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

BSW Integrated Care Board – Board Meeting in Public

Thursday 19 September 2024, 10:00hrs

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

Agenda

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
10:00	1	Welcome and apologies	Chair	Note	Verbal
	2	Declarations of Interests	Chair	Note	Verbal
	3	Minutes from the ICB Board Meeting held in Public on 18 July 2024	Chair	Approve	ICBB/24-25/043
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/24-25/044
10:05	5	Questions from the public *Pre-submitted questions and answers* a. Increasing Public Interaction with the BSW ICB Board	Chair	Note	Verbal ICBB/24-25/045
10:15	6	BSW ICB Chair's Report	Chair	Note	Verbal
10:20	7	BSW ICB Chief Executive's Report	Sue Harriman	Note	ICBB/24-25/046
10:35	8	BSW Winter Plan Briefing / BSW ICS Winter Plan Initial Overview	Gill May, Heather Cooper	Note	ICBB/24-25/047
11:05 – Short break – 10 mins					
11:15	9	BSW Performance and Quality Report a. Salisbury Hospital Maternity Services Support Programme Exit Sustainability Plan	Rachael Backler, Gill May	Note Approve	ICBB/24-25/048 ICBB/24-25/049

Timing	No	Item title	Lead	Action	Paper ref.
11:30	10	BSW ICB and NHS ICS Revenue Position	Gary Heneage	Note	ICBB/24-25/050
11:45	11	Risk Management	Claire Feehily, Rachael Backler	Note	ICBB/24-25/051
11:55	12	BSW ICB Annual Report and Accounts	Sue Harriman	Note	ICBB/24-25/052
12:00	13	Review of the ICB's Governance and Decision-making Arrangements a. Constitution b. Scheme of Reservation and Delegation c. Committee Terms of Reference d. Function and Decision Map	Chair	Approve	ICBB/24-25/053
12:15	14	Report from ICB Board Committees	Committee Chairs	Note	ICBB/24-25/054
Closing Business					
12:20	15	Any other business and closing comments	Chair	Note	

Next ICB Board Meeting in Public: 21 November 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 18 July 2024, 10:00hrs

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

Members present:
Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Primary Care Partner Member, Dr Francis Campbell (FC)
NHS Trusts & Foundation Trusts Partner Member – acute sector, Cara Charles-Barks (CCB)
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)`
Deputy - Local Authority Partner Member – Swindon, Kirston Nelson (KN)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
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, 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)
NHSE South West Managing Director (System Commissioning Development), Rachel Pearce (RP)
ICB Director of Place – Swindon, Gordon Muvuti (GMu)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
Associate Director of Governance, Compliance & Risk
ICB Corporate Secretary

Invited Attendees:
ICB Head of Health Inequalities and Prevention – for item 8
Director of Public Health, BaNES, Rebecca Reynolds – for item 8

Apologies:
ICB Acting Chief People Officer, Sarah Green (SG)
NHS Trusts & Foundation Trusts Partner Member –mental health sector, Dominic Hardisty (DH)
Director of Public Health, Swindon – Steve Maddern (for item 8)
Non-Executive Director for Quality, Alison Moon (AM)
Local Authority Partner Member – Swindon, Sam Mowbray (SM)
Non-Executive Director for Finance, Paul Miller (PM)
Deputy - NHS Trusts & Foundation Trusts Partner Member –mental health sector, Alison Smith (AS)

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 Kirston Nelson, who joins the meeting as the Deputy Local Authority Partner Member for Swindon.

1.2 It was also acknowledged that this was the last ICB Board meeting for Terence Herbert and Fiona Slevin-Brown, as they leave their current roles and move on to new positions. On behalf of the Board, the ICB Chair wished to record thanks for their support, engagement and work across Wiltshire and BSW.

1.3 The above apologies were noted. The meeting was declared quorate.

2. Declarations of Interest

2.1 The ICB holds a register of interests for all staff and Board members. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.

3. Minutes from the ICB Board Meeting held in Public on 16 May 2024

3.1 The minutes of the meeting held on 16 May 2024 were approved as an accurate record of the meeting.

4. Action Tracker and Matters Arising

4.1 The one action recorded upon the tracker was marked as closed, with an update for Board members to note. There were no matters arising not covered by the agenda.

5. Questions from the Public

5.1 No questions had been received ahead of this meeting.

5.2 The Chair advised the Board, attendees and observers of the changes being considered to ensure real engagement with the public, and to meet the ICBs statutory duties:

- Location of ICB Board Meetings – currently, ICB Board meetings are rotated across the BSW Patch to ensure they are accessible for those who wish to attend and observe. We have reviewed this approach and concluded that greater accessibility would be enabled by using one suitable venue which is accessible to all and introducing the ability to live stream meetings with appropriate technology installed.
- The Q&A element of Board meetings held in public are to be adapted to ensure the raising of questions was not restrictive on time ahead of the meeting. The ICB Chair was also considering if questions were taken real time during the meeting.
- The idea of regular surgeries held with the ICB Chair and CEO were being developed, to perhaps be held around the patch or virtually. This would give another opportunity for the public to raise questions, perhaps against given themes per session.

5.3 The Chair welcomed any comments and feedback against these Board engagement proposals. It was suggested that further utilisation of social media and supporting communications be used to raise awareness of forthcoming meetings and that questions were welcomed.

6. BSW ICB Chair's Report

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

- Recruitment underway for the Non-Executive Director (NED) for Quality role – the advert was live via NHS jobs. The closing date for applications is 29 July 2024. Members were encouraged to share details amongst their networks. Alison Moon had agreed to remain in the interim position until an appointment had been made.
- Nominations and Appointments Process for ICB Board Partner Members roles - The formal appointments have now been confirmed - of Cara Charles-Barks to the Partner Member NHS Trusts (acute sector) role, and Sam Mowbray to Partner Member Local Authorities (Swindon) role, with effect from 1 July 2024.
- Re-appointment of ICB Chair – The term of office for all ICB Chair's ended on 30 June 2024, with appointments lodged with the Department of Health and Social Care (DoHSC). Chairs can continue if they wish to do so in the interim. The DoHSC has confirmed that re-appointments of ICB Chairs will not routinely be considered for approval by the Secretary of State during the pre-election period. DHSC's position is that they are content for chairs to remain in office until the Secretary of State approval is secured, provided they are not in breach of the terms set out in the constitution on term, tenure and eligibility for appointment, on the basis that the original appointment will have been subject to due diligence checks and Secretary of States approval.
- Appraisals had been undertaken for the ICB NEDs, following the Chair's appraisal with the NHS England Regional Director. The Chair thanked members for feedback given during the process.

7. BSW ICB Chief Executive's Report

7.1 The Board received and noted the Chief Executive's report as included in the meeting pack. The ICB CEO wished to reiterate those thanks to TH and FSB, and to wish them well in their new roles. Cllr Clewer advised that following a successful recruitment process, Lucy Townsend had been appointed to the Wiltshire Council CEO role.

7.2 The Chief Executive highlighted the following to members:

- ICB CEOs regularly met with national and regional NHS England (NHSE) colleagues, with the recent meeting discussing delivery of plans and quality and safety implications, acknowledging the financial challenges.
- The ICB had reached out to the new MPs to engage and brief on the system's work – a number had accepted the invitation to meet shortly.
- The month two position showed the system was not meeting its financial plan. Recovery action was already being taken to improve the financial performance and meet our workforce plan. Month three was already showing a considerable improvement, though with the challenge to now maintain that, whilst delivering transformation and bringing recurrent savings.
- With reference to 2.22 in the report, an increase in the number of children and young people (CYP) placements was being seen, with associated high costs and complex support packages in place. Funding from the ICB and each Local Authority to support these was complex, with different approaches and processes in place. The ICB and the three Local Authorities have committed to work together to review and understand how the money is spent, ensuring this was right and fair for each partner. The ICB Chief Nurse and Local Authorities Directors of Children's Services were working on this, with the outcomes to be presented to the September Board meeting.
- The ICB and system recognised the need to improve its attention to inequalities, population health outcomes, and prevention. The BSW Population Health Board (PHB)

was evolving and monitoring those schemes that had received investment over the last year to record the difference being made. The ICB Executive this week supported a business case to improve identification of and support for patients with hypertension, a prevention priority collectively agreed by the system, a decision driven by data and evidence. This scheme would bring a significant impact on the reduction of strokes and heart attacks, improving the population's wellbeing. This proposed investment was to be considered by the BSW Investment Panel as part of the triple lock arrangements.
The ICB Chief Medical Officer (CMO) felt this was a huge step forward for BSW. This would be a proof of concept to demonstrate robust return on investment and outcomes for the population. The investment equated to £2 per population of investment directly into prevention, alongside those other schemes already supported as part of the wider work. The BSW Prevention Strategy Group was developing a Prevention Strategy against the money commitment included within the plan. This was not necessarily requiring new money, but that shift and different way of system working. The second priority of mental health prevention and wellbeing was the next focus, also around the health evaluation to evidence and demonstrate the financial return and wider system implications, in a sustainable and increasing way. Prevention was also a key focus for the BSW Integrated Care Partnership (ICP).

- The Place elements of the report noted the significant amount of regulatory activity, recognising the substantial time and resource required to support these. This demonstrated that BSW was working well in partnership to strive and improve outcomes and services.

7.3 The Board recognised the importance of learning from evidence based best practice, supporting grassroot projects were possible and where the evidence supported investment. Seed funding was being included in cases where appropriate, noting that bringing together the NHS and care (and all partner organisations) pound would make a more significant impact. Health economics data and analysis was also shared across the region. The hypertension prevention case in particular included a community development fund of £30k to empower local communities to actively participate in and drive their own health improvement initiatives, generating ideas, and co-creating theses with the Voluntary, Community and Social Enterprise (VCSE) Alliance.

7.4 In response to the performance impact query raised, Executives advised that the ICB and system monitored if there were groups adversely impacted by poor performance areas, and waiting times etc. A submission was made to NHS England recently regarding the elective performance, particularly CYP, and the cohorts of Special Educational Needs and Disability (SEND) where their weight will have a greater impact. This would be shared also with the ICB Quality and Outcomes Committee (QOC) in September.
The ability was there to cut data, though this was labour intensive and not well utilised by operational teams. The NHSE's published statement on health inequalities information placed the onus on Trusts and ICBs to publish comprehensive health inequalities data. The ICB's internal auditors had been deployed to review the readiness to adhere to that guidance, providing a road map to move this forward. Recent developments concerning the Federated Data Platform would allow the ICB to acquire more comprehensive information, this was an ambition in development. It was also the ambition of the elective programme to shift how the elective waiting lists were managed, considering learning disabilities and inequalities, but also those nuances in deprivation and interdependencies. The ambition was to move to a single waiting list view for BSW. The PHB was also utilising data and indicators to flag issues, driving deep dives. This fed into QOC. The PHB was harnessing

expertise to assist Delivery Groups to make the performance, service and outcome changes required.

8. Update on Health Inequalities Programme

8.1 The ICB's Head of Health Inequalities and Prevention and the BaNES Director of Public Health joined the meeting for this item, supporting the CMO to update the Board on delivery against the health inequality funding, as delegated to the PHB 12 months ago. The ICB and Board has a legal duty to reduce inequalities between people with respect to their ability to access health services, and to reduce inequalities between patient with respect to the outcomes achieved for them through the provision of health services. A number of slides were presented, supporting the paper as included in the pack.

8.2 The BaNES Director of Public Health shared a local project example as result of health inequalities funding, a project to support Pennard Court in Twerton near Bath, a 35 unit supporting housing residence, one of the highest levels of deprivation areas. An outreach service was set up to provide health checks, vaccinations and screening for those residents. The Health Inequalities and Population Health Management Facilitator was a role funded though health inequalities money, working in collaboration with Primary Care Network, the local surgery, and social prescribing. Evaluation of the scheme was currently underway, it was hoped this could continue, taking services out to local people.

8.3 The Chair opened up the discussion:

- Health inequality leads were being recruited for each locality to ensure there was link in to the Integrated Care Alliances (ICAs) and Health and Wellbeing Boards, noting that input into the local place based discussions was fundamental, feeding into the Strategies and Joint Needs Self Assessment (JSNA) etc and also sharing the outcomes from the schemes supported. This cross working would inform the BSW Inequalities Strategy Group and the PHB.
  The health inequality roles were in place until March 2025 under fixed term contracts. The commitment to those roles would be looked at by the ICB Executive Team outside the meeting.
- The selection of the Plus Groups had been informed by the data gathered through the JNSAs, corporate strategies, and engagement with stakeholders and the voluntary sector.
- The required strategic shift would be considered systematically by the PHB, informed by the deep dives and engaging with the commissioning process of the main strategic areas to focus on, creating a balance of what we know to do verses what we need to do. The health inequalities grants were supporting that whole change requirement, through a phased approach of education and awareness to ensure it became everyone's business, with influence at all levels. The Delivery Groups were to have that ownership, with the Board and ICP to assist with change drivers to make the impact, with a collective population and financial impact.
- This focus would need to be reiterated though the 2025-26 operational and financial planning round. Benefits of those schemes already invested in should start to materialise, though acknowledging that some would bring benefits over a longer term.
- It was emphasised that the evaluation of the schemes was important, and using evidence-based interventions – as every choice made involves a trade-off.
- The commencement of the Integrated Community Based Care programme, and establishment of the health centres would also further support this focus.

- The national and regional drivers are usually reactive, not always in the best interests of the local population. The role of the Board was to consider its appetite and if it was comfortable to move away from that reactive space.
- Tackling inequalities required that wider remit than health – including housing, employment and education – working with Local Authorities to bring that forward.
- A VCSE Alliance representative was to be included upon the Prevention Strategy Group and Inequalities Strategy Group.

8.4 On conclusion of the discussion, the Chair acknowledged that this was fundamental work for the system, transforming how services were delivered to meet the needs of the population. The Board would continue to hold the PHB to account for the investments and the impact and value of those investments.

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

9.1 The ICB Chief Delivery Officer (CDO) introduced the final BSW NHS Integrated Care System (ICS) Operating and Financial Plan 2024/25, acknowledging that Board members had been previously sighted on this, with sign off for submission given on 1 May 2024. The close down letter had now been received from NHSE, allowing the Plan to be shared in public for final ratification. Adjustments were made to the Plan as requested by NHSE, mainly to improve the diagnostic six week position, the financial plan, and to incorporate feedback from NHSE. The letter set out those continued concerns of NHSE; the financial challenges, urgent and emergency care (UEC) performance, virtual ward capacity, diagnostics and Talking Therapies.

9.2 The ICB Chief Finance Officer (CFO) advised that a deficit of £30m had been recorded, a movement of £5.7m to the prior submission. NHSE had agreed funding for all systems in deficit, providing BSW with £30m to ensure breakeven in year. If BSW hit the £30m deficit plan, it would be able to keep the funding. If the plan was not met, this would have to be repaid presenting significant challenges for the next financial year.

9.3 The financial plan contained an ambitious efficiency target of 7% (£140m across ICS). The elective plan target of 109% was to be stretched to 118% for BSW, needing the system to go above and beyond to mitigate the challenges and gaps in the existing plan. The non-criteria to reside target was 9%, this was currently running higher with actions in place to reduce. A transitional funding arrangement was in place with the acutes as they transition to a lower cost base.

9.4 The Board noted the final BSW NHS ICS Operating and Financial Plan 2024-25

12. BSW ICB and NHS ICS Revenue Position *(item moved)*

12.1 The CFO updated the Board on the financial position of the NHS organisations within the ICS at month two, which was recording as £6.7m off plan. The month three position was showing improvement at £6m off plan, though noting there was £1m against industrial action that nationally was not included as part of the financial planning assumptions, reducing this further to £5m.

12.2 The virtual ward trajectory was currently above target at 81%, and a reduction in the whole time equivalent of workforce was being seen. Good progress was being made on transformation plans, providing that longer term strategic direction. Key financial and activity

challenges and drivers included additional UEC demand driving bed occupancy and costs, non-criteria to reside, and recovery of elective.

12.3 Four main actions were agreed at the BSW Recovery Board, with progress to be presented to the next meeting on 23 July 2024;

- To bring together the UEC schemes and collaborative actions – to assess the impact and analyse the increase in demand at the front door. Demand was currently 10% against 4% in the plan.
- To continue the good progress being made on the plans to recover the elective position.
- Undertake further work to triangulate the workforce position – to review why staffing costs were not falling against the headcount reduction.
- To accelerate the work to identify the remaining system challenge – for providers and the ICB to collectively meet the £15m reduction in the deficit.

12.4 The position at month two had prompted a letter from NHSE, requesting further focus on:

- By organisation – a full run rate analysis based on month three, with recovery actions required at organisational and system level. This was in train, with oversight via the BSW Planning and Delivery Executive Group, and the BSW Recovery Board.
- Closing the existing efficiency gap
- Reviewing those investments made in support of safer staffing and during the first half of 2023-24 (before the BSW Investment Panel and triple lock arrangements were in place) – in progress.

12.5 Executives were confident that the position could be further improved with collaborative, focussed work against the required actions. Work was continuing at pace, with targets being stretched were possible. Timely oversight was fundamental, acknowledging the number of variables and the significant savings required.

12.6 The Board noted the report and the financial position of the NHS organisations within the ICS, which was £6.7m behind plan at month two.

11. BSW Performance and Quality Report *(item moved)*

11.1 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.

11.2 The CDO drew members attention to the following:

- There had been no change in the System Oversight Framework (SOF) segmentations for any BSW organisation at quarter one. The revised oversight framework was not yet published following the consultation phase, there would be new processes and reporting to establish.
- Areas of concern remain as organisations are in tier two for cancer and diagnostics, and UEC.
- Additional urgent care demand was impacting on performance and the elective position. BSW was working though the 65 week wait backlog, to be addressed by September 2024.
- Diagnostic performance for those waiting over six weeks was a concern, with remedial actions plans in place, though with capacity gaps remaining for obstetric ultrasound and endoscopy.

- Significant mental health and learning disability improvement plans were in place, though were challenging to meet. A review and refocus of plans was underway.

11.3 The ICB Chief Nurse wished to note:

- There was a focus throughout UEC to respond to the recent letter following the Dispatches programme from within the Royal Shrewsbury Hospital, with BSW maximising intervention and services to reduce admissions to A&E, and to ensuring patients leave hospital in a timely and safe way.
- Reference was made to the All Party Parliamentary National Report on Maternity Services, with the themes of the large scale maternity investigations remaining the same. It also noted there had been a pause on the continuity of care and safe staffing guidance, the actions following this were awaited.
- Maternity and Neonatal Independent Senior Advocate roles (national pilot site) had now launched and were listening and supporting parents with regards their experiences.
- BSW ICS Infection Prevention and Management Collaborative has successfully reduced E-coli blood stream infections and MSSA infections as part of its prioritising and focussed approach. Focus was now on community onset infections, work was underway with primary care to sign up to the new data set, as out of season impact on infections and viruses was being seen.

11.4 The Board discussion noted:

- This is great collaborative effort underway in all three acutes working together, bringing opportunities and collective alignment of planning priorities.
- The resetting of the Delivery Groups would also further support improvement, giving mandates to deliver via the BSW Implementation Plan. Sponsor expressions of interests for each of these Groups were currently being sought.
- A spoke and hub approach was being utilised via the Hospital Co-ordination Hub, to connect, manage and check on capacity of virtual ward and At Home services. Partners were still to focus on what action could be taken to maximise virtual wards to keep patients out of the acutes where appropriate.

10. BSW Implementation Plan 2024-25 Refresh *(item moved)*

10.1 The CDO updated the Board on the final Joint Forward Plan (known in BSW as the Implementation Plan), for the BSW NHS system for 2024/25. The Board had been sighted on an initial version at its meeting in March 2024, though due to the election period it had not been permitted to publish. This had now been finalised with no material changes, and opinions from each Health and Wellbeing Board now included. This was an annual process, with a clearer mandate for Delivery Groups to be involved going forwards.

10.2 The Board noted the BSW Implementation Plan 2024/25.

13. Ambulance Partnership Board Terms of Reference

13.1 The Chair reminded members that 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. As lead commissioner, Dorset ICB act on behalf of the South West ICBs to commission and manage the contract. The ICB CEO has signed the delegation agreement on behalf of BSW ICB.

13.2 The Ambulance Partnership Board (APB) is a decision-making joint committee of the seven South West 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 South West ICBs, the Board is required to formally approve the APB Terms of Reference. Approval will bring these into effect and establish the APB as a committee of the BSW ICB Board.

13.3 The CEO is a member of the APB, with the governance and elements checked and feedback given to Dorset. It was noted that although the quoracy required five of the seven members to be in attendance, this was being met with members seeing the Board as high priority, recognising the significant risk of ambulance provision to all parties. If deputy arrangements were utilised, it was ensured this was with senior colleagues. The membership was queried, with no non-NHS representation included on the Board to challenge or reflect on outcomes, noting that ambulance services go wider.
ACTION: ICB CEO and NHSE South West Managing Director (System Commissioning Development) to raise Ambulance Partnership Board membership and representation at the meeting to be held on 24 July 2024.

13.4 The ICB Board approved the Ambulance Partnership Board Terms of Reference.

14. Report from ICB Board Committees

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

14.2 The NED for Public and Community Engagement and ICB Chief of Staff advised the Board that further discussion concerning engagement and public involvement would be held during the Board Development Session to follow these business meetings. A thorough review and assessment of the ICB's activity and processes had been undertaken, and whilst the ICB was meeting its statutory requirements, there was more to do to meet its strategic ambitions and ensure real engagement.

14.3 The CDO advised that details concerning the proposed delegation of Specialist Services Commissioning from April 2025 would be shared for consideration at the September meeting. Joint working arrangements had now been in place for one year, whilst work towards further delegation was undertaken.

15. Any other business and closing comments

15.1 There being no other business, the Chair closed the meeting at 12:34hrs

Next ICB Board meeting in public: Thursday 19 September 2024

Item 4

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

Updated following meeting held on 18/07/2024

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
18/07/2024	13. Ambulance Partnership Board Terms of Reference	ICB CEO and NHSE South West Managing Director (System Commissioning Development) to raise Ambulance Partnership Board membership and representation at the meeting to be held on 24 July 2024.	Sue Harriman, Rachel Pearce	**Update 25/07/2024:** Membership suggestion raised for consideration at the APB meeting held on 24 July 2024.	CLOSED	

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	5a
Date of Meeting:	19 September 2024		

Title of Report:	Increasing public interaction with the BSW ICB Board
Report Author:	Richard Collinge, Chief of Staff
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	

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

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

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

Previous consideration by:	Date	Please clarify the purpose
Verbal brief and discussion at ICB Board	18 Jul 2024	Noting

1 Purpose of this paper

The aim of this paper is to update the Board on proposals to increase public interaction and engagement with Board meetings and directly with the ICB Chair and Chief Executive as representatives of the Board.

These proposals were discussed verbally in July's private session and this paper provides additional detail about future plans.

The move to greater public interaction is linked to two distinct factors: a) our wider governance review including the reshaping of our committee structure; and, b) our wider review into how we best meet our statutory duties relating to involving patients, the public and our diverse stakeholder audience to greatest effect, as set out in the NHSE guidance *Working in partnership with people and communities*.

The ICB is committed to doing more to embed the principles outlined in the statutory guidance within our organisation, making every interaction and engagement opportunity count, and building an ICB that is a truly listening organisation.

Our Board meetings are an integral part of our governance structure and present a significant engagement opportunity.

2	Summary of recommendations and any additional actions required

This paper recommends/outlines further activity to increase public interaction at Board meetings including:

- The shift to a more 'permanent home,' (or fewer locations) for Board meetings to allow us to guarantee additional facilities i.e. hearing loops to enable accessibility and increase interaction
- The use of live streaming so that people may watch Board business virtually/from remote locations
- Changing the way we receive and respond to questions from members of the public at Board meetings (reducing/removing the time limit for questions to be submitted in advance of meetings and allowing questions from the public at a dedicated point during the meetings themselves)

This paper also outlines plans to begin surgeries with the Chair and Chief Executive Officer within our local communities, thus increasing outreach and representation of senior leaders within the public sphere. The ICB Board is asked to note these proposals.

3	Legal/regulatory implications

Under the Health and Care Act 2022 (s14Z45, Involvement of the public), the ICB has a statutory duty to make arrangements to ensure that individuals (incl. their carers and representatives) to whom ICB-commissioned services are provided, are involved – be that through receiving information or through consultation – in the ICB's planning of commissioning arrangements, and in the ICB's development of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on how services are delivered or on the range of services that are delivered.
The statutory guidance Working in partnership with people and communities applies to ICBs.

4	Risks
Potential risks: Inadvertent shift from the Board meetings being 'meetings in public' to 'public meetings' and associated implications for the Board's ability to discharge its functions.	

5	Quality and resources impact
Please outline any impact on Quality, Patient Experience and Safeguarding: Nil Finance: A limited assessment indicates that running cost may be c£18K per ICB and surgery using a contractor solution at different locations. Costs will be lower with ICB owned equipment being used at fewer locations. A full business case, financial impact assessment and procurement process need to be conducted, given the indicative associated costs. Workforce: Nil Sustainability/Green agenda: Live streaming will actively seek to lower the ICB meeting carbon footprint by reducing the need for members of the public to travel to attend meetings.	
Finance sign-off	N/a pending further detailed analysis

6	Confirmation of completion of Equalities and Quality Impact Assessment
To be developed fully once Board has noted this paper. It is probable that better accessibility with help to tackle health inequalities but this needs to be balanced against digital exclusion.	

7	Communications and Engagement Considerations
This paper has been developed as a partnership between the Communications and Engagement and Corporate Governance Team. It details activity that assists the ICB in improving the ways and opportunities that it interacts with, and involves, the wider public and provides an indicative timeline of the implementation of these proposals.	

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

Title of Report: Increasing public interaction with the BSW ICB Board

1. Introduction

1.1. Following discussion at the ICB Board meeting on 18 July 2024, this paper gives further detail on plans and timelines to increase engagement between the public and the BSW ICB Board during meetings and directly with the ICB Chair and Chief Executive as representatives of the Board.

2. Background and wider context

2.1. Our Board meetings are an integral part of our governance structure and present a significant engagement opportunity. The move to greater public engagement is linked to two distinct factors: a) our wider governance review including the reshaping of our committee structure; and, b) our wider review into how we best meet our statutory duties relating to involving patients, the public and our diverse stakeholder audience to greatest effect, as set out in the NHSE guidance *Working in partnership with people and communities*.

2.2. The ICB is committed to doing more to embed the principles outlined in the statutory guidance within our organisation, making every interaction and engagement opportunity count, and building an ICB that is a truly listening organisation.

3. Options analysis / discussion of the issue

3.1. **The future shape of Board meetings**
Two years after the establishment of the ICB, we have reflected on how and where we hold our Board meetings, and how we are using them as opportunities to engage with our communities.

3.2. While the current set-up has served us well in the past, it is time to take a more proactive approach to involving people and communities with these key moments in our governance timelines. It is proposed that we make the following changes to the way we arrange and hold our Board meetings and we will aim to start this over the next two months, with full implementation by the end of the year:

- A permanent home for our Board meetings (or fewer locations for meetings) giving us more stability, better facilities to support accessibility (hearing loops, parking, disabled access) to encourage public attendance.
- Live streaming our board meetings – this would increase transparency and give an easily accessible record of our public discussions. It is important that we approach this professionally to ensure a high-quality experience for 'end users' who live stream or want to watch our Board meetings. We are looking to local authority examples for how this might be achieved. Live streaming

also gives us another product/output for our corporate communications channels following Board meetings.

- We are proposing to adapt our approach to taking questions from the public, opening up Board meetings to take questions from any public attendees at a dedicated time and removing the time limit on accepting questions in advance. Recognising that this has specific governance implications.

3.3. **Chair and Chief Officer surgeries**. Our proposal is to host regular surgeries (approximately six per year) across our ICB geography, both in person and via virtual means to extend engagement.

3.4. We will look at outreach to some of our most seldom heard populations and focus on engaging with them to hear their experiences around health and care. We may do this in a variety of ways – through trusted and effective networks such as the Health Inequalities Grant funding initiatives, by looking at Core20PLUS5 groups and reaching out to their community groups, leaders, and contacts and through VCSE alliance members.

3.5. These surgeries will not be directly linked to the business of the Board, but they will be an additional engagement activity that the Chair and Chief Executive will report back on, highlighting the direct feedback and themes that we have heard.

3.6. While we will encourage all questions and comments during these sessions, we are planning to focus on specific themes and may bring in subject experts to help focus discussion and provide expert support. We will be very much in 'listening' mode and anticipate that this will help us grow relationships, gather valuable first-hand feedback, and help us continue to 'hold a mirror' up to our organisation and wider system.

3.7. We aim to start these surgeries in the autumn of 2024 and detailed plans to develop communications and engagement activity to support their development and implementation will be progressed over the coming weeks. Initially these surgeries may begin without the ability to live stream, but our aspiration is that they may be supported by the same capability as our ICBs, in the future.

4. Impact on resources

4.1. The impact on ICB staff (time commitment) who would need to support these events, and financial costs are still being worked up.

5. Risks

5.1. A potential risk lies in a shift from the Board meetings from being 'meetings in public' to 'public meetings' and associated impact on the Board's ability to discharge its functions.

6. Stakeholder engagement including patient and public consultation

6.1. The proposals are led by the Communications and Engagement team in partnership with the Corporate Governance Team and as such, have been developed with communications and engagement opportunities and principles in mind.

7. Impact on equalities

7.1. The proposals support further engagement and interaction with the Board, helping us connect with audiences, stakeholders, people, and communities who might not normally interact with us.

8. Next steps

8.1. These proposals will be more fully developed and the associated costs understood. The intention is to seek to deliver the first surgeries in the autumn whilst we explore locations for the 'permanent home' of the board meetings and the live streaming options. The aim is to have this work complete by the end of the year.

9. Recommendations

9.1. The Board is invited to note these proposals for the future and the timelines for their implementation. More information regarding locations and live streaming will be supplied to Board members in due course.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	19 September 2024		

Title of Report:	CEO Report to BSW ICB Public Board
Report Author:	Sue Harriman, Chief Executive Officer
Board / Director Sponsor:	
Appendices:	

Report classification	Public elements of Board
ICB body corporate	Yes
ICS NHS organisations only	No
Wider system	No

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

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

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

1. National and Regional Context:

1.1 **The 'Darzi' Rapid Review**. On 11th July 2024, the government announced an independent investigation led by Professor Lord Darzi to review the current position of the NHS. This rapid assessment aims to provide an expert understanding of the NHS's current performance and address the challenges it faces. We are expecting the initial findings to be delivered in September 2024, and these will be used to help shape the generation of the NHS 10-year plan. Further details will be shared with the ICB, as they become available.

1.2 **Joint Capital Resource Use Plan (JCRUP)**. The National Health Service Act 2006, (as amended by the Health and Care Act 2022), requires ICBs and their partner trusts to prepare a joint capital resource use plan (JCRUP). The Plan is required to describe how capital is contributing to ICBs' priorities and delivering benefits to patients and healthcare users. The published plans aim to provide transparency on the prioritisation and expenditure of capital funding by ICBs to achieve their strategic aims. The ICB has already prepared a capital plan and taken this through Finance and Investment Committee in May 2024. We have therefore used this plan to prepare

a document that meets the national requirement and published this on our website [link]. In future year's we will aim to prepare one single document that meets our internal needs as well as meeting the external publication requirements. .

2. BSW ICB updates:

2.1. **Urgent and Emergency Care (UEC)**. The system continues to remain challenged on UEC performance. The ambulance trajectories for July were not met. To date the position for August to achieve improved ambulance handover delays is more positive. The response time for Category 2 demand in the ambulance service has seen some improvement, although this is not consistent and remains challenging.

2.2. The number of patients waiting to leave acute and community beds continues to be an area of focus for the system, with ongoing attention on improving processes to reduce delays and improve flow. There are programmes of work aligned to support these improvements across all partners in the ICS.

2.3. Demand for urgent and emergency care across the system has increased by 10% across all parts of the pathway since June 2023 and this includes activity at Minor Injury Units across BSW. We have undertaken a review of this increased activity and work programmes put in place to address the challenges within specific areas of clinical presentations, this includes children and young people and people with mental health presentations.

2.4. The system is currently developing the Winter Plan that will be based on predicted demand and will ensure that there are actions in place to manage the surges and demands expected throughout the winter months. The plan will include learning from 223/24 and will focus on capacity and mitigating actions to ensure effective flow is supported across the system. It will be considered formally as part of this ICB Board meeting.

2.5. **GP Collective Action**. There is unrest across general practice because of the current 2024 to 2025 GP contract offer which the GPC believe is an imposed contract. When the GP contract was announced there was a 1.9% increase in the value of the contract. The BMA argue that this does not cover wage increases (national living wage increased by 10%) and practices are struggling to balance income and expenditure – financial instability being one of the main reasons that practices hand back their contracts. In March, the BMA held a referendum and 99.2% of BMA members voted against the 24/25 CMS contract. The BMA is now in dispute with NHS England. This was to be followed by a ballot for collective action at which it was agreed to act from 1st August.

2.6. The responsibility to deliver the GMS contract is held by the partner(s) of the GP Practices, who are independent contractors to the NHS. Unlike NHS employees in other branches of practice, such as junior doctors and consultants, GP Partners are not subject to Trade Union and Labour Relations Act. The collective action is not strike action, as the GPC is not advocating that contracts will be breached in this phase of action. The GPC is not recommending which actions practices take – GPs may choose.

2.7. Since 1st August 2024 there has not been any significant impact from the GP Collective Action on urgent and emergency care services, though system partners continue to monitor and report any concerns which will be addressed. There are weekly national, regional, and local meetings to review and escalate any known issues. The ICB has prepared a Quality and Safety Risk Review, based on the initial ICB readiness check list submission, to capture and flag quality and safety issues,

data and metrics, equality risks and quality mitigations in readiness for the national dashboard to be released shortly. All GP Practices should be advising their registered patients about any planned changes to their services at their Practice to ensure their duty of care is discharged appropriately. To date only minor changes have been witnessed and at least one PCN in our area has declared that they will not take part in any collective action.

2.8. **Financial Position.** At Month 4 year to date the system is reporting an actual deficit of £21.1m which is £7.1m adverse position. This is a £1.1m deterioration compared to Month 3 but is an improvement in the run rate. The FY position is still in line with plan.

2.9. To Month 4, system providers recognised additional costs associated with Industrial Action totalling £1.3m. If these costs are fully reimbursed, then the position would improve to £5.8m off plan YTD. Funding is anticipated but the exact amount/methodology has not been confirmed. The ERF target will remain the same.

2.10. The system position has been impacted by ongoing operational pressures and slippage against efficiency plans. The system is in recovery and recovery actions have been identified by all organisations as part of ensuring that the run-rate reduces to meet the agreed plan.

2.11. **BSW ICB Annual Assessment for 2023/24:** Under the 2006 Act, as amended by the Health and Care Act 2022, NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within the ICS. NHS England has concluded its assessment and the ICB has received a letter summarising its findings. This evidence takes into account evidence from our annual report and accounts; available data; feedback from stakeholders and the discussions that NHSE England has with the ICB throughout the year. The letter summarises areas of good performance, as well as setting out areas where we will need to focus over the next year.

2.12. **Specialised Commissioning.** Following the decision in autumn 2023 by the ICBs in the South West to defer the delegation of specialised commissioning services until 1st April 2025, the process to assure the governance and agree the arrangements has recommenced. There is a single pre-delegation assessment stage for the South West as a whole, which will be supported by a board development session on the topic in October 2024. ICBs will be asked to ratify the decision to accept delegation in November 2024. The existing Joint Committee has been working through the arrangements collectively the commissioning model to support the most effective management of the financial elements and financial risk share options.

2.13. **Intensive & Assertive Outreach Community Mental Health.** Following the conviction of Valdo Calocane in January 2024 for the murder of three individuals (on the 13th of June 2023), the CQC was asked to carry out a rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT). Following this review, ICBs have now been asked to undertake a rapid review of community services (intensive & assertive outreach) as set out in the guidance that NHSE have shared: 'Guidance to integrated care boards on intensive and assertive community mental

health care'. The aim of these reviews is to ensure appropriate intensive and assertive mental health care and treatment is available to meet the needs and to support the wellbeing of the particular group of people with severe mental health illness. BSW ICB are working collaboratively with BNSSG ICB on the requirements of the review, to ensure there is consistency in the ask to AWP, Oxford Health and commissioned VCSE providers (noting these providers are different across BSW and BNSSG). The submission will be made to NHSE on 30th September and the findings of our review and action plan will be presented at the ICB public board meeting in November.

2.14. **Performance, Oversight, and Delivery**.- These areas are covered in full detail in the Performance report in this Board pack.

2.15. **Performance Oversight Framework**. The NHSE oversight framework has been reviewed for 2024/25 and the changes are expected to be put in place during Q3. Due to the delay in the framework and the pre-election period the Q1 review was light touch and undertaken by NHSE who confirmed there no changes in ratings with the ICB, RUH and SFT in Segment 3. GWH continued in segment 2. All three acute providers remained in Tier 2 (regionally led support) for Q1 for Cancer and Diagnostics as a System, with weekly oversight NHSE meetings continuing.

2.16. **Urgent Care.** BSW has continued 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.

2.17. **Elective Care.** The Elective Care Board oversees performance and recovery actions for elective targets, and the detailed remedial action plans and trajectories, for the areas requiring most improvement. The ICB number of people waiting over 78-weeks at the end of June has reduced to 11 (versus 19 in April 2024. Four 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 no forecast breaches at end of August 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 46 over 65 week waits at the end of September. There remains active mutual aid between acute and independent sector providers for pressured specialties.

2.18. **Diagnostic Performance.** Diagnostic performance showed a 1%-point dip in performance in June (compared to April) to a 6 week wait breach rate of 28% versus the target of 15%. Additional actions to the previous remedial action plan have been presented to NHSE as part of the oversight (Tier 2) process with positive impacts on performance forecast in published figures for August and September.

2.19. **Cancer Performance.** Cancer waiting time reporting for June shows BSW did not meet the national standards with some reporting issues impacting the Q1 position. The 62-day standard has improved and is on plan for June at 70%. The most

challenged pathways all have recovery plans underway. Executive focus and oversight for the recovery plans continues via the Elective Care Board.

2.20. **Children and Young Persons (CYP) Access.** CYP access standard (12 month rolling) improved to 84% in June (from at 66% in March 2024) against a threshold target of 90%. There is a continued focus on both recovering performance in the Swindon service as well as ensuring accuracy of data uploads that inform the position.

2.21. **Dementia Diagnosis.** The Dementia Diagnosis Rate (DDR) continues to improve month on month and is at 60.8% versus a planned position of 62.1%. Improvement progress has been impacted by recruitment.

2.22. **Learning Difficulties and Autism (LD&A) Inpatient Rates**. Complex LD&A inpatient numbers (all-age) reduced in June and July (34 versus a plan of 32). Direct management of inpatients is delivering an increasing level of oversight of patients and discharge plans.

2.23. **Quality and Safety.**

2.24. **BSW Infection Prevention and Management Collaborative response to MPox Clade I.** BSW ICS Infection prevention and management collaborative have convened to ensure that the BSW system is prepared should there be a case of MPox Clade I. Clade I MPox virus (MPXV) is a high consequence infectious disease (HCID) which may be more severe and transmissible than the Clade II MPox, which has been present in the UK since 2022. Clade I MPox virus has historically only been reported in five countries in Central Africa. There is now increasing transmission of Clade I MPox in the Democratic Republic of Congo (DRC), and cases are also being reported from other surrounding countries in Central and East Africa, the ongoing outbreaks, it is important to remain alert to cases that have a link to specified countries or with an unusual presentation compared to Clade IIb MPox cases, which have been seen in the UK since 2022. Clade I MPox has never been identified in the UK and the overall risk to the UK population is considered low.

2.25. The BSW system providers and stakeholders are working through the recommendations published by UKHSA in August 2024, and those outlined for High Consequence Infectious Diseases (HCID) in the National Infection Prevention and Control Manual, to ensure that all areas of the system have in place the relevant mitigations, and actions, to manage any suspected or confirmed cases, and prevent the onward transmission of the virus to protect public health. This includes, but is not limited to, provision of the correct PPE, triage and recognition of cases, communication to relevant agencies, diagnostics, and transfer of cases to High Consequence Infectious Disease (HCID) facilities.

2.26. **Patient Safety Strategy.** The Patient Safety Strategy is now in its final draft and moving through the NHSE mechanisms to gain approval. We expect the publication of this national strategy by November.

2.27. In the meantime, Health Innovation Network South London is hosting a national pilot program to evaluate in General Practice. The aim is to work collectively to tailor the process and documentation into something that General Practice will adopt, replacing the existing Significant Event Reporting (SEA) methodology, to achieve the patient safety outcomes, assurance of quality of care and feed into continuous improvement projects.

2.28. BSW has put itself forward as an ICB to create a Community of Practice for General Practice and the first meeting took place in July. We are one of only two ICBs in the South West who have stepped into this leading space. The ICB Deputy Chief Medical Officer will be drafting some suggested review frameworks to enable the Practices involved to begin testing and amending. The ICB join monthly national meetings with the Health Innovation Network South London and NHSE to share learning across all those taking part in the pilot.

2.29. **Health Inequalities.** To enhance the effectiveness of Delivery Groups in tackling health inequalities and prevention, the Population Health Board (PHB) conducts deep dives, a process that is currently being reviewed with the aim of increasing impact. The PHB is also refining its reporting to Quality and Outcomes Committee. A £1.8M hypertension prevention business case, projected to prevent over 600 cardio-vascular disease events (heart attacks and strokes) over 3 years, developed through the Prevention Strategy Group, has received year one approval from both the ICB Executive Management Meeting and ICS Investment Committee. This has a strong focus on addressing inequalities and implementation has started. The Inequalities Strategy Group has devised a revised process for allocating HI funds in 2025/26, aligning spending with Core20Plus5 healthcare priorities. This proposal has been presented to the PHB for consideration.

2.30. **Emergency Preparedness, Resilience, and Response (EPRR) Assurance of Non-Emergency Patient Transport.** The annual Emergency Preparedness Resilience and Response (EPRR) core assurance findings were reported to BSW ICB Board meeting in Public 18th January 2024. Further work was required by EMED, our non-emergency patient transport provider. We have conducted further assurance of EMED, and they have made progress such that we now expect that they will be compliant with the EPRR Core Standards this year. This year's core assurance report will be reported to Audit Committee and Board when complete.

2.31. **People.** The BSW ICB organisation major change programme Project Evolve new structures have been implemented during July and August with colleagues moving to new line management, teams, job profiles and consistent job titles. However, it remains a time of change for colleagues as new structures and ways of work continue to embed. As part of the change programme a refined extended leadership team has been taken forward who will collaborate closely with the executive for setting and implementing strategy and leading the values and culture of the organisation. It is anticipated that during September to November an organisational development programme will be developed to further support the full ambition of Project Evolve with a core focus on the value of the people who collaborate with us.

2.32. The People team continue to work with NHS partners and NHSE in the oversight and assurance for workforce as part of the recovery programme with workforce controls such as temporary staffing reduction and medical rate card compliance. Several

collaborative workforce transformation programmes continue such as a bespoke leadership programme developed in partnership with Skills for Care for registered domiciliary care managers. This programme has been extremely popular and has received positive evaluation from participants *'I left the room feeling revived, knowledgeable, and ready to make the necessary changes and adjustments within my service and change how I lead and manage as an individual.'*

2.33. Our international recruitment work has also gained recognition and has been shortlisted for the Nursing Times Category of Best International Recruitment Experience.

2.34. **ICB and Local Authority review of Children and Young Persons Cases**. In my last CEO report I referred to an agreed joint review with our Local Authority CEOs of a number of Children and Young People who are either receiving a high-cost care package at home, or in a placement. Led by each of the BSW Directors of Children's Services (DCOs) and the ICB Chief Nursing Officer (CNO), a review team was established with representation from Local Authority and the ICB. During the last 6 weeks the reviews have taken place, and the findings are currently being reviewed by the DCOs and CNO. A full report detailing the findings, learning and financial impact will be provided to the CEOs. Colleagues involved in the reviews have feedback that this joint review has been positive with rich learning being identified.

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

3.1. **B&NES.** B&NES Local Authority have an Adult Social Care CQC inspection in September. Preparation including an introductory meeting with the team of inspectors has started. Inspectors will lead the process and identify who they would like to have an interview session with. They have indicated that they wish to meet with the Chair of the ICB and the ICP. It is important as an ICB, that we support inspection processes and are seen to be working closely in partnership together. The inspection is of the locality and partnership arrangements as a whole, not just the Local Authority.

3.2. The BaNES presentation to the Inspectors set out the vision and strategy and key initiatives such as the Community Wellbeing hub and working with our VCSE partners to support individuals and their carers, families, and supporters The Adult Social Care Vision is: 'We want to live in a place we call home, with the people and things that we love, in communities where we look out for one another, doing the things that matter to us'.

Our Strategy for Adult Social Care

Safe	Effective	Caring	Responsive	Well Led
We don't shy away from difficult issues and leadership takes accountability in decision making to support individuals and teams We will take individual ownership and accountability to deliver on our objectives and service user outcomes Our team are confident and supported, taking a collective approach to problem solving	We work collaboratively across teams and with our partners and stakeholders to share learnings and deliver improved outcomes We have a robust and resilient provision that is focused on delivering local priorities We will focus on the delivery of objectives through a professional, process driven and methodical approach	We focus on enabling people to live fulfilled and meaningful lives We have a compassionate, kind and committed culture and workforce We will provide person centred care and clarity on what is available to deliver the right support for our clients	We will move from a culture of risk avoidance to one of risk informed and aware Our aim is to achieve collaboration across one team of caring professionals We are agile and flexible in our approach to deliver focused support and long-term value	Our organisational culture is inclusive and invested, both personally and professionally, and is led by example from the top We are professional, accountable and methodical, with clarity on our roles and responsibilities We don't shy away from difficult issues and leadership takes accountability in decision making to support individuals and teams

3.3. **Swindon**. The Swindon Joint Strategic Needs Assessment (JSNA) has been updated and was presented to the Health and Wellbeing Board in July. The town is growing with the population likely to increase by around 5% between 2020 and 2030. It has more people aged 30 to 39 than in other age groups and has more residents in middle age, 45-55 years, than England. Between now and 2040, there is some growth predicted in the 15–34-year-old age group but it is mainly in those aged over 60, with an additional 4,000 residents over the age of 85 living in Swindon by 2040. While Swindon's old age (65 years and over) to working age (16-64 years) demographic ratio has been lower than regional and national levels, indicating comparatively lower levels of economic dependency, high projected population growth in the older age group combined with the fact that more and more people work up to and beyond State Pension age, will impact on the demand for formal social care, especially if there is a decline in the availability of people providing informal social care. This clearly has implications for planning services, recognising that different generations have different life experience and expectations as they age.

3.4. A Public Health Specialist for Oral Health post was created and successfully recruited to, with the post-holder starting in post at the end of March. This 1-year, fixed term post is providing dedicated expertise and capacity to lead and coordinate the planned oral health improvement programmes. There is a clear evidence-base for children's oral health interventions, which is being used to deliver activities with proven impact. Theren are several other initiatives that are well under way in Swindon that will be fully implemented by the end of the year to tackle oral health improvement. For example, the "First Dental Steps" programme being delivered by health visitors at child year 1 checks providing oral health promotion advice.

3.5. The Swindon Health and Wellbeing Strategy progress report was tabled at the Health and Wellbeing Board. Key Achievements to date include a policy to restrict the advertising of unhealthy food and drinks at Swindon owned bus stops across Swindon was passed by the Cabinet. hundred young people were taught to ride a bicycle at the Swindon Cycle Campaign Easter 'Learn to Ride Event.' This was in partnership with Highways colleagues, who also security marked adult family members' bikes and handed out Swindon cycle maps. Redeveloping the Manor Road Growing Project in partnership with South Swindon Parish Council, Wiltshire Wildlife Trust, and Stonewater Housing to provide residents the opportunity to grow, share and consume fresh fruit and vegetables.

3.6. Swindon Borough Council have recently concluded a competitive procurement process for a technology enabled care partner to support the delivery of technology for independence project. The partner will work SBC with and wider partners in the ICA to increase people's choice and independence. The contract will start in September 2024 and the outcomes will be reported through the joint Locality Commissioning Group, which is a partnership group between health and social care commissioning in Swindon.

3.7. **Wiltshire:** Wiltshire Council are preparing to welcome CQC Inspectors in the week commencing 23rd September, for three days of focus groups and interviews with staff, partners, and providers. Earlier in the year, a broad range of evidence was submitted to CQC for their review, highlighting key successes and the areas for development in Adult Social Care. On 21st August, senior leadership presented to CQC, to give additional context for their site visit and highlighting the strong working partnerships across teams, services, partners, and providers, to deliver a strong prevention offer to people in Wiltshire.

3.8. The business case for the Trowbridge Integrated Care Centre (ICC) has been approved by both NHSE and DHSC, with some further assurances required on some specific points.

Report to:	BSW ICB Board - Meeting in Public	Agenda item:	8
Date of Meeting:	19 September 2024		

Title of Report:	BSW ICS Winter Plan Initial Overview
Report Author:	Heather Cooper – Director of Urgent Care and Flow Emma Smith – Lead for Urgent Care
Board / Director Sponsor:	Gill May – Chief Nurse
Appendices:	BSW 2425 Winter Plan ICB Board Overview v0.3

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

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	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
BSW Urgent Care and Flow Delivery Group	14th Aug 2024	Outline and agree the approach to BSW Winter Plan
BSW Quality and Outcomes Committee	3rd Sep 2024	Information and Assurance
BaNES Health and Wellbeing Board	5th Sep 2024	Information and Assurance

1	Purpose of this paper
The aim of this paper is to provide an initial update and overview on the BSW Integrated Care System Urgent and Emergency Care approach to the Winter plan for 2024-25.	

2	Summary of recommendations and any additional actions required

Versions of this initial overview have been shared with the BSW Urgent Care and Flow Delivery Group in August 2024, as well as the BSW Quality and Outcomes Committee and the BaNES Health and Wellbeing Board in September.

The BSW Quality and Outcomes committee requested a heat map of Primary Care demand in Urgent Care to identify any further opportunities for targeted support ahead of winter, and to test our bed capacity assumption on potential IP&C impacts over winter particularly based on the Southern Hemisphere data and intelligence. This should be available for the final winter plan as more analysis is required and testing of our local demand and capacity bed capacity assumptions.

We are awaiting feedback from the BaNES Health and Wellbeing board.

The definitive version of the Winter Plan is due to be discussed at October's BSW Urgent Care and Flow Delivery Group on the 9th of October 2024 and bought back to the ICB Board in November 2024.

The Board is asked to note the report and the actions being taken ahead of the final version of the winter plan is shared.

The Board is asked to feedback on any further specific details that need to be addresses as part of the final winter plan.

3	Legal/regulatory implications

It is currently unclear how NHS England are expecting to monitor the delivery of the winter resilience this year. However, based on the roles and responsibilities, there is an expectation that BSW ICB Board will be accountable and monitor overarching system delivery.

BSW ICS is currently in Tier 2 for UEC and receiving additional oversight from the NHSE Regional team, and this could lead to further interventions over the Winter period depending on our local performance.

4	Risks

There are some risks that are already on the BSW Corporate Risk Register:

- BSW ICB 01 – Insufficient capacity for Urgent and Emergency Care and Flow
- BSW ICB 03 – Ambulance Hospital Handovers
- BSW ICB 06 – Workforce and resilience
- BSW ICB 21 – Elective Care Capacity
- BSW ICB 27 – Community Pharmacy Capacity

The following risks have been identified as part of the initial Winter Planning Process that may have impact on our ability to deliver safe health and care services and achieve operational plan objectives:

- Impact of GP Collective action on urgent care and flow
- Insufficient capacity to delivery operational plans and manage unprecedented surges in demand
- Impact of IP&C on bed closures and workforce
- Lack of delivery or delays in delivery of provider's internal individual improvement programmes
- Agreed allocated funding insufficient to meet the complexity of patient needs in Wiltshire
- Mobilisation of ICBC across the Winter months may impact on provider's capacity and capability to respond in a timely way and make
- NHSE requests for further guidance and or mandating specific changes within timeframes that system is not able to respond to.

5	Quality and resources impact

Please outline any impact on

- Quality, Patient Experience and Safeguarding: Requirement to monitor and inform Urgent Care and Flow Delivery Group of patient incidents and harm because of the plan. Team to support with any additional EQIAs that may be required if plans change.

- Finance: There are no current requirements identified in this report requiring finance support. But there is potential risk that because of the outputs of the updated demand and capacity modelling once triangulated with existing operational plans and /or continuation of increased demand into UEC that further funding may be required from the system to support opening and staffing of additional escalation beds and additional community capacity to maintain flow and reduce risk of any further patient harm. UEC Finance team aware of current position.

- Workforce: Requirement for the whole system to continue to oversee the delivery of key work programmes and agreed actions that will support the delivery of the winter plan, including support from the Quality team, Finance team, Business Intelligent team to support the Urgent Care and Flow team and Urgent Care and Flow Delivery Board with assurance and progress against plans.

- Sustainability/Green agenda: Not applicable

Finance sign-off	• Yes - Barry Young, Associate Director of Finance (Wiltshire)

6	Confirmation of completion of Equalities and Quality Impact Assessment
The authors have not completed an EQIA as part of this initial overview; however, the BSW Quality team will be supporting with an EQIA for the definitive version of the plan. In addition, EQIAs should have been conducted for any specific individual changes in the plan for individual schemes and initiatives as and when required.	

7	Communications and Engagement Considerations
We are proactively collaboratively working with our SW ICB communications teams to share resources, coordinate planned activities and introduce a 'once and well approach' where possible as well as continuing to work with our local partners. The local campaign plan has under 'Help Us, Help You' has coordinates all the planned regional and local initiatives throughout the year and this winter. There is no requirement for any public engagement around the winter plan, however the final winter plan will be shared in the BSW ICB Board meetings that are held in public.	

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

BSW ICS Winter Plan Initial Overview

1. Introduction

1.1. The aim of this paper is to provide an initial overview and status of the BSW Integrated Care System Winter plan. Our plan is built on the Operational plan for 2024/24 priorities and the UEC recovery plans but with a specific focus on the winter period.

1.2. The paper also outlines our plans and resilience across all services and the expected governance arrangements.

2. Background and wider context

2.1. The 24/25 priorities and operational planning guidance sets out the key objectives for our Integrated Care system throughout the year including the winter period.

2.2. For Urgent and Emergency Care, the Year 2 of the Urgent and Emergency Care recovery plan expects systems to continue to build on improvements made in 2023/24 and continue to improve Ambulance response times and A&E wait times. The specific targets are:

- Improve A&E wait times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
- Improve Category 2 response times to an average of 30 minutes across 2024/25.

2.3. BSW's Urgent and Emergency Care system partners worked collectively using the demand and capacity model to develop annual plans to support out of hospital capacity (including admission avoidance initiatives) and funding has come from the ICB and Better Care Funds and Adult Social Care Discharge fund. This created our 'Locality initiatives' element within the BSW Urgent Care and Flow 24/25 work programme.

2.4. The UEC programme also has 3 transformational programmes, Virtual Wards (Hospital at Home), Care Coordination and Intermediate Care (now referred to as Flow Programme).

2.5. The final elements of the BSW UEC plan include process improvements at system and provider levels to support flow in acute and community hospitals.

2.6. Each of these programmes and initiatives are reported and monitored on a monthly basis to the Urgent Care and Flow Delivery Group.

2.7. The final version of the Winter plan will also provide assurance on specific delivery groups and work programmes such as IP&C, Vaccination, Mental

Health, Maternity, Children and Young People, Elective Care, Primary Care and EPRR.

3. Current position

3.1. To date in 2024/25 the overarching UEC activity has been higher than planned levels, and our performance has been below expected plans and the national 78% 4hr performance ambition.

3.2. Our non-criteria to reside position also remains above expected plans and this likely to impact on our position over the winter period.

3.3. Ambulance handover delays have been slowly improving but still exceed our handover trajectories which is impacting on SWASFT's ability to deliver Category 2 response times.

3.4. These 3 issues have contributed to the system being placed in Tier 2 for our UEC performance and as a system we are now receiving additional oversight on our plans. It is not clear however if this will mean whether there will be any additional assurance requirements over winter because of this position.

3.5. In addition, we would have normally by now received formal communications from NHSE on what Winter assurances/ KLOE requirements they need from the system. However, yet we have not received anything except for specification on the winter requirements for Single Point of Access, which in BSW is our Integrated Care Coordination service.

3.6. To address the unexpected demand in UEC, we have over the summer we have been reviewing the causes of additional demand and identified several demand management actions that we require support from other BSW delivery groups, as well as additional UEC actions in providers to support to minimise any impact over winter.

3.7. In addition, we held a Perfect week for Ambulance Handovers on 8th to 12th July at RUH and GWH to identify further areas for improvement and implement updated approaches to fit to sit. The week identified several key actions for providers to deliver on and incorporate into their existing internal action plans as well a need to review existing ED checklists used by providers.

3.8. There has also been a Regional Ambulance Task and Finish group established, that is lead at CEO level with the aim to have full system oversight of the problem and therefore the possible opportunities to reduce ambulance handover delays and improve category 2 response times.

3.9. There are 5 specific workstreams (Internal SWASFT actions, System Care Coordination, Increasing Access to Alternative Community Pathways, Hospital Access and Timely ED Handovers). BSW providers are represented in these groups, but the full outputs have not been concluded and may result in additional asks in Winter.

3.10. We are currently refreshing our demand and capacity modelling to test out our assumptions plans on capacity considering the unexpected demand increases and performance based on the latest intelligence.

3.11. Our initial local outputs still need to be ratified with Acute BI leads, but the updated forecasts are suggesting the following activity patterns:

Area	Local BSW forecast
Ambulance (needs to be ratified against SWAST's plan)	• Increasing Sep and Oct • Dip in Nov but busy Dec • Slower Jan to Mar than last year
Type 1 ED Activity	• Rise in demand in Sept (average 656 a day) • Steady in Oct (626), Nov (623), Dec (608), Jan (582) • Rise in demand in Feb (612), Mar (620)
Bed Demand (Adults G&A)	• Bed occupancy to stay around 96% until Nov • Dec drop to 95% • Bed occupancy increase to 96% Jan to Mar.
Bed Demand (Paediatric)	NB. Figures are less accurate due to figures being small, so any error is more significant. More work required on model to get better mean absolute percentage error score to get a better prediction.

3.12. We will also be using the latest intelligence from the Australian Respiratory Surveillance Reports to test our bed modelling assumptions for the system. The latest reports show that the self-reported respiratory like symptoms are following the 5-year average pattern in 2024, but the volumes appear to be slightly higher than 2023.

3.13. The latest data shows that the most vulnerable groups are 60 years and over, with the age specific mortality rates for Covid-19, Influenza and RSV cases highest amongst those aged 70 years or over.

3.14. However, the BSW Vaccination programme have a clear programme of operational priorities which are in line with the expected Flu season, and the covid and flu eligible programmes will be starting from the 3rd of October delivered by a combination of PCNs, Community pharmacy and outreach services. Housebound and care home visits all planned where supported by the vaccination hub.

3.15. This year also sees the new RSV programme starting in September 2024 for Over 75s in GP practices and Maternity (which will be delivered mainly via hospitals). This could be a significant impact on RSV admission rates. It is expected that our seasonal Children's respiratory clinics will be operational by November subject to procurement regulations. These were successful last year in providing additional capacity.

3.16. We recognise that during the 23/24 winter period the system experienced several periods of industrial action, which is not expected this winter. However, there is likely to be impacts felt across the system from the BMA GP Collective acti, which started on the 1st of August 2024 with no current known end date. There is

3.17. Our System Coordination Centre has become fully embedded in the day-to-day basis and further recruitment is expected to make this fully operational 7-day period over the Winter period. This team will be expected to lead on the daily oversight of operational pressures, the implementation and publication of new Operational Pressures Escalation Measures (full requirements to be confirmed in September 2024 and expected to be in place by December 2024 for Community and Mental health partners, as well as a updates on Acute provider measures).

4. Impact on resources

4.1. The creation of the 24/25 BSW ICS Winter plan has been supported by all partners of the health and social care board.

4.2. All partners will be required to ensure delivery against their agreed actions in UEC work programmes and any further mitigating actions that are identified and required. With the BSW Urgent Care and Flow Delivery group maintaining oversight of these.

4.3. This also includes support from the other BSW Delivery Groups addressing demand management actions that are increasing UEC activity to mitigate where possible any further growth that is likely to impact on the system's ability to achieve required performance.

4.4. Additionally, members from the Quality, Finance and BI teams will support BSW Urgent Care and Flow Delivery group with information and intelligence to provide system assurance against our local plans.

4.5. There will also be a requirement for the BSW Communication and Engagement team as well as partner communication and engagement teams to support with BSW 'Help Us Help You' campaign.

5. Risks

5.1. There are several risks on the BSW ICB Corporate Risk Register that related to risks identified specifically in the Winter Plan:

- BSW ICB 01 – Insufficient capacity for Urgent and Emergency Care and Flow
- BSW ICB 03 – Ambulance Hospital Handovers
- BSW ICB 06 – Workforce and resilience
- BSW ICB 21 – Elective Care Capacity
- BSW ICB 27 – Community Pharmacy Capacity

5.2. There have also been several further additional risks identified within the elements of the initial winter plan that could have an impact on patient harm and poor patient experience and ability to deliver our required operational priorities. These risks need to be thoroughly worked through, and mitigations identified ahead of the final winter plan.

24/25 Winter Plan Risk Areas	Actions and mitigations
• Impact of GP Collective action on Urgent Care and Flow	• Fortnightly BSW BMA GP CA Task and Finish Group • Regular updates to UEC Operational Group
• Insufficient capacity to meet any unprecedented surges in demand	• Daily / Weekly monitoring of activity • Local intelligence and information sharing at UEC Operational Group
• Impact of IP&C on bed closures and workforce	• Updated BSW ICS IP&C BRAG tool to support teams in management of IP&C issues
• Lack of delivery or delays in delivery of provider's internal individual improvement programmes	• Board level oversight of internal UEC programmes of work.
• Agreed allocated funding insufficient to meet the complexity of patient needs in Wiltshire	• In-depth review of spend • Additional processes in place for remainder of year
• Mobilisation of ICBC across the Winter months may impact on provider's capacity and capability to respond in a timely way and make	• UCFDG to link in with the ICBC Programme board
• NHSE requests for further guidance and or mandating specific changes within timeframes that system is not able to respond to.	• UEC team expansion should be able to support with requests but risk likely to remain with providers

6. Stakeholder engagement including patient and public consultation

6.1. All BSW system providers have contributed to the development of the Operational plan and subsequent UEC 24/25 work programme.

6.2. Other BSW delivery groups are working with the UEC team and sharing their specific winter assurances for the final version of the Winter plan.

6.3. Patient and public consultation was not sought specifically in the development of this initial winter plan.

7. Impact on equalities

7.1. An equality impact assessment for this initial overview report has not been completed, however we are anticipating BSW's Quality team to support with an equality impact assessment for the final version of the report.

7.2. However, EQIAs will have been conducted for the individual work programmes or initiatives that are underway that have informed our overall UCFDG Delivery programme.

8. Next steps

8.1. The BSW Urgent Care and Flow team will coordinate and collate the final version of the BSW ICS Winter Plan.

8.2. UEC Health and Social care partners to review the outputs of the latest Demand and Capacity modelling against existing plans.

8.3. The BSW Quality team will support with an Equality Impact assessment on the Final Winter Plan.

8.4. BSW Urgent Care and Flow Delivery Group will report directly to Planning and Delivery Exec on progress on the Winter Plan and Performance Metrics.

8.5. The final version of the winter plan to be shared with the ICB Board in November 2024.

9. Recommendations

9.1. The Board is asked to note the report and the actions being taken ahead of the final version of the winter plan is shared.

9.2. The Board is asked to feedback on any further specific details that need to be addresses as part of the final winter plan.

Bath and North East Somerset,
Swindon and Wiltshire Together

BSW Winter Plan – 2024/25

Initial overview for BSW ICB Board

V0.3– (see last slide for version control)

24/25 Planning approach

Bath and North East Somerset, Swindon and Wiltshire Together

- The 24/25 priorities and operational planning guidance to set out the key objectives and the priorities for our Integrated Care system throughout the year including the Winter Period.
- From an UEC perspective, the key objectives are to improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24 to deliver the following key performance outcomes:
  - Improving A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4hours in March 2025
  - Improve Category 2 response times to an average of 30 minutes across 2024/25
- Partners worked collaboratively to develop our system operational plan for 2024/25 and these were submitted in May 2024 which covers the whole of the financial year and not specific to Winter period (Oct 24 to Mar 25).
- In UEC system partners utilised the work of the demand and capacity to develop our local annual plans to support out of hospital capacity and the investment needed to support out of hospital pathways which underpins the planned Urgent Care and Flow Delivery Group 24/25 work plan under 'Localities'. This involved joint working across the ICB and local authorities to ensure that capacity meets projected demand a supported by the additional investment in the 2024/25 discharge funds and assured through BCF assurance process.
- In addition, 3 key transformational work programmes (Care Coordination, Virtual Wards and Intermediate Care (now referred to Flow programme) and a number of improvement programmes that have been identified to support delivery of the key metrics.
- The plan is monitored monthly by Urgent Care and Flow delivery group and reported directly to the ICB board and System Planning and Delivery Exec meetings to review progress and identify actions to support recover.
- Partners are reviewing internal plans for Winter and the Demand and Capacity group is overseeing a refresh of our current operational plans against activity and outcomes year to date to support identification of further actions required to be assured capacity to support flow over Winter and maintain/improve patient safety and experience.
- Specific system groups have also initiated meetings to work collectively to develop specific plans for example IP&C group.

BSW Urgent Care and Flow Delivery Group 24/25 Plan

Urgent Care and Flow Delivery Group

	Virtual Wards	System Care Coordination	Process Improvements	Locality Plans
Focus areas	Additional system capacity, national guidance statues requirement to provide additionality to acute trust beds in the system	Attendance and admission avoidance through diverting ambulances / attendances away from acute trusts	Opportunity to delivery improvements in LOS & improve alternatives in acute trust flow, timely interventions for patients by senior clinical decision makers	Out of hospital capacity to support out of hospital discharges to support delivery of NCTR
Activities / Opportunities	BSW Integrated model (step up and step down)	Falls UCR Community Services	Acute: Flow, SDEC, Ward Processes Community: Referral pathways P1-P3, Intermediate Care, Streaming and Redirection	Capacity NCTR
Outcomes & Measures (24/25 Impact)	• Increase utilisation of VW beds • Reduce acute trust occupancy • Reduce attendance and admission • Reduce LOS of complex frail patients	• Reduce ambulance conveyance • Reduce attendances and admissions • Reduce LOS • Reduce overcrowding in ED and associated harms • Decrease in handover delays	• Reduction time between DRD and discharge date • Increase productivity • Reduce LOS and NCTR nos • Increase <1 day LOS • Improve 4 performance & Cat 2 response	• Reduce LOS in acutes and community pathways • Reduce NCTR nos • Achieve JB% in line with national guidance • Reduce acute escalation capacity and associated costs
Reductions in activity expected in 24/25	**Virtual Ward 24/25** • Step up = 120-300 NELs per month / 22-55 acute beds • Step down = 12-29 acute beds	**System Care Coordination** • 11 admission per month, • 2 acute beds, • 25 ED attendances per month. 33 ambulance conveyances per month	**Process Improvement** • Handover delay reduction • ED performance to 81.3% • Reduction in bed occupancy to 96% • NCTR 9%	**Locality** • New NCTR target of 9% agreed across system
Forecasted Savings %	**RUH** • Bed Occupancy – 92% • Discharge lounge occupancy – 40pts per day (70% by 10 am and 100% by midday) • % discharged by 12 midday – 33% • Zero P0 delays > 24hrs post EDD • < 1 day LOS (SDEC) – 45% of admissions • > 7 day LOS – less than 188 patients • >14 day LOS – less than 96 patients • NCTR numbers – reduction to 55 patients	**GWH** • Reducing daily UTC breaches by c50% (+5 breaches mitigated oer day) including Mar 2025 to improve Type 3 performance to 95+% consistency (92% in Mar 24) • Rapid assessment and treatment model for majors chairs, improving ED non-admitted performance c1-2% and mitigates safety risk • Further improvements identified that have not yet been quantified	**SFT** • Establishing a formal CDU (pathway on SSEU with ring-fencing of 4 spaces. Trial in Mar 24 demonstrated the ability to avoid 8 breaches daily. – 3.6% estimated improvement* • Establishing a booked minors clinic (6 slots) to send appropriate patients home overnight to reattend a booked appointment the next day – 2.6% estimated improvement* • Removal of all expected patients attending ED and awaiting review (Av 3.3 per day). – 1.5% improvement* • Improvement in bed occ to enable better flow	

Demand management

Bath and North East Somerset, Swindon and Wiltshire Together

There has been an increase in NEL demand. The table below outlines the areas where we have seen an increase in activity and outlines the actions being taken to address the challenges. These will be monitored through the Urgent Care and Flow Delivery group and will be part of the overall recovery plan for 24/25. Population Health Management data will inform strategic decision making for onwards planning and inform the UEC 3 -year plan. Prevention will play a significant role in the future management of UEC demand and will be through the delivery groups that relate to Primary Care and Community, THRIVE and CYP.

Focus areas	Primary Care	111 and IUC	Ambulance and conveyance	Attendances	Admissions	Internal process improvements	Discharges
Issue	• Demand for appointments	• Dental calls • Repeat prescriptions • Respiratory	• UCR response • Mental Health Demand • H&T to ED • More activity through Care Co	• Paediatrics • Wound care at UTCs and MIUs • RTT waits • Plain Xray requirements	• Paediatrics	• Flow through acute trusts	• NCTR high numbers • Variation in processes
Actions	• Primary Care team to work with PCNs	• Repeat prescription • Respiratory – hay fever / covid • Primary care PB actions • Testing in the DOS for OOHs ranking	• UCR inc falls • THRIVE board to explore the data • Identify short, medium and long term • Prevention – short, medium and long term • Care Co steering plan to increase activity • Pilot dates for 111 online 999 validation	• Wound care T&F group established • Audit of ED attendances of patients on RTT lists with focus on gastro complaints • Investigate benefit of C-ray Car (Cornwall) • GP Practice prevalence for ED atts	• UEC CYP group to review activity growth data to understand demand • CYP virtual wards	• Robust oversight and delivery of each Acute's Trust improvement programmes • LOS improvements • Direct access to Hot Clinics and SDEC	• Flow programme to accelerate • Evaluation of Locality schemes • Relaunch of revised Escalation policy for OOA patients • UEC Demand and Capacity group to review impact of locality schemes supporting P1-P3 discharges from back door and identify additional requirements for Winter 24/25

Locality funded schemes 24/25

Bath and North East Somerset, Swindon and Wiltshire Together

BaNES	Swindon	Wiltshire
Community recovery homecare	Home First	Integrated Equipment (Excluding continence) – Discharge Fund
30 Care home beds (D2A)	Safely Home Service	Dom care – in house
GP Cover for D2A Care Home Beds	Trusted Assessor (7 days)	Dom Care to support 2hr rapid response (UCR)
Dorothy House EOL Discharge support (flow lead)	D2A Beds	Brokerage Support
Art Plus RUH reablement (until Dec 24)	Homeline Service	WH&C in-reach Wilts Council in-reach
PUSH Paediatric Community clinics (RSI) BEMs	ARI Hubs (CYP)	Wilts Council Flow Staff (Supports UCR)
Individual Hospital Discharge Fund	Princess Lodge (6 additional temporary beds)	Wilts Council reablement staffing
Bath Mind ED role		Intensive enablement support team (LDA & Mental health)
Community Discharge Equipment		Wiltshire P1 Home First Capacity
		Wiltshire P1 Complex cases
		RSV Childrens Winter clinic capacity (SFT)

Updated demand and capacity modelling

- The updated modelling will be finalised in September 2024 following ratification by BI teams.
- We are anticipating the final outputs to show updated forecasts against:
  - 24/25 Operational Plan trajectory
  - 24/25 monthly actual
  - Forward project for actual, in 3 scenarios (best, worst, middle)

- Early outputs are indicating:

Area	BSW forecast
Ambulance (needs to be ratified against SWAST's plan)	• Increasing Sep and Oct • Dip in Nov but busy Dec • Slower Jan to Mar than last year
Type 1 ED Activity	• Rise in demand in Sept (average 656 a day) • Steady in Oct (626), Nov (623), Dec (608), Jan (582) • Rise in demand in Feb (612), Mar (620)
Bed Demand (Adults G&A)	• Bed occupancy to stay around 96% until Nov • Dec drop to 95% • Bed occupancy increase to 96% Jan to Mar.
Bed Demand (Paediatric)	NB. Figures are less accurate due to figures being small, so any error is more significant. More work required on model to get better mean absolute percentage error score to get a better prediction

Example – (Name of Service Line) Winter overview

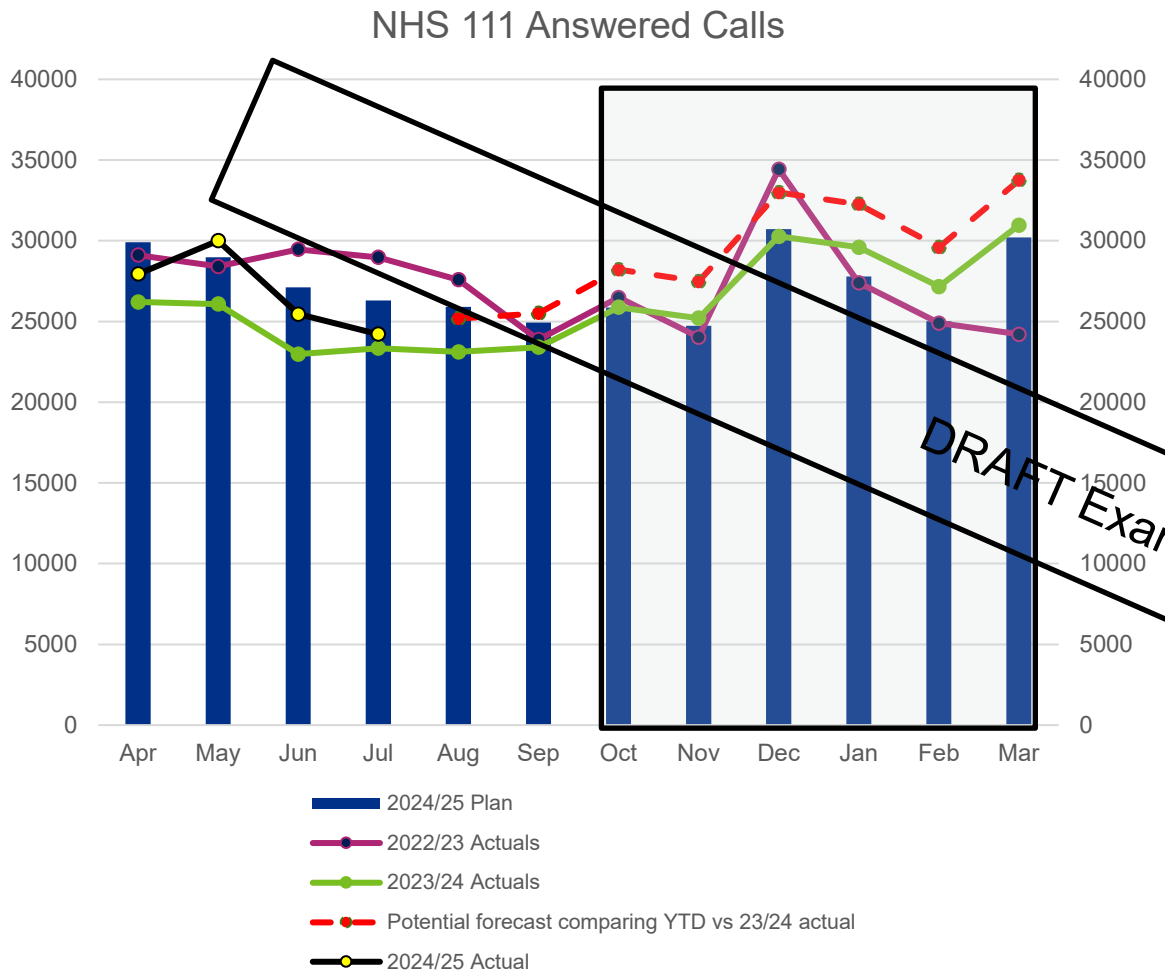
Insert a visual overview of predicted winter activity on a weekly basis – ideally showing:

- previous year(s) as a line comparison
- 24/25 planned activity / performance
- expected activity (e.g. based on current projections / worst case/ best case depending on service intel)

Text box to be deleted post completion of table below which requires narrative around expected activity, identification of any risks or challenges and what mitigations being put in place to address

Activity predictions / forecast
• X • X • X • X
Risks / Challenges
• X • X • X • X
Mitigations
• X • X • X • X

Example – BSW NHS 111 Demand 24/25



DRAFT Example

Activity predictions / forecast

- Abandonment rates and call answering has improved in 24/25 but activity is slightly below plan YTD but above 23/24 actuals.
- However, activity historically increases in the Winter months and based on YTD the activity is forecasted to be above 23/24 levels and contracted activity plan over winter.
- Christmas and New Year typically sees the greatest demand, along with Easter which will fall in April in 2025.
- Dental and Repeat prescriptions remains the highest reasons for calling NHS 111.

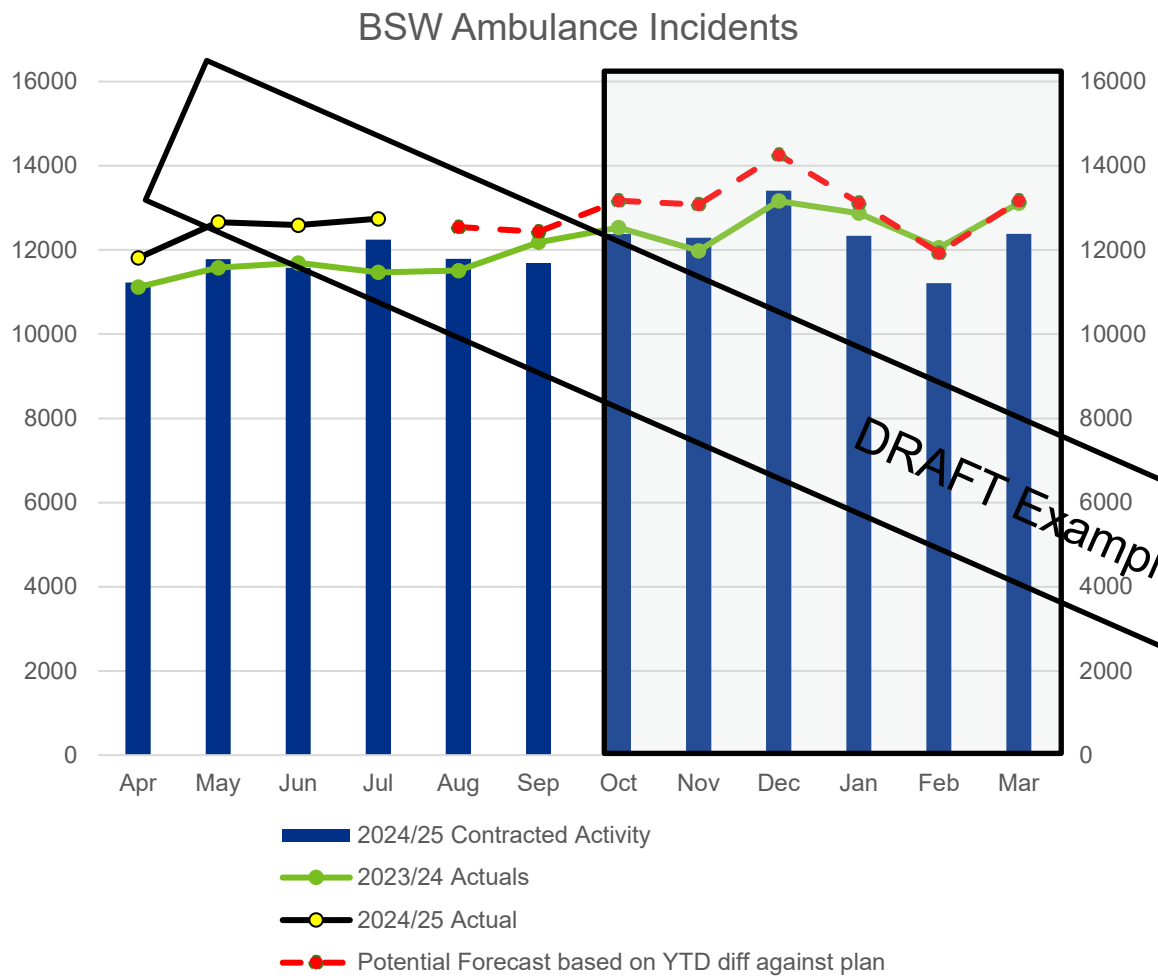
Risks

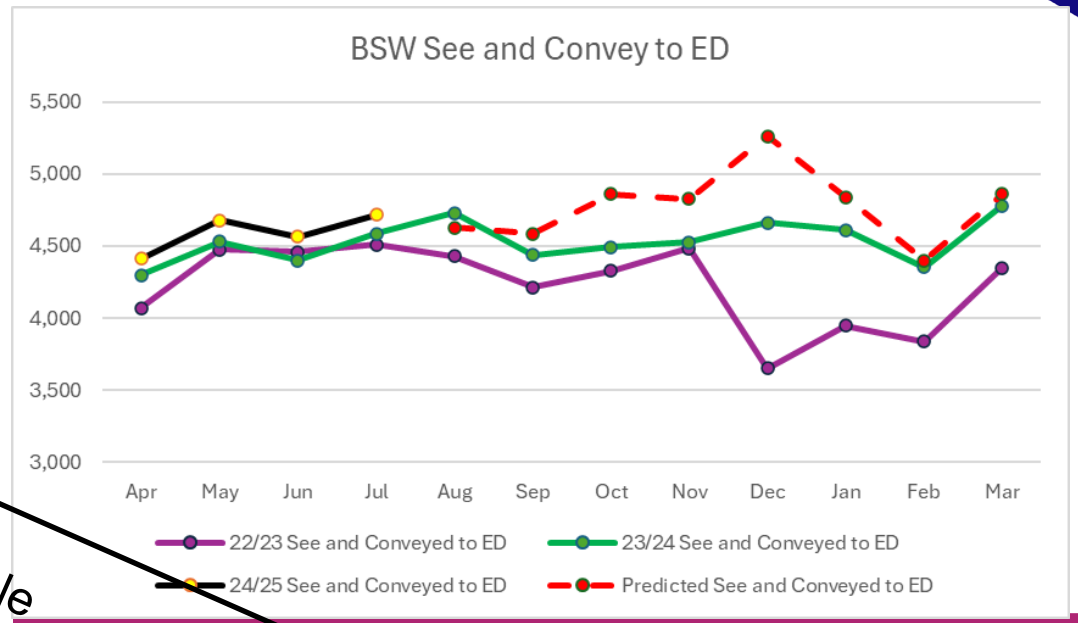
- Sufficient staffing to manage with increased demand against contract
- Impact of BMA collective action may cause increase in demand
- X
- X

Mitigations

- X
- X
- X

Example – BSW Ambulance demand 24/25





DRAFT Example

Activity predictions / forecast

- Ambulance activity has been above contracted activity levels in 24/25 as no growth was predicted.
- Analysis has shown for BSW that the biggest growth is in Biggest growth (44%) in 'Psyc /Abnorm Behaviour/Suicide Att' attendances (Jun 2024)
- Activity growth is predominantly associated with Hear and Treat outcomes.
- Winter months historically the busiest for the ambulance service and based on current activity volumes if nothing significantly changes in activity then December will be the peak month for ambulance conveyances to ED.

Risks

- X
- X

Mitigations

- X
- X

Integrated Care Coordination (ICC)

Bath and North East Somerset, Swindon and Wiltshire Together

2023/2024 Winter	2024/2025 In Year Developments	2024/25 Winter Plans and capacity
• ICC operated 08:00-20:00 7 days per week with additional hours offered at times of peak demand when system needed further support.	**April to June 2024** • Referral pathways have been reviewed to reduce variation and duplication. **July 2024** • Hours extended from 20:00 to 23:00 hours 7 days per week **August 2024** • Increased number of WTE clinicians on duty from 2 ACPs/GPs to 3 over weekends and bank holidays	**September to March 2024** • 08:00-23:00 Additional clinical resource at weekends • Adhere to the national SPoA Winter recommendations • Ability to increase workforce (1xACP / 1x GP) at short notice if demand increases • Continue to review opportunities for pathway improvements
	Risks for Winter 2024/25	• Capacity in alternative community pathways

Virtual Wards (Hospital at Home)

Bath and North East Somerset, Swindon and Wiltshire Together

2023/2024 Winter	2024/2025 In Year Developments	2024/25 Winter Plans and capacity
• NHSE trajectories based on 40 per 100k adult population in BSW • BSW allocated as BaNES 25% Swindon 25% Wilts 50% • This required 360 virtual ward beds with utilisation rate of 80% • BSW did not reach plan for 80% utilisation or capacity of 360 (except RUH Hospital@Home) • 4 different clinical models • Unwarranted variation led to confusion of services and lower referrals into step-up services	• SitRep data deep dives • Big Room events • Clinical visits to each provider Agreement to transition to one standardised clinical model - BSW Hospital at Home • Trajectories based on 2023/24 actual costs against the new clinical model • 175 beds per day with minimum of 80% occupancy and opportunity for stretch to deliver up to 70% increase in the number of patients on our Hospital@Home virtual wards by end March 2025 • Re-set comms plan to build clinical confidence and referrals with one standardised message throughout and key stakeholder clinical roadshows • Finance approach based on actual 'occupancy' activity with adherence to clinical model	• 175 hospital at home beds across BSW • 25 extra beds from October to March through winter extra capacity schemes including new care home pathways, escalation beds, continuous Doccla remote monitoring of Heart Rate, Respiration & Movement, and Heart Failure pathway supported by Doccla 6 line Kardia ECG. • Further schemes to be confirmed including clinical 3rd party remote monitoring and EOLC senior clinical input into RUH H@H service
	Risks for Winter 2024/25	Due to previous unwarranted variation in models there is a risk that GPs concerned about patient safety, impact on their work and the Indemnity Issue will prevent expansion plan and ability to meet planned trajectories

Flow improvements over winter

Bath and North East Somerset, Swindon and Wiltshire Together

Flow Process including MCAs	Weekend working	Integrated Back Door	Community hospitals
• MCA training • Task and Finish group for MCA • Early in the day discharges • Transport • Ortho Geri -> Hospital @ Home • Frequent unplanned of admissions to acute • Planning discharge from admission – quality audits • What matters to me? • Pre planning RESPECT forms • Ward process and culture – Chief Nurse • Early identification of patients known to the community • Group to review CTR early intervention and planning • Standardise escalation process for patients discharge from an acute setting ?clinical site manager	• Task and finish group for weekend discharges and planning • Criteria led discharge at weekends • Weekend target clarification through Region • Setting system KPI metrics for community D2A / First – new v's old model • Setting system KPI for weekend discharges and re-admissions • Ward board rounds at weekends	• Discharge comms / Communication support • NEWS scores of 0 and 1 ?audit • UCR alignment across BSW • Review P1 models across BSW • OPTICA meeting with providers to understand benefits and how they wish to progress • Care Transfer Hub process/escalation and out of area • Agree BSW triggers for out of area escalation • Hospital @ Home – capacity, how can we use it better and more effectively • Reablement v's care	• Purpose of community hospital beds • Step up provision to community hospital beds • Accessing step up beds – lack of consistency

Specific Winter Plans

Bath and North East Somerset, Swindon and Wiltshire Together

- There are several areas that will have specific plans associated with them; the full set will be available in the final iteration of the Winter plan whilst the system delivery groups review and update them.

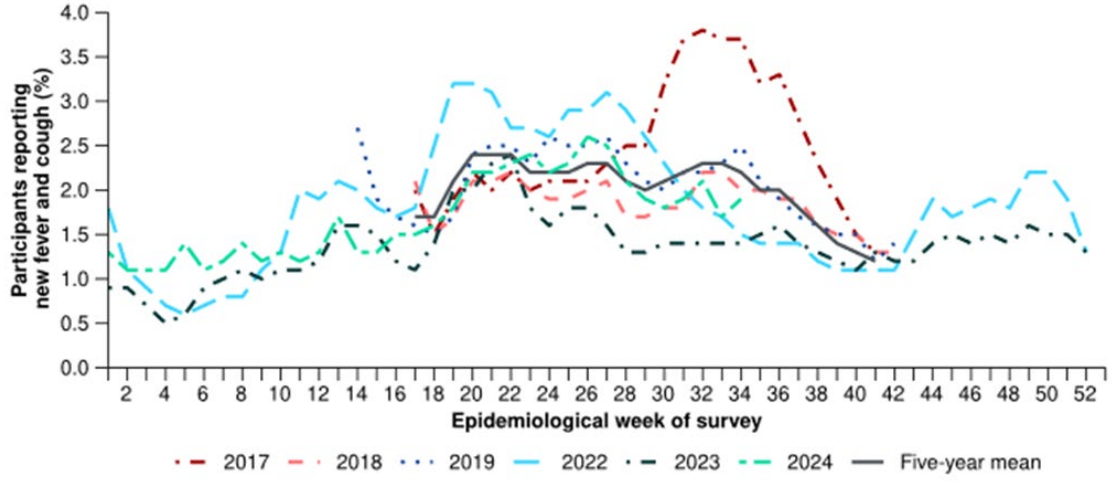
- The specific plans expected are:
  - IP&C
  - Vaccination Plans
  - Care Homes
  - Mental Health
  - Maternity (see Appendix)
  - Children and Young People
  - Primary care services
  - Elective capacity plans (see Appendix)
  - Workforce and wellbeing
  - EPRR (see Appendix)

- The next set of slides include samples of the initial samples of the IP&C, Vaccination Priorities and Comms and Engagement plan

IP&C Winter Planning

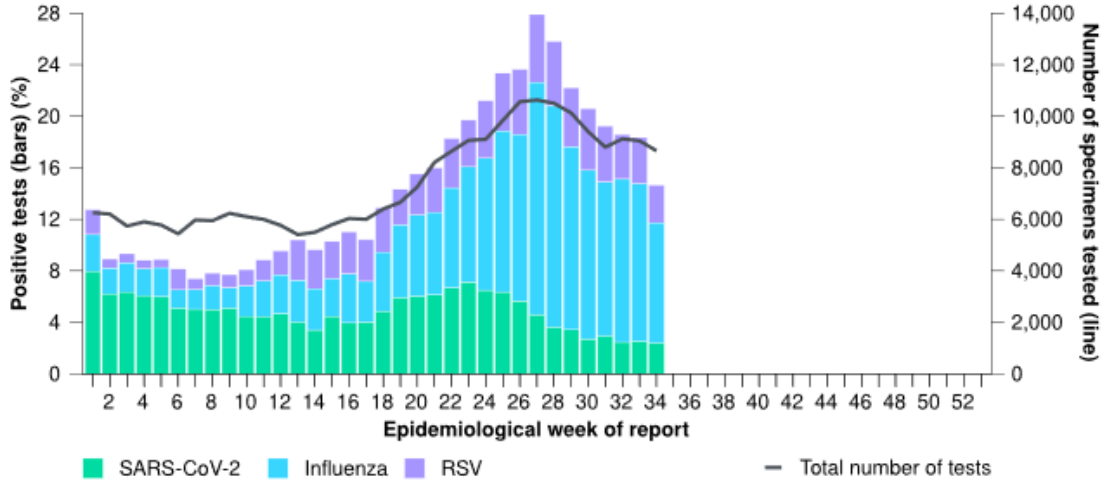
System group is meeting regularly to review plans for 24/25. This group also monitoring the latest intelligence from the Australian Respiratory Surveillance reports, the latest from report 10 between 12th and 25th August 2024

Figure 1: Age standardised percentage of FluTracking participants reporting new fever and cough symptoms compared with the five-year mean by year and week of report*, Australia, 2017 to 25 August 2024



* FluTracking has expanded the reporting period from 2020 onwards due to COVID-19. As such, five-year historical comparisons are not available for data reported before May and after October for any year before 2020. The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. As such, the five-year mean includes the years 2017 to 2019 and 2022 to 2023. Please refer to the Technical Supplement for interpretation of the five-year mean and for notes on impact of COVID-19 on FluTracking data.

Figure 16: Total number of specimens tested by sentinel laboratories and proportion of positive sentinel laboratory tests by pathogen and week of report*†, 1 January to 25 August 2024



* Number of specimens tested excludes data from Western Australia as testing denominator data are different for the three pathogens in Western Australia.
† A small minority of total samples from Victoria are tested only by respiratory panel (influenza, parainfluenza, adenovirus, human metapneumovirus, seasonal coronaviruses, RSV, and some picornaviruses) but not for SARS-CoV-2. These minority samples include only forensic materials; all other samples are tested by respiratory panel and SARS-CoV-2 assay.

Priorities

Bath and North East Somerset, Swindon and Wiltshire Together

- Covid programme to start from **3rd October** in line with Flu season
  - (exception : Flu 2-3yr olds starts 1st week September)

- **Eligibility:** JCVI recommendations *(08.08.24 awaiting operational note)*
  - adults aged 65 years and over
  - all residents in a Care homes (includes older adults and non- older adults care homes as per table 3 of the Green Book)
  - persons aged 6 months to 64 years in a clinical risk group (as defined in tables 3 and 4 of the COVID-19 chapter of the Green Book)'
  - ***Awaiting clarification on Frontline Health and Social Care Workers***

- **Priority Groups**
  - **Care Homes residents, Severely Immunosuppressed, Housebound patients and Children aged 6 months to 4 years in the clinical risk group**

RSV (respiratory syncytial virus) vaccination programme

Bath and North East Somerset, Swindon and Wiltshire Together

New Adult RSV programme	New Maternity RSV programme
• Adults turning 75 yrs old on or after 1st Sept eligible • Offered single RSV dose on or after 75th birthday • One off catch up for those already 75-79 to be completed at earliest opportunity, majority prior to 31st August 2025 • Recall oldest first so they don't miss the opportunity (eligible until the day before 80th birthday) • Catch up ideally during Sept / Oct 2024 to give maximum clinical protection from winter virus • Ideally NOT given at same appointment or same day as covid and/or flu (reduced effectiveness of RSV)	• Year round programme • All pregnant women to be offered from week 28 • Licensed up to week 36 but can be given off label until delivery • Protection within 2 weeks • Women who give birth within 2 weeks still pass on protective antibodies to babies • Can be given at same time as covid and flu if eligible • Pertussis usually given at 20 week scan appt • If pertussis not received and presents at 28 weeks when due for RSV, can and **should** be given together to provide protection • Give at separate sites (different arms)

Help Us Help You
#helpushelpyou

BSW Vaccination programme

Get vaccinated, get winter strong!

- Flu
- Covid
- RSV
- Whooping cough
- Measles
- All childhood immunisations
- Vaccine accelerator project will focus separately on raising awareness of the lifecycle of required vaccinations for children and adolescents.

  A new vaccination information portal will be developed and will house resources in different languages and formats (eg easy read).

BSW Together [system]

Self-care

- Healthy living and exercise.
- Good mental health.
- Hand hygiene.
- Keeping a well-stocked medicine. cabinet at home to treat minor illnesses and injuries.

Right service, right time

- NHS App
- NHS 111
- Pharmacy First
- Primary Care
- Urgent Care
- Emergency Care
- Community services

Preventative actions

- Not visiting hospital or a health care setting if you are unwell.
- Cancelling an appointment if you are not able to make it.
- Act FAST- Stroke symptom awareness

NHS South West [region]

Population Health Management priorities

Hypertension
Helping to identify and 'treat to target' people with high blood pressure.

c.11,500 people in BSW need to be found to reach the national target of 77%.

Know Your Numbers! – check your blood pressure events – September.

Outreach events – October / November

Smoking cessation
Helping people to quit smoking for good.

- Stoptober

Further planning meeting with region on 13 August.

Governance and oversight

Bath and North East Somerset, Swindon and Wiltshire Together

Assurance Process key dates 24/25

Bath and North East Somerset, Swindon and Wiltshire Together

Committee/Board	Aug 24	Sep 24	Oct 24	Nov 24
Urgent Care and Flow Delivery Group	14th Aug 24 (9th Aug)	11th Sep 24 (4th Sep)	9th Oct 24 (2nd Oct)	13th Nov 24 (6th Nov)
ICB Executive Management Meeting	21st Aug 24 (12th Aug)	18th Sep (9th Sep)	16th Oct 24 (7th Oct)	
ICB Quality and Outcomes Committee		3rd Sep 24 (23rd Aug)		
ICB Board		19th Sep 24 (5th Sep) **Initial Assurance**		21st Nov 24 (7th Nov) **Final Assurance**
BaNES Health and Wellbeing Board		5th Sep 24 (16th / 27th Aug)		

(Red dates) = Dates papers due for boards / committees

Risks

Bath and North East Somerset, Swindon and Wiltshire Together

Risks	Actions and Mitigations
Insufficient capacity for Urgent and Emergency Care and Flow (BSW ICB 01)	• Existing mitigations in place • Demand management actions to be delivered by UCFD and other system delivery groups
Ambulance Hospital Handovers (BSW ICB 03)	• Existing mitigations in place • Continuation of providers internal improvement plans • Updated versions of the ED Checklist to be rolled out
Workforce and resilience (BSW ICB 06)	• Existing mitigations in place, monitored by the Workforce Delivery Group
Elective Care Capacity (BSW ICB 21	• Existing mitigations in place, monitored by the Elective Care Delivery Group • Protected elective capacity
Community Pharmacy Capacity (BSW ICB 27)	• Existing mitigations in place and managed by the Primary Care and Community Delivery group
Impact of GP Collective action on Urgent Care and Flow	• Fortnightly BSW BMA GP CA Task and Finish Group • Regular updates to UEC Operational Group
Insufficient capacity to delivery operational plans and manage unprecedented surges in demand	• Daily / Weekly monitoring of activity • Local intelligence and information sharing at UEC Operational Group
Impact of IP&C on bed closures and workforce	• Updated BSW ICS IP&C BRAG tool to support teams in management of IP&C issues • Monitoring and sharing of local intelligence around surges and potential impacts
Lack of delivery or delays in delivery of provider's internal individual improvement programmes	• Board level oversight of internal action plans and prioritisation of key actions
Agreed allocated funding insufficient to meet the complexity of patient needs in Wiltshire	• In-depth review of spend • Additional processes in place for remainder of year
Mobilisation of ICBC across the Winter months may impact on provider's capacity and capability to respond in a timely way and make	• UCFDG to link in with the ICBC Programme board
NHSE requests for further guidance and or mandating specific changes within timeframes that system is not able to respond to.	• UEC team expansion should be able to support with requests but risk likely to remain with providers

Version control

Bath and North East Somerset, Swindon and Wiltshire Together

Version number	Date	Initiating author	Updates / Changes made
V0.1		Emma Smith	File creation using BSW Winter Plan master as original source material
V0.2	05/09/24	Emma Smith	Inclusion of risks, appendices, addition of flow improvements
V0.3	09/09/24	Emma Smith	Removed comms sub heading slide

Appendices

Maternity Services 24/25

Bath and North East Somerset, Swindon and Wiltshire Together

- BSW maternity and neonatal providers have continued to work collaboratively with the LMNS and region to manage capacity and demand within all maternity and neonatal services including Home Births.

- There continues to be a focus on maternity and neonatal workforce with decreased vacancies over the past year and recruitment pipelines that include international recruitment, midwifery apprenticeships implementation ,utilisation of nursing staff, recruitment and retention support roles , additional professional clinical support for newly qualified staff, shortened MSC conversion courses and a new project in autumn 24/25 to map and produce implementation plan for alignment with the national maternity support worker competency framework.

- BSW LMNS will continue to monitor demand and capacity through the LMNS Programme board and local risks and providers will continue to monitor through monthly quality and safety perinatal surveillance reporting to provider Trust Boards.

- For Winter, a potential risk remains around maternity and neonatal services if there are any significant infectious outbreaks due to limited numbers of available temporary specialist staffing which is largely provided by existing contracted staff who work additional hours. This includes midwifery and medical (obstetric and neonatal) staffing. There are escalation plans in place at a system and regional level if support is required. Active recruitment continues. However, if in escalation at critical point there is a risk of requirement to employ agency staff to maintain safe staffing.

- Improvements to maternity triage systems have decreased wait times for triage and assessment within maternity services which improves safety. RSV vaccination of pregnant women offer in the autumn of 24/25 aims to reduce numbers of infants presenting with RSV along with continued provision of flu vaccinations and pertussis.

Impact on Elective Capacity

Bath and North East Somerset, Swindon and Wiltshire Together

- Ensuring we maintain delivery of the elective care programme is essential. BSW Elective Care Board(ECB) maintains oversight of the elective care plan.

- Key risks to delivery of the elective programme this winter are a shortage of beds, demand for diagnostics, impacts on flow through each hospital, and high numbers of non-criteria to reside patients. If these risks materialise they will impact our ability to significantly reduce over 52 weeks by April 2025, meet the 62 day and Faster Diagnosis cancer standards, and hit our diagnostic plans.

- Several actions have been implemented, including:
    - Protected elective capacity at Sulis
    - Elective capacity protected as far as feasibly possible of other sites e.g. SFT have opened Imber ward, and removed downstairs of the Day Surgery Unit from the escalation plan
    - Theatre improvement programme, including increasing day cases to reduce the demand for beds
    - Focus on reducing outpatient follow ups, and increasing outpatient first appointments
    - Monitoring and proposed improvements to Wait List prioritisation taking into account inequalities and populations at higher risk of harm on waiting lists.

Emergency Preparedness, Resilience and Response (EPRR) 2024/25

Bath and North East Somerset, Swindon and Wiltshire Together

BSW Severe Weather Planning:

- BSW system signed up to MET Office alerts (Cold weather/Heatwave) and to the National Severe Weather Warning Service (NSWWS) to enable preparations when severe weather is anticipated
- Continued local liaison with local authorities' highways teams regarding access and improvements to gritting routes to ensure key sites supported
- A review of relevant plans is undertaken as part of the Annual EPRR Assurance (September/October 2024) to ensure that any lessons learnt are incorporated into updates
- LRF/LHRP Vulnerable Individuals plan exercised through Exercise Inundation October 2023, plan updated and published January 2024
- W&S LRF national power outage planning continues with Exercise Dynamo scheduled for 3rd September, exercising SCG, TCG and local community hubs, good engagement from health partners
- Avon & Somerset and Wiltshire & Swindon LRF – severe weather plans have been reviewed December 2023 aligning to the updated UKHSA cold weather alerts
- 24/7 escalation procedures in place should services be impacted by severe weather (including primary care)
- UKHSA Cold Weather 2024/25 Preparedness Stakeholder webinar Sept/October date to be confirmed - action cards and plans to be reviewed as required post this session

Mortuary Arrangements – Body Storage:

- W&S Mortality Group close liaison embedded and continues with the acutes mortuary teams and respective local authorities to ensure appropriate body storage capacity ahead of winter. Includes weekly data submissions which includes the Coroner's Office, partners have situational awareness
- Robust escalation plans are in place with the hospitals and local authorities should capacity be compromised (and being further developed regarding transportation following learning from GWH power outage incident July 2024
- Continued collaborative work by local authorities working closely with funeral directors

On-Call Arrangements

- Further enhanced resilience following outcome of Project Evolve with changes to on-call structure within BSW ICB with EPRR (Incident Response) and SCC (Operational Pressure) being separated out, and specialised training for on-call within this new footprint. This is aligned to new on-call arrangements being implemented in NHSE by 1st October 2024.

Report to:	BSW ICB Board - Meeting in Public	Agenda item:	9
Date of Meeting:	19 September 2024		

Title of Report:	BSW Performance and Quality Report
Report Author:	Clarisser Cupid, Lead for Patient Safety and Quality, Lynnette Glass, Senior Quality Manager, 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
Executive Management Meeting	21/08/24	Review of performance across the oversight framework domains
ICB Quality and Outcomes Committee	03/09/24	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.

We continue to progress with the development of an integrated performance report covering the key domains of quality, finance, workforce and operational performance. These metrics are closely aligned to the 2023/24 NHS Oversight Framework metrics and the regional and national assurance processes.

2	Summary of recommendations and any additional actions required

The Meeting 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 24/07/24) 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 04 – Impact of Industrial Action
- BSW ICB 06 – System workforce challenges.
- BSW ICB 08 – Workforce challenges in MH services
- BSW ICB 09 – Recovery of Elective Care capacity
- BSW ICB 10 – Cancer waiting times underperforming
- BSW ICB 11 – Impact of difficulty finding placements for children looked after
- BSW ICB 13 – Primary Care POD delegation impacted by lack of reporting
- BSW ICB 19 – CHC not meeting performance targets
- BSW ICB 22 – Mental Health transformation - community

We also note the BMA Collective Action is a new risk currently being assessed and may be included in BSW ICB 04.

5	Quality and resources impact

Quality impacts linked to the performance of the system are highlighted in this report. Where appropriate action is taken to address this impact.

This report notes by exception 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 outlines the following areas: achievements, alerts, risks, areas of focus, assurance, action plans, and continuous improvement for:

- Infection Prevention and Management (IP&M)
- Maternity and Neonatal

2. Key operational performance information

2.1. The NHSE oversight framework has been reviewed for 2024/25 and the changes are expected to be put in place during Q2. Due to the delay in the framework and the pre-election period the Q1 review was very light touch and undertaken by NHSE who confirmed there no changes in ratings with the ICB, RUH and SFT in segment 3. GWH continued in segment 2.

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

2.3. BSW has continued in NHSE Tier 2 (regionally led support) for UEC.

2.4. BSW 4hr performance improved in July though missed the planned trajectory for July. GWH (77.1%) met their target, SFT improved (73.3%) and RUH remain the most challenged (63.4%).

2.5. For Ambulance handover delays over 15 mins, all Trusts improved in July and GWH, SFT continued to improve in August. The delay for the combined trusts reduced to 55 mins July and 45 mins August. GWH continues to be the most challenged of the 3 acute trusts though in August reduced to 52 mins from 80 mins in July. Overall BSW's NCTR occupancy is 16.5% in August, not meeting the plan target of 12%.

2.6. RTT long waiters – 11 BSW commissioned 78 week waiters in June, including 4 at BSW Acutes. There is a plan target to clear 65 week waiters by September 2024, though the BSW Acutes are all above their plans at June, and provisionally in July. GWH and RUH have identified there are patients at risk of waiting over 65 weeks at the end of September due to capacity / complexity or patients choosing to be treated after September. The forecast is refreshed weekly, and often reviewed daily, to optimise the clearance of 65 week waiters.

2.7. Diagnostic (DM01) performance (the % of the waiting list over 6 weeks) is 28% in July 2024. The 23/24 recovery trajectory has not continued in 24/25 reflecting the breadth of the challenge across many modalities to meet increasing demand. Remedial action plans have been in operation for all

required modalities at the BSW Acutes for several months but there remain recurrent capacity gaps for non-obstetric ultrasound and endoscopy.

2.8. Cancer waiting time reporting for June shows BSW did not meet the national standards. SFT have had issues with their national reporting in Q1 which has impacted on BSW reporting. The 62 day standard has improved and is on plan for June at 70%. Executive focus and oversight for the recovery plans continues via the Elective Care Board.

2.9. Dental plans are new for 24/25: % of resident population seen by NHS dentist – both Adult and Children metrics are below plan at May 24. The ICB is working to deliver the Government plan to recover and reform NHS dentistry

2.10. In mental health, BSW Talking Therapies (TT) completed courses of treatment is the new metric for 24/25 and has met the plan trajectory in Q1. Key actions from the Talking Therapies Fundamental Service Review (FSR) scope have been agreed in July, with a focus on recruitment and service transformation.

2.11. The CYP access standard is at 84% of the planned trajectory in June. Improvement work is underway with partners pan-system to ensure accuracy of uploads to MHSDS in Q2. The two new Wiltshire Mental Health School Teams (MHST) will start to go live in January. Pathway improvement work continues with the Swindon services to improve performance.

2.12. Access to transformed community core mental health services will be reported from Q2 as the transformation requirements are met. In the meantime, we continue to monitor access to all services at 81% of plan in May 24 based on AWP. The 3rd Sector Alliance providers missed the inclusion date for 23/24 national reporting to MHSDS. This task is continuing for 2024/25 with intention to conclude by end Q2 (contingent on NHSE process).

2.13. Dementia diagnosis rates are improving consistently. though below the ICB plan trajectory to meet the national target. Additional staff are having an impact on access, but this is slower than had been anticipated due to recruitment delays. Wider pathway reviews and work with the Swindon services to reduce waiting times are

2.14. Complex LDA inpatient numbers (all-age) reduced in June and July and are just above the plan for July 2024. Direct management of inpatients is delivering 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 risks associated with health care associated infection remains. NHSE have yet to publish Healthcare Associated Infection (HCAI) thresholds for 24/25.
- For Clostridioides difficile and MRSA there are less cases compared to the same time period in 2023/24.
- MSSA and pseudomonas infections rate has plateaued and remains similar to that seen during the same time period last year.
- E-Coli and Klebsiella cases are rising compared to 2023/24

- Work continues on winter planning and preparation across the system, BSW ICS are also contributing to Southwest regional winter plans.
- BSW providers are reviewing all High Consequence infectious Disease (HCID) plans in line with latest update from NHSE National Infection Prevention and Control Manual and UKHSA Mpox updates.
- Case reviews for infections are ongoing to understand contributory causes in greater detail, a greater focus on community cases is required.
- BSW IP&M collaborative have outlined the actions and work to implement the Southwest IP&M strategy.

3.2 Maternity and Neonatal

- **Listening to Women and Families**– Update on response to Listening to Women and Families Letter received into BSW ICB May 2024 following the All Party Parliamentary (APPG) Inquiry report published in May 2024 on birth trauma. This report identified the impact of birth trauma on parents, babies and families and the importance of listening to pregnant/birthing people/women and taking appropriate actions in response.
- BSW Local Maternity and Neonatal system have reviewed the report to identify alignment of themes and recommendations with the existing BSW and provider action plans for implementation of the three-year delivery plan for maternity and neonatal services with identification of any additional actions required.
- The letter identifies that the vast majority of women, babies and families in the UK and BSW receive safe care with Trust Boards, BSW LMNS/ICB and regional and national teams providing regular, robust oversight of maternity and neonatal services in line with the national perinatal quality surveillance model to identify any early signals of concern.
- Boards are required to review the commissioning and implementation of existing commitments for which fundings was received in 23/24 which will help address recommendations in the APPG birth trauma report.
- **Perinatal Pelvic Health services** have been implemented across BSW in line with the national service specification over the last 18-24 months with commissioning in progress. These services provide support for prevention, identification and timely evidence-based treatments from physiotherapists, specialist midwives and multi-disciplinary teams to reduce the incidence of incontinence issues in pregnancy and following childbirth. Enhanced training for maternity and other staff members across BSW has supported early identification of pelvic floor issues, increased access for service users by self or practitioner referral, early identification of women requiring specialist referral reducing the risk of long-term harm and distress. The implementation has included targeted engagement with community groups who traditionally may not access services to share information and support equitable access.

- **Maternal Mental Health Services (OCEAN)** are in place across BSW as part of the perinatal mental health and maternity services provision demonstrating significant improvements in reducing the impact of trauma with trauma score reduced by over 80% and most service users reporting being symptom free following treatment. Services provide early identification, rapid referral (self and practitioner) joint team triage, enhanced midwifery support, talking therapies and therapeutic psychological interventions from an integrated team providing a pathway that meets individual needs of women/birthing people with trauma relating to pregnancy and childbirth, fear of childbirth, grief and anxiety. Service user feedback has been overwhelmingly positive with 100% of women who accessed the service reporting feeling listened to and their concerns treated seriously and that they were likely to recommend the service to their friends and family. Staff also reported increased job satisfaction and cohesive pathway approach across services supporting efficient provision of services.
- The commissioning of, and continued service provision of, the long- term plan for health early adopter services for perinatal pelvic health, Maternity and Neonatal Voices Partnership (MNVP) and maternal mental health services and continued safe staffing of maternity services (in line with Ockenden report and national three year plan for maternity and neonatal services) is reliant upon the recurrent SDF/targeted NHSE allocations for LMNS and BSW Maternity providers and LMNS. These services are implemented and currently in place across BSW demonstrating improved outcomes for women/pregnant/birthing people and babies. The ICB is currently reviewing the risks of each in order to understand the risk of SDF funding not being sufficient to cover all of the above.
- **Bereavement services** are in place within BSW maternity providers providing support for parent following the loss of their baby or pregnancy.
- BSW LMNS are working collaboratively across organisations to reduce inequalities in health care outcomes, supported by strong user voice representation from the Maternity and Neonatal Voices partnership (MNVP) who are embedded as key stakeholders with maternity and neonatal governance and quality improvement workstreams within acute providers and the LMNS. This work has included workshops to improve pathways and access to care for boating families, asylums seekers, refugees and migrants, women/birthing people and families from ethnic minority/global majority communities and military families. It has included antiracism training provision completed by 531 maternity and neonatal staff across BSW supporting staff to reduce inequalities in care and improve outcomes and experience for pregnant/birthing people. Two cohorts of staff across BSW maternity and neonatal services have completed Black Maternity Matters anti-racism champion training.
- Continued focus on Saving Babies Lives NHSE Care bundle implementation and assurance work along with Clinical Negligence for Trusts Maternity

Incentive Scheme (CNST MIS). Progress being made but challenging due to significant audit requirements and lack of sufficient ultrasound provision presenting a risk to compliance for providers with CNST MIS.

- Across BSW Integrated Care System staff are focused on supporting effective infant feeding in line with Baby Friendly accreditation with the aim of achieving gold status.
- BSW is participating in the national pilot of the **Maternity and Neonatal Independent Senior Advocate (MNISA)** role providing advocacy and support for service users who have experienced an adverse outcome during pregnancy and childbirth with the aim of ensuring that parents are fully involved in any investigations and identification of learning to ensure that their voices are heard and they feel listened to.
- Services currently reviewing national Maternity and Neonatal Services Investigation report "Factors affecting the safety of maternity units to provide assurance to LMNS of actions undertaken in response to recommendations.
- **Maternity annual CQC survey action plans** in place in maternity providers co –produced with Maternity and Neonatal Voices Partnership representatives.
- **Smoking at time of birth** (SATOD data) 23/24 rate is 6.6% consistently below national rate of 7.4% reflecting ICB/ICS system approach to supporting smoke free pregnancies.
- **Delay in proposals for increased tertiary neonatal cot capacity** in Bristol and intermittent capacity challenges presents increased risk of women/pregnant people and babies being transferred outside of region due to cot capacity for pre-term babies or babies requiring neonatal intensive care.
- **Ongoing pregnancy risks in pertussis and respiratory syncytial virus (RSV)** are noted in recent UKHSA and NHSE briefings. Associated year-round vaccination guidance has been shared to increase antenatal uptake for flu, Covid-19, pertussis and RSV vaccinations. RSV vaccination provision for pregnant women commenced September 2024 in the three BSW maternity acute providers which is aimed to reduce infection incidence in babies.

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, however performance varies between Trusts. This is alongside the reduction of off framework usage and improving price cap compliance, and a move towards NHSE price cap rates.

5.2. Bank usage is above plan and continues to fluctuate with a slight increase 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 is 4.4% in June 24 and has increased based on last few months. This is still below submitted plans though.

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 generally improving with a special case improvement for both figures, however there is a slight increase in month on in month sickness, compared to previous months.

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 eighth month in a row.

NHS
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BSW Integrated Performance & Quality Dashboard and Exception Reports

September 2024

ICB Board, 19/09/24

BSW Integrated Performance Dashboard

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 dashed red line on the charts represents the planning target for the end of the year (March 25).

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.

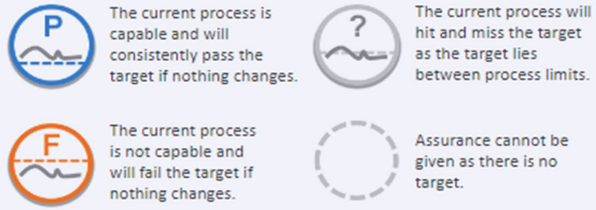
Metrics with limited data points e.g. annual and with planned / expected change across the year will usually need further interpretation outside of the SPC process.

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

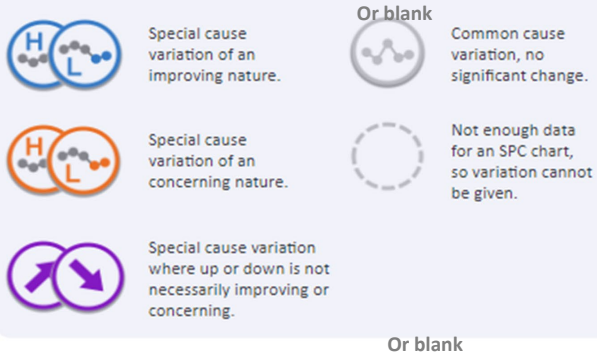
What are summary icons?

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.

Latest update: August 2024
Metrics are benchmarked for May or June data

NHS Oversight Framework: BSW 24/25 Q1 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.
- The 2024/25 oversight framework went to for consultation earlier this year and is expected to be shared during Quarter 2. In the meantime, NHSE undertook a minimal Q1 desktop review and confirmed there were no changes in ratings. The 3 BSW acutes were all placed in Tier 2 for Cancer and Diagnostics in April as a system.

2024/25 Q1	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
Tiering (Tier 2: regionally led support)	UEC – Tier 2	Cancer and Diagnostics – Tier 2 (as a system)	Cancer and Diagnostics – Tier 2 (as a system)	Cancer and Diagnostics – Tier 2 (as a system)	

- GWH have continued in segment 2 working through specific actions given to avoid segment 3.
- AWP were not issued a Q4 letter, in Q4 BNSSG ICB co-ordinated a separate well-led oversight review.

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 Recovery Support Programme

BSW Integrated Performance Dashboard

NHS
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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 (Year end)	Improvement Direction	Variation	Assurance
4 hour % total Attendances SOF	ALL_ICB - ACUTE TOTAL	28 of 42 I	Jul-24	69.6%	71.7%	▲	75.2%	No	78.0%	▲		
4 Hour % Total Attendances (Uplift) (mapped to system footprint , including MIUs)	ALL_ICB - ACUTE TOTAL		Jul-24	73.0%	74.9%	▲	78.3%	No	78.0%	▲		
Average Handover Delays > 15 mins	ALL_ICB - ACUTE TOTAL		Aug-24	55	45	▼			25	▼		
Average Response Time (Mins) Category 2 Incidents SOF	BSW COMMISSIONER TOTAL	N/A for BSW	Aug-24	39	32	▼	27	No	30	▼		
NCTR % Occupancy SOF	ALL_ICB - ACUTE TOTAL	N/A for BSW	Aug-24	17.3%	16.5%	▼	12.0%	No	10.0%	▼		
Total Ambulance Conveyances	ALL_ICB - ACUTE TOTAL		Aug-24	5,660	5,111	▼				▼		

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 (Year end)	Improvement Direction	Variation	Assurance
G&A Bed Occupancy - Adult % SOF	ALL_ICB - ACUTE TOTAL	35 of 42 L	Aug-24	96.0%	96.0%	◀▶	96.1%	Yes	92.0%	▼		
G&A Bed Occupancy - Paeds %	ALL_ICB - ACUTE TOTAL		Aug-24	59.0%	62.0%	▲	70.7%	Yes		▼		
G&A Bed Occupancy - Total %	ALL_ICB - ACUTE TOTAL		Aug-24	94.0%	95.0%	▲	94.8%	No		▼		

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

BSW Integrated Performance Dashboard

NHS
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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 (Year end)	Improvement Direction	Variation	Assurance
*	Cancer - 28 Days Faster Diagnosis Standard SOF	BSW COMMISSIONER TOTAL	41 of 42 L	Jun-24	67.7%	68.0%	▲	71.2%	No	77.0%	▲		
*	Cancer - 31 Day Decision to Treat to Treatment Standard	BSW COMMISSIONER TOTAL		Jun-24	90.8%	88.4%	▼			96.0%	▲		
	Cancer - 62 Day Pathways SOF	ALL_ICB - ACUTE TOTAL	29 of 41 I	Aug-24	379	334	▼				▼		
*	Cancer - 62 Day Referral to Treatment Standard	BSW COMMISSIONER TOTAL		Jun-24	67.1%	67.8%	▲	68.4%	No	70.0%	▲		
*	Cancer - Suspected cancer seen on a non-specific symptoms pathway	BSW COMMISSIONER TOTAL		May-24	16	9	▼	61	No		▲		
	Cancer - Waits >104 Days	ALL_ICB - ACUTE TOTAL		Aug-24	64	91	▲				▼		
	Diagnostics - % of WL over 13 weeks - All Modalities	BSW COMMISSIONER TOTAL		Jun-24	9.0%	8.0%	▼			0.0%	▼		
	Diagnostics - % of WL over 6 Weeks - 9 Key Modalities	BSW COMMISSIONER TOTAL		Jun-24	26.0%	28.0%	▲	26.4%	No	5.0%	▼		
	Diagnostics - % of WL over 6 Weeks - All Modalities SOF	BSW COMMISSIONER TOTAL	32 of 42 L	Jun-24	27.0%	28.0%	▲			5.0%	▼		
	ERF (Elective Recovery Fund) - % Against 19/20 Baseline SOF	BSW COMMISSIONER TOTAL	1(J) of 42 H	Jun-24	119.4%	119.7%	▲	110.2%	Yes	107.1%	▲		
	Outpatient Clock Stop Activity %	BSW COMMISSIONER TOTAL		Jul-24	70.4%	69.3%	▼	46.7%	Yes	46.0%	▲		
	Outpatient Reduction in Follow Up Attendances	BSW COMMISSIONER TOTAL		Jul-24	105.0%	102.5%	▼	99.2%	No	75.0%	▼		
	RTT - Waiting List 52 Weeks+	BSW COMMISSIONER TOTAL		Jun-24	3,446	3,362	▼	3,061	No		▼		
	RTT - Waiting List 65 Weeks+ SOF	BSW COMMISSIONER TOTAL	4 of 42 H	Jun-24	423	445	▲	260	No		▼		
	RTT - Waiting List 78 Weeks+	BSW COMMISSIONER TOTAL		Jun-24	16	11	▼			0	▼		

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

* Please note
SFT Cancer waiting time data for 24/25 Q1 has been sourced locally due to a submission issue, The acute total data is now correct but the commissioner total cannot be recalculated due to complexity..
Suspected Cancer seen on a non-specific symptoms pathway - the data quality is being reviewed.

BSW Integrated Performance Dashboard

NHS
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QUALITY – Patient Safety

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target (Year end)	Improvement Direction	Variation	Assurance
Beds closed due to D&V/norovirus like symptoms (Avg p/d)	ALL_ICB - ACUTE TOTAL		Aug-24	17	13	▼				▼		
IPC c.Diff Infection Rate SOF	BSW COMMISSIONER TOTAL	30 of 42 H	Mar-24	172.5%	168.8%	▼			100.0%	▼		
IPC E.coli Infection Rate SOF	BSW COMMISSIONER TOTAL	9 of 42 H	Mar-24	136.8%	137.4%	▲			100.0%	▼		
IPC MRSA Infection Rate SOF	BSW COMMISSIONER TOTAL	20 of 42 H	Mar-24	5	5	◀▶				▼		
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 12 of 119 H	Mar-24	2	2	◀▶				▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE	RUH 12 of 119 H	Mar-24	2	2	◀▶				▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE	SFT 12 of 119 H	Mar-24	2	2	◀▶				▼		
Mixed-Sex Accomodation Breaches	BSW COMMISSIONER TOTAL		Jun-24	397	272	▼				▼		

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 Mortality Group is in place to analyse data, identify trends, share best practice and system quality improvement learning

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 (Year end)	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.
A patient experience quality report will be shared

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 (Year end)	Improvement Direction	Variation	Assurance
Community Bed Occupancy	BSW COMMISSIONER TOTAL		Jul-24	95.1%	91.0%	▼	95.3%	Yes		◀▶		
Community Waiting List - Local	BSW COMMISSIONER TOTAL		Jul-24	22,895	22,229	▼				▼	H	
Community Waiting List >52 Weeks	BSW COMMISSIONER TOTAL		Jul-24	11	6	▼	10	Yes		▼		
Community Waiting List >52 Weeks (Adult)	BSW COMMISSIONER TOTAL		Jul-24	11	6	▼	10	Yes		▼		
Community Waiting List >52 Weeks (CYP)	BSW COMMISSIONER TOTAL		Jul-24	0	0	◀▶				▼	L	
UCR % 2hour Response SOF	BSW COMMISSIONER TOTAL	35 of 42 L	Jun-24	78.0%	77.0%	▼			70.0%	▲	H	?
UCR Referrals	BSW COMMISSIONER TOTAL		Jun-24	1,765	1,630	▼	2,027	No		▲		
Virtual Wards: Average Occupancy % SOF	ALL_ICB - ACUTE TOTAL	16 of 42 L	Jul-24	82.0%	81.0%	▼	81.1%	No	80.0%	▲	H	F
Virtual Wards: Capacity	ALL_ICB - ACUTE TOTAL		Jul-24	163	163	◀▶	175	No	175	▲	H	F

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

BSW Integrated Performance Dashboard

NHS
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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 (Year end)	Improvement Direction	Variation	Assurance
GP Appointments	BSW COMMISSIONER TOTAL		Jul-24	505,476	566,018	▲	505,310	Yes		▲		
GP appointments where time from booking to appointment was two weeks or less % SOF	BSW COMMISSIONER TOTAL	33 of 42 L	Jul-24	85.6%	86.1%	▲	81.1%	Yes	85.0%	▲		
IIF: Primary Care - % Lower GI Suspected Cancer referrals with an accompanying FIT result (CAN-02)	BSW COMMISSIONER TOTAL		Jul-24	74.8%	74.3%	▼	74.5%	No		▲		
Percentage of resident population seen by an NHS dentist - Adult - 24 month rolling	BSW COMMISSIONER TOTAL		May-24	28.1%	27.8%	▼	32.0%	No		▲		
Percentage of resident population seen by an NHS dentist - Child - 12 month rolling	BSW COMMISSIONER TOTAL		May-24	51.0%	51.0%	▲	54.4%	No		▲		
Units of dental activity delivered	BSW COMMISSIONER TOTAL		May-24	72,730	72,695	▼	73,254	No		▲		

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

BSW Integrated Performance Dashboard

NHS
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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 (Year end)	Improvement Direction	Variation	Assurance
* Access to Transformed Community Mental Health Services	BSW COMMISSIONER TOTAL		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	40 of 42 L	Jun-24	9,045	8,855	▼	10,564	No	13,830	▲		
Dementia Diagnosis Rate SOF	BSW COMMISSIONER TOTAL	33 of 42 L	Jul-24	60.3%	60.8%	▲	62.1%	No	66.7%	▲		
* Inappropriate Acute Mental Health Out of Area Placements	BSW COMMISSIONER TOTAL		Jun-24	5	5	◀▶	4	Yes		▼		
* SMI Health Checks %	BSW COMMISSIONER TOTAL		Mar-24		61.0%				60.0%	▲		
Specialist Community Perinatal Mental Health Access SOF	BSW COMMISSIONER TOTAL	9 of 42 H	Jun-24	1,140	1,145	▲	1,130	Yes	985	▲		
Talking Therapies - Number of Adults Receiving a Course of Treatment	BSW COMMISSIONER TOTAL		Jun-24	4,705	4,680	▼	4,634	Yes	9,651	▲		
Talking Therapies - Reliable Improvement Rate	BSW COMMISSIONER TOTAL		Jun-24	64.0%	68.0%	▲	64.1%	Yes	67.0%	▲		
Talking Therapies - Reliable Recovery Rate	BSW COMMISSIONER TOTAL		Jun-24	42.0%	46.0%	▲	47.6%	No	48.0%	▲		

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

* Please note:
Access to Transformed community Health Services – the first PCN / services are planned to meet the requirements for transformation in July and reporting for this metric will start with July data.
Inappropriate Acute MH out of area placements – the numbers are suppressed when 5 or below. This report will show 5 when there are 1 to 5 placements and zero when there are no placements
The MHSDS updates have paused some reporting and the core data packs are expected to be available by September.

BSW Integrated Performance Dashboard

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 (Year end)	Improvement Direction	Variation	Assurance
LD - % Annual Health Checks Carried Out SOF	BSW COMMISSIONER TOTAL	29 of 42 H	Jun-24	7.6%	11.4%	▲	10.0%	Yes	75.0%	▲		
LD - Adult Inpatients - Total (Rate per million)	BSW COMMISSIONER TOTAL		Jul-24	42	40	▼	38	No	30	▼		
LD - Children Inpatients - Total (Rate per million)	BSW COMMISSIONER TOTAL		Jul-24	26	26	◀▶	26	Yes	10	▼		
LD - Inpatients	BSW COMMISSIONER TOTAL		Jul-24	35	34	▼	32	No	23	▼		
LD - Inpatients (Rate per million) SOF	BSW COMMISSIONER TOTAL	N/A	Jul-24	38	37	▼	35	No	25	▼		

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. Benchmarking not yet available for 24/25

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 (Year end)	Improvement Direction	Variation	Assurance
Agency Usage % - all staff	SOF	ALL_ICB - ACUTE TOTAL	Reported as Finance	Jun-24	1.0%	.9%	▼			2.0%	▼		
Bank Usage % - all staff		ALL_ICB - ACUTE TOTAL		Jun-24	5.8%	6.2%	▲			4.0%	▼		
Sickness Rate - 12m	SOF	ALL_ICB - ACUTE TOTAL		Jun-24	4.2%	4.2%	▲			4.0%	▼		
Sickness Rate - in month		ALL_ICB - ACUTE TOTAL		Jun-24	4.0%	4.3%	▲			4.0%	▼		
Turnover Rate - 12m	SOF	ALL_ICB - ACUTE TOTAL	37 of 42 L	Jun-24	10.8%	10.7%	▼			12.0%	▼		
Turnover Rate - in month		ALL_ICB - ACUTE TOTAL		Jun-24	.8%	.9%	▲			1.0%	▼		
Vacancy Rate - all staff		ALL_ICB - ACUTE TOTAL		Jun-24	4.1%	4.4%	▲			6.0%	▼		

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

SOF Denotes 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 (Year end)	Improvement Direction	Variation	Assurance
Agency Spend vs agency ceiling (% over plan) SOF	BSW NHS ICS - TOTAL		Jul-24	-12.0%	-13.0%	▼			0.0%	▼		
Efficiencies % recurrent Actual SOF	BSW COMMISSIONER TOTAL		Jul-24	100.0%	100.0%	◀▶			79.0%	▼		
Financial efficiency - variance from efficiency (?m YTD) SOF	BSW COMMISSIONER TOTAL		Jul-24	£-2.1	£-2.2	▼			£	▼		
Financial stability - variance from plan (?m YTD) SOF	BSW COMMISSIONER TOTAL		Jul-24	£-0.6	0	▲			£	▼		
Mental Health Investment - variance from plan (?m YTD) SOF	BSW COMMISSIONER TOTAL		Jul-24	0	0	◀▶			£1	▲		

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

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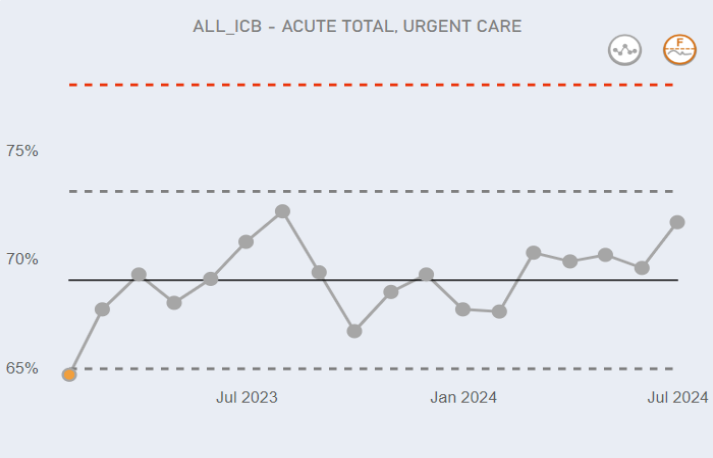
Integrated Care Board

Operational performance exception report

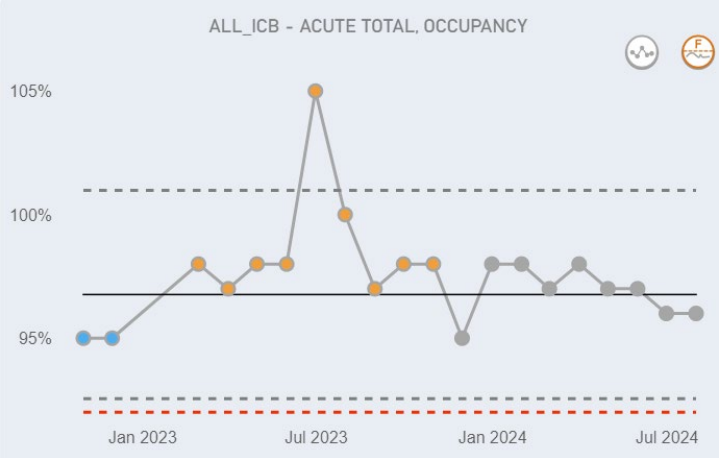
Urgent Care – Urgent Care & Flow

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

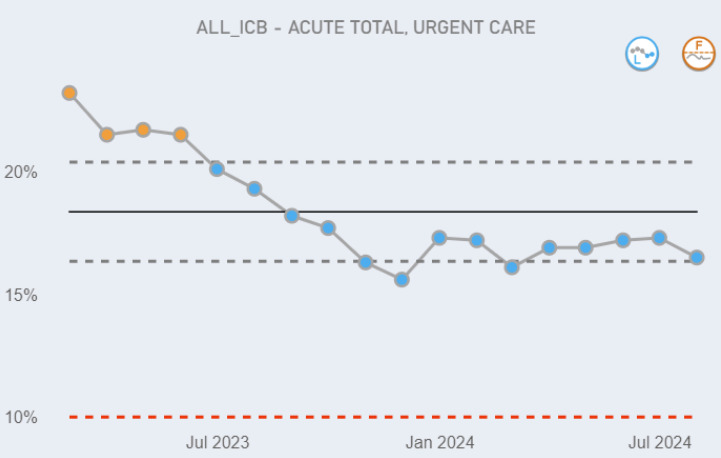
% A&E attendances treated in 4 hours



G&A bed occupancy – Adult %



NCTR % Occupancy



Performance Analysis

- A&E 4hr performance in BSW is improved though below plan in July 2024 at 71.7%, against plan of 75.2%. GWH met their plan with 77.1% (plan 76.3%). SFT improved to 73.3% (plan 76.2%). RUH performed similar to June at 63.4% (plan 73.0%) Our ED performance overall continues to perform below the national ambition of 78%.
- The August 24 non criteria to reside (NCTR) position for the 3 system Acutes improved to 16.5%, higher than the plan of 12%, with beds occupied at 243 compared to the plan of 176. In August ,GWH met their plan with a reduction to 12.2% (plan 13.5%), RUH increased slightly to 17% (above plan 12.1%) and SFT increased to 20.6% (above plan 10%).

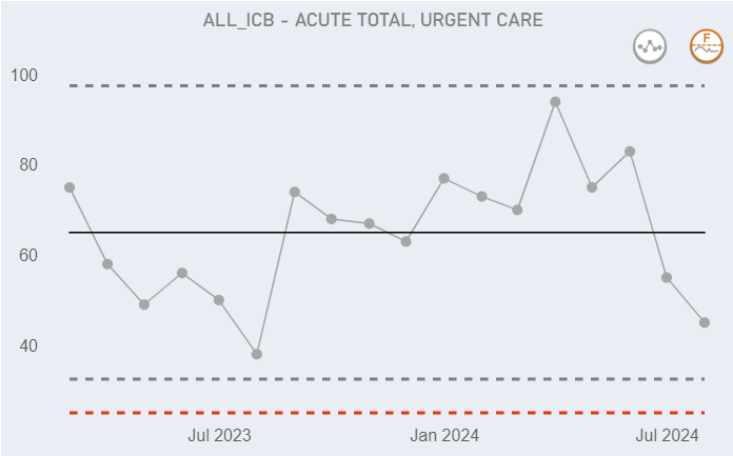
Actions underway

- Meeting with BSW system delivery group leads to review demand management and opportunities in delivery programmes to reduce UEC demand
- Refresh of BSW UEC Demand and Capacity model underway to test assumptions ahead of Winter and in preparation of BSW Winter Plan and evaluation of locality schemes.
- Acute hospitals continue to work on internal work programmes to recover performance and improve flow through the hospital.
- Daily Flow call with SFT re-established to support with reduction in NCTR and local processes, continuation of daily flow reporting shared with system partners on NCTR
- Escalation of Out of Area NCTR patients being coordinated through BSW Flow team with a revised escalation policy
- BSW Flow programme continuing to meet and an initial process review and reset session held with system partners on the 6th August ahead of BSW Discharge and Flow Big Room event held on 3rd September with wide system representation.
- BSW Streaming and redirection group to be established from September, delayed due to capacity
- Care coordination and virtual wards exploring winter additionality using slippage money from programme budgets to increase capacity over winter.
- BSW Quality team leading on Wound Care task and finish group to reduce attendances at UTC and MIUs

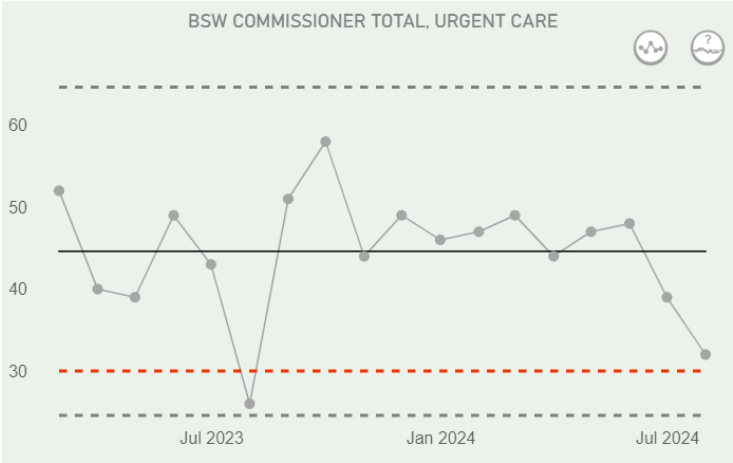
Urgent Care – Ambulance

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

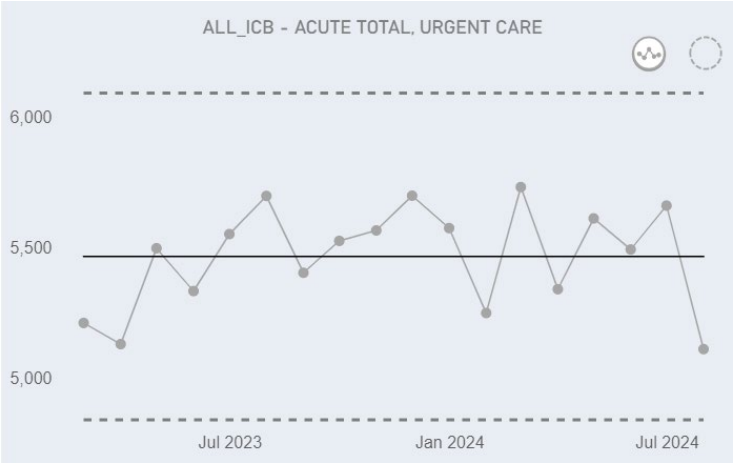
Average handover delays (mins) > 15 mins



Average Response Time (mins) Category 2



Total Ambulance conveyances



Performance Analysis

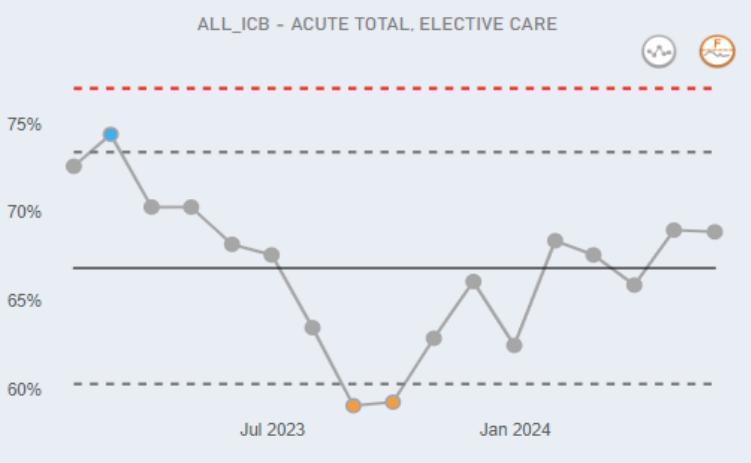
- Remain in Tier 2 for UEC performance
- Ambulance handover delays over 15mins for August – GWH (52 mins) and SFT (14 mins) improved and the 3 Acutes combined reduced to 45 mins from an average 55 mins in July. GWH at an average of 52 mins and RUH increased with an average of 51 mins delays were above the level needed to support plan delivery.
- In August for BSW there was a reduction to an average of 32 minutes response time to category 2 incidents, above the 27 mins planned, though this is an improvement over recent months.
- Flow over 7 days continues to remain an issue driven by lower discharges at the weekend.
- Ambulance activity in August is reduced against July though still above contracted plan and 23/24. SWAST are seeing an increase across all ICBs.

Actions underway

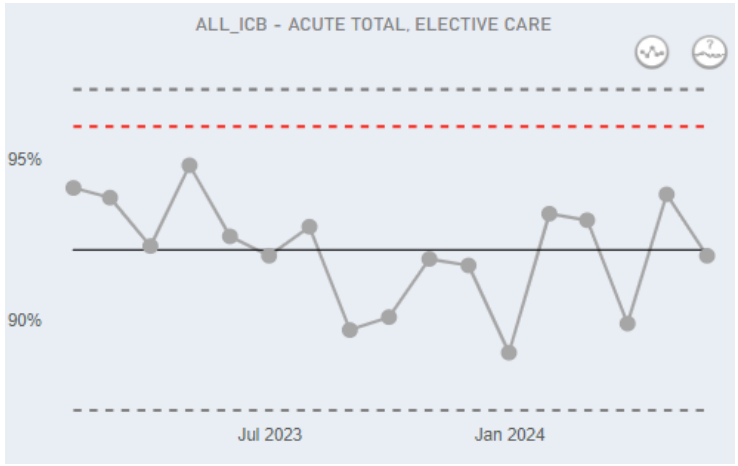
- Regional task and finish group focused on Ambulance handovers established, CEO led meeting weekly reviewing 5 workstreams (Internal SWASFT, Increasing access to alternative community pathways, System Care Coordination, Hospital Access, Timely ED Handovers).
- Acute Hospitals continuing with internal improvement initiatives and embedding further process improvements identified from Ambulance Handover perfect week
- Care Coordination capacity increased from August 2024 following July's extension of hours until 23:00 on a daily basis.
- RUH ED reset week re-scheduled for September including introduction of new UTC rota and updated UTC DoS profile to be implemented
- GWH new Integrated Front door opening was postponed in July and new date confirmed mid-September.
- Refresh of BSW UEC Demand and Capacity model underway to test assumptions ahead of Winter and in preparation of BSW Winter Plan
- Peer to peer reviews using NHSE Maturity Index still to be review and plans to carry out where required.
- Discharge and Flow big room event held September 3rd with good system representation.

Elective Care – Cancer standards

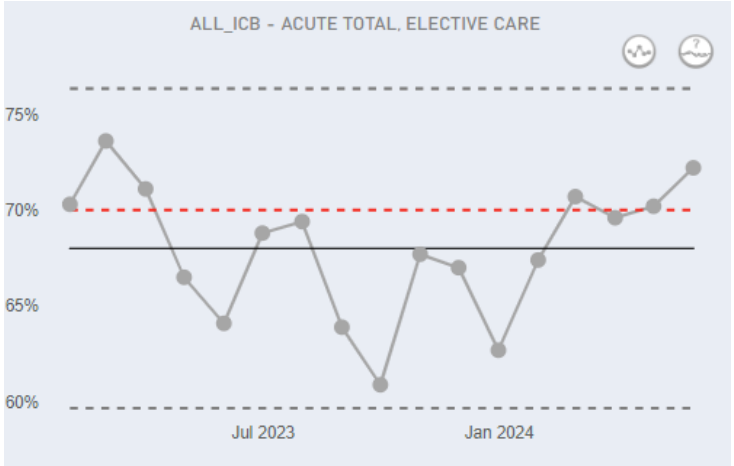
28 day faster diagnosis (standard =75%)



31 day combined standard (96%)



62 day combined standard (85%)



Red line represents planning expectation of greater than 70%

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 June 24.
- 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.
- The 28 day standard (BSW Acutes – all patients) at 68.9% in June is below the plan of 70.6%. GWH improved performance in June to 70% meeting the 69% plan. RUH reduced to 64% in June (plan 69.1%). SFT locally have reported 74.8% just below their plan of 74.9%.
- The 31 day combined performance (BSW Acutes – all patients) reduced to 91% in June 24 (GWH and RUH), below the 96% standard. GWH improved to 89%, RUH fell to 92% and SFT did not submit but locally have reported meeting the standard.
- The 62 day combined performance (BSW Acutes – all patients) has improved to 70% in June 24 meeting the plan trajectory of 68.4%. GWH and RUH have reported on plan in June. SFT submitted nationally incorrectly but locally have reported on plan though that is not included in the BSW position due to the data issue noted below

* Please note
SFT Cancer waiting time data for 24/25 Q1 has been sourced locally due to a submission issue, The acute total data is now correct (as shown in the charts and in the narrative) but the commissioner total cannot be recalculated due to complexity.

Elective Care- Cancer Standards- FDS

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Integrated Care Board

Actions underway:

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

- Skin Insourcing commenced w/c 22/07 and delivering additional appointments as planned; redirection of Cancer Services admin support to manage increased 28 day clock stops.
- Gastro outpatient waiting times remain close to 28 days following locum consultant starting. Sulis supporting with Colonoscopy straight to test. Clinic template review and opportunity for expansion of internal colonoscopy straight to test.
- Urology - Support from Salisbury providing 100 ultrasound appointments for RUH patients, creating capacity to deliver additional 10 haematuria clinics. Plans being implemented. Sulis to manage some routine haematuria to create suspected cancer capacity at RUH.
- Prostate MRI waiting times improving further to 10 days, with further improvement in August through increase in ring-fenced capacity.
- Lung: Increase ring-fenced CT capacity agreed from August. Outpatient WLIs agreed

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

- Head & Neck Ops Manager reviewing cause of deterioration in 28d position –short term workforce issues
- Urology - A3 framework thinking is in development and is a key focus for Best Practice Timed Pathway work.
- 28d Improvement - A3s for Urology, LGI, Gynaecology and Haematology key point of discussion weekly at Cancer Improvement Group
- Work underway to improve data collation and pathway related to Bowel Cancer Screening breaches on overall colorectal FDS performance.
- 28d improvement touchpoint meetings' continue within LGI - Reflecting on output of LGI 28d meeting to adopt similar principle in Urology

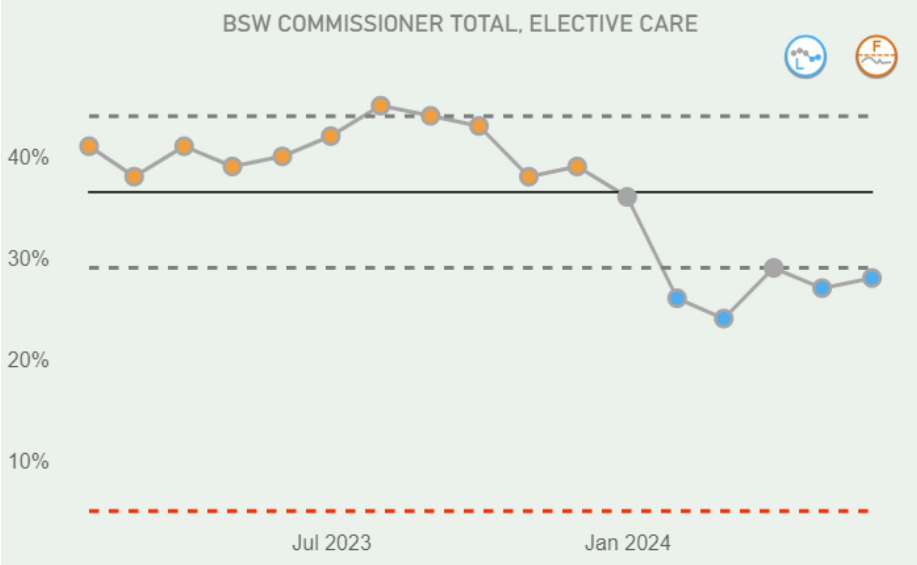
GWH Drivers- Colorectal, Skin and Urology diagnostic capacity contribute to the majority of breaches, actions include:

- Increased capacity from May in Breast (WLI's & recruitment of a Locum Radiologist) and Dermatology (Locum Return and insourcing). Skin showing improvement but performance impacted until backlog cleared – improvements expected September,
- On-going diagnostic challenges in Colorectal & Urology. Urology– setting up LATP insourcing, changing pathway to support best practice timed pathway. Colorectal - Regular meetings with Clinical & service leads to discuss improvement ideas, developing plan to pilot referrals via ICE with a PCN.

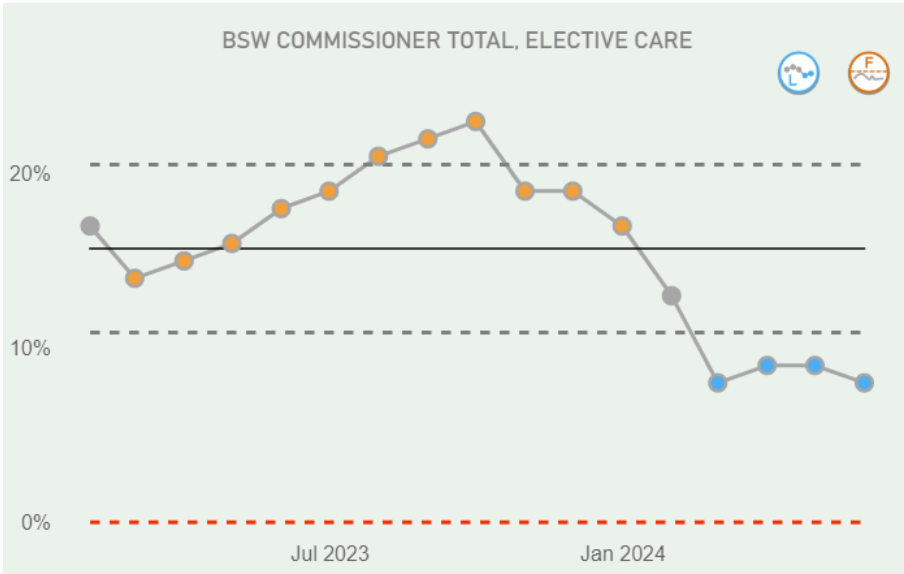
Elective Care – Diagnostics

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

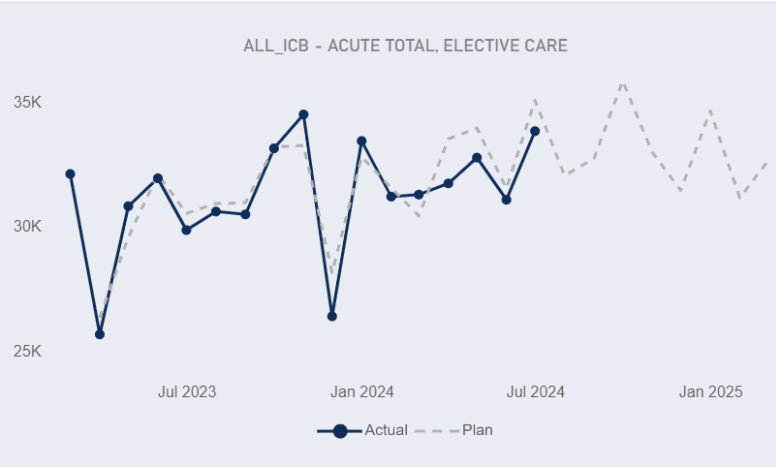
- DM01 test performance > 6 weeks (breach rate) for June 2024: GWH 29.4%, RUH 35.1% and SFT 13.4%. BSW commissioner position is 28.2%. (Target in 2024/25 is to reduce to 5% by March 25).
- Provisional data for BSW commissioned diagnostics Is available for July, RUH at 35.3% and GWH at 29.3% are close to the June position while SFT increases to 16.5%. BSW provisional data is 28.75%, which would not meet the July plan.
- Key drivers are non-obstetric ultrasound and MRI, highest volume tests with 55% of BSW waiters over 6 weeks.
- GWH – improved 4% in June, endoscopy improved but is still challenged. Increased 6ww breach performance for CT, MRI and Audiology.
- RUH – June a deterioration of 7.31%, and below the revised trajectory for June. Performance affected by the cumulative impact of increased demand for Radiology modalities in May 24 (+13%). Within total demand, urgent/suspected cancer cohort continues to increase above plan and impacting directly on available capacity for routine DM01 referrals, despite overall increased activity levels in month. The diagnostic modalities of MRI, USS, CT, Sleep Studies and Echo remain the top contributors to adverse performance.
- SFT – improved 3% in June, Echos and Ultrasound improved, increased 6ww breach performance in MRI, CT and Endoscopy. SFT are expected deterioration in MRI performance in July due to unplanned scanner downtime.

Actions underway

Elective Care – Outpatient Activity

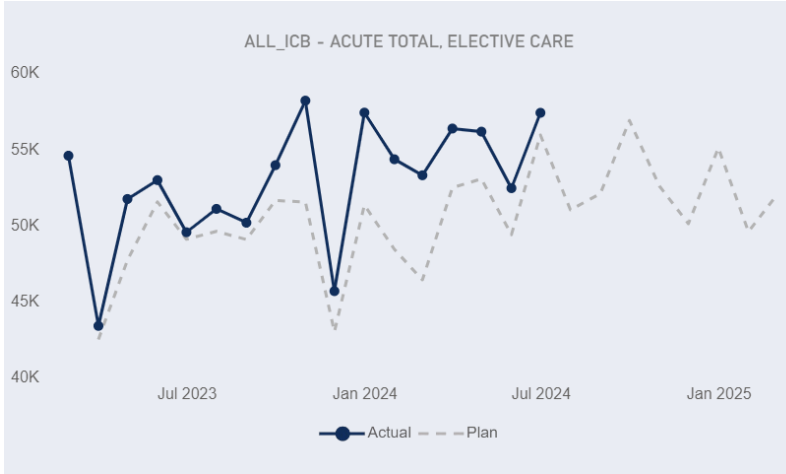
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Consultant led first outpatient attendances



Date	Actual	Plan	Variance
Dec 2023	26,379	28,136	-1,757
Jan 2024	33,436	32,803	633
Feb 2024	31,197	31,550	-353
Mar 2024	31,278	30,429	849
Apr 2024	31,729	33,514	-1,785
May 2024	32,768	33,956	-1,188
Jun 2024	31,070	31,525	-455
Jul 2024	33,833	35,070	-1,237
Aug 2024		32,044	
Sep 2024		32,734	
Oct 2024		35,854	
Nov 2024		32,992	
Dec 2024		31,448	
Jan 2025		34,652	
Feb 2025		31,147	
Mar 2025		32,553	

Consultant led follow-up outpatient attendances



Date	Actual	Plan	Variance
Dec 2023	45,636	42,963	2,673
Jan 2024	57,361	51,289	6,072
Feb 2024	54,297	48,381	5,916
Mar 2024	53,246	46,377	6,869
Apr 2024	56,316	52,434	3,882
May 2024	56,111	53,007	3,104
Jun 2024	52,399	49,348	3,051
Jul 2024	57,349	55,891	1,458
Aug 2024		50,972	
Sep 2024		52,045	
Oct 2024		56,846	
Nov 2024		52,539	
Dec 2024		50,067	
Jan 2025		55,048	
Feb 2025		49,544	
Mar 2025		51,832	

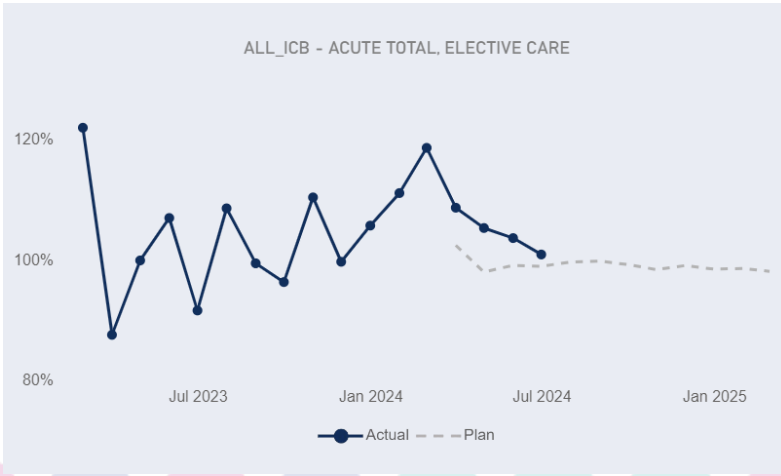
Performance Analysis

- Outpatient activity is off plan in July with less first outpatient activity than planned and more follow up activity than planned.
- All 3 Acutes increased their outpatient activity in July as expected in their plan trajectories.
- RUH met their follow–up outpatient attendance plan and were just outside the plan for reduction in follow up attendances
- GWH met their plans for first outpatient attendances and outpatient reduction in follow up attendances in July.

Actions underway

- Recovery Board has requested a deep dive on outpatient productivity. The deep dive will support the BSW system financial recovery and will set out how we will be seeking to address performance including demand management.
- The deep dive analysis was undertaken and 7 key actions proposed to the Recovery Board to support delivery of outpatients targets in the 24/25 plan.

Outpatient Reduction in Follow Up Attendances

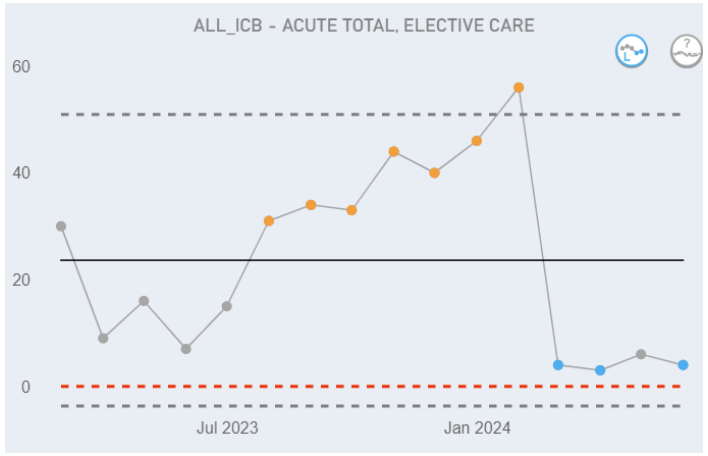


Date	Actual	Plan	Variance
Dec 2023	99.6%		
Jan 2024	105.6%		
Feb 2024	111.0%		
Mar 2024	118.5%		
Apr 2024	108.6%	102.3%	6.2%
May 2024	105.2%	97.9%	7.3%
Jun 2024	103.5%	99.0%	4.5%
Jul 2024	100.8%	98.9%	2.0%
Aug 2024		99.6%	
Sep 2024		99.7%	
Oct 2024		99.1%	
Nov 2024		98.3%	
Dec 2024		99.0%	
Jan 2025		98.4%	
Feb 2025		98.5%	
Mar 2025		98.0%	

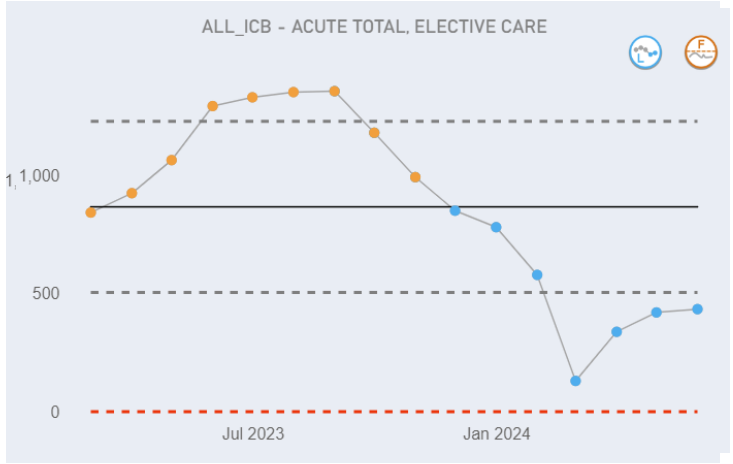
Elective Care – RTT Long Waiters – 78+, 65+, 52+ weeks

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

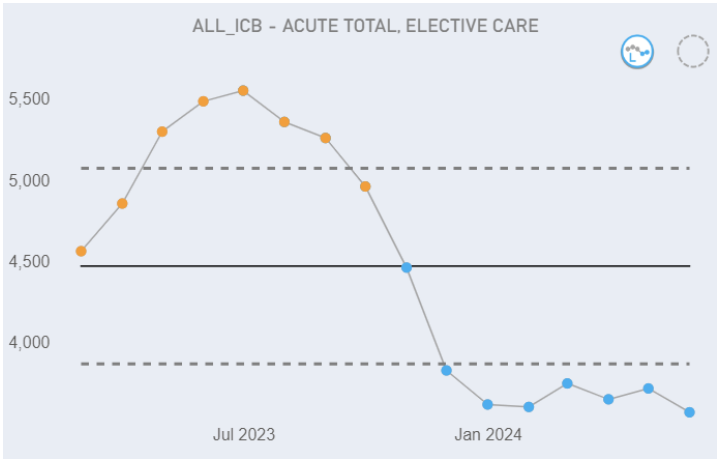
RTT 78 week waiters



RTT 65 week waiters



RTT 52 week waiters



Performance Analysis

- 78+ week waiters – At the end of June 2024 there were 4 patients waiting with BSW providers, 3 at GWH and 1 at RUH.. There were 11 BSW patients waiting at all providers, of these 5 are waiting for Ophthalmology specialties. 2 patients are waiting at BSW independent providers and 5 with 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 June 2024, the waiting list with BSW Acutes increased to 434 with the BSW Commissioned position increasing to 445. GWH has the highest 65ww waiting list to clear there were, with 282 waiters against a plan of 190 for June, RUH and SFT are also above their plan trajectories. All Trusts are reviewing and managing their long waiters weekly and often daily. As at 5th Sept GWH and RUH have identified there are patients at risk of waiting over 65 weeks at the end of September due to capacity / complexity or patients choosing to be treated after September.
- 52+ week waiters - At the end of June 2024 the waiting list with BSW Acutes is 3,568 (368 < 18 years). and the BSW Commissioned position is 3,362. All above our June plan trajectories.
- Provisional July RTT data for the BSW commissioning position has little change for 78ww with 10 waiters, 65 ww has reduced from 445 to 380 and 52 ww has increased from 3362 to 3390.

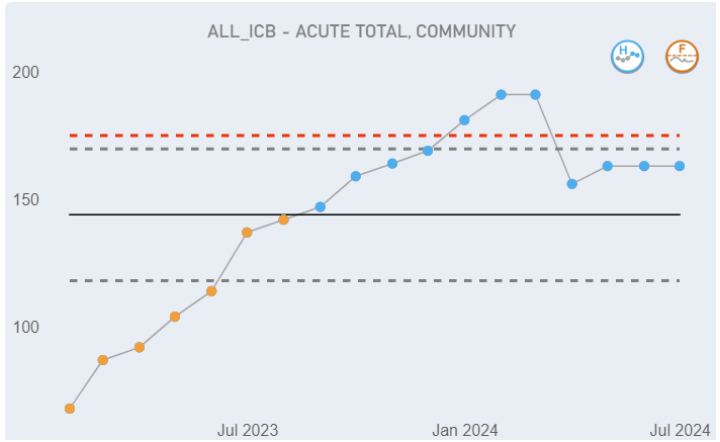
Actions underway

- 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.
- The BSW Acute waiting lists for 65+ weeks are reviewed weekly by the ICB with BSW providers and reported to NHSE SW region.

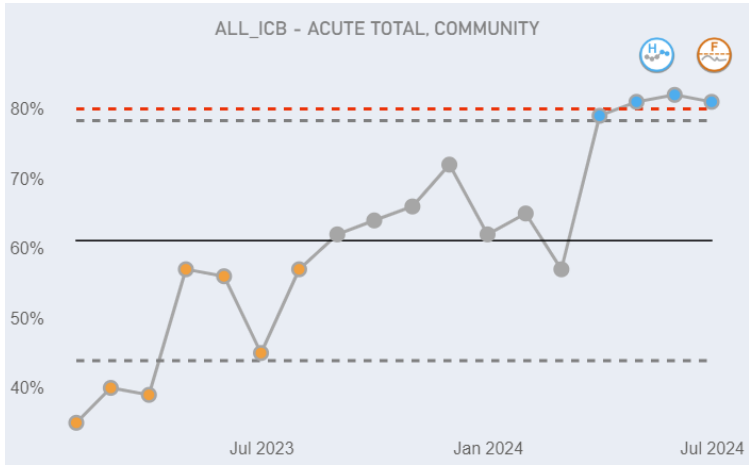
Community Care – Virtual Wards

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

Virtual Wards – Capacity)



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 Hospital at Home (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 June 24 BSW has 163 Virtual beds available, with a target of 175 once transition to the new model is complete and from August 170 beds are currently available.
- Virtual Ward Occupancy was at 78.5% against the 80% occupancy target on the 2nd snapshot point in the month. The first June snapshot point was at 83.4%. July performance is 81% The improved performance from Quarter 1 is demonstrating the progress and confidence in the new model.
- BSW have developed a new local data flow and dashboard to enable daily reporting of occupancy, enabling near live monitoring and management and improved performance assurance.

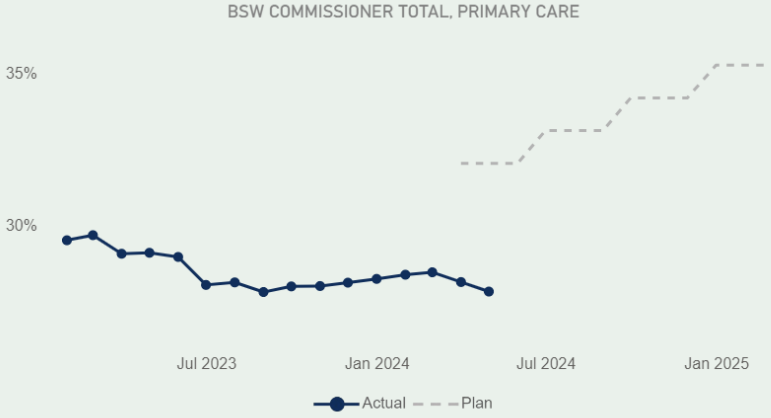
Actions underway

- Doccla Remote Monitoring (live in all Hospital at Home virtual wards) add-ons for heart failure monitoring proposed to be added from Oct 24.
- Clinicians are working together on an ongoing basis using PDSA cycles to develop more Hospital at Home pathways (currently primarily frailty and respiratory) to include heart failure, delirium, EOL and Care homes
- 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. These are supported by the one-BSW model communications and engagement plan delivering standardised communication products for patients, clinicians and key stakeholders.
- Quality-learning from incidents will be presented by the HCRG DoN at the August Clinical and Operational Group for assurance.
- ICB and provider are working to develop Action plans to increase Hospital at home capacity from October to March as part of Winter planning (using in-year funding)

Primary Care – Dental

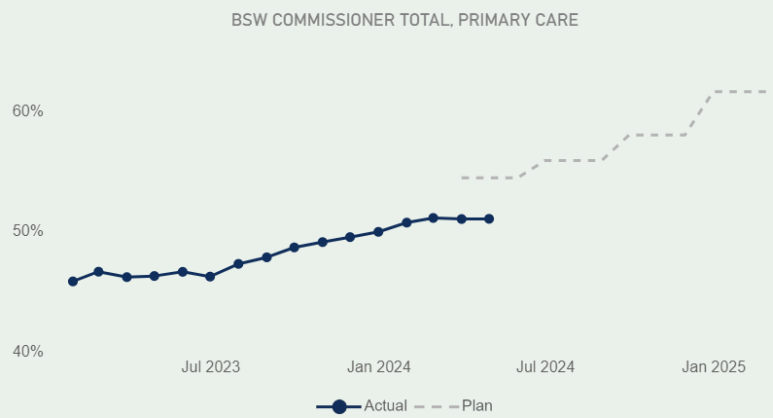
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

% of resident population seen by NHS dentist– Adult 24 mths rolling



Date	Actual	Plan	Variance
Dec 2023	28.1%		
Jan 2024	28.2%		
Feb 2024	28.4%		
Mar 2024	28.5%		
Apr 2024	28.1%	32.0%	-3.9%
May 2024	27.8%	32.0%	-4.2%
Jun 2024		32.0%	
Jul 2024		33.1%	
Aug 2024		33.1%	
Sep 2024		33.1%	
Oct 2024		34.2%	
Nov 2024		34.2%	
Dec 2024		34.2%	
Jan 2025		35.2%	
Feb 2025		35.2%	
Mar 2025		35.2%	

% of resident population seen by NHS dentist– Child 12 mths rolling



Date	Actual	Plan	Variance
Dec 2023	49.5%		
Jan 2024	49.9%		
Feb 2024	50.7%		
Mar 2024	51.0%		
Apr 2024	51.0%	54.4%	-3.4%
May 2024	51.0%	54.4%	-3.4%
Jun 2024		54.4%	
Jul 2024		55.8%	
Aug 2024		55.8%	
Sep 2024		55.8%	
Oct 2024		57.9%	
Nov 2024		57.9%	
Dec 2024		57.9%	
Jan 2025		61.5%	
Feb 2025		61.5%	
Mar 2025		61.5%	

Performance Analysis

- The ICB received delegated responsibility for dental commissioning in April 2023 from NHSE. In February 2024 the Government issued a plan to recover and reform NHS dentistry, recognising the impact of COVID on dentistry was devastating and whilst the first full year from COVID (2023/2024) had shown some improvement, there still remained issues with access. The plan has three main aspects; increase access, a major focus on prevention and good oral health, especially in children and additional support to increase and develop the whole of the dental workforce as per the NHS Long Term Workforce Plan. Whilst oral health prevention and improvement is the responsibility of local authority partners, the ICB is supportive and committed to supporting them with this, recognising the impact of poor oral health, especially in our children and young people cohorts are the level of dental extractions in an acute setting.
- 2024/25 is the first year this metric has been planned by the ICB. The Adult metric is a rolling 2 years and the Child metric is a rolling 1 year as these are the NICE guidance intervals between check-ups for healthy individuals. Change to the BSW dental services will take time to show in these metrics. In the 12 months to May 24, 51% of Children have seen an NHS dentist compared to the plan of 54.4%. In the 24 months to May 24, 27.8% of adults have seen an NHS dentist compared to the plan of 32%.

Actions underway

National Dental Recovery Plan

- **Access to Dentistry**: - Working with the South West Collaborative Commissioning Hub and collaboratively with other South West ICB's, we have already implemented the key deliverables of the National plan, including the £28 UDA uplift, rollout of the 'Golden Hello' NHS recruitment scheme and New Patient Premium. However, recognising that nationally the NHS is only funded for approximately 50% of the population, the ICB needs to ensure how we use that resource is in line with our four aims, including improving outcomes and tackling inequality. .
- **Supporting and developing the dental workforce** - Delivering local and regional programme initiatives to supporting dentists to deliver NHS services including a focus on education.

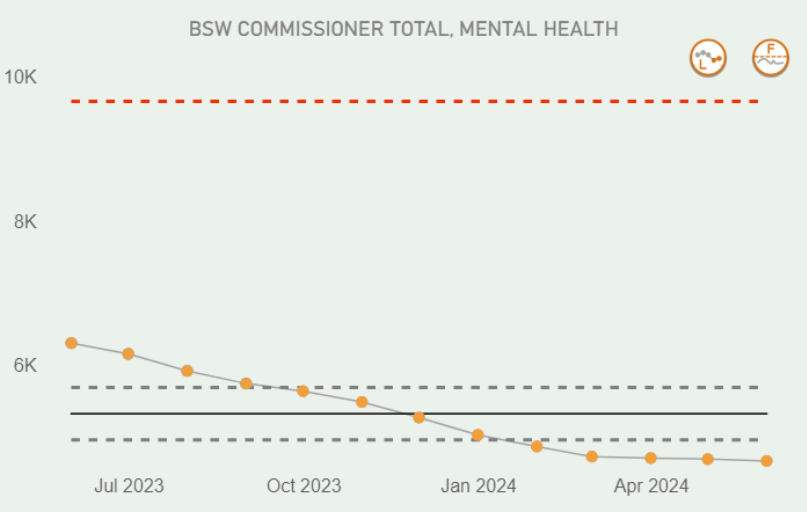
SW Priorities 24/25

- In recent work, the ICB is focussing its efforts on using more of the flexible commissioning guidance and flexing contracts to include further and additional services for defined populations, such as the persons suffering homelessness and Children Looked After with no dental home.
- Rapid commissioning programme for contract handbacks underway.

Mental Health – Access

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

Talking Therapies – Number receiving course of treatment



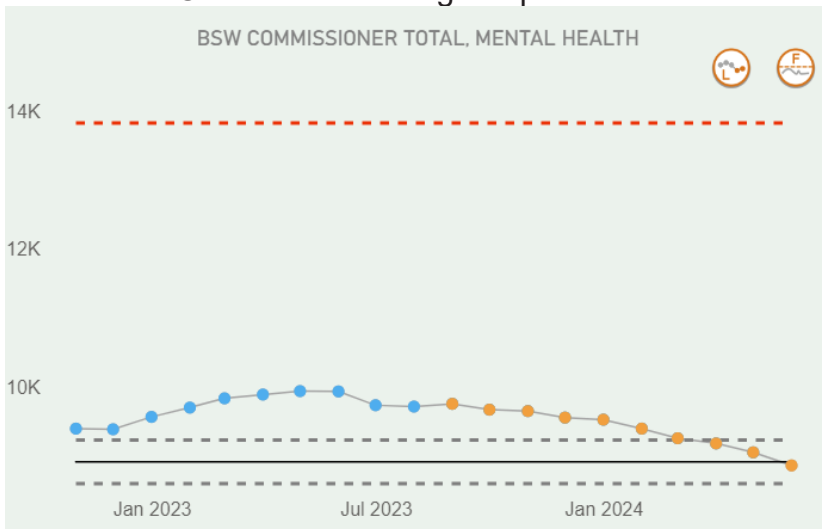
Performance analysis

- This is showing the new plan metric for 24/25 – Number of adults receiving a course of treatment with Talking Therapies (TT) services (2+ contacts) – rolling 12 months. In June 24 4,680 people had completed a course of treatment, meeting the plan of 4,634.
- The plan trajectory is flat in Q1 and Q2 but increases in Q3 and Q4 when the impact of the Talking Therapies Fundamental Service Review (FSR) is expected to impact.

Actions underway

- The Talking Therapies Fundamental Service Review (FSR) has completed and has been reported to Thrive in July 2024. A number of key actions have been agreed, specifically:
  - expanding the current workforce through recruitment to vacancies;
  - expanding total workforce in line with Autumn statement allocations;
  - appointing a strategic operational manager to support service transformation;
  - procurement of a digital 'alongside' provider to enhance capacity for courses of treatment.
- Additional funding for TT has been prioritised as part of budget allocations for mental health for 2024/25.
- Multi-Professional Training and Education Plan process includes TT expansion numbers.

% Children and Young Peoples Access



Performance analysis

- CYP access (12 month rolling) in June at 8,855 people is 84% of the plan (threshold is 90% of plan).
- Oxford Health MHSDS data submissions are now up to date but the MHSDS upgrade and other priorities have deferred processing of some data by NHSE. Impacting current performance as this is a 12-month rolling metric.
- Other providers are working with NHSE to set up and improve their MHSDS submissions to reflect the services they are delivering and provide historical data.
- Existing services need to be redeveloped to meet demand and level up provision across BS&W. Our application for 2 further Mental Health School Teams (MHST) was successful. These will be based in Wiltshire and will start to go live in January 2025, meaning that 61% of learners in the county will have access to an MHST.

Actions underway

- Improvement work underway with partners pan-system to ensure accuracy of uploads to MHSDS as there are data quality issues with some providers who have recently moved on to reporting. This will be finalised by end Q2.
- Pathway improvement work including transitioning staff continues with Swindon services to ensure reduction in waiting times and improved access – to be concluded by end Q3.

Mental Health – Access

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

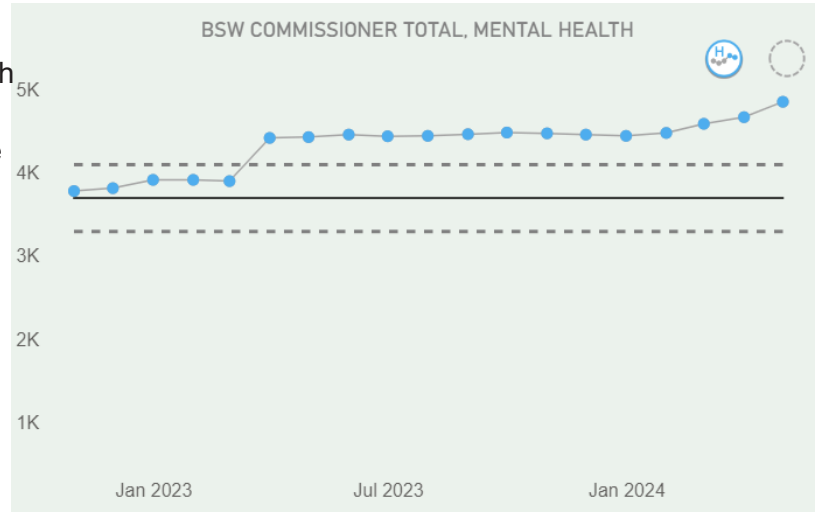
Access to Core Community Mental Health Services

The 24/25 plan metric is Access to Transformed Community Mental Health Services.

In BSW the transformed services were planned to go live from July 24 , as each PCN meets the core criteria to allow them to flow access data.

We have reported to NHSE that PCN compliance is at the appropriate level to flow data This reflects high confidence in plans to meet all criteria within 24/25.

The 5 core criteria for the transformed model to flow access data are:



- Access at neighbourhood / PCN level to support for complex MH needs
- Established joint governance with ICB oversight
- Holistic provision of care with a wide range of services at PCN level
- Outcome collection (e.g. PROM) or written plans in place within 24/25
- Multi-disciplinary place-based workforce model or plans in place for MDT in 24/25)

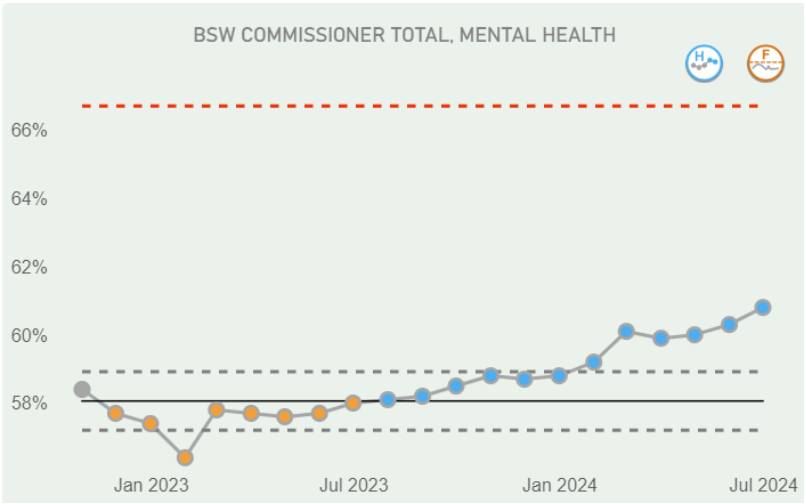
Performance analysis (of the pre transformation metric)

- The slow growth in access to the core community mental health services for adults and older adults, continues to May 2024 reaching 4,855 people rolling 12 months, 81% 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. This task is continuing for 2024/25 with intention to conclude by end Q2 (contingent on NHSE process).

Dementia Diagnosis Rate



Performance analysis

- Performance in July is 60.8% below the plan trajectory of 62.1% (national target is 66.7%). There is variation across BSW, BANES 66.8%, Wiltshire 62.5% and Swindon 49.4%
- The 3 additional Older Adults AHP staff recruited to AWP Community Teams are delivering consistent improvement of approx. 0.5% per month. There Is a risk to delivery of the plan target as the recruitment of this team was delayed.

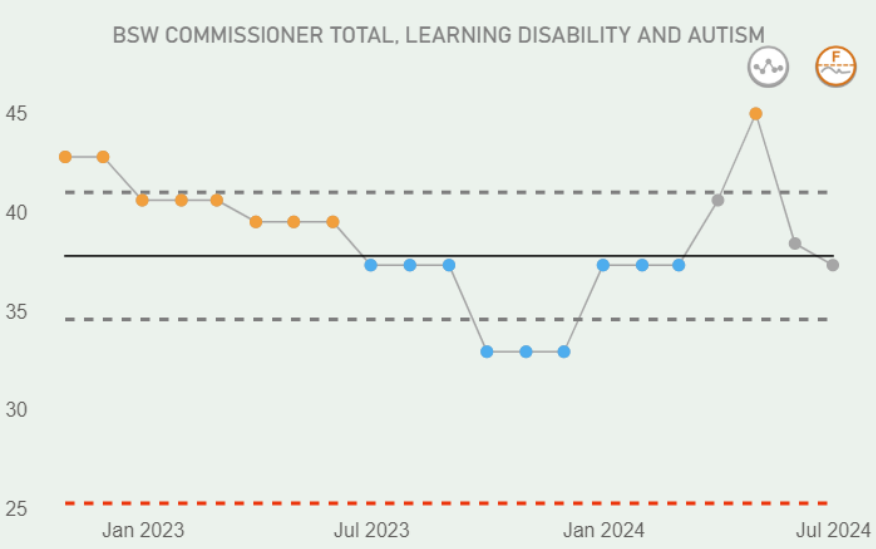
Actions underway

- Working with AWP and System partners to work on a transformation pathway for all aspects of cognitive decline to support in year plan delivery.
- Working with Swindon services to reduce waiting times for memory assessment - will be reviewed in Q3.
- Data quality improvement initiative mobilised to support clinical coding across systems – again impact to DDR evident.
- Planning work progressing for mild cognitive impairment pathway – across primary care, older adult services (acute) and older adult services (mental health). Gap analysis between the 'as is' and 'to be' position to be concluded in Q3 to inform commissioning intentions by Q4 for deployment in 2025/26.

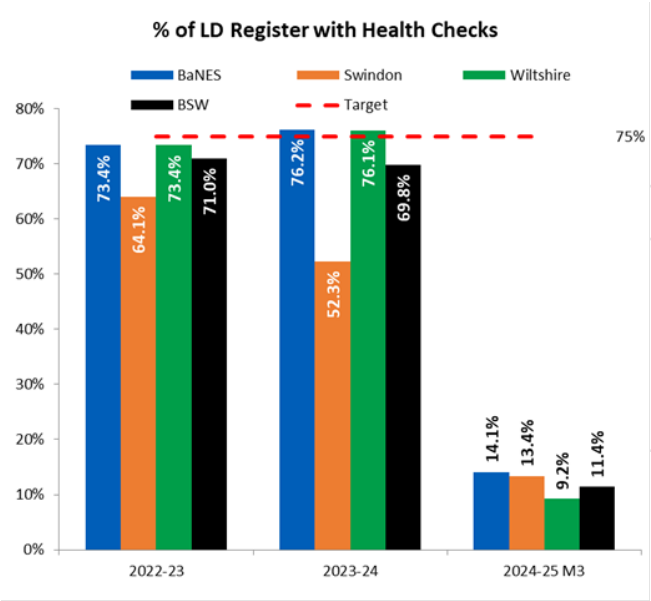
Learning Disabilities

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



Locality	Q1 23/24	Q1 24/25
BaNES	9.7%	14.1%
Swindon	6.4%	13.4%
Wiltshire	9.7%	9.2%
BSW	8.8%	11.4%

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. There has been a further reduction to 37 (rate per million) in July 2024 , just above the plan of 35.
- Reduction in in-patients is partly due to facilitation of discharge for patients at The Daisy Unit, Green Lane Hospital.

Actions underway

- Lessons learned from decommissioning of the Daisy Unit are being used to inform and expedite discharge. The Practice Forum co-ordinate's themes, case review learning and development of mitigating actions informing transformation and change.
- 80% of current admissions are in active treatment, MADE events with system partners with oversight from the LDAN Practice Forum.
- Utilising the LDAN Discharge Fund to facilitate discharges

Performance analysis

- By June 2024 11.4% of the LD registered population (aged 14 and over) have received an annual health check (AHC), compared to 8.8% at May 2023. This is also better than the 7.9% planned.
- The Quality and LD teams are supporting Swindon to deliver more AHCs this year.

Actions underway

- An Annual Health Checks Project Group has been set up with an initial focus on Learning from a pilot in 23/24 to revise communications. We are working collaboratively on the content and format with the final feedback phase planned for September.
- The Quality Team are proactively contacting practices to increase the take up of LD Annual Health checks.
- Additional funding for LDA health screening roles will be aligned with AHC.
- We are also planning to repeat work for dedicated LD AHC in our special schools for the over 14 cohort.
- We are also creating a webpage for AHC based on the comms materials.

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

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

Quality and Patient Safety Exception Report

Infection Prevention and Management

Alerts/Risks and Areas of Focus: Health care associated investigations continue to be monitored as per national infection prevention management surveillance requirements. BSW is not an outlier for numbers of HCAI within the SW region.

- There have been 2 incidents of MRSA blood stream infections during quarter , 2 less than the same time period in 2023/24. Both cases are currently under investigation. MRSA blood stream infection reduction is a key priority of the BSW ICS IP&M collaborative for 2024/25.
- For quarter 1 2024/25 there has been a reduction in CDI cases compared to the same time period in 2023/24, there have been 64 cases, compared to 77 in 2023/24. Continued CDI case reduction is high on the IP&M agenda for 2024/25.
- The downward trend in E-coli bloodstream infections seen in 2023/24 has not continued in quarter 1 for 2024/25, there have been 168 cases in quarter 1, 51 more cases than quarter 1 in 2023/24. As with CDI, prevention of E Coli blood stream infections remains high on the IP&M agenda, with learning fully reviewed within the wider collaborative.
- Incidence of Pseudomonas blood stream infections are the same as quarter 1 in 2023/24, at 22.
- Klebsiella infections have risen in quarter 1 2024/25 compared to 2023/24, there have been 54 cases, 15 more than quarter 1 in 2023/24.
- MSSA incidence is 46 for quarter 1, the same as quarter1 for the same time last year.
- E-Coli, CDI, Klebsiella and MRSA are key areas of focus with investigations underway to understand contributory factors and drive forward reduction efforts.
- Following the UKHSA and WHO alert regarding Mpox Clade 1, work is underway within the BSW wide IP&M collaborative to review all High Consequence Infectious Disease (HCID) plans across health and care services.
- Clinical vaccination teams are also working closely with IP&C teams and Sexual Health Services around provision of prophylaxis vaccinations should it be required

Action Plans and Continuous Improvement:

- Work continues on winter planning and preparation across the system, BSW ICS are also contributing to Southwest regional winter plans.
- BSW providers are reviewing all HCID plans in line with latest update from NHSE National Infection Prevention and Control Manual and UKHSA Mpox updates.
- Case reviews for infections are ongoing to understand contributory causes in greater detail and to inform shared learning at local and system level. A greater focus on community cases is required as per previous learning and current IP&M plan, with additional ICB Specialist Nurse resource supporting this as of Sep 2024.
- BSW IP&M collaborative have outlined the assurances and actions needed to implement the newly published Southwest IP&M strategy (jointly agreed with each ICS in the South West region). This has been presented to the BSW System Quality Group.

Listening to Women and Families- LMNS Update

All Party Parliamentary Inquiry report (APPG -May 2024) on Birth Trauma identified the impact of birth trauma on parents, babies and families and the importance of listening to pregnant/birthing people/women and taking appropriate action in response.

BSW Local Maternity and Neonatal System have reviewed this report to identify how the themes and recommendations align to the existing BSW and provider actions plans for implementation of the three - year delivery plan for maternity and neonatal services, with identification of any additional actions required that are not already within these plans.

NHS Priorities and operational planning guidance 2024/5 identifies that the implementation of the three year delivery plan for maternity and neonatal services continues to be key priority for Integrated Care Boards (ICB's), Trusts and primary care. The vast majority of women, babies and families in the UK and BSW receive safe care, with the Trust boards and ICB providing regular, robust oversight of maternity and neonatal services in line with the national perinatal quality surveillance model to identify any early signals of concern.

Boards are required to review the commissioning and implementation of existing commitments for which funding was received in 23/24, which will help address recommendations in the APPG birth trauma report.

The following slides outline the progress against key actions identified in the NHS England letter received by the ICB in May 2024.

The commissioning of and continued service provision of the long term plan for health services for perinatal pelvic health, Maternity and Neonatal Voices Partnership model (MNVP) and maternal mental health services and continued safe staffing of maternity services (in line with Ockenden report and national three year plan for maternity and neonatal services) is reliant on the recurrent SDF/targeted NHSE allocations for LMNS and BSW maternity providers and LMNS. These services are implemented and in place currently across BSW demonstrating improved outcomes for women/pregnant/birthing people and babies. The ICB is currently reviewing the risk of each in order to understand the risk of SDF funding not being sufficient to cover all the above.

Improvements across BSW

1. **Perinatal Pelvic health services** have been implemented in line with the national service specification across BSW over the last 18 – 24 months(as a fast follower ahead of April 2024) and commissioning in progress. These services increase prevention of perinatal pelvic health to reduce the incidence of incontinence issues in pregnancy and following childbirth, supports early identification of pelvic floor issues and timely evidence-based interventions/treatment to reduce the requirement for surgery and risk of long- term harm and distress. They reduce incontinence and mental distress/mental health issues for women/birthing people and the associated wider long-term impacts on the women and families. Targeted engagement with service users who traditionally may be less likely to access services and increased training for other BSW staff members across a variety of organisations, including the armed forces, to support early identification as part of this implementation. Service user feedback demonstrates the impact of incontinence issues

Improvements across BSW

2. Maternity mental health services (OCEAN) are in place across BSW demonstrating significant improvements in reducing the impact of trauma (trauma scores reduced by over 80% following treatment and most service users reporting being symptom free following treatment).
Services provide early identification, rapid referral (self and practitioner referral), joint team triage, enhanced midwifery support, talking therapies and therapeutic psychological interventions from an integrated team to provide a pathway that meets the individual needs of women/birthing people with trauma related to pregnancy and childbirth, fear of childbirth, grief and anxiety.

"I cannot thank the service enough for the incredible support, guidance and lifeline you have provided for me. Both ** and ** have taught me the strategies to feel safe and prepared for the future. I want to tell everyone who I meet that this truly wonderful service exists as the power it can hold for so many could be life changing. Long may it continue and thrive. Thank you again"

"It felt like finally, after several years, a professional had recognised the particular mental problem I've been struggling with (PTSD) and offered the correct therapy. Now I have had EMDR it feels like a weight has been lifted off my shoulders".

" The service probably saved my life"

These services reduce the risk of long-term mental health illness and the wider impacts on the family unit that may result due to unresolved trauma, grief and anxiety.
Service user feedback has been overwhelmingly positive and there has been improved team working across talking therapies/maternity/perinatal health services and psychological therapies with services meeting service user needs and providing job satisfaction for staff.
100% of women who accessed the services felt listened to and that their concerns were treated seriously and that they were likely to recommend the service to friends and family.

Improvements across BSW

3. Bereavement services are in place in maternity providers in BSW providing support for parents following the loss of their baby or pregnancy.

4. BSW Local maternity and neonatal system are working collaboratively across organisations to reduce inequalities in health care outcomes, supported by strong user voice representation from the Maternity and Neonatal Voices partnership (MNVP) who are embedded as key stakeholders within maternity and neonatal governance and quality improvement workstreams within providers and the LMNS. This work has included workshops to improve pathways and access to care for boating families, asylum seekers and refugees, women/birthing people from ethnic minority/global majority communities and military families.

5. Across BSW integrated care system staff are focused on supporting effective infant feeding in line with Baby Friendly accreditation with the aim of achieving gold status.

6. BSW are participating in the national pilot of the Maternity and Neonatal Independent Senior Advocate role providing advocacy and support for service users who have experienced an adverse outcome during pregnancy and childbirth ensuring that parents are fully involved in investigations and identifying learning to drive continual improvement in maternity and neonatal services.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	9a
Date of Meeting:	19 September 2024		

Title of Report:	Salisbury Hospital Maternity Services Support Programme Exit Sustainability Plan
Report Author:	SFT Director of Midwifery and Neonatal Services, Sandy Richards, BSW ICB LMNS Lead Midwife
Board / Director Sponsor:	Gill May- BSW ICB Director of Nursing and Quality
Appendices:	Appendix 1- SFT Board Paper

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	X
ICS NHS organisations only	
Wider system	

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

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

Previous consideration by:	Date	Please clarify the purpose
Salisbury Hospital Trust Board	05 09 2024	Decision to approve exit and sustainability plan

1	Purpose of this paper

To update the BSW ICB board on Salisbury Foundation Trust progress with the maternity safety support programme (MSSP) and to request formal approval of the sustainability plan. This plan has been approved by the SFT Trust board and as per the national MSSP requirements requires BSW ICB approval before being submitted for NHS South West regional board approval followed by submission for final approval at the national joint maternity board.

2	Summary of recommendations and any additional actions required
The ICB Board is asked to formally approve the plan from Salisbury NHS Foundation Trust for exit from the national maternity services support programme and the sustainability proposal for continued oversight and sustainability plan for Salisbury Hospital maternity and neonatal services. This will require BSW ICB/Local Maternity and Neonatal System to continue oversight and monitoring of the sustainability plan to assure continued improvement and quality of service provision. There will be minimum of 6-12 monthly formal oversight meetings which may increase in frequency if required. Regular monitoring and oversight processes as part of BSW Perinatal Quality surveillance will continue which have embedded processes for escalation regarding any cause for concern to support early identification of emerging issues. Following approval of this plan by the ICB it will be submitted to the SW NHSE Perinatal Quality Surveillance group for approval by the SW Regional Maternity and Neonatal Programme Oversight Board and final sign off by the national Joint Maternity and Neonatal Oversight Board.	

3	Legal/regulatory implications
The MSSP delivers a maternity safety support initiative led by NHS England with regional and system support. It supports care in line with the give Care Quality Commission domains of Safety, Effectiveness, Responsiveness, Caring and Well-led.	

4	Risks
Links to SOF metric and CQC regulatory requirements	

5	Quality and resources impact
This exit and sustainability plan provides assurance to the BSW ICB Board of improvements in maternity and neonatal safety and quality of services in Salisbury Foundation Trust and plans for continued shared oversight and monitoring.	
N/a	

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

7	Communications and Engagement Considerations
Communications will be led by Salisbury Foundation Trust.	

8	Statement on confidentiality of report
Not confidential as will be shared by SFT as part of Trust Board papers	

Maternity Safety Support Programme – Salisbury Foundation Trust application to exit the programme with sustainability plan.

1. Introduction

This report provides an update from BSW Local Maternity and Neonatal System to the BSW Integrated Care Board relating to the NHS England Maternity Safety Support programme progress for Salisbury NHS Foundation Trust with a request for ICB approval of the exit and sustainability plan.

2. Background and wider context

2.1 Salisbury NHS Foundation Trust entered the NHS England Maternity Safety Support programme (MSSP) in October 2021 following the CQC's inspection of maternity services in July 2021. The CQC report was published on the 9th of July 2021 and the MSSP commenced in October 2021. At this inspection the maternity service was rated as Inadequate for Well Led and Requires Improvement for Safety and were subsequently issued with a warning notice 29a.

2.2 Following the MSSP diagnostic phase, the diagnostic report with MSSP exit criteria was completed in April 2022 and were mutually agreed actions between the Trust Region & the MSSP.

This paper summarises Salisbury Foundation Trust's improvement journey since commencing on the MSSP, as well as work underway to continue to improve the quality and safety of Maternity services.

Key points outlined in this paper are:

- The process for entering and exiting the MSSP as of 2021
- Progress with actions since the 2021 CQC visit.
- Compliance with CNST/CQC
- Progress with the MSSP exit criteria.
- Overall improvement journey
- Sustainability plan and ongoing oversight

It is felt that significant progress has been achieved with the MSSP exit criteria to allow for exit from the programme with ongoing ICB and NHSE Regional oversight. This has been collectively agreed by all stakeholders.

2.1. The exit criteria are summarised within the attached Annex 1.

2.2. The sustainability plan requires the agreement of the ICB Board for the oversight and monitoring of continued and maintained improvement to be joint

responsibility of SFT Executive and Divisional Quadrumvirate, BSW ICB/LMNS and NHS England regional maternity and neonatal leadership team.

2.3. There will be minimum of 6-12 monthly formal oversight meetings which may increase in frequency if required. Regular monitoring and oversight processes as part of BSW Perinatal Quality surveillance will continue which have embedded process for escalation in cause of concerns to support early identification of emerging issues.

3. Options analysis / discussion of the issue

3.1. During the maternity safety support programme the maternity service has been successful in improving their CNST safety standards from 4/10 to 9/10 compliance with the safety actions by February 2024

3.2. They have made significant changes to their leadership and governance structures and actively engaged with the MSSP programme with the support of the maternity improvement advisors, LMNS, ICB regional and national teams and service users.

3.3. SFT have a positive and open relationship with the ICB/LMNS and regional teams which provides confidence of ongoing openness with reporting and monitoring for oversight

3.4. The ICB Board is asked to review and formally approve for the LMNS/ICB quality team to continue oversight and monitoring of the sustainability plan. This plan has been agreed at the initial joint review exit meeting in July 2024 by national maternity support programme team leads, regional maternity Chief Midwife and Lead Obstetrician, ICB Director of Nursing, ICB Local Maternity and Neonatal System Lead Midwife, SFT maternity and neonatal leadership quadrumvirate with service user representation by the Maternity and Neonatal Voices Partnership.

4. Impact on resources

5. Risks

5.1. If this plan is not approved that SFT will be unable to provide reassurance to service users of improvements made in service provision against CQC domains and that SFT will remain as escalated risk on the SOF metrics.

6. Stakeholder engagement including patient and public consultation

6.1 The Maternity and Neonatal Voices Partnership leads/representatives are key stakeholders as part of the oversight and monitoring processes.

7. Next Steps

7.1 Following approval of this plan by the ICB it will be submitted to the SW NHSE Perinatal Quality Surveillance group for approval by the SW Regional Maternity and Neonatal Programme Oversight Board and final sign off by the national Joint Maternity and Neonatal Oversight Board.

8. Recommendation

8.1. That ICB board review and approve exit and sustainability plan for SFT exit from national maternity safety support programme.

Annex 1

Application to Exit the Maternity Safety Support Programme

1.1 This paper details the application for Salisbury NHS Foundation Trust (SFT) Maternity Services to seek approval to support exit the Maternity Safety Support Programme (MSSP).

2 Background

2.1 Salisbury NHS Foundation Trust entered the NHS England Maternity Safety Support Programme (MSSP) following the CQC's inspection of Maternity Services in October 2021. The CQC report was published on the 9th of July 2021 and the MSSP commenced in October 2021. At this inspection the maternity services was rated as Inadequate for Well Led and Requires Improvement for Safety and were subsequently issued with a 29a warning notice.

The overall objective of the MSSP is to deliver a maternity safety support initiative, led by NHS England. The programme offer is to support trusts to instil sustained quality & safety improvements in line with the five Care Quality Commission domains of Safety, Effectiveness, Responsiveness, Caring and Well-Led. NHSE provide a programme of support that is designed to be flexible and adaptive to meet the individual needs of the Trust's improvement journey.

A Maternity Improvement Advisor (MIA) was allocated to SFT in October 2021, with a change in allocated MIA in March 2022. The MIAs were allocated to work with the Executive and Divisional leaders to support the delivery outcomes identified in the CQC Report, as well as the diagnostic recommendations/findings from the MSSP.

Prior to the commencement of the MSSP the Trust had taken notable steps prior to the CQC inspection as well as in response to the CQC report. This included a significant step in the cultural temperature within the unit as well as Trust Board investment into the Senior Midwifery leadership team, and increased co-production with the MNVP.

The key areas of focus of the MIA have included the following but are not exclusive to:

- Professional Support and guidance for the senior midwifery team via 121s and support and oversight of key meetings.
- Leadership support & advice in co-producing an overarching Maternity Improvement Plan (MIP).
- Deep Dive Exercises of Governance / Screening / Education & Leadership Requirements and current processes.
- Undertaking site walkarounds, meeting staff and giving feedback to the senior team
- Supporting key CQC actions including peer reviews
- Attendance at Q&S meetings, Maternity Improvement Group Meetings, Safety Champions Meetings, etc.
- 121 meetings with Exec Chief Nurse / Exec Medical Director / Director of Midwifery, Div MD & DDO
- Support with CNST MIS
- Sharing of best practice examples, JDs / clinical models of care etc.
- Support with workforce initiatives / cultural charter.
- Support in co-producing Maternity Governance Framework post deep dive findings.

It is the view of all stakeholders including the ICB Chief Nurse, the LMNS Senior Midwife, the MIAs, and Regional Chief Midwife/Obstetrician, that the criteria for leaving the programme have been met and oversight can now transfer over to the ICB, LMNS and Regional Teams. Therefore, the Trust seeks to exit the programme through this formal paper/sustainability plan. On approval at SFT Trust Board the same paper will subsequently be

presented via the following channels: LMNS ICB Board, Regional Perinatal Quality Surveillance Meeting & National Joint System Oversight Group. On approval through all channels the Trust will receive a formal letter outlining their successful exit from the MSSP.

3 The process for entering and exiting the MSSP.

3.1 Entry Criteria

Criteria for entry onto the MSSP in 2021, was based on the following criteria:

- An overall CQC rating of inadequate
- An overall CQC rating of requires improvement with an inadequate rating for either Safe and Well-Led or a third domain.
- Been issued with a CQC warning notice.
- Dropped their rating from a previously outstanding or good rating to requires improvement in the Safety or Well Led domains.
- DHSC or NHS England request for a review of services or inquiry
- Been identified to CQC with concerns from MNSI.

3.2 Exit Criteria

In 2021, the criteria for exit from the MSSP was defined at the point of conclusion of the diagnostic, and at that time the exit criteria were agreed between Trust, MSSP, and Region. The exit criteria for SFT are further detailed below and has formed part of the bi-monthly progress reports & has been incorporated into the SFT MIP to ensure momentum of improvements upheld.

Issue Identified	Action	
Clinical Pathway		
No co-located MLU	Launch the MLU via a collaborative response with MNVP and with appropriate clinical leadership/oversight, via a consultant midwife and the clinical operational lead for the area.	
BSOTS loosely rolled out - not all staff trained & requires refresh as not working as per framework set out	Reset BSOTS triage pathway and ensure sustainable staffing model is embedded both medically and midwifery to align with BSOTS timeframe of reviews.	
Digital		
No strategic plan for revising maternity IT system	Develop local maternity digital strategy plan (in line with the national direction & local/regional needs)	
Education		
No TNA policy or forward plan aligned to Maternity and based on headcount	Develop a clearly defined TNA and forward audit plan (incorporating all Ockenden/CNST/SBLCB local & national benchmarks) – that will be revised and reviewed annually.	

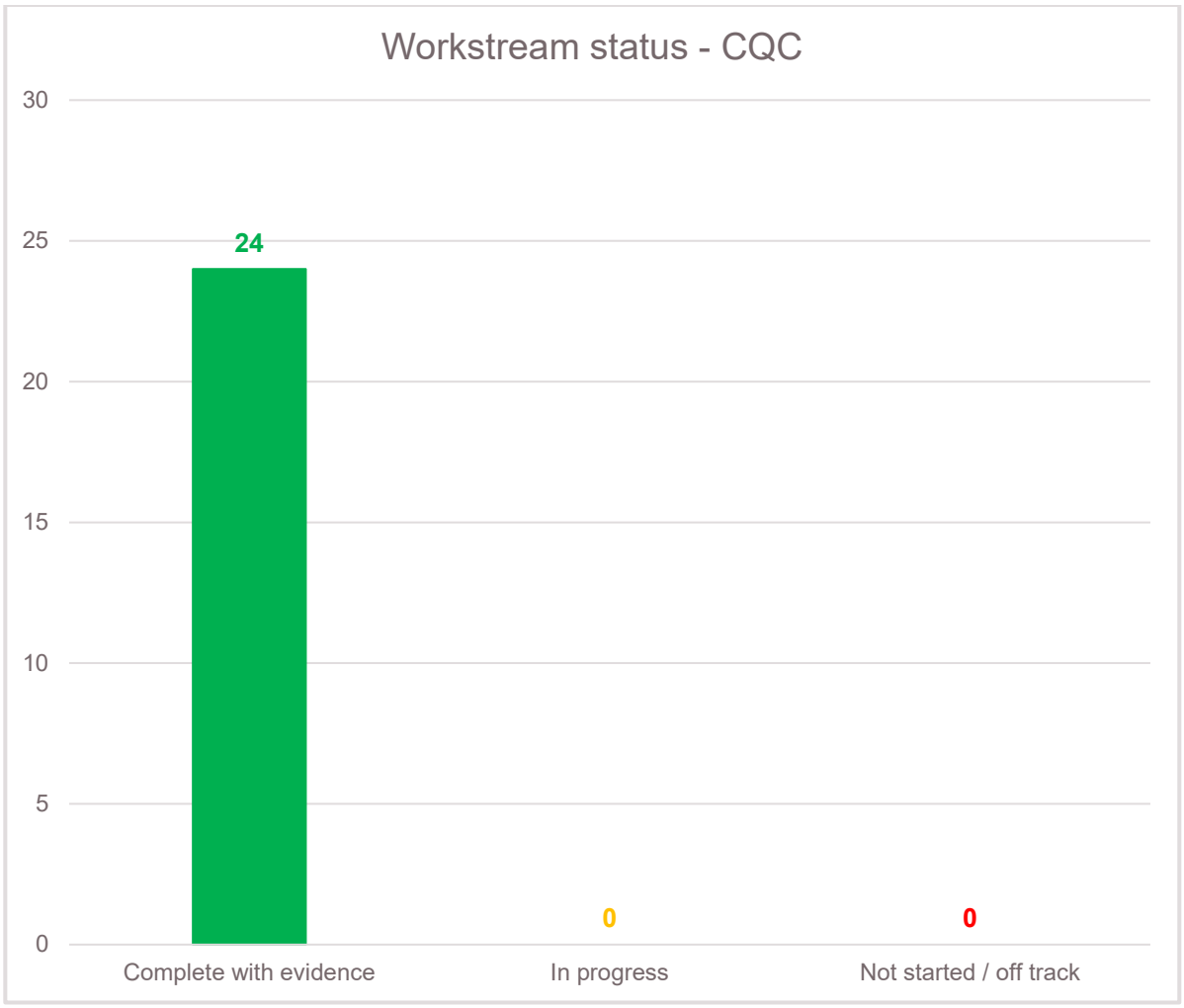
Annex 1

Governance		
Recent changes with the Trust COM but no definitive plan re the long-term plan of the Division & whether it will remain as women's & neonates	Clearly defined plan regarding the clinical operating model for the trust and the direction of travel for the recently developed Women & Newborn Division ensuring appropriate ward to board oversight of women/neonates is maintained.	
A number of processes requiring formalisation to ensure ward to board oversight of maternity governance & support the division to have robust sustained processes to close the loop	Deep Dive and reset of the governance structure to ensure appropriate ward to board oversight is strengthened. To include: 1. Development & implementation of a maternity risk strategy (clearly defined ward to board oversight) 2. Refresh of the governance reporting processes feeding into the maternity risk strategy 3. Development of a CNST working Group with clearly defined ToR/Quorate membership 4. Divisional triumvirate presence at Trust Board & not at subcommittees 5. Revise & align the maternity safety champion pathway to national ask and assuring appropriate ward to board oversight (NHSEI Toolkit) 6. Thematic analysis exercise re SI lookback & cross-check process, as well as the shared learning/actions into practice	
No appropriate structure under DDO	Define and appoint the operational substructure for the directorate/division under the DDO to ensure safe and timely delivery of services is maintained.	
Leadership		
Reconfiguration of maternity/medical structure required to ensure sustained improvement and appropriate oversight/accountability (historical legacy of very lean & not appropriate structure)	Embed and sustain directorate leadership structure/roles in line with the RCM manifesto (substantive roles) & the National Maternity Self-Assessment Tool (To also include: Gynae Sister /Neonatal Charge Nurse – job matching to be complete).	
Workforce		
Lean medical leadership roles previously with risk of lost oversight & not appropriate accountability embedded	Complete the consultant job plan review and embed core obstetric/neonatal leadership roles with the right PA capacity in line with the NHSE maternity self-assessment tool.	
Team structure not robust for ensuring PMA & Screening delivery and model aligned with national picture	Reconfigure and embed the screening structure and PMA teams to support effective service delivery.	

3.3 Progress with actions since the 2021 CQC visit.

The wider SFT progress with improvements is detailed as per the overall improvement journey & as evidenced through the progress achieved with the MSSP Exit criteria as well as the CQC must & should do's.

The following depicts the completed actions relating to the CQC 2021 actions and what has helped shape part of the overarching MIP.



Annex 1

3.4 Compliance with CNST

In January 2022 the Maternity service at Salisbury NHS Foundation Trust (SFT) was successful in achieving compliance in **4 of the 10** safety standards for NHS Resolution (NHSR), Clinical Negligence Scheme for Trusts (CNST). In January 2023 this increased to **5 out of 10**.

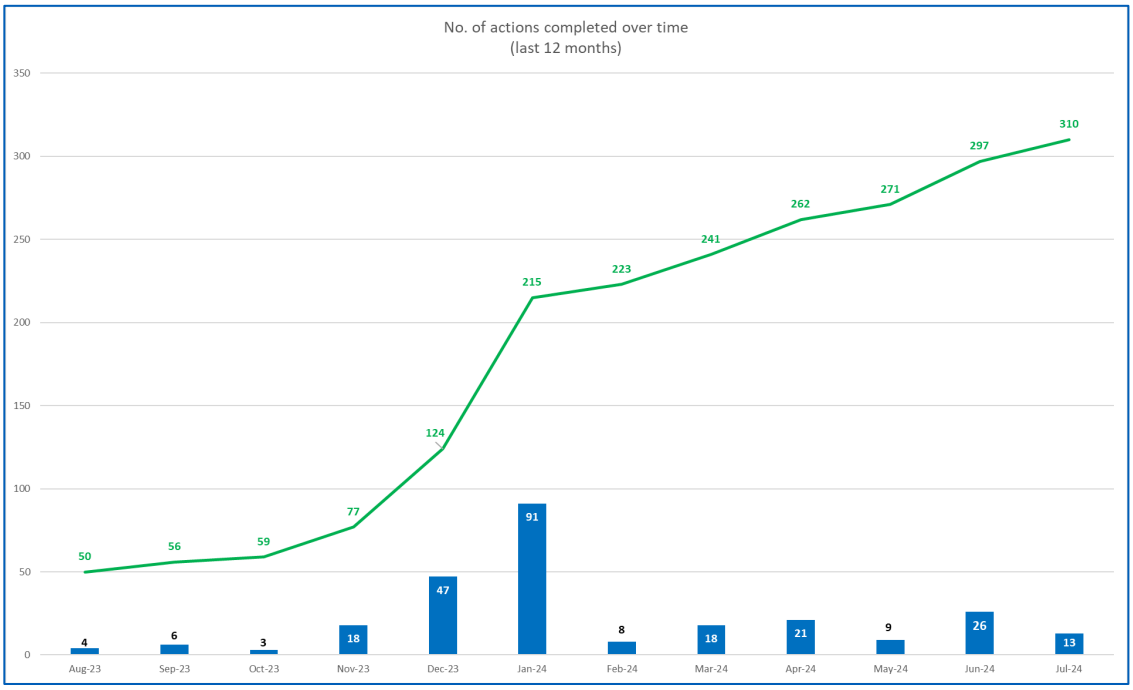
As of February 2024, following a sustained journey of improvement and progress Salisbury NHS Foundation Trust declared compliance with **9 out of 10** safety actions for submission for year 5 of the NHS Resolution (NHSR), Clinical Negligence Scheme for Trusts (CNST) with a clear action plan regarding how the service would meet full compliance with CNST MIS. The safety standard that was not achieved in year 5 related to the Saving Babies Lives Care Bundle (SBLCB).

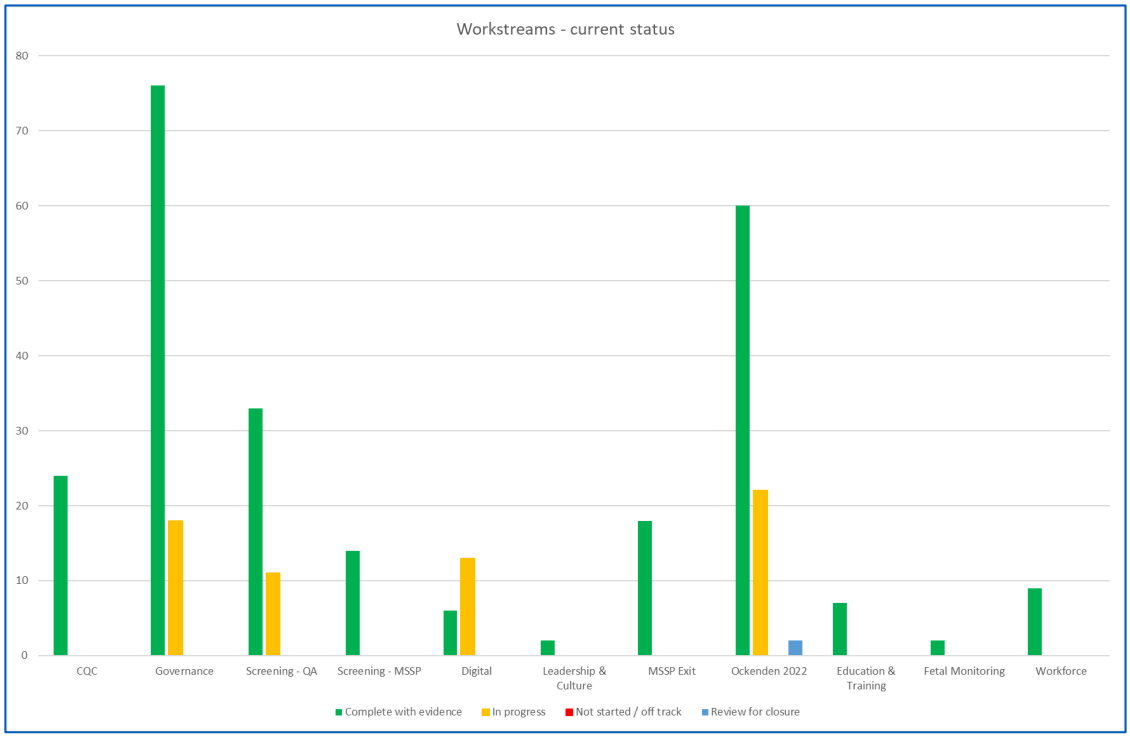
	NHSR Maternity Incentive Scheme- Year 3, 4, 5 Submission			
Are we well led?		Description	Yr 3 Submission	Yr 4 Submission	Yr 5 Submission
	1	Perinatal Mortality Review Tool using to required standard for all perinatal deaths	Non Compliant	Compliant	Compliant
	2	Maternity Services Data Set submission to required standard	Compliant	Compliant	Compliant
	3	Transitional Care Data Set minimise separation to mothers and babies	Non Compliant	Non Compliant	Compliant
	4	Clinical Workforce Planning effective system	Non Compliant	Compliant	Compliant
	5	Midwifery Workforce Planning	Compliant	Compliant	Compliant
	6	Saving Babies Lives Care Bundle V3 compliance with all elements	Non Compliant	Non Compliant	Non Compliant
	7	Service User Involvement and co-Production	Compliant	Compliant	Compliant
	8	Multidisciplinary Training	Non Compliant	Non Compliant	Compliant
	9	Board Assurance Board to Ward to Board	Non Compliant	Non Compliant	Compliant
	10	HSIB and EN Reporting	Compliant	Non Compliant	Compliant
Person Centred & Safe	Professional	Responsive	Friendly	Progressive				

3.5 Progress with the MSSP Exit criteria.

As detailed above the exit criteria were mutually agreed at the point of conclusion of the MSSP diagnostic and these were added to the Maternity Improvement Plan to ensure appropriate oversight and momentum of change. The progress of the MSSP has been monitored regularly with consistent Exec oversight and system wide input.

The current progress (July 2024) is provided by the Trust in the following slides-





3.6 Overall Improvement Journey

Over the last 3 years SFT have made significant changes to their leadership structures across both medical & midwifery disciplines and completed recruitment to all the substantive senior leadership roles and these individuals have become an embedded component with stable leadership across the Division. As part of the development of the structures, SFT have undertaken the national perinatal quadrumvirate leadership programme and worked closely with the Maternity Improvement Advisor.

In conjunction with the maternity improvement advisor and the support of the LMNS (Local Maternity and Neonatal System), ICB, regional and national teams, SFT have put their governance structures onto a much more solid foundation with the ratification & implementation of the maternity governance framework and in addition bolstered their Maternity Governance Resource.

In partnership with national, regional & system colleagues they have been actively engaged with the NHS England Maternity Safety Support Programme since 2021 and as part of this programme of improvement work, SFT have worked closely with the allocated maternity improvement advisor (MIA) and wider colleagues to develop a Salisbury Maternity Improvement Programme (MIP) which is monitored with System & Board oversight. The MIP & Maternity Improvement Group (MIG) demonstrates the improvement programme of work achieved to date or in train, and as per the performance MIP slide as detailed under the MSSP exit criteria progress above.

As part of the MIP programme of work; workstreams & task and finish groups have been set up to progress various aspects of improvement across the Maternity Services. As part of the ongoing MSSP support, SFT have had monthly touchpoint meetings with all stakeholders including Region, System, Trust & NHSE National colleagues. Through the monthly oversight it demonstrated the significant improvements SFT had achieved and collectively all stakeholders are in agreement that the Trust is ready to exit the programme.

3.7 Sustainability Plan and ongoing oversight

To give assurance regarding the sustainability of the MSSP improvements the following table summarises the sustainability plan for the MSSP exit criteria and other key actions.

SFT have very good oversight processes in place and a positive open relationship with all stakeholders. To ensure the oversight of the sustainability plan is safeguarded, this will be a collective responsibility to uphold between the Divisional Quadrumvirate, the LMNS ICB, and NHSE Regional team. This will be monitored at a minimum 6-12 monthly or as and when change is potentially required. If change is required outside the 6–12-month period, existing LMNS/ ICB reporting, and escalation processes will be followed, and the necessary action taken as per the Sustainability Plan.

Annex 1

Salisbury NHS Foundation Trust

Sustainability Action Plan

Action Ref	Sustainability Action Plan	Specific actions to ensure ongoing sustainability	Monitoring arrangements	Overall Action Owner	Date	
					Target	Complete
S01	Maintain the Division identity as developed through the MSSP journey & not look to devolve or separate Maternity & Neonates into a wider division	If change is required to the divisional structure/roles/responsibilities this should be collectively discussed with the Trust/LMNS/ICB with a clear outline of what mitigation will be in place to safeguard the current maternity and neonatal division resource. If change is being proposed - this should include a clear outline of the additional resource and governance /accountability arrangements to meet the demand of the scaled-up division.	6-12 monthly review , or as and when required, in collaboration with the Trust, ICB, and LMNS.	Divisional Tri / Exec body		
S02	Maintain the Maternity Leadership Structure & not look to devolve the Midwifery, Obstetric or Operational Leadership structures as a CIP – and Trust/Division to continue to align with the National Directives such as the RCM Manifesto & the key Medical Leadership role descriptor work	If change required to the maternity leadership structures this should be collectively discussed with the Trust/LMNS/ICB with a clear outline of what mitigation will be in place to safeguard the current maternity leadership structure. Any such change should include a clear outline of how the devolved role will be safely met through the wider maternity leadership structure with equitable MDT input.	6-12 monthly review, or as and when required, in collaboration with the Trust, ICB, and LMNS.	DoM / Divisional Tri		
S03	Division to develop a process with clear leadership regarding the ongoing coordination & oversight of the Maternity Improvement Group	Division to define the leadership responsibility to take over the co-ordination and management of the Maternity Improvement Plan/Maternity Improvement Group on departure of the Interim Transformation Project Manager to ensure ongoing sustainability of the MIG	6-12 monthly review, or as and when required, in collaboration with the Trust, ICB, and LMNS.	Divisional Tri	Nov-24	
S04	Trust & Division to maintain assurance surrounding clear robust monitoring systems via the Maternity Governance Framework & update regularly. Ensuring the quality and safety of the service is sustained.	Division to ensure oversight of any change to a maternity quality and safety process is aligned to the maternity Governance Framework and corporate systems and processes. This may be outside of the normal governance arrangements for updating the framework.	6-12 monthly review, or as and when required, in collaboration with the Trust, ICB, and LMNS. As per the Governance requirements (expiry date)	Q&S Matron / Divisional Tri		

Annex 1

S05	Maintain & update the Divisional TNA / Audit Plan on an annual basis, ensuring both are aligned to the national directives / local outcomes & as per the CQC Must/Should	Division to ensure the TNA and Audit Plan are updated annually and inclusive of any national requirements / CQC Musts/Should, and that the overall compliance with each is reported as per the divisional governance systems and processes.	6-12 monthly review, or as and when required, in collaboration with the Trust, ICB, and LMNS. As per the Governance requirements (expiry date)	Q&S Matron / Divisional Tri		
S06	Maintain QUAD presence at Board to present maternity services performance and assurance	If change is required, or QUAD presence is proposed to be devolved to a sub-committee, this should be agreed with LMNS / ICB colleagues, and any required change should align to the CNST MIS standards. This may require a discussion with NHSR. However, it is deemed best practice that maternity QUAD presence is maintained at Trust Board.	6-12 monthly review, or as and when required, in collaboration with the Trust, ICB, and LMNS.	Divisional Tri / Exec body		
S07	Continue with the CNST MIS steering group to support achievement of full compliance & clear trajectory on meeting the CNST MIS 10 safety standards	Division to ensure the steering group is sighted in a timely way of any new release of annual CNST MIS guidance. If a change to the steering group is to be made, division to ensure ToR and Mat Gov Framework are updated to reflect the change and follows the necessary governance process. Division and Trust Board to continue to monitor compliance as per CNST requirements	6-12 monthly review, or as and when required, in collaboration with the Trust, ICB, and LMNS.	Divisional Tri / Exec body		
S08	Ensure the maternity escalation policy is kept up to date & aligned to the wider Trust OPEL Framework. In addition, ensure all staff particularly, LW coordinators/new managers/medical colleagues are fully versed on the use of the escalation framework	Division to maintain oversight of any change to the maternity escalation policy and ensure all staff are fully versed on the use of the escalation policy. In addition, monitor outcomes to ensure timely escalation is maintained across the departments.	6-12 monthly review, or as and when required, in collaboration with the Trust, ICB, and LMNS. As per the Governance requirements (expiry date)	Divisional Tri		
S09	Benchmark against the National LW coordinator framework in conjunction with the LMNS	To work with the system to commence this piece of work and take the appropriate action to ensure all LW coordinators are equipped with the right skills to ensure Quality & Safety of services.	6-12 monthly review, or as and when required, in collaboration with the Trust, ICB, and LMNS.	HoM / Inpatient Matron / LMNS		

S10	Continue with the MIG workstreams & the MSSP deep dive actions that remain & continue to use the Maternity Improvement Plan for future improvement/national asks	Continue with monthly Maternity Improvement Group meetings with clear agendas, minutes, and escalations.	6-12 monthly review, or as and when required, in collaboration with the Trust, ICB, LMNS and MNVP	Divisional Tri		

4 Summary

4.1 In view of the significant maternity improvements achieved across SFT and as evidenced through this paper and the sustainability plan, it is requested that SFT is formally exited from the MSSP.

5 Recommendations

5.1 The committee are asked to approve the application for exit from the Maternity Safety Support Programme.

This report is prepared to demonstrate the progress and action taken as a Trust in line with the MSSP exit criteria.

This paper has been prepared in collaboration with Trust, NHSE Maternity Improvement Advisor, LMNS and Regional Leads.

Appendix 1

Report to:	Trust Board	Agenda item:	
Date of meeting:	5th September 2024		

Report title:	Application to exit the Maternity Safety Support Programme (SFT)			
Status:	Information	Discussion	Assurance	Approval
				x
Approval Process: (where has this paper been reviewed and approved):	Divisional Governance – 17.8.24 Circulated via email and content supported by Regional and National Team			
Prepared by:	Vicki Marston –Director of Midwifery and Neonatal Services Emily Brace – NHS E Maternity Improvement Advisor			
Executive Sponsor: (presenting)	Judy Dyos - Chief Nursing Officer			

Recommendation:

The Trust Board are asked to approve the application for exit from the Maternity Safety Support Programme.

This report is prepared to demonstrate the progress and action taken as a Trust in line with the MSSP exit criteria.

This paper has been prepared in collaboration with Trust, NHSE Maternity Improvement Advisor, LMNS, Regional and National Leads.

Executive Summary:

Salisbury NHS Foundation Trust entered the NHS England Maternity Safety Support programme (MSSP) in October 2021 following the CQC's inspection of maternity services in July 2021. The CQC report was published on the 9th of July 2021 and the MSSP commenced in October 2021. At this inspection the maternity service was rated as Inadequate for Well Led and Requires Improvement for Safety and were subsequently issued with a warning notice 29a.

Following the MSSP diagnostic phase, the diagnostic report with MSSP exit criteria was completed in April 2022 and were mutually agreed actions between the Trust Region & the MSSP.

Appendix 1

This paper summarises Salisbury Foundation Trust's improvement journey since commencing on the MSSP, as well as work underway to continue to improve the quality and safety of Maternity services.

Key points outlined in this paper are:

- The process for entering and exiting the MSSP as of 2021
- Progress with actions since the 2021 CQC visit.
- Compliance with CNST/CQC
- Progress with the MSSP exit criteria.
- Overall improvement journey
- Sustainability plan and ongoing oversight

It is felt that significant progress has been achieved with the MSSP exit criteria to allow for exit from the programme with ongoing ICB and NHSE Regional oversight. This has been collectively agreed by all stakeholders.

Board Assurance Framework – Strategic Priorities	Select as applicable:
Population: Improving the health and well-being of the population we serve	x
Partnerships: Working through partnerships to transform and integrate our services	x
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	x
Other (please describe):	

Appendix 1

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	10
Date of Meeting:	19 September 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:	Month 4 Reporting Pack

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	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	4 September 2024	Assurance and Discussion

1	Purpose of this paper
The purpose of the paper is to provide an update on the financial position of BSW Integrated Care System (ICS) at Month 4. At M4 the system is reporting a £7.1m adverse position year to date (YTD). This is a £1.1m deterioration compared to Month 3 but is an improvement in the run rate. The full year (FY) position is still in line with plan.	

To Month 4, system providers recognised additional costs associated with Industrial Action totalling £1.3m. If these costs are fully reimbursed, then the position would improve to £5.8m off plan YTD. Funding is anticipated but the amount has not been confirmed.

The system position has been impacted YTD by c.£5.1m slippage against efficiency plans and £0.7m of other demand pressures.

Recovery actions have been identified by all organisations as part of ensuring that the run-rate reduces to meet the agreed plan.

2	Summary of recommendations and any additional actions required
The Board is asked to **note** the report and the financial position of the system.	

3	Legal/regulatory implications
The system has an obligation to work together to deliver the submitted and approved system plan for the year and to work to delivery of a break-even position. Each organisation also has individual statutory requirements to meet.	

4	Risks
As BSW ICS has a planned system deficit position, cash will likely be a greater risk in 24/25 although we still expect to receive £30m of deficit support. The ICB is working with intra-system providers to support where it is possible within the current cash funding regime.	

5	Quality and resources impact	
There is a risk to the delivery of a balance financial position without operational interventions. 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

July 2024 (Month 4)

Executive Summary

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

- The M4 system position for BSW shows a £7.1m adverse variance against plan (actual YTD deficit of £21.1m). If the costs of Industrial Action are funded, then this will reduce the variance by £1.3m.
- At Month 4, the system has modelled that it will need to deliver c.£34m of interventions across the rest of the year to ensure that the current run rate levels do deliver the agreed full year plan. Interventions already delivered have improved the position by c.£12m in month.
- Efficiency delivery (CIP) and elective performance remain the key risks for full-year delivery of the financial plan.
- The reported position at M4 excludes the impact of the recently announced pay awards for primary care and Agenda For Change (AFC) staffing. These will be factored in once national guidance has been issued.
- Ongoing cash management is a priority, as all NHS organisations are reporting cash as a risk, however with different pinch-points. Pressures are being flagged in Q4. Cash monitoring is under additional national focus due to treasury limits.

Key issues for escalation

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

Alert, Assure, Advise	
Alert	• M4 YTD adverse variance of £7.1m (£5.8m excluding Industrial Action). • Improving elective productivity to generate ERF income and reducing UEC demand and improving flow (CIP) continue to be our main areas of focus, alongside the related focus on reducing workforce costs. • £3.5m of additional CIP still to be identified. • NCTR/Escalation continues to impact financial position. • Backlog in counting and coding is impacting ERF income and poses a risk if we do not catchup. • Our forecast profile remains high risk as the improvements which flow from our recovery actions are overly profiled into the last 4 months of the year. We need to achieve earlier positive impacts across all system partners from the actions which we are taking to remedy our position
Assure	• System FY run rate improvement from prior month and slowing of YTD deficit rate. • c.£34m of interventions identified to ensure that the system run-rate levels do deliver the agreed plan.
Advise	• National funding of £1.3m required to fully mitigate the costs from Industrial Action. (not confirmed) • National reporting regarding the final ERF 23/24 and 24/25 validated achievement has not been confirmed. • No update on pay rise funding and whether it will cover all costs. (SAS doctors, Consultants, AFC, primary care) • There is a risk that any ERF performance over our plan may only be funded at marginal rate. • All organisations have revised their run-rate profile for 24/25. • We continue to expect £30m of deficit funding for 23/24 to bring us back to breakeven but we must hit our plan to avoid paying this back.

ICS Summary Position M4

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

	Year to Date				YTD Actual
	Plan £m	Actual £m	Variance to plan £m	%	% of FY defict
Great Western Hospital	(3.0)	(6.2)	(3.3)	(110.9%)	60.9%
Royal United Hospital	(6.0)	(6.6)	(0.6)	(10.2%)	124.6%
Salisbury Hospital	(5.9)	(9.2)	(3.2)	(54.4%)	53.9%
Provider surplus / (deficit)	**(14.9)**	**(22.0)**	**(7.1)**	**(47.8%)**	
BSW ICB surplus / (deficit)	**0.8**	**0.8**	**0.0**	**0.0%**	
ICS surplus / (deficit)	**(14.0)**	**(21.1)**	**(7.1)**	**(50.7%)**	

	Year to Date			
	Plan £m	Actual £m	Variance to plan £m	%
Income	466.6	466.6	0.0	(0.0%)
Pay	(297.1)	(299.9)	(2.9)	(1.0%)
Non-Pay	(169.6)	(175.5)	(5.8)	(3.4%)
Other	(13.9)	(12.4)	1.6	11.4%
	(14.0)	(21.1)	(7.1)	(50.7%)

At Month 4, the ICS has reported a **£7.1m adverse variance** year to date. No full year variances are being reported at M4.

- GWH has reported a financial position in line with its revised run rate profile.
- SFT's deficit position has worsened since Month 3 against plan, however the reported position is £0.6m better than the revised run rate profile due to the rephasing of some interventions.
- RUH's reported position has worsened against plan, however the reported position is £1m better than the revised run-rate profile due to the rephasing of some interventions.

ERF Performance ICB reporting (M4)

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

- Overall ICB year to date performance is 117.5% compared to stretch plan of 117% (we are showing a favourable variance of £1.9m against the initial plan before the stretch plan).
- Providers are working to stretch targets, only 1 provider is delivering this ytd.
- Performance awaiting national validation. There are small differences between ICB and Provider reported data.

ERF M1-4	GWH				RUH				SFT			
	YTD		FOT		YTD		FOT		YTD		FOT	
	£m	%	£m	%	£m	%	£m	%	£m	%	£m	%
ICB Reported (BSW)												
Baseline	24.5	100%	73.1	100%	22.2	100%	66.3	100%	14.3	100%	42.8	100%
Plan	26.2	107%	78.4	107%	25.9	117%	77.4	117%	16	112%	47.8	112%
Stretch plan	27.4	112%	81.9	112%	26.4	119%	78.9	119%	16.3	114%	48.8	114%
Actual (ex A&G)	26.1	107%	77.2	106%	25.4	114%	75.1	113%	16.2	113%	47.4	111%
Advice & Guidance	0.5	2%	1.5	2%	0.9	4%	2.6	4%	0.3	2%	0.9	2%
BSW Performance (ICB View)	26.6	108.6%	78.7	108.0%	26.2	118.2%	77.7	117.0%	16.5	115.3%	48.3	113.0%

Achievement vs Baseline	ICB			
	YTD		FOT	
	£m	%	£m	%
Intra	69.3	113.7%	204.8	112.4%
Inter	8.5	106.6%	24.6	102.9%
Independent	21.5	131.9%	64.0	131.3%
Advice & Guidance	0.9	100.0%	2.4	100.0%
Performance	100.3	117.5%	295.9	116.0%

*Figures in the table are presented on a rounded basis +/- £0.1m

ICS Efficiencies & Recurrent Position

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

	YTD Plan £m	Actual £m	Variance £m	Delivery %	Full-Year Plan £m	Forecast £m	Forecast Variance £m	Delivery %
Recurrent								
Provider Pay	8.6	6.0	(2.6)	70%	31.9	29.8	(2.1)	93%
Provider Non-Pay	3.1	2.2	(0.9)	71%	12.1	11.9	(0.2)	98%
Provider Income	4.0	3.1	(0.9)	78%	13.3	14.4	1.1	108%
Provider recurrent efficiencies	15.7	11.3	(4.4)	72%	57.4	56.1	(1.3)	98%
ICB recurrent efficiencies	4.5	4.5	0.0	100%	13.4	13.4	0.0	100%
All SYSTEM recurrent efficiencies	**20.1**	**15.8**	**(4.4)**	**78%**	**70.8**	**69.5**	**(1.3)**	**98%**
Non recurrent								
Provider Pay	2.5	3.5	1.0	142%	13.1	13.7	0.6	105%
Provider Non-Pay	0.7	0.9	0.2	133%	6.4	6.9	0.6	109%
Provider Income	0.7	0.9	0.2	129%	2.8	2.8	0.0	102%
Provider non-recurrent efficiencies	3.8	5.2	1.4	138%	22.2	23.5	1.3	106%
ICB non-recurrent efficiencies	16.3	14.1	(2.2)	86%	48.9	48.9	0.0	100%
All SYSTEM non-recurrent efficiencies	**20.1**	**19.3**	**(0.8)**	**96%**	**71.2**	**72.4**	**1.3**	**102%**
SYSTEM total efficiencies	**40.2**	**35.1**	**(5.1)**	**87%**	**141.9**	**141.9**	**0.0**	**100%**

Efficiencies by Organisation	YTD Plan £m	YTD Actual £m	YTD Variance £m
GWH	5.8	3.9	(1.8)
RUH	8.0	7.9	(0.1)
SFT	5.7	4.7	(1.0)
ICB	20.8	18.5	(2.2)
	40.2	**35.1**	**(5.1)**

The 24/25 system plan includes £141.9m of efficiencies to deliver the £30m deficit. This represents 7.0% of the overall system allocation. At M4 the system has reported forecast delivery in line with the submitted plan but £5m of slippage YTD.

Forecast planned recurrent efficiency schemes accounted for 51% of total schemes at Month 4 (Month 3: 48.7%).

Slippage of £5.1m reported to M4, but recovery actions are in place as part of agreed run-rate interventions.

ICS Acute Provider Workforce

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

	Year to Date										Movement from M3	Movement from M3 Var.
	Plan £m	Actual £m	Variance to plan £m	%		Plan WTE	Actual WTE	Variance to plan WTE	%		WTE	£m
Agency					**Agency**							
Great Western Hospital	(2.1)	(1.8)	0.3	13%	Great Western Hospital	56	46	10	18%		(7)	(0.0)
Royal United Hospital	(1.7)	(1.4)	0.3	17%	Royal United Hospital	29	25	3	12%		(2)	(0.0)
Salisbury Hospital	(2.6)	(2.3)	0.3	11%	Salisbury Hospital	70	63	7	10%		(3)	0.3
Total Agency	**(6.3)**	**(5.5)**	**0.8**	**13%**	**Total Agency**	**155**	**134**	**21**	**13%**		**(12)**	**0.3**
Bank					**Bank**							
Great Western Hospital	(8.3)	(8.5)	(0.1)	-2%	Great Western Hospital	359	333	26	7%		(7)	(0.4)
Royal United Hospital	(4.8)	(6.2)	(1.4)	-29%	Royal United Hospital	316	344	(28)	-9%		(19)	(0.5)
Salisbury Hospital	(5.2)	(6.1)	(0.8)	-16%	Salisbury Hospital	293	272	21	7%		0	(0.4)
Total Bank	**(18.4)**	**(20.7)**	**(2.4)**	**-13%**	**Total Bank**	**969**	**949**	**19**	**2%**		**(26)**	**(1.3)**
Substantive					**Substantive**							
Great Western Hospital	(90.4)	(90.5)	(0.1)	0%	Great Western Hospital	5,211	5,253	(42)	-1%		(26)	0.4
Royal United Hospital	(110.3)	(111.1)	(0.8)	-1%	Royal United Hospital	5,519	5,438	81	1%		57	(0.2)
Salisbury Hospital	(71.1)	(72.2)	(1.1)	-2%	Salisbury Hospital	4,108	4,125	(17)	0%		(22)	(0.5)
Total Substantive	**(271.8)**	**(273.8)**	**(2.1)**	**-1%**	**Total Substantive**	**14,839**	**14,816**	**23**	**0%**		**9**	**(0.3)**
Total Pay by Provider					**Total WTE by Provider**							
Great Western Hospital	(100.7)	(100.8)	(0.0)	0%	Great Western Hospital	5,627	5,632	(5)	0%		(40)	0.0
Royal United Hospital	(116.8)	(118.7)	(1.9)	-2%	Royal United Hospital	5,864	5,807	57	1%		36	(0.8)
Salisbury Hospital	(78.9)	(80.6)	(1.6)	-2%	Salisbury Hospital	4,472	4,460	11	0%		(25)	(0.6)
Total Workforce	**(296.4)**	**(300.0)**	**(3.6)**	**-1%**	**Total Workforce**	**15,962**	**15,900**	**63**	**0%**		**(29)**	**(1.3)**

	M4 £m	M3 £m	M2 £m
In-month pay cost			
Great Western Hospital	(25.1)	(24.5)	(25.6)
Royal United Hospital	(29.9)	(29.5)	(29.9)
Salisbury Hospital	(20.2)	(20.0)	(20.1)
Total Workforce	**(75.2)**	**(74.0)**	**(75.6)**

WTE Information for RUH has been re-submitted for Months 1 & 2 due to the correction of a reporting mismatch in the Bank

* Movement from M3 (WTE & £m) negative values are adverse

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11
Date of Meeting:	19 September 2024		

Title of Report:	Risk Management - ICB Corporate Risk Register Review
Report Author:	Anett Loescher, Associate Director of Governance, Compliance and Risk
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	Appendix 1 - Corporate Risk Register

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

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

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

Previous consideration by:	Date	Please clarify the purpose
Executive Management Meeting	17 July 2024	Review of Corporate Risk Register
ICB Audit and Risk Committee	5 September 2024	Review of Corporate Risk Register

1	Purpose of this paper

This report presents to the Board, for assurance, the current ICB corporate risk register which was reviewed and discussed by the ICB's Executive (EMM) on 17 July 2024, and the ICB Audit and Risk Committee on 5 September 2024.

To note that EMM agreed to re-instate the previously closed risk BSW ICB 02 which had materialised. The risk is articulated similarly to its predecessor. This risk is included on the CRR with the reference BSW ICB 02 with a risk score of 20 (likelihood 5 x impact 4).

To note that the ICB's Quality and Outcomes Committee considered that a risk re collective industrial action by GPs should be articulated and included on the ICB's Corporate Risk Register (provided it meets the threshold for inclusion i.e. a risk score of 15 or above). This is in progress.

Our risk management group has been requested to carry out a further review of mitigations and their impact on the risk scores.

We wish to inform the Board that we are operationally adapting our risk management arrangements to the ICB's organisational structures post-Evolve. Key changes will include

- identification of portfolios' respective Risk Leads. By and large Risk Leads will remain 'as are', however some changes result from adopting a portfolio structure and from colleagues having moved into other positions or having left the organisation as a result of Evolve.
- the switch from current arrangements for risk documentation to an online risk management portal; data migration for that purpose is ongoing.
- the newly formed PMO and Risk department will become the coordinator of the ICB's risk management activities, with Risk Leads 'carrying the load' with regards to portfolios' risk management; to acknowledge that there is a need to upskill the PMO and Risk team;
- review of our risk management methodology, and subsequent consolidation of more standardised approach and arrangements across portfolios.

2	Summary of recommendations and any additional actions required

The Board is asked to note the most recent ICB corporate risk register.

3	Legal/regulatory implications

The ICB is required to have an effective system of risk management.

4	Risks

As set out in the corporate risk register.

5	Quality and resources impact

Quality and Finance could both be impacted by a lack of robust processes to identify and manage operational and strategic risks.

Resources impact: Executive Directors and their departments dedicate time regularly to the review of operational risks, including maintenance of local risk registers and identification of risks for escalation / de-escalation to and from the Corporate Risk Register.	
Finance sign-off	N/A

6	Confirmation of completion of Equalities Impact Assessment
N/A	

7	Statement on confidentiality of report
The Corporate Risk Register is not considered to be a confidential document. However, there may be specific risks that are considered confidential, and we may therefore choose to redact the corporate risk register before wider publication.	

Appendix 1

BSW ICB Corporate Risk Register

Jul-24

Risk no.	Risk Category	Risk Entered Date	Risk name	Bodies affected by risk	Executive Risk Owner	Risk Manager	Reviewing Committee or Group	Date of last review	Likelihood	Impact	Latest risk score	Change in risk rating since last reviewed	Target risk score	Risk Treatment	Description of risk including event, cause and consequences	Existing controls	Assurances, and gaps in assurance	Mitigations	Mitigation owner	Target dates for mitigations to be in place	Mitigations RAG	Residual Likelihood	Residual Impact
BSW ICB 01	Quality Safety	23-Sep-22	Insufficient capacity across urgent and emergency care and flow leading to reduction in system flow.	ICS NHS organisations and partner organisations	Chief Nurse Officer	Director of Urgent Care and Flow	Urgent Care & Flow Board; Quality & Outcomes Committee	06-Mar-24	5	4	20	↔	12	TREAT	Demand and Capacity planning has identified there is a shortfall in capacity to safely meet the demand across health and social care resulting in continued periods of escalation, continued high numbers of patients who do not have a criteria to reside, delays in all parts of the system resulting in inadequate performance and sub opti patient experience. Whilst there have been some improvements in NCTR numbers, there continues to be a focus on achieving further improvements .	* System Demand and capacity modelling through the System Demand and Capacity Steering Group. System wide escalation plans in place. Shrewd system alerts us with a live performance and use of capacity position. * Weekly UEC Tactical urgent care meetings, that are increased in frequency as required. *UEC recovery plans being revisited. * Governance and reporting changes to UCF Delivery group Reporting to Quality and Outcomes Committee and Board as required.	Actions from the SD&CG fed to the localities and vice versa. Goes to Urgent Care & Flow Board. * Urgent care and flow board has oversight of all elements of urgent care and flow. Monthly reporting on all elements of urgent care and flow from localities to system, to Execs and the ICB Board. BSW wide Demand and capacity modelling review being undertaken to take learning from planning for winter for 23/24.	1. Locality discharge from hospital plans to deliver additional capacity through planning for 24/25. 2. UEC recovery plan for 2023/24 revisited, the plan covers 5 areas of focus: increasing capacity; increasing workforce size; improving discharge; expanding care outside hospital and; making it easier to access the right care reporting to UC&FB. 3. Additional capacity requirement identified in Wiltshire approved by the ICB Recovery Board, funded for 23/24 - to inform the decisions for allocation of funding for 24/25. 4. Additional funding allocated through BSW Recovery board to support additional schemes - P1 for Wiltshire, ARI hubs for paediatrics, Princess Lodge beds, Acute trust additional monies to support internal flow in 23/24. 5. Care Co in place to support reduction in attendances that will lead to a reduction in back door demand from acute trusts 6. Winter learning event to review 23/24 provision and lessons learnt to be taken into 24/25.	[names redacted]	Plans will be iterative and will be monitored. Review end of March 2024.	Amber	4	3
CRR BSW ICB 02 Reinstated, EMM agreed 17/07/2024	Finance	28-May-24	Non Delivery of the ICS NHS finance and operating plan for 24/25 and that the ICS does not hit its statutory obligation to meet its annual control target from 25/26.	ICS NHS organisations	Chief Finance Officer	Budget Holders	Finance & Investment Committee	28-May-24	5	4	20		12	TREAT	The risk is that the ICS (which includes the ICB, RUH, SFT and GWH and Place) are unable to deliver on the interventions to deliver the agreed operating plan for 24/25 or produce a balanced financial plan for the system for 25/26. Failure to meet could result in undertakings, SoF ratings, and further conditions imposed by NHSE.	System DoFs group Coordinated system planning process System Oversight group Provider membership of ICB Board Finance Committee discuss risks and monitors performance vs plan. Board escalation, by exception. NHSE Forecast Protocol in place. Financial Recovery Board. Workforce vacancy controls. Investment Committee	Regular and timely DoFs meetings to discuss finance across the system, which generates actions plan. System Planning Group in place to develop the Operating Plan . System partners (and boards) are responsible for their own organisational plans. Annual Planning process with plans required to be approved by organisational boards. 3 year planning process commencing. System approach to delivery of cost improvement initiatives is still in infancy as well as pipeline for 25/26 Unidentified CIPs within current 24/25 plans are nearly 20% across all organisations Reliance on NR transitional funding in 24/25	1) 3-year rolling financial plan (in development) 2) Underlying position calculated and refreshed regularly. 3) Common set of system planning assumptions and principles. 4)Financial Recovery Board, , attended by all CFOs, CEOs, Programme Leads. 5) Workforce targets and monthly dashboards, including vacancy control panels 6) Financial Protocol active - triple lock process on investments >£50k 7) Targetted piece of work focused on addressing unidentified CIPs in 24/25 plans	[names redacted]	1) 3 year MTFP submitted in Q3 23. Refresh during H1 24/25 2) On-going reporting of system financial drivers. 3) On-going. 4) Meets regularly 5) Montly reporting 6) Investment committee attended by NHSE meets regularly 7) Update to be factored into June planning submission	Amber	5	
BSW ICB 03	Quality Safety	01-Dec-20	Hospital handover delays	ICS NHS organisations	Chief Nurse Officer	Director of Urgent Care and Flow Head of Urgent Care Urgent Care Quality Lead	Urgent Care & Flow Board; Quality & Outcomes Committee	07-Jun-24	5	4	20	↔	6	TREAT	There is a risk that patients may experience harm as a result of ambulance handover delays	Performance and risk is overseen through daily flow calls and startegically addressed via Urgent Care and Fl Board. The locality manages escalation through the UEC action cards linked to OPEL status actions.	Continue to implement schemes that support UEC flow schemes including BSW Care Co, SDEC and RUH internal actions	* Oversight of SWAST performance Ambulance Governance meetings - APB , FICSC, QASC, TIG, CAG. * BSW Urgent Care and Flow Board and QAC oversight at UEC Tactical. * Monitoring of harm through incidents, clinical harm reviews and end to end reviews. * EQIA accompanying all surge decisions. * June 12th: UEC BaNES Locality workshop to understand drivers for front door demand and develop mitigating actions. This will anchor into existing workstreams.	[names redacted]	Reviewed on a monthly basis at UCFB and also through OEC and APB. Score to be reviewed next month re: performance. We have not achieved the ambulance trajectories for 23/24 to date.	Amber	4	4
BSW ICB 06	Workforce	19-Jan-22	Workforce and Resilience	ICS NHS organisations and partner organisations	Interim Chief People Officer	Director of Resourcing & Retention	People Committee Strategic Workforce Group Recovery Board	05-Apr-24	4	4	16	↓	9	TREAT	A heavy reliance on temporary workforce, particularly agency staff, could result in a lack of availability of staff to meet the high demand of services. With a national expectation to reduce premium spend associated with bank and agency staffing to 3.2% of total pay-bill 2024-25. Part of the recovery programme BSW are leading a Regional approach to reduce agency dependency with the implementation of collaborative rate card for Nursing and Medical staff, effective eJob Plann and eRostering and a system-wide approach to WLI's.	**Short term controls:** Local risk management process for staffing. **Medium term controls:** Systemwide recruitment and retention initiatives including international recruitment. E.g. Career Navigators, wellbeing initiatives and development of middle managers. Plans to be developed in how to tackle staff absence. BSW NHS Employers have existing controls in place over agency and non-framework agency usage. Current system wide bank and agency usage programme being implemented. **Longer term controls:** Working alongside health and social care partners to develop more flexible career paths and consistent remuneration packages. Strategic workforce priorities to be developed systemwide. Programme plan in place to enact in order of priorities, as part of the recovery work. Priorities agreed and programme of work to be agreed with partners.	Continue to implement schemes that support UEC flow schemes including BSW Care Co, SDEC and RUH internal actions	Short / Medium term: System Workforce Plan as part of the Operating Planning Process and Narrative and Numerical Workforce Plans developed. Identified hotspots will inform further inventions to mitigate against the risk. Longer term: Operational Working Groups reporting progress on workstream to the Strategic Workforce Group (SWG). Participation in longer term workforce planning - 10 year plans, utilising supply tool. Due to the reliance on a collaborative approach to addressing workforce priorities, likelihood and impact of this risk will be reduced once programme agreed and implemented. For apprenticeship restrictions - System have communicated ongoing issue with NHSE at a Regional and National level. BSW have developed an accurate apprenticeship dashboard to provide oversight of system wide apprenticeship implementation to inform on gaps, risk and under/overspend on levy. Ongoing engagement and learning alongside HEI and secondary educators, as BSW continues to develop student engagement through career advisors, mobilising H&C ambassadors (by school), virtual work experience, system wide preceptorship programme (Nursing, Higher Development Awards now open with encouraging levels of Expressions of Interest from partner organisations within Health & Care, working with Wiltshire College.	[names redacted]	30/10/2023 31/03/2024	Amber	4	4
BSW ICB 12	Quality Performance & Delivery	30-Mar-23	Community Services Commissioning	ICS system organisations	Director of Place Wiltshire, Exec Lead Community Services	Programme Director for Integrated Community-Based Care Programme Strategy and Transformation Project Manager	ICB	30-May-24	4	5	20	↔	9	TREAT	There is a risk that the ICB Community Services recommissioning and transformation programme is not effectively organised or sufficiently resourced resulting in key timelines not being met with the potential for reputational, financial, quality, outcomes, legal challenge and delivery risks. There is a risk of misalignment between ICB and LA commissioning, governance and procurement approaches resulting in fragmented provision, delay in decision ma with potential impacts on patient care.	1) ICB Executive and LA Officers are core members of the ICBC Programme Board. 2) ICBC programme structure and governance in place with sub groups covering technical and subject matter expert input. 3) Formal Legal advisory arrangements arrangements in place to support effective decision making by the ICBC Programme Board on behalf of the statutory partners 4) Additional external SME resources secured and will remain in place until after the contract award 5) Additonal internal ICB resources being recruited to which will secure dedicated capacity until September 2025. 2) ICBC programme plan forward planning through to ICBC contract award and mobilisation 1) MOI formally approved through ICBC Programme Board, in presence of representatives from all BSW Local Authorities, and sets the context and ambition for the procurement 2) Detailed ICBC programme plan includes formal governance gateways	Continue to implement schemes that support UEC flow schemes including BSW Care Co, SDEC and RUH internal actions	1) ICB and LA Executives are core members of the ICBC Programme Board 2) There is a robust ICBC programme plan and reporting arrangements in place. 3) Steering group meetings ensure risks and mitigations are kept up to date and escalated via the Programme Board as needed. 1) MOI formally approved through ICBC Programme Board, in presence of representatives from all BSW Local Authorities, and sets the context and ambition for the procurement 2) Detailed ICBC programme plan includes formal governance gateways	[names redacted]	1) July 2024 2) September 2024 1) September 2024 2) September 2024	Amber	3	5
BSW ICB 14	Finance	07-Aug-23	Sufficiency of capital funding for the ICB and system	ICS NHS organisations	Chief Finance Officer	Directors of Finance	Finance & Investment Committee	28-May-24	5	4	20	↔	12	TREAT	Resources aligned by organisations to deliver system priorities. Failure could result in finite resource being spent on schemes that don't support the delivery of system objectives or create revenue pressures which add to the system underlying deficit and ongoing savings requirements. Need for system ownership, coordination and monitoring.	1) Capital plan - refreshed as part of 24/25 plan 2) Assurance and decision making group 3) PID process (ICB) and business cases for NHSE capital 4) Capital plan (3yr-5yr) 5) Finance and Investment Committee oversight	Continue to implement schemes that support UEC flow schemes including BSW Care Co, SDEC and RUH internal actions	1) ICB capital role in place (to 2024) 2) Capital assurance group 3) Finance Committee oversight 4) Capital plan (3-5year) 5) In development	[names redacted]	Ongoing and reporting within individual organisations and also to the ICB Finance Committee	Green	5	4
BSW ICB 19	Quality Performance & Delivery	06-Oct-23	CHC Performance Targets	ICS system organisations	Chief Nurse Officer	Associate Director of Quality and Patient Safety	Quality and Outcomes	20-Feb-24	5	4	20	↔	8	TREAT	There is a risk that the ICB will not achieved the expected national CHC targets. This is caused by insufficient capacity and limited systems and processes in place and would result poor patient experience and additional oversight by NHSE with an expected improvement plan to be agreed and delivered which may require additional resource.	Policies, Operational Leadership	Continue to implement schemes that support UEC flow schemes including BSW Care Co, SDEC and RUH internal actions	Improvement Plan developed. Now published and approved as a Recovery Plan. UB Healthcare to support capacity and demand gap. Confirmed 12 mth contract from 04/09/23. 18/01/24 [CL] - Recruitment has been addressed - now into BAU staff turnover with vacancies being managed as they occur. Working with HR colleagues to design and deliver a focused OD programme ongoing. Skills & Competencies Matrix and Workforce Development Tool mobilised and identifying training needs and opportunities. SOPs in development - c75% complete. CHC Efficiency Programme resourced and in progress (Performance, BI, Digitalisation, Personalisation, Brokerage). Oversight and scrutiny from NHSE and ICB QAOC. 20/02/24 [CL] - Mitigations presented to CHC Efficiency Group for Review. Approved. Risk reassessed accordingly	[names redacted]	Apr-24	Amber	5	4
BSW ICB 04	Workforce Quality	28-Sep-22	Industrial Action	ICS NHS organisations and partner organisations	Interim Chief People Officer	ICB HR Leads ICB Quality Leads Systemwide Leads ICB EPRR Lead	People Committee Quality & Outcomes Committee Strategic Workforce Group Recovery Board	05-Apr-24	4	4	16	↓	6	TREAT	Due to a variety of member approved industrial action ballots by various trade unions, BSW and partner organisations have experienced ongoing industrial action, wh has the potential to destabilise service delivery and patient care, due to reduced skills and safer staffing levels. This could also lead to a slow down in elective recover longer waiting times and discharge delays. Risk level lowered and stepped down from Corporate risk in October however, risk escalated again as a result of the announcement of further, significant Industrial Ac periods across BSW, affecting safer staffing levels across health and care services 28/11/23 - UNISON issued intention to strike mandate on WH&C re non-payment of recognition payment ~~to~~ AfC staff 05/12/23 - BMA Announced Junior Doctors 3 day strike 20-23 December and six day strike from 3-9 January. 05/12/23 - In response to the announcement that the Government have offered 4.95% to Consultants, RCN are currently considering further IA Status April 2024: BMA Consultants agreed pay rise offer however BMA mandate remains in place for Junior Doctors who will coninue to strike until agreement is reached. Ongoing risk that, if Consultants reach agreement on salary increase greater than that for all other staff that previously satisfied Trade Union action will be re-implement ballots (RCN). With a sustained period of Industrial Action there is a risk that employer organisations will approach this as BAU. not implementing the same level of importance, emergency plkanning and HR resources to future IA periods.	Ongoing conversations with NHSE and BSW Providers to ensure readiness and sufficient planning processes in place pre and post industrial action including local level derogations and trade union intelligence. Working closely with EPRR colleagues across the system to plan for industrial action. Ongoing NHSE SitREP expectations with Gold and partner calls in place to monitor activity and outcomes.	An Industrial Action Plan for coordinating a response has been prepared with system partners. Q&A reporting to NHSE for services affected by industrial action. Workforce cell – HR Leads meet to discuss organisational activities, the outcome of Trade Union conversations, derogation options and ensure a BSW response to industrial action is approached in a cohesive and collaborative manner Organisational HR – Focused on ensuring that Organisational Industrial Action and Continuity plans and policies are robust and fit for purpose. Establish daily gold, silver, touchpoint calls with all providers pre, during, and post stri action days.	Role of ICB -Collating the assurance of readiness system-wide reported to NHSE -Supporting providers with redeployment where required -Implementation of Strategic and Tactical Co-Ordination Group to ensure BSW responds to Industrial Action in a co-ordinated manner to include activities at time of strike but also to monitor service recovery -Establish IA Groups for comms and Nursing and Quality - Ongoing communications with NHS Employers and the wider system sharing lessons learned in previous strike action i.e.. derogations process, NHSE SCDS reporting, risk assessments nurturing an ongoing culture of support for affected organisations among system wide partners. 27/11/23 BMA confirmed that following intense negotiations government have offered 4.95% investment in pay for consultants. BMA currently out to members encouraging support for this offer which will take affect from January 2024. HCSA have mandate in place for Junior Doctors, expiring January 2024 Following a re-ballot of junior doctors BMA Junior Doctor Committee (JDC) secured a mandate for strike action and action short of strikes (ASOS), running until 19 September 24, to effectively sustain pressure on employers and, in turn the whole system.	[names redacted]	Mitigations to be in place until Government and trade union agreement is reached.	Amber	4	3
BSW ICB 08	Quality Safety	24/11/2022	There is a risk that we will not have sufficient MH trained staff to deliver effective and responsive core services across our system	ICS system organisations	Interim Chief People Officer	Workforce subgroup chair	Thrive Programme Board People Committee	05-Mar-24	4	4	16	↔	12	TREAT	There is a risk that current vacancy rates across all providers will make it challenging to deliver and maintain effective and responsive core mental health provision. Th evidenced through high vacancy rates in Swindon CAMHS, within AWP. A lack of trained staff means that we have had to implement business continuity arrangement some services; currently in place for Swindon CAMHs and AWP OOH (augmented model phasing in). This impacts on our ability to provide consistent liaison cover to acute hospitals. Existing staff end up with higher caseloads and longer waiting times for treatment for patients.	Thrive Programme Board oversees all aspects of MH delivery BSW MH Workforce Planning Group established Regular review calls with partners to identify mitigations to existing challenges Business continuity arrangements in place for specific areas of challenge	Workforce Planning as part of Operational Plan in partnership with People Directorate colleagues in progress - in-depth update April. Business Continuity Plans continue to be shared with system partners. International Recruitment within AWP and OHFT ongoing. AWP rolling annual turnover (Trust level report, reported Jan 24) has slightly improved in Sept 23 report (13.2%). Recruitment to attrition position 72:56 (trust level).	1) AWP implementation of retention strategy with multiple support processes in place including wellbeing support offer (use of Wellbeing Hub for staff funded b NHSE) ongoing implementation. 1.1) AWP rolling annual turnover (Trust level report, reported Jan 24) has slightly improved in Sept 23 report (13.2%). 1.2) Recruitment to attrition position 72:56 (trust level). 1.3) AWP assured on ability to achieve good recruitment against transformation plans whilst sustaining core services. 1.4) AWP roll out of advice and guidance in Wilts, to support service user optimisation of service user contact, whilst ensuring efficiency of responsiveness to primary care enquiries. Work underway with Local Authorities to identify ways in which we can mitigate crisis for Children and Young People who have experienced significant trauma to support improved pathways and reduction in emergency department attendances, with consequent impact on CAMHS liaison staff.	[names redacted]	1) On-going recruitment	Amber	3	4
BSW ICB 09	Quality Performance & Delivery	12/05/2021	There is a risk that elective care capacity will not recover as planned.	ICS system organisations	Chief Delivery Officer	Director of Commissioning	Elective Care Board & Elective Recovery Sub-Group	17-Apr-24	4	4	16	↔	8	TREAT	There is a risk that elective care capacity will not recover as planned or to the extent required, where assumptions and actions do not deliver the impact anticipated; or where additional factors such as urgent care pressures impact on capacity. As a result there is a risk that the BSW system will not eliminate over 65 weeks waits by Sept 2024. There is a risk that the operational plan requirements related to additional capacity in 24/25 will not be met, resulting in under-achievement of ERF income versus financial plans. There is additional pressure on this target due to the ongoing industrial action. Additionally there is a risk that diagnostic performance will not achieve the regional target of . 95% by March 2025 seen within 6 weeks.	Weekly long wait end of month forecasts submitted to NHSE for 65 week waits and reviewed to inform local response and mutual aid / capacity concerns. Mutual aid opportunities between acute providers and joint working of service teams in hot spot specialties reviewed fortnightly. Weekly elective care activity report. Elective Recovery Group (sub group of Elective Care Board) fortnightly review. NHSE and ICB joint assurance reviews of performance and action plans for diagnostics. Elective Care Board monthly review. Individual contractual discussions with Independent Sector Providers (not represented on Elective Care Board). Memorandum of Understanding in place within all IS provider contracts to support requests for mutual aid. All three acute providers participating in the new NHSE led Digital Mutual Aid (DMAS) process and supporting contract with IS providers for requested mutual aid transfers.	Operational performance report reported to Quality & Outcomes Committee ERF position and forecast reported to Elective Care Board and Finance and Investment Committee. Elective Care Performance and remedial action plans and progress reported to Elective Care Board supported by operational discussions and the Elective Recovery sub-group. Impacts of ongoing industrial action on forecasts not fully quantified.	1. Increased theatre productivity - actions from Four Eyes review (In place - Lead :Acute providers) 2. Completion of actions for High Volume Low Complexity (Lead : Acute providers) 3. Development and submission of business case for 2 additional theatres at Sulis Hospital - planned opening in 2024/25 4. Opening of 14th Theatre at GWH (Aug 23 - Lead GWH) 5. Introduction of system waiting list tool 6. Increased ASA grade activity at Sulis and day case arthroscopy 7. Diagnostic recovery action plans and NHSE site visits (Plans to be refreshed from Oct 23 visits Lead : Lucie Owens and Rob Gittens) 8. Regional diagnostic deep dives to review opportunities for adopt and adapt from other systems. 9. Additional mobile capacity being reviewed with InHealth for RUH on Bath Clinic pad 10. Reconfiguration of use of mobile vans between SFT and GWH to address pressure 11. Implementation of patient initiated digital mutual aid process 12. GWH Gastroenterology remedial action plan including additional weekend lists, validation and increased patient initiated follow ups. 13. RUH Gastroenterology remedial action plan including prioritisation of long waits, validation and outsourcing. 14. RUH Cardiology remedial action plan including validation, use of junior doctors and additional consultant recruited. 15. GWH Diagnostic Ultrasound remedial action plan including insourcing to recover to 85% by March 24. 16. RUH Diagnostic Ultrasound remedial action plan including insourcing at weekends and waiting list initiatives to recover to 85% by March 24.	[names redacted]	1) Next review May 24 2) Next review May 24 3) Completed. 4) Completed 5) Completed 6) Completed 7) Completed 8) Completed 9) Completed 10) Completed 11) Completed 12) Completed 13) Completed 14) Completed 15) March 24 16) March 24	Amber	3	4
BSW ICB 10	Quality Performance & Delivery	29/11/2019	There is a risk that cancer waiting times will not meet the NHSE target levels required	ICS system organisations	Chief Delivery Officer	Director of Commissioning	Elective Care Board & Quality and Outcomes Committee	17-Apr-24	4	4	16	↔	9	TREAT	There is a risk that patients may come to harm as a result of long waits for cancer diagnosis and treatment, specifically in relation to 62 day treatment target. This target is currently measured as the number of breaches versus a nationally set plan for systems. The associated measure is the national standard of achieving the target for 85% of patients.	-Weekly oversight of trust level data on number of patients waiting over 62 days for start of cancer treatment -resubmission of trust level trajectories for remainder of FY22/23 -Bi-weekly situation updates at pan-BSW cancer forum -Regular cancer alliance activity, performance and capacity update and review meetings (SWAG and TVCA) where current position is reviewed and assurances provided -monthly update of current (2 months prior) performance (and mitigations for poor performance) into BSW ICB reporting process -Quarterly 1-1 cancer review meetings with each trust for more targeted discussions e.g. of recovery plans for specific tumour types, covering both activity volumes and performance -Clinical harm reviews of all long wait cancer patients for any evidence of harm resulting from the delay -Cancer is reportable to the Elective Care Board for governance and oversight	Harm review forms part of reporting to Elective Care Board and Quality & Outcomes Committee.	-Trusts running internal recovery projects, each with multiple strands, to address issues for what are currently the most challenged tumour types and pathways (e.g. Skin at GWH: running WLI's; locum provision; deep dive RCA; additional Cancer Alliance funding for community-based independent sector provision for BCCs; use of insourcing for routine pathway patients; clinical summit task and finish group commenced Oct 23 including trust, ICB, TVCA as existing mitigations considered unlikely to resolve the ongoing demand/capacity gap. Urology at GWH: deep dive ongoing. LGI at RUH: additional 7 endoscopy lists weekly, prioritised for cancer patients; additional GI radiologist from Oct; additional colorectal surgeon from Sept; additional capacity in pathology, OP, and theatres for resulting increased surgical capacity. Prostate at RUH: additional lists and list capacity from oct as familiarity with robot delivered procedures continues to develop. Skin at RUH: locum sought for minor Ops capability; looking to run WLI's; investigating ability to employ GPwER for telederm A&G. Prostate at SFT: largely now resolved with improved pathway management and additional Band 6 role to help manage patient flow, STT for u/s or flexi. Skin at SFT: plastics locum in place now; additional trust clinician starts Oct; routine work - looking to provide insourced capability for routine work to alleviate from cancer work; further plans being developed. On-going monitoring in respect of 2023/24 for both performance and the number of breaches.	[names redacted]	Monthly reports to Elective Care Board and Cancer Alliances to March 2024	Amber	3	4
BSW ICB 11	Quality Safety	06/02/2023	Lack of capacity of suitable placements for BSW Children Looked After. Both within BSW and across England and Wales	ICS NHS organisations, local authorities and other partner organisations	Chief Nurse Officer	Designated Nurse for Children Looked After	Quality and Outcomes	18-Apr-24	4	4	16	↔	8	TREAT	There is a lack of suitable placements for Children Looked After particularly for children with complex needs. These placements are Local Authority commissioned placements but this impacts on health hence the risk for BSW ICB. It means more children looked after are placed beyond 20 miles from their homes. There is an increased use of unregulated placements. The available placements may not be able to address all the child's needs leading to risk of unmet needs or placement breakdown. The risk to the ICB is that this could lead to increasing numbers of children being admitted to acute hospitals and placements are then giving immediate notice so whe child is fit for discharge there is no suitable placements available, and child remains in hospital, sometimes for weeks before a suitable placement is found. This is a national issue but having significant local impact where children with complex and challenging behaviour are in a secondary care setting. This also impacts on staffing bed capacity in acute settings. This is a constant throughout the year. During July / August 2023, there was an increase in the number of children, not only from BSW children and young people, but other local authorities CLA (of which w have a statutory duty to meet their health needs). Nov 23 I have added an update to the mitigations. The overall situation remains the same with a lack of provision both locally and nationally for children looked after, particularly those with complex needs. Locally the 2 young people who have been in acute paediatric hospital beds for months have both been discharged. Unfortunately there are others who are at risk of being admitted to acute paediatric beds and having no placement to be discharged too.	ICB has an established escalation process in place and the executive nurse and commissioners are kept aware of any cases were a child is fit for discharge but no placement is available. The three acute trusts in BSW ICB have put in place escalation processes and will inform the ICB if they have a child looked after who is fit for discharge but cannot be discharged because of lack of a placement. There are established processes in place between the ICB and Local Authorities with regard to multi-disciplinary meetings and case discussion with senior managers. As of April 2023, the designated professionals have maintained a database outlining which hospitals, local authority and days from admission to discharge for individual cases. Assurance received that each local authority has a policy to address placement sufficiency.	The ICB will facilitate a LEAP meeting and or CETR (multi-agency meetings) were appropriate. There is a Strategic Looked After Children's Group where issues are raised. This Group has the Chief Nurse, Designated Nurses, ICB commissioners and representatives from the three local authorities as members. The Designated Nurses meet with the Chief Nurse and the Associate Director of Strategic Safeguarding monthly. Concern raised at the Children & Young People's Transformation Board. Meeting to take place (11/07) to discuss collective oversight of all children currently residing in acute settings.	1. This is a national problem which the recently completed Care Review sought to begin to address. A Government response to the Care Review has been received with further details awaited. 2. The Designated Nurses will monitor the situation and will update Chief Nurse on any cases of children looked after who are in an acute bed and fit for discharge but unable to leave due to a lack of suitable placement on a one-to-one basis. If the child has a learning disability or autism a CETR will be considered 3. Corporate Parenting Board / Panels in each of the three local authorities will be made aware that the ICB has this issue on their Corporate Risk Register. 4. Paper to be taken to the Children & Young People's Transformation Board. 5. Early discussions and plans to meet with Somerset in September 2023 to look at a model they have developed between ICB and the Local Authorities. 6. The re-introduction of the Concordat Panels, led by Associate Director of Mental Health, from September 2023. 7. A C&YP Summit has been arranged for November to look at how as a system we reduce the number of CLA staying in acute hospitals due to lack of a suitable placement. 8. Sharing of good practice example and guidance across acute trusts in BSW ICB following learning from RUH of a child successfully being discharged quickly following an admission and when fit for discharge there being no placement, escalation process used effectively. 9. Wiltshire have secured central government funding for additional residential placements and supported accommodation for CLA to be built in Wiltshire. BSW ICB to be involved in planning support services including CAMHS.	[names redacted]	1. TBC 2. Monthly 3. End of 2023 4. End September 2023 5. October 2023 6. End September 2023 7. End of November 2023 8. March 2024 9. March 2025	Amber	3	4
BSW ICB 13	Quality Performance & Delivery	18/04/2023	POD Quality and Performance risks are not fully known and understood	ICS system organisations	Swindon Place Director	Director of Primary Care Programme Lead, POD.	Primary Care Executive Group	08-Apr-24	4	4	16	↔	12	TREAT	The ICB is not yet in receipt of detailed reporting of finance, performance and quality reports for POD. Without this it is challenging for the ICB to fully understand the key risks and issues relating to provision across BSW, and to plan effectively with our population, IBC partners and neighbouring ICBs, and NHSE partners to address these issues and risks without this information. This presents delivery, financial and reputational risks to the ICB. Concerns about the capacity and resources with the Collaborative Commissioning Hub (specifically on dental) to be able to deliver all functions and support as described in MOU and ability / willingness to work with each to meet ICB governance requirements and SORD.	1. BSW POD Delegation Transition Steering Group set up (from delegation preparation steering group) with named workstream leads, meeting monthly to manage the outstanding actions. 2. Engaged in the monthly NHSE SW Transition Group (monthly) with NHSE colleagues and PCCC/PCEG Chairs. 3. Share all documents and information with wider ICB team 4. BSW Operational Groups for pharmacy services, dental and primary eye care services now set up and all meeting for first time in June with attendance from Local Representative Committees, clinical leads, LA and NHSE. 5. A SW wide Task and Finish Group being established to review Risk Register - both risk management in transition, and managing risks of service delivery here and now. BSW reps engaged. 6. NHSE colleagues have supporting reported on dental position to Swindon and Wiltshire HOSC - BaNES in June after local elections. 7. Finance information obtained 8. Primary Care Quality and Oversight Group to include PODD reporting. 9. The complaints process transferred to the ICB on 1st of July and we are developing a process of complaints reporting into PCEG.	Finance and quality reporting to PCEG Highlight report from PODD Transition Group coming to Strategic PMO and PCEG monthly Revised ToR of PCEG to include PODD Regular review of finance, quality & performance issues through the operational group ICB representation Director rep on Commissioning Hub meetings and strategic transformation meetings. Transition Oversight Group meets monthly and reports Meetings with NHSE take place. NHSE are represented in Operational Groups Risk Register established around the operational groups PODD Risk Register reports onto PCEG and monthly reports to Exec Management meeting. Operational Groups set up and meeting from end June 2023. SW Task and Finish Group meeting from end of June 2023. POD Risk Management Framework adopted.	DPA agreement now signed by the ICB Transition group and Project plan include development of future reporting arrangements Operational sub-groups being established with representation from NHSE. Quality, Finance & Performance dashboards to be developed. South West Task & Finish Group to be set up focusing on recovery of dental access. Dental access taken to September's Executive Performance & Risk Meeting. ICB Board Development session to discuss PODD Oct 2023. POD update to PCEG reporting to Exec Management Meeting monthly. SW PCOG away day and review of actions focussed on governance and decision making. Still awaiting outcomes of the SW PCOG discussion for BSW agreement. Undertaking BSW Primary Care Commissioning Assurance Framework Annual Self declaration to be reviewed through the ICB's internal audit service, with any audit recommendations to be reported to NHS England regional teams. Ongoing Internal Audit to review processes and controls over completion of the annual self-declaration, as well as testing a sample of questions within the checklist to assess the robustness of evidence available to support the RAG rating assigned by management. First draft report beg March to present to Audit Committee May 24. Dental recovery plan update to EMM March and taken to ICB Board 28.03.24	[names redacted]	April 24 Timelines in national dental recovery plan by March 25	Green	3	4

BSW ICB 22	Quality Performance & Delivery	15-Nov-23	Mental Health Services Transformation	ICS system organisations	Swindon Place Director	Associate Director for Mental Health – Commissioning and Delivery	Thrive Programme Board	05-Mar-24	**4**	**4**	**16**		**12**	**TREAT**	Performance and outcomes for mental health are not where they should be, BSW is not meeting all the mandatory NHS E MH key performance indicators - SMI physical health checks, Dementia diagnostic rates, CYP Access, Talking therapies access and recovery [to note internal waits are a concern], as well as compliance with required operational models including ARRS, the CSF programme has not been fully implemented in BSW, there is no clearly articulated delivery plan and there is insufficient oversight of performance and outcomes. 111-2 operational model has not been fully developed, resulting in a expected breach of the nationally mandated go live date. The main driver being underdeveloped models of care in the community and lack of transformation in community services.	Improvement board being set up with BNSSG, delivery plan to be completed by March 2024, targeted measures in place to improve in year performance, discussions with BNSSG about contractual model and oversight, AWP leadership model being revised (joint contract review process live).	None of the existing controls have been implemented as yet.	Letter provided to commissioning leads in BNSSG - November 2023 Bi-lateral contract meetings to be established between BNSSG and BSW, terms of ref to be developed - determination through contract review process. Contract meetings for 2024/25 to be aligned with planning round and detailed plan for improvement (incl service specifications, resetting of KPIs etc) to be developed with clear lines of accountability and responsibility - Q3 and Q4 2023/24 BSW MH strategy [drafting in progress, final narrative to be submitted to Board March 2024), focus on improving standards or provision re delivery models and outcomes between 2024-2029.	[names redacted]	Mar-24	**Amber**	**4**	**3**
BSW ICB 27	Workforce	13-Dec-23	Community Pharmacy Access	ICB corporate body ICS NHS organisations	Swindon Place Director	Director of Primary Care Programme Lead, POD.	Primary Care Executive Group	06-Mar-24	**4**	**4**	**16**		**12**	**TREAT**	There is a risk of reducing access to community pharmacy due to a current workforce shortage in BSW, reduced pipeline of pharmacists training and remaining in the BSW area and pharmacy closures and consolidations of branches. There are significant changes being made to pharmacy education and training that will require increased placement capacity and support to train Independent Prescribers from 2026 and may necessitate cross sector placements. There is a need to understand training needs of postgraduate pharmacists to upskill them to deliver an increasingly clinical role as well as the risk of the capacity of pharmacists to undertake learning and absorb, given the current demand. This may compound the current pharmacy workforce shortage across BSW. Currently there is a 25% vacancy rate for registered pharmacists and pharmacy technicians with an inability to fill training places and retain existing staff across BSW. This exposes Patients and the public in BSW to increasing health inequality in the form of: - Inequity of access to care - Inequity of access to medicines review post-discharge - Screening services The current shortage of pharmacists and pharmacy technicians is leading to risks of more closures and high use of locums (which also impacts on financial sustainability due to increased pay rates) which in turn may lead to additional risk of closure reduced continuity impacting continuity for repeat scripts to patients, spiralling costs and thus impacting profitability for the pharmacy. This has deteriorated by the introduction of the Primary Care Network Additional Role Reimbursement Scheme (ARRS) roles and the opportunity for clinical development & prescribing roles working across General Practice has had a significant draw from the community pharmacy workforce, depleting staff and impacting on workforce pressures. This is resulting in an inability to provide essential community pharmacy services, as well as commissioned services, but also on the new clinical services. The BSW system is reliant on this primary care service to aid additional patient demand during the winter season as well as being able to deliver at other times of the year, especially at peak demand times when General Practice will be reliant on Community Pharmacy to aid in the patient-facing demand. This will impact on the ICB's success of implementing the Primary Care Recovery Delivery Plan.	Regular updates on numbers of closures are reported to the Hub and onto the ICB, as well as via the Pharmacy Operational Group and SW PCOG and the unplanned closure policy remains under review. Working with the Hub we are reviewing communications processes with all Community Pharmacies to ensure patients are signposted accordingly to an alternative provider and that nearby GP Practices and relevant stakeholders of any such unexpected closures as well as timely updates of the DOS and contractors are reminded to do this. Contractors are being reminded of their responsibility to ensure business continuity plans are up-dated to reflect the required actions.	We recognise the conclusion of the National discussions regarding funding. However, do need to secure funding for the continuation of existing workforce development structure, but recognise conversations have also started on this. Working with local authorities across the system we have developed a task and finish group to better understand the wider challenges pharmacies are experiencing, whether these issues are specific to Swindon/Wiltshire and how this fits with the national picture. We are also working with Healthwatch colleagues to remain sighted on public and patient feedback and welcome their recent report on medication access. We are reviewing current local service provision and commissioned services with pharmacy to identify any gaps and opportunities for provision.	A System workforce team has been established, including an education and training pharmacist on a fixed term basis to explore and mitigate the structural causes of low recruitment and retention in BSW. -Attraction to Pharmacy as a profession -Training opportunities and apprenticeships -Training support, supervision and pastoral care -Equitable recruitment across the system -Retention Fixed term education and training pharmacist and pharmacy technician roles in place. A teach and treat programme is in development for training cohorts of Independent Prescribers and developing DPP capacity for the future. For the coordination and development of the PNA 2025-28 the Health and Wellbeing Board will be providing the lead support for convening the steering group, creating the timescales and actions etc. The arrangement for advice to the Health and Wellbeing Boards on the applications of change in community pharmacy provisions between PNA cycles to support the evaluation and ongoing support and management of the current PNA linking to the ICB will be via the BSW Community Pharmacy Operational Group i.e. review all applications/notification changes of community pharmacy provisions across BSW and highlight any significant changes which may create a gap in pharmaceutical services locally to the Health and Wellbeing Boards.	[names redacted]	Apr-24	**Amber**	**3**	**4**
BRR 10	Quality and Patient Risk	04-Dec-23	LDA, CYP & mental health specialist placement budgets	BANES Locality	BaNES Place Director	Deputy Place Director and Director LDA (Director of Service Delivery)	B&NES SLT	07-Jun-24	**4**	**4**	**16**		**8**	**TREAT**	LDA and mental health specialist placement budgets are overspend and under significant pressure	Review of each case on a case by case basis. New weekly practice forum implemented for all LDA/CHC casses for chldren, young people and adults	Future work planned, led by Mental Health team.	* For LDA cohort, new weekly practice forum in place to provide oversight. *Oversight through LDA and thrive programme boards. *Through Evolve, new arrangements for mental health placements to be agreed, led by Mental Health team.	[names redacted]	Jul-24	**Amber**	3	
BSW ICB 16	Regulation & Governance	08-Mar-23	Cyber Attack	ICS system organisations	MULTIPLE Organisations	Head of IM&T	Cyber Technical Design Authority	22-May-24	**3**	**5**	**15**		**10**	**Mitigate**	There is a risk that a cyber incident has the potential to severely impact patient care system-wide due to malware affecting shared and individual computer systems, causing the loss of essential services including diagnostics devices and patient information systems. The ICB has a obligation under NIS to make sure appropriate measure are in place https://www.gov.uk/government/publications/network-and-information-systems-regulations-2018-health-sector-guide/the-network-and-information-systems-regulations-2018-guide-for-the-health-sector-in-england Any lack of adequate system wide funding also contributes to this risk due to the impact on the ability to deploy protective measures, however a suitable risk based balance is required. Examples of the types of factors causing this risk include but are not limited to: -Data loss via internal abuse -Lack of ICS Cyber lead -Ransomware breaching a ICS network -Phishing breaching a ICS network -Websites breach / DOS -Other Cyber Attack -Cyber Attack on 3rd Party Supplier (Recent 111 and SWAST issues as an example) -Out-dated Systems -Physical Security -Medical Equipment The cyber threat constantly evolves thus significant effort is required just to maintain current level of risk.	-Use of Microsoft MDE (National NHS Microsoft defender antivirus and alerting tool) -Roll-out of MFA (Multi factor authentication i.e. one time codes) -Individual Trust Cyber Staff -National SOC (security operations centre) Cyber monitoring -National Respond to a Cyber alert requiring orgs to acknowledge and action high severity threats -Increasing willingness across the ICS to work together on cyber including formation of ICS wide cyber group (CTDA) -Monitoring of ICS wide cyber risk at ICS level via new ICS Cyber Group (CTDA)	DPST (NHS Data protection Security Toolkit) at individual org level More is needed to understand impact as system level	ICS wide mitigations to be discussed at future CTDA 3rd party suppliers need significant national work especially for suppliers that we do not contract with directly or are on national frameworks ICS Cyber Exercise to take place Nov 23 learning being collated and reviewed at CTDA (Due Dec 23) All orgs to use BitSight with external IPs mapped (Due Dec 23 COMPLETED) Softcat Cyber capability assessment (March 24) CTDA meeting with national CSOC to better understand who does what and how we can work together better (Dec 23) NHS Mail MFA levels being monitored via CTDA and TDA see MFA reporting tab (target ICS at 90% by April 24) - Currently 86% Feb 24 Cyber Security Paper to ICB Audit Committee (Dec 23 COMPLETED) Cyber ICB Board update (COMPLETED Jan 24) ICB Board Cyber Awareness (COMPLETED Feb 24) Creation of ICS CTAC (Cyber advice cell) for EPRR (March 24) Key system mapping (March 24)	[names redacted]	See mitigations tab. NB cyber will always be ongoing as significant work is required to just maintain current risk as cyber attacks become more advanced	**Amber**	**3**	**5**
BSW ICB 20	Quality Safety	06-Oct-23	PHB Management	ICS system organisations	Chief Nurse Officer	Associate Director of Quality and Patient Safety	ICB	20-Feb-24	**5**	**3**	**15**		**8**	**TREAT**	There is a financial/ legal and patient safety/ experience risk that without a robust PHB management approach people will not have the required offer and support for PHB's when receiving CHC funding	Policies, Operational Leadership	Gaps- Resource, SOPs, IT infrastructure	Current Financial audit Interim funding for additional resource 18/01/24 [CL] - Possible Risk Transferred as captured under BSW ICB 19 mitigations Recovery Plan and CHC Efficiency Programme - CHC004. 20/02/24 [CL] - Mitigations presented to CHC Efficiency Group for Review. Approved. Risk reassessed and transferred accordingy.	[names redacted]	Jan-24	**Amber**	**5**	**3**
BRR 4 (Included as System Risk not locality specific on Coporate Risk Register) **Relates to CRR BSW 02**	Finance	03-Oct-22	Managing Locality Budget pressures	ICS system organisations	Chief Finance Officer, Place Director BaNES	Place Director BaNES	BANES ICA/LCG	07-Jun-24	**3**	**5**	**15**		**8**	**TREAT**	There is a risk that spend may increase across health & social care as a result of reduced community bed based care and Winter pressures.	1) 6 monthly cycle of financial review of schemes, profile and spend. 2) Strategic Review of BCF undertaken in MArch 24 to ensure no layering and to identify ongoing opportunities for efficiencies and left shift of spending.	Joint pool arrangements under review: project team in place to undertake this work in next six months	1) Robust management at patient level, to track individual patient journeys 2) We have conducted an inital investigation into our contracted spend across all BCF and joint funding, to identify those we can stop, start or continue. 3) Review of BCF and left shift of funding embeded as an ongoing discussion and taken through the ICA and ADoG. 4) ICB and B&NES LA financial processes aligned.	[names redacted]	By September 2024	**Amber**	3	3

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12
Date of Meeting:	19 September 2024		

Title of Report:	BSW ICB Annual Report and Accounts 2023-24
Report Author:	• Sharon Woolley, Corporate Secretary • Shaun Dix, Stakeholder and Media Engagement Specialist • Michael Walker – Finance Lead – System Planning • Ian Loveys – Financial Lead for Accounting Services
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer Gary Heneage, Chief Finance Officer
Appendices:	None

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

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

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

Previous consideration by:	Date	Please clarify the purpose
ICB Executive Team	8 April 2024	Assurance and review
ICB Audit and Risk Committee	16 April 2024	Assurance and review, and support of draft submission to NHS England
ICB Executive Team	10 June 2024	Assurance and review

ICB Audit and Risk Committee	18 June 2024	Assurance and review, and to endorse and recommend to the ICB Board for approval
ICB Board – Meeting in Private	25 June 2024	Approval of submission to NHS England

1	Purpose of this paper

The Integrated Care Board (ICB) is required to prepare an Annual Report and Accounts (AR&A) for the period 1 April 2023 to 31 March 2024.

The AR&As are in line with the Department of Health and Social Care Group Accounting Manual (GAM), and guidance and templates as issued by NHS England.

The financial accounts, and the remuneration and staff report are subject to External Audit. Auditors have provided their findings in separate reports to the Audit and Risk Committee, and the ICB Board.

The ICB Board signed off the ICB Annual Report and Accounts at its meeting in private on 25 June 2024, and supported submission to NHS England.

The AR&As were published upon the ICB's website on 29 August 2024 and can be found here:

- BSW ICB Annual Report and Accounts 2023-24 - https://bsw.icb.nhs.uk/document/bsw-icb-annual-report-2023-24/

2	Summary of recommendations and any additional actions required

The ICB Board is asked to note that the ICB Annual Report and Accounts have received sign off by NHS England, and have subsequently been published upon the ICB's website.

In accordance with the NHS England reporting guidance, BSW ICB is presenting the AR&As to its Board meeting held in public.

3	Legal/regulatory implications

The ICB is required to prepare an Annual Report and Accounts in line with the Department of Health Group Accounting Manual.

4	Risks

Failure to produce an AR&A to specified timelines and format means that the ICB does not fulfil one of its key duties with regards to public transparency and accountability, and may be taken as indication of governance failures which carries operational, organisational and reputational risks.

5	Quality and resources impact
Not applicable	
Finance sign-off	N/A

6	Confirmation of completion of Equalities Impact Assessment
EIA not applicable.	

7	Communications and Engagement Considerations
The Annual Report is an important communication and analysis tool providing information and assurance to ICB stakeholders.	

8	Statement on confidentiality of report
The ICB Annual Report and Accounts have been signed off by the ICB Board and NHS England, and have been published upon the ICB website.	

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13
Date of Meeting:	19 September 2024		

Title of Report:	Review of the ICB's governance and decision-making arrangements
Report Author:	Anett Loescher, Associate Director of Governance, Compliance and Risk
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	Papers shared separately: 1 BSW ICB Constitution 2 BSW ICB Scheme of Reservations and Delegations 3 BSW ICB Committee Terms of Reference ICB Audit Committee ICB Remuneration and People Committee ICB Finance Committee ICB Commissioning Committee ICB Quality and Outcomes Committee ICS People and Workforce Committee 4 Functions and Decisions Map

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

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

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

Previous consideration by:	Date	Please clarify the purpose

BSW ICB Board	20 September 2023	Noted the intent to undertake a review of the ICB's governance and decision-making arrangements after first year of operations and the review scope
BSW ICB Board	22 February 2024	Consideration of headline findings following desktop review and survey with members
BSW ICB NEDs	20 June 2024	Consideration of proposals to refresh ICB governance and decision-making arrangements
BSW ICB Board	18 July 2024	'Go' decision to realise said proposals
BSW ICB NEDs, EMM	August 2024	Socialisation of draft refreshed ToRs, Scheme of Reservations and Delegations (SoRD), SFD
NHSE SW team	August – September 2024	Informal sense-check of the proposed amendments to the Constitution
Finance & Investment Committee	4 September 2024	Approval of updated SFD, subject to Audit Committee review
Audit Committee	5 September 2024	Consideration of, assurance re, the revised ICB Scheme of Reservations and Delegations (SoRD) and SFD

1 Purpose of this paper

At ICB establishment in 2022, there was a strong national expectation that ICBs would review their governance arrangements after year 1 of operations.

In September 2023, the Board agreed to undertake such a review as part of the ICB's wider ongoing governance and assurance development. We then undertook a desktop review of the ICB's governance and decision-making arrangements, sought Board members' and other decision-makers' views on the arrangements in place at that point in time, presented interim findings and proposals for a governance refresh to the Board, and developed and fine-tuned both the governance design and the key governance documents following the Board's 'go' decision in July 2024.

We present the ICB's revised governance documents (which underpin the refreshed governance and decision-making arrangements for the ICB) to the Board for approval.

To note that with regards to Committees' Terms of Reference, there are conversations still ongoing as to the respective memberships, and we will inform the Board of outcomes once these conversations are concluded. This does not preclude the Board from approving the Terms of Reference. Following the Board's

approval, we will begin implementation of the refreshed arrangements immediately.

This paper further provides assurance that the introduction and implementation of the refreshed governance and decision-making arrangements will be carefully managed internally, recognising that this change comes at a time when the ICB has just concluded a significant organisational change process.

2	Summary of recommendations and any additional actions required

The Board is asked to

a. Take assurance that the development of the proposed refreshed governance and decision-making arrangements has fully taken account of all relevant statutory and mandatory requirements and guidance
b. Agree the amendments to the BSW ICB Constitution, and approve its submission to NHSE for formal approval
c. Approve the updated BSW ICB Scheme of Reservations and Delegations (SoRD)
d. Approve the Terms of Reference for the Board's committees, namely the
    i. ICB Audit Committee
    ii. ICB Remuneration and People Committee
    iii. ICB Finance Committee
    iv. ICB Commissioning Committee
    v. ICB Quality and Outcomes Committee
    vi. ICS People and Workforce Committee
e. Note that discussions regarding committee membership are ongoing and the Chair will be finalising these over the coming weeks
f. Approve the Functions and Decisions Map

3	Legal/regulatory implications

The ICB is required to have in place appropriate and effective governance and decision-making arrangements.

4	Risks

Failures of governance – including the failure to have in place adequate and appropriate governance and decision-making arrangements – can have a significant impact on the ICB and, by implication, on the NHS in BSW. Consequences of governance failures range from invalidation of decisions, reputational damage for the ICB, to NHSE applying its enforcement powers and protocols for failing organisations.

5	Quality and resources impact

Quality and resources could be impacted by a lack of adequate governance and decision-making arrangements.

Finance sign-off	n/a

6	Confirmation of completion of Equalities and Quality Impact Assessment
An EQIA was not undertaken because this activity does not relate to the arrangement of health and care services.	

7	Communications and Engagement Considerations
Throughout this activity we have briefed the Board, the Chair, NEDs and Executive Management on progress with the review, on findings, and emerging proposals. We have socialised summary and detailed proposals with those stakeholders over the summer. We intend to brief ICB colleagues internally on the refreshed governance and decision-making arrangements once these are approved, and to issue guidance how to navigate these arrangements.	

8	Statement on confidentiality of report
This report and its appendices can be shared publicly. All governance documents as appended will be published on the ICB's website once approved.	

BSW ICB review and refresh of governance and decision-making arrangements

1. Introduction

1.1. At ICB establishment in 2022, NHSE expressed a strong national expectation that ICBs would review their governance arrangements after year 1 of operations.

1.2. In September 2023, the Board agreed to undertake such a review as part of the ICB's wider ongoing governance and assurance development. The review's objectives and intended outcomes were, in summary:

Objectives	**Intended output** – an outcomes and recommendations report for the ICB Board that
• to reflect on the ICB's first year of operation • to check that the ICB's governance and decision-making arrangements are working effectively, enable the Board and its committees to fully discharge their responsibilities, and satisfy national requirements re assurance by ICBs and systems • to consider how the ICB's governance and decision-making arrangements are involving partners and the BSW population as appropriate and as may be required by law • to consider the role of the ICB and the ICP vis-à-vis one another, and whether forums are being used effectively to deliver the four objectives of ICSs • to consider ICB and ICP membership arrangements, and whether the size and composition of the ICB Board and ICP are fit for purpose	• records successes and positive outputs from first year of operation • identifies areas for recommended improvement and amendment • proposes amendments, if and as required, to ○ the ICB governance and decision-making arrangements, e.g. committee structure and remits; ○ delegation arrangements incl. to place; ○ the ICB's governance documentation, incl. ICB Constitution, SORD, DFLs, TORs etc; • supports and enable peer learning and self-assessment, and to create a good governance culture within the ICB and ICB Board

1.3. To achieve and deliver this scope, we undertook a desktop review of the ICB's governance and decision-making arrangements, sought Board members' and other decision-makers' views on the arrangements in place at that point in time, presented interim findings and proposals for a governance refresh to the Board, sought Committee Chairs' views on the effectiveness of their respective committees and on our proposals, sought the Board's 'go' decision to realise our proposals, and developed and fine-tuned both the governance design and the key governance documents following the Board's 'go' decision in July 2024.

1.4. As part of its 'go' decision, the Board agreed the following guiding principles for the design and implementation of our refreshed governance and decision-making arrangements:

a. Governance is an enabler, not a hindrance.
b. Our governance arrangements are 'load-bearing', and strike the right balance between scrutiny, assurance, and decision-making – at the right time, at the right place, by the right forum.

c. Form follows function – we are clear on purpose, function, and responsibilities of the respective elements in our governance arrangements, and this informs decisions as to the membership of committees / groups.
d. We recognise that the ICB is responsible for the NHS in the BSW system, and delivers this responsibility in close collaboration with its partners.
e. We are pragmatic and utilise the ICB's governance framework when designing system governance arrangements. This will keep decision-making, reporting and accountability arrangements, risk management and operational processes consistent and easier to navigate.
f. Our new delivery oversight arrangements assure delivery, not our committees.

1.5. The governance review also took account of the requirements of the NHSE framework for the annual assessment of ICBs and its key line of enquiry (KLOE) with regards to ICB governance. Due to the timing and design of our review, we were able to use findings from our review as well as outlines of intent to refresh the ICB's governance and decision-making arrangements as evidence in NHSE's assessment of our ICB. To note that we anticipate an enhanced focus on governance in future iterations of NHSE's annual assessments of ICBs; this present refresh of the ICB's governance and decision-making arrangements puts us in a good position to respond to potential enhanced requirements and KLOEs.

2. BSW ICB Constitution

2.1. When ICBs were established in 2022, they adopted a model constitution issued by NHSE. That model constitution made reference to and provisions for the particular circumstance of establishing ICBs as new corporate entities. Some of these provisions have become obsolete. There have also been some changes in law (notably the 2023 Procurement Act), further consideration of good practice etc. All these have led to NHSE re-issuing in July 2024 an updated and amended NHS ICB model constitution and governance guidance, with the request that ICBs adopt the model constitution at the earliest opportunity.

2.2. We have worked at pace to develop the BSW ICB Constitution in App. 1 per the national steer (amends are shown as tracked changes). In summary, the changes / amendments are as follows:
a. Make one of the NEDs, but not the Audit Committee chair, also the Deputy Chair of the Board;
b. Make one of the NEDs the Senior Non-Executive Member to support the NHSE Regional Director in the appraisal of the Chair and their compliance with the Fit and Proper Person Test, and to act as a sounding board for the Chair and if necessary to mediate between the

Chair and other board members. To note that we have this arrangement in place already with the Audit Chair acting as the Senior Independent Director. The amendment to the Constitution codifies this arrangement, and we have changed the terminology to consistently refer to this NED as the 'Senior Non-Executive Member';

c. Express the Chair's period of office as maximum rather than as fixed term;
d. Clarify that a proposal for the Chair or a non-executive to serve on the board for longer than six years will be subject to rigorous review to ensure their ongoing independence, and they will not serve as a board member for longer than nine years in total;
e. References to procurement rules now take account of the introduction of the Provider Selection Regime;
f. Clauses related to the establishment of ICBs are removed;
g. Cross-references to other legislation are updated and corrected.

We have made no other changes. The amendments to the BSW ICB Constitution are therefore minor in nature.

We wish to assure the Board that we have taken into account any implications of the amends to our Constitution for the refresh of the ICB's governance and decision-making arrangements.

2.3. The BSW ICB Board needs to agree the amendments to the BSW ICB Constitution and approve submission of the amended Constitution to NHSE for approval. The Board cannot approve these amendments itself; rather, this is the prerogative of NHSE.
In order to facilitate 'safe passage' of the proposed amends through NHSE approval, we have informally asked the regional NHSE Southwest team to sense-check the draft in App. 1. At the time of writing this report we had received positive feedback from the NHSE Southwest team and they have not signalled concerns that could result in a refusal to approve the Constitution.

2.4. Following the Board's agreement of the amendments and approval to submit the amended Constitution to NHSE, we will submit the Constitution into NHSE's approval process. That process' timelines suggest that we may expect NHSE approval towards the end of October / beginning of November, at which time the then approved Constitution will come into effect.

2.5. The amended BSW ICB Constitution is in Appendix 1, and we recommend these amendments to the Board for agreement. We also recommend that the Board approves submission, to NHSE, of the amended Constitution in order to obtain NHSE approval.

3. Scheme of Reservations and Delegations (SoRD)

3.1. The SoRD was amended to document and reflect the refresh of the ICB's governance and decision-making arrangements that were agreed in principle via the Board's 'go' decision, in July 2024, to realise the proposals that we presented to the Board.

3.2. The SoRD summarises the entirety of decision-making authorities that the Board delegates to committees and individuals, and also sets out the decisions that the Board does not delegate but reserves to make itself. The SoRD therefore does not reflect the catalogue of assurance and advisory functions that committees and individuals have.

3.3. Following the Board's approval (in March 2024) of new higher spending authorisations, the SFD has been re-designed to summarise, in a brief and practical manner, which committees and individuals can agree / approve what value of revenue and capital spend. The SFD does not describe the management processes or decision-making routes toward obtaining approval. This is the content of a handbook that will sit alongside the SFD and that will closely link with refreshed process descriptions for procurement which are currently being developed. We describe our re-design of the SFD here for completeness; there is no requirement for the Board's approval of the SFD because the spending authorisations have not changed. To note also that the SoRD places the approval of the SFD in the Finance Committee's responsibilities and duties.

3.4. To note that we have not reviewed the ICB's Standing Financial Instructions (SFI), which is a description of the duties and responsibilities of ICB senior officers (principally the CFO) and ICB staff with regards to the financial management of the ICB. To note further that the SFI are one of the model documents issued by NHSE on ICB establishment, similar to the Constitution. Adopting and retaining the SFI 'as are' has established a standard for and across ICBs, and we recommend that this is not altered albeit a confirmation of the SFI's adequacy and currency may be appropriate at some point.

3.5. The SoRD is in Appendix 2, and we recommend it to the Board for approval.

4. Committee Terms of Reference

4.1. Committees' Terms of Reference have been reviewed and refreshed to reflect committees' respective decision-making authorities per the SoRD and the SFD as well as assurance and advisory duties and responsibilities. The ToRs therefore reflect each committee's entire scope and remit.

4.2. The most significant changes are, in summary:

a. The creation of a Commissioning Committee –

i. The purpose of the Committee is to assure the Board that the ICB delivers its functions in a way that secures the arrangement of health and care services for the BSW population. The Committee will assure the Board on the adequacy of arrangements where the ICB either receives delegated commissioning functions or delegates its functions to relevant bodies.

ii. The Committee contributes to the overall delivery of the ICB objectives by making commissioning decisions incl. strategic commissioning decisions (revenue, health and care services; in line with the SDF); and by providing oversight and assurance to the Board on the ICB's commissioning activities, and compliance with statutory duties and relevant regulation, guidance and policies in this regard.

b. The differentiation and clarification of scope for the ICS Workforce Committee and the ICB Remuneration and People Committee –
   i. The Workforce Committee now has an explicit strategic focus on the NHS workforce in BSW. Its purpose is to advise and assure the Board with regards to the ICB's facilitation and delivery, with system partners, of workforce strategies and plans for the NHS in BSW.

   ii. The remit of the ICB's Remuneration and People Committee has been extended to include oversight and assurance responsibilities with regards to the ICB workforce.

c. The refocus of the Finance Committee –
   i. The purpose of the Committee is to provide 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 the NHS in the BSW system; and the effectiveness of the NHS in the BSW system to achieve financial sustainability of the BSW system. The Committee contributes to the overall delivery of the ICB objectives by making capital decisions and grant award decisions (in line with the SDF).

d. The disestablishment of the Public and Communities Engagement Committee

4.3. The remits of Audit Committee and Quality and Outcomes Committee remain by and large unchanged albeit that we have introduced greater clarity in wording to avoid ambiguities or differences in interpretation.

4.4. All Committee Terms of Reference are in Appendix 3, and we recommend these to the Board for approval.

5. Functions and Decisions Map

5.1. ICBs are required to publish functions and decisions maps. These are high-level diagrams to help stakeholders understand where decisions are made. A functions and decision map should be locally defined; set out where decisions are taken and outline the roles of different committees; and be easily understood by the public.

5.2. There is no standard format for such functions and decision maps. There is a perpetual design challenge in striking the right balance between offering a summary and necessarily limited representation of arrangements versus offering a detailed and hard-to-penetrate visualisation.

5.3. We have taken an approach where we visualise the key decision-making arrangements on a page, and direct stakeholders and the public to the content of our Governance Handbook (which includes the individual Terms of Reference) for greater detail about our decision-making arrangements.

5.4. The functions and decision map is in Appendix 4, and we recommend it to the Board for approval.

6. ICP

6.1. The desktop review and survey of stakeholders offered valuable insights and suggestions for enhancing clarity of the ICP's role in the BSW system.

6.2. The detailed work to develop proposals is taking place in the context of our review and refresh of the ICB's stakeholder and public and communities engagement and involvement approaches and arrangements. This work will also address the statutory requirements under the Health and Care Act 2022 that the ICB has to meet re public involvement in the planning or changes of commissioning arrangements.

7. Associated arrangements and processes

7.1. We are keen that our governance arrangements comprehensively and logically dock in with operational structures, arrangements and processes both of the ICB and of the system (where this is appropriate and required in order for the ICB to discharge its system-related functions). Therefore, alongside our review of the ICB's governance and decision-making arrangements we have been reviewing key operational structures that drive the delivery of the BSW Implementation Plan, and a number of operational processes. This work is ongoing and continuing.

7.2. We appreciate that this review and refresh of governance and decision-making arrangements, operational structures and arrangements, and processes comes at a time when the ICB has just concluded a significant organisational change process.

We are continuing to work with colleagues in the ICB and the system to facilitate understanding of the changes of our governance and decision-making arrangements, as the basis for the effective and efficient use of the refreshed arrangements.

7.3. ICB-internally, we will

a. undertake a Training Needs Assessment (TNA) to understand the training and development needs of all colleagues and specific staff groups with regards to the ICB's governance and decision-making arrangements and associated processes. Based on this analysis, we will review and refresh our training offer;
b. conduct a colleague briefing and information exercise to ensure colleagues understand when and how to use decision-making processes and arrangements, and how to do so compliantly;
c. continue to increase and promote the visibility of subject matter experts in the ICB, and of information and guidance hubs and materials.

7.4. ICB-externally, we will communicate arrangements to partners and stakeholders to support them in navigating these.

8. Next steps

8.1. When the Board has agreed the amendments to the BSW ICB Constitution and approves its submission to NHSE for formal approval, the ICB Corporate Secretary will immediately proceed towards this NHSE approval process. The timelines of that process suggest that NHSE approval may be given by early November 2024, at which time the amended BSW ICB Constitution will become effective. We will publish the approved BSW ICB Constitution on the BSW ICB website following NHSE approval.

8.2. The SoRD and Committee Terms of Reference will become effective when the Board has approved them. They will be published on the BSW ICB website as part of the ICB's Governance Handbook. The ICB's governance team will work with Committee Chairs and respective lead Executives to make all necessary arrangements for a launch of the new arrangements from October 2024. This will include scheduling of meetings for the Commissioning Committee (subject to its establishment being approved), and scheduling on Committee agendas dedicated time to brief all Committee members on Committee's refreshed remits and implications thereof for Committee's business and members' responsibilities.

8.3. The Chair in parallel will work to finalise discussions regarding Committee membership to allow the new Committees to meet with full membership as quickly as possible.

8.4. The Functions and Decisions Map will be published on the BSW ICB website as part of the Governance Handbook following the Board's approval.

9. Recommendations

9.1. The Board is asked to

a. Take assurance that the development of the proposed refreshed governance and decision-making arrangements has fully taken account of all relevant statutory and mandatory requirements and guidance

b. Agree the amendments to the BSW ICB Constitution, and approve its submission to NHSE for formal approval

c. Approve the updated BSW ICB Scheme of Reservations and Delegations (SoRD)

d. Approve the Terms of Reference for the Board's committees, namely the
   i. ICB Audit Committee
   ii. ICB Remuneration and People Committee
   iii. ICB Finance Committee
   iv. ICB Commissioning Committee
   v. ICB Quality and Outcomes Committee
   vi. ICS People and Workforce Committee

e. Note that discussions regarding committee membership are ongoing and the Chair will be finalising these over the coming weeks

f. Approve the Functions and Decisions Map

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:	19 September 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/

To note – the ICB Board is to receive a number of sub-committee proposals to its September meeting in response to the outcomes of the ICB Governance Review, and subsequent ICB Board and Committee Chair discussions. If approved by the Board, these changes will be implemented, and reflected within the next Committee Report to Board.

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 5 September 2024 was chaired by the Non-Executive Director for Audit, Claire Feehily.

Received and Noted:

- External Audit Sector Update and Progress Report
- Tracking of Auditors Annual Report Recommendations
- Internal Audit Progress Report and Action Tracking
- Internal Audit Review and Report - Care Packages
- Local Counter Fraud Progress Report
- Risk Management – ICB Corporate Risk Register
- Exception Report from the Information Governance Steering Group
  - Data Security Protection Toolkit Audit Report
  - Data Security Compliance Certificate Emergency Preparedness Resilience and Response Assurance Report
- Emergency Preparedness Resilience and Response (EPRR) Assurance Report - Update
- ICB Corporate Documents
  - Scheme of Reservations and Delegations
  - Scheme of Financial Delegation
- Finance Update
- Overview of Management Consultancy and Interim Contractual Arrangements
- Single Tender Waivers

Items Escalated to Board:

- None

Endorsed / Approved:

- The Committee endorsed the refreshed ICB Scheme of Reservations and Delegations, recommending it to the ICB Board for approval.

1.4 The next meeting of the BSW ICB Audit and Risk Committee will be held on 5 December 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 3 September 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
  - Elective Care Deep Dive
- BSW Never Events Report
- GP Collective Action Update

Items Escalated to Board:

- None

Endorsed / Approved:

- Winter Assurance Overview
- BSW Children Looked After – Annual Report
- BSW Infection prevention and Control – Annual Report

2.4 The next meeting of the BSW ICB Quality and Outcomes Committee will be held on 5 November 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 1 August 2024, and 4 September 2024 were chaired by the Non-Executive Director for Finance, Paul Miller.

1 August 2024:

Received and Noted:

- BSW ICB and System Revenue Positions
- BSW Recovery Board Financial Recovery Progress
- Draft BSW Infrastructure Strategy Update
- HFMA Checklist Update
- BSW Investment Panel Update

Items Escalated to Board:

- None

Endorsed / Approved:

- None

4 September 2024:

Received and Noted:

- BSW ICB and System Revenue Positions
- BSW Recovery Board Financial Recovery Progress
- NHS Capital Report
- Medium Term Financial Plan
- BSW ICS Investment Panel Update
- BSW Recovery Board Governance and Terms of Reference

Items Escalated to Board:

- None

Endorsed / Approved:

- ICB Governance Review - BSW ICB Scheme of Financial Delegation – The Committee approved the Scheme of Financial Delegation, subject to any further amendments requested by the ICB Audit and Risk Committee following its review on 5 September 2024 *(at which there were no requested amendments).*
- *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 12 September 2024 (extraordinary meeting).

4 BSW ICB Remuneration Committee

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

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

4.3 The meeting of the BSW ICB Remuneration Committee held on 29 July 2024 was chaired by the Non-Executive Director for Remuneration and People, Suzannah Power.

Received and Approved:

- *Items referenced in the private committee report due to confidentiality.*

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 Public and Community Engagement 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.

6 BSW ICB People Committee

6.1 The BSW ICB People Committee is to advise the Board and provide assurance on matters relating to the BSW health and care workforce, and the ICB staff.

6.2 There have been no further meetings of the BSW ICB People Committee since June 2024.

7 Ambulance Partnership Board

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

7.2 The Ambulance Partnership Board meeting held on 24 July 2024 considered the following business:

- South West 999 Governance Update
- Performance, Quality and Finance Assurance / Escalation Reports
- South Western Ambulance Service NHS Foundation Trust (SWASFT) Performance
- Ambulance Annual Programme of Work
- SWASFT Cultural Development
- Transformation Strategy Workshop Update

7.3 The next meeting of the Ambulance Partnership Board is scheduled for 7 October 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 26 July 2024 considered the following business:

- Confirmation of Committee named members
- Finalised Joint Specialised Services Committee Terms of Reference
- Specialised Services Risk Register
- Directors Report including feedback and notes of last Joint Directors Group
- South West Region Finance Commissioning Finance Report
- Integrated Specialised Services Performance and Quality Report
- Fragile Services Update
- Paediatric Specialised Services Update including Cleft Lip and Palate Update
- South West Commissioning Model (Delegation Programme Update)
- Notes of Delegated Commissioning Group and National Commissioning Group

8.5 The next meeting is scheduled for 17 September 2024.