used 23/24.	• Continue with Action Learning Sets and sharing best practice on accurate appointment recording. • Include ACC-08 exceptions in 24/25
Workforce			
• General Practice able to offer improved multi-disciplinary care through employment of additional ARRS roles	• All PCN's to have maximised their utilisation of the ARRS scheme with target of 90% take-up of new ARRS roles by March 2024	• 98% Utilisation of ARRS roles March 2024	• Continue ARRS utilisation within NHSE scheme guidance during 24-25
Pharmacy			
• Recover pharmacy activity	• 90% community pharmacies supply prescription-only medicines for seven common conditions by March 2024	• 99% Community Pharmacies signed up to Pharmacy First Scheme.	• Utilise NHSE data when published to understand and progress.
Self - Referrals			
• 7 national self-referral pathways • Expand for locally decided pathways	• All pathways in place • New pathways developed	• Self-assessment completed. Datasets analysis 50% increase in self-referral activity data.	• Increase self-referrals for all services where clinically appropriate.
Primary – Secondary Interface (April 2024)			
• NHSE Primary – secondary Interface Assessment for Acute Trusts April 2024	• Established Process for all 4 Interface areas	• Self- Assessments submitted to NHSE 23rd April 2024.	• Review Secondary Care self-assessments. Implement change.

Next Steps

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

Workstream	Key areas to progress over next 6 months	Target date
Digital	Continue Implementation plan for Cloud Based Telephony. Continuation of NHS App promotion ICS wide review via clinical systems user group of digital tools once NHSE PCARP Digital funding process is fully known.	June 2024 September 2024 June 2024
Pharmacy	Complete Pharmacy Strategy. Ensure all community pharmacies opted in to provide Pharmacy First achieve minimum number of monthly clinical pathways consultation.	September 2024 June 2024
Communications	Continue communications campaign to promote Pharmacy First, NHS App and Additional Roles Reimbursement Scheme (ARRS) role that is local and targeted.	
Transformation	Assess and sign-off applications from practices to access 24/25 Transition Cover and Transformation Support funding. Continue information capture realised through implementation of plans. Use opportunity to glean points of learning and best practice for wider sharing. Increase uptake to General Practice Improvement Programme (GPIP) support offers through continued promotion and signposting. Continue local action learning sets for all areas of transformation which PCN's request discussion to share learning and best practice across the BSW patch.	May 2024 June 2024 September 2024 June 2024
Self-referral	Working with our service providers to improve the quality of data captured through Community Services Dataset (CDCS). Working with our service providers to increase the number of self-referral pathways. Develop Information Sheets and Directory of Service information for primary care to access.	May 2024 June 2024 June 2024
Primary / Secondary Interface	'BSW Primary and Secondary Care: Excellence in Partnership Working' document to continue to be the basis of discussions. Establish digital monitoring of feedback with this way of working. Review completed Primary – Secondary Care Interface Assessment from the three Acute Trusts and Primary Care Clinical Directors. Establish regular meeting between Primary Care Medical Director and Secondary Care leads.	All year September 2024 May 2024 April 2024
Workforce	Operational Plan submission. ARRS year-end assessment and reporting, and preparation for new financial year. BSW Training Hub – confirm funding for current training offers supporting retention across staff groups .	April 2024 April 2024 May 2024

Conclusion

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

- BSW has made good progress with the delivery of the Primary Care Access Recovery Plan (PCARP) during the first year of the programme and is in a strong position regionally.
- As a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year.
- Recommendation to Board:
  - To note the contents of this report.
  - To consider how key ambitions can be supported by wider system partners.
  - To be cognisant of the need to support what is an expanding, and system critical, primary care transformation programme.

NHS
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Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13
Date of Meeting:	16 May 2024		

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

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

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

Previous consideration by:	Date	Please clarify the purpose
ICB Information Governance Steering Group (IGSG)	Monthly, latest 17/4/2024	Discussion, monitoring – DSPT Progress
ICB Audit & Risk Committee	2/5/2024	Noting – DSPT Progress

1	Purpose of this paper
This paper updates the ICB Board on the ICB's progress with completing the Data Security and Protection Toolkit (DSPT). The DSPT tests organisations' performance against / compliance with the National Data Guardian's 10 Data Security Standards; achievement of 'Standards met' in the annual DSPT assessment allows the ICB to process personal data.	

The Board has overall responsibility to ensure that the ICB has appropriate data security arrangements in place, and therefore takes an interest in the ICB's performance against the DSPT.

This paper sets out a summary of progress and the draft results of the internal audit report. A detailed document setting out the assertions, and the ICB's performance against them is available on request should board members require further information (please note it is very detailed and contains sensitive information).

We also seek delegation from the ICB Board to the ICB Executive Meeting of the final approval of the DSPT submission by 30 June 2023. This is necessary due to timings: we anticipate completion of the DSPT, including auditors' finalised report, at the end of May which takes us outside of scheduled Board business meetings.

2	Summary of recommendations and any additional actions required

The Board is asked to **note** that the ICB is on track to achieve successful completion of the DSPT and a 'standards met' rating which evidences that the ICB has in place appropriate policies, mechanisms and arrangements to comply with data protection legislation and information security standards.

The Board is asked to formally **delegate** approval of the final DSPT submission to the BSW ICB Executive Group.

3	Legal/regulatory implications

Data Protection Act 2018; GDPR 2016;
Data Security & Protection Toolkit (DSPT) – NHS Digital

4	Risks

Information Governance risks are held on a dedicated risk register. Risks reaching / exceeding the Corporate Risk Register (CRR) risk scoring threshold are identified for consideration by the BSW ICB Executive Group. The ICB's Information Governance Steering Group has escalated cyber risk with a scoring of 15 to the CRR.

DSPT successful completion is on the IG risk register. Failure to reach 'Standards Met' will impact on the ICB's ability to receive and handle data and may cause a loss of trust by other organisations and the public.

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

6	Confirmation of completion of Equalities Impact Assessment

Report only – no EIA required.

7	Statement on confidentiality of report

Paper can be made available to the public.

BSW ICB Data Security and Protection Toolkit (DSPT)

1. Introduction

1.1. The Data Protection Act 2018 (DPA) controls how personal information is used by organisations within the UK and is the UK implementation of the General Data Protection Regulation (GDPR).

1.2. All health and care organisations are expected to implement the National Data Guardian's 10 Data Security Standards. These standards are designed to protect sensitive data, and also protect critical services which may be affected by a disruption to critical IT systems (such as in the event of a cyber attack). The standards are:

1. Personal confidential data - All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form

   DSPT assertions under this standard test that and how organisations ensure that when they / their staff process personal data, they do so lawfully, fairly and transparently; respect and support individuals' rights; are accountable and have appropriate governance in place for data protection and data security; maintain records appropriately.

2. Staff responsibilities - All staff understand their responsibilities under the National Data Guardian's Data Security Standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.

   DSPT assertions under this standard test that and how organisations clarify with all their staff – through induction and contracts of employment – employees responsibilities when processing data.

3. Staff training - Staff have appropriate understanding of information governance and cyber security, with an effective range of approaches taken to training and awareness

   DSPT assertions under this standard test that and how organisations ensure that all staff have an appropriate understanding of information governance and cyber security. Evidence of training needs assessments, of training provided to employees, of training completion rates, and of evaluation as to the effectiveness of training and awareness raising efforts is tested here.

4. Managing data access – Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required. All access to personal confidential data on IT systems can be attributed to individuals.

   DSPT assertions under this standard test that and how organisations ensure that users do not have access to data they have no business need to see, and that systems holding personal data are secure (incl. via technical security measures, via user compliance with IG and data security policies, and mechanisms to identify incidents).

5. Process reviews - Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses, or which force staff to use workarounds which compromise data security.

   DSPT assertions under this standard test that and how organisations ensure that they are able to identify weaknesses, and to address them.

6. Responding to incidents – Cyber attacks and data breaches are identified, resisted, and reported.

   DSPT assertions under this standard test extensively that and how organisations ensure and are able to respond – swiftly, robustly, and compliant with data protection legislation – to any adverse event that has a data protection or security implication. This includes testing of an organisation's incident reporting and incident management system, of processes to notify others of an incident, and of technical measures to prevent and address incidents.

7. Continuity planning - A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested annually, with a report to senior management.

   DSPT assertions under this standard test extensively that and how organisations are prepared for, and able to apply / deploy, their business continuity plans and arrangements, and disaster recovery arrangements. This interfaces significantly with the ICB's EPRR arrangements.

8. Unsupported systems - No unsupported operating systems, software or internet browsers are used within the IT estate

   DSPT assertions under this standard test extensively that and how organisations know and manage their IT estate, and identify and address (potential) vulnerabilities.

9. IT protection – A strategy is in place, and reviewed annually, for protecting IT systems from cyber threats which is based on a proven cyber security framework such as cyber essentials.

   DSPT assertions under this standard test extensively that and how organisations protect themselves against cyber threats.

10. Accountable suppliers - IT suppliers are held accountable via contracts for protecting the personal confidential data they process and meeting the National Data Guardian's Data Security Standards.

    DSPT assertions under this standard test that and how organisations oversee, incl. through contracts, suppliers that process personal data.

1.3. All NHS organisations and external organisations that process data on behalf of the NHS are required to complete the Data Security and Protection Toolkit (DSPT) on an annual basis. NHSE's DSPT website provides extensive information about the toolkit, including a summary of the assertions and evidence items. The DSPT is an online self-assessment tool that assists organisations to measure their performance against the National Data Guardian's 10 Data Security Standards. There are different levels of DSPT for different types of organisations. BSW ICB is a Level 1 organisation, equivalent to NHS Foundation Trusts, which means that the ICB has to meet a particularly comprehensive set of assertions.

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

1.5. The previous DSPT was submitted on 9 June 2023 by BSW ICB and achieved the required level of 'Standards Met'. The ICB is required to undertake a self-assessment against the DSPT and make a submission for the period 1 July 2023 to 30 June 2024.

1.6. The Level 1 DSPT for 2023-24 consists of 108 mandatory and 20 non-mandatory complex and interlinking assertions (requirements). Each of these requirements stipulates prescriptively what evidence should be provided to support the assertion that the ICB is compliant with the requirement.

1.7. It is mandated via the NHS Standard Contract and the DSPT requirement that ICBs must annually complete a DSPT audit/independent assessment that follows the DSPT Independent Assessment Guides. The guides stipulate every

year the mandated scope that the audit providers must follow. The ICB was selected to be audited by NHS England for this year's submission. See section 2 for further information regarding the audit and its outcomes.

2. DSPT progress

2.1. BSW ICB made a baseline DSPT submission to NHS Digital in February 2024 to provide assurance that the self-assessment is underway. The BSW ICB Information Governance Steering Group (IGSG) oversees the significant and substantial programme of work that is required to undertake the ICB's DSPT self-assessment. The IGSG, through close working with management, ensures that any issues arising in the course of the self-assessment are addressed, and providing assurance to the Audit and Risk Committee with regards to the ICB's progress with the self-assessment and also with regards to the ICB's arrangements to continuously ensure secure and compliant processing of personal data.

2.2. The majority of DSPT requirements are now complete with evidence in place to show the ICB's compliance and achievement of standards. The remaining 31 DSPT assertions are in progress, their completion is closely linked to the independent audit of the ICB's completion of the DSPT.

2.3. A detailed document setting out the assertions, and the ICB's performance against them is available on request should board members require further information (please note it is very detailed and contains sensitive information).

2.4. An audit was undertaken by KPMG during March 2024. Following their review of the ICB's self-assessment, auditors requested further clarification / evidence for 31 assertions. Auditors' final report is pending, following further discussions and a close-down meeting; the auditors' draft report provided an overall rating of 'significant assurance with minor improvement opportunities' which confirms that the ICB's systems for data security are generally well designed. Four recommendations have been made, none of which present a major risk; at the time of writing, the grading of these recommendations is under discussion. Addressing these recommendations will form part of the IG workplan for 2024/25.

2.5. The finalisation of the DSPT submission is progressing at pace, and the ICB is optimistic to make a fully compliant submission in June and to achieve "Standards Met" as in previous years.

3. Recommendations

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

3.2. Due to the timing of the final submission, due by 30 June 2024, it will not be possible to bring the final complete self-assessment to the Board for consideration and approval before submission.

3.3. The Board is therefore asked to delegate approval for the final submission to the ICB Executive Group, who will receive the final DSPT submission from the ICB's Information Governance Steering Group, endorsed by the SIRO.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	14
Date of Meeting:	16 May 2024		

Title of Report:	BSW ICB Corporate Risk Management
Report Author:	Anett Loescher, Deputy Director of Corporate Affairs
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	Appendix 1 – BSW ICB Corporate Risk Register

Report classification	BSW ICB
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	x
2. Fairer health and wellbeing outcomes	x
3. Excellent health and care services	x

Previous consideration by:	Date	Please clarify the purpose
Risk Management Group	26/02/2024	Review
Executive Management Group	20/03/2024	Approval
Risk Management Group	22/04/2024	Review
Audit and Risk Committee	02/05/2024	Assurance

1	Purpose of this paper
Since our last report to the Board, we have been continuing to make arrangements to strengthen the BSW ICB's risk management work and processes. The Risk Management Group (RMG) has been formally established and has met twice.	

The RMG is an advisory group to the Executive Group, and its focus is initially on the in-depth scrutiny of local risk registers and recommendations to Executive Group regarding the inclusion or de-escalation of risk to / from the corporate risk register. The Executive Group has begun to utilise the RMG, including for targeted interrogation of local and corporate risk registers.
The formal consideration of risk, by the RMG and Executive Group, has moved to a bi-monthly cycle (RMG and Executive Group meeting in alternating months, effecting a monthly consideration of risk). The day-to-day management of risk is undertaken at local levels.

We present the latest approved BSW ICB corporate risk register which was considered and approved by the Executive Group in March, and considered by the Audit and Risk Committee in May.

2	Summary of recommendations and any additional actions required
The Board is asked to **note** the BSW ICB 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
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 Impact Assessment
N/A	

7	Statement on confidentiality of report
The Corporate Risk Register is not considered to be a confidential document. However, there may be specific risks that are considered confidential, and these are not included on the published risk register.	

BSW ICB Corporate Risk Register

Mar-24

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 risk 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
BSW ICB 01	Quality Safety	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	06-Mar-24	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, there continues to be a focus on achieving further improvements .	* 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 plans being revisited. * Governance and reporting changes to UCF Delivery group Reporting to Quality and Outcomes Committee and Board as required.	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. BSW wide Demand and capacity modelling review being undertaken to take learning from planning for winter for 23/24.	1. Locality discharge from hospital plans to deliver additional capacity through planning for 24/25. 2. UEC recovery plan for 2023/24 revisited, the plan covers 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 UC&FB. 3. Additional capacity requirement identified in Wiltshire approved by the ICB Recovery Board, funded for 23/24 - to inform the decisions for allocation of funding for 24/25. 4. Additional funding allocated through BSW Recovery board to support additional schemes - P1 for Wiltshire, ARI hubs for paediatrics, Princess Lodge beds, Acute trust additional monies to support internal flow in 23/24. 5. Care Co in place to support reduction in attendances that will lead to a reduction in back door demand from acute trusts 6. Winter learning event to review 23/24 provision and lessons learnt to be taken into 24/25.	Heather Cooper, Director of Urgent Care and Flow	Plans will be iterative and will be monitored. Review end of March 2024.	Amber	4	3
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	07-Dec-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 plan. 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. Annual Plan (balanced by system 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~~ 3-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
BSW ICB 03	Quality Safety	01-Dec-20	Hospital handover delays	ICS 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	06-Mar-24	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.	* 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 rest 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. BSW 2023/24 Ambulance handover trajectory has been developed and monitored on a weekly basis. Review of 24/25 position underway in discussions with the regional Ambulance Operational Executive meeting.	* Oversight of SWAST performance Ambulance Governance meetings - new Governance arrangements in place for Ambulance services with Dorset as Lead Commissioners * 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.	Updated Actions 1. BSW Care Coordination - reset week completed and learning applied, decision to continue into 24/25 with the model TBC, with BSW Execs . 2. GWH Internal action plan completed with plans to open up additional pit stops, additional cohort space, increasing speciality inreach into departments, front door team alignment, increasing weekend medical cover to support discharges, internal reset week, improve use of discharge lounge 3. RUH - Additional Cohort space with SOP utilised when fit to sit closed and overnight 4. 6A+ Ambulance Audit at RUH to be completed and added to system learning to be shared with acute trusts and partners 5. Expansion of SDEC offers at RUH and SFT to avoid handover at ED 6. Additional funding to support system demand by increasing capacity pre and out of hospital - children acute respiratory hubs, princess lodge beds, additional Wiltshire P1 capacity 7. Focus on 76% delivery of 4 hour standard in March with continued focus on flow 8. Rollout of XCAD in Non-ED areas at the acute trusts to increase handover compliance.	Heather Cooper, Director of Urgent Care and Flow Emma Smith, Head of Urgent Care	Reviewed on a monthly basis at UCFB and also through OEC and APB. Score to be reviewed next month re: performance. We have not achieved the ambulance trajectories for 23/24 to date.	Amber	4	4
BSW ICB 06	Workforce	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	13-Dec-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. 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. There is a national expectation to reduce premium spend associated with bank and agency staffing to 3.7% of total pay-bill 2023-24, at this time BSW partners are forecast not to achieve this however, extensive work is underway to identify solutions through better use of bank, the implementation of eJob Planning and eRostering and a system-wide approach to WLI's as part of the BSW Recovery piece. 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. 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 Hospices	**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 implemented. **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. 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: System Workforce Plan as part of the Operating Planning Process and Narrative and Numerical Workforce Plans 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). 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. For apprenticeship restrictions - System have communicated ongoing issue with NHSE at a Regional and National level. BSW have developed an accurate apprenticeship dashboard to provide oversight of system wide apprenticeship implementation to inform on gaps, risk and under/overspend on levy. Ongoing engagement and learning alongside HEI and secondary educators, as BSW continues to develop student engagement through career advisors, mobilising H&C ambassadors (by school), virtual work experience, system wide preceptorship programme (Nursing, Higher Development Awards now open with encouraging levels of Expressions of Interest from partner organisations within Health & Care, working with Wiltshire College.	Chief People Officer BSW Strategic Workforce and Intelligence Lead Chief People Officer	30/10/2023 31/03/2024	Amber	4	4
BSW ICB 12	Quality Performance & Delivery	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 Rebecca Gardiner Strategy and Transformation Project Manager	ICB	06-Mar-24	4	5	20	↔	9	TREAT	There is a risk that the ICB Community Services recommissioning and transformation programme is not effectively organised or sufficiently resourced resulting in key timelines not being met with the potential for reputational, financial, quality, outcomes, legal challenge and delivery risks. There is a risk of misalignment between ICB and LA commissioning, governance and procurement approaches resulting in fragmented provision, delay in decision making with potential impacts on patient care.	1) ICB Executive are core members of the ICBC Programme Board 2) ICBC programme plan forward planning through to ICBC contract award and mobilisation 1) MOI formally approved through ICBC Programme Board, in presence of representatives from all BSW Local Authorities, and sets the context and ambition for the procurement 2) Detailed ICBC programme plan includes formal governance gateways	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. External Engagement Specialist recruited with an expected start date in March 2024.	1) ICB Executive are core members of the ICBC Programme Board 2) ICBC programme plan forward planning through to ICBC contract award and mobilisation 1) MOI formally approved through ICBC Programme Board, in presence of representatives from all BSW Local Authorities, and sets the context and ambition for the procurement 2) Detailed ICBC programme plan includes formal governance gateways	1) Anna Field, ICBC Programme Director 2) Anna Field, ICBC Programme Director 1) Laura Ambler, ICB Executive Director of Place - Bath and North East Somerset 2) Becky Paillin, ICB Head of Finance - Programmes, Financial Planning, Coordination and Recovery	1) July 2024 2) September 2024 1) September 2024 2) September 2024	Amber	3	5
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	07-Dec-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 (3yr-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 past 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 (3-5year) 5) In development	System DoFs.	Ongoing. Comprehensive capital report for September F&I committee.	Green	5	4
BSW ICB 19	Quality Performance & Delivery	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	↔	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: UB 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	5	4
BSW ICB 04	Workforce	28-Sep-22	Industrial Action	ICS NHS organisations and partner organisations	Jas Sohal, Chief People Officer	ICB HR Leads ICB Quality Leads Systemwide Leads ICB EPRR Lead	People Committee Quality & Outcomes Committee	05-Dec-23	5	4	20	↔	6	TREAT	Due to a variety of member approved industrial action ballots by various trade unions, BSW and partner organisations have experienced ongoing industrial action, which has the potential to destabilise service delivery and patient care, due to reduced skills and safer staffing levels. This could also lead to a slow down in elective recovery, longer waiting times and discharge delays. Risk level lowered and stepped down from Corporate risk in October however, risk escalated again as a result of the announcement of further, significant Industrial Action periods across BSW, affecting safer staffing levels across health and care services 28/11/23 - UNISON issued intention to strike mandate on WH&C re non-payment of recognition payment to all AfC staff 05/12/23 - BMA Announced Junior Doctors 3 day strike 20-23 December and six day strike from 3-9 January. 05/12/23 - In response to the announcement that the Government have offered 4.95% to Consultants, RCN are currently considering further IA	Ongoing conversations with NHSE and BSW Providers to ensure readiness and sufficient planning processes in place pre and post industrial action including local level derogations and trade union intelligence. Working closely with EPRR colleagues across the system to plan for industrial action.	An Industrial Action Plan for coordinating a response has been prepared with system partners. Q&A reporting to NHSE for services affected by industrial action. Workforce cell – HR Leads meet to discuss organisational activities, the outcome of Trade Union conversations, derogation options and ensure a BSW response to industrial action is approached in a cohesive and collaborative manner Local Health Resilience Partnership – An EPRR forum for sharing information and assurance of other response arrangements Organisational HR – Focused on ensuring that Organisational Industrial Action and Continuity plans and policies are robust and fit for purpose. Establish daily gold, silver, touchpoint calls with all providers pre, during, and post strike action days.	Role of ICB -Collating the assurance of readiness system-wide reported to NHSE -Supporting providers with redeployment where required -Implementation of Strategic and Tactical Co-Ordination Group to ensure BSW responds to Industrial Action in a co-ordinated manner to include activities at time of strike but also to monitor service recovery -Establish IA Groups for comms and Nursing and Quality - Ongoing communications with NHS Employers and the wider system sharing lessons learned in previous strike action i.e.. derogations process, NHSE SCDS reporting, risk assessments nurturing an ongoing culture of support for affected organisations among system wide partners. 27/11/23 BMA confirmed that following intense negotiations government have offered 4.95% investment in pay for consultants. BMA currently out to members encouraging support for this offer which will take affect from January 2024. HCSA have mandate in place for Junior Doctors, expiring January 2024	BSW NHS Employers CPOs People Leadership Team EPRR Teams Urgent Care Teams EPRR Accountable Officer System Partners NHSE	Mitigations to be in place until Government and trade union agreement is reached.	Amber	4	3
BSW ICB 08	Quality Safety	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	George Ruddle / Jane Rowland/ workforce subgroup chair	Thrive Programme Board People Committee	05-Mar-24	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. A lack of trained staff means that we have had to implement business continuity arrangements in some services; currently in place for Swindon CAMHs and AWP OOH (augmented model phasing in). 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 in progress - in-depth update April. Business Continuity Plans continue to be shared with system partners. International Recruitment within AWP and OHFT ongoing. AWP rolling annual turnover (Trust level report, reported Jan 24) has slightly improved in Sept 23 report (13.2%). Recruitment to attrition position 72:56 (trust level).	1) 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. 1.1) AWP rolling annual turnover (Trust level report, reported Jan 24) has slightly improved in Sept 23 report (13.2%). 1.2) Recruitment to attrition position 72:56 (trust level). 1.3) AWP assured on ability to achieve good recruitment against transformation plans whilst sustaining core services. 1.4) AWP roll out of advice and guidance in Wilts, to support service user optimisation of service user contact, whilst ensuring efficiency of responsiveness to primary care enquiries. Work underway with Local Authorities to identify ways in which we can mitigate crisis for Children and Young People who have experienced significant trauma to support improved pathways and reduction in emergency department attendances, with consequent impact on CAMHS liaison staff.	Julian Feasby, Director of HR, AWP. Andrea Shand, Associate Director for BSW CAMHS, Oxford Health.	1) On-going recruitment	Amber	3	4
BSW ICB 09	Quality Performance & Delivery	12/05/2021	There is a risk that elective care capacity will not recover as planned.	ICS system organisations	Rachael Backler, Chief Delivery Officer	Mark Harris, Director of Commissioning	Elective Care Board & Elective Recovery Sub-Group	06-Mar-24	4	4	16	↔	8	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 seen within 6 weeks.	Weekly long wait end of month forecasts submitted to NHSE for 65 week waits and reviewed to inform local response and mutual aid / capacity concerns. Mutual aid opportunities between acute providers and joint working of service teams in hot spot specialties reviewed fortnightly. 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). Memorandum of Understanding in place within all IS provider contracts to support requests for mutual aid. All three acute providers participating in the new NHSE led Digital Mutual Aid (DMAS) process and supporting contract with IS providers for requested mutual aid transfers.	Operational performance report reported to Quality & Outcomes Committee ERF position and forecast reported to Elective Care Board and Finance and Investment Committee. Elective Care Performance and remedial action plans and progress reported to Elective Care Board supported by operational discussions and the Elective Recovery sub-group. Impacts of ongoing industrial action on forecasts not fully quantified.	1. Increased theatre productivity - actions from Four Eyes review (In place - Lead :Acute providers) 2. Completion of actions for High Volume Low Complexity (Lead : Acute providers) 3. Development and submission of business case for 2 additional theatres at Sulis Hospital - planned opening in 2024/25 4. Opening of 14th Theatre at GWH (Aug 23 - Lead GWH) 5. Introduction of system waiting list tool 6. Increased ASA grade activity at Sulis and day case arthroscopy 7. Diagnostic recovery action plans and NHSE site visits (Plans to be refreshed from Oct 23 visits Lead : Lucie Owens and Rob Gittens) 8. Regional diagnostic deep dives to review opportunities for adopt and adapt from other systems. 9. Additional mobile capacity being reviewed with InHealth for RUH on Bath Clinic pad 10. Reconfiguration of use of mobile vans between SFT and GWH to address pressure 11. Implementation of patient initiated digital mutual aid process 12. GWH Gastroenterology remedial action plan including additional weekend lists, validation and increased patient initiated follow ups. 13. RUH Gastroenterology remedial action plan including prioritisation of long waits, validation and outsourcing. 14. RUH Cardiology remedial action plan including validation, use of junior doctors and additional consultant recruited. 15. GWH Diagnostic Ultrasound remedial action plan including insourcing to recover to 85% by March 24. 16. RUH Diagnostic Ultrasound remedial action plan including insourcing at weekends and waiting list initiatives to recover to 85% by March 24.	1) Acute Providers 2) Acute Providers 3) Victoria MacFarlane 4) GWH 5) Acute Providers 6) RUH 7) Lucie Owens and Rob Gittens 8) NHSE 9) RUH 10) Lucie Owens 11) Amber House 12) Felicity Taylor Drewe (GWH) 13) Niall Prosser (RUH) 14) Niall Prosser (RUH) 15) Felicity Taylor Drewe 16) Niall Prosser	1) Next review May 24 2) Next review May 24 3) Completed. 4) Completed 5) Completed 6) Completed 7) Completed 8) Completed 9) Completed 10) Completed 11) Completed 12) Completed 13) Completed 14) Completed 15) March 24 16) March 24	Amber	3	4
BSW ICB 10	Quality Performance & Delivery	29/11/2019	There is a risk that cancer waiting times will not meet the NHSE target levels required	ICS system organisations	Rachael Backler, Chief Delivery Officer	Mark Harris, Director of Commissioning	Elective Care Board & Quality and Outcomes Committee	06-Mar-25	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 task and finish group commenced Oct 23 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 flexi. Skin at SFT: plastics locum in place now; additional trust clinician starts Oct; routine work - looking to provide insourced 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.		Monthly reports to Elective Care Board and Cancer Alliances to March 2024	Amber	3	4
BSW ICB 11	Quality Safety	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 Designated Nurse for Children Looked After Sally-Ann Harrison Designated Nurse for Children Looked After	Quality and Outcomes	05-Mar-24	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). Nov 23 I have added an update to the mitigations. The overall situation remains the same with a lack of provision both locally and nationally for children looked after, particularly those with complex needs. Locally the 2 young people who have been in acute paediatric hospital beds for months have both been discharged. Unfortunately there are others who are at risk of being admitted to acute paediatric beds and having no placement to be discharged too.	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. 7. A C&YP Summit has been arranged for November to look at how as a system we reduce the number of CLA staying in acute hospitals due to lack of a suitable placement. 8. Sharing of good practice example and guidance across acute trusts in BSW ICB following learning from RUH of a child successfully being discharged quickly following an admission and when fit for discharge there being no placement, escalation process used effectively. 9. Wiltshire have secured central government funding for additional residential placements and supported accommodation for CLA to be built in Wiltshire. BSW ICB to be involved in planning support services including CAMHS.	1 National 2, 3 Anne Gray 4. Gill May 5. Anne Gray /Jane Rowland 6. Georgina Ruddle 7. Anne Gray 8. Anne Gray 9. Anne Gray/ Wiltshire	1. TBC 2. Monthly 3. End of 2023 4. End September 2023 5. October 2023 6. End September 2023 7. End of November 2023 8. March 2024 9. March 2025	Amber	3	4
BSW ICB 13	Quality Performance & Delivery	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	06-Mar-24	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. Concerns about the capacity and resources with the Collaborative Commissioning Hub (specifically on dental) to be able to deliver all functions and support as described in MOU and ability / willingness to work with each ICB to meet ICB governance requirements and SORD.	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 and monthly reports to Exec Management meeting. 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. Quality, Finance & Performance dashboards to be developed. South West Task & Finish Group to be set up focusing on recovery of dental access. Dental access taken to September's Executive Performance & Risk Meeting. ICB Board Development session to discuss PODD Oct 2023. POD update to PCEG reporting to Exec Management Meeting monthly. SW PCOG away day and review of actions focussed on governance and decision making. Still awaiting outcomes of the SW PCOG discussion for BSW agreement. Undertaking BSW Primary Care Commissioning Assurance Framework Annual Self declaration to be reviewed through the ICB's internal audit service, with any audit recommendations to be reported to NHS England regional teams. Ongoing Internal Audit to review processes and controls over completion of the annual self-declaration, as well as testing a sample of questions within the checklist to assess the robustness of evidence available to support the RAG rating assigned by management. First draft report beg March to present to Audit Committee May 24. Dental recovery plan update to EMM March and taken to ICB Board 28.03.24	Victoria Stanley Programme Lead, POD.	April 24 Timelines in national dental recovery plan by March 25	Green	3	4
BSW ICB 22	Quality Performance & Delivery	15-Nov-23	Mental Health Services Transformation	ICS system organisations	Gordon Muvuti, Swindon Place Director	George Ruddle/ Jane Rowland	Thrive Programme Board	05-Mar-24	4	4	16	↔	12	TREAT	Performance and outcomes for mental health are not where they should be, BSW is not meeting all the mandatory NHS E MH key performance indicators - SMI physical health checks, Dementia diagnostic rates, CYP Access, Talking therapies access and recovery [to note internal waits are a concern], as well as compliance with required operational models including ARRS, the CSF programme has not been fully implemented in BSW, there is no clearly articulated delivery plan and there is insufficient oversight of performance and outcomes. 111-2 operational model has not been fully developed, resulting in a expected breach of the nationally mandated go live date. The main driver being underdeveloped models of care in the community and lack of transformation in community services.	Improvement board being set up with BNSSG, delivery plan to be completed by March 2024, targeted measures in place to improve in year performance, discussions with BNSSG about contractual model and oversight, AWP leadership model being revised (joint contract review process live).	None of the existing controls have been implemented as yet.	Letter provided to commissioning leads in BNSSG - November 2023 Bi-lateral contract meetings to be established between BNSSG and BSW, terms of ref to be developed - determination through contract review process. Contract meetings for 2024/25 to be aligned with planning round and detailed plan for improvement (incl service specifications, resetting of KPIs etc) to be developed with clear lines of accountability and responsibility - Q3 and Q4 2023/24 BSW MH strategy [drafting in progress, final narrative to be submitted to Board March 2024), focus on improving standards or provision re delivery models and outcomes between 2024-2029.	Gordon Muvuti	Mar-24	Amber	4	3

BSW ICB 27	Workforce	13-Dec-23	Community Pharmacy Access	ICB corporate body ICS NHS organisations	Fiona Slevin-Brown, Director of Place Wiltshire, Executive Lead for Primary Care	Jo Cullen, Director of Primary Care Victoria Stanley, Programme Lead, PCD.	Primary Care Executive Group	06-Mar-24	4	4	16	⟺	12	**TREAT**	There is a risk of reducing access to community pharmacy due to a current workforce shortage in BSW, reduced pipeline of pharmacists training and remaining in the BSW area and pharmacy closures and consolidations of branches. There are significant changes being made to pharmacy education and training that will require increased placement capacity and support to train Independent Prescribers from 2026 and may necessitate cross sector placements. There is a need to understand training needs of postgraduate pharmacists to upskill them to deliver an increasingly clinical role as well as the risk of the capacity of pharmacists to undertake learning and absorb, given the current demand. This may compound the current pharmacy workforce shortage across BSW. Currently there is a 25% vacancy rate for registered pharmacists and pharmacy technicians with an inability to fill training places and retain existing staff across BSW. This exposes Patients and the public in BSW to increasing health inequality in the form of: - Inequity of access to care - Inequity of access to medicines review post-discharge - Screening services The current shortage of pharmacists and pharmacy technicians is leading to risks of more closures and high use of locums (which also impacts on financial sustainability due to increased pay rates) which in turn may lead to additional risk of closure reduced continuity impacting continuity for repeat scripts to patients, spiralling costs and thus impacting profitability for the pharmacy. This has deteriorated by the introduction of the Primary Care Network Additional Role Reimbursement Scheme (ARRS) roles and the opportunity for clinical development & prescribing roles working across General Practice has had a significant draw from the community pharmacy workforce, depleting staff and impacting on workforce pressures. This is resulting in an inability to provide essential community pharmacy services, as well as commissioned services, but also on the new clinical services. The BSW system is reliant on this primary care service to aid additional patient demand during the winter season as well as being able to deliver at other times of the year, especially at peak demand times when General Practice will be reliant on Community Pharmacy to aid in the patient-facing demand. This will impact on the ICB's success of implementing the Primary Care Recovery Delivery Plan.	Regular updates on numbers of closures are reported to the Hub and onto the ICB, as well as via the Pharmacy Operational Group and SW PCOG and the unplanned closure policy remains under review. Working with the Hub we are reviewing communications processes with all Community Pharmacies to ensure patients are signposted accordingly to an alternative provider and that nearby GP Practices and relevant stakeholders of any such unexpected closures as well as timely updates of the DOS and contractors are reminded to do this. Contractors are being reminded of their responsibility to ensure business continuity plans are up-dated to reflect the required actions.	We recognise the conclusion of the National discussions regarding funding. However, do need to secure funding for the continuation of existing workforce development structure, but recognise conversations have also started on this. Working with local authorities across the system we have developed a task and finish group to better understand the wider challenges pharmacies are experiencing, whether these issues are specific to Swindon/Wiltshire and how this fits with the national picture. We are also working with Healthwatch colleagues to remain sighted on public and patient feedback and welcome their recent report on medication access. We are reviewing current local service provision and commissioned services with pharmacy to identify any gaps and opportunities for provision.	A System workforce team has been established, including an education and training pharmacist on a fixed term basis to explore and mitigate the structural causes of low recruitment and retention in BSW: -Attraction to Pharmacy as a profession -Training opportunities and apprenticeships -Training support, supervision and pastoral care -Equitable recruitment across the system -Retention Transformation education and training pharmacist and pharmacy technician roles in place. Equality A teach and treat programme is in development for training cohorts of Independent Prescribers and developing DPP capacity for the future. For the coordination and development of the PNA 2025-28 the Health and Wellbeing Board will be providing the lead support for convening the steering group, creating the timescales and actions etc. The arrangement for advice to the Health and Wellbeing Boards on the applications of change in community pharmacy provisions between PNA cycles to support the evaluation and ongoing support and management of the current PNA linking to the ICB will be via the BSW Community Pharmacy Operational Group i.e. review all applications/notification changes of community pharmacy provisions across BSW and highlight any significant changes which may create a gap in pharmaceutical services locally to the Health and Wellbeing Boards.	Helen Wilkinson	Apr-24	**Amber**	3	4
BSW ICB 16	Regulation & Governance	08-Mar-23	Cyber Attack	ICS system organisations	MULTIPLE Organisations	TBC / Steve Mapleston	Cyber Technical Design Authority	29-Feb-24	3	5	15	⟺	10	**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 -Wirelelss 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 The cyber threat constantly evolves thus significant effort is required just to maintain current level of risk.	-Use of Microsoft MDE (National NHS Microsoft defender antivirus and alerting tool) -Roll-out of MFA (Multi factor authentication i.e. one time codes) -Individual Trust Cyber Staff -National SOC (security operations centre) Cyber monitoring -National Respond to a Cyber alert requiring orgs to acknowledge and action high severity threats -Increasing willingness across the ICS to work together on cyber including formation of ICS wide cyber group (CTDA) -Monitoring of ICS wide cyber risk at ICS level via new ICS Cyber Group (CTDA)	DPST (NHS Data protection Security Toolkit) 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 espacially for suppliers that we do not contract with directly or are on national frameworks ICS Cyber Exercise to take place Nov 23 learning being collated and reviewed at CTDA (Due Dec 23) All orgs to use BitSight with external IPs mapped (Due Dec 23 COMPLETED) Softcat Cyber capability assessment (March 24) CTDA meeting with national CSOC to better understand who does what and how we can work together better (Dec 23) NHS Mail MFA levels being monitored via CTDA and TDA see MFA reporting tab (target ICS at 90% by April 24) - Currently 86% Feb 24 Cyber Security Paper to ICB Audit Committee (Dec 23 COMPLETED) Cyber ICB Board update (COMPLETED Jan 24) ICB Board Cyber Awareness (COMPLETED Feb 24) Creation of ICS CTAC (Cyber advice cell) for EPRR (March 24) Key system mapping (March 24)	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**	3	5
BSW ICB 20	Quality Safety	06-Oct-23	PHB Management	ICS system organisations	Gill May, Chief Nurse Officer	Sarah- Jane Pafflere, Associate Director of Quality and Patient Safety	ICB	06-Oct-23	5	3	15	⟺	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**	6	3

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	15
Date of Meeting:	16 May 2024		

Title of Report:	BSW Performance and Quality Report
Report Author:	Clarisser Cupid, Head of Patient Safety and Quality, Jo Gallaway, Performance Manager
Board / Director Sponsor:	Gill May, Chief Nurse, Rachael Backler – Chief Delivery Officer
Appendices:	Integrated Performance & Quality Dashboard and Exception Reporting

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	

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 Executive Management Meeting	17/03/24	Review of performance across the oversight framework domains
ICB Quality and Outcomes Committee	07/05/24	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 key ICB Governance meetings, particularly the Quality and Outcomes Committee and 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, for the meetings attention.

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, the NHS Constitution and the NHS operational plan.	

4	Risks

All known Quality, Patient Experience and Safeguarding risks are monitored and managed through the N&Q risk register. Performance delivery risks sit across the divisional risk registers. Risks scoring above 15 are escalated to the ICB corporate risk register. There are several risks on the BSW ICB Corporate Risk Register (dated 12/03/24) 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 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
- BSW ICB 22 – Mental Health transformation - community

5	Quality and resources impact	
Quality impacts linked to the performance of the system are highlighted in this report. This report notes the key areas of focus for the BSW ICB Patient Safety and Quality team. The oversight of the safe and effective delivery of care across commissioned services is monitored through provider quality reporting, quality assurance meetings and visits, with participation from the ICB Patient Safety and Quality team to assess learning, agree and monitor improvements.		
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.	

Overview of Performance

1. Introduction and purpose of report

1.1. This report is provided to give an overview of current performance and to summarise the key information contained within the detailed performance dashboards attached to this document.

1.2. The Quality exception reporting outline the following areas:

- The Independent Review of Greater Manchester Mental Health NHS Foundation Trust
- Infection Prevention and Management (IP&M)
- Maternity and Neonatal
- Implementation of the national Patient Safety Incidence Response Framework (PSIRF)
- Continuing Health Care (CHC)

2. Key operational performance information

2.1. The Q3 NHSE Oversight Framework Segmentation process for the ICB and providers showed minimal changes from the Q2 position with the ICB, RUH and SFT in Segment 3. GWH have been given further time to work on the 'segment 3 avoidance criteria' in Q4. The segment 3 exit criteria have been updated and are being reviewed by the ICB and providers. The Q4 process is underway, and feedback is due mid-May.

2.2. We have had notification that all three acute providers are entering Tier 2 (regionally-led support) for Q1 for Cancer and Diagnostics.

2.3. BSW urgent care system performance deteriorated in Q3, in respect of ambulance handover delays, category 2 ambulance response and A&E 4-hour. This has meant that BSW moved into NHSE Tier 2 (regionally led support) for UEC.

2.4. RUH's 4hr performance remains the most challenged but showed an improvement to 62.2% in March, GWH (73.8%) and SFT (75.3%), also improved. BSW total (of Acutes) improved to 70.3%.

2.5. GWH continues to have the highest proportion of ambulance handover delays and an ambulance handover recovery plan is in place supported by the system. March results showed some improvement across the Trusts and BSW, better than January and February. Overall BSW's NCTR occupancy is 16% in March, not meeting the Winter plan target of 13%.

2.6. RTT long waiters - February 2024 reports showed 82 BSW commissioned 78 week waiters and 56 at BSW Acutes. The 78 week waiters were expected to be cleared by March 24 but provisional March data suggests 19 BSW

commissioned and 4 at BSW Acutes. Long term resolution planning is ongoing.

2.7. Diagnostic performance is improving with DM01 performance (the % of the waiting list over 6 weeks) improving to 26% in February 2024, still above the regional target of 15%. The key driver of the challenged performance remains non-obstetric ultrasound workforce and capacity. Remedial action plans have been in operation for several months but as they are focusing on patients already over 6 weeks wait, there is a lag before this shows into performance figures. The insourced provider at GWH has significant planned improvement by the end of March 24.

2.8. Cancer waiting time reporting for February shows BSW did not meet the new national standards. 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 system met the March 2024 62 day cancer fair shares target overall.

2.9. In mental health, BSW Talking Therapies (TT) access is below trajectory. Workforce is increasing but dependent on training programmes which will come to fruition next year. The Talking Therapies Fundamental Service Review (FSR) scope has been mobilised and will be completed by May 2024.

2.10. The CYP access standard in February is at 70% of committed trajectory. Expected developments to national reporting are delayed. There is an ongoing improvement plan to ensure all eligible providers are submitting CYP access data to MHSDS and continued focus on recovering performance in the Swindon service.

2.11. Core community mental health services are reporting at 79% of plan by February 2024. The third sector providers are working to meet the criteria to enable the flow of data to national. If all providers were reporting on MHSDS we would expect to be on plan.

2.12. Dementia diagnosis rates are slightly up in February. DDR improvement workers started in March 24. Year end position anticipated below target.

2.13. Complex LDA inpatient numbers (all-age) have reduced in Q3 but continue above the plan trajectory. Direct management of inpatients is progressing through the weekly BSW practice forum, which has been set up to ensure an increasing level of oversight of patients and discharge plans.

3. Key quality, patient experience and safeguarding information

3.1. Manchester Independent Review Learning: This report provides an overview of significant events following the BBC Panorama's exposé of abuse at the Edenfield Centre, Greater Manchester Mental Health Foundation Trust (GMMHFT) in September 2022. NHS England commissioned an independent review led by Professor Oliver Shanley OBE, which underscored a lack of focus on understanding patient, family, and carer experiences within the Trust.

Key findings included insufficient senior mental health expertise in the ICB, gaps in safeguarding information and assurance, and complexities in commissioning GMMH services. The report highlighted delays in system risk oversight and escalation in line with National Quality Board guidance, emphasising the need for improved leadership, communication, and quality monitoring practices.

3.2. Infection Prevention and Management

- There are ongoing quality improvement programmes within the BSW Integrated Care System (ICS) addressing healthcare-associated infections (HAIs) and associated risks. The BSW ICS Infection Prevention and Management (IP&M) collaborative is actively managing the rate of HAIs such as MRSA, Clostridioides difficile, Klebsiella, and Pseudomonas, with specific attention to surgical site infections and the national measles incident.
- The BSW IP&C collaborative is developing a system-wide strategy aligned with the South West IP&M strategy, conducting investigations into community cases, and planning learning events to inform system-wide improvement plans. Additionally, successes in reducing E-coli bloodstream infections and MSSA infections are being evaluated for shared learning across relevant committees and collaboratives within the BSW ICS.

3.3. Serious Incidents (SI) 2023/24: At year end 2033/2024, a total of 156 incidents were reported across BSW health system between April 2023 and March 2024 (as per 2023/2024 SI definitions and framework). The detailed Serious Incidents Annual Report 2023-24, to include benchmarking data, trends, themes and shared learning, will be presented to the Quality and Outcomes Committee in July 2024.

3.4. Patient Safety Incident Response Framework (PSIRF): As of 1st April 2024, all providers have transitioned from Serious Incidents Framework to the Patient Safety Incident Response Framework (PSIRF). The PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents. Its primary purpose is to facilitate learning and improve patient safety by understanding how incidents happen and identifying contributing factors. PSIRF now replaces the serious incident framework.

3.5. Continuing Health Care (CHC): BSW ICB's Quarter 4 submission shows a significant improvement, with 52% of all CHC assessments completed within 28 days, marking a 34% increase from Quarter 1 of 2023/24. Fast Track referral conversion rates have increased to 90%, and a revised model for fast-track discharges is yielding positive results, with an upcoming audit to further assess its effectiveness. Swindon's SeLECT model is under review for alignment and improvement, with an improvement event scheduled for May 2024.

3.6. Maternity and Neonatal:

- Review of Countess of Chester legal case with actions taken within BSW providers of maternity and neonatal services to ensure that Freedom to Speak Up processes are strengthened. Perinatal quality and safety surveillance processes are in place in BSW ICB with regular oversight of neonatal and maternal mortality/ morbidity reports, perinatal quality and safety data/ reports from a variety of sources including provider, regional and national data supporting early identification of issues or concerns. The LMNS dashboard work is in progress.
- The Maternity and Neonatal Independent Senior Advocate role has been launched in BSW as a national pilot site for provision of independent support for families involved in investigation processes in the NHS, when an adverse outcome occurs in maternity or neonatal services.
- Maternity and neonatal services continue to focus on safety and quality improvement work including full implementation of NHSE Saving Babies Lives Care Bundle to reduce stillbirths and neonatal deaths, Clinical Negligence Scheme for Trusts Maternity Incentive Scheme Year 6 and reducing inequalities in health care outcomes for pregnant people/women and babies.
- Service user voices embedded in all maternity and neonatal quality improvement

4. Key financial performance information

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

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

5. Key workforce performance information

5.1. Agency usage is in special case improvement with continued usage below planned levels for the fifth month this year. This is alongside the reduction of off framework usage and improving price cap compliance.

5.2. Bank usage continues to fluctuate with no significant increase or decrease in the monthly amount of bank shifts used. However, this is above the operating plan submission for 2023/24 and is being reviewed with providers.

5.3. We are reporting in more detail on monitoring of bank and agency as part of the monthly temporary staff report that goes to recovery board.

5.4. Vacancy rate continues to decrease as vacancies are filled and budget remains constant. However, bank and agency usage is approximately double the vacancy rate across the acute providers in BSW ICB.

5.5. Sickness and Turnover are now collected from providers as reported to their boards. Sickness in month and for the 12 month period is consistently improving with a special case improvement for both figures.

5.6. Turnover 12 month is dropping showing a special case improvement with the rolling 12 month figure remaining below the 12% target for the fifth month in a row.

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

BSW Integrated Performance & Quality Dashboard and Exception Reports

May 2024

ICB Board, 16/05/24

BSW Integrated Performance Dashboard

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

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 (including the recent review and replan) plus additional in year ambitions set by NHSE and BSW system partners.

The wider reporting of these metrics continues to be developed with the summary dashboards now including performance against the monthly plan where relevant and a year end or national target

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 assurance icons are looking at delivering the target shown and are based on the actual numbers only and will not always reflect local knowledge.

Metrics with limited data points e.g. annual and with planned / expected change across the year will usually need further interpretation outside of the SPC process.

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

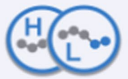
The current process is capable and will consistently pass the target if nothing changes.

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.

Variation Icons



Special cause variation of an improving nature.

Common cause variation, no significant change.

Or blank

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.

Benchmarking - Metrics reported as part of the NHS Oversight Framework include benchmarking out of 42 ICBs and this has been added for available metrics. The ranking is the latest reported on the SOF and may not be for the same period as reported in the IPD.

Finance metrics and their ranking is not included in the main oversight framework reporting. Ambulance metrics are only reported at total Trust level.

The box colour and the letter after the ranking represent the quartile: Highest - green, Intermediate - amber, Lowest - red.

Some metrics have a very few values and so the ranking for many ICBs will be at each value these are marked as joint ranking with a "(J)" after the ranking number.

NHS Oversight Framework: BSW 23/24 Q3 Rating

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

- Under the NHS Oversight Framework, NHSE are required to undertake quarterly segmentation reviews to identify where organisations may benefit from, or require, support to improve performance and quality of care outcomes for patients.
- Following the detailed Quarter 1 review against the six themes in the framework. The Quarter 2 and Quarter 3 reviews were a 'light touch' risk based approach, with a focus on identifying areas of improvement or deterioration against the previous quarter's areas of concern, as well as identifying, by exception, any new areas requiring further consideration.
- The Q3 segmentation review outcome and specific areas in which improvements and further assurance is required, were shared mid-February 2024:

2023/24 Q3	BSW ICB	GWH	RUH	SFT	AWP
Overall Rating by segment 1-4	3 ⟷	2 ⟷	3 ⟷	3 ↓	3 ⟷
Areas in which improvement and further assurance is required	Key areas of concern noted were • Elective – diagnostics • Mental Health CYP Access, Talking Therapies and Dementia • Finance - efficiency, stability and agency spend • LDA – Inpatients • Virtual Wards • Urgent community response	Key areas of concern noted were • Finance - - efficiency, stability and agency spend • Elective – diagnostics • Quality – CQC overall – Requires improvement • Cancer – 62 day backlog • SHMI	Key areas of concern noted were • Cancer – 62 day • Finance - efficiency, stability and agency spend • Elective – diagnostics • UEC – A&E 4 hour standard	Key areas of concern noted were • Finance - efficiency, stability and agency spend • Maternity – safety support programme • Workforce – safety culture and leaver rate • Cancer – 28 day FDS, 62 day backlog	Key areas of concern noted were • Workforce – Leaver Rate and Senior Leadership roles • Quality – CQC overall – Requires improvement • Agency spend

- 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.
- In Q3 there were no changes in ratings by segment. In Q2 SFT entered segment 3, joining RUH; the ICB are required to provide an 'enhanced oversight' process whereby we are now starting to meet with each of the Trusts to carry out oversight of the recovery plans against their segment 3 exit criteria.
- Though GWH have continued in segment 2 at the Q3 review, they are being given more time to work on the specific actions given to avoid segment 3 (in the Q2 review) by the end of March 24.
- The 2023/24 Q4 review is underway in April 24, with feedback due mid May 24
- Tiering letters for 24/25 Q1 have been issued to GWH, RUH and SFT for cancer and diagnostics, due to recent BSW system performance overall.

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

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

ELECTIVE CARE

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
Cancer - 28 Days Faster Diagnosis Standard SOF	BSW COMMISSIONER TOTAL	42 of 42 L	Feb-24	63.0%	69.0%	▲	71.0%	No	75.0%	▲		
Cancer - 31 Day Decision to Treat to Treatment Standard	BSW COMMISSIONER TOTAL		Feb-24	86.0%	91.0%	▲			96.0%	▲		
Cancer - 62 Day Pathways SOF	ALL_ICB - ACUTE TOTAL	21 of 42 I	Mar-24	436	289	▼	327	Yes		▼		
Cancer - 62 Day Referral to Treatment Standard	BSW COMMISSIONER TOTAL		Feb-24	60.0%	64.0%	▲			86.0%	▲		
Cancer - Suspected cancer seen on a non-specific symptoms pathway	BSW COMMISSIONER TOTAL		Feb-24	19	14	▼	120	No		▲		
Cancer - Waits >104 Days	ALL_ICB - ACUTE TOTAL		Mar-24	92	87	▼				▼		
Diagnostics - % of WL over 13 weeks - All Mobalities	BSW COMMISSIONER TOTAL		Feb-24	17.0%	13.0%	▼			.0%	▼		
Diagnostics - % of WL over 6 Weeks - All Modalitie SOF	BSW COMMISSIONER TOTAL	32 of 42 L	Feb-24	36.0%	26.0%	▼			15.0%	▼		
ERF (Elective Recovery Fund) - % Against 19/20 Baseline SOF	BSW COMMISSIONER TOTAL	1(J) of 42 H	Feb-24	110.5%	110.4%	▼	113.0%	No	107.1%	▲		
RTT - Waiting List 65 Weeks+ SOF	BSW COMMISSIONER TOTAL	2 of 42 H	Feb-24	798	564	▼	212	No		▼		
RTT - Waiting List 78 Weeks+	BSW COMMISSIONER TOTAL		Feb-24	82	72	▼		No		▼		

SOF Denotes an NHS oversight framework metric – see slide 2 for notes on benchmarking.

Please note the new 31 day and 62 day combined standards will be taken from national reporting going forwards and have been updated from the results shared in the previous report.

BSW Integrated Performance Dashboard

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QUALITY

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Improvement Direction	Variation	Assurance
Beds closed due to D&V/norovirus like symptoms (Avg p/d)	ALL_ICB - ACUTE TOTAL		Mar-24	23	34	▲	▼		
c.Diff Infection Rate SOF	BSW COMMISSIONER TOTAL	34 of 42 L	Jan-24	160.6%	165.1%	▲	▼		
E.coli Infection Rate SOF	BSW COMMISSIONER TOTAL	27 of 42 I	Jan-24	135.7%	132.2%	▼	▼		
MRSA Infection Rate SOF	BSW COMMISSIONER TOTAL	13 of 42 I	Jan-24	6	6	◀▶	▼		
MSA Breaches	ALL_ICB - ACUTE TOTAL		Feb-24	850	377	▼	▼		
MSA Breaches	BSW COMMISSIONER TOTAL		Feb-24	780	321	▼	▼		
Never Events	ALL_ICB - ACUTE TOTAL		Nov-23	1	1	◀▶	▼		
Percentage of GP Appointments With Good Experience - Annual SOF	BSW COMMISSIONER TOTAL	7 of 42 H	Dec-23		59.7%		▲		
Serious Incidents	ALL_ICB - ACUTE TOTAL		Mar-24	8	12	▲	◀▶		
Serious Incidents - Elective Care	ALL_ICB - ACUTE TOTAL		Mar-24	2	3	▲	◀▶		
Serious Incidents - Maternity and Neonatal	ALL_ICB - ACUTE TOTAL		Mar-24	3	3	◀▶	◀▶		
Serious Incidents - Mental Health	ALL_ICB - ACUTE TOTAL		Mar-24	3	1	▼	◀▶		
Serious Incidents - Other	ALL_ICB - ACUTE TOTAL		Mar-24	1	4	▲	◀▶		
Serious Incidents - Urgent Care	ALL_ICB - ACUTE TOTAL		Mar-24	2	1	▼	◀▶		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE GWH	14(J) of 119 H	Oct-23	2	2	◀▶	▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE RUH	14(J) of 119 H	Oct-23	2	2	◀▶	▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE SFT	14(J) of 119 H	Oct-23	2	2	◀▶	▼		

SOF Denotes an NHS oversight framework metric – see slide 2 for notes on benchmarking.

Data notes:
SHMI from oversight framework by Trust, key:1 higher than expected, 2 as expected, 3 lower than expected
Serious incidents metrics are moving towards PSIRF metrics.

BSW Integrated Performance Dashboard

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

URGENT CARE

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
4 hour % total Attendances SOF	ALL_ICB - ACUTE TOTAL	25 of 42 I	Mar-24	67.6%	70.3%	▲	74.0%	No	76.0%	▲		
Average Handover Delays > 15 mins	ALL_ICB - ACUTE TOTAL		Mar-24	73	70	▼			25	▼		
Average Response Time (Mins) Category 2 Incident SOF	BSW COMMISSIONER TOTAL	N/A for BSW	Mar-24	47	49	▲			30	▼		
NCTR % Occupancy SOF	ALL_ICB - ACUTE TOTAL	28 of 42 I	Mar-24	17.0%	16.0%	▼	18.0%	Yes	13.0%	▼		
Total Ambulance Conveyances	ALL_ICB - ACUTE TOTAL		Mar-24	5,249	5,731	▲				▼		

OCCUPANCY

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
G&A Bed Occupancy - Adult % SOF	ALL_ICB - ACUTE TOTAL	34 of 42 L	Mar-24	98.0%	97.0%	▼	97.0%	Yes		▼		

SOF Denotes an NHS oversight framework metric – see slide 2 for notes on benchmarking.

BSW Integrated Performance Dashboard

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

COMMUNITY

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
Community Waiting List	BSW COMMISSIONER TOTAL		Feb-24	21,990	21,767	▼	20,130	No		▼		
UCR % 2hour Response SOF	ALL_ICB - ACUTE TOTAL	35 of 42 L	Feb-24	77.0%	75.0%	▼			70.0%	▲		
Virtual Wards: Average Occupancy % SOF	ALL_ICB - ACUTE TOTAL	34 of 42 L	Mar-24	65.0%	57.0%	▼	80.0%	No	80.0%	▲		
Virtual Wards: Capacity	ALL_ICB - ACUTE TOTAL		Mar-24	191	191	◀▶	370	No		▲		

PRIMARY CARE

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
GP Appointments	BSW COMMISSIONER TOTAL		Mar-24	548,268	530,943	▼	546,718	No		▲		
IIF: % of GP appointments where time from booking to appointment was two weeks or less (ACC-08) SOF	BSW COMMISSIONER TOTAL	37 of 42 L	Mar-24	84.4%	85.2%	▲			85.0%	▲		
IIF: Primary Care - % Lower GI Suspected Cancer referrals with an accompanying FIT result (CAN-02)	BSW COMMISSIONER TOTAL		Mar-24	72.9%	75.6%	▲	80.0%	No		▲		

SOF Denotes an NHS oversight framework metric – see slide 2 for notes on benchmarking.

BSW Integrated Performance Dashboard

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

MHLDA

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
Access to Community Mental Health Services	BSW COMMISSIONER TOTAL	42 of 42 L	Feb-24	4,375	4,455	▲	5,656	No	5,656	▲		
Access to Talking Therapy Services SOF	BSW COMMISSIONER TOTAL	40 of 42 L	Feb-24	2,680	2,560	▼	4,199	No	4,199	▲		
Acute Mental Health Out of Area Placements SOF	BSW COMMISSIONER TOTAL	21 of 42 I	Jan-24	90	90	◀▶	72	No		▼		
CYP Mental Health Access SOF	BSW COMMISSIONER TOTAL	39 of 42 L	Feb-24	9,775	9,330	▼	13,160	No	13,160	▲		
Dementia Diagnosis Rate SOF	BSW COMMISSIONER TOTAL	34 of 42 L	Feb-24	58.8%	59.2%	▲	67.0%	No	66.7%	▲		
LD - % Annual Health Checks Carried Out* SOF	BSW COMMISSIONER TOTAL	36 of 42 L	Feb-24	48.0%	60.6%	▲	66%	No	75.0%	▲		
LD - Inpatients (Rate per million) SOF	BSW COMMISSIONER TOTAL	18 of 42 I	Mar-24	37	37	◀▶	26	No	25	▼		
Specialist Community Perinatal Mental Health Access SOF	BSW COMMISSIONER TOTAL	11 of 42 H	Feb-24	930	985	▲	996	No	996	▲		

*LD health checks are carried out once annually, performance starts at zero each year and most activity is in Q3 and Q4, the SPC assurance icons are not able to reflect this performance format

SOF Denotes an NHS oversight framework metric – see slide 2 for notes on benchmarking.

BSW Integrated Performance Dashboard

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

WORKFORCE

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
Agency Usage % - all staff SOF	ALL_ICB - ACUTE TOTAL	See note below	Feb-24	1.2%	1.4%	▲			2.0%	▼		
Bank Usage % - all staff	ALL_ICB - ACUTE TOTAL		Feb-24	6.3%	6.6%	▲			4.0%	▼		
Sickness Rate - 12m	ALL_ICB - ACUTE TOTAL		Feb-24	4.2%	4.2%	▼			4.0%	▼		
Sickness Rate - in month SOF	ALL_ICB - ACUTE TOTAL	9 of 42 H	Feb-24	4.6%	4.3%	▼			4.0%	▼		
Turnover Rate - 12m	ALL_ICB - ACUTE TOTAL		Feb-24	11.2%	11.0%	▼			12.0%	▼		
Turnover Rate - in month SOF	ALL_ICB - ACUTE TOTAL	34 of 42 L	Feb-24	.8%	.7%	▼			1.0%	▼		
Vacancy Rate - all staff	ALL_ICB - ACUTE TOTAL		Feb-24	2.6%	2.3%	▼			6.0%	▼		

Please note the 23/24 operational plans are not included as they are not directly comparable to the actual data reported. This is being reviewed for 24/25.

SOF Denotes an NHS oversight framework metric – see slide 2 for notes on benchmarking.

Note: The Agency staff usage plan target can be expressed in people / WTE as 2% and in finance / £s as 3.7%, benchmarking is on the finance version of the metric.

BSW Integrated Performance Dashboard

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

FINANCE

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
Agency Spend vs agency ceiling (% over plan YTD) SOF	BSW NHS ICS - TOTAL		Mar-24	-2.0%	-7.0%	▼	-2.0%	Yes		▼		
Efficiencies % recurrent Actual SOF	BSW COMMISSIONER TOTAL		Mar-24	48.0%	49.0%	▲	.0%	No		▼		
Financial efficiency - variance from efficiency (?m YTD) SOF	BSW COMMISSIONER TOTAL		Mar-24	£0.1	£0.4	▲		No		◀▶		
Financial stability - variance from plan (?m YTD) SOF	BSW COMMISSIONER TOTAL		Mar-24	£-1.7	£-9.9	▼		Yes		◀▶		
Mental Health Investment - variance from plan (?m YTD) SOF	BSW COMMISSIONER TOTAL		Mar-24	0	0	◀▶		Yes		◀▶		

SOF Denotes an NHS oversight framework metric – see slide 2 for notes on benchmarking.

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

Quality and Patient Safety Exception Report

Learning from Greater Manchester Mental Health FT Independent Review

Independent Review of Greater Manchester Mental Health NHS Foundation Trust (GMMH) Final Report, published January 2024:

- In September 2022, the BBC Panorama programme showed abuse, humiliation and bullying of vulnerable patients at the Edenfield Centre, GMMH FT
- NHS England commissioned an independent review into the quality concerns. The review was led by Professor Oliver Shanley OBE.

High Level Summary:

- The report highlighted a Trust that was not sufficiently focused on understanding the experience of patients, families and carers. 'The priority must be on people, on quality, and it must be on listening to those who use and work in their services'.
- The GMMH Board, while having many competing objectives, focused more on matters such as expansion, reputation and meeting operational targets rather than the quality of care provided. This led to insufficient oversight of the quality of care, with the Trust relying disproportionately on the periodic opinions of external regulators, rather than forming its own views based on strong governance.
- Insufficient curiosity about the ongoing patient and staff experience across the Trust. The lack of both curiosity and focus on improvement led to missed opportunities for organisational learning across a number of services.
- 'Fundamental change is required'.

Report Link:NHS England Report Template 7 - no photo

ICB Specific Quality Oversight Learning :

- A lack of ICB senior mental health expertise/understanding of restrictive practice and seclusion data sources to identify concerns earlier.
- Lack of safeguarding information and assurance, with a high degree of open serious incident cases held by the Trust.
- The complexity of commissioning of GMMH services became apparent, with various bodies overseeing different GMMH services, all in receipt of different sources of intelligence and commissioners were not sharing information effectively with each other in any routine or structured way- a lack of commissioning leadership.
- the ICB was monitoring quality at a very high level and would not routinely receive some of the more worrying sources of information identified.
- System risk oversight/escalation delays as per National Quality Board guidance.

Manchester ICB core function improvements identified:

- developing a more cohesive set of data and performance measures for provider organisations;
- improving the quality of information and data for mental health services;
- improving how different parts of the system both understand and relate to each other including aspects of the governance structures; and
- developing a more structured approach to performance monitoring.

BSW ICS Quality and Safeguarding Action

- BSW ICB and provider quality and safeguarding teams are reviewing, sharing learning. and identifying any areas for improvement. Assurance oversight and associated quality monitoring framework arrangements are in place as part of contractual and SQG processes. Shared learning from outcomes of QIG surveillance is central to this..

Infection Prevention and Management

Achievements:

- UKHSA national incident for measles remains. BSW ICS Infection Prevention and Management collaborative has undertaken a gap analysis and implemented a revised management processes. BSW ICS Human immunoglobulin (HNIG) pathways are in place and have been tested with success. UKHSA and NHSE feedback on BSW ICS Measles response has been positive.
- BSW ICS Infection Prevention and Management P&M Collaborative have successfully reduced E-coli blood stream infections and MSSA infections. Quality improvement projects that have impacted these infections are being evaluated with learning to be shared via System Quality Group (SQG), quality outcomes and assurance committee (QAOC), Health Protection Boards and BSW ICS IP&M Collaborative.

Alerts/Risks and Areas of Focus:

- Whilst rises in MRSA, Clostridioides difficile, Klebsiella and Pseudomonas have been noted both regionally and nationally, this is a focus on the agenda for the BSW ICS Infection Prevention and management collaborative
- Although not an outlier, BSW ICS has acknowledged a small rise in surgical site infections across all providers in quarter 4. Deep dives continue via dedicated Surgical Site Infection Surveillance and will be reported to QOC in July 2024
- National rise of out of season pertussis cases is a risk for BSW ICS, impacting mainly in GP OOH, Primary care and Paediatric ED.
- BSW ICS continues to be impacted by outbreaks of Norovirus, this has led to lost bed days in Qtr 4. Providers continue to undertake dynamic risk assessments to manage infection risk and flow demands.

Assure

- Improvement plans are being monitored to continuously improve and sustain a reduction in health care associated infections in BSW for 2024/25
- BSW IP&M collaborative are in the process of creating a system wide strategy to support improvement work, which is aligned to the IP&M South West strategy.

Action Plans and Continuous Improvement:

- Further investigations are being undertaken to understand contributory factors to community cases of health care associated infections. A post Infection Review form has been developed and deployed into primary care to review cases and understand themes and trends to support improvement work. Meetings arranged in April with GP Practices to review identified cases.
- A system wide learning event (supported by BSW wide IP&C Collaborative) is planned, to review all themes and trends across the system and enable improvement plans aligned to the new IP&M strategy
- BSW ICS BRAG tool for management of infections to be reviewed in line with latest dynamic risk assessment guidance from NHSE.

Maternity and Neonatal

Achievements:

- Launch of Maternity and Neonatal Independent Senior Advocate role in BSW as a national pilot site for provision of independent support for families during investigation processes when an adverse outcome occurs in maternity or neonatal services. (Ockenden Report recommendation)
- Agreed plan for all BSW Maternity Service providers to implement a single maternity digital system/electronic patient record over the next 12-18 months to align provision, improve data reporting/ sharing and move to paper light system.

Assure

- One of the providers maternity services moved into sustainability phase of the national Maternity Services Support programme, making good progress with aim to meet exit requirements in the next 3 months.
- Year 6 of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme launched in April 2024 with all BSW Maternity providers participating to continue focus on safe, quality services.
- Continued focus on quality improvement including assurance on implementation of NHSE Saving Babies Lives Care bundle in BSW Maternity and neonatal providers and the Three Year Maternity and Neonatal Plan actions.
- Perinatal quality and safety surveillance in place tor early identification of any concerns and shared with regional review group including maternity mortality review – BSW not an outlier.
- Initial learning from Countess of Chester investigation reviewed with actions in place to assure Freedom to Speak UP processes in place.

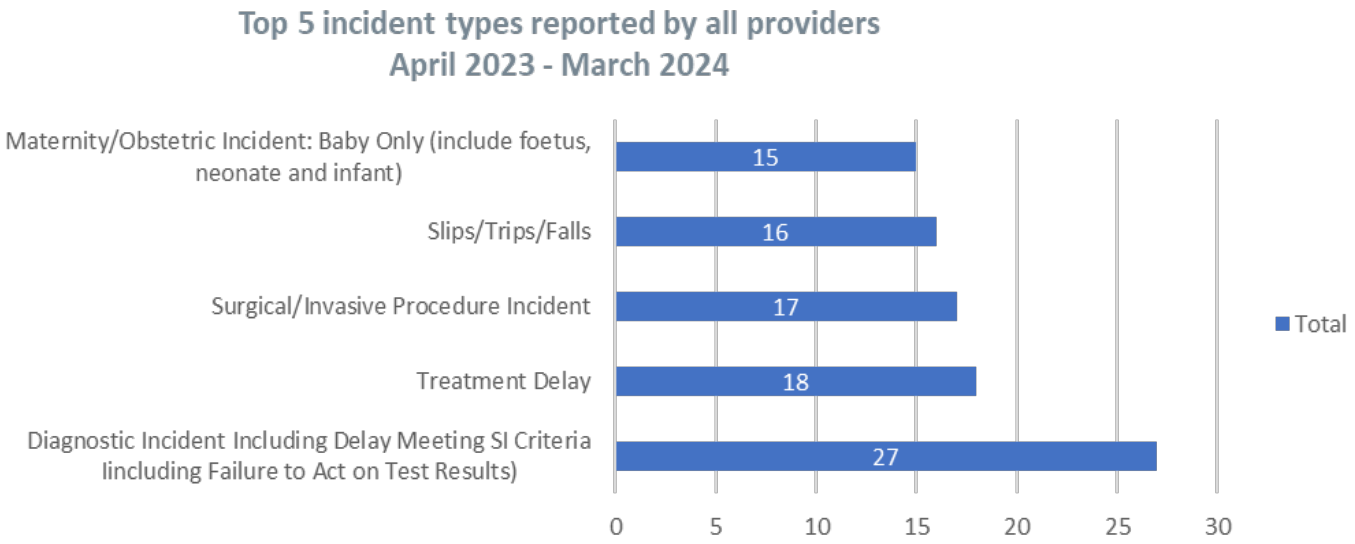
Alerts/Risks and Areas of Focus:

- CQC reports received for two of the three maternity services maternity in Quarter 4.
- GWH rated as requires improvement in well-led and safe services and RUH rated outstanding in well led and good in safe services. Progress with CQC action plans shared with BSW ICB/Local Maternity and Neonatal system with improvements noted including safeguarding level 3 training compliance, timely triage processes, grading of incidents/discussions at MDT meetings and improved documentation.
- Plans are being progressed to increase ultrasonography provision to meet NHS England Saving Babies Lives Care Bundle recommendations as the increased capacity required has impacted on progress and CNST Maternity Incentive Scheme compliance.
- Commissioning specifications perinatal pelvic health services (in line with NHS Long Term Plan for Health) in BSW maternity services not yet in place although services already implemented as BSW was a "fast follower".

Action Plans and Continuous Improvement:

- Continued focus on improving inequalities in health care including Black Maternity Matters Champion training, anti-racism training for maternity and neonatal staff and improvements in outcomes data filtered by ethnicity, deprivation and social determinants of health.
- Review of BSW data for stillbirths and neonatal deaths to understand impact of inequalities on outcomes. Decrease in stillbirths from 2020- 2022. Neonatal deaths, in line with national data, not decreasing over the same period despite initiatives to reduce, with premature birth contributing towards this.

Serious Incidents (SIs) 2023- 2024



A total of 156 incidents were reported across BSW health system between April 2023 and March 2024 in line with the 23/24 SI definitions and framework.

Plan is for any outstanding SIs reported within 23/24 to be completed in a timely manner by end of Qtr 1 24/25, following the now completed transition to PSIRF (Patient Safety Incident Response Framework) on 1st April 2024.

The detailed Serious Incidents Annual Report 2023-24, to include benchmarking data, trends, themes and shared learning , will be presented to the Quality and Outcomes Committee in July 2024.

Implementation of PSIRF (Patient Safety Incident Response Framework)

As of 1st April 2024, all providers have transitioned to PSIRF.

The Patient Safety Incident Response Framework (PSIRF) is an NHS initiative aimed at enhancing patient safety.

The PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents. Its primary purpose is to facilitate learning and improve patient safety by understanding how incidents happen and identifying contributing factors. PSIRF now replaces the serious incident framework.

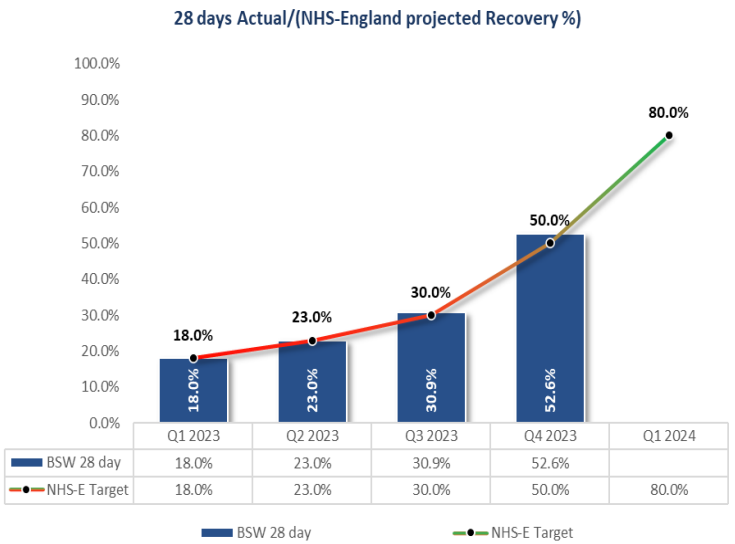
Key aims of PSIRF:

- Compassionate Engagement: It emphasises involving those affected by patient safety incidents in a compassionate manner.
- System-Based Learning: The framework encourages the application of various system-based approaches to learn from incidents.
- Proportionate Responses: It promotes considered and proportionate responses to patient safety incidents.
- Supportive Oversight: PSIRF focuses on strengthening response system functioning and improvement.

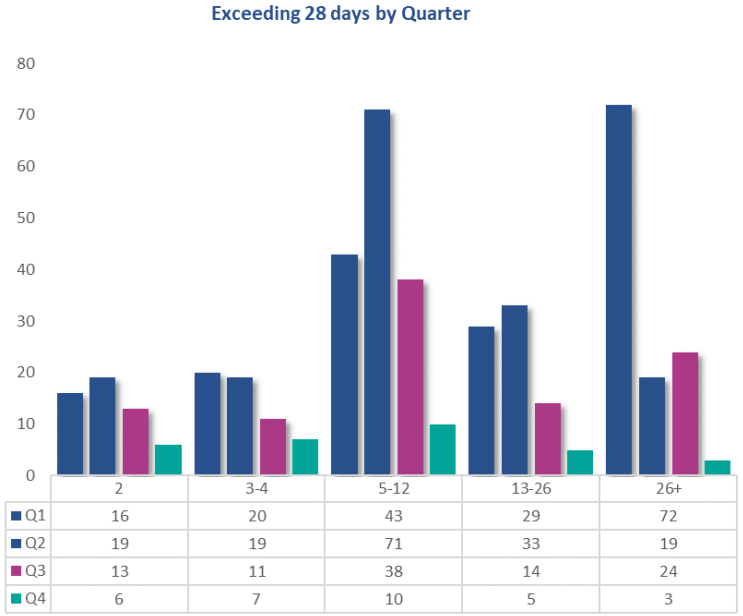
All Acute and community providers in BSW produced Patient Safety Incident Response Plans (PSIFPs) by the required national deadline of the 1st April 2024.

BSW ICB and providers, in line with expected strategy, have identified Patient Safety Specialists. Providers have recruited Patient Safety Partners to ensure the voice of the patient is heard across health services.

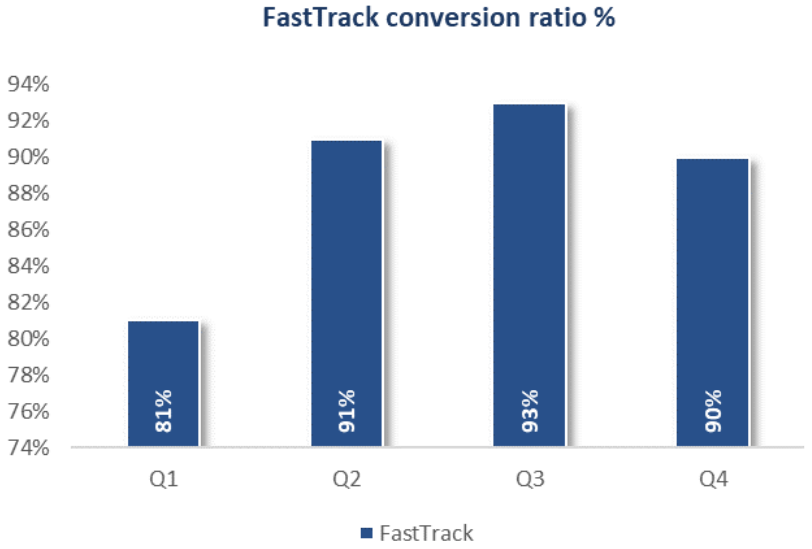
Continuing Health Care Update Report



- BSW ICB's Quarter 4 submission reflects that 52% of all Continuing Health Care (CHC) assessments were completed within 28-days of notification that an eligibility outcome was required. This is a 34% increase from the position reported in Quarter 1 of 2023/24 and meets the agreed NHSE revised trajectory.
- Q1 target 24/25 of 80% is expected to be achieved. This aligns to the expected national target.



- Assessments exceeding 28 days have reduced significantly in Quarter 4 with 8 assessments exceeding 12 weeks. This is a reduction of 93 assessments that were reported in Quarter 1 of 2023/24. For assurance, the remaining 8 assessments have been completed in the first ten days of April 2024.



- BSW ICB have reported 90% conversion rate for Fast Track referrals into the service. This is a 9% increase from Quarter 1 of 2023/24.
- The revised model adopted in September 2023 to expedite fast track discharges from acute hospitals appears to be working well. An audit is expected to start in Q1 with results expected in June 2024, to highlight the benefits of the model and to identify further areas for improvement.
- Work continues in Swindon to review the current SeLECT (EOL) model to ensure it aligns with the original service specification and is achieving the expected outcomes. An improvement event is scheduled for May 2024.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	16
Date of Meeting:	16 May 2024		

Title of Report:	BSW ICB and 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 M12

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

Purpose:	Description	Select (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	x

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Finance and Investment Committee	1 May 2024	Discussion & Assurance

1 Purpose of this paper

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

- The BSW ICS NHS position is reported as £17.9m deficit. This is the position agreed by the system.
- The ICS break-even position was dependent on achievement of £96.3m of efficiencies representing 5.0% of system allocation. We achieved 4.9%.
- Only half of identified schemes are recurrent in nature impacting our underlying position into next year.
- The final Agency position is £31.4, £2.4m (7.2%) below the agency limit of £33.8m

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 hold to a financial position of breakeven.	

4	Risks
This report links to risk on the corporate risk register. The most significant risk is that the break-even financial position will not be achieved. This risk has crystalised but has been mitigated by achieving an agreed deficit within the ICB offset by previous years carry forward position.	

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.	

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

NHS BSW ICS Finance Report

March 2024 (Month 12)

1. ICS Financial Position - Reported

	M12 Reported £'m	Technical adjustments £'m	M12 Final Outturn £'m
ICB	(9.9)	-	(9.9)
GWH	0.1	-	0.10
RUH	-	(3.5)	(3.5)
SFT	(0.1)	(4.4)	(4.5)
Total	**(9.9)**	**(7.9)**	**(17.9)**

BSW NHS ICS delivered on the revised deficit plan of £9.9m, but once technical adjustments have been taken into account this increases to a deficit of £17.9m vs the original 23/24 plan. The technical adjustments have been agreed with NHSE.

The system received additional funding from the Elective Recovery Fund in M12 with final distributions for the year made to RUH of £1m & SFT £2.0m.

The ICB has reported an adverse variance for the full year against plan of £9.9m. The movement in the month reflects agreed transactions made under system risk sharing arrangements.

Final reported system outturn is £17.9m deficit as technical adjustments have been made by RUH and SFT as part of finalising their year end statutory positions.

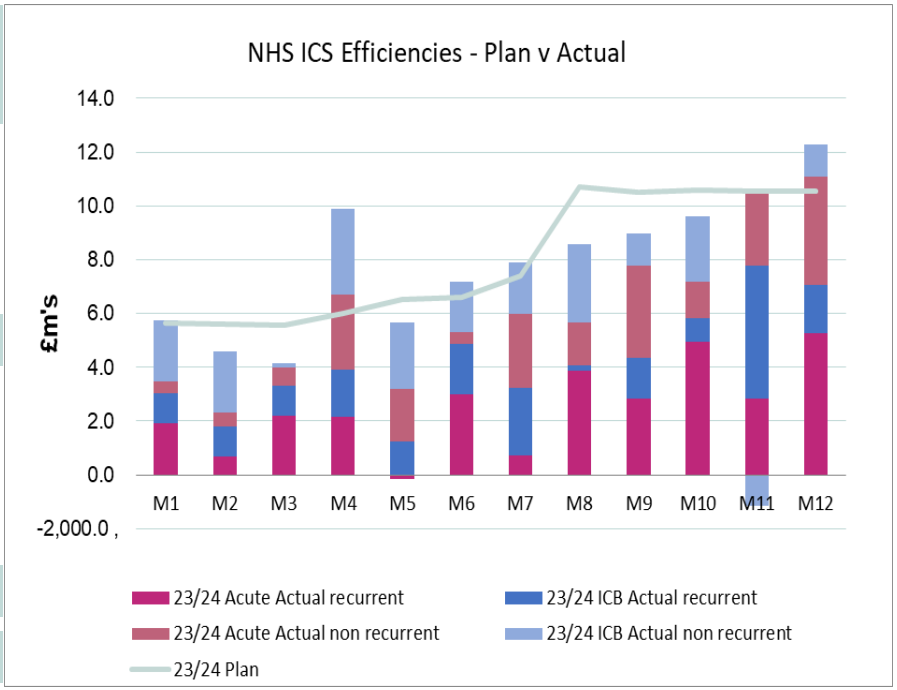
The ICS position stated is an aggregation of each individual organisations reporting.

2. ICS Efficiency Schemes - Reported

The 2023-24 NHS system plan included £96.3m of efficiencies as part of delivering a balanced plan. This represented 5.0% of the overall NHS system allocation. We achieved 4.9%, **0.1% below our planned target**.

Recurrent efficiency schemes accounted for only 53.6% of the schemes creating pressures in 24/25.

	Year-to-date			
	Plan	Actual	(Under)/over delivery	
	£m	£m	£m	%
BSW ICB	31.7	20.1	(11.7)	(36.8%)
Great Western Hospital	9.9	5.6	(4.3)	(43.2%)
Royal United Hospital	23.5	13.1	(10.4)	(44.4%)
Salisbury Hospital	10.8	11.6	0.8	7.6%
Recurrent Efficiencies	**75.8**	**50.3**	**(25.5)**	**(33.7%)**
BSW ICB	9.1	20.7	11.6	128.1%
Great Western Hospital	6.8	8.7	1.9	28.3%
Royal United Hospital	0.0	10.4	10.4	100.0%
Salisbury Hospital	4.6	3.8	(0.8)	(17.5%)
Non Recurrent Efficiencies	**20.4**	**43.6**	**23.2**	**113.5%**
Total Efficiencies	**96.3**	**93.9**	**(2.4)**	**(2.5%)**



3. ICS Workforce - Reported

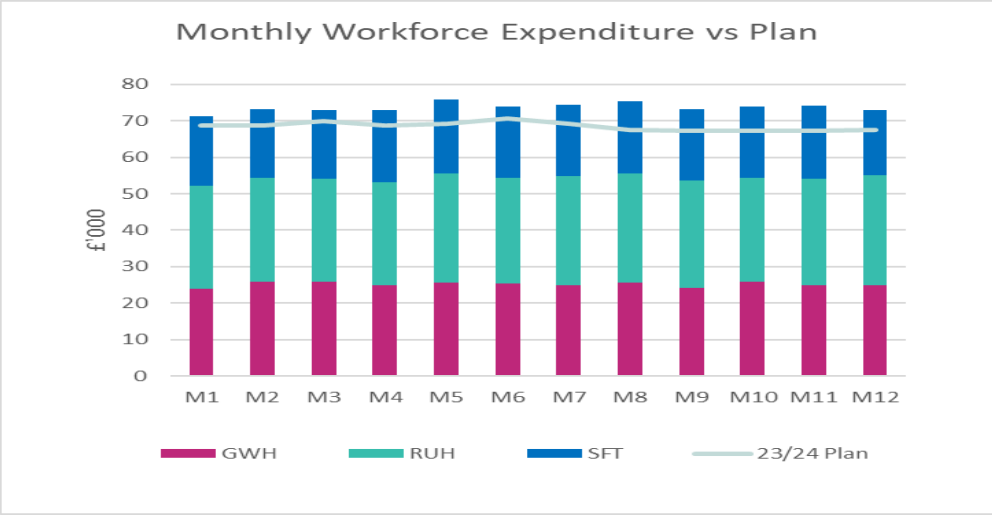
	Year-to-date			
	Plan	Actual	Under/(over) spend	
	£m	£m	£m	%
Medical incl. Consultants, Jnr Doctors	225.2	251.6	(26.5)	(11.8%)
Nursing incl Midwifery, HV's	250.3	266.8	(16.5)	(6.6%)
All Other Clinical Staff	201.6	215.5	(13.9)	(6.9%)
Admin & Non Clinical Staff	144.7	152.6	(7.9)	(5.4%)
Total Provider Workforce Expenditure	**821.7**	**886.5**	**(64.7)**	**(7.9%)**

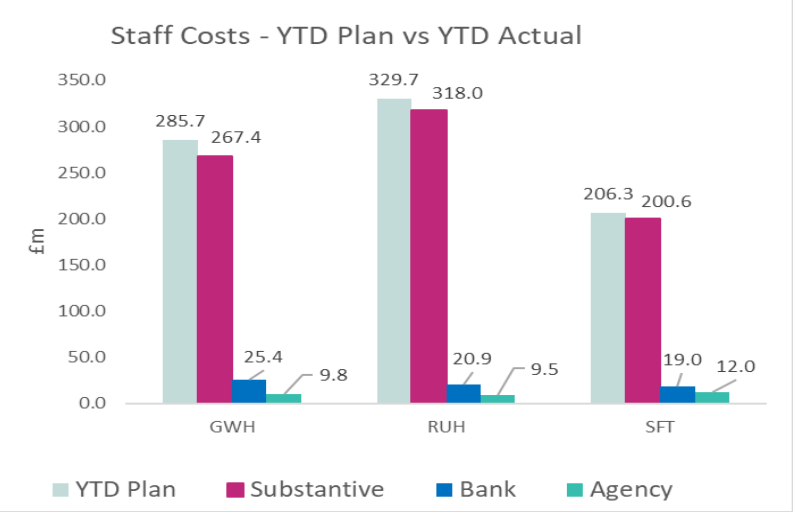
Staff costs exceeded the full year plan by £64.7m **(8%)** in part due to industrial action but predominantly due to continued recruitment. **Workforce increases are a significant contributor to the system deficit.**

Use of **Bank** staff was £30.7m **(88.6%) above planned level**.

The final **Agency** position is £31.4, **£2.4m (7.2%) below the agency limit** of £33.8m.

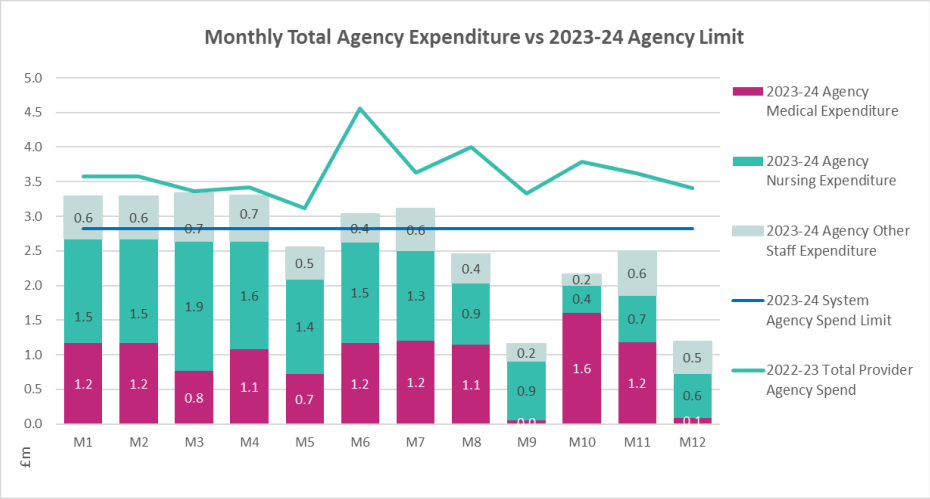
3. ICS Workforce – Delivery vs Plan

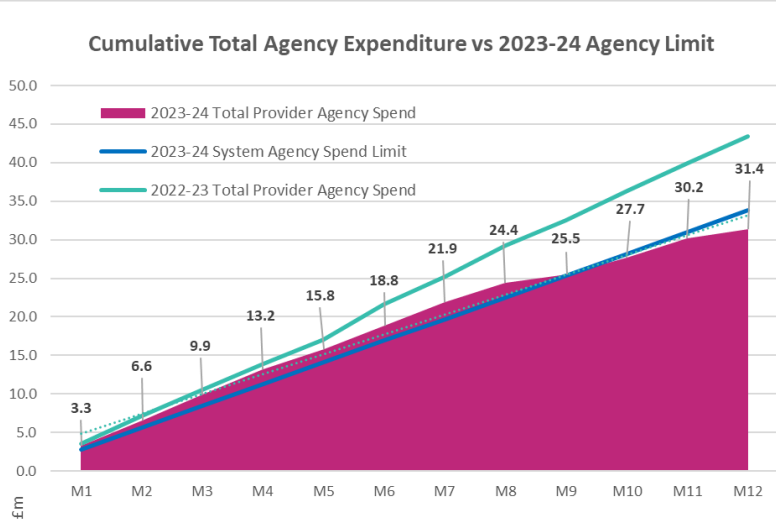




Year-to-date	Substantive				Bank				Agency			
	Plan	Actual	Under/(over) spend		Plan	Actual	Under/(over) spend		Plan	Actual	Under/(over) spend	
	£m	£m	£m	%	£m	£m	£m	%	£m	£m	£m	%
Medical incl. Consultants, Jnr Doctors	204.8	218.5	(13.7)	(6.7%)	8.0	21.8	(13.8)	(171.4%)	12.3	11.3	1.0	8.3%
Nursing incl Midwifery, HV's	218.2	231.3	(13.1)	(6.0%)	14.1	21.4	(7.3)	(51.9%)	18.0	14.1	3.9	21.8%
All Other Clinical Staff	194.3	196.8	(2.5)	(1.3%)	6.2	15.6	(9.5)	(153.1%)	1.1	3.0	(1.9)	(177.8%)
Admin & Non Clinical Staff	136.1	143.1	(6.9)	(5.1%)	6.4	6.6	(0.2)	(3.0%)	2.2	2.9	(0.7)	(34.1%)
Total Provider Workforce Expenditure	**753.4**	**789.8**	**(36.3)**	**(4.8%)**	**34.7**	**65.4**	**(30.7)**	**(88.6%)**	**33.6**	**31.4**	**2.3**	**6.8%**

3. ICS Workforce – Acute Agency





M9 is showing a fall in spend due to correction of over accruals in the previous period

	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	1.2	1.1	0.0	1.6	1.2	0.1	11.3	5.4	2.7	3.2
2023-24 Agency Nursing Expenditure	1.5	1.5	1.9	1.6	1.4	1.5	1.3	0.9	0.9	0.4	0.7	0.6	14.1	3.6	4.2	6.4
2023-24 Agency Other Staff Expenditure	0.6	0.6	0.7	0.7	0.5	0.4	0.6	0.4	0.2	0.2	0.6	0.5	5.9	0.9	2.6	2.4
2023-24 Total Provider Agency Spend	**3.3**	**3.3**	**3.3**	**3.3**	**2.6**	**3.0**	**3.1**	**2.4**	**1.2**	**2.2**	**2.5**	**1.2**	**31.4**	**9.8**	**9.5**	**12.0**
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**	**33.8**	**12.3**	**10.8**	**10.6**
Variance to planned Limit (over)/under	**(0.5)**	**(0.5)**	**(0.5)**	**(0.5)**	**0.3**	**(0.2)**	**(0.3)**	**0.4**	**1.7**	**0.7**	**0.3**	**1.6**	**2.4**	**2.5**	**1.3**	**(1.4)**
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**	**43.4**	**15.8**	**13.9**	**13.7**
Variance to previous year Spend (over)/under	**0.3**	**0.3**	**0.0**	**0.1**	**0.6**	**1.5**	**0.5**	**1.5**	**2.2**	**1.6**	**1.1**	**2.2**	**12.0**	**6.0**	**4.4**	**1.7**

3. ICS Workforce – WTE movement

Provider	Type	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	April 23 vs Nov 23	Nov 23 vs Mar 24	April 23 vs Mar 24
GWH	Substantive	4,935	4,935	4,996	5,001	5,009	5,062	5,119	5,146	5,171	5,181	5,207	5,223	5,220	236	49	285
	Bank	376	360	365	345	373	364	332	335	317	308	366	358	387	-43	69	27
	Agency	111	95	107	98	99	86	80	67	61	55	62	69	60	-34	-1	-35
	Total	*5,422*	*5,390*	*5,467*	*5,444*	*5,481*	*5,512*	*5,532*	*5,548*	*5,549*	*5,544*	*5,635*	*5,650*	*5,667*	*159*	*118*	*277*
	rise/fall	*0*	*(33)*	*77*	*(23)*	*37*	*31*	*19*	*16*	*2*	*(6)*	*91*	*15*	*17*			
RUH	Substantive	5,168	5,269	5,261	5,267	5,280	5,367	5,391	5,487	5,533	5,561	5,514	5,517	5,530	264	-3	261
	Bank	379	377	356	347	404	358	434	374	368	405	306	316	355	-8	-13	-21
	Agency	152	105	133	155	110	145	118	85	59	43	33	39	35	-45	-24	-70
	Total	*5,699*	*5,750*	*5,751*	*5,769*	*5,794*	*5,869*	*5,943*	*5,947*	*5,960*	*6,009*	*5,853*	*5,872*	*5,920*	*210*	*-40*	*170*
	rise/fall	*0*	*52*	*0*	*19*	*25*	*75*	*74*	*4*	*14*	*49*	*(156)*	*19*	*48*			
SaFT	Substantive	3,743	3,806	3,846	3,887	3,899	3,975	3,985	3,992	4,014	4,074	4,083	4,106	4,121	207	107	314
	Bank	338	325	275	287	293	312	287	311	305	301	289	333	320	-21	15	-6
	Agency	84	194	138	134	174	132	110	112	101	99	87	108	90	-93	-11	-104
	Total	*4,166*	*4,326*	*4,258*	*4,309*	*4,367*	*4,418*	*4,382*	*4,415*	*4,420*	*4,474*	*4,458*	*4,547*	*4,531*	*94*	*111*	*205*
	rise/fall	*0*	*160*	*(67)*	*51*	*58*	*52*	*(37)*	*33*	*5*	*54*	*(16)*	*88*	*(16)*			
BSW	**Total**	**15,287**	**15,466**	**15,476**	**15,522**	**15,642**	**15,800**	**15,856**	**15,910**	**15,929**	**16,027**	**15,946**	**16,069**	**16,118**	**463**	**189**	**652**
	rise/fall	*0*	*179*	*10*	*46*	*120*	*158*	*56*	*53*	*20*	*97*	*(81)*	*123*	*49*			

WTE grew by +463 between April 23 and November 23.
Since the H2 forecast outturns were agreed, WTEs have grown by a further +189 wte, of which +49 were in March 24.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	17
Date of Meeting:	16 May 2024		

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

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

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

Previous consideration by:	Date	Please clarify the purpose
Deputy Director of Corporate Affairs	monthly	Regular maintenance review of registers
ICB Audit and Risk Committee	2 May 2024	Assurance

1	Purpose of this paper

The ICB Corporate Office holds and maintains the statutorily required corporate registers, including that for conflicts of interests. The ICB's Standards of Business Conduct Policy sets out the ICB's approach to identifying, recording and managing conflicts of interest.

We regularly present the corporate registers to the Audit and Risk Committee for information, and for assurance that the ICB complies with statutory requirements.

The Conflicts of Interest Register is regularly shared with the ICB Board, both for inspection and assurance.

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

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

2	Summary of recommendations and any additional actions required
The Board is asked to **note** the current registers of Board members' and regular Board attendees' interests, to **advice** of any factual corrections that may be necessary, and to **take assurance** that the ICB has processes in place that enable it to comply with statutory requirements regarding transparency around, and management of, conflicts of interest.	

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

4	Risks
N/A	

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

6	Confirmation of completion of Equalities Impact Assessment
N/A	

7	Statement on confidentiality of report
The Conflicts of Interest registers for Board members and regular Board attendees are published on the ICB website.	

Appendix 1

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

Register of Interests for members of the BSW ICB Board, March 2024

Name	Role	Interest Type	Interest Description	Provider	Interest Category	Direct or In-direct	Interest ended	Mitigation
Alison Moon	Non-Executive Director for Quality	Declarations of Interest	Self-Employed Executive Coach		Financial	Direct		Noted on Register of Interests. Highlight at any relevant agenda items
		Declarations of Interest	Independent Non-Executive Member	Bristol, North Somerset and South Glos ICB	Financial	Direct		Noted on Register of Interests. Highlight at any relevant agenda items
		Declarations of Interest	Non-Executive Director	Gloucestershire Hospitals NHS Foundation Trust	Financial	Direct	04/01/2024	Noted on Register of Interests. Highlight at any relevant agenda items
Amanda Webb	ICB Medical Director	Declarations of Interest	Salaried GP	Westrop Medical Practice	Financial	Direct		Declaration raised when required. No active involvement in discussions or decisions regarding Westrop Surgery.
		Declarations of Interest	Founder and member of Phoenix GP	Phoenix GP	Financial	Direct		Would remove myself from any discussions involving Phoenix GP
Claire Feehily	Non-Executive Director - Audit	Declarations of Interest	Trustee, SID and Audit Chair	National Lottery Heritage Fund	Non-Financial Personal		30/11/2023	
		Declarations of Interest	Non-Executive Director Audit	Oxford Hospitals NHS FT	Non-Financial Professional	Direct		Specific declarations in business meetings as required.
		Declarations of Interest	Trustee and vice-chair of The Brandon Trust since 2021, a provider of services for adults with learning disability and autism across the South West. Currently commissioned by partners within BSW ICS	The Brandon Trust	Non-Financial Personal	Direct		Specific declaration of interest in business proceedings as required
		Declarations of Interest	Chair and Trustee	Stroud and Cotswolds Citizens Advice	Non-Financial Personal	Direct	31/12/2023	Specific declaration made as necessary in business meetings
		Declarations of Interest	Trustee	Bletchley Park Trust Limited	Non-Financial Personal	Direct		Specific declaration made as necessary in business meetings
Dominic Hardisty	NHS Trusts & NHS Foundation Trust Partner Member - Mental Health Sector	Declarations of Interest	Chief Executive	Avon & Wiltshire Mental Health Partership	Financial	Direct		Will declare when relevant
Francis Campbell	ICB Partner Member - Primary Care	Declarations of Interest	GP Partner	Elm Tree Surgery	Financial	Direct		Would declare if decision directly affected this business or could be perceived to materially effect
		Declarations of Interest	Clinical Director	Brunel PCN	Non-Financial Professional	Direct		Declare where relevant. Ensure that actions taken do not - or could not be perceived to- afford preference to any one particular PCN
Gary Heneage	ICB Chief Finance Officer	Declarations of Interest	Family member is a sport and exercise consultant	Circle Hospital Reading	Indirect	Indirect		Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct Policy
		Declarations of Interest	Family member is a solicitor	DWF	Indirect	Indirect		
Gillian May	ICB Chief Nurse	Nil Declaration						
Julian Kirby	Non-Executive Director - Public & Community Engagement	Nil Declaration						
Pam Webb	Voluntary, Community & Social Enterprise Partner member	Declarations of Interest	Strategic Lead for Integrated Care	Voluntary Action Swindon	Financial	Direct		Would declare as necessary
Paul Miller	Non-Executive Director Finance	Declarations of Interest	I am both a Director and employee of Sparrow Healthcare Consulting Limited, which provides training, coaching, consulting and audit services to a wide range of clients.	Sparrow Healthcare Consulting Ltd	Financial	Direct		Sparrow Healthcare Consulting Limited will not provide any paid service, whether a contract or sub-contract, funded directly from Bath and North East Somerset, Swindon and Wiltshire ICB
Stephanie Elsy	BSW Independent Chair	Declarations of Interest	Shareholder and Director	Stephanie Elsy Associates Ltd	Financial	Direct		Declaration when relevant
	BSW Independent Chair	Declarations of Interest	NHS NED	Peninsular Acute Provider Collaborative	Non-Financial Professional	Indirect		Declaration when relevant
	BSW Independent Chair	Declarations of Interest	Non Executive Director	Solent NHS Trust	Non-Financial Professional	Direct		Declaration when relevant
Suzannah Power	Non-Executive Director Remuneration & People	Declarations of Interest	I have been appointed as Deputy Chair of the HDR Public Advisory Board.	Health Data Research UK - the national institute for health data science	Non-Financial Personal	Direct		Where there is a potential conflict of interest I will bring it to the attention of the committee or group involved. This would only be an issue were we as an organisation involved in commissioning healthcare academic research.
	Non-Executive Director Remuneration & People	Outside Employment	Cancer Health & Wellbeing Charity	Penny Brohn UK	Financial	Direct		Declaration when relevant
Suzanne Harriman	BSW ICB CEO	Nil Declaration						
Terence Herbert	ICB Partner Member - Wiltshire Council	Declarations of Interest	Chief Executive	Wiltshire County Council	Financial	Direct		Declaration when relevant
Will Godfrey	Local Authority Partner Member - BaNES	Declarations of Interest	Chief Executive	Bath and North East Somerset Council	Financial	Direct		Would declare when relevant
Vacant Post	Local Authority Partner Member - Swindon							
Vacant Post	Community Provider Partner Member							
Vacant Post	Non-Executive Director - Quality							
Vacant Post	NHS Trusts & NHS Foundation Trusts Partner Member							
	(Stacey Hunter former holder of post, stepped down 26/02/2024: declared interests held on register for 6 months)	Declarations of Interest	Chief Executive	Salisbury NHS Foundation Trust	Financial	Direct		would declare as relevant

Appendix 2

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

Register of interests for attendees of the BSW ICB Board, March 2024

Name	Role	Interest Type	Interest Description	Provider	Interest Category	Direct or in-direct	Date Ended	Mitigation
Fiona Slevin-Brown	ICB Place Director	Declarations of Interest	Family member has bank contract with a Primary Care Provider in East Berkshire and works for them on a part-time basis during University holidays	Primary Care Provider - East Berkshire	Indirect	Indirect		This provider does not provide services in BSW. They are local only to East Berkshire and Frimley ICS Declaration would be shared should a situation arise where this changes, and decisions would need to be made at a Committee or at the Board where I was present, and this would be managed appropriately by the Chair.
		Declarations of Interest	School Governor at Oaktree Nursery and Primary School in Swindon	Blue Kite Academy Trust	Non-Financial Personal	Direct		Declaration to ICB Declaration to Blue Kite of current employment in the ICB To declare interest at all relevant points in ICB and Executive planning and decision making
Gordon Muvuti	ICB Place Director	Nil Declaration						
Sarah Green	Interim ICB Chief People Officer	Nil Declaration						
Laura Ambler	ICB Place Director	Outside Employment	External Examiner for the University of England	University West of England		Direct		
Rachael Backler	ICB Chief Delivery Officer	Declarations of Interest	Husband is a board member of a charitable housing association.	Network Homes Limited	Indirect	Indirect	10/04/2024	Would declare in meeting although need to declare unlikely given geographical location (London and Hertfordshire)
		Declarations of Interest	Family member works as Deputy Director of Finance at East Sussex Healthcare NHS Trust	East Sussex Healthcare NHS Trust	Indirect	Indirect		Would declare as and when relevant in meeting.
		Declarations of Interest	Husband is a committee member (non-executive) of a charitable housing assocaiation	Sovereign Network Group	Indirect	Indirect		
Richard Collinge	Chief of Staff	Declarations of Interest	Volunteer Community First Responder	South West Ambulance Services NHS FT	Non-Financial Personal	Direct		Declare interest at all meetings involving SWAST and allow Chair to determine appropriate steps to take
Richard Clewer	Leader Wiltshire Council	Declarations of Interest	As a Wiltshire Councillor I am involved in policy setting in areas that impact on social care and thus potentially the delivery of some services falling under the remit of the ICP.	Wiltshire Council	Financial	Direct		If there is ever a conflict of interest I would withdraw from the ICB meeting at that point.
Sam Mowbray	Interim Chief Executive	Declarations of Interest	Chief Executive	Swindon Borough Countil	Financial	Direct		If there is ever a conflict of interest I would withdraw from the ICB meeting at that point.
Shirley-Ann Carvill	Managing Director	Declarations of Interest	Managing Director of Wiltshire Health and Care.	Wiltshire Health & Care	Financial	Direct		Conflict of interest only when discussing the provider framework for BSW primary and community care delivery plan
Cara Charles-Barks	CEO	Declarations of Interest	CEO	Royal United Hospitals Bath	Financial	Direct		Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
Previous attendees of BSW ICB Board meetings								
Richard Smale, former ICB Director of Strategy & Transformation, stepped down 07/01/2024. (Declared interests held on register for 6 months)		Declarations of Interest	Family member working for Oxfam - commences 25 Sept 23	Oxfam	Indirect	Indirect		Avoid direct involvement in procurement decisions that could include Oxfam
		Declarations of Interest	Family member working for the Bristol Drugs Project	Bristol Drugs Project	Non-Financial Professional	Indirect		Avoid participating in any procurement activities in which Bristol Drugs Project are involved (unlikely due to Geography)
		Declarations of Interest	Volunteer member of the Football Foundation Funding Panel.	Football Foundation	Non-Financial Professional	Direct		Time commitment to attend Panel sessions (4 per year) will be recorded against voluntary activities as the focus is on community engagement, tackling inequalities and maximising value from investment in community assets.
		Declarations of Interest	Volunteer Coach and Trustee of Keynsham Town Junior Football Club.	Keynsham town Juniors Football Club	Non-Financial Personal	Direct		Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
Jasvinder Sohal, former holder of post of ICB Chief People Officer, stepped down 22/02/2024. (Declared interest held on register for 6 months)		Declarations of Interest	A property company which my husband has set up and which has no current links to health and social care	Director of Big Rock Estates Limited	Non-Financial Personal	Indirect		No conflict of interest
		Declarations of Interest	A property company which my husband has set up and which has no current links to health and social care	Director of Little Rock Estates Limited	Non-Financial Personal	Indirect		No conflict of interest

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	18
Date of Meeting:	16 May 2024		

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:	Appendix 1 – ICB Audit and Risk Committee Annual Report

Report classification	BSW ICB Board
ICB body corporate	Yes
ICS NHS organisations only	No
Wider system	No

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

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.	

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 The meetings of the BSW ICB Audit and Risk Committee held on 16 April 2024, and 2 May 2024 were chaired by the Non-Executive Director for Audit, Claire Feehily.

16 April 2024

Received and Endorsed:

- Draft BSW ICB Annual Report and Accounts 2023-24

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

Items Escalated to Board:

- None

2 May 2024

Received and Noted:

- External Audit - Sector Update and Progress Report on Value for Money Work
- Tracking of Auditors Annual Report Recommendations
- Internal Audit:
  - Progress Report and Action Tracking
  - Reviews and Reports:
    - Community Services Procurement Part 1
    - Primary Care Commissioning Assurance Framework
    - Health Inequalities Data Quality
- Local Counter Fraud Progress Report and Annual Report 2023-24
- Security Management Service Annual Report
- Exception Report from the Information Governance Steering Group and Information Governance Annual Report 2023-24
- Update on Internal Audit Procurement Review Report Actions
- Risk Management
- BSW ICB Corporate Registers
  - Conflicts of Interests Registers
  - Gifts, Hospitality and Sponsorship Register
  - Policy Register
  - Procurement Register
- BSW ICS and ICB Cyber Security Update
- Finance and HMFA Checklist Update
- Losses and Special Payments
- BSW ICB Audit and Risk Committee Forward Planner 2024-25

Items Escalated to Board:

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

Endorsed / Approved:

- Internal Audit Annual Report and Head of Internal Audit Opinion

1.4 The next meeting of the BSW ICB Audit and Risk Committee will be held on 18 June 2024.

2 BSW ICB Quality and Outcomes Committee

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

2.2 The purpose of the BSW ICB Quality and Outcomes Committee is therefore to provide assurance to the ICB Board that the ICB is discharging this duty and its functions with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services; the ICB as a body corporate has the right quality governance processes in place; and the ICB is working effectively with providers of health services in its area to ensure the effectiveness, safety and good user experience of services.

2.3 The meeting of the BSW ICB Quality and Outcomes Committee held on 7 May 2024 was chaired by the Non-Executive Director for Quality, Alison Moon.

Received and Noted:

- Emerging Risks and corporate Risk Register
- Maternity Update
- Operational Performance and Quality and Patient Safety Report
- Population Health Board Update
  - Terms of Reference
  - BSW Inequalities Strategy
  - Agreement on Deep Dives
  - Maternity Deep Dive
- Patient Safety Incident Response Framework Update
- Independent Report on Hesley Group Children's Home and Impact on BSW
- System Quality Group Update

Items Escalated to Board:

- Cancer Deep Dive
- Evolvement of BSW Population Health Board and Maternity Deep Dive
- Maternity and Neonates Update
- Operational and Quality Performance Updates
- Hesley Group Children’s Home Review and the Self-Assessment completed by BSW ICB

Endorsed / Approved:

- BSW Population Health Board Terms of Reference
- BSW Inequalities Strategy

2.4 The next meeting of the BSW ICB Quality and Outcomes Committee will be held on 2 July 2024.

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 3 April, and 1 May 2024 were chaired by the Non-Executive Director for Finance, Paul Miller.

3 April 2024:

Received and Noted:

- BSW ICB and System Revenue Positions
- BSW Recovery Board Update
- Finance Risk Register
- BSW Capital Plan 2024/25
- BSW Operational Plan Update 2024/25
- BSW Investment Panel Update
- BSW Care Co-ordination Services Contract Update

Items Escalated to Board:

- None

Endorsed / Approved:

- None

1 May 2024:

Received and Noted:

- Integrated Community Based Care Programme – Risks Update
- BSW ICB and System Revenue Positions
- BSW Recovery Board Update
- Finance Risk Register
- NHS BSW Draft Capital Plan 2024/25
- BSW Operating Plan 2024/25
- HMFA Checklist

Items Escalated to Board:

- None

Endorsed / Approved:

- *Further items 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 5 June 2024.

4 BSW ICB Remuneration Committee

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

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

4.3 There have been no further meetings of the BSW ICB Remuneration Committee since February 2024.

4.4 The next meeting of the BSW ICB Remuneration Committee is scheduled for 15 October 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 23 April 2024 was chaired by the Non-Executive Director for Public and Community Engagement, Julian Kirby.

Meeting Discussion:

- Efficiency and effectiveness of the Public and Community Engagement Committee; focussed on the statutory duties of the ICB under the Health and Care Act 2022. Portfolio lead to take the outcome of the meeting debate to the ICB Executive for discussion, and consideration of the way forward.

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 July 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 There have been no further meetings of the BSW ICB People Committee since the report given in January 2024.

6.3 The next meeting of the BSW ICB People Committee will be held on 12 June 2024.

7 Ambulance Partnership Board

7.1 A lead commissioner model is in place for the commissioning of ambulance services across the South West. The ICBs covered by these joint commissioning arrangements are BSW; Bristol, North Somerset and South Gloucester (BNSSG); Devon; Dorset; Gloucestershire; Kernow and Somerset. The new model as approved by all seven ICB's came into practice from 1 October 2023, bringing the establishment of the Ambulance Partnership Board, meeting quarterly with attendance from ICB and South Western Ambulance Service NHS Foundation Trust (SWASFT) Chief Executive's.

7.2 The Ambulance Partnership Board meeting held on 29 April 2024 considered the following business:

- Ambulance Partnership Board Terms of Reference
- Ambulance Partnership Board Delegation Agreement
- 2024/25 Planning Recommendations
- 2024/25 Finance Recommendations
- Operational Executive Committee Assurance Report
- Southern Ambulance Collaboration

7.3 The next meeting of the Ambulance Partnership Board is scheduled for 10 July 2024.

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; BNSSG; Devon; Dorset; Gloucestershire; Kernow and Somerset.

8.4 The South West Joint Specialised Services Committee meeting held on 16 April 2024 considered the following business:

- Arrangements for Review of Joint Specialised Services Committee Terms of Reference
- Joint Working Agreement
- Directors Report
- Operational Development Networks Work Programmes
- Joint Directors Group Business Matters
- Financial Planning Update and Financial Risk Share
- Fragile Services
- Update on Non-Executive Director

8.5 The next meeting is scheduled for 21 May 2024.

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

BSW ICB Audit and Committee Annual Report - 1 April 2023 to 31 March 2024

1. Summary for the Year

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

2. Membership

The members of the Committee for the period 1 April 2023 to 31 March 2024 were as follows:

BSW ICB Non-Executive Director (Audit and Governance)	Dr Claire Feehily
BSW ICB Non-Executive Director (Remuneration and People)	Suzannah Power
BSW ICB Non-Executive Director (Public and Community Engagement)	Julian Kirby
Local Authority Partner Member of the Board *until July 2023*	Susie Kemp
Community Provider Partner Member of the ICB Board	*<vacant role upon the ICB Board for reporting period>*

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

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

At ICB establishment in 2022, there was a strong national expectation that ICBs would review their governance and partnership arrangements after year one of operations. BSW ICB undertook a governance review during quarter three of 2023-24, to reflect on the first year's operation, check governance and decision-making arrangements to ensure these continued to enable the Board and its committees to fully discharge their responsibilities

and how these involve system partners, and to consider the ICB and Integrated Care Partnership (ICP) and their membership arrangements. The ICB Board has commenced its review and discussion of the outcomes and recommendations from the Governance Review, with full proposals to be presented to a future ICB Board meeting.

3. Frequency of Meetings

The Committee has met six times throughout the reporting period.

Attendance at meetings was as follows:

BSW ICB NED for Audit and Governance	6
BSW ICB NED for Public and Community Engagement	5
BSW ICB NED for Remuneration and People	4
Local Authority Partner Member – Swindon	0 *Until July 2023*
Community Provider Partner Member	*<vacant role upon the ICB Board for reporting period>*

4. Principal Review Areas

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

Integrated governance and systems risk

In order to fulfil this duty, the Committee has:

- Undertaken a review of the Annual Governance Statement to ensure that it is consistent with the ICB's systems of internal control. It has sought comment from the Internal Auditors, External Auditors, and other appropriate independent bodies in order to gain assurance that the ICB's system of internal control is working effectively.
- Maintained oversight of the risk management arrangements and the extent to which these are developing, embedding and operating as intended throughout the organisation.
- Sought assurance regarding financial management and systems, including the finance protocol adopted by the NHS system, and the completion of the HFMA checklist as part of NHS England forecast protocols.

Internal audit

KPMG have been the internal auditors for this reporting period.

In accordance with the Committee's terms of reference, an annual review of internal audit services was undertaken in March 2024 - to aid the future delivery of services, help set the service expectations, and ensure they add value.

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

- Reviewed and approved the Internal Audit Plan for 2023-24 at its September 2023 meeting, and approved the Internal Audit Plan for 2024-25 at its February 2024 meeting.
- Considered the major findings of the following Internal Audit reviews, and gained assurance that management have responded in an appropriate manner.

Area of Audit	Level of Assurance Given
Risk Management (April 2023)	Partial assurance with improvements required
Delegated Commissioning (May 2023)	Significant assurance with minor improvement opportunities
Data Quality (May 2023)	Partial assurance with improvements required
Data Security Protection Toolkit (Sept 2023)	Significant assurance with minor improvement opportunities.
Procurement (Dec 2023)	Partial assurance with improvements required.
Conflicts of Interest (Dec 2023)	Significant assurance with minor improvement opportunities
Risk Management (Feb 2024)	Significant assurance with minor improvement opportunities
Financial Controls (Feb 2024)	Significant assurance with minor improvement opportunities

- Continued to challenge Executive's on making sure that Internal Audit recommendations and actions are adhered to in a timely manner. Action deadlines can now only be altered following discussion and agreement by the Executive Team.
- Noted that the BSW ICB draft Head of Internal Audit Opinion for the period 1 April 2023 to 31 March 2024 was one of *'Significant assurance with minor improvements'.*

External audit

Grant Thornton have been the external auditors for this reporting period.

In accordance with the Committee's terms of reference, an annual review of external audit services was undertaken in March 2024.

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

The external auditors will be producing their opinion of the BSW ICB Annual Report and Accounts which will be reported through their Findings Report (ISA 260 report). This will be reported to the Audit and Risk Committee in June 2024, allowing the Committee to recommend the accounts and annual report to the ICB Board for approval.

All deadlines for the production of the accounts and annual report are expected to be achieved.

The Grant Thornton External Audit Plan for 2023-24 was approved by the Committee at its February 2024 meeting.

Other assurance functions

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

The Committee has continued to have oversight of the progress made against the contracting and procurement improvement plan in relation to the procurement internal audit review, and has sought assurance that systems, processes, and supporting corporate documentation are being improved and strengthened as required.

During the reporting period, the Committee also received overview reporting against management consultancy and interim contractual arrangements, and will continue to receive updates on a six monthly basis to have that oversight of staffing support acquired and improvements being made to ICB processes.

Counter fraud and security management

The provider of the counter fraud services changed at the start of this reporting period. TIAA's contract concluded at the end of March 2023, with their Counter Fraud Annual Report received and noted by the Committee at its meeting in May 2023. Counter fraud service arrangements moved to KPMG's counter fraud team from 1 April 2023, following the completion of a handover from TIAA.

Security Management services continued to be provided by TIAA for 2023-24.

The Committee reviewed the in-depth reports provided by KPMG and TIAA and took assurance from these that the ICBs counter fraud and security management arrangements are sufficient and comprehensive. No significant fraud incidents have been reported. At its February 2024 meeting, the Committee was briefed on two security incidents involving senior leaders, and the supporting work of TIAA and the Police to put additional appropriate security measures in place.

The KPMG Local Counter Fraud Service Plan for 2024-25, and the TIAA Security Management Workplan for 2024-25 were both approved by the Committee at its February 2024 meeting.

APPENDIX 1

Financial Reporting

The Committee will review the draft BSW ICB Annual Report and Financial Statements for 2023-24 at its April 2024 meeting, and will review the final draft in June 2024 prior to submission to the ICB Board for final approval.

During this reporting period BSW as a system moved into national finance protocol measures due to deviation off its agreed financial target for 2023-24. The Committee received updates against the completion of the HFMA checklist and validation via an internal audit process, as a requirement as part of these national finance protocols.

Information Governance

The Committee receives escalation reports from the Information Governance Steering Group (IGSG) as required, and noted the IGSG Annual Report for 2022-23 and the IGSG Workplan for 2023-24 at its May 2023 meeting. The Committee will continue to seek assurance from the Group on compliance ahead of the submission of the Data Security Protection Toolkit in June 2024.

Conflicts of Interest

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

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

During the year, the Committee has been briefed on one conflict of interest incident. The Conflict of Interest Guardian and the ICB Chair were sighted on actions taken, and the incident closed down satisfactorily.

Freedom to Speak Up

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

The ICB has an easy to navigate intranet page which provides access to its Freedom to Speak Up Policy, arrangements for allowing staff to raise concerns in confidence, and policies and procedures relating to counter fraud and anti-corruption.

Management and Communication

There have been some changes in the Executive Team of the ICB following the launch of Project Evolve in October 2023. The first stage of Project Evolve ended with significant

changes being made to all executive portfolios, and two executive roles – Director of Strategy and Transformation and Director of Equalities, Innovation and Digital Enterprise – being removed. Project Evolve is now looking at the wider organisation, with the launch of a 45-day consultation across the workforce.

These executive changes have not directly impacted upon the Committee membership or arrangements.

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

5. Effectiveness of the Audit and Risk Committee

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

An effectiveness review of the Committee (and the ICB Board and its other sub-committees) will be undertaken during 2024-25. The results and actions arising from this review will be reported to the Board and Committee before the end of the year.

6. Conclusion

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