

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

Thursday 21 November 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) - *part*  
ICB Chief Finance Officer, Gary Heneage (GH)  
Non-Executive Director for Public and Community Engagement, Julian Kirby (JK)  
Deputy - Local Authority Partner Member – Wiltshire, Emma Legg (EL)  
ICB Chief Nurse, Gill May (GM) - *part*  
Non-Executive Director for Quality, Alison Moon (AM)  
Local Authority Partner Member – Swindon, Sam Mowbray (SM)  
Non-Executive Director for Remuneration and People, Suzannah Power (SP)  
Deputy - NHS Trusts & Foundation Trusts Partner Member –mental health sector, Alison Smith (AS)  
ICB Chief Medical Officer, Dr Amanda Webb (AW)  
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

## Regular Attendees:

ICB Director of Place – BaNES, Laura Ambler (LA)  
ICB Chief Delivery Officer, Rachael Backler (RB)  
Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)  
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC) - *part*  
ICB Chief of Staff, Richard Collinge (RCo)  
ICB Interim Chief People Officer, Sarah Green (SG)  
ICB Interim Director of Place – Wiltshire, Caroline Holmes (CH)  
ICB Director of Place – Swindon, Gordon Muvuti (GMu)  
NHSE South West Managing Director (System Commissioning Development), Rachel Pearce (RP)  
ICB Associate Director of Governance, Compliance & Risk  
ICB Corporate Secretary

## Invited Attendees:

ICB Director of Urgent Care and Flow – for item 14c  
Regional Director, HCRG Care Group, Val Scrase - for item 8  
CEO, HCRG Care Group, Pat Birchall - for item 8

## Apologies:

Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)  
NHS Trusts & Foundation Trusts Partner Member –mental health sector, Dominic Hardisty (DH)

## 1. Welcome and Apologies

- 1.1 The Chair welcomed members, officers and observing members of the public to the meeting of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) held in public,

and in particular Alison Smith, attending as the Deputy NHS Trusts and NHS Foundation Trusts Partner Member mental health sector; and Emma Legg, attending as the Deputy - Local Authority Partner Member – Wiltshire.

- 1.2 The above apologies were noted. The meeting was declared quorate.

## **2. Declarations of Interest**

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

## **3. Minutes from the ICB Board Meeting held in Public on 19 September 2024**

- 3.1 The minutes of the meeting held on 19 September 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 The Chair acknowledged the high number of questions received in advance of the meeting, in particular against the community services contract award. This meant it was not feasible within the timeframe of the meeting to respond to each question individually. To remain as open and transparent as possible, the response to each question was published upon the ICB's website in advance of the meeting - <https://bsw.icb.nhs.uk/documents-and-reports/>
- 5.2 Though today's method differs from the usual process, the Chair wished to reassure all those who asked a question that their voices have been heard, and that as much detail as possible at this time had been included in the responses. Some of the questions submitted asked for specific details about the new community services contract, others touched upon the following themes:
- How the new community services contract was awarded
  - How current staff will be affected
  - How the performance of the new provider will be monitored
- 5.3 Each of these points were as important to the ICB Board as they are to the BSW population. The process around the awarding of the contract was carried out fairly and robustly, and in a way that scored each proposed bid on merit and the vision for how that provider would meet our requirement for not only delivering community services, but also leading a programme of transformation that would bring real-life, tangible benefits for patients, their families, and the wider community.
- 5.4 Based on that process, the Board was satisfied that HCRG Care Group was the right organisation to lead this important piece of work and will support community colleagues during the transition period to ensure the move to a new provider happens safely and seamlessly. The ICB will hold to account those it commissions to provide health and care services to our local population. The performance of HCRG, both now and throughout the length of the contract, will be closely monitored, as is the case for all providers of NHS services. HCRG are also monitored by the Care Quality Commissioning, the healthcare

regulator in England. The ICB Board will be kept informed of how the programme is progressing and will always speak on behalf of local people when issues present themselves that need addressing. HCRG already has a good track record in this area, having previously been rated as both good and outstanding, and the ICB expects this will continue as we move forward into this new chapter.

- 5.5 There will be opportunities for the BSW population to be informed and engaged as the transformation process develops, and to tell the ICB and HCRG what you think about how community-based care should be developed and delivered.

## **6. BSW ICB Chair's Report**

- 6.1 The Chair provided a verbal report on the following items:
- Congratulations to Cara Charles-Barks on her new role as the Chief Executive Officer of the BSW Hospital Group of GWH, RUH and SFT. This was reiterated by the CEO, acknowledging the formation of the Group would bring a significant shift in the way of working for BSW.
  - The joint nominations process for the Partner Member Local Authority (Wiltshire) had now concluded, with the ICB Board welcoming Lucy Townsend, Chief Executive of Wiltshire Council, to this role as partner member of the Board.
  - Recruitment for the roles of Non-Executive Director (NED) Quality and NED Finance was to shortly commence. This follows the departure of Paul Miller, former NED of Finance, who has been appointed as Chair of AWP; and is in anticipation of Alison Moon, NED Quality, leaving BSW ICB in the new year. Provided that recruitment is successful, it is anticipated that both roles will be filled in readiness for the business year 2025/26.
  - At the September meeting, the Board considered the recommendations from the ICB's governance review and approved refreshed and reviewed Board committee terms of reference. At the time, the Board noted that the Chair would report back on conversations regarding the committees' memberships. The Chair conducted extensive conversations with partner members and reported that Board committee memberships had now been agreed. The Terms of Reference (ToRs) that the Board approved in September reflect these memberships and the Governance Team were now working with the Committee Chairs to mobilise the refreshed committees. The Board committee ToRs will be published on the ICB website.
  - MPs had been invited to meet with the Chair and ICB CEO following the recent general election. A number of meetings had been held to date, including also with the Police and Crime Commissioner.
  - Attendance at NHS Confederation meetings continued, along with regular meetings of the South West ICB Chairs.

## **7. BSW ICB Chief Executive's Report**

- 7.1 The Board received and noted the Chief Executive's report as included in the meeting pack.
- 7.2 The Chief Executive highlighted the following to members:
- Item 1.2 Change NHS – this was providing an important opportunity for organisations, NHS staff, citizens, and patients to engage in the development process of the 10-Year Health Plan and to share views, experiences and ideas to shape the future of NHS services. The ICB was actively engaged in the national process.
  - Item 2.1 Integrated Community Based Care (ICBC) Programme – The CEO was mindful that a number of staff would be impacted by the provider transition for community

services. The ICB would work with HCRG to engage all staff and ensure support was available, treating all with compassion during this period.

- Operational demand – the continued significant pressures were acknowledged, particularly in elective activity and urgent and emergency care (UEC). These pressures were likely to increase as we move into Winter and demand on services increased. The system would continue to collectively work to ensure the demand was met and access to services remained when needed. BSW was adopting the regional enhanced escalation process, focussing on the prevention of ambulance wait times at hospital, supporting the whole pathway of care. The enhanced escalation ensured a senior level response in real time (within four hours), seven days a week. Pathway pressures would be escalated to region as required. Daily gold calls were scheduled.
- The H2 (six-month period from 1 October 2024 to 31 March 2025) review meeting was held with region on 18 November 2024 to look back over the H1 period, and to progress and improve the financial and performance position into H2. Regional colleagues continued to provide that collaborative support and enabling function. Immediate areas of focus are ambulance handovers and expected discharge dates (EDD – formally non-criteria to reside NCTR), which included also for mental health and community bedded services, not only the acutes. Though the national target was to clear the 65-week waits by the end of December, data suggests BSW would achieve this during January.
- BSW continued to strive for a financial breakeven position, though was currently somewhat off plan. The focus remained on the triple aim and delivery of safe and effective services within the allocated funding. Any variance to plan would impact into next year. The Medium Term Financial Position (MTFP) for 2025-26 was currently indicating a £29m deficit, this was unacceptable, with the medium term ambitions being revised to move to a balanced position.
- Item 2.30 Children and Young Persons (CYP) Access – Data was not currently accurate and was being revalidated, this should improve the position.
- Item 2.41 referenced the positive working relationship with the VCSE, recognising the value VCSE partners brought to services and outcomes. The financial challenges also faced by VCSE colleagues was acknowledged.
- Item 2.45 Locally Commissioned Services (LCS) Review – the Local Medical Committee (LMC), Practices and Primary Care Networks (PCN) had expressed a concern of the financial position of practices and services, the outcome impact of the LCS review, and the potential need of difficult choices that may need to be made against services they can provide should this not be progressed positively. The process had currently been paused to reconsider both the timescale and pace of change, while still upholding the core principles of the LCS Review. The associated risk and impact were to be assessed by the ICB Executive, and risks recorded upon the ICB's corporate risk register accordingly. The CEO was to meet with the LMC and practices in the coming weeks to keep the dialogue going.

### 7.3 The Chair opened up the discussion and welcomed comments from members:

- The workforce controls put into place were to support the headcount reduction and associated costs across the three acute providers. Workforce was above plan and was a key driver of the adverse financial position. This was not being actioned in isolation, it was part of a longer-term programme of transformational work. In the short term, workforce cases were being assessed collectively, supported by an Equality Quality Impact Assessment. Provider's Vacancy Control Panels first reviewed cases, with the clinical and operational perspective also from the Chief Nurse and Chief Medical Officer. The System Panel implements a risk-based approach on a case-by-case basis for those

roles at band seven or above, against the financial position requirements, considering a balance of risk and demand to ensure patient safety, encouraging also the sharing and move around of resources. A framework was in place to ensure a consistent, transparent, but flexible approach.

- Early intervention and prevention were key areas of work to support the performance and financial position, with the establishment of neighbourhood teams, alongside the ambition around the ICBC programme of creating an environment of a convenor of services, bringing together NHS, VCSE, HCRG, GP's and citizens to work together to redefine and grow neighbourhood services.

The BSW Implementation Plan will provide that five year horizon to enable a more proactive response.

A different approach was being taken to planning this year to develop a one system plan, with services in place to match the key issues.

- It was acknowledged that the LCS review was a difficult though an important piece of work.

## **8. Integrated Community Based Care Contract**

- 8.1 The ICB Interim Executive Director of Place for Wiltshire talked through a selection of slides as included within the paper pack, sharing details about the transformation priorities and expected outcomes of the recently awarded community services contract. Over 2,000 people had been engaged in the previous development of the health and care model, with 69 events held around BSW. Key themes emerged from these discussions, including personalised care, shifting care to within the community, and supporting vulnerable people and an aging population. This helped to form the engagement events in preparation for the community services procurement. 65 engagement events had also been held with provider representatives to consider the transformation priorities. The next phase would be HCRG engaging with the population to further consider the model and priorities.
- 8.2 The case for change was clear that without mitigation actions, an additional £5m/year would need to be spent with the acutes to support in the main the over 65-year-olds and those with multiple conditions. Bolder work and a different way of working was needed, moving to an outcomes-based approach, delivering against the agreed outcomes framework. The aim was to support people to stay well, providing that joined-up care, focussing on prevention and early intervention. Bringing services together across BSW provided an opportunity to remove variation, supporting people within their community. The nine identified transformation priorities would be a focus in the contract, recognising that no one provider can manage all, with the lead partner bringing that system working with the acutes, VCSE, mental health services and GP's – joining up services and pathways, bringing that improved quality and experience for the population. Some providers will work in partnership and sub-contract to HCRG for service delivery, and some colleagues from GWH Community Services and Wiltshire Health and Care will TUPE into HCRG.
- 8.3 HCRG had been delivering services for BaNES and Wiltshire since 2016 and were pleased to now build on that strong track record as the system lead for this community services contract. The HCRG Regional Director talked through the 'start, live and age well' service model, with the aim to support an integrated care pathway approach, working with individuals, families and carers to develop clear health plans to empower people to manage their health, support self-care and management and for people to live at home, and deliver the NHS 10-year plan aims. A single front door for BSW community-based care will be established, with clinical triage and self-referral access to health professionals. Core services

will be delivered via neighbourhood teams, working with the PCNs, communities and education settings to provide that holistic, public health and prevention, and targeted approach. A step-up approach into UEC services would be adopted, supporting the discharge of patients from acutes and mental health services. HCRG would support the co-production of the Partnership Strategy over the first two years, supported by a clear financial plan. HCRG investment would be made to accelerate change, with investment made also to build the capacity of the VCSE. The single point of access and digital front door enablers would be in place by the end of the year. Population health management data would be used to target resources into those areas of additional need. HCRG were currently focussed on supporting those colleagues impacted by the provider transition, with wellbeing critical to the organisation and this work. The mobilisation of the programme over the next four months would concentrate on building a strong ICBC system leadership and governance framework, ensuring a seamless, safe transition, and establishing a route to transformation.

#### 8.4 The Board discussion noted:

- The review of integrated care pathways would further support people returning to employment, reducing that economic impact, considering also the wider determinants of health.
- The next key phase of the programme was to engage the community and partners on the transformation priorities, recognising the different needs. A joint communications plan was being developed, linking in also with the Trowbridge Integrated Care Centre programme. HCRG's Communication and Marketing Manager, and soon to be recruited Head of Partnership, would be involved in ongoing engagement activities and development of the partnership strategy.
- The outcome framework set out the specifications and expectations of the programme over the contract period, bringing an opportunity to shape these to see real change over the first few years.
- Neighbourhood teams had been tested within localities to ensure these could be fully formed in year one to ensure that change happened early to embed.
- Local Authority partners would welcome an early conversation on the step-up model of prevention to social care to ensure this aligned with pathways and delivered against collective requirements and priorities.
- The current operational environment and context was recognised for staff, noting support was needed to assist with personal and organisational change, providing that assurance of stability. HCRG had committed a dedicated mobilisation team to this programme, to be clear on the direction of travel, and to support the 3,000 staff across the system affected by this significant change. Regular meetings were held with the ICB and providers to support the transition. Monitoring of retention and recruitment activity was in place. A staff portal was also available to provide that virtual connection, with the ability to ask questions and reach out.
- The safe transfer of services was fundamental, with due diligence around clinical systems and working with staff as the critical areas whilst moving into the winter period.
- HCRG had spoken with the Voluntary Sector Alliance and outlined their commitment to work with the sector. Expectations concerning the £7m investment into the sector needed to be managed, noting this also included investments into community hospices.

#### 8.5 The ICB Board received and noted the presentation on the ICBC contract and service model.

### 9. BSW Hospitals Group Model Update

- 9.1 The CEO of the BSW Hospital Group talked through the case for change for development of the BSW hospital group model, highlighting the provider collaborative options, the group model and benefits, the common structures, the closer working opportunities and the conditions for success. It was reiterated that this was not a merger of the three statutory organisations, but the development of a group model.
- 9.2 The agreed changes would be embedded over the coming months, with a Joint Chair to be appointed. The model was not to add layers, but alignment of organisations, using resources differently, bringing that shared impact, consistency, breaking down barriers and having that leverage of change. The changes over the short-term, 12,18 months and accelerated long term transformation were set out, working to stabilise services, move to a sustainable financial position and remove the underlying deficit.
- 9.3 The Board discussion noted:
- It was noted that a number of other collaboratives were now moving away from the group model. This was likely due to the forced coming together rather than a voluntary move. For BSW, the approach had been to take time to build trust and relationships, ensuring all three organisations and Boards were engaged, with that investment in time an important factor.
  - Though each acute would have its own Managing Director (MD), there was a need to ensure the shared single voice and vision remained. The selection to the roles was key, noting these were different roles to those previous CEO's of the acute roles. The local MD was to act locally and ensure the organisations were operating well, whilst ensuring a consistent approach to the vision and strategy, working together to move to a sustainable financial and workforce position. The group would support and develop its staff, bringing that benefit through to the system and population. Significant work would be undertaken over the next 12-18 months to land and embed the group model, with some recruitment of leadership required. The ICB Chief People Officer was involved in the education and development areas to bring that system lens. Links were being formed with Bath University. BSW wished to be known as a system driven by innovation, improvement and a driver of change. Regional transition support had been requested to ensure this could move at pace.
  - The Improving Together tool was to be used alongside that strategic planning framework, with three priorities of people we work with, communities, and delivering for the population already set, with breakthrough objectives agreed for the next 12-18 months of access, ambulance handovers, financial sustainability, staff experience, improve and maintain quality, with a clinical services focus also to change that clinical practice. Staff would be engaged to ensure that the change was managed well.
- 9.4 The Chair and the Board acknowledged that the formation of the BSW Hospital Group was a significant part of the wider BSW major transformation plans and wished all well that was involved in this journey.

## **10. 2025/26 – Planning Approach and Engagement**

- 10.1 The ICB Chief Delivery Officer advised the Board of the approach being taken against the complex planning round, and the engagement over the coming months in support of the major national conversations regarding the NHS and the 10-year plan. BSW was to deliver the BSW Implementation Plan and its Operational Plan by March 2025, noting the current challenging operational context also. Lessons learnt and constructive feedback received from region against the Implementation Plan would be incorporated. A steering group of partners

was being brought together to develop a clear and focussed plan. A single system operational plan was to be developed, agreeing upfront with partners the strategic parameters on 'how' we are going to delivery improved performance, rather than the 'what' we need to deliver. National planning guidance was awaited.

- 10.2 The ICB Chief of Staff advised the ICB was playing a key role in the national engagement surrounding the 10-year plan. The plan was due to be published in May 2025. Engagement activity was being synchronised with that to aid the Implementation Plan and Operational Plan. National direction had been given to support the national, regional and local engagement, for the ICB to facilitate discussion on the three significant shifts set by the Government on hospital to community, analogue to digital, and treatment to prevention. Portal details had been shared to allow individuals to comment on these areas. A series of workshops with staff, public stakeholders and specific groups identified by population health data were to be held into January. Regional colleagues were hosting a public engagement opportunity on 24 November 2024, and the ICB response was to be submitted by 2 December 2024. A regional leadership event was scheduled for 5 December 2024.
- 10.3 The Board discussion noted:
- CYP would be an important element of planning. A delivery group had been established to feed into the preparations.
  - The delivery groups would each play an upfront and early role in setting and agreeing the assumptions for the plan and the changes required.
  - Discussions continued amongst national and regional colleagues as to the arrangements and responsibility of planning, this may be a role moved from ICB's. Planning was to carry on in the meantime, bringing that local system led lens of improvement to the plan. The South West team proposed to continue its strong, collaborative partnership way of working, ensuring clarity, accountability and delegation as required.
  - Planning was still against those nationally directed targets, with the Operational Plan focussing on NHS operational targets. Via the Implementation Plan, it was within BSW's gift to define and set those ambitions against the systems direction of travel and agreed improvements and transformation.  
The soon to be released NHS Oversight Framework did place a greater emphasis on prevention, with the ICB's also potentially taking on public health commissioning in 2026. Prevention was to be a thread running through all areas. The building of the neighbourhood teams would support that focus on turning the dial.

- 10.4 The Board noted the update and the proposed activities and timelines.

## **11. Delegation of Specialised Commissioning from 1 April 2025**

- 11.1 The CDO briefed the Board on the requirements of the ICB in relation to the delegation from NHS England of Specialised Commissioning (Green Services) from 1 April 2025, and to seek agreement to the proposed Principal Commissioner Model. Final sign off of the full scope of delegations would follow in January or March. The request for delegation was collectively deferred by the South West ICBs to April 2025, with a transition year used to work through the conditions and arrangements with the Joint Committee. These delegations would bring local ownership and commissioning closer to where services were delivered.
- 11.2 The Board had received a briefing on the principal commissioner model at its October development session, with arrangements to be enacted through financial risk sharing. The ICB continued to work through the safe delegation checklist.



11.3 The Board noted that there was ongoing socialising of the arrangements, especially with regards the mental health elements. Further details of the benefits and drawbacks would be referenced in the decision-making paper for early next year. The transformation piece was key in this, learning also from the pharmaceutical, general ophthalmic and dental (POD) service delegations.

11.4 The Board: -

- a. Agreed to the Principal Commissioner Model
- b. Noted and accepted the delegation conditions
- c. Noted the developmental and due diligence activities underway within the Safer Delegation Checklist
- d. Noted the additional areas of clarification that would be worked through before final delegation approval early in 2025.
- e. Agreed to delegate the signing of the delegation agreement documentation to the Executive Management Team (after Board final approval to delegation early in 2025).

## **12. BSW ICB Audit Committee**

12.1 The Chair advised that this meeting brought a change in the Board agenda structure, whereby all Committees would now each have an individual item to enable the Committee Chairs and Executive Leads to update the Board on recent committee business and discussion. Once established and first meetings held, items for the ICB Commissioning Committee and the BSW Workforce and People Committee would also be included.

12.2 The NED for Audit, and Chair of the ICB Audit Committee advised members of the business covered by the Committee at its last meeting held 5 September 2024:

- Detail shared concerning the rollout of No Purchase Order No Pay across the ICB, with the Committee assured of the tight controls the ICB has in place.
- The internal auditors presented their review of care packages, with a rating of Amber/Red given. This was in line with management expectations. A transformation programme was underway to address the actions. The ICB Quality and Outcomes Committee (QOC) would continue to monitor against the recommendations.
- Update provided on local counter fraud activity, which demonstrated this was ahead of plan. There had been an increase in the number of referrals made, but most driven by alerts from the NHS Counter Fraud Authority.
- The Corporate Risk Register was reviewed, with updates given on the ongoing work to support mitigations.
- The completion of the Data Security Protection Toolkit was noted, with the first submission made.
- The bi-annual update against emergency preparedness, resilience and response (EPRR) across the ICB and NHS system was presented, with positive assurance given.
- The Committee received the Scheme of Reservation and Delegation and Scheme of Financial Delegation. Both these documents had been refreshed and were recommended to Board for approval at its September meeting.
- The six-monthly overview of management consultancy and interim contract arrangements was received and noted.
- Six single tender waivers were presented for noting. The committee recognised that these related to key pieces of work and was assured on the rational.

12.3 The next meeting of the ICB Audit Committee is scheduled for 5 December 2024.

### **13. BSW ICB Finance and Investment Committee**

13.1 It was noted that the NED for Public and Community Engagement was acting as the interim Chair of the ICB Finance and Investment Committee whilst the NED Finance role remained vacant. The majority of committee items were as covered by Board items. Members had been concerned to learn of the consequences should BSW move into Investigation and Intervention level 4 (I&I4), bringing a significant impact on the systems operation and ambitions. The draft minutes were shared for information.

13.2 The next meeting of the ICB Finance and Infrastructure Committee is scheduled for 4 December 2024.

#### **13a. BSW ICB and NHS ICS Revenue Position**

13.3 The ICB Chief Finance Officer updated the Board on the financial position of the NHS organisations within the ICS at month six. The system is reporting a £11.6m adverse position year to date. Current figures for month seven show this reducing to £11.3m variance to plan. A risk remains around the delivery of the outturn, with a position of £9m-£10m adverse to plan the current best case. There was significant work to do to land the H2 position, though BSW continued to strive to meet breakeven. This year's position would impact the MTFP, with ambitions to improve the finances into 2025-26 and bring the deficit down.

13.4 The consequences of being off plan by £10m or more could see BSW move from I&I3+ to I&I4, with stark conditions and enhanced controls enforced.

13.5 BSW was overachieving against the delivery of elective activity and generation of Elective Recovery Funds (ERF), achieving 122% against the 107% target, bringing in additional income and improved access to patients. BSW was also the second-best achiever against productivity across the South West, driven by both increases in elective and non-elective activity.

13.6 The Board noted the report and the financial position of the NHS organisations within the ICS.

### **14. BSW ICB Quality and Outcomes Committee**

14.1 The Interim NED for Quality, and Chair of the ICB QOC advised members of the business covered by the Committee at the meeting held 5 November 2024:

- Risks and emerging risks had been central to the committee discussions.
- The three-year BSW ICS Infection Prevention and Management Strategy was approved, built upon strong collaborative partnership working.
- The LeDeR Annual Report and the Exceptional Funding Requests Annual Report were approved, providing a good level of assurance to members.
- Continuing Healthcare continued to have challenges with demand increasing by 60%, despite this, the 80% standard of access within 28 days was being met. New software was being embedded to support this area of work and release capacity.

- CYP Talking Therapies – the committee was aware of the issues surrounding this and that an improvement plan was in place. However, the plan was not yet being achieved. The lens of committee was confidence in the plan and if they remained the right actions.
- The committee also received and noted the update against the Primary Care Access Recovery Delivery Plan, the outcome report from the ICB Review of Intensive and Assertive Community Treatment for People with Severe Mental Health Challenges, and the BSW Winter Plan.

14.2 The draft minutes are shared for information. The next meeting of the ICB QOC is scheduled for 7 January 2025.

#### **14a. BSW Performance and Quality Report**

14.3 The Board noted the report.

#### **14b. ICB Review of Intensive and Assertive Community Treatment for People with Severe Mental Health Challenges - Outcome Report**

14.4 The Place Director for Swindon and Executive Lead for Mental Health, briefed the Board on the outcome of the ICB's rapid review into Intensive and Assertive Community Mental Health services. This was undertaken following the release of guidance and instruction from NHS England in July 2024 after the tragic events that unfolded in Nottingham in 2023, when a Domestic Homicide Review was triggered.

14.5 The review had highlighted five key areas; failure to enforce medication compliance, minimal risk assessment, missed opportunities of detainment under the Mental Health Act, inadequate response to family concerns, and discharging to GP despite risks (not engaging partners).

14.6 Systems were required to review its Did Not Attend (DNA) policy and ensure it did not instruct staff to discharge. Previous assertive outreach was also being looked at to learn from areas of good practice. National guidance was awaited regarding the outcome of all assessments, the approach to take and new models to implement, and any associated funding. Locally, a number of immediate actions had been identified to be undertaken with AWP and other system partners, to provide assurance of practice against the DNA policy.

14.7 The Deputy - NHS Trusts & Foundation Trusts Partner Member –mental health (and Deputy CEO of AWP) advised that this was joint work with Bristol, North Somerset and South Gloucestershire ICB to learn from each area, with one piece of work to align to the assessment. The key learnings would be shared system wide. AWP was establishing a task and finish group to progress the identified actions. The identified risk was held on the AWP risk register by way of associated complaints and issues raised, and also by the Early Intervention Service, escalated as required via the BSW Quality Assurance Framework.

14.8 The review had created an opportunity to consider the metrics to collect in real time. This would be monitored via the Delivery Group and the Improvement Board. Most elements concerned a well led organisation. The well led indicators and risk assessments would be used to support an audit of risk against those identified 270-337 individuals across the BSW patch. Discharge plans should be shared with GPs. The 72-hour post discharge follow up will be a key metric of focus as the improvement action plan progresses.

- 14.9 The Board noted the outcome report, and approved the proposed next steps and recommendations as outlined in the paper.

#### **14c. BSW Integrated Care System Winter Plan**

- 14.10 Further to the winter plan update given to the September Board meeting, the ICB Chief Nurse and the ICB's Director of Urgent Care and Flow provided a final update and assurance to the Board of the BSW Integrated Care System UEC approach to the Winter Plan for 2024-25. This remained a dynamic plan, with key evidence behind each performance metric to ascertain why the four-hour target was important, to improve the patient experience and reduce mortality rates. The recent period of significant pressures had led to one Trust declaring a critical incident, with immediate actions identified by the System UEC Rapid Review meeting. This help provide further mitigations ahead of winter.
- 14.11 The ICB's Director of Urgent Care and Flow talked through the supporting slides. There was a current focus on ensuring a grip and understanding of NCTR levels and reducing these and meeting the 78% four-hour trajectory. Demand and capacity modelling would be revised to ensure targets were achieved. An understanding of how patients moved through the system was needed to ensure partners did not continue to work reactively. Region was supporting BSW to use the early indicators to monitor performance in emergency departments and ambulance handovers and delays, looking at length of stay and EDD as two key elements. The Executive support in real time to aid timely decision-making was vital to ensure that flow. The rapid handover protocol was being piloted from ambulance to hospital, with learning to be shared, balancing the risk of patients waiting for an ambulance and the risks sat with the hospital.
- 14.12 Risks associated with the winter plan were logged on the UEC risk register, with the two highest scoring risks also recorded upon the Corporate Risk Register. It was felt further detail of the risks was needed within the plan to document likelihood and impact, to provide that level of reassurance required. QOC had also scrutinised the plan at its November meeting to gain that level of assurance. Every aspect of the plan needed to be on track and managed to ensure delivery. The supporting communications plan would help encourage self-care, and to identify alternative support services. The VCSE Partner Member offered VCSE help with cascading messaging.
- 14.13 The ICB Board noted the report and supporting attachments outlining the plans over winter and the actions being taken.

#### **14d. Primary Care Access Recovery Plan – Update**

- 14.14 The Executive Director Place Swindon, and ICB Executive Lead for Primary Care, presented the primary care access recovery plan update, noting progress against the national actions and local system delivery plan. BSW was the second highest ICB in South West for % Face to Face primary care appointments being offered, third against the 14 days appointment target, second on application access for records, and had supported the first practice to offer booking and cancellation of appointments online. BSW practices had seen a reduction in the DNA appointment figures. Thanks were recorded to the Primary Care Team for these achievements during this challenging context.

14.15 The activity in Primary Care and Out of Hospital will determine the success of the ambition of the system and the required focus. The ICB Commissioning Committee would be the platform now to provide that time and space for primary care deeper dives.

14.16 The Board noted the update report.

## **15. BSW ICB Remuneration and People Committee**

15.1 Due to time restrictions in meeting, the NED for People and Remuneration, and Chair of the Remuneration and People Committee agreed to circulate a summary of committee business covered at its meeting on 29 October 2024 to Board members following the meeting.

### **Post meeting note:**

- The Remuneration and People Committee met on 29/10/24 under its new Terms of Reference, which now included assurance regarding ICB workforce and organisational change processes.
- The Committee was updated on Project Evolve – the organisational change process designed to ensure the ICB was fit for purpose and right-sized for the bigger agenda. Members noted an organisational development (OD) programme was being put into place to support staff going forward. The Committee was assured that attention was being given to aligning the shape and skills of the organisation with its long-term vision and that the OD programme will focus on culture and behaviour as a means to maximise partnership and horizontal working.
- The first internal workforce report was presented, with a new dashboard showing granular detail. The Committee was assured re the drive to embed a 'listening to action' culture.
- The Committee discussed quarterly pulse surveys, the NHS staff survey and the value of triangulating feedback.
- Work in support of embedding the Freedom to Speak Up policy was ongoing.
- The Committee approved the ICB Annual Equality, Diversity and Inclusion Report for 2023/24, this report is audited by the Human Rights and Equality Commission. The supporting action plan was to act as a lever to shift the dial over the coming months (re Workforce Race Equality Standard, Workforce Disability Equality Standards and Gender Pay Gap.)
- The ICB was working with system partners to improve on Equality, Diversity and Inclusion targets – this will be a key pillar of the ICB OD programme.
- The Committee noted the NHSE Patient and Carer Race Equality Framework, the Worker Protection Act and NHS Sexual Safety Charter.

15.2 The next meeting of the ICB Remuneration and People Committee is scheduled for 14 January 2025.

## **16. Any other business and closing comments**

16.1 There being no other business, the Chair closed the meeting at 13:24hrs

**Next ICB Board meeting in public: Thursday 23 January 2025**