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

BSW Integrated Care Board – Board Meeting in Public

Thursday 18 July 2024, 10:00hrs

Chandos Room, Somerdale Pavilion - Keynsham (Near Bath), BS31 2FW

Agenda

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
10:00	1	Welcome and apologies	Chair	Note	Verbal
	2	Declarations of Interests	Chair	Note	Verbal
	3	Minutes from the ICB Board Meeting held in Public on 16 May 2024	Chair	Approve	ICBB/24-25/025
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/24-25/026
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/24-25/027
10:30	8	Update on Health Inequalities Programme	Amanda Webb, Abbey Mulla, Steve Maddern	Note	ICBB/24-25/028
11:00	9	BSW NHS ICS Operating and Financial Plan 2024-25	Rachael Backler, Gary Heneage	Note	ICBB/24-25/029
11:10	10	BSW Implementation Plan 2024-25 Refresh	Rachael Backler	Note	ICBB/24-25/030
11:20 – Short break – 10 mins					

Timing	No	Item title	Lead	Action	Paper ref.
11:30	11	BSW Performance and Quality Report	Rachael Backler, Gill May	Note	ICBB/24-25/031
11:45	12	BSW ICB and NHS ICS Revenue Position	Gary Heneage	Note	ICBB/24-25/032
11:55	13	Ambulance Partnership Board Terms of Reference	Chair	Approve	ICBB/24-25/033
12:00	14	Report from ICB Board Committees	Committee Chairs	Note	ICBB/24-25/034
Closing Business					
12:05	15	Any other business and closing comments	Chair	Note	Verbal

Next ICB Board Meeting in Public: 19 September 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 16 May 2024, 10:00hrs

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

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)
ICB Chief Finance Officer, Gary Heneage (GH)
Local Authority Partner Member – Wiltshire, Terence Herbert (TH)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May (GM)
Non-Executive Director for Finance, Paul Miller (PM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
Deputy - NHS Trusts &NHS Foundation Trusts Partner Member –mental health sector, Alison Smith (AS)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

Regular Attendees:
ICB Director of Place – BaNES, Laura Ambler (LA)
ICB Chief Delivery Officer, Rachael Backler (RB)
Chief Executive, RUH, Cara Charles-Barks (CCB)
Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)
ICB Chief of Staff, Richard Collinge (RCo)
ICB Acting Chief People Officer, Sarah Green (SG)
Chief Executive, Swindon Borough Council, Sam Mowbray (SM)
ICB Director of Place – Swindon, Gordon Muvuti (GMu)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
ICB Board Secretary

Invited Attendees:
Director of Urgent Care and Flow – for item 10
Director of Primary Care - for item 12
Assistant Director of Primary Care – Swindon Locality – for item 12

Apologies:
NHS Trusts & NHS Foundation Trusts Partner Member –mental health sector, Dominic Hardisty (DH)
Non-Executive Director for Quality, Alison Moon (AM)
NHSE South West Director of Commissioning, Rachel Pearce (RP)
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 Alison Smith who joins us as the Deputy NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector.

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 28 March 2024

3.1 The minutes of the meeting held on 28 March 2024 were approved as an accurate record of the meeting, subject to the amendment to record that the Chief Executive of the RUH was in attendance.

4. Action Tracker and Matters Arising

4.1 There were no actions recorded upon the tracker, and no matters arising not covered by the agenda.

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.

5.2 One question had been received in advance of the meeting concerning how BSW was responding to NHS England's proposals for 'Same Day Access Hubs' for primary care (based on the Fuller report), and the ICB seeking further evaluation of this primary care model in terms of quality of care, equity of access to a GP, continuity of care and patient safety before adopting this NHS England proposal. The Chair advised that though there had been no evaluation of the models undertaken, it was recognised that for some areas of BSW the model was not always appropriate due to geography. Further to this, the Primary Care Partner Member advised that these models were not mandated, these were recommended as options to the ICB. Primary care would adapt these to best meet the needs of their local population.

5.3 A further update on the Primary Care Access Recovery Plan would be received later on the agenda.

5.4 The question and the full response 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:

- Nominations and Appointments Process for ICB Board Members Roles
  A joint nominations process for the Partner Member NHS Trusts and Foundation Trusts, and for the Partner Member Swindon Local Authority of the BSW ICB Board had been held, per the stipulations of the BSW ICB Constitution. Eligible nominators were invited to make nominations for these two roles, with the process concluding on 8 May 2024. One nomination was received for the NHS Trusts and NHS Foundation Trusts Partner Member role, bringing the perspective of the acute hospital sector (Cara Charles-Barks, CEO Royal United Hospital, Bath). One nomination was received for the Local Authority Partner Member role, bringing the perspective of local government, social care and public health for the Swindon area (Sam Mowbray, Interim Chief Executive, Swindon Borough Council).

  Per the ICB Constitution, the ICB Chief Executive convened a Panel on 9 May 2024 to assess the suitability of the nominees against the requirements of the role. The panel consisted of the BSW ICB Chief Executive, BSW ICB Chair, and BSW ICB Non-Executive Director for Remuneration and People. The Panel confirmed that the nominees met the respective requirements and eligibility criteria for the roles, and agreed to appoint the two nominees to the respective roles. Appointments were subsequently approved by the ICB Chair, subject to the successful outcomes of the necessary checks, including those required as part of the Fit and Proper Persons Test.

  For today's meeting, because of the conditions of the appointment checks, Cara Charles-Barks and Sam Mowbray continue to attend as participants. Once successful check outcomes are received, appointments will become effective, and appointment terms and conditions will apply.

- NHS Confederation Meetings
  The Chair regularly attends NHS Confed meetings, which considers a range of subjects surrounding development of systems and arising issues. The Chair also currently chairs the NHS Confederation Health Inequalities Reference Group, and will be a guest speaker at the NHS Confed meeting in June to discuss how integrated care systems (ICSs) are tackling health inequalities.

- Hewit Review Panel
  The Chair also attends meetings of the Hewit Review Panel, which oversees the programme of work as a result of the recent Hewit Review. A report was expected at the end of May to advise on progress against the implementation of the recommendations.

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:

- A meeting was held with the NHS England national and regional teams on 14 May 2024 to review the BSW Operational and Financial Plan as part of the last submission stage. Overall, it was a constructive, challenging, though supportive discussion, with the national and regional teams to work alongside BSW, particularly in support of the

roll out of the Electronic Patient Records programme, and to share learning from other systems. The challenging plan and elements of high risk were acknowledged, though recognised BSW as a system was committed to delivery, to challenge and push itself to ensure safe and appropriate delivery, and productivity and efficiency improvements. It was recognised that the system has a historic underlying deficit, which it was to collectively address. It was fundamental to address the variation in access and outcomes, and learn from each other.
Workforce controls were to be embedded to ensure the system was the right shape and size, with a focus on reducing the use of bank and agency staffing, and non-clinical workforce. Opportunities for teams to come together were being considered. 2024-25 would be a significant year for BSW, with work undertaken over the last 18 months to prepare, particularly with the acute sector collaboration and the case for collaboration an important part of the change needed.
The system deficit was recorded as £35.7m, with the national team clear that BSW was to stretch further to reduce this to at least £30m, recognising there were already risks in the Plan. There was a significant amount of recurrent and non-recurrent savings to be made for the Plan, to translate to recurrent where possible.
The national team were asked to support and back the BSW Operational and Financial Plan, to acknowledge that the system was working to capacity to maintain and enhance productivity. The implications on primary care and its estates due to revenue implications was also shared during the meeting with NHS England colleagues.

- The Integrated Community Based Care (ICBC) programme was now in the final recommissioning stages for community-based services, building that integrated pathway with multiple partners, to deliver the strategy and ambition.
- There was currently a focus on those fragile services and reviewing how these could be operated differently or changed. Disinvestment options would be considered, working with a risk appetite and in line with the Integrated Care Partnership (ICP) Strategy.
- Challenged areas of performance remained across the system, particularly urgent and emergency care (UEC), diagnostics, talking therapies, and cancer pathways – which would remain a focus throughout the year.

7.3 The Chief Nurse spoke in relation to 2.19 of the report and the deterioration of children and young persons (CYP) service performance and access, advising the Board that the target for those children and adolescents with an eating disorder were to be seen by a professional and treated within four weeks, 24 hours for urgent cases. This was a live issue for BSW (and nationally), recognising the limited access to tier four beds and services. The Integrated Care Alliances were undertaking a deep dive into the Children and Adolescent Mental Health Services (CAMHS), to address this as a point of prevention and to reduce those crisis points. Assurance was given that every child had an escalation process. The underperformance and consequential impact on the acutes and social care services was acknowledged, with additional support being looked into for CYP to ensure access to services during crisis points. The CAMHS data lag was acknowledged, though noted that discussions were held with Oxford Health on a case by case basis. Further analysis of the data was required to understand the risks and mitigations required. An update would be taken to the July Quality and Outcomes Committee (QOC) meeting.

7.4 The subsequent Board discussion noted:

- Regular updates on the Health Inequalities Implementation Plan would be presented to the BSW Population Health Board and the QOC. An update was also scheduled for the July Board meeting.
- The four new national productivity tools were referenced, with it explained that the 'driver waterfalls' tool provided that longitudinal view of the impact over time. A pilot tool to aid management choices and effect change, and to review decision-making over the years, and the impact on productivity. The Board would need to consider how it wishes to utilise and implement these tools of improvement against the five areas of system focus of; costs including workforce and required reductions, elective recovery, UEC and care co-ordination/virtual wards, non pay, and out patients. A material improvement was already being seen, BSW was required to revert back to 2019/20 levels.

8. BSW NHS ICS Operating and Financial Plan 2024-25

8.1 The Chief Delivery Officer informed the Board that the BSW NHS ICS Operating and Financial Plan for 2024-25 had been submitted on 2 May 2024, following approval from the ICB Board and Finance and Investment Committee (FIC) on 1 May 2024. This had since been subject to national and regional scrutiny at the meeting held on 14 May 2024. Detailed feedback was now being worked through. Amendments were required to the diagnostic position and the financial elements. The Plan was to be resubmitted in June, and would be brought to the July Board meeting for ratification.

8.2 The Chief Finance Officer advised that a deficit of £30m had been agreed with the national team, with a £5.7m improvement to make on the position. Funding had now been agreed from NHS England against the UK Generally Accepted Accounting Practice (UK GAAP) adjustment of £3.2m, the remainder of the gap would need to be closed by the system.

8.3 It was acknowledged that it was a challenging Plan, with efficiencies of £142m to make across the system (£96m achieved in 2023-24), 50% of which was non-recurrent. The system was to work to transfer this to recurrent to aid the forwarding position. A gap of £24m of unidentified savings was noted. The system had identified 60 initiatives to potentially support the closing of the gap (£11m), the next phase would be to consider and review those loss-making services.

8.4 The Board discussion noted:

- The transformation required by the system to support the achievement of the financial and performance requirements of the Plan were significant. Though the performance metrics data was not concurrent when presented to the Board due to use of published data, the Executives were sighted on real-time data to ensure oversight of services and effect of change. The revised operational governance was reflected through the co-ordination of the BSW Recovery Board and BSW Investment Panel. Delivery arrangements and programmes were in place to monitor plans and actions, focussing on those key critical areas. A BSW Planning and Delivery Group has been established to specifically have oversight of the operational plan, docking into the relevant Committees, and escalating to the Board, as required.
- The financial regime for 2024-25 included a high level of non-recurrent funding to create a transitional fund to deliver key metrics across the NHS provider organisations.

Conditions of this funding was to ensure delivery of the revised workforce trajectories, meeting individual plans, and support to the system to close the financial gap.

- Equality and Quality Impact Assessments would be completed against any of the initiatives taken forward to support the system position. There were five areas that were not to be impacted; close core bed capacity, meeting the Mental Health Investment Standard, long waiters, maintaining ambulance capacity, and patient choice.
- Improvement in the Plan needed to be evident by the June resubmission.
- Health inequalities funding was confirmed and committed for this financial year, and would not be impacted by the financial position or achievement of the plan. The agreed £2m for prevention had been ring-fenced and included in the plan, asserting the Board's and system's commitment to addressing health inequalities and prevention.
- Workforce remained an ongoing live discussion, noting the need to consolidate and reduce, whilst also growing the workforce in the right areas to address the future needs and demand curve. Of the 764 positions to reduce by, 460 of these were bank/agency/temporary staffing. The removal of temporary staffing above those core staff levels would bring sustainable change and an affordable level of staffing. Vacancy Control Panels would continue to operate within each NHS provider and the ICB to determine if it was safe to hold a vacancy. The ICB was already considerably reducing its staff numbers as part of the organisation change process of Project Evolve.

8.5 On conclusion of the discussion, the Chief Executive acknowledged the challenges in meeting the Plan, though gave assurance to the Board that the ICB and partners would continue to collectively work to close the gaps and focus on those high-risk areas to move to a financially sustainable position, tackle the increasing demand, and enabling transformation programmes to deliver. BSW was working to move out of the annual planning cycle. The three-year plan was built around the ICP Strategy and BSW Care Model.

8.6 The Board noted the latest submission of the BSW Operating and Financial Plan for 2024-25.

9. NHS BSW Capital Plan 2024-25

9.1 The Non-Executive Director (NED) of Finance / Chair of the FIC, introduced this item, assuring the Board that the detail that sat behind this summary Capital Plan had been scrutinised by the FIC. There were two types of capital, local discretionary capital predominantly committed to replacements and basic maintenance, and national capital monies that could be bid for. The NHS Capital Strategy was awaited, with the hope that this could bring local delegation to aid transformation against priorities and local strategy.

9.2 The Chief Finance Officer advised that capital funding issues had been raised during the meeting with the national and regional colleagues, noting that the operational capital of £38m was not sufficient for the backlog of estate maintenance, that cash backing was needed, and revenue and capital support was required for primary care.

9.3 There was no separate capital allocation for primary care. The ICB was working with primary care networks (PCNs) against the Primary Care Toolkit to undertake a deep dive and assessment of the estates, to gather that granular detail for the Executive to categorise and prioritise. Consideration was also to be given to maximise the use of leases

to enable a different way to approach capital. Clarity on the prioritisation of primary care estates would be developed and shared in due course, noting this also impacted on local authority partners with areas such as planning. Wiltshire Council in particular offered to be a supportive capital partner with a tighter definition of capital, which resulted in being able to access capital for specific programmes. It was acknowledged however that capital was not necessarily the issue with regards primary care, but the ongoing revenue support required thereafter and the need for recurrent funding. With the primary care budget fully committed, there was no revenue available to support such projects. Discussions were needed of how to create a funding pot for those crucial primary care developments.

9.4 The ICB Board formally approved NHS BSW ICS 2024-25 Capital Plan.

10. BSW Urgent and Emergency Care Winter Learning

10.1 The Chief Nurse and Director of Urgent Care and Flow briefed the Board of the evaluation principles, outcomes, risks and issues identified within the winter period 2023-24 across the BSW system to take forward into 2024-25, and of the feedback provided at the Winter Learning Event held on 23 April 2024, attended by all system partners.

10.2 The subsequent Board discussion noted:

- The Care Co-ordination Hub was an integral part of the system, though it was noted ambulance handover delays were still an issue. BSW was working to implement that wrap around community-based support to enable more patients to stay at home. The variation in calls before conveyancing resulted in a blend of work in urgent care. The system flow was still presenting some blockages and challenges, one improvement to this was for the acutes to consider aligning their known discharge times, demand times with workforce resources. BSW had the lower conveyancing rate across the South West, indicating the ability to process and improve. The volatility and performance variance would always been seen, the recovery from these demand periods was fundamental.
- This report was focussed on those system developments and changes made to enable the system to better cope with winter. How the BSW winter experience was being reflected back via this report was therefore different to the data points and reflections collected during the period, and the sense of escalation, overstretch and unsustainable levels of voluntary effort that had been required, as witnessed and managed by the Board and Executive. The system and workforce experience of winter, qualitative material, validation of data, and any arising quality and safety choices and performance issues would be examined and taken to the QOC to consider the longer term sustainability. The learning event had enabled staff an opportunity to reflect, noting the fragile and challenged areas of the system. The SHREWD system tool provided that whole system, real time status view to support intervention.
- The Board recognised the system had planned and prepared well, with creative and innovative resolutions, and exemplary system leadership in place preparing the foundations to build on.
- Local authority colleagues felt discharges were being impacted by the lack of seven day working in some parts of the acutes, and other associated factors such as transport for patients, and therapy services. Utilisation of data between organisations was to be further improved to bring improvement opportunities.

- The recognition of primary care capacity and their challenges faced in support of winter plans was welcomed, looking at the correlation between walk-ins and capacity, raising awareness of primary care being more broader that the GP and practice.

11. BSW Equality Delivery System 2023-24 Submission

11.1 The Acting Chief People Officer presented the findings of the 2023-24 NHS England Equality Delivery System (EDS) submission. The EDS forms part of the NHS statutory duty under the Public Sector Equality Duty (PSED), focussing on three core domains and the actions for 2024-25, assessed by clinical and inclusion leads. Domain one conclusions had been through the respective organisations governance processes also.

11.2 The level of ambition BSW had against this agenda was acknowledged, recognising the importance of this being embedded throughout system partner organisations. Equality, diversity and inclusion had been a focus for the February Board Development session, and would be revisited as required. It was felt the Board's commitment to this area was perhaps not sufficiently reflected in the report. For the coming year, the QOC and People Committee would be included in the process to review and scrutinise the data and outcomes.

11.3 The Board:

- Approved the submitted EDS evaluation, with a total ICB score of 20.5 (Developing activity score) for publication as part of the PSED requirements.
- Approved the completed actions from 2022-23 report, and newly identified action plan for 2024-25.
- Noted that Domain one was based on two services, and not three due to unforeseen context preventing the third service to be reviewed.
- Noted the 2024-25 forward plans to identify Domain one services in quarter one with QOC, with enhanced matrix working and shared ownership.
- Noted plans to further embed EDS and 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)
- Noted work to continue to incorporate EDS (Domain two and three) as part of the overall people programmes for maximising impact and reducing duplication.
- Noted that a BSW ICB People Programme Delivery Group would 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.

12. Primary Care Access Recovery Plan – System Level Access Improvement Plan Progress Update Report

12.1 The Director of Primary Care and ICB Assistant Director of Primary Care were in attendance to update the Board on the progress made against the Primary Care Access Recovery Plan. The system plan focussed on recovery to primary care access, bringing in the elements of community pharmacy, primary and secondary care, direct referrals and digital transformation. There was a considerable amount of work underway in support of this plan, alongside that of the additional delegated functions, and the associated risks, challenges and opportunities.

12.2 The Board discussion noted:

- The utilisation of the national NHS app was queried and whether it was being utilised by particular demographic groups. The team could track downloads (age specific would be looked into), access, use for repeat prescriptions and appointments. The focus was also on digital exclusion and demographics, in support of health inequalities, and to ensure the population was still able to access the services it required.
  ACTION: NHS app usage detail to be shared with Board members.
- Noting the challenge in 'variation exists within access' – the team would continue to review the BSW and practice level data, and the appointment type and mode of access data. Access Recovery Plans were also in place at PCN level, with variation in access recognised, with continued discussions and monitoring at practice level.
- The impact of Additional Roles Reimbursement Scheme (ARRS) roles on core practice staff referenced in the update concerned the staff time, support, and supervision required to bring in these new roles, which was not always factored in, along with actual estate capacity to place these roles.
- The next steps were aligned to the national direction and with the operational priority guidance for ICBs to deliver against. Risk assessments against achievement of these would be undertaken. Elements were already progressing, monitored via the Primary Care Execuitve Group (PCEG) and the Executive, escalating to the Board if required, as well as reporting into NHS England.
- It was recognised that there was currently a governance gap for primary care, as identified via the ICB Governance Review. The recommendations were being developed for consideration by the ICB Board.
- There had been an 100% sign up by community pharmacists to Pharmacy First. Funding was available for PCN leads. Operational Groups for pharmacy, dental and primary care would be brought together to oversee this programme of work.
- A whole system message was needed to support the achievement of the strategy, the culture shift required by primary care and the population, and to empower primary care to effect change. Consideration should be given to the Board's approach to the behavioural aspect, and ensure sufficient investment to enact the required cultural shift. The improvement plan needed to enact change at a fundamental level.
- An additional community workstream was required to support the prevention and flow, to bring together the community integrated teams.

12.3 The Board noted the contents of the update report, the key ambitions to be supported by wider system partners, and was cognisant of the need to support what was an expanding, and system critical, primary care transformation programme.

13. BSW ICB Data Security and Protection Toolkit

13.1 The Chief Delivery officer updated the Board on the ICB's progress with completing the Data Security and Protection Toolkit (DSPT) mandatory and non-mandatory insertions. This was a significant piece of work for the organisation, to be submitted by 30 June 2024. An independent audit had been undertaken, with the draft report providing an overall rating of 'significant assurance with minor improvement opportunities', which reaffirms that the ICB's systems for data security are generally well designed. At this time there were four draft recommendations have been made, none of which present a major risk.

13.2 The Board has overall responsibility to ensure that the ICB has appropriate data security arrangements in place, and the ICB's performance against the DSPT. However, due to the submission timeline, the Board was being asked to delegate the sign off of the toolkit to the Senior Information Risk Owner and the Executive.

13.3 The Board noted that the ICB was on track to achieve successful completion of the DSPT and a 'standards met' rating. The Board agreed to formally delegate approval of the final DSPT submission to the BSW ICB Executive Group. Any issues would be highlighted to the Board if necessary at the July meeting.

14. BSW ICB Corporate Risk Management

14.1 The NED for Audit / Audit and Risk Committee Chair advised that risk management for the ICB was work in progress, monitored by the Committee. The latest report provided a positive position of how the infrastructure in the organisation was developing, with the Risk Management Group activity engaging in the review and scrutinising of live risks.

14.2 The Chief Delivery Officer advised that the Executive had reviewed and discussed the corporate risk register at its meeting on 15 May 2024, recognising that there were a number of risks seeing no movement in their scores. It was further noted that the workforce risks had been updated since the register was shared. Any movement in scores and risks would be referenced in a supporting summary report going forwards.

14.3 The ICB's Board Assurance Framework (BAF) was used to align the operating plan and strategic intent, and to track strategic objective delivery and associated risks. Real implementation of the BAF was still required, with suggestion made to test this with the health inequalities item ahead of the July Board.

14.4 The Board noted the BSW ICB corporate risk register.

15. BSW Performance and Quality Report

15.1 The Board received and noted the BSW Performance and Quality Report, providing oversight and assurance on the safe and effective delivery of NHS care and NHS operational performance. The full detail had been reviewed and scrutinised by the QOC, with benchmarking data added where available.

15.2 The Chief Delivery Officer drew members attention to the quarter three positions against the NHS England Oversight Framework Segmentation process, with the ICB, RUH and SFT remaining in segment three, where benchmarking most poorly, requiring significant attention for cancer, diagnostics, talking therapies, and UEC. This correlated with those discussions in the national meeting, and identified priorities.

15.3 The Chief Nurse Officer referenced the independent review of Greater Manchester Mental Health NHS Foundation Trust, and the learning to be noted by the ICB and wider system. This had been reviewed in detail by the QOC.

15.4 BSW was well linked in with other systems and via region to learn from its peers, though there was more to do, with national support offered to be more proactive in this space.

16. BSW ICB and NHS ICS Revenue Position

16.1 The Chief Finance Officer provided an overview of the BSW NHS ICS revenue position, with the close of position for 2023-24 noted as a £17.9m system deficit. This was subject to the ongoing audit. The £7.9m difference was due to technical adjustments for the RUH and SFT, and would not be repayable. The £9.9m would be offset by the CCG surplus brought forward, and would not be repayable. The position had been agreed with NHS England post submission of the draft accounts.

16.2 In answering questions, it was advised that the workforce reduction trajectories for 2024-25 had been factored into next year's plan and were included in the baseline.

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

17. BSW ICB Board - Declarations of Interests

17.1 The Board noted the current registers of Board members' and regular Board attendees' interests. The Chair asked for any new inclusions or amendments to be raised with the ICB Governance Team.

18. Report from ICB Board Committees
18a BSW ICB Audit and Risk Committee Annual Report

18.1 The Board noted the summary report from the ICB Board Committees, and the appended BSW ICB Audit and Risk Committee Annual Report.

18.2 The NED for Public and Community Engagement advised that an exploratory and open discussion had been held at the Public and Community Engagement Committee meeting held on 23 April 2024, to consider the reshaping of the Committee, and the engagement activity elements that needed to feed in. The Chief of Staff would be discussing the redesign and remit of the Committee with the Executive, alongside the ICB's community engagement approach, to bring to the next Committee meeting.

19. Any other business and closing comments

19.1 There being no other business, the Chair closed the meeting at 12:38hrs

Next ICB Board meeting in public: Thursday 18 July 2024

Item 4

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

Updated following meeting held on 16/05/2024

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
16/05/2024	12. Primary Care Access Recovery Plan – System Level Access Improvement Plan Progress Update Report	NHS app usage detail to be shared with Board members.	Gordon Muvuti, Jo Cullen	**Update 11/07/2024:** Further analysis of use of the NHS App is available. Other methods of access remain, and residents and patients unable to use the app can still access these services via these other means.	CLOSED	Jun-24

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	18 July 2024		

Title of Report:	CEO Report to BSW ICB Public Board
Report Author:	Sue Harriman, Chief Executive Officer
Board / Director Sponsor:	
Appendices:	None

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 ICB CEOs met with the National and Regional NHSE teams last week. These events enable local and national networking and learning. The plans we have committed to as ICBs and nationally were considered in the context of a challenging operational environment. These plans are ambitious and require us all to have robust mechanisms for delivery and oversight. Importantly, we focused on delivery but in the context of safe high-quality services and experiences for those who use services; achieving this balance will require sound governance with clear risk management. Other areas of learning and debate included cyber security following the recent cyber attack (see below), the roll out of the Federated Data Platform and opportunities for enhanced productivity through digital initiatives and strategies.

1.2 **London NHS cyber attack**. The ICB has been closely monitoring the events in London following the recent cyber attack on Trusts. More information can be found at https://digital.nhs.uk/news/synnovis-cyber-incident and public questions and answers can be found at https://digital.nhs.uk/news/synnovis-cyber-incident/synnovis-cyber-incident---public-questions-and-answers. At time of writing,

NHS England continue to work with the National Cyber Security Centre to verify the data published by the criminals. The ICB is waiting for further guidance from NHS England. While the ICB has not been directly affected, the attack may have impacted a limited number of BSW patients who have a specialist element of their care provided by one of the targeted London organisations. The ICB is continuing to work closely with our local system partners and NHS England to constantly improve our cyber defences and response.

1.3 **General Election 2024**. The results of the UK General Election on 4 July 2024 have resulted in significant changes across the political landscape of BSW ICB. Plans are in place to brief new MPs and reconnect with those returned to their constituencies by letter and in person later in the Autumn. We are working with national and regional colleagues to ensure a coordinated approach to briefing, the potential for visits to the BSW area and to respond to the policies and ambitions of the new Labour administration.

Members of Parliament in BSW as of 5 July 2024

Constituency	Winning party	Member of Parliament	Notes
South Cotswolds	Liberal Democrats	Roz Savage	New seat. Replaced North Wiltshire.
Swindon North	Labour	Will Stone	Labour gain.
Swindon South	Labour	Heidi Alexander	Labour gain.
Chippenham	Liberal Democrats	Sarah Gibson	New seat. Liberal Democrat gain.
Melksham and Devizes	Liberal Democrats	Brian Mathew	Liberal Democrat gain.
Bath	Liberal Democrats	Wera Hobhouse	No change. Returning MP.
Frome and East Somerset	Liberal Democrats	Anna Sabine	New seat. Liberal Democrat gain.
North East Somerset and Hanham	Labour	Dan Norris	New seat. Replaced North East Somerset. Labour gain.
South West Wiltshire	Conservatives	Andrew Murrison	No change. Returning MP.
East Wiltshire	Conservatives	Danny Kruger	No change. Returning MP.
Salisbury	Conservatives	John Glen	No change. Returning MP.

2. BSW ICB updates:

2.1. **Operational demand.** BSW continues to experience challenges across the system due to increased demand for services and ensuring access to and flow through these services is timely. Throughout the first quarter of the year, we have seen increases in non-elective demand in acute trusts and work is ongoing to understand the reasons for this increase. Initial analysis suggests an increase in people walking into Emergency Departments. We continue to see ambulance handover delays, with some deterioration against the planned position set out by the system in April 2024.

Improvement plans are in place and have been revised in line with recent planning guidance.

2.2. The system-wide Urgent Care Delivery Group have set out clear expectations and support is in place to ensure actions are identified to deliver improvement in pathways for patients. These actions and impacts will continue to be monitored at a system level, engaging all partners across BSW.

2.3. The schemes to support delivery in 2024/25 include increased access to BSW Care Coordination and Virtual Wards that align to a 'one system' integrated model. We have seen increases in the use of Virtual Ward capacity through the remodelled approach of the 'one system' aligned model.

2.4. We continue to see fluctuations in the number of people leaving hospital on the day that they can leave acute hospital beds. We also see opportunities to improve services over all seven days each week, with reduced operational effectiveness at weekends. The funding allocation to support increasing capacity across the system to enable more people to go home to their usual place of residence has been agreed 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.

2.5. There was industrial action (IA) by Junior Doctors at the end of June that coincided with Glastonbury Festival and hot weather in the preceding days. Additional actions were put in place to mitigate risks and to ensure that patient safety was maintained. The system managed well across this period and is prepared for the post IA impacts. The system priority is to ensure patients remain safe in our health and care services.

2.6. **Financial Position - 2024/25 Plan.** During June, the ICS submitted an updated financial plan to NHSE which included a revised system deficit of £30m. This is a reduction of £5.7m compared to the previous submission and consists of an additional £3.2m funding related to a technical accounting adjustment at GWH and a £2.5m improvement in the ICB's position.

2.7. As part of ongoing discussions with NHS England, it has been agreed at a national level that NHS BSW ICS would be supported in 24/25 with £30m of deficit funding. This brings the plan back to a break-even position. This position is contingent on the delivery of the submitted full-year plan, otherwise this becomes repayable.

2.8. Cost Improvement Plans in 24/25 total £141.9m, of which £11.2m remains unidentified (previously £24.5m). There are a series of actions to address this. The ICS has an ambitious Elective plan of 118%, which is 9% over the Elective Recovery Fund (ERF) target.

2.9. 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: 1. Enhanced workforce controls. 2. Triple lock investment panel. 3. Ongoing work on a three year recovery plan embedding key workstreams to enable sustainability.

2.10. **Month 2 Position**

At the end of Month 2, the BSW ICS reported an adverse variance against the year-to-date plan of £6.7m. This is being driven by:

- Counting and coding issues which will improve the position by circa £0.7m (this will be corrected in Month 3).
- UEC demand/bed occupancy higher than our plan.
- Increased non criteria to reside (plan assumed circa 9% for BSW, and we are running at circa 17%).
- All of the above are impacting our stretch Elective target at 2 out of 3 of our Trusts (System wide: £1.9m adverse to Month 2).
- Unachieved System CIP to Month 2 £2.1m (including Pay and non-Pay schemes).
- Drugs and Clinical supplies adverse movements compared to plan, £2.2m.
- Mental Health placement overspends £1.3m, offset by other ICB favourable variances of (£0.9m), net adverse variance £0.4m.

2.11. There are a number of actions we have put in place, which were agreed at the Recovery Board on the 25 June:

- Review of UEC demand and what more can be done to reduce the pressures – UEC & Flow Delivery Group.
- Elective recovery plan that demonstrates how we make up the year to date under-delivery on ERF – via Elective Care Delivery Group.
- Gap on efficiencies – it was agreed at system planning exec that the Directors of Finance would allocate this as a stretch target against key workstreams.
- Deep dive with each Trust on the workforce triangulation and deliverability of the workforce savings – through the workforce group.

2.12. **Performance, Oversight, and Delivery**.

2.13. **Performance Oversight Framework**. The NHSE Quarter 4 (23/24) Segmentation process for the ICB and providers shows minimal change overall with the ICB, RUH and SFT remaining in segment 3. This remains driven by performance in certain areas, including diagnostics, cancer, mental health performance, and finances. Additionally, all three acute providers are part of regionally led support (Tier 2) in relation to cancer and diagnostics for Quarter 1 (24/25). Oversight meetings with NHSE are underway.

2.14. **Urgent Care.** The ICB also remains in NHSE Tier 2 (regionally led support) for urgent and emergency care, driven by performance against standards for ambulance handover delays and A&E 4-hour performance. This means that NHS England continue to offer support and attend our key system meetings to provide additional scrutiny.

2.15. **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 number of people waiting over 78-weeks at the end of April remains at 19 (versus March 2024) but this is an improvement from the last board reported position of 82 in February 2024. Three (3) of these breaches were within providers in BSW, with the remainder at non local, predominately Bristol, providers. Most recent unvalidated data for local providers show three (3) people

waiting at the end of June (all at GWH) and a forecast of zero at the end of July 2024. NHSE have set an expectation to clear over 65 week waits by the end of September 2024. Most recent data shows a forecast of 164 over 65 week waits at the end of July. There remains active mutual aid between acute and independent sector providers for pressured specialties, including gastroenterology, ophthalmology, paediatrics, Ear, Nose and Throat and Spines and a plan to also maximise the collective system capacity for urology to reduce the longest waiters.

2.16. **Diagnostic Performance.** Diagnostic performance had been improving over the previous months but showed a dip in performance in April to a 6 week wait breach rate of 29% versus the target of 15% (previously 26%). Remedial action plans have been in place since the autumn of 2023 with recurrent workforce and capacity gaps for non-obstetric ultrasound and endoscopy being the largest contributors to the breach rate. Additional actions to the previous remedial action plan have been presented to NHSE as part of the oversight (Tier 2) process with impacts on performance forecast in last Quarter 1 / early Quarter 2 of 2024. A 'System Diagnostic' away day this week will focus on the Diagnostic Strategy and aim to expedite improvement though system collaboration and mutual aid.

2.17. **Cancer Performance.** Performance against the key cancer targets remains below national targets. The most challenged pathways all have recovery plans underway. Increased executive focus and oversight is being brought to the recovery plans via the Elective Care Board.

2.18. **Children and Young Persons (CYP) Access.** CYP access standard (12 month rolling) was at 66% in March 2023 (threshold is 90% of plan). Existing services need to be redeveloped to meet demand and level up provision across BSW. There is a continued focus on recovering performance in the Swindon service.

2.19. **Dementia Diagnosis**. The Dementia Diagnosis Rate (DDR) has again improved slightly from 59.2% (last board reported position) to 60% against a national standard of 66.7%. The additional staffing and data quality improvement initiative are impacting this continued improvement.

2.20. **Learning Difficulties and Autism (LD&A) Inpatient Rates**. Data for this metric is provided by NHSE and therefore measures per head of population the number of in patients we have. This could be across ICB commissioned beds and those commissioned by NHSE/provider collaborative directly. This data therefore shows only a partial picture and also has a time delay to it. With these caveats the latest data for March 24 shows a slight deterioration (rate of 37.32 per million, which is up from 33 at Quarter 3. This is above our target of 33 and the planned trajectory. More recent information shows five discharges this month alone. 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.

2.21. **Quality and Safety – Vaccination.** The end of June saw the completion of another successful Covid vaccination campaign with overall uptake rates at 66.5% versus 55.1% nationally, making BSW ICB's uptake the highest of any ICB in the country. Care home resident vaccination rates are also exceptionally high at 75%, versus 67% nationally. Over 4600 housebound individuals have been vaccinated by GP

practice teams, as well as the community vaccination hub. Planning is now underway for Autumn to offer Flu and Covid-19 vaccinations across our population.

2.22. **Review of CYP high-cost care placements and care packages jointly with local authorities.** The system is seeing an increase in the number of children and young people who have Educational Health and Care Plans and/or need to be placed in a residential care setting with an additional range of needs. There is currently a variation of both health contribution and process to agree joint funding contribution. To address this the Chief Nursing Officer (CNO) has been working alongside the Directors of Childrens Services (DCSs) and a panel has been established so that we can consistently review any individual case that local authorities or health partners want to bring forward. This is in recognition that all partners are committed to making sure the right level of contributions are made based on needs.

2.23. There remains concern that a single joint funding model has not been agreed with a clear percentage split between health and local authorities. We recognise the scale of the cost pressures on both health and social care and the immediacy of this challenge require urgent resolution.

2.24. To address this, CEOs of local authorities and the ICB have agreed that the CNO and DCSs will lead a distinct piece of work to initially review the 20 most expensive placements or packages of care so that we can truly understand needs and if that would determine a change in the level of contribution. In addition, it will highlight:

- where we are not maximizing current commissioned services,
- those services that are not able to meet demand,
- where there is a commissioning gap.

2.25. **Inequalities. Population Health Board (PHB).** The terms of reference (ToR) for the Population Health Board (PHB) have been revised, approved by the PHB and ratified by the Quality and Outcomes Committee (QOC).

2.26. All 35 Health Inequalities (HI) grants have now been awarded; a joint funding group has been set up with locality stakeholders who have co-produced a quarterly grant monitoring process. Progress on grants will be reported to the PHB. A proposal will be taken to the PHB on how to allocate health inequality funding for 2025/26.

2.27. BSW ICB has been awarded £50k from NHSE as part of the HI community Connectors programme. The programme requires the ICB to partner with a local VCSE organisation to promote a Core20Plus5 clinical condition. A VCSE organisation has been identified and cancer screening has been selected as a suitable condition for this project.

Non-routine Matters to Report

2.28. **People.** Over the past few months, the ICB's organisational change programme Project Evolve has been progressing following the outcome of the consultation with colleagues. New structures, roles and the consistent application of job titles are being implemented with the aim of all new structures being in place by the end of August. The next stage of the change programme will increasingly focus on organisational development, enabling teams to be supported and developed for future success and

with an emphasis on the people agenda, both with the ICB and with our external stakeholders.

2.29. The ICB people and workforce team continue to be part of the recovery programme supporting the NHS Operational Planning process and new workforce solutions for enhanced efficiency and transformation. BSW is leading the South West regional temporary staffing collaboration making significant improvements on agency usage. Wider programmes of work are taking forward local, regional and national workforce priorities such as the Oliver McGowan Mandatory Training; leadership skills development for social care; outreach work with school and colleges, supporting young people from care into health and care careers and increasing diversity in research participation.

3. Focus on Place

3.1. **B&NES.** B&NES Local Authority have led on the production of *Be Well B&NES*, our Whole Systems Health Improvement Framework. This document, which was drafted by the public health team, sets out our locality approach to address health improvement in Bath and North East Somerset over the next ten years. The Framework was co-developed by system partners, including local healthcare providers, community organisations, local education providers, the ICB, and B&NES Council. It was endorsed by the ICA at their June meeting and will go to the Health and Wellbeing Board for approval in July.

3.2. In June, CQC and Ofsted undertook a thematic review for Special Education Needs and Disabilities (SEND) and preparing for adulthood. B&NES local area partnership was one of six areas nationally chosen for this review. The review will not be graded. The inspectors have shared the headlines of their feedback, which will inform a national report to aid learning. The key themes from the feedback were:

- Welcoming collaboration and joint working – the range of partners involved and the professionalism and passion from all.
- It was noted that long waiting lists were preventing children and young people (CYP) from accessing care and support at the right time and that this was exacerbated during the transition to Adult services where waiting times could be longer.
- Recognition of the close working with Parent Carer forum.
- Welcomed initiatives such as: 1. the Keyworker program, 2. joint work with Youth Connect South West and Bath College, 3. Apprenticeships and supported internships in B&NES, 4. 3 café kitchen at Threeways, 5. Annual health checks and Partnership in Neurodiversity in Schools (PINS), 6. Day services placements (non-term time).
- Recognition of the independent living and opportunities for residential schools in B&NES.
- The joint commissioning ambitions and how these are geared to address the challenges that have been raised were also noted.

We will hear in the Autumn/latter part of the year when the national report will be published – our information will not be identifiable.

3.3 The B&NES locality urgent and emergency care demand challenge work started in June. All ICA partners met together across primary care, social care, community,

pharmacy, 111, ambulance, community wellbeing hub and the acute hospital to better understand what drives attendances. This work has identified 33 collaborative actions to help ensure people receive the right support and the right time.

3.4 **Wiltshire.** Emma Higgins, Associate Director for the Wiltshire Integrated Care Alliance Programme and Delivery Lead, recently presented to the South West Regional Place Peer Connect Group on the development of Integrated Neighbourhood Teams in BSW, showcasing the innovative and inspiring work happening in Wiltshire through the Neighbourhood Collaboratives.

3.5 Wiltshire Council and the ICB were notified on 1 July of a joint Ofsted/CQC Special Educational Needs and Disabilities (SEND) inspection planned for the week of the 15 July. Following discussions with both Ofsted and the CQC around the timing of this inspection in the context of the election, the imminency of school holidays, and local personnel changes it was agreed that the inspection would be postponed until the beginning of the next academic year.

3.6 **Swindon**. The 'Team Around Me' (TAM) initiative, launched in April 2024, focuses on adults with escalating health risks or complex needs registered with Brunel 2 Primary Care Network (PCN). Based on the successful Sheffield model (Team Around the Person), this multi-agency approach is reducing service escalation and duplication, while empowering patients to take control of their health journeys. Early data indicates positive trends in reduced GP visits, improved self-care, and better coordination of services.

3.7 The 'Connecting Care for Children' (CC4C) initiative will launch in September 2024. CC4C targets children under 5 with acute or chronic conditions registered with Wyvern Primary Care Network (PCN). Adapted from a successful London model, it strengthens partnerships between GPs and other healthcare professionals to ensure comprehensive, coordinated care for vulnerable young patients. This proactive approach aims to improve early intervention and access to specialist care, ultimately enhancing child health outcomes.

3.8 A key focus for Swindon Borough Council (SBC) is addressing the concerns raised by Ofsted during their Inspecting Local Authorities Children's Services (ILAC) inspection in July 2023. This extensive programme of work is facilitated through the Children's Services Improvement Board, with active participation from the Place Director (Swindon) and the Chief Nurse. Key initiatives include co-developing a graduated model for earlier intervention and specialist support for children and young people who have experienced significant trauma.

3.9 In collaboration with Oxford Health NHSFT (provider of Child and Adolescent Mental Health Services) and ABL Health (provider of early intervention and emotional wellbeing support services in Swindon), we are developing a specification for an early help service and investing in specialist trauma support within core Child and Adolescent Mental Health Services. The goals of these initiatives are to provide better early access to support, enhance placement sustainability, reduce placement breakdowns, and consequently impact wider system partners and reduce escalating placement costs.

ENDS

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	8
Date of Meeting:	18 July 2024		

Title of Report:	Update on Health Inequalities Programme
Report Author:	Abbey Mulla, Head of Health Inequalities and Prevention
Board / Director Sponsor:	Dr Amanda Webb, Chief Medical Officer Prof Steve Maddern, Director of Public Health (Swindon), SRO for BSW Inequalities
Appendices:	1 - BSW Core20PLUS populations 2 - Progress against Key Performance Indicators 3 - Governance Structure 4 - Health Inequalities Programme Funded Projects

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	Yes

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

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
Population Health Board	24th July 2024	This paper will be provided to the July Population Health Board for noting

1	Purpose of this paper
This paper is to provide assurance to the Board on delivery against the health inequality funding and to request the continued delegation of Health Inequality Funding to the Population Health Board.	

2	Summary of recommendations and any additional actions required
This paper is for noting on the progress of the Health Inequalities work overseen by the Population Health Board	

3	Legal/regulatory implications
Compliance with the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010. Compliance with relevant sections of the 2006 Act (amended by the 2022 Act) where duties are placed on the ICB to secure health services in an integrated way and improve quality, and to reduce inequalities in access to those services and with respect to outcomes achieved.	

4	Risks
Should the delegation of funding not be continued there is a risk that the funded projects will not receive the necessary oversight and monitoring to ensure delivery and effective outcomes for disadvantaged communities.	

5	Quality and resources impact
Quality: The programme will contribute to addressing health inequalities either directly or by influencing the wider determinants across our communities. Finance: Financial resources are already accounted for within the 23/24 ICB plan. Workforce: Sustainability/Green agenda:	
Finance sign-off	

6	Confirmation of completion of Equalities and Quality Impact Assessment
Not required for this process and the programme works to address inequalities.	

7	Communications and Engagement Considerations
Place based Directors of Public Health have had an opportunity to review and comment on this paper prior to its submission.	

8	Statement on confidentiality of report
This paper can be shared publicly.	

BSW Health Inequalities Programme Update 2024

Introduction

Inequalities are unfair and avoidable differences that can impact health across different communities driven by factors such as education, housing, employment, ethnicity and access to health services and programmes.

The ICB has a legal duty under the Health and Care Act (2022) to reduce inequalities between persons with respect to their ability to access health services; and reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

What did we say we would achieve?

The BSW Vision is 'We listen and work effectively together to improve health and wellbeing and **reduce inequalities**.

We have committed to **put reducing inequalities at the heart of everything we do**. The Integrated Care Partnership brings together partners with the common ambition of ensuring that everyone, regardless of who they are and where they live in BSW, is able to live a long, healthy and happy life. The Population Health Board and associated subgroups at system and place oversee our delivery against our inequality strategy. The ICB delegated Health Inequalities funding to the Population Health Board for the distribution at system and place of funds to tackle inequalities through a range of programmes, projects and initiatives.

Within the ICS strategy, objective 2 is **'Fairer health and wellbeing outcomes'** through two areas of focus:

- Adopting the NHSE Core20PLUS5 framework for adults and children and young people to inform action to reduce healthcare inequalities at both national and system level. Core20PLUS5 is defined as:
    1. Focus on Core20 group – the most deprived 20% of national population.
    2. Focus on Plus groups – defined by place – see appendix 1 for detail.
    3. Focus on 5 clinical areas for adults requiring accelerated improvement; maternity, severe mental illness (SMI), chronic respiratory disease, early cancer diagnosis and hypertension case finding and optimal management and lipid optimal management all underpinned by smoking cessation.
    4. Focus on 5 clinical areas for children and young people requiring accelerated improvement: asthma, diabetes, epilepsy, oral health and mental health.
- A system wide focus on reducing health inequalities.
    1. Embedding inequality as everyone's business.

2. Developing an inequalities hub within BSW Academy to host learning and development resources.
3. An increased focus on children and young people
4. Work with commissioners and service providers to ensure robust and up-to-date data across the system on where inequalities are and set out clear plans on how close the inequality gaps.
5. Demonstrate action on inequalities that spans from system to place through joined up strategy and planning.

The BSW Health Inequalities Strategy provides a framework for system activity to reduce health inequalities setting out three phases:

1. Making Inequalities everybody's business
2. Tackling healthcare inequalities
3. Tackling inequality by addressing social, economic, and environmental factors

What has been achieved?

In relation to adopting Core20PLUS5 for adults and children and young people, a recent review by the BSW Inequalities Strategy Group demonstrated progress on some of the key Core20PLUS5 indicators:

	Core20PLUS5 adults	Core20PLUS5 CYP
Progress	• Achieved national target of 60% of people with **SMI** receiving all 6 physical health checks. Improvement over last 2 years. • Increased **hypertension** case finding to 75% (national ambition 80%). • Increased **optimal management of hypertension** below age-appropriate thresholds to 68% (national ambition 80%). Improvement in last 2 years. • Numbers and proportions of **smokers** quitting through 'Treating Tobacco Dependence' services has increased.	• Decreased the number of hospital admissions for **asthma** in <19 year olds. Improvement in last 2 years • Improved access to **mental health** services for 0-17 year olds. 70% of BSW plan. 65% of LTP target. Improvement in last 2 years. • Small reduction in **oral** tooth extraction in <10s compared to last year.
Data unavailable to judge progress	• No reporting developed on **Maternity** Continuity of Care due to an implementation pause nationally. • Latest available data for **early diagnosis of cancer** is 2021.	• **Diabetes** Continuous Glucose Monitoring data currently not accessible. • No access to detailed, service-held **epilepsy** specialist nurse information.
No progress	• No progress with **lipid optimal management**.	

A full description of the key performance indicators, current performance, trend in performance, inequalities in performance and other progress can be found in appendix 2. Please note where this is progress with the overall KPI, inequalities still exist between the general population and Core20 and Plus populations.

In relation to a system wide focus on reducing health inequalities, the following has been achieved:

Embedding inequality as everyone's business	Training needs analysis completed by June 2022. 20 inequalities workshops delivered by April 2024. BSW Inequalities group established April 2022.
Developing an inequalities hub within BSW Academy to host learning and development resources.	Inequalities hub launched in November 2022. Traffic to site shows increasing access from baseline to April 2024.
An increased focus on children and young people	The Core20PLUS5 CYP framework has increased focus on children and young people but further focus is needed.
Work with commissioners and service providers to ensure robust and up-to-date data across the system on where inequalities are and set out clear plans on how close the inequality gaps.	Ethnicity data collection has improved with 80% completeness in primary care and linked datasets. Datasets segmented by ethnicity and deprivation has increased with activity data at all points of delivery segmented by age, ethnicity, condition and IMD quintile.
Demonstrate action on inequalities that spans from system to place through joined up strategy and planning.	35 projects taking actions on inequalities has been funded through a planned process between system and place. Co-produced monitoring has been developed and data is starting to be reported.

How has this been achieved?

The **governance** arrangements have now been formalised to oversee delivery against our inequalities ambitions. The Population Health Board reports directly into the Quality and Outcomes Committee (QOC) as the Board sub-committee responsible for assurance. Under the Population Health Board is its sub-groups: Prevention Strategy Group, Inequalities Strategy Group and a Population Health Management forum. A governance diagram and summary of each groups terms of reference can be found in appendix 3. The Population Health Board is co-chaired

between the SRO for Inequalities / Director of Public Health for Swindon and the ICB Chief Medical Officer. The Director of Public Health for BANES and Wiltshire chair the prevention and population health management groups. This joint working should be seen as good practice, enabling stronger working relationships between the ICB and the three Local Authorities.

As part of the BSW ICB **Board Assurance Framework** risks have been identified

1. SO1.1 - There is a risk that BSW ICS is unable to create the right conditions and incentives for BSW residents to stay healthy – including through actively addressing the wider determinants of health. This means that we will not prevent disease, injury or ill-health, or avoidable complications associated with long-term conditions. This will then lead to increased and additional healthcare demands, and jeopardise BSW's ambitions and plans for sustainable, equitably accessible, high-quality health and care services, and will continue to lead to long waits for treatment and poorer outcomes.
2. S02.1 – There is a risk that BSW ICB does not put reducing inequalities at the heart of all its activities and work closely with partners in order to deliver on its plans. This will mean that we will continue to see reduced opportunities and outcomes for our population including regarding prevention and early intervention. The governance put in place provides the controls and assurance to address this.

The governance described provides the controls to mitigate against these risks and the assurance to provide confidence.

The **workforce at system and place** have been developed. Part of the health inequalities funding has been invested in establishing a Prevention and Inequalities Team in the ICB and securing health inequalities leads at place. This provides the capacity to take strategic actions agreed at the PHB forward into operational delivery where the inequalities are.

We have **improved data** coverage and quality. This has included increasing access across the system to data segmented to present evidence of health inequalities. Data is segmented by:

- ethnicity and deprivation
- activity data by age, ethnicity, condition and IMD quintile
- improved ethnicity reporting across primary care, outpatients, A&E, mental health, community services and specialised commissioning.

This has led to an increased understanding of equity of access, experience, and outcomes for priority groups.

We have begun to **influence the ICS Delivery Groups** on planning and implementation to increase the focus on addressing inequalities. To date this has mainly been achieved through inviting chairs from ICS Delivery Groups to participate in deep dives to provide assurance to the PHB that inequalities and prevention are at

the foundation of their work. In the last year deep dives have been completed with: Urgent and Emergency Care and Flow, Children and Young People, the Local Maternity and Neonatal System, Primary and Community Care, Mental Health and Learning disabilities, autism and neurodiversity. A forward plan of deep dives is in place, including other key areas such as Elective Care. Progress reports and deep dives are shared with QOC, providing assurance and an opportunity to escalate challenges.

The Population Health Board seeks assurance on progress against the Core20PLUS5 clinical focus areas. These include hypertension and Treating Tobacco Dependency which are programme areas for the Prevention Strategy group. It is important that we ensure that these workstreams fully consider and take actions to address health inequalities. We plan to include these on our deep dive plan.

Areas of work that aim to improve progress against the Core20PLUS5 clinical areas of focus include:

Core20PLUS5 Connectors programme - This programme will see work with a VCSE delivery partner to recruit and deploy community connectors who will support system-level action to drive improvement for the Core20PLUS population. It will support awareness and uptake of cancer screening in South Asian heritage communities of Swindon where evidence suggests a greater need for culturally sensitive engagement.

Treating Tobacco Dependence - NHS long term plan aims to offer NHS funded tobacco treatment to anyone admitted to hospital overnight who smokes, pregnant women and their partners, and long-term users of specialist mental health services.

Vaccination confidence – working with the vaccination team and 1 VCFSE organisation in each locality who will host a small grants scheme to grassroots community groups in promoting vaccination confidence in groups where there is evidence of lower uptake.

We have invested £2m funding to support the delivery of the Health Inequalities Programme with proposed commitment for 5 years to 2026/27. Part of the funding was held at system to support resource needs. Place-based funding allocation processes were led by the Directors of Public Health alongside the ICB place-based directors and voluntary sector representation. This included a robust application process, scoring criteria and decision-making processes. In 2024/25 35 grants totalling £1,713,823 have been awarded to projects that cover a variety of providers across the system, 12 in B&NES, 9 in Swindon and 14 in Wiltshire.

Although the grants process was successfully delivered during the summer of 2023 within all three localities and brought to the Population Health Board for ratification, some delays were experienced in awarding funds to the successful recipients, this

was due to many factors. These included: the renegotiation of funding allocations to of some the recipients from two years to one year, contracting providers who weren't registered as providers with the ICB and delays in getting contracts signed by authorised personnel from the receiving organisations.

A joint grant funding group has been established with key leads from system partners to manage this programme including developing a co-produced monitoring process and a communication plan. A detailed paper on the grants programme and the governance and monitoring arrangements was submitted to the Informal Executive meeting on 4th March 2024. A copy can be made available on request. A detailed list of all projects can be found on Appendix 4.

We have **strengthened relationships with the voluntary, community, faith and social enterprise (VCFSE) sector**. This has been achieved by membership of the key governance groups: PHB, ISG, PSG as reflected in the terms of reference for each of these groups. The Head of Health Inequalities and Preventions chairs the BSW VCSFE Alliance meetings. A VCSFE advisory group is in the process of being established with a wider representation with a view to assist in the co-producing of the Health Inequalities delivery plan. The VCSFE were the main recipients of the health inequalities funding in 2022/23 and 2024/25.

What more needs to be done?

There are a number of next steps that we need to address to build on the strong foundation that we have created. We will increase our influence with the ICS Delivery Groups by:

1. making our deep dives more robust through greater preparation to fully understand the data, the evidence base and national policy and how this is reflected in our plans and achievements.

2. Representative who will champion health inequalities in ICS Delivery Groups. The CMO team has appointed clinical advisors, and we are exploring how these and other members of the CMO team can provide the health and care professional voice in these groups including a specific role to champion inequalities.

We will explore whether there are inequalities that do not fall under the remit of an ICS Delivery Group. We plan to do this by:

- Taking a data-led approach to Deep Dives.
- If necessary, conducting deep dives without a Delivery Group to collaborate with.
- Escalating gaps via the QOC.

We will increase our focus on planning and commissioning intentions. We plan to do this by:

- Working with the ICB lead for commissioning intentions to identify opportunities to influence the process.
- Anticipate the planning round and start developing our thinking in the PHB and sub-groups early to be able to inform this.
- Review the Equality Quality Impact Assessment process to define the PHB role and as a result increase the emphasis on equality as part of this.

We will ensure that the funding we have responsibility for creates the greatest possible value. We plan to do this by:

- Building on the robust processes that have been developed to date at place.
- Reviewing the Health Inequalities funding process for 2022/23 and 2024/25.
- Learn from Decision Quality methodology to suggest improvements.

What are our challenges?

Capacity is an issue. The ICB prevention and inequalities team is a small team of three people. The work plan is growing, and this capacity will need to be prioritised. In addition, there is currently capacity in place teams with specific health inequalities roles funded using the Health Inequality Funding. These are fixed term roles and contracts end in March 2025.

There is **funding** available under the remit of the Population Health Board to address health inequalities including the health inequalities funding, funding for 'Treating Tobacco Dependency' (TTD) and funding for prevention. To date funding has been committed one year at a time. This causes challenges. With the TTD programme this has led to providers employing on fixed term contracts which causes issues with retention and service continuity. In addition, much of the health inequalities funding has been allocated using a grants programme. There are challenges in managing multiple small grants.

Finances – HI funding is not ring-fenced so is at risk of being used for NHS savings plans. There is also a risk that staff members in posts funded by that source to take forward action and develop legacy at Place will leave to find more secure employment.

Appendix 1

BSW Core20PLUS populations

Local Authority District name (2019)	LSOA name (2011)	Ward	Index of Multiple Deprivation (IMD) Decile (where 1 is most deprived 10% of LSOAs)
Bath and North East Somerset	Bath and North East Somerset 011C	Twerton	1
	Bath and North East Somerset 015D	Southdown	1
	Bath and North East Somerset 018D	Combe Down	2
	Bath and North East Somerset 011D	Twerton	2
	Bath and North East Somerset 011B	Twerton	2
Swindon	Swindon 003D	Penhill and Upper Stratton	1
	Swindon 007B	Gorse Hill and Pinehurst	1
	Swindon 003C	Penhill and Upper Stratton	1
	Swindon 003B	Penhill and Upper Stratton	1
	Swindon 016D	Walcot and Park North	1
	Swindon 010A	Gorse Hill and Pinehurst	1
	Swindon 020D	Liden, Eldene and Park South	1
	Swindon 016A	Walcot and Park North	1
	Swindon 005D	Penhill and Upper Stratton	1
	Swindon 020E	Liden, Eldene and Park South	1
	Swindon 016C	Walcot and Park North	1
	Swindon 016B	Walcot and Park North	1
	Swindon 020C	Walcot and Park North	2
	Swindon 007A	Gorse Hill and Pinehurst	2
	Swindon 022E	Lydiard and Freshbrook	2
	Swindon 020A	Walcot and Park North	2
	Swindon 006B	Rodbourne Cheney	2
	Swindon 020B	Liden, Eldene and Park South	2
	Swindon 015B	Central	2
	Swindon 003A	Gorse Hill and Pinehurst	2
Wiltshire	Wiltshire 033A	Trowbridge Lambrok	1
	Wiltshire 011F	Chippenham Cepen Park & Hunters Moon	2
	Wiltshire 022A	Melksham Without North & Shurnhold	2
	Wiltshire 035B	Trowbridge Central	2
	Wiltshire 020B	Melksham Forest	2
	Wiltshire 052B	Salisbury Fisherton & Bemerton Village	2
	Wiltshire 052D	Salisbury Fisherton & Bemerton Village	2

In BSW we have chosen the following PLUS population groups

	PLUS groups (adults)	PLUS groups (children)
BANES	Ethnic Minority communities Homeless People living with Severe Mental Illness	Children eligible from free school meals
Swindon	Ethnic Minority communities	Children from ethnic minority backgrounds
Wiltshire	Routine and manual workers Gypsy, Roma and Traveller communities Rural communities	Children from Gypsy, Roma, Boater and Traveller communities
System wide		Children with Special Educational Needs and Disability (SEND). Children with excessive weight and living with obesity. Children Looked After (CLA) and care experienced CYP. Early Years (with a focus on school readiness). Children and Young People with Adverse Childhood Experiences (ACE; with a focus on delivering trauma informed services)

Appendix 2 – Progress against Key Performance Indicators

Core20PLUS5 Adults

Clinical focus area	Key Performance Indicator (KPI)	Latest KPI data	Trend	Inequalities in KPI	Other Progress
Maternity	Ensure continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups. This model of care requires appropriate staffing levels to be implemented safely.	No reporting development has been undertaken on Continuity of Care pathways due to an implementation pause nationally and complexities in identifying the eligible population within the maternity dataset.			Ethnicity reporting has improved with <5% of women recorded as 'not known' or 'not stated' since May 2023 and a reduction in difference between Black and White women booked by 10/40 of greater than 10%.
Severe Mental Illness (SMI)	Ensure annual physical health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)	As of Q4 2023/24 4,308 people with SMI on GP registers had received all 6 physical SMI checks in the preceding 12 months. This is out of 7,065 (61%).	This is an increase of 388 (from 3,920) since Q4 2022/23 and of 1,167 (from 2,871) since Q4 2021/22.	SMI patients from the most deprived IMD quintile - Core20 (55%) and from BAME groups (59%) are least likely to have had all six health checks.	
Chronic Respiratory Disease	COVID vaccination uptake in people with COPD.	97% of people on COPD registers have a	Trend data unavailable	Non-white British ethnic groups are less likely to have had a Covid	

		COVID vaccination ever. Work underway to provide for last 12 months.		vaccine. Within the COPD population uptake is 97.4% among White British, 93.8% for the non-White British groups combined.	
	Flu vaccination uptake in people with COPD.	88% of people on COPD registers have had a flu vaccination ever. Work underway to provide for last 12 months. In 2023/24, in the total population flu uptake is 62% (BSW has the best flu uptake in England) (HIID)	Trend data unavailable For the total population uptake improved in 2023/24 (62%) compared to 2022/23 (61%)	Among the COPD population, flu vaccine uptake is lowest in the Core20 group (83%). Similarly, those from Asian or Black ethnicities have lower uptake (77%, 74%) then the rest of the population (88%). In 2023/24 in the total population flu uptake is lower in the Core20 population (51%) and in the Black (40%), Asian (50%) and Mixed (47%) populations (HIID).	

	Emergency hospital admissions due to those exacerbations in people with COPD	466	17.1% Increase on previous financial year.	Significantly higher rates of admission in patients from more deprived areas. 4.25 admissions per 1k patients among Core20 pop vs 1.02 admissions per 1k patients in least deprived quintile.	
Early Cancer Diagnosis	75% of cases diagnosed at stage 1 or 2 by 2028.	Latest data available is from 2021 by LA. B&NES – 59%, Swindon – 52% and Wiltshire – 54%.	There has been no improvement nationally since data reporting started in 2013 and this is reflected in BSW.	No local data on inequalities in early cancer diagnosis. Nationally less people (49%) in the Core20 group were diagnosed at stage 1 or 2 in 2021. Ethnicity data is not available	Cancer screening levels are recovering since impact of COVID.
Hypertension case finding and optimal management and lipid	Hypertension casefinding – 80% estimated to reported prevalence.	There are an estimated 200680 people with hypertension in BSW (PHE 2017). There are 150,064 (75% of estimated) people on	Hypertension registers have increased from143,199 in 2021/22 and	Inequalities in case finding are being modelled as part of the prevention programme on hypertension.	

optimal management		BSW hypertension registers.	from 140,537 in 2020/21.		
	80% of people with hypertension have a blood pressure reading in the preceding 12 months below the age-appropriate threshold	As of December 2023, 68% of those on hypertension registers have a blood pressure reading in the preceding 12 months that is blow the age-appropriate treatment threshold.	This has improved from 65% in December 2022.	Core20 is slightly lower at 67%. All BAME groups are lower than the White population at 69%.	
	95% of patients 18+ with GP recorded CVD treated with lipid lowering therapy.	As of December 2023, 73% of patients 18+ with GP recorded CVD were treated with lipid lowering therapy.	There has been no improvement since December 2022.	Core 20 is lower at	
	60% of patients with no GP recorded CVD and a GP recorded QRISK score of <20% were treated with lipid lowering therapy.	As of December 2023, 50% of patients with no GP recorded CVD and a GP recorded QRISK score of <20% were treated with lipid lowering therapy.	There has been no improvement since December 2022.	Core 20 is lower at 49%	
Smoking cessation	Treating Tobacco Dependency Services in acute in-patients, maternity and mental health in-patients - % of smokers provided with care plans to support a quit	In 2023/24 50/265 (19%) smokers in acute inpatients quit	This is an improvement on 2022/23	Across all service areas: Proportion of smokers quitting in	

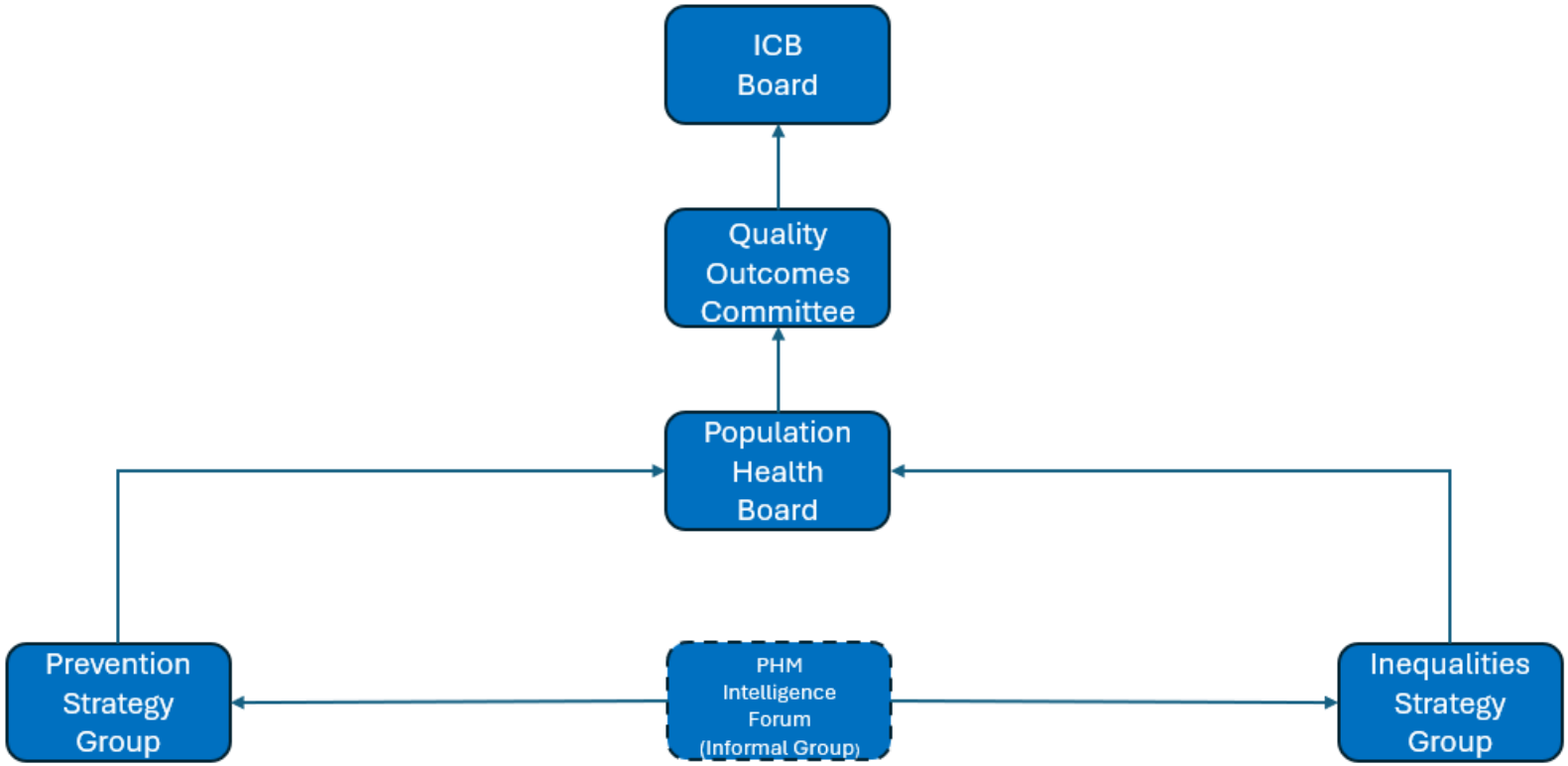
	attempt are recorded as having quit smoking.	15/40 (38%) smokers in maternity services quit. 10/40 (25%) smokers mental health in-patients quit	5/115 (14%) smokers in acute inpatients quit. 15/105 (14%) smokers in maternity services quit. And there was no reporting in Mental health in-patients.	Core20 is lower at 3%. Numbers of BAME groups is very small.	

Core20PLUS5 Children and Young People

Clinical focus area	Key Performance Indicator (KPI)	Latest KPI data	Trend	Inequalities in KPI	Other Progress
Asthma	Address overreliance on reliever medication	8.9% 0-17 had a prescription for asthma in 2022/23. Over 90% of patients who receive medication nationally received a reliever.	Availability being explored	Availability being explored	
	Decrease number of asthma attacks	In 2020-2023 there were 490 (79.6 per 100,000) hospital admissions for asthma <19 years.	This is an improvement from 520 (85.5) in 2019-2022 and from 575 (96.3) in 2018-2021	Inequality data is not available for this indicator.	
Diabetes	Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds	In 2022/23, there were 465 children eligible for CGM. 31% were using CGM. (NPDA 22/23)	Trend data is not available.	The Core 20 and BAME population have similar uptake to the total population. (NPDA 22/23)	
	Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.	There are 866 children and young people <25 on diabetes registers. 42% of them have received all 9 care processes in the last year.	Trend data is not available – but will be in future.	Inequalities have been explored but the numbers in BAME groups and in each IMD decile are too low to judge.	

Epilepsy	Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.	BSW BI access to detailed, service-held epilepsy specialist nurse information has prevented analysis being undertaken on the epilepsy population's access to care.			
Oral Health	Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.	1,139 (1,027 per 100,000) tooth extractions due to decay in <10 yr olds in (2019-2023)	-0.78% decrease in the latest financial year	Rates double in Core20 population (2,090 per 100,000) and higher in Mixed and other ethnic groups.	
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. BSW plan – 13,160. LTP target – 14,115.	As of March 24, 9,175 0-17 years olds were supported through NHS funded mental health with at least one contact. 70% of BSW plan and 65% of LTP target.	There has been no improvement since March 2023. There has been an improvement of 860 (from 8,315) since April 2022.	Our data is not currently segmented by ethnicity or deprivation.	

Appendix 3 – Governance Structure



Population Health Board

The ICB Quality and Outcomes Committee established the BSW Population Health Board as an advisory and oversight group, in accordance with the BSW ICB Constitution. The purpose of the Group is to provide strategic oversight and accountability for the implementation and delivery of the Core20PLUS5 and Core20PLUS5CYP Health Inequalities programme, and for BSW's Health Inequalities and Prevention Programme. The PHB is co-chaired by the DPH for Swindon and the CMO for BSW ICB.

The Group advises the ICB on how the prevention and health inequalities agendas can be integrated with the ICB's and BSW's strategies and plans. In particular, the Group advises the BSW Delivery Groups on this and provide them with oversight and strategic direction on this. These delivery groups are:

- Elective Care
- Urgent & Emergency Care and Flow
- Learning disabilities, autism and neurodiversity
- Local Maternity and Neonatal system
- Children and young people
- Primary and Community Care
- Mental Health
- Estates

The PHB is well attended demonstrating the engagement and commitment across the system to this agenda. However, quoracy has sometimes been a challenge. To address this, the Terms of Reference have been reviewed (ratified by QOC, May 2024) to ensure appropriate membership to support future attendance and quoracy.

Prior to the establishment of the PHB, work around health inequalities (HI) had been led by a HI Strategy group. The HI Strategy group has now been adopted as a sub-group of the PHB.

Inequalities Strategy Group

The Inequalities Strategy Group was established in accordance with the Population Health Board Terms of Reference. The Inequalities Strategy Group (ISG) is a working group, and initially had oversight of the development of the BSW Health Inequalities Strategy. Following the development of the strategy, the purpose of the group has now changed. The group supports the Population Health Board with delivery of the BSW Inequalities Strategy and will track progress against the implementation plan.

The Group will also have responsibility for refreshing the strategy when this is due, and oversight of the associated refresh delivery plan. The Group adds value by complementing and supporting the health inequalities reduction ambitions of other system programmes and strategies. The Group also provides a platform for sharing of information and learning.

The Group meets every six weeks and reports to the Population Health Board. Membership includes representatives from: The three local authorities Public Health, NHS providers, VCSE, ICB Programme leads, Health inequality leads for the three localities and BSW Inequalities and Prevention team. The Group is chaired by the ICB Head of Inequalities & Prevention.

Prevention Strategy Group

The Prevention Group was established in accordance with the Population Health Board Terms of Reference. The purpose of the Group is to set the strategic direction for implementation of Objective 1 in the BSW Integrated Care Strategy 'Focus on Prevention and Early Intervention'

The Group's remit extends to oversight of a targeted focus of prevention work for children and adults across BSW. Within this remit, the Group will take forward the following workstreams and recommend decisions to the Population Health Board as appropriate:

- Lead on one agreed priority system prevention programme (for 2024/25: hypertension)
- Funding shift towards prevention.
- Organisational culture and workforce for health improvement
- Influence the plans of identified BSW Delivery Groups to focus on prevention.
- Oversee delivery of identified BSW wide prevention programmes for children and adults
    - Treating Tobacco Dependency

  - Join up between tiers 2 and 3 weight management pathway.
- Oversight of delivery of prevention and early intervention commitments in the BSW Together Integrated Care Strategy
- Place holder for system level Wider Determinants work, possibly anchor institutions

The Group meets every six weeks and reports to the Population Health Board. Membership includes representatives from: The three local authorities Public Health, NHS providers, VCSE, ICB Programme leads, and BSW Inequalities and Prevention team. The Group is chaired by the DPH for BANES.

Appendix 4 - Health Inequalities Programme Funded Projects

In 2024/25 35 grants totalling £1,713,823 have been awarded to projects that cover a variety of providers across the system, 12 in B&NES, 9 in Swindon and 14 in Wiltshire.

B&NES

Organisation	Project	Who benefits
Bath City FC Foundation	Go Again Health and lifestyles interventions workshops and 1-1 support	Core 20 SMI
Bath Rugby Foundation	Hi5! Inclusive after schools clubs for children with SEND	CYP SEND Core 20
BEMSCA	Community Connector at Community Wellbeing Hub Support BAME community after hospital discharge	BAME
Bright Start Childrens Centres	Perinatal mental health support for families facing MH challenges	Maternity MH
Developing Health & Independence	Homeless Hospital Discharge Service at RUH Providing MH support for those leaving hospital	Homeless SMI
Dorothy House	Palliative and EoL care for people experiencing homelessness	Homeless
HCRG Care Group	LD nursing Oral Health Support for CYP with disability/autism	CYP SEND
Mental Health Motorbike	Providing community base MH support for motorcyslists	Males SMI
Off The Record	1:1 MH/listening support for CYP in Twerton and Whiteway	Core 20
Southside Family Project	Targeted family support worker for vulnerable families in Twerton	Core 20
Soundwell Music Therapy	Music therapy / art therapy for people with psychosis or schizophrenia	SMI
Voices	Trauma informed recovery for domestic abuse survivors	DA survivors

Swindon

Organisation	Project	Who benefits
Swindon Borough Council (LiveWell team)	Live Well Team BAME Health Community expo and community navigator	BAME
Voluntary Action Swindon (VAS) and Kennet Furniture Refurbishment (KFR)	Kennet Furniture Refurbiz Furniture for those on low incomes	Core 20
Ridge Green Medical Centre	Ridge Green Medical Centre Patient education sessions with bilingual health educators	BAME
Wyvern PCN	Wyvern PCN Early Cancer Diagnosis Increase uptake, awareness and education of cancer screening, smoking cessation, lifestyle advice	BME, LD, LGBTQ, visually impaired
Brunel Health Group	Brunel Health Group Heart Failure Procatively manage heart failure patients in the community	Core 20, BAME
Harbour Project	Harbour Project Health related advice and triage for asylum seekers and refugees	Refugees/asylum seekers
Brunel Health Group	Brunel Health Group Atrial Fibrillation clinics to clear backlog and improve engagement	Core 20 BAME
GWH Community Dentistry and Swindon Borough Council	SBC Public Health/GWH Community Dentistry CYP Oral health promotion service	CYP Core 20 BAME
The Platform	The Platform Therapeutic mentoring service for CYP	CYP Core 20 SEND

Wiltshire

Organisation	Project	Who benefits
Wiltshire council / Julian house	Increase outreach for GRTB community	GRTB
Acorn CB	Financial support for people experiencing life changing experiences due to ill health	Core 20 BAME
Community First	Mental health support pilot	Core 20 Rural
Kidzlovefit	Under 5's health club - Bemerton and St Marks. Fitness classes, workshops, health checks	Core 20
Carer support Wiltshire	Support for carers. Workshops, toolkits	Carers
Wiltshire Community Foundation	Wiltshire Health inequalities small grants programme for VCS	Core 20
Wiltshire Council	Research report to understand health and support requirements for military personnel	Military personnel
Wiltshire Council	FUEL programme Access to activity and food in school holidays	Core 20
ICA	Development of the neighbourhood collaborative programme	TBC
Wiltshire Council	Business focused health coach to improve workplace health	R&M workers
Wiltshire Council	Targeted counselling services and signposting for R& M workers	R&M workers
HCRG group	Advice and support for families in need of neurodevelopment assessment	CYP SEND
CSE (Centre for sustainable energy)	Case worker to identify those with LTCs and then support with accessing fuel poverty support	Core 20
		CYP

Julian House Gypsy, Roma, Traveller, Boater Outreach Service

Gypsy Roma Travellers and Boaters experience some of the starkest health inequalities of any population group. They are included as Core20PLUS5 Plus group for Wiltshire and as a priority within the Wiltshire Health and Wellbeing Joint Strategic Needs Assessment.
Julian House submitted a bid to the Health Inequalities Grant Funding programme to increase current capacity within the Julian House Outreach team for GRTB communities. They were awarded £80k to address the needs of those living roadside in vans, on sites, and in bricks and mortar housing.
The Outreach Team work alongside other agencies and VCSE organisations including the Maternity and Neonatal Voices Project, Wiltshire GP Practice Managers, and community actors such as Floaty Boat, The Hub at Bradford-on-Avon, Open Doors and Canal Ministries.
The team liaise with the Local Welfare Provision Team on behalf of their clients and have strong relationships with the Rough Sleeper Team and the team at Open Doors Devizes, Food Banks at Bradford-on-Avon and Devizes. Below is an update and case studies provided by the Julian House Team.

Analysis of key service gaps in Wiltshire

Following discussion with the Local Welfare Provision team, it is clear there is a support gap in Wiltshire for Travellers whose homes have fallen into disrepair, who do not have the financial means to pay for essential maintenance. In B&NES, we are able to refer these clients to charitable grant schemes, e.g. St John's Foundation and St Monica Trust, as well as Welfare Support from the Council. However, there does not appear to be a similar organisation covering Wiltshire. A large number of our clients are in need of funding amounts of roughly £1,000 to conduct repairs such as replacing electrical system components (solar panels, batteries, etc.), getting engine repairs, ensuring gas systems are safe, ensuring they have a functioning heating system, etc. On boats, failure to keep up with proper maintenance means boats are at greater risk of breakdown or even sinking. They will also eventually fail their 5-yearly Boat Safety Certificate examination. Without this certificate, boaters are unable to obtain a licence from Canal and River Trust, which can eventually lead to enforcement proceedings and removal of the boat from the waterways, leaving the owner homeless. A small grants or loans scheme would be immeasurably helpful for GRTB community members living on a low income.

Case Studies

Case Study 1: Boater, Male, 49

The client is a boater who is continuously cruising. When he first reached out for help from Julian House, his boats were both unlicensed and CRT had begun to start legal proceedings to take his boats out of the canal. The gentleman was not working and had previously been awarded PIP and UC. These had been stopped as he did not have access to a smart phone or a computer.

With support from Julian House, we contacted PIP for a reassessment and also began a new claim with UC. Then we negotiated with CRT, to get the stop on him licensing his boats lifted. We negotiated with the licensing officer to send a monthly instalment plan, so we could upload the housing costs onto his UC claim. This meant that he would be in a position to pay his monthly installment plan. He also needed support for his telephone PIP assessment. Once this was completed, he was awarded his full PIP amount again.

Our next plan was to request Reasonable adjustments to his cruising pattern, however he decided against this course of action because it would have to be backed up with medical evidence that he did not want to share with CRT. He had already been put on a 6-month licence which required him to travel approximately 11 miles in 6 months. This means that he only needs to travel on the Long Pound between Devizes and Wootton Rivers, thus avoiding the need to go through locks. He is unable to travel through locks as he has poor mobility and becomes highly anxious about travelling out of the area where his support network is.

This client's boats are now licenced and he is in a much better position financially, thanks to the intervention by Julian House.

Case Study 2: Boater, female, age unknown

This single mother has been living with her 6-year-old daughter on her boat in a marina. She contacted Julian House for support because she was having issues with some of the other residents on the marina and wished to go out onto the canal as a continuous cruiser. This young woman works on a part time basis and claims UC but struggles to support herself and her daughter. At present, she does not have a gas oven fitted and has to cook on a camping stove. She also does not have showering facilities or hot water on board. In order to get these facilities installed, she needs a gas safety professional to fit gas pipes. She asked Julian House if there was any funding that could be accessed to help to pay for the gas engineer. Unfortunately, her situation fell outside the remit of Local Welfare Provision and we were unable to identify any other suitable funding schemes. Once gas installation has been completed, it may be possible to support her to source a new cooker through a white goods scheme, but the work on the boat cannot be funded by any source we have been able to identify.

This lady has now moved out onto the canal, as she could no longer tolerate the problems that she was experiencing at the marina. She is still having to cook meals on a 2-ring camping stove. This is making it very difficult for her to provide nutritious and balanced meals for herself and her daughter. She still has no hot running water or shower and so has to use public facilities.

My next course of action will be to arrange for Reasonable Adjustments to her cruising pattern, as she has fibromyalgia and struggles to carry water to her boat or to go through locks. She has said that she would prefer to have her cruising pattern closer to her daughter's school, to cut down the money she is currently using on fuel.

Our next step will be to approach Canal Ministries, local churches and children's charities, to see if they are aware of any funding schemes we have not identified. This case study highlights a huge issue in Wiltshire. It is notoriously difficult to access any funding for essential home maintenance, despite the obvious high levels of need. If there were funding available, then we could achieve much better outcomes for our clients and their families.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	9
Date of Meeting:	18 July 2024		

Title of Report:	BSW NHS ICS Operating and Financial Plan 2024/25
Report Author:	Leanne Field, Head of Delivery
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
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	01/05/2024	Sign off of plan
ICB Board (Public)	16/05/2024	Discussion
Finance and Investment Committee	05/06/2024	Approval of plan updates for submission to NHSE

1	Purpose of this paper

The purpose of this paper is to provide members of the Board with an update on the final operational planning submission for the BSW NHS system for the financial year 2024/25.

Following the draft operational submission for planning which took place in March 2024, the ICB 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, with the plan being briefed to board on 16 May 2024. Following feedback from NHSE, all system across England were asked to adjust their plans and re-submit these on 12th June, and therefore this paper sets out the final plan for our public meeting and will be the plan against which we monitor performance throughout this year.

Following final submission of the plan, BSW received its plan closedown letter from NHSE on 5th July 2024 in which it was noted that focus remains on recovery of our core services and productivity, in addition NHSE noted the specific points for the system to keep under focus, which included:

- Delivery of the system revenue finance plan.
- Delivery of workforce reductions in line with the plan trajectory by March 2025.
- Meeting the 78% performance standard for the 4 hour A&E wait times
- Review capacity of virtual ward beds throughout 24/25 to ensure it is meeting the population demand and reassess for 25/26 planning.
- The plan doesn't meet the national target for diagnostic testing and as such NHSE will continue to engage with the system to ensure planned performance is met and ideally exceeded.
- The rate of Talking Therapies completed courses of treatment are below national targets, and the system needs to enable every opportunity to improve the pace of recovery against this metric.

BSW has now moved into formal mobilisation of the plan.

We note the following:

Finance:

- Significant work has continued to be undertaken across the system with a final plan being submitted with a £30m deficit.

Operational performance:

- Whilst we are not planning to meet the 95% 6-week diagnostic target, the adjusted submission saw an improvement from 15% to 11.5% for DM01 performance at an ICB level.
- We have made significant changes to our virtual ward clinical model and put in place an updated standard operating procedure to improve access. We

have modelled 24/25 trajectories based on achieving a minimum of 80% occupancy in Q1 rising to 95% in Q4 aligned to our new clinical model.
- The plan does not mee the national target for talking therapy completed courses, however BSW believe that we have an ambitious but realistic plan to begin to recover performance.

Workforce

- We will continue to see 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.

NHSE noted other areas of our plan that were aspirational in respect of the 4-hour performance for A&E wait times plus use of general and acute beds. Whilst no changes were made to these metrics on re-submission, BSW recognise the challenge in these targets being achievable. To ensure deliverability of these metrics a newly formed Planning and delivery Executive (which includes executive and senior member across activity, finance and workforce) has been established and meets on a regular basis to work together to develop our multi-year transformation and financial recovery plans – working on a multi-year basis to recovery the financial position.

2	Summary of recommendations and any additional actions required

- The Board is asked to note the final ICB operating and financial plan for 2024/25.
- The Board is asked to agree the contract budgets for those NHS providers requiring Board agreement under the ICB Delegated Financial Limits and for contract award reports to be produced for the Finance and Investment Committee to allow contract notices to be published in line with Provider Selection Regime requirements.

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 from NHSE if our month on month reporting slips of trajectory.

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

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

4	Risks

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

5	Quality and resources impact
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.	

Bath and North East Somerset, Swindon and Wiltshire Together

NHS Operational Planning 2024/25

ICB Board Meeting

18 July 2024

Bath and North East Somerset, Swindon and Wiltshire Together

Financial plan

Financial Submission – 12 June Submission

Bath and North East Somerset, Swindon and Wiltshire Together

24/25 Plan @ 12 June Submission	ICB	GWH	RUH	SFT	BSW
	£'m	£'m	£'m	£'m	£'m
Surplus/(Deficit)	2.5	(10.2)	(5.3)	(17.0)	(30.0)
Deficit as a % of total Income		-2.1%	-1.0%	-4.7%	-1.2%

Note:

- The system deficit has reduced by £5.7m between the May and June submissions.
  - £3.2m additional allocation to GWH relating to UK GAAP accounting adjustment funding.
  - £2.5m improvement in the ICB plan.

National deficit funding of £30m expected to be released during the year to bring the plan back to break even. This is conditional funding and will not be repayable if BSW hits its plan.

Efficiencies (CIPs)

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Org	Total CIPs £m	% of total income	Unidentified £m
GWH	21.9	4.5%	1.7
RUH	36.6	6.6%	2.9
SFT	21.1	6.0%	0.0
ICB	62.3	5.4%*	11.2
Total	**141.9**	**7.0%**	**15.8**

*ICB is measured against total allocations after adjusting for intra-system envelopes.

- Potential pressure of £1.8m on depreciation, being resolved through system-level discussions
- Of the £11.2m ICB unidentified CIP, £7.5m of this relates to system providers (this has now been mapped to key programmes)

Elective / ERF

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ERF 24-25 Allocation	23-24 FOT £'m*	23-24 %	24-25 £'m	24-25%
GWH	5.8	101%	9.0	112%
RUH	15.2	115%	12.6	119%
SFT	4.3	106%	5.7	114%
Inter providers including A&G	3.0	99%	1.5	101%
Independent sector	11.3	131%	14.7	131%
System benefit	15.0		18.3	
ERF 24-25 Allocation + ERF income	54.5	112%	61.8	118%
ERF Target		105%	39.6	109%
ERF income above allocation (target)	17.20		22.2	

24/25 Plans	ICB	Transitional Funding	GWH	RUH	SFT	BSW
	£'m	£'m	£'m	£'m	£'m	£'m
Income within plans	20.4	14.0	5.3	11.0	5.0	55.7
Potential income	20.5	14.0	9.0	12.6	5.7	61.8

- Intra system income envelopes within the June submission reflect total system income of £55.7m which includes £16.1m of funding over current allocations.
- Best case plans would deliver additional intra-system income of £6.1m. The June submission is based on achieving the best case in terms of margin, but the additional income has not been formally included in intra-system funding.
- ERF performance in 24/25 would be 15% higher than target.
- This is an ambitious plan and assumes no industrial action.

Intra system envelopes

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- Intra-system envelopes are being supported by £62.4m of mainly non-recurrent funds.
- This is made up of: growth funding, ERF, efficiency schemes and additional funding.
- Within this £7.5m is mapped to key programmes within providers, there is ongoing work to confirm delivery. This will not be paid until delivered.
- This is a transitional arrangement to the main intra-providers as they transition to a lower cost base.
- This is linked to the achievement of two main conditions: workforce trajectories and overall achievement of the financial plan.

Detailed planning assumptions

Bath and North East Somerset, Swindon and Wiltshire Together

- **Intra Acute** - Acute providers receive net deflator (capacity 0.6% to bottom line) + ERF (IAP performance which will be subject to claw back).
- **Inter Acute** – net deflator only + capacity + ERF
- **Primary care** – no CIP applied but must live within allocation
- **Community** – net deflator only and virtual ward funding.
- **Mental Health** – we will meet the MHIS. 4.5% target.
- **Prescribing** – growth of 5.8% vs underlying (net of CIP of £0.8m) (based on historic performance)
- **CHC** – growth of 6.4% vs underlying (net of CIP of £3.7m (including PHB)). This assumes 7.5% price inflation.
- **BCF** – 5.66% uplift in total (including net tariff) on ICB minimum only.
- **Pharmacy, Optom, Dental** – initial plan assumes funding matches spend.
- **Virtual ward model** – to be changed to price per bed and increased utilisation targets. Model based on 175 beds. Payments will be variable. Allocated to lead providers in plans
- **Contractual approach** – all contracts have an identified route to procurement via PSR.

2024/2025 Healthcare Contracts

Bath and North East Somerset, Swindon and Wiltshire Together

- The table below sets out the budgets that have been set for NHS intra ICB providers for 24/25 that meet the Board Level Delegated Financial Limits (DFL). For each contract the agreed procurement approach is also shown. There are some providers (outside ICB and IS providers for which the contractual values are still being negotiated).
- This provides a record of the (Board level DFL) contracts that are going to be placed under the Provider Selection Regime as part of agreeing the 24/25 Operational Plan financial position.
- Finance & Investment Committee have received and agreed the full list of contracts including those under Board Level DFL.
- Where contracts expired in March 24, new contract terms will be set. Strategically it has been proposed to increase contract terms e.g. five years, and stagger expiry dates to better transition from one financial year to another. Length of contracts which will be subject to annual modification, will be agreed with these providers prior to signature.
- Contract Award Reports for these contracts will be produced for the Finance and Investment Committee, in order that the required contract notices can be published once contracts are awarded and signed.
- The ICB is responsible for compliance with the Provider Selection Regime regulations (PSR) only for those contracts where it is the lead commissioner.

NHS Intra provider contracts	Provider	Budget £000	Agreed procurement route
BSWICB0023	Great Western Hospital NHS Trust	335,874	PSR Direct Award A
BSWICB0057	Royal United Hospitals Bath NHS Foundation Trust	299,040	PSR Direct Award A
BSWICB0059	Salisbury NHS Foundation Trust	180,928	PSR Direct Award A

Updating ICB joint arrangements

Bath and North East Somerset, Swindon and Wiltshire Together

- The ICB has separate joint arrangements in place with Swindon Borough Council, Wiltshire Council and Bath & North East Somerset Council.
- These arrangements are contracted via agreements under Section 75 of the NHS Act. In the course of enacting the ICB financial plan for 24/25, the relevant finance schedules will be updated to reflect the revised financial contributions as agreed by each organisation through their respective budgeting processes. We note that this process is currently also being finalised for the 23/24 financial year.
- The arrangements are hosted by the three local authorities. The ICB Board is required to authorise the arrangements the ICB makes under Section 75 arrangements.
- The underlying ICB contributions and spend attributed to these arrangements are included within the overall ICB plan based on the nature of service spend. The scope of each agreement is different reflecting how local services are provided and contracted.
- Section 75 schedules will be updated to reflect any changes agreed by partners in 24/25.

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

Key financial risks

Bath and North East Somerset, Swindon and Wiltshire Together

1) Plans already contain risk around funding:

- £16m of additional ERF income dependent on delivery of activity
- £1m of additional Ophthalmology funding to offset Outside clinic contract pressure
- £1m of allocations will be directed to support efficiencies (taken from any allocations issued during the year)
- £19m of Community Diagnostic Centre funding has been included in provider envelopes but will depend on activity
- £15m of depreciation funding has been included in provider envelopes but will depend on depreciation expense
- Plans do not include any impact for Industrial Action.
- Ambitious target for No Criteria To Reside and associated bed escalation

2) Plans already contain risk around expenditure:

- £60.5m of spend is supported by non-recurrent means.
- No contingency included to support any winter escalation.

3) Plans already contain efficiency risk

- Ambitious CIP programme of £142m, work ongoing to close the remaining £11.2m.
- £15.5m of system CIPs included in ICB plan

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Workforce plan

BSW Workforce Plan Summary - final

Bath and North East Somerset, Swindon and Wiltshire Together

- Planned reduction of 4.7% or 764 WTE against March ‘24
- This plan is delivering the M1 position by -56 WTE at M12 24/25.
- Plan will be achieved by Feb ‘25 if current plans are achieved.
- Substantive workforce is reducing by 1.9%/281 WTE
- Bank is reducing by 39% / 418 WTE and agency by 35% / 65 WTE

SFT

- Planned reduction of 4.9% or 222 WTE against March '24
- SFT plan achieves over compliance with M1 position by March ‘25 (-4 WTE)
- Substantive reducing by 2.3%/96 WTE
- Bank is reducing by 33%/106 WTE
- Agency is reducing by 23%/20WTE

RUH

- Planned reduction of 6.6% or 389 WTE against March '24
- This plan is over achieving the M1 position by - 162 WTE
- Substantive reducing by 3.7%/202 WTE
- Bank is reducing by 46%/162 WTE
- Agency is reducing by 71%/25 WTE

GWH

- Planned reduction of 2.7% or 153 WTE against March '24
- This plan is under delivering the M1 position by +110 WTE due to investments
- Substantive increasing slightly by 0.3%/17 WTE
- Bank is reducing by 39%/150 WTE
- Agency is reducing by 33% / 20 WTE

Workforce plan 24-25 by provider final submission

Bath and North East Somerset, Swindon and Wiltshire Together

This year's planned reduction in workforce is -4.7% or -763.75 WTE less of total workforce within BSW from March 24 to March 25 expected plan.

Establishment however is increasing by 90 WTE (0.6%) with investments in CDC, Safer staffing and Theatre expansion at SFT & GWH.

Substantive decreases by 281 WTE (-1.9% decrease overall), RUH & SFT are planning overall reduction in substantive staff, with a 17WTE growth in GWH.

Bank reduction of 418 (-39.3%) reductions in bank range between 162 WTE (-45.5%) RUH to 106 WTE (-33.1%) at SFT

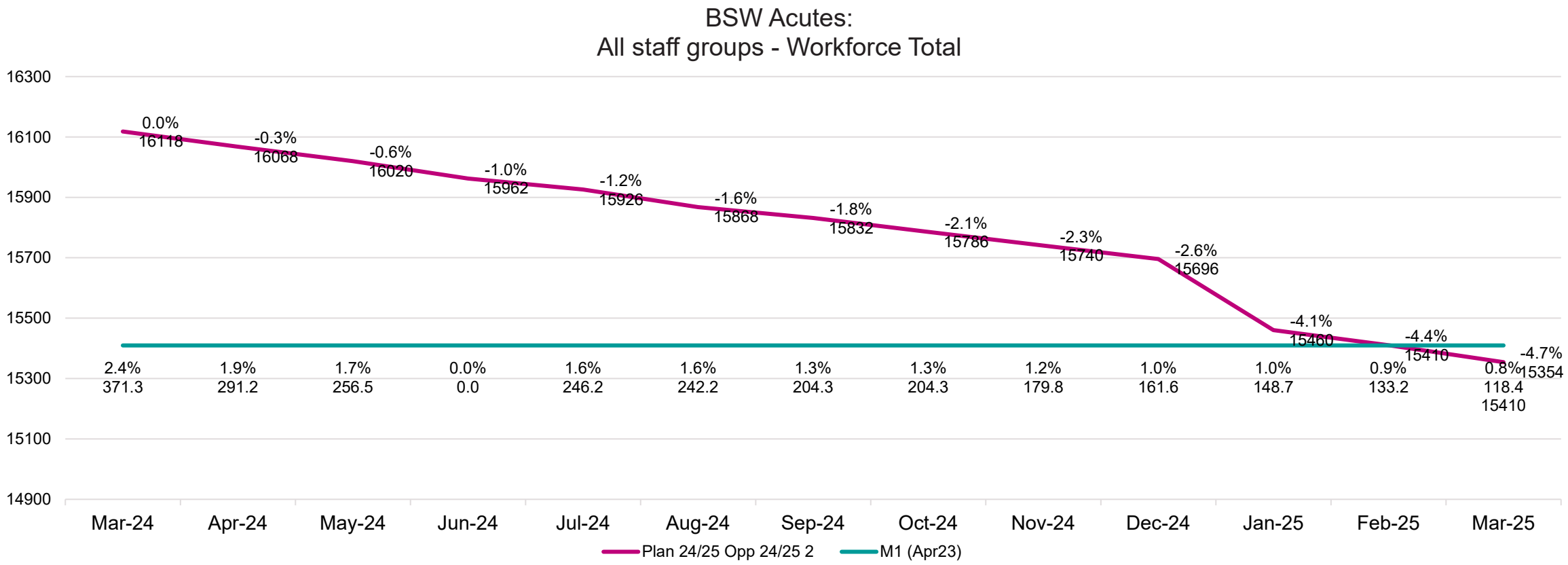
Agency reduction of 65 WTE (-35.1%), all organisations are planning reducing this workforce

The net effect of this this will bring the planned M11 position for BSW to be compliant with worked M1 numbers but GWH will be above this position.

GWH & SFT are using investments to increase establishment in the most part utilising existing workforce capacity to deliver, RUH are reducing establishment overall.

The BSW workforce plan gets to the Month 1 workforce cap by March ‘25

Bath and North East Somerset, Swindon and Wiltshire Together



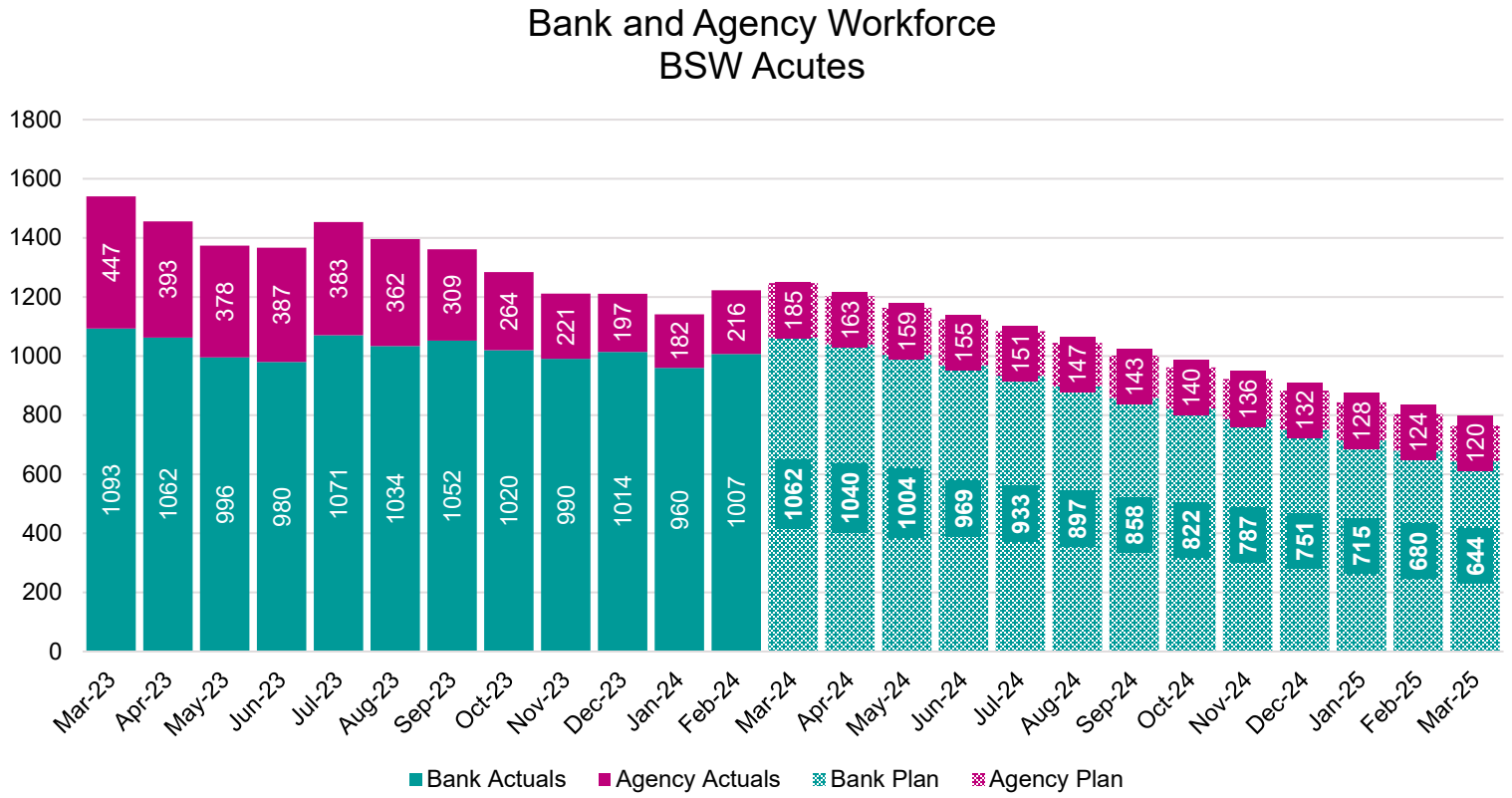
Overall, the BSW workforce plan meets the M1 workforce cap of 15410 WTE by March ’25

All organisations reducing their total workforce by a combined total of -4.7% (764 WTE) from 16119 WTE to 15354 WTE in 2024/25

BSW ICS will achieve M1 compliance by month 11 2025, and achieve above plan by M12 2025 by 56 WTE

Temporary Staffing usage is to reduce by 38%

Bath and North East Somerset, Swindon and Wiltshire Together



Organisation	Plan 31-Mar-24		Plan 31-Mar-25	
	Agency	Bank	Agency	Bank
GWH	60	387	40	237
RUH	35	355	10	194
SFT	90	320	70	214
BSW	185	1062	120	644

There is a significant reduction in temporary staffing across BSW acutes from March 24

All temporary staffing usage is to reduce in BSW by 482 WTE (38.1%).

Largest reduction is in the RUH at 186 WTE (47.8%) in year

GWH have a 38.1%% and SFT 30.8% reduction in usage

Whilst usage is due to reduce WTE, the cost of these shifts should also reduce as more price cap compliant shifts are worked in the ICB.

Bath and North East Somerset, Swindon and Wiltshire Together

Operational performance plan

Key Performance Headlines

Bath and North East Somerset, Swindon and Wiltshire Together

Our plan delivers in:	Our plan does not see delivery in:
• A&E waiting times so that over 78% of patients are seen within 4 hours by March 2025. • Number of incomplete referral pathways of 65 weeks or more will be at 0 by September 2024 • Eliminate waits of over 65 weeks for elective care by March 2025 • Reduction in acute length of stay over 21 days • Reducing Non-Criteria to Reside as a percentage of occupied G&A beds • Reducing the waiting lists in community services • Improved Virtual ward utilisation • Improved number of cancer patients seen within 62 days • Improved performance for Cancer 28 day waits (faster diagnosis standard) • Achievement of standard for percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result • Ensuring 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2025 • 85% of all GP appointments made being seen within two weeks • Eliminating inappropriate adult Mental Health acute out of area placements • Improved overall Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses • We will meet the target for reliance on inpatient care for people with a learning disability and autistic people • We will meet the response rate for Category 2 Ambulance Responses	• Will not see non-elective activity growth on 23/24 within all acutes • Reduction in adult general and acute (G&A) bed occupancy to 92% or below • Delivering 95% of diagnostics within 6 weeks (9 modalities) • Achieve 5% PIFU of all outpatient attendances by March 25 • Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2025 • National expectation of completed course of talking therapies.

Urgent and Emergency Care Summary

Bath and North East Somerset, Swindon and Wiltshire Together

Objective	Measure	Target	Measure	BSW	GWH	SFT	RUH
Improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2025.	EM13 A&E Performance 4 hour standard all types - by March 2025	78%	Latest Actual (Mar 24)	**70.3%**	**73.8%**	**75.3%**	**62.2%**
			24/25 Plan (Mar 25) Final	**78.1%** *81.2 % (with uplift)*	**78.1%**	**78.4%**	**78.0%**
Reduce acute length of stay over 21 days	EM 25 Average number of adult patients in an acute hospital bed for 21 days and over - reduce by March 25	Reduce on Baseline	Latest Actual (Mar 24)	232	62	85	86
			24/25 Plan (Mar 25) Final	**190**	**66**	**76**	**48**
Reduce Non Criteria to Reside	EM 29 Number of beds occupied by patients no longer meeting the critera to reside - adult - reduce by March 25	10%	Latest Actual (Jan 24)	17%	17%	20%	16%
			24/25 Plan (Mar 25) Final	**9%**	**10%**	**5%**	**10%**
Non-elective Activity Growth on 23/24	% Growth applied in NEL POD against 23/24 FOT		24/25 Plan (Mar 25) Final	0.9%	**-2.4%**	0.7%	4.5%

We are showing changes to occupancy levels at two of our providers, with an increase of 19 core beds

Bath and North East Somerset, Swindon and Wiltshire Together

Objective	Measure	Target	Measure	BSW	GWH	SFT	RUH
Reduce adult general and acute (G&A) bed occupancy to 92% or below	EM30a G&A Occupancy - Adult - March 2025 Position	92%	Latest Actual (Feb 24)	98.0%	99.0%	98.0%	97.0%
			24/25 Plan (Mar 25) Final	96.0%	99.4%	87.3%	100.0%
Available Bed Capacity (Core and Escalation)	Available G&A Beds (Escalation) - Annual mean		Current Volume (24th Apr)	43	29	11	3
			24/25 Plan (Mar 25) Final	55	26	1	28
	Available G&A Beds (Core) - Annual mean		Current Volume	1,521	557	449	515
			24/25 Plan (Mar 25) Final	1,549	538	473	538

Increase in core beds is due to new ward opening at SFT

Bath and North East Somerset, Swindon and Wiltshire Together

We are planning to have 0 community patients waiting over 52 weeks and an increase in our virtual ward occupancy

Objective	Measure	Target	Measure	BSW
Improve community services waiting times, with a focus on reducing long waits	ET 2 Community services waiting list, waiting over 52 weeks	Reduce	Latest Actual (Feb 24)	29
			24/25 Plan (Mar 25) Final	**0**
Develop Virtual Ward Capacity	ET 5 Percentage occupancy of the Virtual Ward - March 2025	80%	Latest Actual (Mar 24)	**57.1%**
			24/25 Plan (Mar 25)	**95.0%**
Increase referrals and the capacity of UCR services	ET 8 Urgent Community Response (UCR) referrals		Latest Actual (Mar 24)	1,760
			24/25 Plan (Mar 25)	2,027

We are planning to meet the 65 week RTT target

Bath and North East Somerset, Swindon and Wiltshire Together

Objective	Measure	Target	Measure	BSW	GWH	SFT	RUH
Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	ERF % of 19/20 Baseline (Cumulative)	108.9%	24/25 Plan (NHSE Baseline) Final	**109.9%**	111.7%	111.1%	107.8%
Eliminate waits of over 65 weeks for elective care by March 2025 (except where patients choose to wait longer or in specific specialties)	EB 20 Number of incomplete referral pathways of 65 weeks or more - reduce by Sept 2024	0	Latest Actual (Feb 24)	**564**	**267**	**119**	**193**
			24/25 Plan (Mar 25) Final	**0**	**0**	**0**	**0**
	EB 18 Number of incomplete referral pathways of 52 weeks or more - reduce by March 2025	Reduce	Latest Actual (Feb 24)	3,418	1,777	919	905
			24/25 Plan (Mar 25) Final	**111**	**0**	**0**	**115**
Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	EB28 percentage of diagnostic waiting list, waiting over 6 weeks (9 Modalities)	<=5%	Latest Actual (Feb 24)	**26.0%**	**40.0%**	**13.0%**	**16.0%**
			24/25 Plan (Mar 25) Final	**11.5%**	**11.3%**	**7.2%**	**16.9%**
Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	EB 26: Diagnostics tests - activity (Annual activity)		Latest Actual (Feb 24 FOT)	**355,179**	120,157	97,307	157,778
			24/25 Plan (Mar 25) Final	**378,680**	132,354	102,559	163,742

The **109.9%** shown here is based on the submitted plans and RR methodology so will be recognised by NHSE, once plans are submitted.

We are not achieving the PIFU target or reducing follow outpatient appointments

Bath and North East Somerset, Swindon and Wiltshire Together

Objective	Measure	Target	Measure	BSW	GWH	SFT	RUH
To achieve 5% PIFU of all outpatient attendances by March 25	PIFU (Patient initiated follow up attendances)	5.0%	24/25 Plan (Mar 25) Final	4.2%	5.1%	1.5%	5.0%
Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024	Outpatient Follow Up Reduction	25.0%	24/25 Plan (Total) Final	5.9%	2.7%	-10.1%	1.4%
Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	46% OP Procedure or first attendance (clock stop activity)	46.0%	24/25 Plan (Total) Final	46.8%	48.5%	49.7%	52.8%
Increase productivity and meet the 85% day case and 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings	Daycase Rate	85.0%	24/25 Plan (Total) Final	88.1%	88.3%	85.3%	90.3%

Work has started through the Elective Care Board to tackle outpatient productivity.

We have reduced our expected cancer performance since initial submission, however we are still expecting to meet the standards

Bath and North East Somerset, Swindon and Wiltshire Together

Objective	Measure	Target	Measure	BSW	GWH	SFT	RUH
Cancer 62-day standard. Total patients seen, and of which those seen within 62 days - 70% by March 2025	Patients seen within 62 days, from total patients seen.	70%	Latest Actual (Feb 24)	64.0%	68.0%	66.0%	68.0%
			24/25 Plan (Mar 25) Final	75.1%	76.2%	72.1%	75.5%
Cancer 28 day waits (faster diagnosis standard)	Percentage of patients receiving a communication of diagnosis for cancer or a ruling out of cancer, or a decision to treat if made before a communication of diagnosis within 28 days following - 77% by March 2025	77%	Latest Actual (Feb 24)	69.0%	70.0%	74.0%	64.0%
			24/25 Plan (Mar 25) Final	77.4%	77.7%	78.8%	78.4%
Number of people referred onto a non-specific symptoms pathway	The number of patients with suspected cancer seen on a non-specific symptoms pathway, following GP referral or referral from another service		Latest Actual (Cum. Feb 24)	222			
			24/25 Plan (Cum. Mar 25) Final	945			
Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result	Percentage of Lower GI suspected cancer referrals with an accompanying FIT result	80%	Latest Actual (Feb 24)	72.9%			
			24/25 Plan (Mar 25) Final	80.0%			

85% of GP appointments will be seen within two weeks

Bath and North East Somerset, Swindon and Wiltshire Together

Objective	Measure	Target	Measure	BSW
Continue on the trajectory to deliver more appointments in general practice	ED 19 Planned number of General Practice Appointments - March 2025		Latest Actual (12m rolling Feb 24)	6,398,670
			24/25 Plan (Mar 25)	6,534,724
Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	ED 21 Appointments seen within two weeks	85%	Latest Actual (Feb 24)	**84.4%**
			24/25 Plan (Mar 25)	**85.0%**

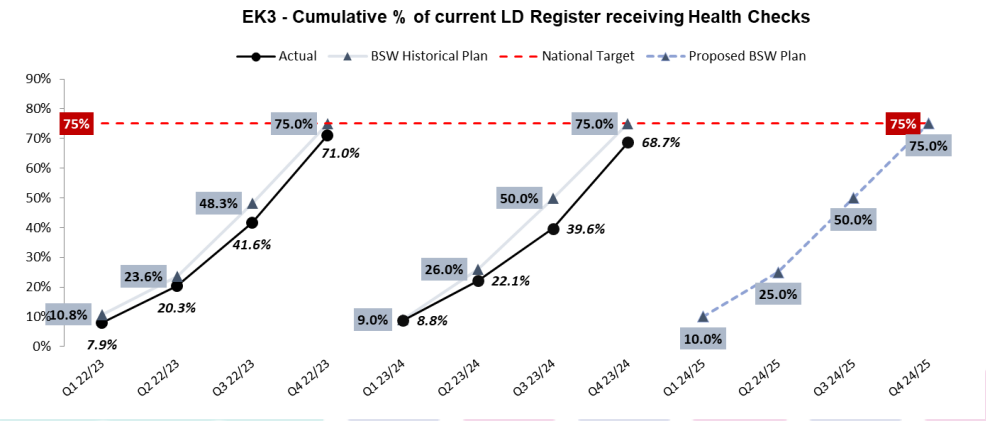
We are planning to meet key LD&A standards although this has been challenging to do this year

Bath and North East Somerset, Swindon and Wiltshire Together

Objective	Measure	Target	Measure	BSW
Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2025	E.K.3: Learning disability registers and annual health checks delivered by GPs	75%	Latest Actual (est.) (Cumulative Q4)	68.7%
			24/25 Plan (Mar 25)	75.0%
Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	E.K.1: Reliance on inpatient care for people with a learning disability and autistic people	25.24	Latest Actual (Mar 24)	37.32
			24/25 Plan (Mar 25)	25.24

Additional Narrative

E.K.3: AHC's are predominately weighted to Q3 and Q4; The 24/25 profile matches this delivery



Additional Narrative

E.K.1: A proportion of these are commissioned by NHSE. We have seen a reduction in the traditional transforming care cohort but an increase in autism only co-morbid with mental health admissions. This mirrors the national trend and will be further mitigated in 2025/26 with the new hospital and associated community transformation.

To note there have been national changes in reporting (changes in definition of patients who meet the criteria for reporting on the national system) but we will continue to also record total number for oversight

We are planning on meeting the majority of mental health standards

Bath and North East Somerset, Swindon and Wiltshire Together

Objective	Measure	Target	Measure	BSW
Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	E.H.9: Access to Children and Young People's Mental Health Services - number under 18 receiving at least 1 contact - Q4	13,830	Latest Actual (Feb 24-rolling 12m)	9,487
			24/25 Plan (Mar 25)	13,830
Increase the number of people recovering and improving following a course of NHS Talking Therapies to ensure the target is met by the end of the year and that the respective outcome rates are achieved.	E.A.4b Access to NHS talking therapies for anxiety and depression - reliable improvement	67%	Latest Actual (Feb 24)	65.0%
			24/25 Plan (Mar 25)	68.0%
	E.A.4b Number of people who are discharged having received at least 2 treatment appointments in the reporting period.	9,651	Latest Actual (Mar 24)	4,740
			24/25 Plan (Mar 25)	6,787
	E.A.4a Access to NHS talking therapies for anxiety and depression - reliable recovery	48%	Latest Actual (Feb 24)	46%
			24/25 Plan (Mar 25)	49.7%
Work towards eliminating inappropriate adult acute out of area placements	E.A.5 Active inappropriate adult acute mental health out of areas placements (OAPs) ** Rounded to nearest whole 5	0	Latest Actual (Jan 23)	5**
			24/25 Plan (Mar 25)	0
Recover the dementia diagnosis rate to 66.7%	EAS 1 Estimated diagnosis rate for people with dementia (aged 65 and over)	66.7%	Latest Actual (Feb 24)	59.2%
			24/25 Plan (Mar 25)	66.7%

We are planning on meeting the majority of mental health standards

Bath and North East Somerset, Swindon and Wiltshire Together

Objective	Measure	Target	Measure	BSW
Improve access to perinatal mental health services	EH 15 Number of women accessing specialist community PMH and MMHS services in the reporting period	985	Latest Actual (Feb 24)	1,130
			24/25 Plan (Mar 25)	1,130
The 2024/25 ambition is that 75% of people on severe mental illness (SMI) registers will receive a full annual physical health check.	EH 13 People with severe mental illness receiving a full annual physical health check and follow up interventions	60%	Latest Actual (Mar 24)	61.0%
			24/25 Plan (Mar 25)	61.0%
Improve overall Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	EH31 Number of adults and older adults with severe mental illness (SMI) who accessed transformed NHS or NHS commissioned community mental health services, defined as 2 or more care contacts.	6,114	Latest Actual (Mar 24 24)	6,435
			24/25 Plan (Mar 25)	6,604

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	10
Date of Meeting:	18 July 2024		

Title of Report:	BSW Implementation Plan 2024-25 Refresh
Report Author:	Leanne Field, Head of Delivery
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	Website link to BSW Implementation Plan 2024-25 Refresh: https://bsw.icb.nhs.uk/document/bsw-implementation-plan-2024-25-refresh/

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

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
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
ICB Board (Development session)	22nd February 2024	Discussion
BaNES Wiltshire Health and Wellbeing Board	27th March 2024	Discussion (virtual)
ICB Board (Public)	29th March 2024	Discussion
Swindon Health and Wellbeing Board	28th March 2024	Discussion
Wiltshire Health and Wellbeing Board	21st March 2024	Discussion

1	Purpose of this paper

The purpose of this paper is to provide members of the Board with an update on the final Joint Forward Plan (JFP), known in BSW as the Implementation Plan, for the BSW NHS system for 2024/25. The plan was previously bought to the board on 28 March 2024, following which minimal changes have been made to the plan, which include:

- Review and update of legislative requirements
- Reduction in some sections of the plan, i.e. maternity
- Update to efficiencies under the finance section

The plan has now been graphically designed and is coming back to board for formal approval prior to sharing on the BSW website. We note that we are still carrying out final proofing checks ahead of final publication.

- ICBs and their partner trusts are required to publish a JFP before the start of each financial year, setting out how they intend to exercise their functions in the next five years (Health and Care Act, 2022)
- However, due to a delay in NHSE publishing planning guidance and the announcement of the general election, the date for publication has been pushed back to after 4th July (and no later than 31st July)
- Our original plan was developed and signed off in 2023 and we have undertaken a high-level refresh covering the two years 2024/25 and 2025/26
- The plan has been developed with regard to the Integrated Care Strategy, our Operating Plan and other system partnership key plans particularly the Joint Local Health and Wellbeing Strategies
- The purpose of the plan is:
    - To set out how the ICB will meet its population's health needs;
    - To describe how the ICB and partners will arrange and provide services to meet physical
      and mental health needs including the ICS core purposes and ICB legal requirements
- The refresh is also being used to support meeting the requirements of the ICB Annual Assessment and is reviewed by NHSE.

As a reminder, the key changes to note in this year's plan are:

- Introduction of a financial recovery objective
- Amendments to prevention – taking a more in-depth focus on hypertension and mental health
- This year's plan is shorter and more concise to ensure the plan is more usable

The plan aligns to the ICB's three strategic priorities, as well as providing update for each of our three localities, supported by the Health and Wellbeing Boards. In

addition to the plan the supporting appendices outlines how BSW will achieve each of the 17 legislative duties.

A draft version of the plan was previously submitted to NHSE, whose main points of feedback (which have been taken into consideration for the final iteration) were:

- Consider using more accessible language/Plain English
- The plan should include how local people's views and insights have informed development of the JFP.
- Engagement should also be seen as an enabling workstream throughout.
- Update statements in relation to safeguarding to reflect Safeguarding Children Partnerships.

2	Summary of recommendations and any additional actions required
The Board is asked to note the Implementation Plan 2024/25.	

3	Legal/regulatory implications

In line with the Health and Care Act (2022), The ICB and its partners have a statutory duty to publish a JFP setting out how they intend to exercise their functions in the next five years
The Implementation Plan aligns to the delivery of our Operating Plan and 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 and our board assurance, as it sets our our approach to delivering our strategic objectives.	

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 Implementation plan, however EQIAs will be developed as appropriate for relevant schemes indicated within the plan.	

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11
Date of Meeting:	18 July 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	24/06/24	Review of performance across the oversight framework domains
ICB Quality and Outcomes Committee	02/07/24	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: achievements, alerts, risks, areas of focus, assurance, action plan, and continuous improvement for:

- Infection Prevention and Management (IP&M)
- Maternity and Neonatal
- Quality Accounts Update
- Learning From Patient Safety Events Update

2. Key operational performance information

2.1. The Q4 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, although some specific flags were lifted. GWH continued in segment 2 working through specific actions given to avoid segment 3; and have been requested to focus on improving their Cancer results for the Q1 review. The segment 3 exit criteria have been updated and are being reviewed by the ICB and providers.

2.2. The NHSE oversight framework has been reviewed for 2024/25 and the changes are expected to be put in place during Q2.

2.3. We had notification that all three acute providers are entering Tier 2 (regionally led support) for Q1 for Cancer and Diagnostics, and the oversight meetings with NHSE are underway.

2.4. BSW remains in NHSE Tier 2 (regionally led support) for UEC.

2.5. BSW 4hr performance missed the planned trajectory for May. SFT (75.9%) met their target, GWH (74.85%) and RUH (60%).

2.6. GWH continues to be the most challenged of the 3 acute trusts, however the average handover delays in April (94 mins – combined Trusts) are above the BSW predicted trajectories. Overall BSW's NCTR occupancy is 17% in May, not meeting the plan target of 14.6%.

2.7. RTT long waiters – April 2024 reports was unchanged at 19 BSW commissioned 78 week waiters, with a reduction to 3 at BSW Acutes. The 78 week waiters had been expected to be cleared by March 24. Long term resolution planning is ongoing. There is a plan target to clear 65 week waiters by September 2024.

2.8. Diagnostic performance had been improving overall though DM01 performance (the % of the waiting list over 6 weeks) increased to 29% in April 2024. Key driver of the challenged performance remains non-obstetric ultrasound workforce and capacity. Remedial action plans have been in

operation for several months but there remain recurrent capacity gaps for non-obstetric ultrasound and endoscopy.

2.9. Cancer waiting time reporting for March shows BSW did not meet the 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.

2.10. In mental health, BSW Talking Therapies (TT) completed course is the new metric for 24/25 and met trajectory in April. The Talking Therapies Fundamental Service Review (FSR) scope has been completed by May 2024, the recommendations are being considered.

2.11. The CYP access standard was at 66% of the planned trajectory by March. There is an ongoing improvement plan to ensure all eligible providers are submitting CYP access data to MHSDS. Existing services need to be redeveloped to meet demand and level up provision across BSW. There is a continued focus on recovering performance in the Swindon service.

2.12. Core community mental health services are reporting at 79% of plan by March 2024. The 3rd 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.

2.13. Dementia diagnosis rates are improving though below the national target. The additional staffing and data quality improvement initiative are making an impact.

2.14. Complex LDA inpatient numbers (all-age) increased in Q4 and 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 updates

3.1 Infection Prevention and Management

- BSW ICS risk associated with health care associated infection remains. Whilst rises in MRSA, Clostridioides difficile, Klebsiella and Pseudomonas have been noted both regionally and nationally, this remains high on the agenda for the BSW ICS Infection Prevention and management (IP&M) collaborative.
- BSW ICS IP&M will focus reduction efforts in 2024/15 on MRSA, Clostridioides difficile, Klebsiella and pseudomonas.
- Primary Care are actively engaging in the new data collection process to understand community onset, community acquired cases which is returning a rich data set on root cause of infections, allowing system partners to address the root causes and reduce case incidence during 2024/25.
- There has been a national rise of out of season pertussis cases and the ICS is monitoring risks that may impact mainly in GP Out Of Hours , Primary care, Maternity and Paediatric ED.

The BSW ICS Swab Squad development is close to completion, this will allow the BSW system, in partnership with UKHSA colleagues, to provide an improved rapid response to communicable disease incidents and improve identification of infections in a shorter time frame.
BSW ICS Infection Prevention and Management Collaborative has 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

3.2. Maternity and Neonatal

- Recent Rapid Quality Review meeting conducted with BSW ICB/LMNS/SW NHSE Safety and Quality team members to review maternity CQC recommendations and progress with actions. Assurance gained with clear action plans and evidence of progress shared.
- Maternity and Neonatal Independent Senior Advocate role (national pilot site) now launched and supporting parents through investigation processes following adverse events. Independent evaluation will take place as part of this national pilot.
- CNST Maternity Incentive scheme Year 6 published with maternity and neonatal providers continuing to work to meet these standards this year.
- Commissioning plans for perinatal pelvic health services and finalising the Maternity and Neonatal Voices Partnership model are pending.
- Record-keeping challenges persist until a new digital system is implemented, with ongoing efforts to address issues highlighted in thematic reviews and quality improvement projects. Additionally, plans are underway for system-wide adoption of a single maternity electronic digital system.
- All-Party Parliamentary Group (APPG) national inquiry report published May 2024. Findings echoed those identified in other recent maternity investigations (Morecombe Bay, Shrewsbury and Telford and East Kent reports). APPG investigated reasons for birth trauma and has developed 24 policy recommendations to reduce rate of birth trauma. There are identified actions for NHS England and government in addition to system and provider actions. BSW Local Maternity and Neonatal System and maternity and neonatal providers considering these recommendations to identify any additional system and provider actions/quality improvements that are not already within the three- year plan for maternity and neonatal services.
- Maternity and Newborn Safety Investigations (MNSI) report, Delivering Safe Care in Maternity Unit report published. Review of investigations of incidents within midwife- led maternity units but findings also relevant to for all birth settings. Key themes identified were:
  -Work demands and capacity to respond
  -Intermittent auscultation of fetal heart rate
  -How prepared an organisation is for predictable safety-critical scenarios

-Telephone triage
Safety observations noted and safety prompts for NHS Trusts to consider how risk may be mitigated. Assurance to be monitored via BSW LMNS Safety Group with update to on this report actions and APPG actions to BSW Quality and Outcomes Committee and SW Perinatal Quality and Safety Surveillance Group.

- Maternity annual CQC survey results BSW better than average in the theme of growing, retaining and supporting our workforce.

3.3 Quality Accounts Update

The 2023/24 Quality Accounts for all Acute and Community providers across BSW have been finalised, with BSW ICB response statements returned. System quality leads have identified the themes with regard quality priorities for 24/25 and have agreed the associated system quality metrics.

3.4 Learning From Patient Safety Events Update

LFPSE is a new system for recording patient safety incidents, risks, outcomes, and positive care events. The upgrade provides two primary services: recording patient safety events and giving uploaders full access to data.

The NHSE deadline for system connection is June 2024 and all providers on track to meet this deadline.

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 seventh month. This is alongside the reduction of off framework usage and improving price cap compliance.

5.2 Bank usage is above plan and continues to fluctuate with a slight decrease in the monthly amount of bank shifts used.

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 system planning executive.

5.4 Vacancy rate has increased this month, to 4.3% however this is in step with normal rebasing around the start of financial year, as adjustments are made to budgeted establishment.

5.5 Sickness and Turnover are now collected from providers as reported to their boards.

5.6 Sickness in month and for the 12 month period is consistently improving with a special case improvement for both figures.

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

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

BSW Integrated Performance & Quality Dashboard and Exception Reports

July 2024

ICB Board, 18/07/24

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.

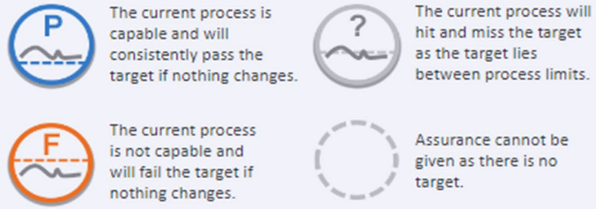
Metrics with limited data points e.g. annual and with planned / expected change across the year will usually need further interpretation outside of the SPC process.

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

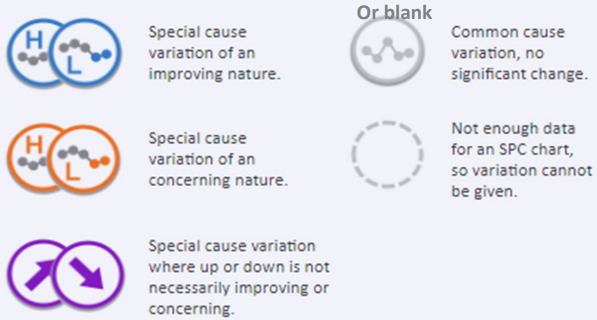
What are summary icons?

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



Variation Icons



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 Q4 Rating

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 and Quarter 4 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 Q4 segmentation review outcome and specific areas in which improvements and further assurance is required, were shared June 2024:

2023/24 Q4	BSW ICB	GWH	RUH	SFT	AWP (Q3)
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, CYP Eating Disorders, Talking Therapies and Dementia • Finance - efficiency, stability and agency spend • Virtual Wards • Urgent community response	Key areas of concern noted were • Finance - efficiency, stability and agency spend • Elective – diagnostics • Quality – CQC Maternity– Requires improvement • Cancer – 62 day backlog • SHMI	Key areas of concern noted were • Cancer – 62 day • Finance - efficiency, stability and agency spend • Elective – diagnostics	Key areas of concern noted were • Finance - efficiency, stability and agency spend • Maternity – safety support programme • Cancer – 28 day Faster Diagnostic Standard	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 Q4 there were no changes in ratings by segment. SFT and RUH continue in segment 3; the ICB are required to provide an 'enhanced oversight' process, meeting with the trusts to carry out oversight of the recovery plans against their segment 3 exit criteria.
- Though GWH have continued in segment 2 working through specific actions given to avoid segment 3; and have been requested to focus on improving their Cancer results for the Q1 review.
- AWP were not issued a Q4 letter, in Q4 BNSSG ICB co-ordinating a separate review.
- The 2024/25 oversight framework will be shared during Quarter 2.

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

URGENT CARE

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
4 hour % total Attendances SOF	ALL_ICB - ACUTE TOTAL	25 of 42 I	May-24	69.9%	70.2%	▲	73.6%	No	78.0%	▲		
4 Hour % Total Attendances (Uplift)	ALL_ICB - ACUTE TOTAL		May-24	73.3%	73.5%	▲			78.0%	▲		
Average Handover Delays > 15 mins	ALL_ICB - ACUTE TOTAL		May-24	94	75	▼			25	▼		
Average Response Time (Mins) Category 2 Incidents SOF	BSW COMMISSIONER TOTAL	N/A for BSW	May-24	44	47	▲			30	▼		
NCTR % Occupancy SOF	ALL_ICB - ACUTE TOTAL	30 of 42 I	May-24	17.0%	17.0%	◀▶	14.6%	No	10.0%	▼		
Total Ambulance Conveyances	ALL_ICB - ACUTE TOTAL		May-24	5,340	5,611	▲				▼		

OCCUPANCY

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
G&A Bed Occupancy - Adult % SOF	ALL_ICB - ACUTE TOTAL	39 of 42 L	May-24	98.0%	97.0%	▼	99.4%	Yes	92.0%	▼		
G&A Bed Occupancy - Paeds %	ALL_ICB - ACUTE TOTAL		May-24	73.0%	73.0%	◀▶	78.0%	Yes		▼		
G&A Bed Occupancy - Total %	ALL_ICB - ACUTE TOTAL		May-24	97.0%	96.0%	▼	98.3%	Yes		▼		

SOF Denotes a 2023/24 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

ELECTIVE CARE

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Cancer - 28 Days Faster Diagnosis Standard SOF	BSW COMMISSIONER TOTAL	42 of 42 L	Apr-24	68.0%	65.0%	▼	69.6%	No	77.0%	▲		
Cancer - 31 Day Decision to Treat to Treatment Standard	BSW COMMISSIONER TOTAL		Apr-24	91.0%	87.0%	▼			96.0%	▲		
Cancer - 62 Day Pathways SOF	ALL_ICB - ACUTE TOTAL	22 of 42 I	May-24	321	326	▲				▼		
Cancer - 62 Day Referral to Treatment Standard	BSW COMMISSIONER TOTAL		Apr-24	70.0%	67.0%	▼	67.4%	No	70.0%	▲		
Cancer - Suspected cancer seen on a non-specific symptoms pathway	BSW COMMISSIONER TOTAL		Apr-24	13	16	▲	38	No		▲		
Cancer - Waits >104 Days	ALL_ICB - ACUTE TOTAL		May-24	59	69	▲				▼		
Diagnostics - % of WL over 13 weeks - All Modalities	BSW COMMISSIONER TOTAL		Apr-24	8.0%	9.0%	▲			0.0%	▼		
Diagnostics - % of WL over 6 Weeks - All Modalities	BSW COMMISSIONER TOTAL	32 of 42 L	Apr-24	24.0%	29.0%	▲			5.0%	▼		
ERF (Elective Recovery Fund) - % Against Baseline SOF	BSW COMMISSIONER TOTAL	1(J) of 42 H	Mar-24	110.8%	111.5%	▲	112.0%	No	107.1%	▲		
Outpatient Clock Stop Activity % SOF	BSW COMMISSIONER TOTAL		May-24	78.6%	78.2%	▼	46.9%	Yes	46.0%	▲		
Outpatient Reduction in Follow Up Attendances	BSW COMMISSIONER TOTAL		May-24	112.5%	106.2%	▼	98.4%	Yes	75.0%	▼		
RTT - Waiting List 52 Weeks+	BSW COMMISSIONER TOTAL		Apr-24	3,566	3,458	▼	3,598	Yes		▼		
RTT - Waiting List 65 Weeks+ SOF	BSW COMMISSIONER TOTAL	1 of 42 H	Apr-24	176	350	▲	394	Yes		▼		
RTT - Waiting List 78 Weeks+	BSW COMMISSIONER TOTAL		Apr-24	19	19	◄►		No		▼		

SOF Denotes a 2023/24 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

QUALITY – Patient Safety

Metric	Group	Benchmarking from NH SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Beds closed due to D&V/norovirus like symptoms (Avg p/d)	ALL_ICB - ACUTE TOTAL		May-24	21	13	▼				▼		
IPC c.Diff Infection Rate SOF	BSW COMMISSIONER TOTAL	30 of 42 I	Mar-24	172.5%	168.8%	▼			100.0%	▼		
IPC E.coli Infection Rate SOF	BSW COMMISSIONER TOTAL	9 of 42 I	Mar-24	136.8%	137.4%	▲			100.0%	▼		
IPC MRSA Infection Rate SOF	BSW COMMISSIONER TOTAL	20 of 42 I	Mar-24	5	5	◀ ▶				▼		
Mixed-Sex Accomodation Breaches	BSW COMMISSIONER TOTAL		Apr-24	312	433	▲				▼		
Number of Never Events	ALL_ICB - ACUTE TOTAL		Mar-24	3	1	▼				▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE GWH	15(J) of 119 H	Dec-23		2					▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE RUH	15(J) of 119 H	Dec-23		2					▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE SFT	15(J) of 119 H	Dec-23		2					▼		

SOF Denotes a 2023/24 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 -the PSIRF metrics will be reported when the system adoption and data quality demonstrate reliable reporting.

BSW Integrated Performance Dashboard

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

QUALITY – Patient Experience

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Friends and Family Test (A&E) Percentage Positive	BSW COMMISSIONER TOTAL		Feb-24	81.0%	79.0%	▼				▲		
Friends and Family Test (Inpatient) Percentage Positive	BSW COMMISSIONER TOTAL		Feb-24	94.0%	92.0%	▼				▲		
Friends and Family Test (Maternity - Birth) Percentage Positive	BSW COMMISSIONER TOTAL		Feb-24	96.0%	93.0%	▼				▲		
Friends and Family Test (Maternity - Post Community) Percentage Positive	BSW COMMISSIONER TOTAL		Feb-24	90.0%	96.0%	▲				▲		
Friends and Family Test (Mental Health) Percentage Positive	BSW COMMISSIONER TOTAL		Feb-24	90.0%	89.0%	▼				▲		
GP Appointments Percentage With Good Experience - Annual SOF	BSW COMMISSIONER TOTAL	7 of 42 H	Dec-23		59.7%					▲		

SOF Denotes a 2023/24 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 the PSIRF metrics.

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)	Planning Target	Improvement Direction	Variation	Assurance
^	Community Bed Occupancy		BSW COMMISSIONER TOTAL		Mar-24	95.9%	95.0%	▼				◄►		
*	Community Waiting List >52 Weeks (Adult)		BSW COMMISSIONER TOTAL		May-24	20	15	◄►	15	Yes		▼		
	Community Waiting List >52 Weeks (CYP)		BSW COMMISSIONER TOTAL		May-24	0	0	◄►	0	Yes		▼		
	UCR % 2hour Response	SOF	BSW COMMISSIONER TOTAL	35 of 42 L	Apr-24	78.0%	76.0%	▼			70.0%	▲		
	UCR Referrals		BSW COMMISSIONER TOTAL		Apr-24	1,775	1,760	▼	2,027	Yes		◄►		
	Virtual Wards: Average Occupancy %	SOF	ALL_ICB - ACUTE TOTAL	33 of 42 L	May-24	79.0%	81.0%	▲	80.0%	Yes	80.0%	▲		
	Virtual Wards: Capacity		ALL_ICB - ACUTE TOTAL		May-24	156	163	▲	175	No	175	▲		

^ Community bed occupancy is a new measure and plan metric for 2024/25 and local data flows are being set up to support monthly reporting. There is no national data flow for this metric. The March 24 data showing was collated for planning.

* The national Community waiting list plan to reduce 52 week waiters is made at total provider level and each ICB only included providers submitting national data from that ICB (GWH and WH&C). This excluded HCRG Care Group who submit for all their contracts via a single other ICB. In year we will monitor the national plan and the BSW position including HCRG CG against a local community waiting list plan including HCRG (in development).

SOF Denotes a 2023/24 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

PRIMARY CARE

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
GP Appointments	BSW COMMISSIONER TOTAL		Apr-24	516,336	536,246	▲	446,314	Yes		◀▶		
IIF: % of GP appointments where time from booking to appointment was two weeks or less (ACC-08) SOF	BSW COMMISSIONER TOTAL	36 of 42 L	Apr-24	85.2%	85.4%	▲	80.0%	Yes	85.0%	▲		
^ IIF: Primary Care - % Lower GI Suspected Cancer referrals with an accompanying FIT result (CAN-02)	BSW COMMISSIONER TOTAL		Mar-24	73.0%	75.7%	▲	80.0%	No		▲		
Percentage of resident population seen by an NHS dentist - Adult - 24 month rolling	BSW COMMISSIONER TOTAL		Feb-24	28.2%	28.4%	▲				▲	L	
Percentage of resident population seen by an NHS dentist - Child - 12 month rolling	BSW COMMISSIONER TOTAL		Feb-24	49.9%	50.7%	▲				▲	H	
Units of dental activity delivered	BSW COMMISSIONER TOTAL		Feb-24	76,940	79,921	▲				▲		

^ % lower GI suspected Cancer – access to the data for 24/25 is dependent on contracts that are now in place and the data flow will restart by August.

SOF Denotes a 2023/24 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

MENTAL HEALTH

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Access to Transformed Community Mental Health Services	BSW COMMISSIONER TOTAL	34 of 42 L	Mar-24	0	0	◀▶			6,114	▲		
Acute Mental Health Out of Area Placements (bed days)	BSW COMMISSIONER TOTAL		Mar-24	90	90	◀▶	72	No		▼		
CYP Mental Health Access SOF	BSW COMMISSIONER TOTAL	41 of 42 L	Mar-24	9,330	9,175	▼	13,160	No	13,830	▲		
Dementia Diagnosis Rate SOF	BSW COMMISSIONER TOTAL	32 of 42 L	May-24	59.9%	60.0%	▲	61.0%	No	66.7%	▲		
Inappropriate Acute Mental Health Out of Area Placements SOF	BSW COMMISSIONER TOTAL	6 of 42 L	Mar-24	5	5	◀▶				▼		
SMI Health Checks %	BSW COMMISSIONER TOTAL		Mar-24		61.0%			No	60.0%	▲		
Specialist Community Perinatal Mental Health Access SOF	BSW COMMISSIONER TOTAL	10 of 42 H	Mar-24	1,130	1,115	▼	996	Yes	985	▲		
Talking Therapies - Number of Adults Receiving a Course of Treatment	BSW COMMISSIONER TOTAL		Apr-24	4,740	4,720	▼	4,584	Yes	9,651	▲		
Talking Therapies - Reliable Improvement Rate	BSW COMMISSIONER TOTAL		Apr-24	68.0%	62.0%	▼	61.0%	Yes	67.0%	▲		
Talking Therapies - Reliable Recovery Rate	BSW COMMISSIONER TOTAL		Apr-24	47.0%	37.0%	▼	45.3%	No	48.0%	▲		

Key Mental Health metrics are delayed for 24/25 publication, while an update was made nationally to the Mental health services dataset; data will flow again by end of July.

SOF Denotes a 2023/24 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

LEARNING DISABILITY AND AUTISM

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
LD - % Annual Health Checks Carried Out SOF	BSW COMMISSIONER TOTAL	40 of 42 L	Apr-24	69.8%	3.7%	▼	3.3%	No	75.0%	▲		
LD - Adult Inpatients - Total (Rate per million)	BSW COMMISSIONER TOTAL		Mar-24	39	39	◄►	26	No	30	▼		
LD - Children Inpatients - Total (Rate per million)	BSW COMMISSIONER TOTAL		Mar-24	31	31	◄►	5	No	10	▼		
LD - Inpatients	BSW COMMISSIONER TOTAL		Mar-24	34	34	◄►	7	No	23	▼		
LD - Inpatients (Rate per million) SOF	BSW COMMISSIONER TOTAL	18 of 42 I	Mar-24	37	37	◄►	10	No	25	▼		

LD inpatient data has been impacted by updates to the Mental Health services dataset which reports Quarterly for these metrics. For 24/25 a local flow of monthly data is also being developed and more timely reporting will be available from August.

*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. Please note: The benchmarking is the latest available, for Q4 23/24.

SOF Denotes a 2023/24 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)	Planning Target	Improvement Direction	Variation	Assurance
Agency Usage % - all staff SOF	ALL_ICB - ACUTE TOTAL	Reported as Finance	Apr-24	1.2%	1.1%	▼			2.0%	▼		
Bank Usage % - all staff	ALL_ICB - ACUTE TOTAL		Apr-24	7.0%	6.0%	▼			4.0%	▼		
Sickness Rate - 12m	ALL_ICB - ACUTE TOTAL		Apr-24	4.2%	4.2%	▲			4.0%	▼		
Sickness Rate - in month SOF	ALL_ICB - ACUTE TOTAL	7 of 42 H	Apr-24	4.0%	4.1%	▲			4.0%	▼		
Turnover Rate - 12m	ALL_ICB - ACUTE TOTAL		Apr-24	10.9%	10.8%	▼			12.0%	▼		
Turnover Rate - in month SOF	ALL_ICB - ACUTE TOTAL	34 of 42 L	Apr-24	1.0%	.8%	▼			1.0%	▼		
Vacancy Rate - all staff	ALL_ICB - ACUTE TOTAL		Apr-24	2.3%	4.3%	▲			6.0%	▼		

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

SOF Denotes a 2023/24 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%

BSW Integrated Performance Dashboard

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)	Planning Target	Improvement Direction	Variation	Assurance
Agency Spend vs agency ceiling (% over plan YT SOF	BSW NHS ICS - TOTAL		May-24		-5.8%			Yes	0.0%	▼		
Efficiencies % recurrent Actual SOF	BSW COMMISSIONER TOTAL		May-24		100.0%			No	79.0%	▼		
Financial efficiency - variance from efficiency (?m YTD) SOF	BSW COMMISSIONER TOTAL		May-24		0			Yes	£	▼		
Financial stability - variance from plan (?m YTD) SOF	BSW COMMISSIONER TOTAL		May-24	0	£-0.4	▼		Yes	£	▼		
Mental Health Investment - variance from plan (?m YTD) SOF	BSW COMMISSIONER TOTAL		May-24		0			Yes	£1	▲		

As 2024/25 Month 1 financial results are not reported, the Previous value column and change column are not populated for this month.

SOF Denotes a 2023/24 NHS oversight framework metric – see slide 2 for notes on benchmarking.

NHS
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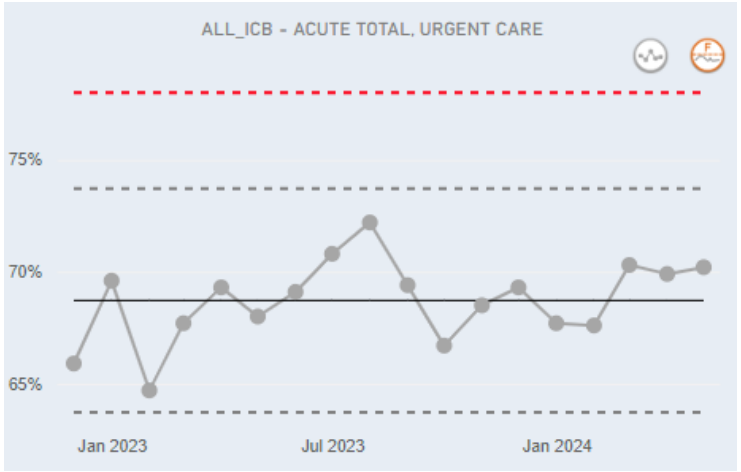
Integrated Care Board

Operational performance exception report

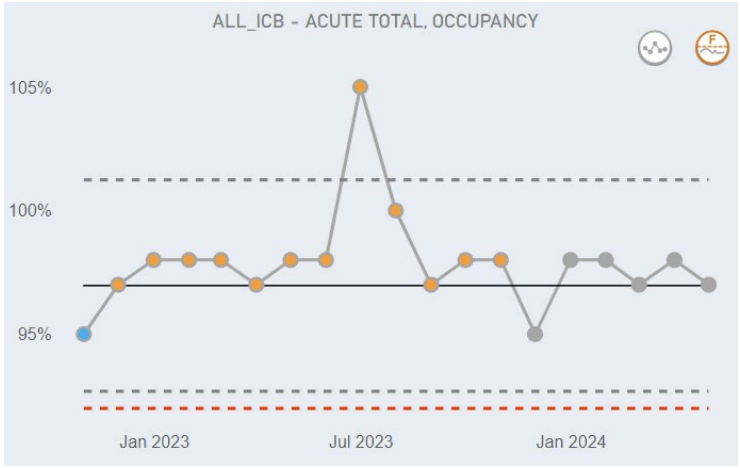
Urgent Care – Urgent Care & Flow

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

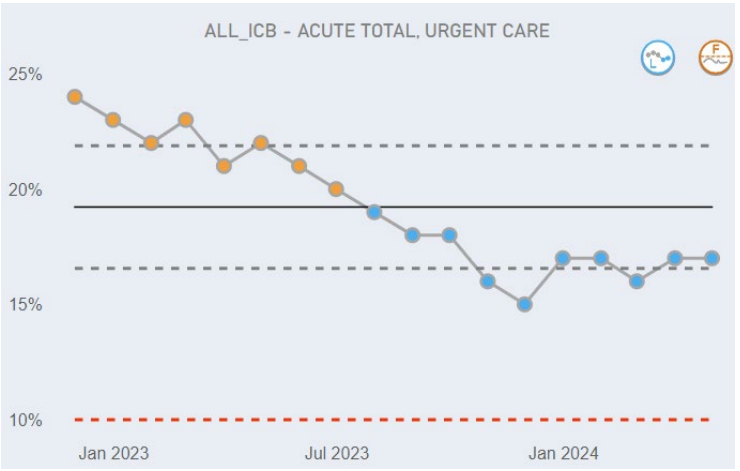
% A&E attendances treated in 4 hours



G&A bed occupancy – Adult %



NCTR % Occupancy



Performance Analysis

- A&E 4hr performance in BSW is below plan in May 2024. BSW planned performance for four hours is 73.6% with performance at 70.2%. SFT met their plan with 75.9% (plan 74.2%), GWH fell to 74.8% (plan 76.0%) and at RUH performance held at 60% (plan 70.1%) Our ED performance overall continues to perform below the national ambition of 78%.
- The non criteria to reside (NCTR) position for the 3 system Acutes for both April and May 2024 is 17%, higher than the plan in both months (plan April 16.1% and May 14.6%). In May GWH remained at 16%, SFT improved to 17% and RUH increased to 18%, all above plans.

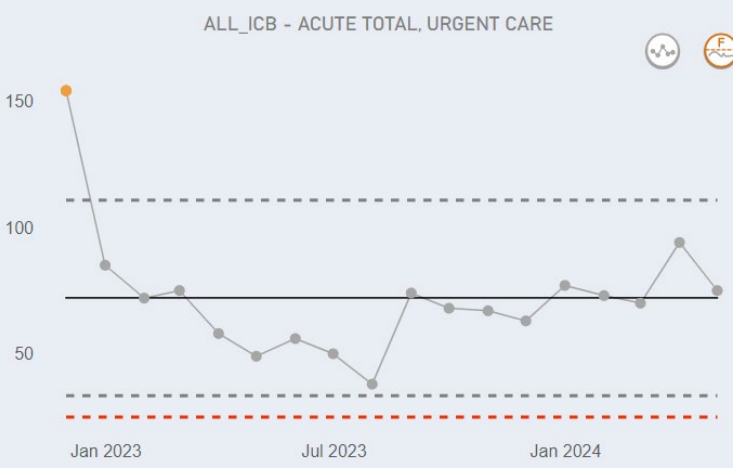
Actions underway

- All acutes have internal work programmes with several key actions in place to recover performance and flow through the hospital – focusing on ED, Front door, SDEC, Backdoor looking at flow and discharges.
- Twice weekly calls are in place to review all Non-Criteria to reside patients waiting longer than 48 hrs with senior level reps on the call.
- BSW Flow programme focus on 7 day working and discharge, home for lunch, criteria led discharge and reducing length of stay
- BSW Streaming and Redirection improvement group being established to look at opportunities to support right time right place for urgent patient needs presenting at emergency departments. Task and finish group is focusing on analysis to support impact of rolling of Pharmacy First as initial redirection opportunities.
- BaNES Urgent Care focus workshop held in June with system partners to do a deep dive to understand urgent care demand across all areas around BaNES. RUH and HCRG planning to carry out a 24-hour audit to understand whether patients should be seen in UTC, ED and MIU and opportunities for streaming and redirection.
- June focus on reducing Non-Criteria to reside position ahead of the BMA Industrial action at the end of June.

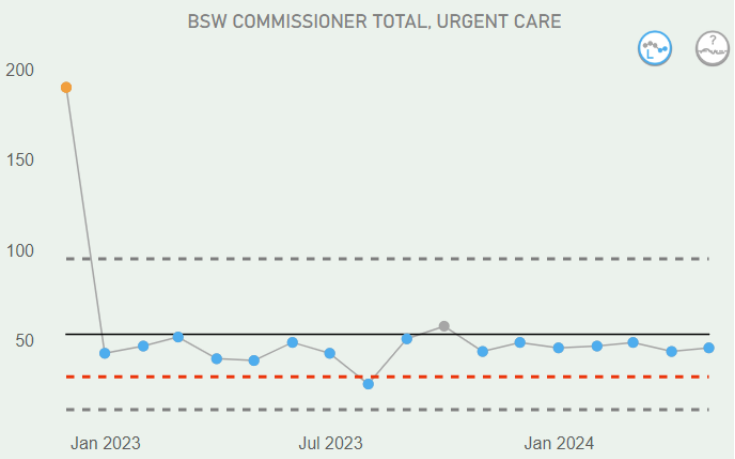
Urgent Care – Ambulance

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

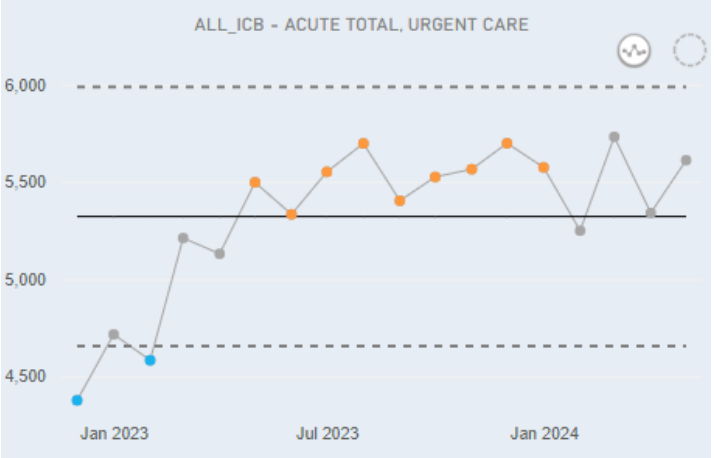
Average handover delays (mins) > 15 mins



Average Response Time (mins) Category 2



Total Ambulance conveyances



Performance Analysis

- Remain in Tier 2 for UEC performance
- BSW had an average of 47 minutes per handover over 15 mins in May, this is an improvement over April but higher than 40 mins planned.
- GWH continues to be the most challenged of the 3 acute trusts, however the average handover delays in April and May across each of the 3 acute trusts and combined BSW is above the predicted BSW trajectories.
- Flow over 7 days continues to remain an issue contributing to an increase in handover delays on Sundays which leads to several days of recovery.
- Ambulance activity is up against contracted plan and is up 7.82% compared to 23/24. SWAST are seeing an increase across all ICBs.

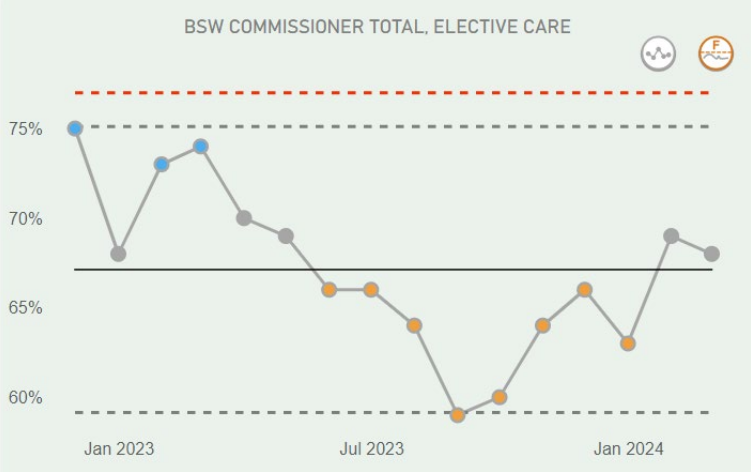
Actions underway

- 24/25 NHS Operational planning is underway at a system level including a focus on improving UEC performance, including reduction in Non-Criteria to reside down to 10% or less
- GWH, SFT and RUH internal work programmes are in place and reporting back through to UCDFG
- Providers completing self-assessment against the ECIST key lines of enquiry for reducing handover delays
- Ambulance Handover perfect week being planned for w/c 8th July with RUH and GWH, this will align with RUH's ED reset week and GWH's preparation from new Integrated Front Door opening from the 24th July
- Review of HCP referrals to 999 and how these may triangulate to surges in ambulances arriving at the same time of day
- Due to a lack of capacity and volunteers, plans to carry out peer to peer reviews using the NHSE Maturity Indexes will be reviewed again in the next 2 months

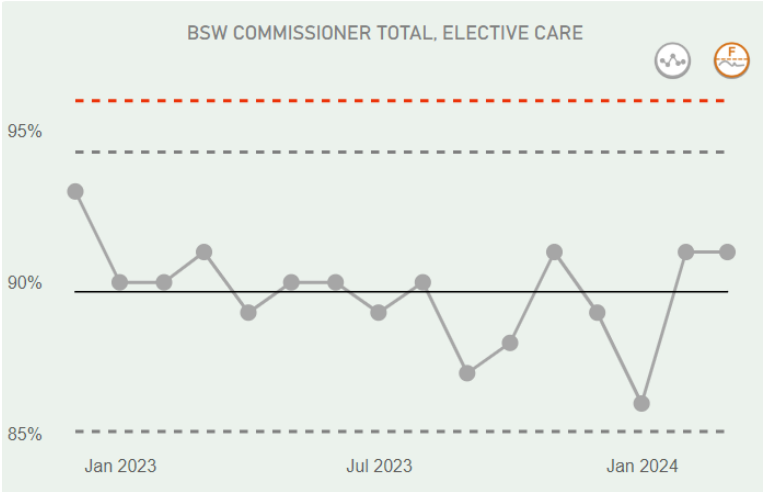
Elective Care – Cancer standards

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

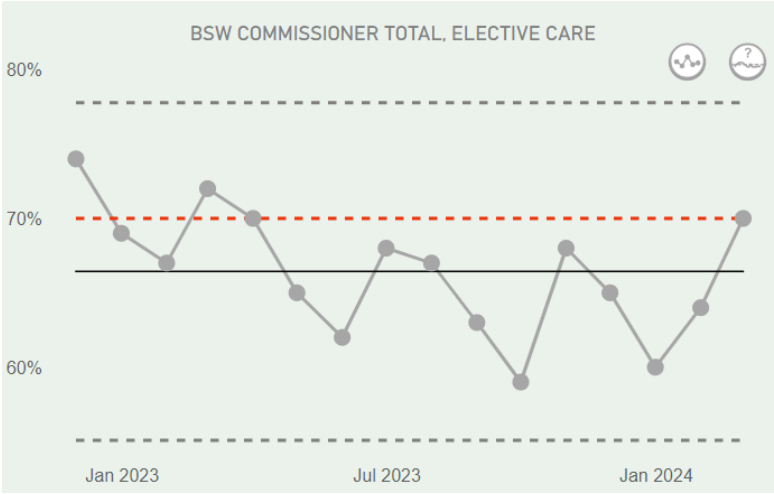
28 day faster diagnosis (standard =75%)



31 day combined standard (96%)



62 day combined standard (85%)



Performance analysis

- BSW Cancer access performance has fluctuated across the national cancer performance standards in recent months. Performance against some of the cancer targets tends to be volatile, due to generally low numbers, with an impact on performance of even a single empty post within particular tumour pathways. Most recent published data is March 24.
- The BSW Acutes have been focusing on clearing the long waiters in 2023/24 and this has had a knock-on effect for the cancer referral to treatment standards as more people are diagnosed and treated that have already been waiting longer than the targeted time. (More details on the next slide)
- The 28 day standard (BSW Acutes – all patients) continued at 68% in March below the Half 2 replan trajectory of 76%. GWH and RUH improved performance in March ,but the acutes were not able to meet the March 24 target of 76% .
- The 31 day combined performance (BSW Acutes – all patients) continued at 93% in March 24. Ongoing Recovery is expected following success in reducing the number of long waiters.
- The 62 day combined performance (BSW Acutes – all patients) improved to 71% in March 24. Recovery is expected following success in reducing the number of long waiters.
- NHSE's priority in 24/25 is improvement in 28 day and 62 day standards performance now that the number of long waiters has been brought to below the pre-pandemic levels. This is being overseen through the regionally-led Tier 2 process.

Elective Care- Cancer Standards

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

Actions underway:

RUH Drivers- Colorectal and Urology contribute to the majority of breaches, actions at RUH include:

- Straight to test colonoscopy at Sulis (June)
- Endoscopy recovery space capacity goes live (July)
- Mobile endoscopy van at Sulis (Oct).
- Increase in ringfenced prostate MRI slots for July and August
- Recruitment to Urology consultant vacancy October 24

SFT Drivers- Colorectal, Urology and Gynecology contribute to the majority of breaches, actions include:

- Gynecology improve turnaround times of ‘good news’ letters
- Focus within Urology and lower GI on best practice timed pathways.
- Urology and LGI twice weekly ’28d improvement touchpoint meetings’ focusing on 28d Faster diagnosis standard

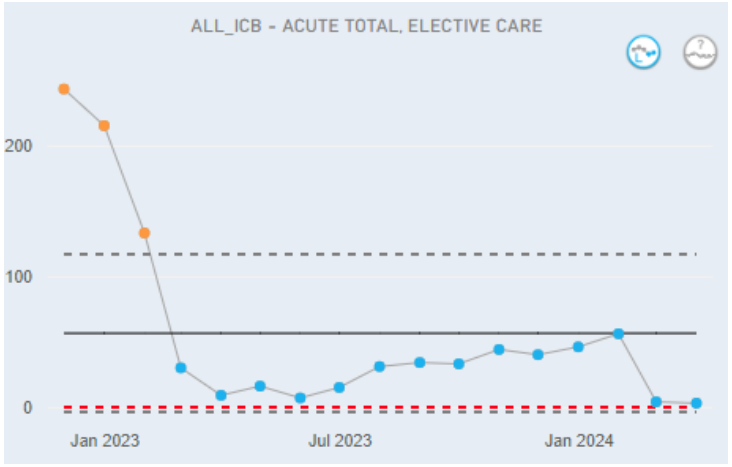
GWH Drivers- Colorectal and Urology, contribute to the majority of breaches, actions include:

- Fortnightly meeting with the Clinical lead to discuss improvement areas for colorectal.
- Pilot project with PCN to refer direct into service for colorectal. Start June 24.
- Urology Best Practice Timed Pathway. Initial review of Prostate and Bowel has started.
- External Provider for Prostate biopsies, funding from Cancer Alliance agreed for this. Start date Mid/End Q2
- Procurement to scope external provider for Flexi cystoscopy to help with long waiting. Regional Funding bid (£50k) submitted to help.

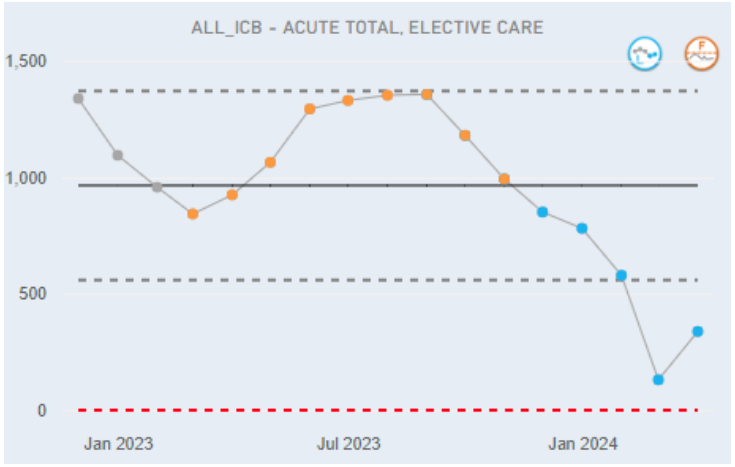
Elective Care – RTT Long Waiters – 78+, 65+, 52+ weeks

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

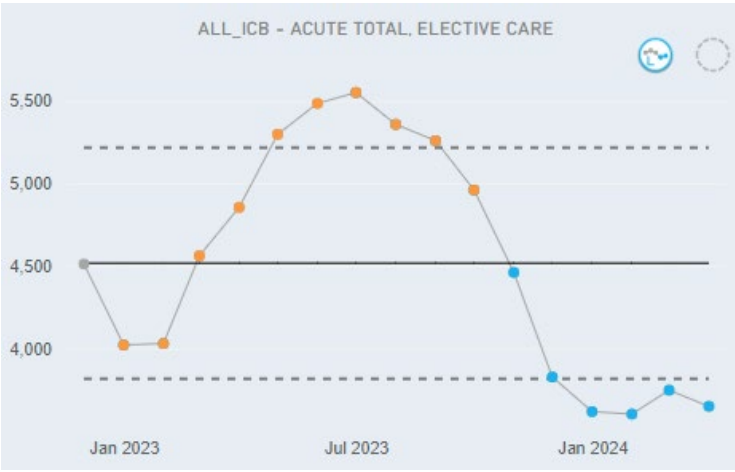
RTT 78 week waiters



RTT 65 week waiters



RTT 52 week waiters



Performance Analysis

- 78+ week waiters – At the end of April 2024 there were 3 patients waiting with BSW providers at GWH.. There were 19 BSW patients waiting at all providers, of these 8 are waiting in plastic surgery specialties with 3 out of area NHS Trusts.
- 65+ week waiters – The target to clear 65 week waits (except for patient choice) is the end of Sept 24. At the end of April 2024 the waiting list with BSW Acutes increased to 338 with the BSW Commissioned position increasing to 350, with increases at both SFT and GWH- although not exceeding their Operational plan. The BSW Acute waiting lists for 65+ weeks are reviewed weekly with BSW providers and reported to NHSE SW region.
- 52+ week waiters - At the end of April 2024 the waiting list with BSW Acutes is 3,648 (364 < 18 years). and the BSW Commissioned position is 3,458 The plan is to reduce these to around 115 by March 2025.

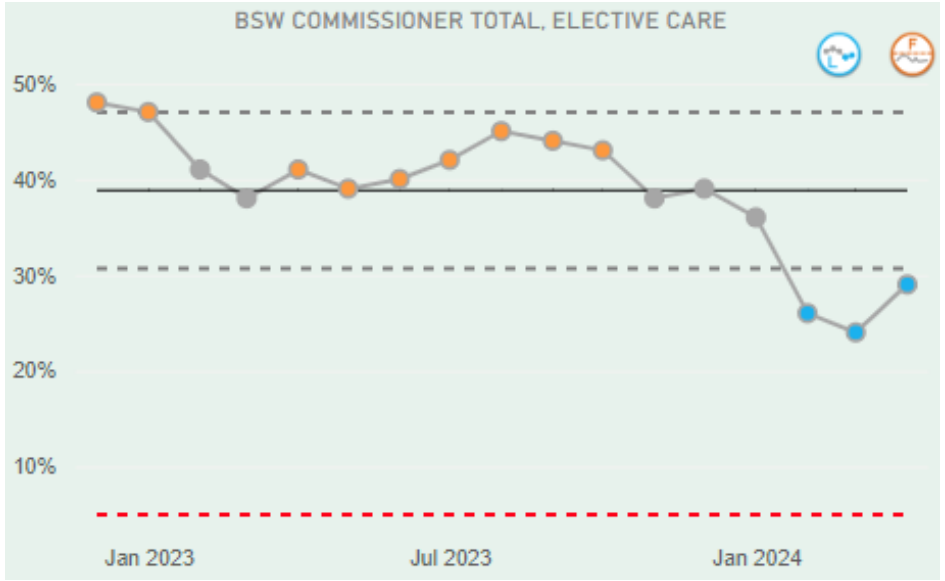
Actions underway

- The reduction of 65 week and 52 week long waiters is a focus in the current NHS Operational planning for 2024/25.
- Bi-weekly reviews of dated and non dated patients informing system mutual aid and wider mutual aid requests. Specific focus on use of local Independent Sector to support local acutes.
- Remedial action plans for Gastroenterology, Cardiology, Dermatology and Urology being overseen by the Elective Care Board. Includes impact of recruited posts, Super Saturday Lists, additional validation, insourcing and outsourcing and mutual aid from Independent Sector providers locally.
- For the clearance of 65 week waiters, challenged specialties include Gastroenterology, Urology, General Surgery andPlastrics these are being reviewed in the 24/25 planning round.

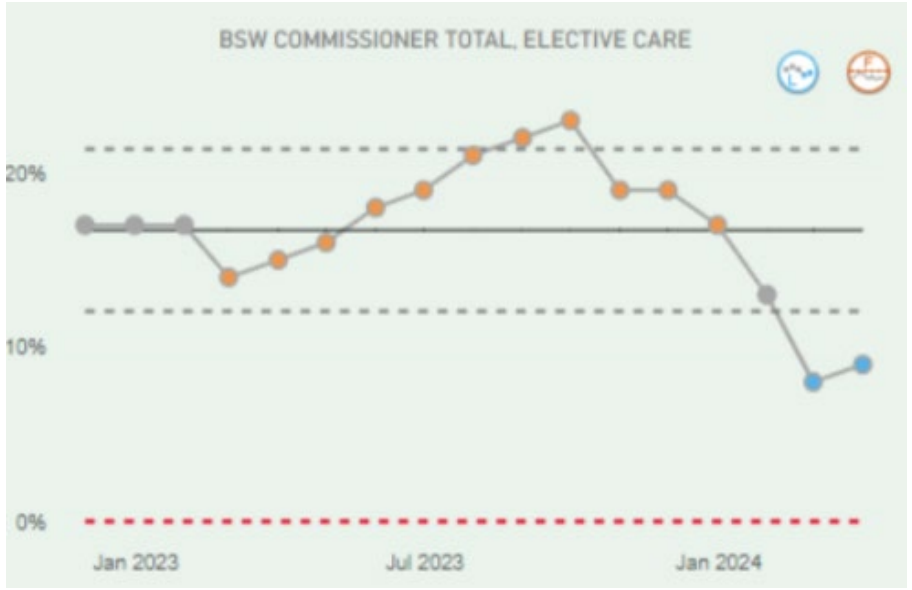
Elective Care – Diagnostics

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

% diagnostic WL > 6 weeks (all DM01 tests)



% diagnostic WL > 13 weeks (all DM01 tests)



Performance Analysis

- DM01 test performance > 6 weeks (breach rate) for April 2024: GWH 39%, RUH 23% and SFT 21%. BSW commissioner position is 29%. (Target in 2024/25 is to reduce to 5% by March 25).
- Key drivers are non-obstetric ultrasound (highest volume test) , endoscopy (GWH & RUH), sleep studies (RUH) and Echo (SFT).
- Remedial action plans in place at all three providers and presented to Elective Care Board but there remain recurrent capacity gaps, in particular, for non-obstetric ultrasound and endoscopy.

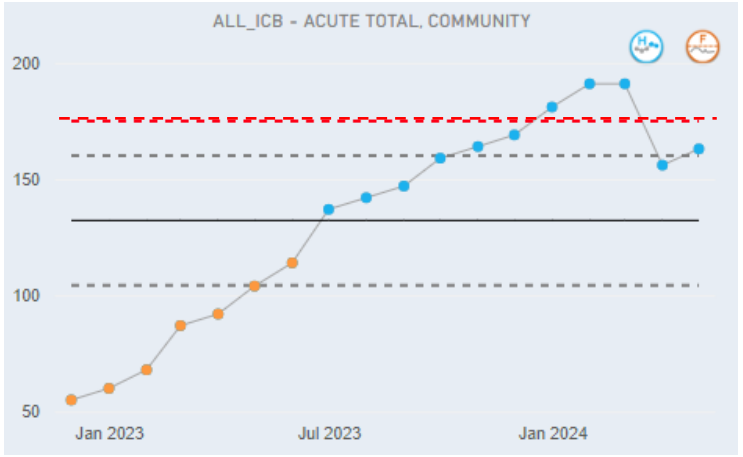
Actions underway

- GWH (ultrasound) working with 3rd party support with recovery trajectory expecting to hit 5% standard by March 25.
- RUH Endoscopy significant increase in 6+ backlog due to surveillance backlog patients coming onto the waiting list. Increase in capacity through use of the GWH mobile endoscopy van from July and new mobile endoscopy van at Sulis from October.
- Maintain insourcing provision at SFT for Ultrasound including enhanced overtime within substantive team to maximise capacity.
- Paediatric Audiology capacity has been increased at SFT, specialist Audiology continuing to cause concerns – in discussion with other providers, e.g. Dorset and UHS.
- These actions are being overseen through the regionally-led Tier 2 process.

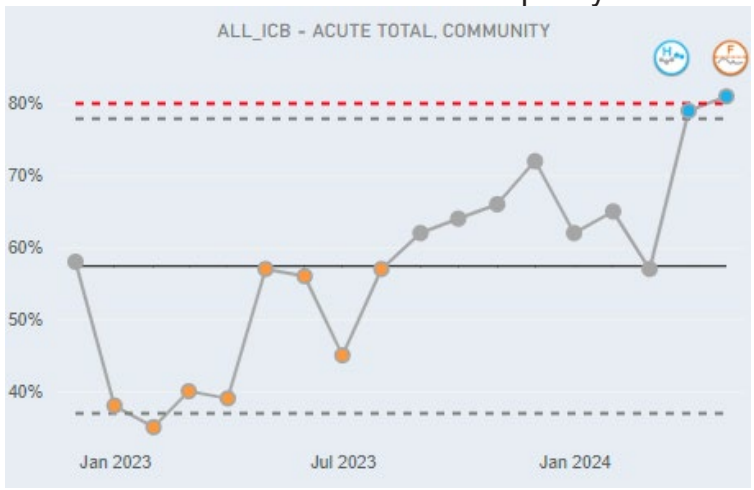
Community Care – Virtual Wards

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

Virtual Wards – Capacity vs Plan



Virtual Wards - occupancy



Virtual Wards data are experimental statistics collected as a snapshot position via sitrep from all providers twice a month. Data shown here is from the snapshot taken in week 4 of the month.

Performance Analysis

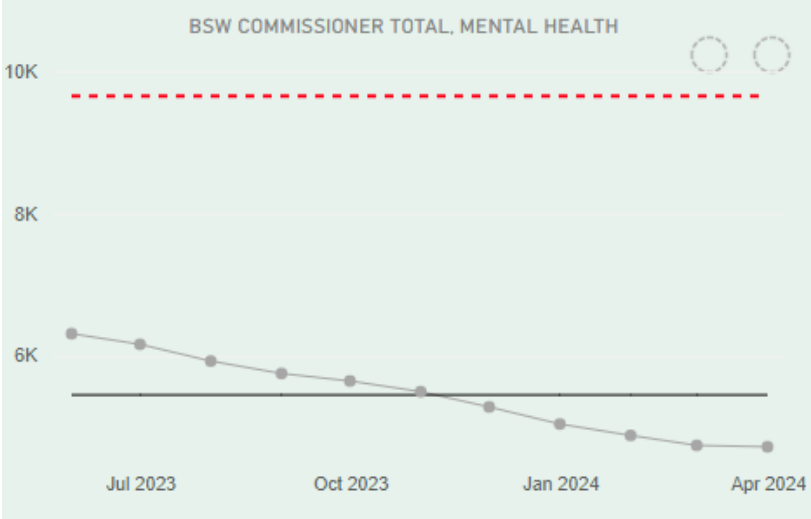
- The 2024/25 Virtual Wards model in BSW is One-Integrated Model (step-up and step-down) and has been co-produced with providers and supported with an updated Standard Operating Procedure to improve access to virtual wards by ensuring utilisation is consistently above 80% and to provide system capacity through additional beds and admission avoidance as a key component of our UEC delivery plan.
- In May 24 BSW has 163 Virtual beds available. The target has reduced to 175 once the new models are agreed and funded.
- Virtual Ward Occupancy in May reached 81% against the 80% occupancy target, demonstrating the progress with the new model.

- **Actions underway**
- Implement Doccla Remote Monitoring implementation: Share lessons learned from first site implementation: RUH H@H (underway) & fast track roll out to other virtual wards
- Clinicians are working together to develop more Hospital at Home pathways (currently primarily frailty and respiratory) to include heart failure, delirium, EOL and CYP
- A refreshed communications and engagement plan has been developed to re-launch the new one-BSW model with standardised communication products for patients, clinicians and key stakeholders. A series of clinical roadshows will help build confidence in the new model and progress referrals where there are higher areas of available capacity, including acute and primary care colleagues.
- 2024/25 trajectories have been modelled on 2023/24 actual costs from all providers (with calculation of a per bed day cost) against the new clinical model. This delivers 175 beds per day (capacity), with an opportunity to stretch, aligned to the new clinical model of Tier 4 patients, with a minimum of 80% occupancy in Q1, 85% in Q2, 90% Q3 and 95% Q4 - which gives us the opportunity to deliver up to 70% increase in the number of patients on our virtual wards by the end of March 2025 (occupancy).

Mental Health – Access

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

Talking Therapies – Number receiving course of treatment



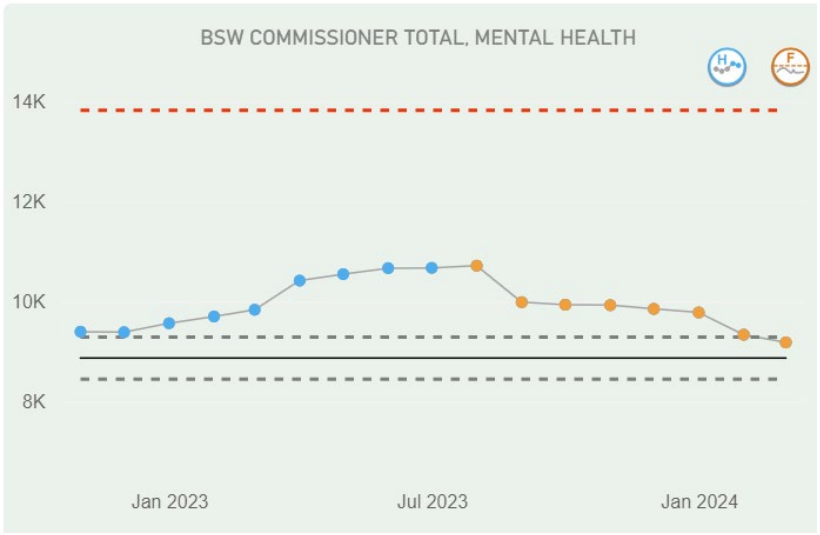
Performance analysis

- This is showing the new plan metric for 24/25 – Number of adults receiving a course of treatment with Talking Therapies services (2+ contacts) – rolling 12 months. At April 4720 people had completed a course of treatment against the plan of 4584.
- Though workforce is improving, the proportion of staff in and supporting trainee programmes does impact the available resource.
- There is a new plan metric for 24/25 – Number of adults receiving a course of treatment with Talking Therapies services (2+ contacts).

Actions underway

- The Talking Therapies Fundamental Service Review (FSR) has completed. Recommendations [currently under consideration within ICB governance];
  - BSW TT development group to restart and drive forward improvement and development actions, including waiting list management and initiatives, workforce planning (management of current vacancies and in year expansion through the Autumn statement allocation).
  - Expansion: Strategic Business Manager, and enhanced supervisor capacity to enable trainee expansion. Procurement of an alongside digital therapies provider.

% Children and Young Peoples Access (adjusted)



Performance analysis

- CYP access (12 month rolling) in March is 66% of the plan (threshold is 90% of plan), this data is adjusted using local Oxford Health data.
- Oxford Health submitted final 2023/24 position by the national deadline of 20 May 2024. We are awaiting the revised year end MHSDS position, which should include the re-submitted Oxford Health data, to align with our local interpretation.
- Existing services need to be redeveloped to meet demand and level up provision across BS&W. Our application for 2 further MHSTs was successful. These will be based in Wiltshire, meaning that 61% of learners in the county will have access to an MHST.

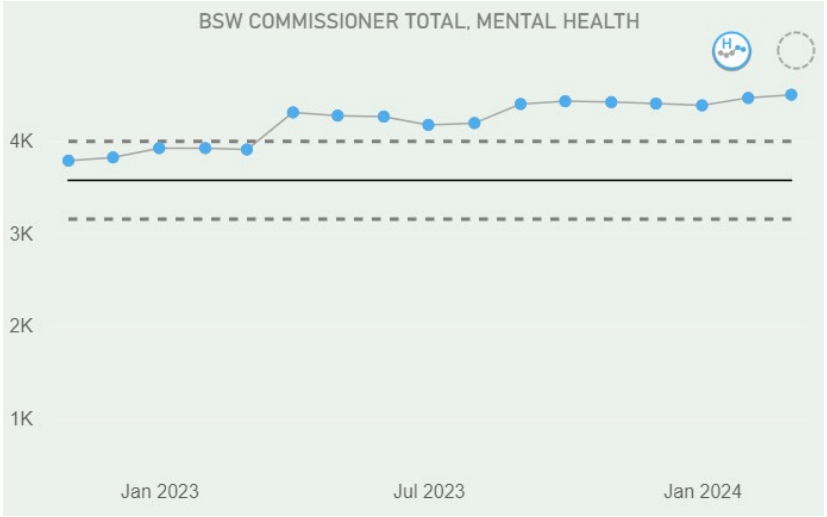
Actions underway

- Ongoing improvement plan to ensure all eligible providers are submitting CYP access data to MHSDS underway with multiple providers.
- Meetings to recover performance continue with Swindon services.
- Continued work with education leads to increase knowledge, understanding and awareness of MHST offer

Mental Health – Access

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

Access to Core Community Mental Health Services



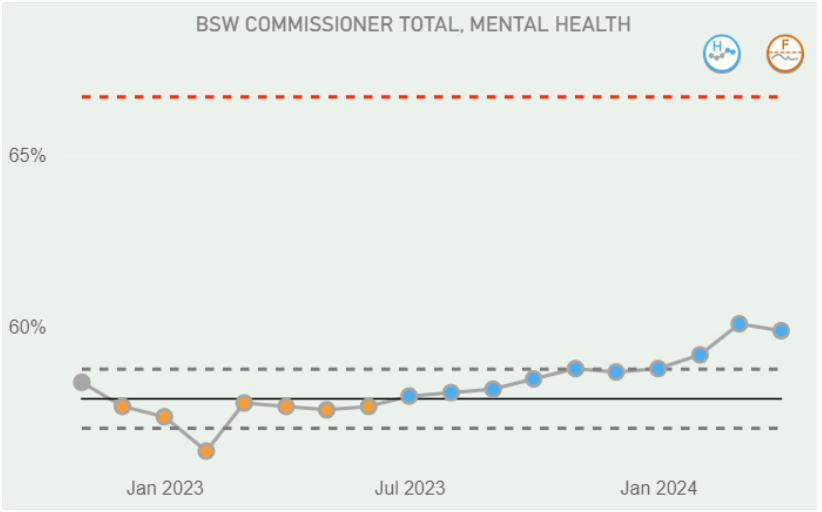
Performance analysis

- Ongoing growth in access to the core community mental health services for adults and older adults, means the service has reached 4,490 people (rolling 12 months) by March 2024, 79% of plan.
- National reporting includes AWP only. The four 3rd sector suppliers of the Community Services Framework alongside AWP working to meet the criteria to support systems to flow data
- Local data flows are in development and early data suggests that if all providers were submitting to MHSDS, we would expect to be on plan.

Actions underway

- Regional expert support has been made available directly to the providers to support them to set up MHSDS submissions and initial progress has included setting up of provider codes. 3SA providers missed the inclusion date for 23/24 MHSDS so this task is now re-starting for 24/25.

Dementia Diagnosis Rate



Performance analysis

- Performance in April is 59.9% (national target is 66.7%).The target was not met in 2023/24.
- An increase was expected from March with the additional staff focussed initially on assessments and diagnosing dementia in care homes and assuming the underlying increase continues.

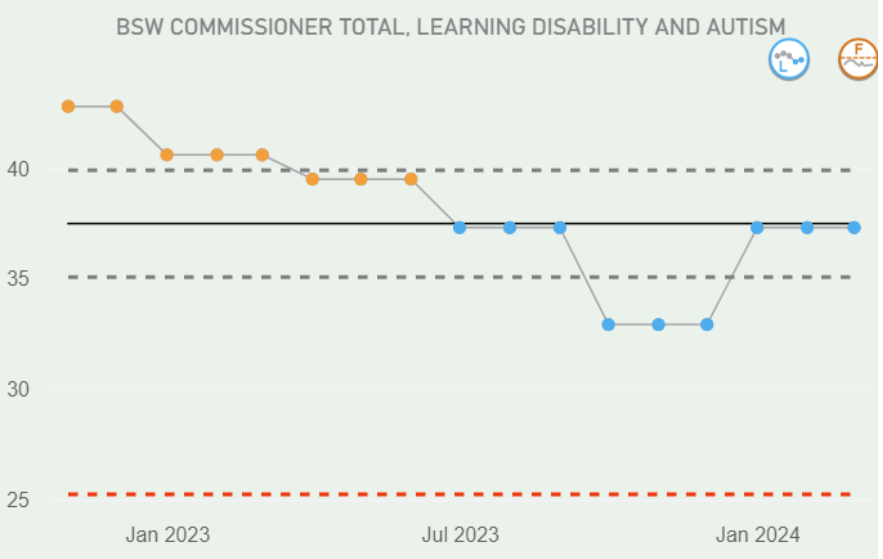
Actions underway

- Additional Older Adults AHP staff recruited to AWP Community Teams, consistent improvement to DDR occurring.
- Data quality improvement initiative mobilised to support clinical coding across systems – again impact to DDR evident.
- Planning work progressing for mild cognitive impairment pathway.

Learning Disabilities

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

LDA Inpatients Rate per million (all age)



LDA Annual Health Checks % carried out ytd

Performance analysis

- Inpatient numbers across BSW are above the agreed trajectory and mitigations are in place as described below to bring inpatient levels in line with plan. Overall, there has been a return to 34 inpatients in Q4 against the plan of 24 (37 per million against a target of 26 per million). Children's inpatient numbers have been restated for Q2 and Q3 showing an improvement but are above plan*.

Actions underway

- Oversight of actions is now being undertaken through a weekly BSW LDAN MDT practice forum, with BSW leads to discuss each patient and discharge plans and support being provided to the localities to expedite actions. This group reports to the LDAN programme board.
- Monthly MADE events continue across all three localities. The practice forum co-ordinates themes, case review learning and development of mitigating actions.
- Oversight and actions for NHSE commissioned inpatients remains with NHSE. BSW ICB, through the practice forum, are increasing level of oversight of these individuals to ensure we are clear on actions and discharge plans. Concerns around process and progress in some cases has been formally escalated to NHSE

* Children's inpatient numbers are small, and the data is suppressed, but are included as part of the all age total.

Performance analysis

- In 2023/24 69.8% of the LD registered population (aged 14 and over) have received an annual health check (AHC) against the 75% planned by March .
- Though the target was not met at BSW level both the BANES And Wiltshire localities did improve to meet the 75%.

Actions underway

- A new 12 mth action plan for annual health checks is in place – with a focus on the Swindon locality.
- Additional funding for LDA health screening roles will be aligned with AHC and prioritised to the Swindon locality
- Learning from a pilot in 23/24 are being used to revise communications –this will be initially focused to support the Swindon locality.
- We are also planning to repeat work for dedicated LDAN AHC in our special schools for the over 14 cohort

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

Quality and Patient Safety Exception Report

Infection Prevention and Management

Achievements:

- BSW ICS Infection Prevention and Management (IP&M) Collaborative have successfully reduced E-coli blood stream infections and Methicillin Sensitive Staphylococcus Aureus (MSSA) infections. Quality improvement projects that have impacted these infections are being evaluated and learning to be shared via System Quality Group (SQG), Quality outcomes and assurance committee (QAOC), Health Protection Boards and BSW ICS IP&M Collaborative.
- Primary care are actively engaging in the new data collection process to understand community onset, community acquired cases which is returning a rich data set on the root cause of infections, allowing system partners to address the root causes and reduce case incidence in the community, supporting the prevention of admissions and reducing infections within the population.

Alerts/Risks and Areas of Focus:

- BSW ICS risk associated with health care associated infection remains. Whilst rises in MRSA, Clostridioides difficile, Klebsiella and Pseudomonas have been noted both regionally and nationally, this remains high on the agenda for the BSW ICS Infection Prevention and management collaborative.
- BSW ICS IP&M collaborative will focus reduction efforts in 204/25 on MRSA, Clostridioides difficile, Klebsiella and pseudomonas.
- The national rise of out of season pertussis cases is a risk for BSW ICS, impacting mainly in GP Out Of Hours , Primary care, Maternity and Paediatric ED.
- The BSW ICS Swab Squad development is close to completion, this will allow the BSW system in partnership with UKHSA colleagues to provide a rapid response to communicable disease incidents and improve identification of infections in a shorter time frame.

Assure

- Improvement plans are being monitored to continuously improve and sustain a reduction in health care associated infections in BSW for 2024/25
- Board Assurance Frameworks are being updated by providers in line with latest update sin the National Infection Prevention and Control Manual (NICPM), including High Consequence Infectious Disease (HCID) Pathways
- 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 and the National Action Plan for Antimicrobial Resistance (NAP AMR)

Action Plans and Continuous Improvement:

- Further investigations are being undertaken to understand contributory factors to community cases of health care associated infections.
- A system wide learning event is planned for July to review all themes and trends across the system and create system wide improvement plans aligned to the IP&M strategy which is currently in development.
- BSW ICS risk tool for management of infections is under review to ensure alignment with latest dynamic risk assessment guidance from NHSE.

Maternity and Neonatal

Achievements:

Improvements in maternity triage, launching dedicated clinical assessment triage spaces and single point of contact for maternity triage. One Hospital Maternity have opened increased clinical space capacity for maternity day assessment care.

Maternity and Neonatal Senior Independent Advocate Role is now live in BSW providing support for families who have experienced an adverse event in maternity or neonatal services.

Assure

- Rapid Review of Maternity CQC (requires improvements) recommendations and actions by BSW ICB and SW NHSE Quality team. Assurance gained on progress against actions to meet recommendations.
- There is a continued move towards exit phase of national maternity support programme (planned by summer 2024).
- Triangulation meetings in place in all three maternity providers reviewing themes from complaints, service user feedback, incidents and claims with Maternity and Neonatal Voices partnership representation.

Alerts/Risks and Areas of Focus:

- Community estates for maternity services due to withdrawal of some primary care hosting arrangements
- Commissioning of Maternity and Neonatal Voices Partnership in line with national guidance- business case in progress
- Commissioning of perinatal pelvic health needs to be completed aligned to national specifications (Long term plan for health).
- Focus on increasing ultrasound provision due to risk in meeting Saving Babies Lives compliance.

Action Plans and Continuous Improvement:

Prioritisation review of key workstreams for Local Maternity and Neonatal System with planned focus on:

- Clinical Negligence Maternity Incentive Scheme Year 6 and Saving Babies Lives NHSE Care Bundle implementation
- Digital maternity system preparation and implementation-
- Reducing inequalities in outcomes for pregnant people/mothers and babies.
- Perinatal pre- term birth optimisation continues to be a focus to improve outcomes for babies born early.
- Currently reviewing the parliamentary report of birth trauma (May 2024) to identify any key actions. Most of these already included as part of ongoing work by maternity providers and Local Maternity and Neonatal System to meet the objective of the national three-year plan for maternity and neonatal services.

Quality Accounts Update

Assure:

- All Acute and Community provider services have submitted their Quality Accounts to the ICB and supporting CNO response statements have been returned.

Action Plans and Continuous Improvement:

The BSW system quality leads are reviewing 24/25 annual quality plans, to align themes, priorities and reporting requirements against the key metrics identified in quality accounts for 2023/24. System reporting of these identified metrics will be via System Quality Group and integrated performance and quality report to ICB Quality and Outcomes Committee.

Learning From Patient Safety Events (LFPSE) Update

Assure:

Learning From Patient Safety Events (LFPSE), is a newer, revised way of recording patient safety incidents, risks, outcomes and good care events. The upgrade, initially, provides two main services: recording patient safety events and giving uploaders complete, uninhibited access to data.

- It was identified that a few providers across BSW were having challenges with using the new LFPSE service due to connectivity with Taxonomy Version 6.
- The NHSE deadline for connecting to this system is the end of June 2024, with all providers expected to be compliant by deadline

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12
Date of Meeting:	18 July 2024		

Title of Report:	BSW ICB and NHS ICS Revenue Position
Report Author:	Michael Walker – Head of Financial Accounting - Reporting
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer
Appendices:	1 - Finance reporting pack

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

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	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	
2. Fairer health and wellbeing outcomes	
3. Excellent health and care services	

Previous consideration by:	Date	Please clarify the purpose
ICB Finance and Investment Committee	3 July 2024	Assurance and Discussion

1	Purpose of this paper

The purpose of the paper is to provide an update on the financial position of the NHS organisations within the ICS at Month 2.

Formal national reporting has not recommenced in full due to the plan resubmission processes and there was no national forecast required this month as a result.

All system organisations have reported an adverse YTD position compared to the revised June plan submission. This is primarily due to efficiency scheme / CIP non-achievement and ERF underperformance.

2	Summary of recommendations and any additional actions required
The Board is asked to **note** the report and the Financial Position of the NHS organisations within the ICS, which is £6.7m behind plan at Month 2.	

3	Legal/regulatory implications
The system has an obligation to work to deliver the agreed plan for the year and to work towards a break-even position. The Month 2 position is based on the June system plan submission of a £30m deficit.	

4	Risks
As there is a planned system deficit position, cash will likely be a greater risk in 24/25. NHS providers can apply for additional cash support through NHSE but this is dependent on strict criteria.	

5	Quality and resources impact
The financial plan is contingent on the delivery of £141.9m of efficiency schemes. The information presented is an aggregation of GWH, RUH, SFT and ICB reporting metrics.	
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

May 2024 (Month 2)

Executive Summary

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

- All NHS organisations are forecasting a breakeven plan at M2 for the full year. No changes have been made to the full year forecast at M2 due to the timing of planning submissions. We will start to report a formal forecast from M3.
- National returns at M2 continue to report against the May planning submission. The M2 submission from BSW shows a £7.5m adverse variance against the May plan, but a **£6.7m** adverse variance against June.
- A revised system plan was submitted on 12th June. As part of the submission both RUH and SFT have reprofiled their deficits to M2, with SFT increasing their planned deficit YTD by £1.6m and RUH reducing by £0.2m. GWH has reprofiled from M3 for the awarded £3.2m additional PFI funding.
- Full KPI reporting is expected from M3 (in development)

Key issues for escalation

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

Alert, Assure, Advise	
Alert	• M2 YTD adverse variance of £6.7m. FY forecast remains to deliver to submitted plan. • Unidentified CIP remains at £11.2m (reduced from £15.8m from June submission). Work is ongoing to address and identify. • The plan delivery is dependent on income from additional elective activity. To M2 ERF is under plan. There are some data issues. A recovery plan is being developed by the Elective Care Delivery Group. • NCTR/Escalation is impacting finances due to non-elective activity exceeding expected growth. There are ongoing reviews to address this via the UEC & Flow Delivery Group. • Further assurance/triangulation required on workforce reductions – led by workforce team.
Assure	• Organisations have started to work through 25/26 assumptions and 3 year financial model • Virtual wards are meeting planned utilisation levels (81% v 80%) • We are seeing workforce reductions in terms of Whole time equivalent
Advise	• BSW is expected to receive deficit funding of £30m in 2024/25 to bring us back to break even. We must hit our plan to avoid paying this back.

FY plan – June (Final) vs May submission

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

June	GWH £'m	RUH £'m	SFT £'m	ICB £'m	Total £'m
Surplus/(Deficit)	(10.23)	(5.29)	(17.01)	2.52	(30.00)
Efficiencies					
Recurrent efficiency	14.5	31.0	11.8	13.4	70.8
Non-recurrent efficiency	7.4	5.6	9.3	48.9	71.2
Total efficiencies	21.9	36.6	21.1	62.3	141.9
Unidentified	1.7	2.9	0.0	11.2	15.8
Phasing H1	44%	39%	44%	50%	45%
Phasing H2	56%	61%	56%	50%	55%

May	GWH £'m	RUH £'m	SFT £'m	ICB £'m	Total £'m
Surplus/(Deficit)	(13.43)	(5.29)	(17.01)	0.00	(35.72)
Efficiencies					
Recurrent efficiency	14.5	30.1	12.4	13.4	70.4
Non-recurrent efficiency	7.4	6.5	8.7	48.9	71.6
Total efficiencies	21.9	36.6	21.1	62.3	141.9
Unidentified	1.7	6.5	0.0	15.7	23.9
Phasing H1	44%	35%	46%	54%	46%
Phasing H2	56%	65%	54%	46%	54%

Plan deficit has reduced by £5.7m between submissions.
Unidentified efficiency has reduced by £8.1m to £15.8m. Total efficiency plan is unchanged.

ICS Financial Position M2

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

	Year to Date				
	Plan	Actual	Variance to plan		FY Deficit
	£m	£m	£m	%	%
Great Western Hospital	(2.5)	(6.6)	(4.2)	(166.6%)	65.0%
Royal United Hospital	(3.7)	(4.1)	(0.3)	(8.5%)	76.8%
Salisbury Hospital	(3.8)	(5.5)	(1.8)	(46.7%)	32.5%
Provider surplus / (deficit)	(10.0)	(16.2)	(6.2)	(62.3%)	
BSW ICB surplus / (deficit)	0.4	0.0	(0.4)	0.0%	0.0%
ICS surplus / (deficit)	(9.6)	(16.2)	(6.7)	(69.4%)	

At Month 2, the ICS has reported a **£6.7m deficit** compared to the June planning submission (£30m deficit target).

- ICB is planning for a £2.5m surplus, but due to unidentified efficiencies this has not been delivered at M2 vs June plan.
- GWH is off plan due to ERF underperformance (c.£2m) but circa £0.6m is expected to be addressed by counting/coding in future months and CIP slippage (c.£2m)
- SFT is off plan due to c.£1.3m due to income (mainly ERF) and the balance mainly driven by pay.
- RUH is broadly on plan but they have a challenging profile over the coming months.

High Level ERF position (trust wide)

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

BSW ERF Performance	RUH	GWH	SFT	RUH	GWH	SFT
	BSW			Trust wide		
% Achievements (against 100% baseline (estimated for 24-25)						
Plan Month 2 YTD	118%	112%	121%	117%	112%	117%
Actual Month 2 YTD	127%	97%	118%	125%	97%	109%
£m ERF Income above 19/20 baseline (uplifted to 24-25 estimated) including A&G						
Plan Month 2 YTD*	1.85	1.49	1.60	2.42	1.74	2.10
Actual Month 2 YTD	2.80	-0.56	1.40	3.50	-0.48	1.30
Variance Month 2 YTD	0.95	-2.05	-0.20	1.08	-2.22	-0.80

- RUH M2 performance 125% v plan 117% £1.08m better than plan
- GWH M2 performance 97% v plan 112% £2.22m worse than plan
- SFT M2 performance 109% v plan 117% £0.8m worse than plan
- BSW Independent sector and BSW commissioner performance not yet available (BI report due w.c. 24th June)
- Contribution from ERF to transition funding will only be affected if there is clawback from NSHE (if BSW is below target)

GWH Mitigating actions: We are focusing Ops teams on recovery actions and providing the analysis to them by speciality - led by COO. Some improvement plans already in place to take action throughout June i.e. Theatres. BI and Finance working together to get earlier insight and warning on performance off track. Stretch plans are badged into efficiencies (£1.8m) which have additional review processes

SFT Mitigating actions are to review the 4 specialities which have underperformed materially during April/May, consider countermeasure actions to recover the position and to ensure delivery for the remainder of the year. There is a follow up meeting on 27th June.

RUH investigating whether the improved performance is driven by the full year effect of productivity work undertaken in Theatres last year that we weren't able to quantify for the plan, we're hoping to monitor performance against this higher run rate of activity to ensure that improvement isn't lost. The other main focus is on reducing costs linked to ERF to improve the margin for the activity, such as bringing outsourced services in house.

ICS Cost Improvement Programmes

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

	Year to Date				
	Plan	Actual	Variance to plan		FY Plan
	£m	£m	£m	%	%
BSW ICB	10.4	8.5	(1.9)	18.0%	13.7%
Great Western Hospital	2.6	1.4	(1.1)	44.4%	6.5%
Royal United Hospital	3.5	3.1	(0.3)	9.6%	8.5%
Salisbury Hospital	2.2	3.5	1.2	(54.9%)	16.5%
Total Efficiencies	18.6	16.5	(2.1)	11.3%	

At Month 2, the ICS did not report a formal forecast due to the resubmission of plans. At M2 the FY position would be on plan.

Overall efficiencies within the 2024-25 NHS system plan to enable the reported deficit position total £141.9m. This represents 7.0% of the overall system allocation.

Planned recurrent efficiency schemes account for 49.9% of total schemes.

ICS Workforce

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

	Year to Date M2					Year to Date M2					Movement
	Plan £m	Actual £m	Variance to plan £m	Variance to plan %		Plan WTE	Actual WTE	Variance to plan WTE	Variance to plan %		from M1 WTE
Agency					**Agency**						
Great Western Hospital	(1.1)	(0.8)	0.3	25.7%	Great Western Hospital	56	44	13	22.5%		6
Royal United Hospital	(1.0)	(0.9)	0.1	9.9%	Royal United Hospital	31	26	5	16.5%		5
Salisbury Hospital	(1.3)	(1.4)	(0.1)	(8.5%)	Salisbury Hospital	70	65	5	7.8%		9
Total Agency	(3.4)	(3.1)	0.3	7.9%	**Total Agency**	157	134	23	14.8%		20
Bank					**Bank**						
Great Western Hospital	(4.3)	(3.9)	0.4	9.3%	Great Western Hospital	373	302	71	19.0%		(16)
Royal United Hospital	(2.4)	(3.1)	(0.7)	(26.9%)	Royal United Hospital	329	301	28	8.6%		(2)
Salisbury Hospital	(2.6)	(2.9)	(0.3)	(9.5%)	Salisbury Hospital	302	256	46	15.4%		40
Total Bank	(9.4)	(9.8)	(0.5)	(5.0%)	**Total Bank**	1,004	859	146	14.5%		23
Substantive					**Substantive**						
Great Western Hospital	(45.9)	(46.4)	(0.5)	(1.0%)	Great Western Hospital	5,211	5,224	(12)	(0.2%)		3
Royal United Hospital	(55.2)	(54.1)	1.1	2.0%	Royal United Hospital	5,523	5,512	11	0.2%		20
Salisbury Hospital	(35.7)	(36.1)	(0.4)	(1.2%)	Salisbury Hospital	4,113	4,112	2	0.0%		(9)
Total Substantive	(136.8)	(136.6)	0.2	0.1%	**Total Substantive**	14,848	14,848	0	0.0%		14
Total Pay by Provider					**Total WTE by Provider**						
Great Western Hospital	(51.3)	(51.1)	0.2	0.4%	Great Western Hospital	5,641	5,569	71	1.3%		(7)
Royal United Hospital	(58.6)	(58.1)	0.5	0.9%	Royal United Hospital	5,883	5,839	44	0.7%		23
Salisbury Hospital	(39.6)	(40.4)	(0.8)	(2.0%)	Salisbury Hospital	4,486	4,432	53	1.2%		40
Total Workforce	(149.5)	(149.5)	(0.0)	(0.0%)	**Total Workforce**	16,009	15,840	169	1.1%		56

At Month 2, Bank, Agency and Substantive has been analysed based on provider YTD submissions, compared to 12th June planning submissions. There are £47m of system-wide Pay CIPs, of which £34.8m are with provider organisations.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13
Date of Meeting:	18 July 2024		

Title of Report:	Ambulance Partnership Board Terms of Reference
Report Author:	Anett Loescher, Associate Director of Governance, Compliance and Risk
Board / Director Sponsor:	Sue Harriman, CEO
Appendices:	1 - Ambulance Partnership Board ToR

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	
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	x

Previous consideration by:	Date	Please clarify the purpose
ICB Board	21/09/2023	Approval (delegation of ambulance commissioning to Dorset ICB)

1	Purpose of this paper
In September 2023, the Board agreed new lead commissioner arrangements with Dorset ICB, as part of the South West ICBs co-commissioning of ambulance services with the South Western Ambulance Services Foundation Trust (SWASFT). As lead commissioner, Dorset ICB would act on behalf of the South West ICBs to commission and manage the contract.	

At the time, the formal delegation agreement was in draft, as were the Terms of Reference for the Ambulance Partnership Board (APB). We now have the formal delegation agreement, and the ToR for the APB. The delegation agreement formally sets out which of the ICB's commissioning functions are delegated to the APB. To note that although the functions are delegated to the APB, liability for the exercise of the functions remains with the ICB. The ICB CEO signed the delegation agreement on behalf of BSW ICB. Further approval of the delegation agreement is not required since it merely formally articulates the delegations that the Board already approved in September 2023. The APB is a decision-making joint committee of the seven SW ICBs, and it is the vehicle through which the delegated ambulance commissioning function will be exercised. Since the APB is designed as joint committee of the seven SW ICBs, the Board is required to formally approve the APB ToRs. Approval will bring the ToRs into effect and establish the APB as a committee of the BSW ICB Board.

2	Summary of recommendations and any additional actions required
The Board is asked to **approve** the Ambulance Partnership Board (APB) Terms of Reference.	

3	Legal/regulatory implications
The national NHSE guidance 'Integrated Care Board Commissioning of Ambulance Services' sets out minimum expectations for Ambulance Trusts and Integrated Care Systems (ICSs) in England for the commissioning of ambulance services as part of the new ICB arrangements.	

4	Risks
This paper relates to risks ICB01 and ICB 04 on the corporate risk register relating to urgent care and flow and ambulance handovers.	

5	Quality and resources impact
Quality, Patient Experience and Safeguarding: No changes expected in terms on quality, patient experience and safeguarding of the 999 service. To note that Dorset ICB are developing the 999 Quality Framework.	
Finance sign-off	

6	Confirmation of completion of Equalities Impact Assessment
EIA not been completed. No significant changes will be made to any service.	

7	Statement on confidentiality of report
This paper can be shared publicly.	

Ambulance Partnership Board

Terms of Reference

1. Constitution

The Ambulance Partnership Board (APB or the APB) is established by the seven Integrated Care Boards (ICBs) as a joint Committee of the ICBs, in accordance with ICBs' Constitution.

These Terms of Reference (ToR) set out the membership, the purpose, responsibilities, and reporting arrangements of the APB and may only be changed with the approval of ICBs.

APB members, including those who are not members of the ICB, are bound by the Standing Orders and other policies of the ICBs.

2. Authority

The Ambulance Partnership Board is authorised by the ICBs to:

- Investigate any activity within its ToR.
- Seek any information it requires within its remit, from any employee or member of the APB (who are directed to co-operate with any request made by the APB) within its remit as outlined in these ToR.
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal and/or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the APB must follow any procedures put in place by Dorset ICB as Lead Commissioner for obtaining legal or professional advice.
- The APB is invested with the delegated authority to act on behalf of the seven ICBs. The limit of such delegated authority is restricted to the areas outlined under the Responsibilities.
- The APB is authorised to establish Sub-Committees and Working Groups to support its work.

3. Purpose

The APB has first line oversight of the regional ambulance provider (South Western Ambulance Service Foundation Trust (SWASFT)) overseeing performance and contributing to system wide plans. The APB brings together executive teams from NHS Dorset as Lead Commissioner, SWASFT and the seven ICBs to discuss the most pressing challenges, set the direction of strategic plans taking into account both provider and ICB strategy/plans, and demonstrate oversight and assurance of the provider as outlined in the NHS Oversight Framework and to support the segmentation process.

The approach to be taken within the APB meetings will be supportive partnership-based conversations to discuss and seek a way forward any areas of concerns. Taking a collaborative, risk-based approach, focusing on the key issues where members will only use contractual leavers as a very last resort.

The APB has been established to make decisions on behalf of the seven ICBs on all matters within the scope of the agreed Lead Commissioner Agreement (LCA).

In performing its role, the APB will exercise its management of the delegated functions in accordance with the agreement entered into between partners, set out within these Terms of Reference. The terms of the delegations made to it by partnering ICBs and the financial limit on its delegated authority shall be the total budgeted resources that the ICBs have agreed to commit to the contract including any forecasted overspend. A copy of the delegation is attached under Appendix 1. Where a decision needs to be taken in respect of any matter that may lead to the total budgeted resources being exceeded then the APB shall refer the matter back to each ICB for determination. The APB may decide to recommend a particular course of action to the constituent ICBs where appropriate.

The APB has no executive powers, other than those delegated through the ICBs and specified in these Terms of Reference.

4. Membership and Attendance

Membership

The Ambulance Partnership Board shall consist of the following membership:

Chair:

- Chief Executive Officer, NHS Dorset ICB

Lead Commissioner:

- Chief Commissioning Officer, NHS Dorset ICB (Chair of the Operational Executive Committee)

Provider:

- Chief Executive Officer, SWASFT
- Nominated Executive Director(s), SWASFT

South West ICBs:

- ICB Chief Executive Officer or their nominated deputy (executive director level)
- NHS Dorset ICB will be represented by the Chief Executive Officer for NHS Dorset who will also be in attendance as Chair of the Ambulance Partnership Board.

NHS England:

- Regional Director Commissioning /Manager Director, NHS England – South West
- Deputy Director of System Co-ordination, NHS England – South West

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Attendees

Only members have the right to attend APB meetings, however other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including, clinicians, procurement experts and others.

Attendance

Attendance at meetings is essential. In exceptional circumstances when a Chief Executive Officer or Executive Director member cannot attend, they may arrange for a fully briefed deputy of sufficient seniority to attend and make decisions on their behalf.

Where an attendee (who is not a member of the APB) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

5. NHS England

As part of their regulatory role, NHS England (NHSE) will be members of the APB but will not have voting rights and therefore not be counted as part of any quoracy or decision making discussions as set out under section 6.

6. Meetings Quoracy and Decisions

The Ambulance Partnership Board will meet quarterly. Subject to the Chair's agreement, ICBs may ask the APB to convene exceptional meetings to discuss particular issues on which they want the APBs urgent advice or to resolve a matter which requires immediate focus and attention.

Members of the APB have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

The APB may meet virtually and members attending using electronic means will be counted towards the quorum.

Quorum

Quorum shall be when the following members are present:

Lead Commissioner (NHS Dorset ICB):

- Chief Commissioning Officer (or nominated deputy)

Provider (South Western Ambulance Service Foundation Trust (SWASFT)):

- Chief Executive Officer, SWASFT (or nominated Deputy).

South West ICBs:

- Five members from the below ICBs, all of which need to be Chief Executive Officers (or nominated Deputy):
  - Bath & North East Somerset, Swindon and Wiltshire
  - Bristol, North Somerset & South Gloucester
  - Cornwall and Isles of Scilly
  - Devon
  - Dorset (will be represented as set out under section 4 above)
  - Gloucestershire
  - Somerset

Quorum shall include representation from NHS Dorset ICB (as Lead Commissioner), SWASFT (as the Provider) and 5 out of the 7 ICB representatives.

If SWASFT are unable to be involved in a decision due to a conflict of interest (as the Provider), then quoracy for that decision shall include representation from 5 out of the 7 ICBs, unless a decision ultimately requires ICB Board approval i.e. the reserved Board powers as per the Lead Commissioner Agreement (LCA), then quoracy shall include 7 out of 7 ICBs.

If any member of the APB has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

Decision making

ICBs will delegate authority to the Ambulance Partnership Board to make decisions on behalf of ICBs on all matters within the scope of the agreed Lead Commissioner Agreement (LCA). If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

The LCA will limit the lead commissioner to an agreed annual budget and targets.

Decisions required outside the LCA (for example additional funding needs, performance shifts outside expected ranges) will be reserved for ICB Boards. All ICBs will need to be present to consider and seek an agreement in principle on these matters before onward consideration by ICB Boards.

The Operational Executive Committee will function as a decision-making body of the Ambulance Partnership Board making decisions on behalf of the APB on all matters within the scope of the agreed LCA. Any concerns will be escalated to the APB as appropriate as per the agreed escalation arrangements.

7. Responsibilities

The Ambulance Partnership Board's responsibilities include:

- Setting the direction of strategic plans for the provision/delivery of a modern, high performing, financially viable, Emergency Ambulance Service, taking into account both the Provider and ICB strategy and plans.
- Oversight in relation to the delivery of the Annual Ambulance Work Plan.
- Consider areas of work escalated for further discussion/agreement as required.
- Delegated authority to make decisions and act on recommendations as presented to them by the Operational Executive Committee (OEC).

The APB will make collective decisions on the Delegated Functions:

- the commissioning of emergency ambulance services as an integral part of the urgent and emergency care system according to national requirements and standards.
- developing and agreeing a shared vision and understanding of emergency ambulance commissioning, working with colleagues within the urgent and emergency care system to do so and ensuring that the vision supports alignment and integration of services.

- agreeing a contract that delivers national performance, clinical and quality standards, incorporating any known challenges and improvement plans into the contract.
- ensuring that the ambulance service is clear on, and has plans to meet, their contractual, performance, quality, transformational and financial objectives and critical infrastructure resilience and interoperability. This includes but is not limited to all decision-making in relation to planned investments by the ambulance service (where appropriate).
- continue to build relationships across the system respecting each individual organisation's statutory roles and responsibilities, but proactively seeking to engender partnership working across the system.
- understand each organisation's challenges through in-depth discussion and make recommendations to ensure the best outcome for residents across the South West region.
- all decision-making in respect of financial adjustments or sanctions resulting from provider breach of the contract.
- if necessary, responding to informal or formal legal challenges brought in connection with the commissioned services.
- ensuring compliance with all relevant statutory duties as they apply to the ICBs;
- such other related commissioning functions as need to be exercised by the Ambulance Partnership Board in order to lawfully complete the procurement and contracting process for emergency ambulance services and for managing the services in accordance with the terms of that contract.

Risk

Consider all relevant risks within the remit of the APB as part of the reporting requirements and report any significant concern to as appropriate.

8. Behaviours and Conduct

Values

Members will be expected to conduct business in line with each organisation's values and objectives.

Members of, and those attending, the APB shall behave in accordance with the ICB Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality, diversity and inclusion

Members must demonstrably consider the equality and diversity implications of decisions they make.

9. Accountability and reporting

The Ambulance Partnership Board is accountable to the seven Integrated Care Boards and shall report to the ICB's on how it discharges its responsibilities.

The APB is responsible for approving an annual work programme identifying key objectives for the year.

The minutes of the meetings shall be formally recorded by the secretariat and submitted to ICBs.

The Chair will report to APB members on its proceedings at each meeting to provide assurance and shall draw to their attention any issues that require disclosure to ICBs or require action.

10. Secretariat and Administration

The Ambulance Partnership Board shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed having been agreed by the Chair with the support of the Ambulance Commissioning Support Team.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements (as detailed under section 6).
- Conflicts of interest are recorded and highlighted to the Chair to ensure declarations are appropriately managed.
- Minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to ICBs.
- The Chair is updated on pertinent issues/areas of interest/policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- A standard report template is used for received reports to highlight any significant risk, issues for information, discussion or escalation.
- Agendas for the meeting are circulated 5 operational days prior to the meeting, with any agenda items submitted to the Chair at least 10 operational days prior to the meeting.
- Meeting documents and minutes are stored with NHS Dorset under its function as Lead Commissioner and are circulated with members following each meeting.

In addition to managing Ambulance Partnership Board meetings, the Secretariat shall be responsible for maintaining the APB Handbook, which shall include the following:

- The Delegation Agreement
- Terms of Reference for the APB and any established sub-committees and working groups;
- Governance Framework;
- Lead Commissioning Agreement;
- Any other relevant documents, as determined by the APB.

11. Ambulance Partnership Board Sub-Committees and Working Groups

In order to assist it with performing its role and responsibilities, the Ambulance Partnership Board is authorised to establish sub-committees and working groups.

As a guiding principle only, the APB will have overall responsibility for determining the strategy, vision and objectives for matters within its remit.

Day-to-day operational matters will be managed through the Lead Commissioner via the Ambulance Commissioning Support Team and standing monthly meetings at sub-committee/working group level or escalated to the APB as per the agreed escalation arrangements.

The standing monthly meetings will be:

- Operational Executive Committee (OEC)
- Contract Touchpoint Meeting (CTM)
- System Touchpoint Meeting (STM)

12. Dispute Resolution

As far as possible any disputes relating to the APB and its operation will be resolved by the members, with reference to the guiding principles for its operation as set out above.

Where it is not possible for a dispute to be resolved in this way, mediation will be provided through an independent third party (as detailed under section 14 of the Lead Commissioning Agreement (LCA)).

Where a matter is suspended pursuant to above, the members will seek to resolve it themselves within the specified time period. Where this is not possible, the issue will be promptly referred to the independent third party for review, with the objective being to enable a decision to be made and/or implemented, as appropriate in the circumstances. The members agree that this will be an option of last resort and that every reasonable effort will be made to resolve disputes between APB members.

13. Withdrawal from the Ambulance Partnership Board

Should this commissioning arrangement prove to be unsatisfactory, the ICB Board of any of the member ICB can decide to withdraw from the arrangement but has to give six months' written notice to the other ICB members (as detailed under section 16 of the LCA), with new arrangements starting from the beginning of the next new financial year or as otherwise agreed by the remaining members of the APB.

14. Review

The APB will review its effectiveness at least annually.

These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to ICBs for approval.

Date of approval: 29 April 2024

Date of review: 29 April 2025

Appendix 1 – Delegation Agreement.

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	14
Date of Meeting:	18 July 2024		

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

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

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

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

Previous consideration by:	Date	Please clarify the purpose
Relevant Committee Chair		To agree report for inclusion in Board paper pack

1 Purpose of this paper

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

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

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

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 meeting of the BSW ICB Audit and Risk Committee held on 18 June 2024 was chaired by the Non-Executive Director for Audit, Claire Feehily.

18 June 2024

Received and Endorsed:

- BSW ICB Annual Report and Accounts 2023-24
- Audit Findings Report

Items Escalated to Board:

- The BSW ICB Annual Report and Accounts 2023-24 were endorsed by the Committee and recommended for approval by the ICB Board *(subsequently approved on 25 June 2024 and submitted to NHS England on 26 June 2024)*.

1.4 The next meeting of the BSW ICB Audit and Risk Committee will be held on 5 September 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 2 July 2024 was chaired by the Non-Executive Director for Quality, Alison Moon.

Received and Noted:

- Emerging Risks and Corporate Risk Register
- BSW Operational Performance and Quality and Patient Safety Report
- BSW Population Health Board - Update
- BSW System Mortality Group – Update
- ICB Safeguarding Adult and Children Policies
- BSW Equality Delivery System 2023-24 Report

Items Escalated to Board:

- Potential Collective Action by GPs – assurance on system planning
- Key Provider Quality Accounts - signed off.
- Urgent Care – Urgent and Emergency Care demand and non-criteria to reside in all three system acutes higher than plan. Letter received from NHS England with a requirement for all systems to maintain focus and oversight on quality of care and experience in pressurised services.
- Population Health Board – Inequalities in BaNES deep dive *(ICB Board agenda item for July 2024)*

Endorsed / Approved:

- None

2.4 The next meeting of the BSW ICB Quality and Outcomes Committee will be held on 3 September 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 5 June 2024, 3 July 2024, and 8 July 2024 were chaired by the Non-Executive Director for Finance, Paul Miller.

5 June 2024:

Received and Noted:

- BSW ICB and System Revenue Positions
- BSW Recovery Board Update
- Finance Risk Register

Items Escalated to Board:

- None

Endorsed / Approved:

- *Further items referenced in the private committee report, due to commercial sensitivities.*

3 July 2024:

Received and Noted:

- BSW ICB and System Revenue Positions
- BSW Recovery Board Update
- Integrated Community Based Care (ICBC) Contracting Contingency Plan
- Medium Term Financial Plan
  - Productivity Deep Dive
  - Three-year plan update

- Service Line Reporting
- BSW Integrated Care System (ICS) System Cost Improvement Program (CIP) - to achieve system deficit target
- BSW Capital Plan for 2024/25
- BSW ICS Investment Panel Update
- BSW Operating Plan
- New ICB Finance System
- Section 75's

Items Escalated to Board:

- The delivery risks around 2024/25 BSW Operational Plan, these are both financial (Month two overspend against our £30m deficit plan) and performance (not meeting agreed targets.)

Endorsed / Approved:

- *Further items referenced in the private committee report, due to commercial sensitivities.*

8 July 2024:

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 1 August 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 There have been no further meetings of the BSW ICB Remuneration Committee since April 2024.

5.3 The ICB is examining how its approach to public and patient engagement can better inform its work. Discussions with a range of partners are taking place with an expectation of a revised approach being put in place before the Autumn.

5.4 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 The meeting of the BSW ICB People Committee held on 12 June 2024 was chaired by the Non-Executive Director for Remuneration and People, Suzannah Power

Received and Noted:

- BSW People Plan - Update
- ICB Freedom to Speak Up – Update
- ICB Change Programme Report
- Workforce Recovery and Operational Plan
- People Risk Register
- Strategic Workforce Group - Update

Items Escalated to Board:

- ICB Freedom to Speak Up assurance - need for higher training compliance.
- BSW People Plan – work ongoing with operations driven via the Strategic Workforce Group. BSW People Strategy to be published in quarter three.

Endorsed / Approved:

- None

6.3 The next meeting of the BSW ICB People Committee will be held on 11 September 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 next meeting of the Ambulance Partnership Board is scheduled for 24 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 21 May 2024 considered the following business:

- Operational Delivery Networks presentation – Renal Network
- Governance - Confirmation of Committee named members
- Specialised Services Risk Register
- Directors Report and Notes of the last Joint Directors Group
- Financial Operational Planning
- Specialised Services Performance and Quality Report
- Cleft Lip and Palate update
- Specialised Commissioning – through an ICB lens – Bristol, North Somerset, and South Gloucestershire Focus
- Delegation Update
- Notes of Delegated Commissioning Group (DCG) and National Commissioning Group (NCG)

8.5 The next meeting is scheduled for 26 July 2024.