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

BSW Integrated Care Board – Board Meeting in Public

Thursday 22 May 2025, 10:00hrs

Council Chamber, Swindon Borough Council, Civic Offices, Euclid Street, Swindon, SN1 2JH

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 20 March 2025	Chair	Approve	ICBB/25-26/002
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/25-26/003
10:05	5	Questions from the public	Chair	Note	Verbal
10:10	6	BSW ICB Chair's Report	Chair	Note	Verbal
10:15	7	BSW ICB Chief Executive's Report	Sue Harriman	Note	ICBB/25-26/004
10:40	8	Avon and Wiltshire Mental Health Partnership NHS Trust - Community Transformation	Matthew Page, Sam Mongon and Helen McColl	Note	ICBB/25-26/005
11:10	9	NHS Reform and Transformation Announcement: BSW ICB Response	Sue Harriman	Note	ICBB/25-26/006
11:20 – Short break – 10 mins					
Committee Reports					

Timing	No	Item title	Lead	Action	Paper ref.
11:30	10	BSW ICB Quality and Outcomes Committee	Ade Williams, Gill May	Note	ICBB/25-26/007
		a. BSW Quality and Patient Safety Exception Report	Gill May	Note	ICBB/25-26/008
11:45	11	BSW ICB Finance and Infrastructure Committee	Paul Fox, Gary Heneage	Note	ICBB/25-26/009 ICBB/25-26/010
		a. BSW ICB and NHS ICS Revenue Position	Gary Heneage		
		i. 2024-25 Month 12		Note	ICBB/25-26/011
		ii. 2025-26 Month 1		Note	ICBB/25-26/012
		b. BSW Operational Plan 2025-26	Rachael Backler, Gary Heneage	Note	ICBB/25-26/013
12:10	12	BSW ICB Commissioning Committee	Julian Kirby, Rachael Backler	Note	ICBB/25-26/014
		a. BSW Performance Report	Rachael Backler	Note	ICBB/25-26/015
		b. BSW ICB Corporate Documents:	Rachael Backler		
		i. Scheme of Reservations and Delegations		Approve	ICBB/25-26/016
		ii. Standing Financial Instructions			
12:30	13	BSW ICB Audit Committee	Gary Heneage	Note	Verbal
		a. BSW ICB Audit Committee Annual Report	Chair	Note	ICBB/25-26/017
		b. BSW ICB Board Assurance Framework	Rachael Backler	Approve	ICBB/25-26/018
		c. BSW ICB Data Security and Protection Toolkit	Rachael Backler	Delegation, Approve	ICBB/25-26/019
		i. Approval of the ICB Information Governance Framework			
Closing Business					
12:55	14	Any other business and closing comments	Chair	Note	Verbal

Next ICB Board Meeting in Public: 17 July 2025

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

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

Thursday 20 March 2025, 10:00hrs

Council Chamber, Wiltshire Council, County Hall, Bythesea Road, Trowbridge, Wiltshire, BA14 8JN

Members present:
Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Primary Care Partner Member, Dr Francis Campbell (FC)
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
ICB Chief Finance Officer, Gary Heneage (GH)
Non-Executive Director for Public and Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May (GM)
Non-Executive Director for Quality, Alison Moon (AM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP) *(from 10:50hrs)*
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector, Alison Smith (AS)
Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)
Deputy - NHS Trusts & Foundation Trusts Partner Member – acute sector, Simon Wade (SW)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

Regular Attendees:
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC) *(absent 10:50-12:09hrs)*
ICB Director of Place – BaNES, Laura Ambler (LA)
ICB Chief Delivery Officer, Rachael Backler (RB)
ICB Chief of Staff, Richard Collinge (RCo)
ICB Chief People Officer, Sarah Green (SG)
ICB Interim Director of Place – Wiltshire, Caroline Holmes (CH)
NHSE South West Managing Director (System Commissioning Development), Rachel Pearce (RP)
HealthWatch, (CEO of The Care Forum), Kevin Peltonen-Messenger
ICB Corporate Secretary

Invited Attendees:
ICB Associate Director of Communications and Engagement – item 8
ICB Director of Business Support – item 11

Apologies:
Local Authority Partner Member – Swindon, Sam Mowbray (SM)
NHS Trusts & Foundation Trusts Partner Member – acute sector, Cara Charles-Barks (CCB)
Local Authority Partner Member – BaNES, Will Godfrey (WG)
Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)
ICB Director of Place – Swindon, Gordon Muvuti (GMu)
ICB Associate Director of Governance, Compliance & Risk

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.

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 23 January 2025

3.1 The minutes of the meeting held on 23 January 2025 were approved as an accurate record of the meeting.

4. Action Tracker and Matters Arising

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

5. Questions from the Public

5.1 No questions had been raised in advance of the meeting.

6. BSW ICB Chair's Report

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

- Appointment of Non-Executive Directors (NEDs) – To confirm the appointment of Ade Williams to the NED Quality role, and Paul Fox to the NED Finance role, both to commence with the ICB from April.
  The interim arrangements of the NED Public and Community Engagement chairing the Finance and Infrastructure Committee would conclude in April.
- Last Meeting Acknowledgements – This was the last Board meeting for Alison Moon, who leaves the Interim NED Quality role following the conclusion of the NED recruitment and appointment process. The Chair wished to record thanks on behalf of the Board for Alison's support and contribution to BSW and the ICB over the last 18 months.
  Shirley-Ann Carvill, who has attended the Board to bring that Community Services perspective in her role as the CEO of Wiltshire Health and Care, would also no longer attend BSW ICB Board meetings due to the recent community services contract award, and the commencement of the service with HCRG from 1 April 2025. The Chair again wished to note thanks to Shirley-Ann for that vital input and support.

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 provided a contemporary update:

- It was acknowledged that the report had been prepared in advance of the recent national announcements. The anticipated significant changes across the NHS were still being worked through at a national, regional and ICB level to understand the action required and implications. NHS England was to be abolished over the next two years, with a change in legislation required. A transition team to support that action had now

been established. The current South West Regional Director, Elizabeth O'Mahony, was to move into the team as the national Chief Finance Officer.
ICBs were to reduce their running and programme costs by 50% by quarter four of 2025-26.
Information had been shared rapidly with ICB colleagues and partners.
Learning from the recent Evolve organisational change programme would be embedded into the forthcoming process.
Providers were to also make significant productivity and efficiency improvements, with their corporate services to reduce by 50% from the pre-pandemic growth.
National voluntary redundancy and mutually agreed resignation schemes would be launched in the first quarter of 2025-26.

- A national resolution had now been reached against the General Medical Services (GP) contract, also enabling that step out of collective action.
  For BSW, the Locally Commissioned Services (LCS) review had been challenging also. Although a satisfactory resolution had now been reached for the next 12 months, it remained a fragile situation to work through in partnership with GPs.
- The Integrated Community Based Care (ICBC) service was to launch from 1 April 2025 with HCRG. The ICB had sought confidence and assurance throughout the mobilisation phase to ensure safe transition of services and safe operations from day one. This outcomes based contract had been jointly commissioned with the three local authorities, in line with the BSW Integrated Care Strategy. The ICB would continue to work with HCRG, ensuring delivery of the contractual elements and transformation planning.
- The Operational Planning cycle for 2025-26 had been intensive, with the final BSW Operational Plan to be submitted to NHS England by 27 March 2025. It was imperative that BSW was able to balance the financial elements with the delivery of targets. The Plan was ambitious, with significant risk acknowledged, requiring a high-risk appetite of the NHS and partners to move towards change.

7.3 The Chair opened the discussion up, with it noted:

- The starkness of the health inequalities data shown in the Health Inequalities Statement was acknowledged, recognising that targeted support for those areas of deprivation across BSW was needed.
  The focus on this remained a priority for NHS England and the regional teams.
  Though BSW was not yet able to fill all support and data gaps, the commitment was there to ensure plans were in place, ensuring inequalities remained a visible focus, embedded in all aspects of the Operational Plan to address. The BSW Population Health Board maintained oversight of the whole system effort, noting it was a shared responsibility. Health inequalities was a passion and commitment set by the ICB Board.
- The recent national announcements were undoubtedly a distraction, presenting uncertainty to the workforce, though the level of commitment to BSW patients and population continued.
  The ICB Executive was making tactical decisions against the emerging risk to manage the working environment. An immediate recruitment freeze was in place, known resource gas could no longer be filled.
  At a macro level, ICBs were to understand and influence the national decision-making with regards the future core and statutory functions of ICBs and potential delegation opportunities. The relationship between the ICB and emerging BSW Hospital Group would be important going forwards.

Assurance was given to the Board that the ICB Executive and staff were committed to maintaining the level of work and performance as required, and against the national ask.

8. NHS 10 Year Plan Engagement

8.1 The ICB Associate Director of Communications and Engagement talked through a number of slides regarding the recent engagement work carried out by the ICB Communications and Engagement Team in support of the development of the NHS 10 Year Plan. Views of BSW communities had been sought against the three shifts of; making better use of technology, moving more care from hospitals to communities, and preventing sickness, not just treating it. Good relationships with the BSW community had been built through this process, and would continue to grow through ongoing engagement.

8.2 The following comments and discussion were noted:

- Region recognised this as a good and positive piece of engagement work, noting the consistent emerging themes. Engagement across the country was providing a substantial amount of information to feed into the 10 Year Plan. Prevention would continue to be a developing priority for the NHS.
- The national, regional and local changes expected over the next 12 month should not deter from the importance of continued engagement. It was also important to share and document what the ICB was doing differently as a result of listening, requiring a level of maturity in the organisation to take forward that commitment.
- Feedback gathered to date was being reflected via the BSW Implementation Plan (Joint Forward Plan) where possible, moving also into the detailed considerations too. Those developing the BSW Diagnostic Strategy would also consider and review the feedback, providing a clear indication of the questions to ask.
- Though the engagement was relatively low numbers of the population, it provided a depth of coverage, key stories and experiences of how to move more towards prevention, and allowed NHS colleagues to think differently about services and the approach.
- HealthWatch had also gathered feedback from recent engagement, noting one of the main themes being that of digital access and improving the NHS App. Translation via the NHS App needed to be developed, acknowledging the different communities and cultures now being served across BSW.
  The ICB needed to move away from a transactional approach to engagement with the BSW population undertaken as and when needed, and instead continue to build that trusted relationship through ongoing engagement.

9. BSW Operational Planning 2025-26

9.1 The ICB Chief Delivery Officer (CDO) provided an update to Board members on the 2025/26 BSW operational planning process against the nationally set priorities and measures. One system plan was being developed, bringing one set of shared assumptions. BSW was showing compliance with a number of metrics, though there was further work to do in some areas, including referral to treatment and A&E four hour performance. The final Plan would be presented to the extraordinary Board private meeting scheduled for 25 March 2025 for sign off, alongside the Board assurance statements, ahead of submission to NHS England for their assurance processes.

9.2 The ICB Chief Finance Officer (CFO) advised that work was progressing to identify a route to a breakeven plan, with it anticipated that deficit funding of c.£23m would be allocated to the system. It was acknowledged that this deficit funding would be removed if the system still failed to submit a breakeven plan. The plan contained ambitious targets, with efficiencies and productivity requiring a significant focus.

9.3 The Board discussion noted:

- Noting the need to significantly improve non-criteria to reside (NCTR) figures and efficiencies, a number of strategic changes had been made in recognition that some areas and schemes were not having the required impact on the collective ambition. The benefits expected from the BSW Hospital Group and the ICBC contract would also need to start playing in. The different approach to planning this year had encouraged that different way of working amongst partners and collective ownership. The detailed Implementation Plan set out what was required by all partners to ensure delivery and achievement of reducing NCTR and discharges.
- The Implementation Plan and the detailed narrative described further how national priorities would be addressed locally, recognising it was not only to focus on access, but patient and service user experience. The BSW Quality Assurance Framework had recently been approved, helping to support quality consistency and standards, ensuring access remained safe. Of those complaints received, more were concerning communications regarding NHS treatment and the waiting process, rather than that of having to wait.
- The new Learning Disability and Autism unit being built would bring a different model of care, supporting individuals with short intensive therapy. AWP colleagues would be presenting community transformation plans to the May Board meeting, which would also help to support the reduction of NCTR, though the risk being pace, ensuring this was done in a sustainable way.
- There was a 6% productivity target set within the plan. All organisations were currently to meet 4%, with the BSW Hospital Group and ICB to stretch that further by 0.7%. Benchmarking would be utilised to drive efficiencies. There had been an over-reliance on non-recurrent monies to date, changes and reform were needed to live within the system envelope.
- Open discussions continued regarding the vision for the system workforce, to look at the triangulation, opportunities, a collective model, and requirement for providers to reduce their corporate services workforce. The correlation of workforce and open beds was to be understood, and remained a live discussion. A system vacancy control panel remained in place. In light of the recent national announcements, a voluntary redundancy scheme was expected to be operational in quarter one of 2025-26. Public money was to be used judiciously, with capacity and capability in the right places. The system Chief People Officers were establishing a task and finish group to support the system through the process and to consider the wider system impacts.
- It was confirmed that health inequalities grant monies were in plan, and were not at risk. A significant portion of NHS monies was spent on health inequalities alongside this ringfenced element, with this to be articulated clearer. Secondary prevention also needed to become a focus.
- The detail of the 50% ICB reduction of programme and running costs was awaited.

9.4 On conclusion of the discussion, the Board noted the paper, including the updates on the progress with the Plan, the timelines, the risks and the development required, ahead of the full submission on 27 March 2025.

10. Refresh of BSW Implementation Plan and Outcomes Framework

10.1 ICBs are required to produce and publish a Joint Forward Plan. In BSW this is known as the Implementation Plan, reflecting its role in implementing the direction of travel set out in the Integrated Care Strategy. The CDO presented the annual refresh of the Implementation Plan, with incorporated previous feedback received from the Board. An easy read version was being produced also.

10.2 The Plan had been developed with input from stakeholders and delivery groups, setting out their delivery ambitions for the next two years. The companion document contained greater detail.

10.3 Though direct public engagement had not been undertaken to inform this Plan, a number of forums had been involved in its review and development, including the Health and Wellbeing Boards. Feedback from the Chairs of each Health and Wellbeing Board was awaited to include in the document. Workshops on safer priorities had been held, including system and voluntary sector partners, bringing that existing engagement and feedback from their service areas.

10.4 Thanks were recorded to all those involved in producing the Plan. Regular updates against the Plan would be presented to the BSW Integrated Care Partnership and ICB Board. It was anticipated that a refresh of the Plan would be required once the NHS 10 Year Plan was published, alongside a refresh of the BSW Medium Term Financial Plan.

10.5 The ICB Board approved the BSW Implementation Plan (Joint Forward Plan), noting that the formal confirmations of opinions from Health and Wellbeing Boards were still to be incorporated, and final proofing checks carried out. The Board also noted the Companion Document (appendix 1) and the Legislative Requirements (appendix 2).

11. Delegation of Specialised Commissioning from 1 April 2025

11.1 The ICB Director of Business Support talked through the supporting paper, requesting final approval from the Board on the delegation of specialised commissioning responsibilities from 1 April 2025. A number of services were being retained nationally by NHS England, though detail following the recent national announcements was awaited. South West ICB's would continue to be supported by the Central Commissioning Hub, with a risk share agreement in place. The financial allocation at ICB level for mental health and learning disability elements had now been confirmed, noting that the figures in the paper did include all allocations. The ICB was required to make changes to its governance arrangements to reflect the delegations, namely to its Scheme of Reservation and Delegations and the Standing Financial Instructions. The ICBs Senior Responsible Officer was to change from the CDO to the Interim Place Director for Wiltshire, who would continue to represent BSW ICB on the South West Joint Commissioning Committee (JCC) as the decision-making forum.

11.2 The sufficient capture of the risk profile in terms of capacity and following the recent announcements were queried. With little detail yet shared nationally, it was difficult to document. This would be re-considered once direction was clearer. This delegation and responsibility would remain with an ICB, though resource in the ICB, NHS England and the Hub, and Somerset ICB as the Principal Commissioner would continue to be a risk. The Hub was essential to the success of this, and though the ICB could be explicit in its response and expectation, future Hub capacity and resource could not be guaranteed. Capacity and

appetite of strategic opportunities continued to be discussed at the JCC and within the Hub. The model and approach was consistent with the national direction of travel.

11.3 On conclusion of the discussion and shared assurance, the Board:

- Noted the previous agreement at the November Board meeting to the Principal Commissioner model supporting these arrangements, and that this has now been confirmed as Somerset ICB.
- Noted the supporting arrangements and documentation for delegation arrangements set out in 4.4 of the paper.
- Noted the ICB Executive Management Team would sign the required delegation and collaborative documents (as previously agreed).
- Agreed to the change in Senior Responsible Officer for the delegated role set out in 7.3 of the paper.
- Approved the delegation of specialised commissioning responsibilities from 1 April 2025.

12. BSW ICB Quality and Outcomes Committee

12.1 The NED Quality, and Chair of the Quality and Outcomes Committee (QOC) advised the Board of the Committee business covered at its meeting on 4 March 2025:

- The Committee continued to take a risk based approach – emerging risks now referenced associated mitigations.
- Seasonal challenges were being seen across BSW – with particular impact on performance and ward closures due to the Noro Virus.
- Data against the BSW maternity services was noted, indicating a good system position
- BSW remained an outlier on never events – a deep dive would be brought to a future QOC meeting regarding learning and improvements.
- Quality of pharmacy, general ophthalmic, and dental (POD) data being received from the Central Commissioning Hub was not providing the level of assurance required by the Committee, this was to be further developed.
- An update was noted from the BSW Population Health Board and its deep dive into Community Based Care.
- Adult Community Waiting List Transfer – the committee sought assurance that patients were being supported with regards service choices, particularly those with autism, and that there was sufficient capacity in place to deal with the queries.

12.2 The draft minutes were shared for information. The next meeting of the ICB QOC is scheduled for 6 May 2025.

12a BSW Quality and Patient Safety Report

12.3 The Board noted the BSW Quality and Patient Safety Report. The ICB Chief Nurse advised that there were clear criteria to meet a never event, though declarations were showing that level of transparency and learning across system partners. The Patient Safety Framework was supporting that change of culture and learning from such incidents.

13. BSW ICB Finance and Infrastructure Committee

13.1 It was noted that the Non-Executive Director (NED) for Public and Community Engagement continued to act as the interim Chair of the ICB Finance and Infrastructure Committee (FIC) until the recently appointed NED Finance came into role.

13.2 The draft minutes from 5 March 2025 were shared for information.

13.3 The NED Public and Community Engagement spoke of the continued difficulties and challenges seen in the month 10 position, though the Committee was comfortable that BSW would breakeven with the considerable efforts being made, and with the appointment of a Recovery Director to support that action. The draft BSW Capital Plan had been presented, though Committee members noted the challenges the absence of capital brought to the system. The increased scrutiny by the BSW Investment Panel was recognised. The variation seen across the three acute trusts was noted, work was underway to bring best practice and shared solutions.

13.4 The next meeting of the ICB FIC was scheduled for 2 April 2025.

13a. BSW ICB and NHS ICS Revenue Position

13.5 The ICB CFO updated the Board on the financial position of the NHS organisations within the Integrated Care System (ICS) at month 10, highlighting the following:

- £16.3m adverse position year to date – with an 8-10% growth in urgent and emergency care (UEC) and non-elective demand driving this.
- NCTR challenges continued to drive the bed base and workforce figures.
- Non-pay pressures were being offset by over performance against the Elective Recovery Fund (ERF).
- A further allocation of £15m had been received in month 11 to de-risk the system and move to a breakeven position, though risks against the delivery of the plan remained, with mitigations being work through. In total, £45m of support funding had been received from NHS England.
  Transitional funding had also been agreed earlier in the year, utilising the surplus of the ICB to improve provider positions, setting criteria against workforce trajectories and hitting original financial plans. The CFO acknowledged the current context, the continuing challenges for the providers, and the increase in activity due to impacting system issues, and proposed that the criteria set against the transitional funding was not enacted, though funds still provided. Further details against this would be raised at the next FIC.

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

14. BSW ICB Commissioning Committee

14.1 The NED for Public and Community Engagement, and Chair of the Commissioning Committee noted the draft minutes that were shared for information from the meeting held on 11 February 2025. The Committee Chair referenced the recent governance review and the establishment of this Committee in line with those recommendations, being more load bearing aligned to the ICBs Scheme of Reservation and Delegation. The committee membership was currently executive heavy, with a possible rotation suggested. The recently appointed NED Finance would now fill that membership gap, though additional NED representation may be considered to bring that robust and independent scrutiny. It was also acknowledged that the Local Authority Partner Member for BaNES was noted as a member of the committee, though a clash of commitments meant reduced attendance. The Committee Chair was keen to ensure that Local Authority colleagues were represented. These areas would be explored further with the ICB Chair and NEDs.

14.2 The next meeting of the Committee was schedule for 22 April 2025.

14a BSW Performance Report

14.3 The ICB CDO advised that the strategic commissioning framework was due to be published at the end of March 2025. The BSW Operational Plan had been aligned to the shared draft framework.

14.4 As continuation of the winter plan process, an internal debrief session would be held and a wider survey of evaluation undertaken. The outcome report from this would be shared via QOC and the Commissioning Committee. Additional primary care capacity was also being evaluated, and UEC schemes being reviewed to consider if any areas could be stopped or delivered differently. A regional debrief was also to take place during April and May.

15. BSW ICB Audit Committee

15.1 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 6 March 2025:

- The revised Risk Management Framework was reviewed by Committee, with it recommended to Board for adoption.
  The relationship between the ICB BAF with system organisations was also being explored to enable that connection between assessment of risk.
- External Auditors audit plan was received, alongside updates against previous audit recommendations.
- The draft Head of Internal Audit Opinion was noted, with the draft opinion issued as '*significant assurance with minor improvement opportunities'.*
- The internal audit review of ICBC Transition Plan - Governance and Risk Management was also received, providing an overall assessment of '*significant assurance with minor improvement opportunities'.*
- Reports on cyber security and security management were also received.

15.2 The next meeting of the ICB Audit Committee is scheduled for 15 April 2025, to review the first draft of the ICB Annual Report and Accounts.

15a. BSW ICB Risk Management Framework

15.3 The ICB CDO introduced the updated risk management approach for the ICB, which included the risk management framework and the BAF. As per the ICBs Scheme of Reservation and Delegation, approval of the risk management framework is reserved to the Board. The populated BAF would be taken through the Audit Committee and brought to Board in May.

15.4 The Board had been involved in developing the risk appetite at its February Development Session, which had informed the BAF further. Though not wholly reflecting reality, these had been relaxed further following those discussions. How often the risk appetite was reviewed also needed to be considered. These were dependent on the level of risk the ICB and Board was willing to accept, not necessarily what level of risk was already in play. Though decision-making was to reference the BAF, it should not dictate. Paper authors needed to consider and reference the risk appetite associated with their paper subject, with risk perhaps considered on a bespoke basis, acknowledging the current pace of change.

15.5 The Board approved the updated ICB Risk Management Framework, which included the updated risk appetite statement.

16. Any other business and closing comments

16.1 There being no other business, the Chair closed the meeting at 12.52hrs.

Next ICB Board meeting in public: Thursday 22 May 2025

Item 4

BSW Integrated Care Board - Board Meeting in Public Action Log - 2025-26

Updated following meeting held on 20/03/25

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
20/03/2025	*No actions recorded*					

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	22 May 2025		

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. **NHS Transformation and Reform.** On 13th March 2025, the Prime Minister made an announcement which was followed by the Secretary of State for Health and Social Care making a statement in the House of Commons, to signal a range of sweeping measures to transform the NHS. The Secretary of State's full statement to the House is here NHS England: Health and Social Care Secretary's statement - GOV.UK. This transformation will have a profound and significant impact on all ICBs, including our own, and will fundamentally change the way ICB responsibilities are delivered in BSW. The detail is covered in a separate paper and agenda item at the Board. At the centre of this transformation are hardworking and loyal public servants, who will also be impacted by these changes. The People paragraphs, further in this report, highlight measures that we are taking to support our people through a challenging period, while ensuring that our health care services avoid disruption and continue to improve.

2. BSW ICB update

2.1 **Leading through Change and Business Continuity.** The NHS and its partners in local Government are entering a period of significant organisational change. The operational plan for 25/26, that will be described later in this Board, is ambitious with inherent risks to delivery that will require careful consideration. It is essential that we balance business as usual alongside this rapid organisational change, recognising that business continuity will be paramount. As the change programme becomes clearer, we must pay attention to the emerging risks and the mitigations required to always ensure business continuity. This will need to be reflected through our Board Assurance Framework and the work of this Board over the coming months.

2.2 **Integrated Community Based Care Programme (ICBC) Mobilisation**. Our new outcomes-based contract with HCRG Care Group as lead provider successfully commenced on 1st April following a robust mobilisation assurance programme. The ICB and partner commissioning organisations have now transitioned into the assurance and oversight of the contract and importantly the development of the transformation activities for the first two years. We will continue to work closely with HCRG and local providers over the first 3 months of the new arrangements to respond to any transitional issues and queries.

2.3 **Financial Position**.

M12 2024/25 Outturn:

In 24/25 the System delivered a breakeven financial position against its plan. The position by organisation was:

Surplus: GWH £1.4m, ICB £8.4m
Deficit: RUH £4.2m, SFT £5.5m

These outturns are after the application of £30m deficit support funding and a further £15m allocation to support a system break even position.

Total efficiencies of £130.9m were delivered in 24/25, representing 92% delivery against plan (ICB 98% Delivery). The above is subject to the ongoing audit.

M1 2025/26:

There was not a requirement to do a full financial close for Month 1 but an abbreviated position for the national team. M1 YTD position across the Group is a deficit of £7.5m. The ICB has then brought forward efficiencies to reduce this by £3.1m (although at this stage this is down to phasing), to an adjusted deficit of £4.4m. The key drivers are: Ongoing UEC pressures, slippage against efficiency schemes, adverse income generation and exit run-rate impacts. Recovery actions are rapidly being developed.

2.4 **Performance, Oversight, and Delivery**

2.5 **Operational Planning for 25/26**: **Operational Planning for 25/26.** The ICB submitted its full plan on 27th March, to NHS England. Following feedback from NHS England, and considering further local progress on our plans, a final resubmission was made on 30th April. The BSW system plan now meets all the national priorities for the 25/26 operation plan, except the delivery of the required waiting times for cancer 31 days and diagnostic tests, though our plan is a significant improvement on the current position. The main challenges in delivering our plan will be in reducing our financial deficit, improving operational performance in key areas including elective and non-elective care, and ensuring that we have delivery plans that support our operational objectives. This is covered in more detail on this agenda.

2.6 **Implementation Plan for 25/26**: Following the refresh to the 25/26 Joint Forward Plan, the BSW local Implementation Plan is now complete and has been published on the ICB website. This includes supporting statements from each Health and Wellbeing Board. The Companion document (Appendix 1 of the Implementation Plan) sets out in more detail on the plans for BSW and the outcomes we aim to achieve across various service areas. This companion document describes the collective work undertaken to transform health and care services. Our approach is underpinned by an Outcomes Framework designed to evidence how interventions are impacting our population. We are currently developing our approach to define and measure our impact, including the new Outcomes Framework.

2.7 **NHS Oversight Framework**. NHS England have developed an updated Performance Assessment for 25/26 which went to the NHS England Board in March and the final framework is expected at the end of Q1. The first formal segmentation of all trusts and ICBs is planned for publication in July 25. The most recent review in Quarter 2 24/25 (under the current performance oversight framework) confirmed no changes in ratings with the ICB, RUH and SFT in segment 3. GWH continue in segment 2. The main drivers of the segment 3 ratings continue to be financial performance, cancer, and diagnostics.

2.8 **Urgent and Emergency Care (UEC)**. The system continues to see pressure in our ED front door services with increasing attendance through our Urgent Treatment Centres. We continue to focus on achieving reductions in ambulance handover wait times, with the implementation of the Timely Handover Process (THP) evidencing a reduction in exceptional handover waits and improved average handover times overall, but we have seen more recently a cluster of breaches.

2.9 Each acute hospital Trust across BSW has reviewed its UEC improvement plan, and a system-wide plan is being developed with full partner engagement. Clinical leadership is driving timely, risk-based decisions to minimise patient harm, and key learnings are being shared within UEC System Safety Group.

2.10 BSW leads the South West in ‘Hear & Treat’ rates and has improved Cat 2 mean response times. This is critical to ensure SWAST achieve this performance not only from a financial position, but importantly to respond to those patients who may not have a life-threatening problem but will still require a swift response.

2.11 While the number of Non-criteria to Reside (NCTR) patients, who are medically fit but waiting to be discharged from the hospital, remains above plan, daily NCTR meetings

ensure all partners are addressing key actions to improve patient flow and bed availability maximising the use of all out of hospital capacity.

2.12 BSW has continued in NHSE Tier 2 (regionally led support) for UEC. The Oversight Framework segmentation rating in this area continues to be driven by A&E 4-hour performance, ambulance handover delays, and NCTR occupancy which continues to be high. There has been some improvement in performance with Hospital @ Home occupancy meeting the plan since November and Ambulance handover delays consistently reducing from the November high.

2.13 **Elective Care**. The Elective Care Delivery Group oversees performance and recovery actions for elective targets, and the detailed remedial action plans and trajectories, for the areas requiring most improvement. BSW remains in weekly regional oversight meetings.

2.14 The target to clear 65-week waiters by September 2024 was not met. Validated March data shows 45 waiters in BSW acutes due to a mix of capacity, patient choice, and complexity. Recovery actions to clear all 65-week waits are continuing with oversight with the regional NHSE team. SFT reported clearance of all 65-week waits at the end of March, excepting corneal transplants, and patient choice meeting national criteria. GWH and RUH have identified risks, and of the 45 expected in April 2025, 25 are at GWH and 20 are at RUH.

2.15 **Diagnostic Performance**. Diagnostic performance (the % of the waiting list over 6 Weeks at BSW acutes) has improved in February to 21.9% from 27.3% in January, but still below planned target. Remedial action plans continue in place across the modalities including waiting list initiatives, insourcing, and maximising CDC capacity.

2.16 **Cancer Performance.** Reporting for February shows the 28 days faster diagnostic continuing to meet the national standard at 78.5%. The 62-day standard at 70.7% did not meet the plan (73.2%). Executive focus and oversight for the recovery plans continues via the Elective Care Delivery Group. RUH continue in Tiering (regionally led support) for Cancer and Diagnostics.

2.17 **Children and Young Persons (CYP) Mental Health Access**. CYP access in February was at 8,665 CYP seen in 12 months rolling against the plan of 13,468. Newer providers are receiving targeted supported from NHSE and ICB to improve the accuracy of their submissions. Development of Mental Health Support Teams workplan is in progress, and CYP access target apportionment to providers, and improvement plans to deliver the target are also in development across all providers. This will be formalised via contract variation.

2.18 **Talking Therapies**. BSW Talking Therapies (TT) completed courses of treatment is the new metric for 24/25, 4,885 people had completed a course of treatment in 12 months to February, not meeting the plan of 6,440. The CPN and associated action plan is showing positive outcomes and improved performance. In addition to operational plan metrics, the numbers of people completing treatment is rising, referrals received is at its highest since pre-April 22 and there has been a 3-month fall in DNA rates.

2.19 **Dementia Diagnosis**. Diagnosis rates continue to slowly improve but remain 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. AWP have initiated a Wiltshire and Swindon Memory Service Improvement Project, expected delivery Q4 25/26. We are working closely with AWP to ensure there is significant improvement planned for 25/26.

2.20 **Learning Disability and Autism (LD&A) Inpatient Rates**. Total Inpatient numbers across BSW are above the agreed trajectory but mitigations are in place as described below to bring inpatient levels in line with plan. There has been a decrease

between and February (41) and March (37) (rate per million), above the plan of 25. A thematic review of CYP admissions is being concluded and the findings and recommendations will be presented to the April BSW LDAN Delivery Group. Direct management of inpatients through the weekly practice forum continues to deliver increased oversight of BSW ICB commissioned patients and discharge plans. All quality assurance visits, and inpatient Care and Treatment Reviews (CTRs) are up to date for ICB commissioned patients.

2.21 **Quality and Safety.**

2.22 **Infection Prevention and Control.** With the pressures on the system, it is important to celebrate good performance and BSW ICB health care associated infections for 2024/25 have all been reported as under the thresholds set by NHS England (better than), with the exception of Klebsiella Blood stream infections which breached the threshold set. BSW has a strong IPC collaborative and clearly this way of working together has achieved this improvement.

2.23 **Clinical Effectiveness and Policies**. The clinical effectiveness programme aims to reduce avoidable harm to patients, maximise value, and avoid unnecessary interventions. BSW maintains 54 evidence based clinical policies which are shaped by National guidance (NICE best practice and faculty specialists) alongside local specialist input. There is a robust process supporting adherence to the policies to reduce unwarranted variation and ensure access to clinically relevant procedures for those who would benefit from the intervention. We are currently scoping a system wide clinical effectiveness group to ensure implementation of best practice within our care pathways, including local clinical audits to help improve health outcomes.

2.24 To work effectively, there is a need for strong partnership working and intelligence-sharing across organisations, including shared ownership of risk. Clear reporting and governance arrangements must be in place within and beyond ICSs, including alignment with Regional Quality Groups.

2.25 A new BSW Quality Assurance Framework document has now been finalised in consultation with system partners and approved via BSW Quality Outcomes Committee. The document describes the framework adopted by Bath and North East Somerset, Swindon, and Wiltshire (BSW) Integrated Care Board to deliver on our statutory duty for quality. It sets out our vision for quality, the application of the National Quality Board (NQB) guidance, our governance arrangements and quality priorities. Additionally, it sets out the approach to driving quality improvement via the utilisation of our assurance processes.

2.26 It is expected that the Quality Assurance Framework (QAF) will be refreshed annually to support ongoing quality improvement and identification of any emerging themes across the Integrated Care System (ICS).

2.27 **Inequalities.** BSW is taking a structured and proactive approach to tackling health inequalities, with every delivery group now having identified a specific inequalities priority. The Inequalities Strategy Group has put in place targeted support and challenge to strengthen plans around these priorities with action learning reviews scheduled for each Delivery Group. Dedicated health inequalities funding has been in place since 2022/23, supporting place-based action across BSW. An evaluation of the 2024/25 programme is underway, using Q4 as the final reporting period for most projects, with findings due to be reported to the Population Health Board in May. Funding decisions for 2025/26 have been confirmed, and grants are now being awarded. Equality Delivery System (EDS) Domain 1 reviews have focused on

Treating Tobacco Dependence in Acute Trusts, Smoke Free Maternity Care, and Mental Health Act Detentions, with outcomes due to be reported to the Executive Management Meeting in June.

2.28 **People**

2.29 **System Wide Activity**. The people team have continued to work with NHS providers on the submission of the 2025/26 NHS operational plan. The focus has been on the triangulation of the workforce plan with service delivery and financial allocations. This work has included focus on the correlation between workforce plans and delivery group transformation plans such as closure of escalation beds. NHS providers are currently working through data and the implications of the expected 50% cost reductions of corporate growth with plans to be finalised by the end of June 2025.

2.30 System wide workforce controls remain in place with a weekly vacancy control panel that, for the Group Hospitals, consists of a freeze on corporate posts and recruitment to only business critical clinical posts. The workforce controls are under constant review to ensure they remain responsive to the compliance of submitted operational plans.

2.31 **ICB Focused Activity.** The ICB workforce, in view of recent announcements, is facing a further time of change and uncertainty that will lead to significant workforce reductions. This is on the back of only recently completing a significant change programme to meet the previous national thirty percent cost reduction target. Whilst a lot of the detail is yet unclear our upmost priority is to ensure that our people are supported with fair and equitable people processes. Several additional support processes have already been put in place such as wellbeing offers, pension advice and an organisational development offer helping our extended leadership team through times of change, complexity, and uncertainty. A planned all colleague event in June has been developed in response to staff feedback focusing on practical offers of support such as CV writing, wellbeing, and career development. As the detail emerges there will be a wide range of complex people processes that will require careful navigation and leadership. This change will involve working closely with staff representation such as unions; all of which is currently being reviewed. Comms and Engagement and the People team are working in close partnership for joint clear messaging on how and when the change process will impact our staff.

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

3.1. **BANES.** BANES had recent support from the Local Govt Authority to consider the role of the Health & Wellbeing Board (HWB) and the interface with other partnership arrangements, including how we work closely as an ICS. The joint action plan for the HWB includes priority areas that respond to the ICS strategy and wider determinants of health. HWB agendas are set around delivering to these and development session between Board session are now well established to enable deep dives on topic areas. The most recent was on sustainable transport. Partners will commit to working together to support the sustainable transport ambition and priorities for BANES, there are direct asks on health colleagues to consider how they can support principles in the plan when it comes to scheme delivery, noting roles many partners have as anchor institutions.

3.2. The HWB have signed off the Better Care Fund (BCF) submission and supported the ICB Operational Plan, as have the other local authorities.

3.3. A social prescribing steering group has been established in BANES to support joint working in this space and to consider mechanism for referral and funding flows to support prevention and left shift ambitions.

3.4. BaNES Integrated Care Alliance (ICA) have focused on developing workshops to take forward the three identified priorities.

3.5. **Swindon**. The Care Quality Commission (CQC) has recently completed an inspection of Swindon Borough Council. As part of this process, all system partners, including the ICB, were interviewed. The inspection focused on four key areas: working with people, providing support, ensuring safety, and leadership. The final report is expected imminently.

3.6. Dr Sarah Bruen, Chair of the Swindon ICA, has informed us of her intention to step down from her role. We are grateful that Sarah has kindly agreed to remain in post until a successor is appointed. In light of the recent Health and Wellbeing Board (HWBB) local government review, we are using this opportunity to strengthen the relationship between the ICA and the HWBB ahead of initiating the formal recruitment process for a new Chair.

3.7. On 25 March, the HWBB received the draft Pharmaceutical Needs Assessment (PNA) 2025–2028, which is now subject to a statutory 60-day consultation. The PNA plays a critical role in ensuring that pharmacy provision across Swindon is adequate and meets the needs of the population.

3.8. The HWBB also received an update from the Place Director on the Better Care Fund (BCF) planning process. The proposed BCF plans for Swindon were approved as part of this update.

3.9. **Wiltshire.** Wiltshire colleagues have been working hard on NCTR plans. Alongside this, on April 1st colleagues from Wiltshire Health and Care Home First team joined Wiltshire Council to provide an integrated home first and reablement service. The transfer took place smoothly and colleagues are settling into their new organisation. During this time, Wiltshire Council continued to manage a high rate of referrals for the service and flow has continued. Preparation is continuing in Wiltshire for the Armed Forces Summit due to take place on 30 June. Outcomes from this summit will inform existing ICB services (initially CYP and mental health). Work continues on Wiltshire's three priority areas for 25/26 including a deep dive into dental extraction on the agenda for the June ICA meeting and the new working group for Children's Emotional Health and Wellbeing kicks off on 12th June.

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	8
Date of Meeting:	22 May 2025		

Title of Report:	AWP Community Transformation
Report Author:	Sam Mongon, Head of Transformation (AWP) Mathew Page, Chief Operating Officer (AWP) Helen McColl, Clinical Director (AWP)
Board / Director Sponsor:	Alison Smith, Deputy Chief Executive Officer (AWP)
Appendices:	

Report classification	Please indicate to which body/collection of organisations this report is relevant. *Only one of the below should be selected* (x)
ICB body corporate	
ICS NHS organisations only	
Wider system	X

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
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	
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
n/a		

1	Purpose of this paper
The aim of this paper is to update the ICB Board on Avon and Wiltshire Partnership's (AWP) plans and work to date for the transformation of our community based services.	

2	Summary of recommendations and any additional actions required
The Board is asked to note the update and report.	

3	Legal/regulatory implications
None	

4	Risks
None	

5	Quality and resources impact
Improvements in service access, quality and patient experience	
Finance sign-off	

6	Confirmation of completion of Equalities and Quality Impact Assessment
n/a	

7	Communications and Engagement Considerations
Our community programme includes people with lived experience, staff and partners. We are utilising existing system groups and forums to further engage and communicate with key stakeholders.	

8	Statement on confidentiality of report
Non-sensitive	

NHS
Avon and Wiltshire
Mental Health Partnership
NHS Trust

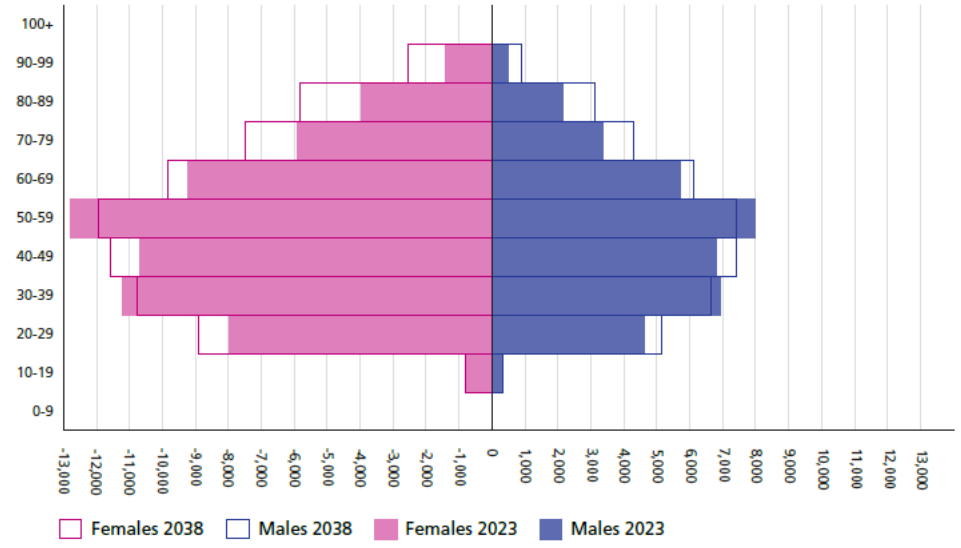
AWP

Community Transformation

High quality, compassionate care

Our Population

People in BSW with dementia, depression or serious mental illness by age and gender:



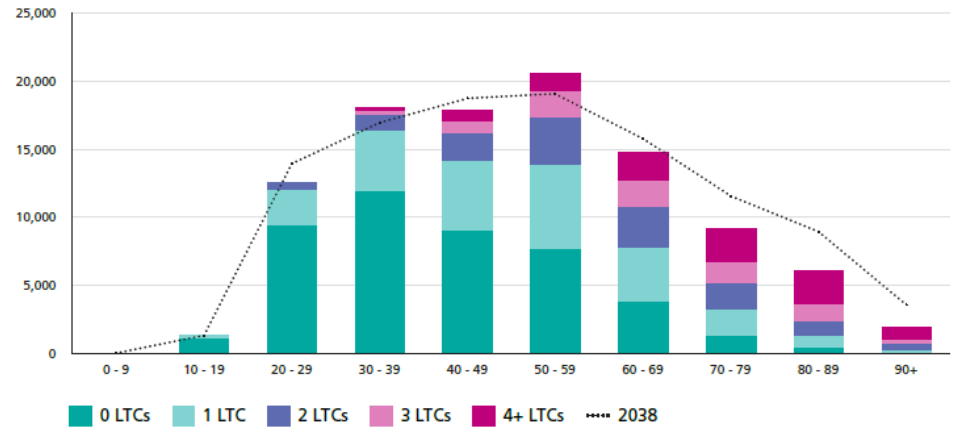
Among our population of 980,000 people, more than 100,000 have been diagnosed with dementia, depression or serious mental illness. Around 3,500 have more than one of those conditions.

Across BSW, 103,014 people are from ethnic minority communities,

with 1,669 of those using mental health services

Swindon has more residents from a Black or other ethnic minority group:

People on depression, serious mental illness or dementia GP registers by age and number of physical long-term conditions



Of the 100,000 people with a mental health diagnosis, over half have a physical long-term condition. One in six people have three or more.

Our aims for community transformation

Integration: working with partners to support people to quickly access high-quality and personalised care, close to home

Interventions: focusing our resources on delivering evidence based interventions that support people's recovery.

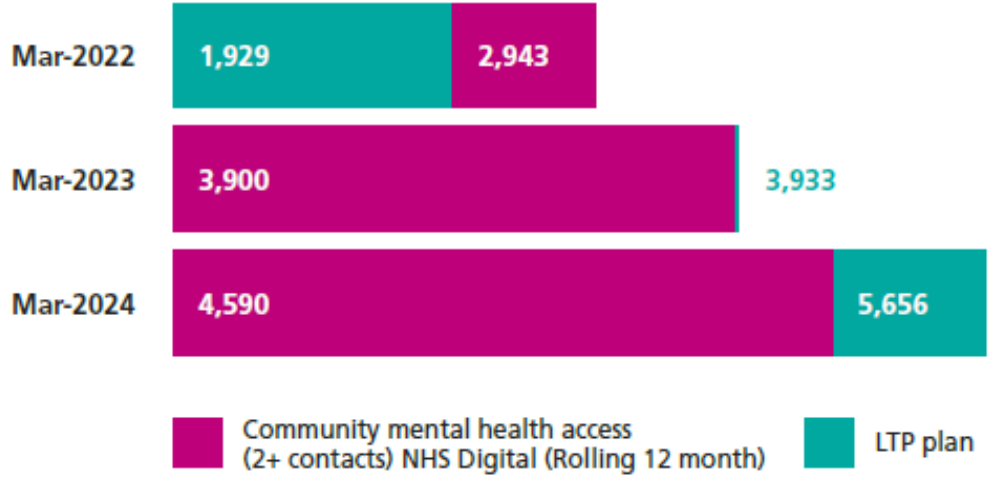
Inequalities: ensuring our services are appropriate for our populations, are accessible and help reduce health inequalities.

Successes so far

Integrated access with third sector partners; over 3,000 people across BSW supported through our joint approach in the last 12 months, with just under 100% of people in BANES being seen within our 4 week referral to assessment target.

NHS 111-2; since April 2024 we have helped over 20,000 people in BSW to access the right support for their mental health needs

Physical Health; our dedicated team has increased the number of people with a Severe Mental Illness (SMI) in BSW receiving an annual health check from 6% to over 80%.



Integration

Integrated Access Model in partnership with the Mental Health & Wellbeing Partnership

People with mental health needs in BSW have told us they can experience:

- A lack of early support to prevent crisis
- Fragmentation between services
- Thresholds and other barriers to access / multiple assessments
- Difficulties in getting appropriate high-quality care
- Poor access to community support
- Inequity of access, experience and outcomes

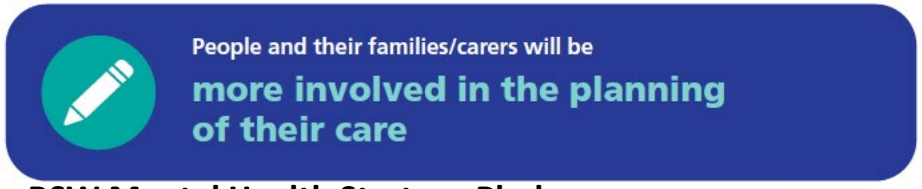
An AWP review (2022) found that at least 70% of all referrals into our BSW Primary Care Liaison Service (PCLS) do not require secondary services but would be better supported with timely advice and support from other partners.

Learning from this and building on recent developments (e.g. commissioning of Second Step to provide VCSE services across BSW), we seek to create an integrated, place-based service to enable people to quickly access the care they need.

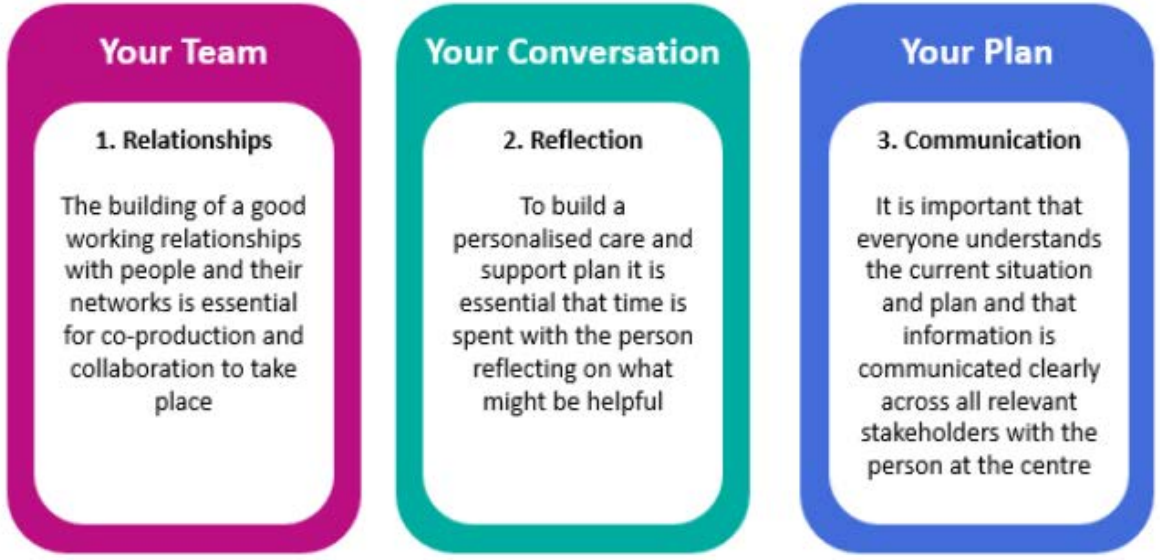
This involves redesigning PCLS with Second Step and other partners to create an Integrated Community Mental Health Service

Integration

Your Team, Your Conversation, Your Plan



BSW Mental Health Strategy Pledge



In 2021, NHS England published a position statement that required Mental Health Systems to replace CPA by implementing an approach to care and support planning that is flexible, personalised and integrated and focusses on the delivery of meaningful interventions.

Your Team, Your Conversation, Your Plan is the simple, flexible framework that has been co-designed and is being implemented across BSW during 2025/6.

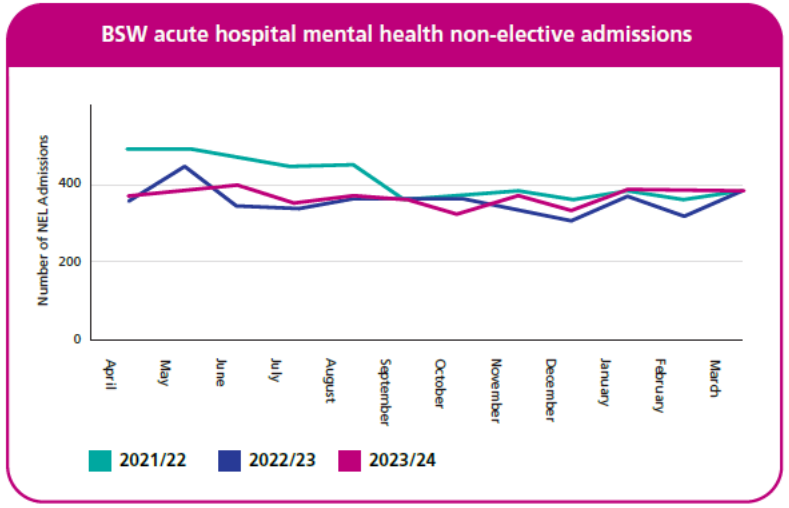
It aims to ensure that care and support is co-produced and collaborative and that system-wide service delivery is seamless and centred on assisting people to achieve the outcomes that are important to them.

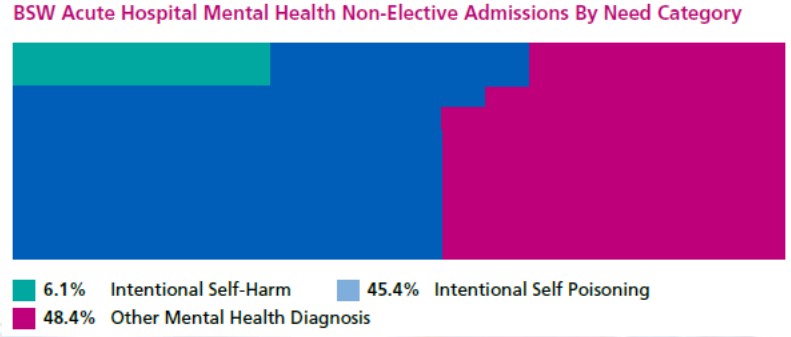
Integration

Mental Health & Acute Interface Improvement Programme

Our partnership, with Great Western Hospital, Oxford Health, SWAST, VCSE, BSW ICB and people with lived experience have been accepted to join this national improvement collaborative programme delivered in partnership between NHS Confederation and NHS England's Mental Health Improvement Support Team.

The programme takes a true Quality Improvement approach to considering as a system “what happens at the interface between the emergency department and secondary mental health services, and how a person with mental health needs presenting at A&E is cared for and managed”.





Acute Network
NHS Confederation

Interventions

Core Community

To create a whole team approach to delivering evidence based interventions that help people with severe mental illness towards recovery.

- Ensure timely access to interventions
- Provide better quality care and improved outcomes
- Create sustainable staffing models
- Improve access to evidence-based psychological therapies
- Integrate with wider services to deliver a biopsychosocial model

Our Core Community Teams include:

- Community Mental Health Teams (Recovery)
- Older Adults Teams
- Psychological Therapies and Allied Health professional's teams

And account for….

BSW Caseload **50%**

BSW Staff **35%**

BSW Contacts **7423** Per Month

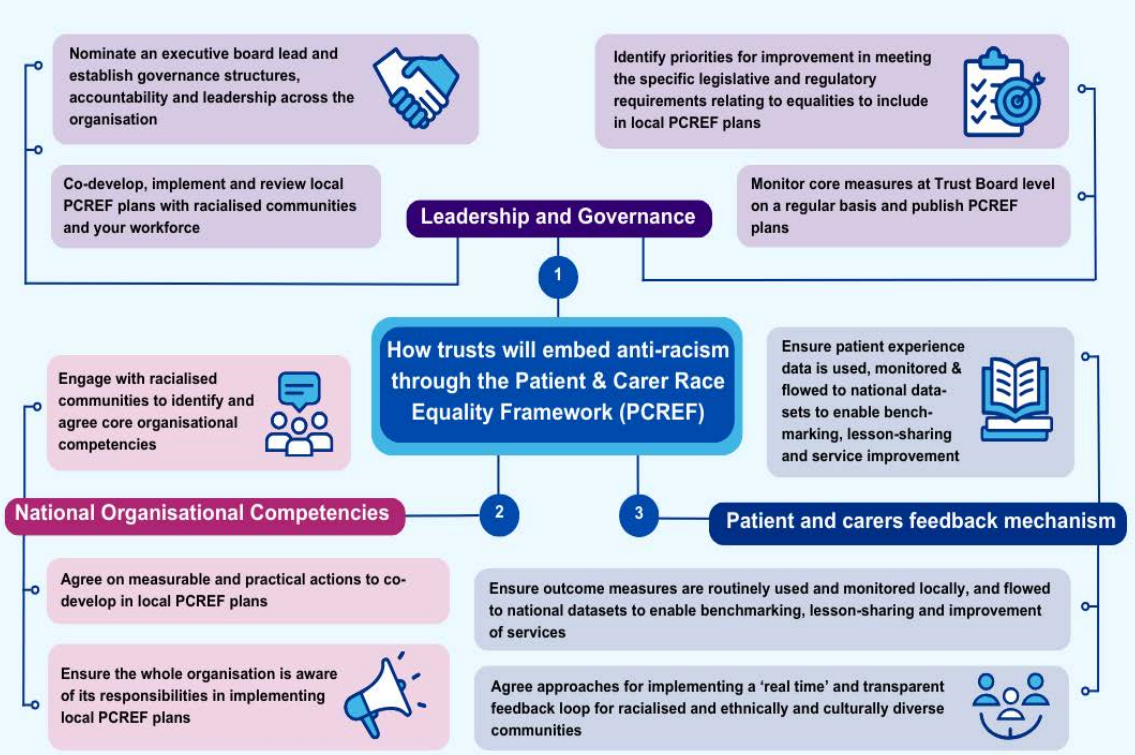
Inequalities

We are developing our understanding on what perpetuates inequality across different protected characteristics, by providing trauma-informed, culturally inclusive support that is co-designed by those with lived experience from our communities

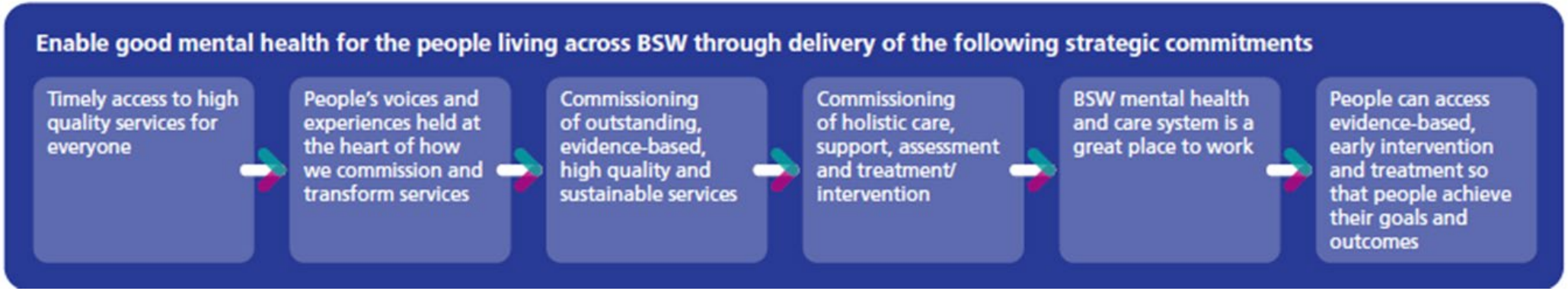
This includes implementing the Patient and Carers Race Equality Framework *to improve experiences of care for ethnically and culturally diverse communities*

It aims to:

1. **Improve Access**: Ensure timely and appropriate mental health care.
2. **Enhance Experience:** Reduce stigma, increase cultural competency.
3. **Achieve Better Outcomes**: Reduce detentions and coercive interventions.
4. **Strengthen Partnerships**: Work with communities and advocacy groups



What will be different when we get this right?



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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	9
Date of Meeting:	22 May 2025		

Title of Report:	NHS Reform & Transformation Announcement: BSW ICB Response
Report Author:	Hannah Massey, Transition Manager
Board / Director Sponsor:	Sue Harriman, Chief Executive Officer Rachael Backler, Chief Delivery Officer and Transition Programme Director
Appendices:	N/A

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	X
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
N/A		

1	Purpose of this paper
The purpose of this paper is to brief the Board on the actions that BSW Integrated Care Board (ICB) has undertaken to date in response to the Prime Minister's NHS reform announcement on 13 March and subsequent publication of the '*Working Together in 2025/2026 to lay the foundations for reform*' and the sharing of the draft '*Blueprint for a model ICB*' with Integrated Care Boards across England.	

These documents outline the future role of ICBs as strategic commissioners and the need for ICBs to produce financial plans by the end of May 2025, outlining how they will reduce their running costs by approximately 50%.

2	Summary of recommendations and any additional actions required

The Board is asked to note:

1. The actions taken by BSW ICB to date in response to the requirements outlined in '*Working Together in 2025/2026 to lay the foundations for reform'* and the draft *'Blueprint for a model ICB'* document.
2. The draft proposal for BSW ICB to form a cluster with Dorset and Somerset ICBs.
3. Proposed next steps to meet the NHS England (NHSE) 30 May 2025 submission deadline for a plan.

3	Legal/regulatory implications

The future of the ICB and its future functions will need to be considered in relation to our legal and statutory duties. We understand that the final decision on our proposed configuration will sit with NHSE.

4	Risks

There are significant risks that the ICB must mitigate to achieve the necessary cost reductions stipulated in the '*Working Together in 2025/2026 to lay the foundations for reform*' and the '*Blueprint for a model ICB'*. In addition, the organisation will need to undergo substantial reconfiguration. We are currently revising our Board Assurance Framework to take account of this major strategic development and will be reviewing our corporate risks in light of these changes.

5	Quality and resources impact

At this time, we are unable to specify the extent to which the announcement and subsequent guidance will impact on workforce, quality and other resources.

Finance sign-off	N/A

6	Confirmation of completion of Equalities and Quality Impact Assessment

An EQIA will be created following the mobilisation of the Transition Committee.

7	Communications and Engagement Considerations

The national announcements and local developments have considerable interest for ICB colleagues who are understandably concerned about the future. A rolling programme of internally-focussed communications is underway to relay information and support staff engagement in a timely way. The Government's plans have attracted high levels of interest from stakeholders and the media and

the ICB has undertaken external communications and briefing activity to respond to this interest. Communications and engagement considerations are embedded within the Transition working group and will form part of the Transition Committee's focus.

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

NHS Reform & Transformation Announcement: BSW ICB Response

1. Purpose

The purpose of this paper is to brief the Board on the announcement made by the Prime Minister on 13 March, follow-up communications from Sir Jim Mackey, the Chief Executive Officer of NHS England, and the actions that BSW ICB has undertaken to date in response. This transformation will have a profound and significant impact on all ICBs, including our own, and will fundamentally change the way the ICB responsibilities are delivered in BSW in future.

2. Background

2.1. Prime Minister's Announcement

On 13 March 2025, the Prime Minister announced reforms that would provide the structure necessary to drive forward an NHS that is fit for the future. The announcement indicated that NHS England would be abolished and merged into the Department of Health and Social Care (DHSC) and heralded plans to reform the regional structures of the NHS and Integrated Care Boards (ICBs). The announcement indicated that this action was necessary to deliver a more efficient, leaner centre to free up capacity and help deliver significant savings, which would be reinvested in frontline services.

2.2. Working Together in 2025/2026 to lay the foundations for reform

On 02 April 2025, Sir Jim Mackey, the newly appointed CEO of NHS England, wrote to Integrated Care Board and NHS provider leaders outlining how we would work together in 2025/26 to lay the foundations for reform.

The letter entitled 'Working together in 2025/2026 to lay the foundations for reform' described ICBs as having a critical role to play in the future as strategic commissioners, central to delivering the ambitions of the 10 Year Health Plan (due for publication in the Summer of 2025). The letter clearly also outlined the requirement for ICBs to reduce their running costs by 50%, with a need to develop affordable plans (within the reduced running cost envelope) for submission by the end of May 2025.

NHS providers were also identified as needing to reduce their corporate cost growth by 50% during Quarter 3 2025/26 with the expectation that these savings be reinvested locally to enhance frontline services. System partners are currently working through this requirement in parallel with the ICB requirements.

2.3. **Model Integrated Care Board Blueprint**

On 06 May 2025, the draft Blueprint for a model ICB was shared with senior leaders for discussion within the NHS. This marked the first step in a joint programme of work to reshape the focus, role, and functions of ICBs.

The Blueprint, which builds on the 'Working together in 2025/2026 to lay the foundations for reform' letter, provides an additional level of detail on how ICBs are expected to evolve and their functions. The document indicates that ICBs will need to grow or invest in functions relating to a 'strategic commissioning role', look to adapt supporting infrastructure in line with the cost reduction plans, and further look to review other functions to see if they could be delivered differently or by other partners. It also supports a focus on the delivery of the three strategic shifts – sickness to prevention, hospital to community, analogue to digital.

The Blueprint is not a finalised policy, but it will support ICBs to create locally driven indicative plans to achieve the model approach by the end of May 2025, ensuring these are affordable within the reduced running cost envelope and implemented by the end of Q3 2025/26.

3. BSW ICB Options Appraisal

Since the publication of the Blueprint, BSW ICB has been working closely with regional colleagues, and other ICBs in the South West, to understand how best to achieve the targets that have been set, while ensuring that our population continue to receive excellent health care services. To achieve this, radical and significant change is required.

Early options development work indicated that it would not be viable for BSW to stay as a standalone ICB due to our population size, and we therefore needed to look at options for working as part of a larger footprint.

BSW, Somerset and Dorset ICBs are exploring plans to cluster together. This proposal is still at an early stage and will be subject to national review.

4. Next Steps

We are currently working at pace to develop our plan for the 30 May 2025 deadline. We will do this working with Somerset and Dorset ICBs. Once approved, reshaped ICBs are expected to come together under 'clustering' arrangements from later this year. In preparation, each ICB has been asked to form a transition committee to manage local risks, track progress, and oversee organisational design and the implementation of change processes.

5. Supporting BSW ICB colleagues

A regular cycle of briefings and meetings is underway to support ICB colleagues through the uncertainties of a significant change and transition programme.

Information about the ICB's wellbeing offer and employee assistance programme is signposted in a regular basis and a dedicated intranet-based resource including briefing information, Frequently Asked Questions and recordings of all Q&A sessions led by the Chief Executive Officer is regularly updated.

The People Team are developing a further colleague support offer including workshops to help people navigate change and think about practical considerations such as pensions.

Our All Colleague Away Day is on 5 June 2025. Our Colleague Engagement Group has helped shaped the agenda and format so that there should be something for everyone, including wellbeing support, expert careers advice and the opportunity to network and connect with colleagues, face-to-face.

6. Communications and engagement

Internal communications work has focussed on ensuring colleagues are briefed about new information as quickly as possible, working closely with the People Team to support engagement and outreach.

System partners and stakeholders have been briefed proactively about the implications of the proposals for BSW, and this approach will continue during the transition period. Local media interest is being handled in partnership with Somerset and Dorset ICB ICBs to ensure consistency of message and a joined-up approach.

Comprehensive communications and engagement planning will support the transition timelines and activities once these are clarified.

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

DRAFT Minutes of the BSW Integrated Care Board – Quality and Outcomes Committee

Tuesday 6th May 2025, 14:00 hrs, MS Teams

Members present:

Ade Williams	Non-Executive Director for Quality (Chair)
Suzannah Power	Non-Executive Director for Remuneration and People
Francis Campbell	Primary Medical Services Partner Member – *left meeting at 15:45*
Sue Harriman	Chief Executive Officer
Gordon Muvuti	Executive Director for Place (Swindon) and Primary Care & Mental Health – *left the meeting at 15:25*
Dr Barry Coakley	Deputy Chief Medical Officer, *on behalf of Dr Amanda Webb – left meeting at 16:05*
Sharren Pells	Deputy Chief Nursing Officer, *on behalf of Gill May*

Attending:

Val Scrase	Community Provider

BSW ICB Head of Primary Care POD – *item 7*
BSW ICB Head of Primary Care Delivery – *item 7*
BSW ICB Community Pharmacy Clinical Lead – *item 7*
BSW ICB Head of Health Inequalities and Prevention – *Item 9*
BSW ICB Head of Planning and Performance oversight – *Item 10*

Apologies (members):

Julian Kirby	Non-Executive Director for Public and Community Engagement
Cara Charles-Barks	NHS Trusts & NHS Foundation Trusts Partner Member
Dr Amanda Webb	Chief Medical Officer
Gill May	Chief Nurse
Lucy Townsend	Local Authority Partner Member – Wiltshire

1. Welcome and Apologies

1.1 The Chair welcomed members and officers to the meeting of the BSW Integrated Care Board (ICB) Quality and Outcomes Committee. The above apologies were noted, and the meeting was declared quorate.

1.2 The Chair reminded the Committee about the purpose of the meeting highlighting the responsibility of Commissioners to deliver accessible care and removing barriers to access for BSW's diverse population.

1.3 The Committee noted that meetings held via MS Teams were recorded, with the sole purpose to assist with the production of minutes.

2. Declarations of Interest

2.1 The ICB holds a register of interests for all staff and committee members. None of the interests registered there were deemed to be relevant for the meeting business. There were no other interests declared re items on today's meeting agenda.

3. Minutes of the Quality and Outcomes Committee held on 4th March 2025.

3.1 The Committee reviewed the minutes of its previous meeting and **approved** them as a true and accurate record of the meeting, subject to assurances from absent members.

4. Action Tracker

4.1 There are two open actions on the Quality and Outcomes Committee Action Tracker, updates have been provided prior and the following updates discussed:

Action 27: Mental health access for Children and Young People – On-going

Action 29: Opportunity for system wide approach to dealing with complaints – The Deputy Chief Delivery Officer confirmed that work was starting with providers in early June, with an expected update for the July Committee.

Action 30: AWP Actions Plans: AWP report on agenda. **Closed**

5. Risk Register

5.1 The Committee received an extract from the ICB's risk register, showing risks which relate to the ICB's duties and functions re quality, safety and clinical effectiveness.

5.2 The Committee was asked to note:

- The ICB has moved to a new software system for risk management, which consolidates all the ICBs risks under one register, which can be manipulated to

show risks relevant to an individual committee's remit. The output of the new software is being refined, which will improve the reporting going forward.

5.3 Committee discussion noted:

- The Non-Executive Director for Remuneration and People raised concern about the lack of detail around risk mitigation, emphasising the need for clear information on what the mitigation is to provide assurance that risks are being managed effectively. She also queried how long high-risk scores should remain static and whether there are timelines for moving risks to a lower state.

5.4 The Committee **noted** the report, however they were **not assured** that the risks were being managed effectively due to the lack of mitigation information.

6. Quality and Patient Safety Report

6.1 The Committee **received** and **noted** the Quality and Patient Safety Report.

6.2 The Committee was asked to note:

- The IP&C collaborative continue to drive the IP&C strategy across BSW which is aligned to the Southwest Strategy that all ICBs have adopted. Across BSW the year end position for healthcare associated infections is on target with the exception of Klebsiella, which is slightly under.
- Ambulance handover delays remain an area of focus and scrutiny, particularly within Great Western Hospitals (GWH). There have been incidents in quarter 3 & 4 which required a patient safety incident response. South Western Ambulance Service Trust (SWAST) have full oversight, which is discussed with all providers at the System Quality Group.
- CQC visited Great Western Hospitals on the 8th April for an unannounced inspection of their emergency department in recognition of the ambulance handover delays. The outcome report is awaited.
- The Big A & E survey is currently taking place in BSW with the support of Health Watch to try and understand population behaviours in relation to A & E departments.
- All three maternity providers have declared compliance with the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme for Year 6 and are now working towards compliance for recently launched year 7 standards.
- Salisbury Foundation Trust (SFT) have now exited the national Maternity Safety Support Programme with a sustainability plan in place. SFT have been rated as good in the CQC inspection carried out in September 2024 and published in February 2025.

- Recent ICB/Local Maternity and Neonatal System and regional NHSE colleagues insight visit in March 2025 identified significant improvement in all providers.
- Avon and Wiltshire Mental Health Partnership (AWP) continues to be in Enhanced Oversight. Collaborative work with BNSSG ICB continues to ensure appropriate support and scrutiny.
- CQC have recently published two updated reports; acute wards for adults of working age and community based mental health services. Both have now received Good and the section 29a notice from acute wards has been removed.

6.2 The Committee discussion noted:

- There is no detail around the AWP improvement plan including baseline, timelines, outcomes etc, therefore it is difficult for the Committee to be assured of the improvement being discussed. The Deputy Chief Nurse confirmed that the detailed improvement plans are reviewed at the enhanced oversight quality group and agreed to bring a more in-depth report to the next Quality and Outcomes Committee in July

Action: Deputy Chief Nurse – Bring a detailed update and progress report on AWP to the July Committee.

- The Non-Executive Director for Remuneration and People queried if the Committee would receive an update on the '*ICB Review of Intensive and Assertive Community Treatment for People with Severe Mental Health Problems - Outcome Report*' which was noted at the November 2024 Committee. The Executive Director for Place (Swindon) and Primary Care & Mental Health acknowledged the outstanding actions and confirmed that an update would be coming to a future Committee.

7. Primary Care Deep Dive

7.1 The Executive Director for Place (Swindon) and Primary Care & Mental Health was joined by the Head of Primary Care Delivery, Head of Primary Care POD and the Community Pharmacy Clinical Lead, to update the Committee on Primary Care Services across the BSW System.

7.2 The Committee was asked to note:

- A new Primary Care Delivery Group is being set-up which will have the overall accountability for delivering the Primary Care priorities and will align clinical leadership with local representative committees and health care professionals across all four primary care contractor groups and services.

- There is a mixed picture of access across Primary Care and whilst BSW is not an outlier there are challenges with demand and workforce. Currently the level of data available does not give enough detail as to where the variations are across GP Practices.
- There has been significant progress in the last 12 months in locally commissioned services within Primary Care, quality audits are now being undertaken to ensure the services are on track.
- Approximately 3% of booked primary care appointments are not attended by the public, in February this equated to over 14,350 appointments. A number of projects are in place to reduce this number.
- The national plan for improving access to dental services is difficult, the biggest challenge is the national dental contract and the difficulty in retaining NHS dentists. There is on-going effort to improve access and address health inequalities.
- Significant work is needed around community pharmacy performance and quality to really understand what is happening. Until recently the only data received was activity data i.e. how many items dispensed, how many consultations etc. However, outcomes data is now becoming available, including antimicrobial stewardship dashboards which looks at any outliers and monitors trends.
- Community pharmacy workforce is a big risk and remains a big area of focus, in 2022 BSW had the second highest vacancy rate in England, the latest data shows this has improved by 4%.
- Similar to other primary care services, there are challenges around the national contract, there is a funding contract in place for 2025 but nothing from April 2026 onwards. Risks will need to be considered when more details are known.

7.2 The Committee discussion noted:

- Feedback from the central commissioning hub confirms that in terms of complaints and contacts access is the key priority for people.
- It would be beneficial to reach a point where the system can accurately predict if a practice is experiencing difficulties, allowing for the provision of support before it becomes critical.

7.3 The Committee thanked everyone for their contribution to the Primary Care deep dive and noted that if it is stewarded well, it can really help in addressing other system pressures as well as equity pressures and better outcomes.

7.4 The Committee **noted** the deep dive and were assured about the ambition and the trajectory.

8. EQIA – Planning Submission

8.1 The Committee **received** and **noted** the EQIA produced as part of this year's planning submission. The Committee was advised that the document will be reviewed on a quarterly basis aligned to the planning submission.

9. Population Health Board Update

9.1 The BSW ICB Head of Health Inequalities and Prevention joined the meeting, updating the Committee on the progress and activities of the Population Health Board (PHB) over the last 12 months.

9.2 The Committee was asked to note:

- Reporting over the last year has a followed a thematic cycle, focusing on prevention, health inequalities and population health analytics to enable more in-depth assurance in each area.
- The primary focus of the latest report is the planning round, with the Population Health Board reviewing delivery group contributions to the implementation plan, to ensure prevention, inequalities and outcomes remain central across the system.

9.3 The Committee **received** the Deep Dive, Asthma in Children and Young People. Committee discussion recommended that there would be benefit for a governance process into the three Health and Wellbeing Boards, where deep dive reports and information from the Population Health Board could be shared.

9.4 The Committee:

- Noted progress with the Prevention Strategy and Programme
- Noted progress with the Health Inequalities Strategy and Programme
- Noted the deep dive into Asthma in Children and Young People
- Assured that future planning across the system maintains a focus on inequalities and prevention.

10. Internal Audit Review – Data Quality assurance from providers

10.1 BSW ICB Head of Planning and Performance Oversight joined the meeting to provide the Committee with assurance that data quality processes are in place, and an update on the internal audit actions following the data quality audit.

10.2 The Committee was asked to note:

- The robust processes in place for data validation, from the submission of data to reporting and contractual processes in place to ensure the ICB receives data from providers in the correct format.

- On-going efforts to improve data quality, including monthly forums with system partners to address data quality issues and the use of data quality improvement plans to set clear milestones for improvement.
- It was confirmed that the Five Safes framework is used to ensure safe and secure access to sensitive data.

10.3 The Committee was **assured** there were robust data quality processes in place.

11. System Quality Group Minutes – 22nd January 2025

11.1 The Committee **received** and **noted** the BSW System Quality Group minutes from the 22nd January 2025 meeting.

12. AOB

12.1 There being no other business, the Chair closed the meeting at 16:20.

Next meeting: Tuesday 1st July 2025, 2pm, via MS Teams

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	10a
Date of Meeting:	22 May 2025		

Title of Report:	BSW Quality and Patient Safety Exception Report
Report Author:	Clarisser Cupid, Lead for Patient Safety and Quality
Board / Director Sponsor:	Gill May, Chief Nurse
Appendices:	None

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	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	X
Noting	For noting without the need for discussion	X

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
N/A		

1 Purpose of this paper

The aim of this paper is to update the BSW ICB Board on key quality data and information in relation to:

- Infection Prevention and Control
- Maternity and Neonatal
- Urgent and Emergency Care
- Primary Care

2	Summary of recommendations and any additional actions required

- Involvement in the Centre of Excellence in Water-Based Early-Warning Systems for Health Protection, (CWBE) at the University of Bath – this will develop a public health surveillance system to detect outbreaks of infections by testing water systems for traces of pathogens or other biomarkers at a community level.
- BSW ICB Infection Prevention and Control Lead Nurse invited to be a panel guest at the annual UKHSA South West Health Protection conference.
- Collaboration with regional Patient Safety Specialists to apply PSRIF principles to Infection Prevention and Control reviews.
- NHSE Thresholds 2024/25 - As an ICS, we are under trajectory for E.coli and Pseudomonas blood stream infections (BSI) and on trajectory for C.difficile infections (figures up until Feb 25).
- BSW ICS are in the top performing quarter nationally for MRSA, MSSA, E.Coli, Klebsiella BSI and C.difficile infections.
- BSW ICS are in the 2nd top performing quarter nationally for Pseudomonas BSIs.

Assure

- IP&M collaborative – Terms of reference and membership has been reviewed.
- Continued attendance at the acute hospitals IPC committees and local authority Health Protection Boards.
- Continue to review IPC reports sent in by our contracted providers.
- Nationally, hospital admissions for influenza are decreasing, and are stable for Covid. Winter planning for 2025/26 has commenced with other BSW ICB colleagues, including UEC and EPRR.

Action Plans and Continuous Improvement:

- Relaunched Primary care IPC workshops, with quarterly webinars commencing in April. Guest speakers confirmed from UKHSA and NHS England.
- Two concurrent task and finish groups (C.Difficile task and finish group and Gram negative blood stream infection task and finish group) to tackle the rise in system (and national) rates of these reportable healthcare acquired infections.

Alerts/Risks and Areas of Focus:

- We have supported several concurrent communicable disease incidents in collaboration with our local authority partners and UKHSA colleagues.
- Norovirus activity across the system remains high but has stabilized in recent weeks.
- New UKHSA guidance released for Candidozyma Auris - rapidly emerging fungal pathogen with a global distribution seen mostly within healthcare settings – to be discussed at next IP&M collaborative.

2. UEC-Handover Delays

Area of Focus/Risk:

- Ambulance Handover Improvement: Progress seen in reduced handover and response times, though targets not yet fully met. Category 2 response times improved.
- Ongoing Risks: Despite improvements, ED congestion still impacts system flow.
- Regulatory Oversight: Unannounced CQC inspection (08/04/25) to GWH ED following earlier inspection in March; awaiting full findings.

Assurance:

- Collaborative approach continues across BSW Quality Team, Acute Trusts, SWAST & UEC to improve information sharing and learning.
- Patient Safety Incident reviews feed into Patient Safety Meetings for shared learning and continuous improvement within the Acute Trusts and SWAST.
- All incidents escalated for action and Patient Safety Incident Investigations (PSII) undertaken. Awaiting final reports.
- BSW Integrated Patient Safety and Learning Group will commence on the 12th of May 2025. The learning from these incidents will be shared in this group for systemwide learning and aligns with the BSW Quality Assurance and Improvement Framework.
- Recognising patient experience as a key priority in our QAF, we have partnered with Health Watch to launch 'The Big A&E Survey.' This initiative has already garnered an impressive initial response of 500 participants, demonstrating robust community engagement. The survey will run for three months. The initial feedback so far is positive.
- Collaboration continues with UEC and Quality in the development of the systemwide UEC plan for 2025/26.

3. Maternity and Neonatal

Alerts/Risks and Areas of Focus:

- All three maternity providers have declared compliance with Clinical Negligence Scheme for Trusts Maternity Incentive Scheme for Year 6 and now working towards compliance for recently launched year 7 standards.

Assure:

Segmentation Outcome Framework.

- GWH maternity continue to work on improvement actions related to CQC in Sept 2024.
- SFT have been rated as good in the CQC inspection carried out in September 2024 and published in February 2025.

- Recent ICB/Local Maternity and Neonatal System and regional NHSE colleagues Insight visit in March 2025 identified significant improvements in all providers.

Outcomes Assurance Framework
Stillbirths and Neonatal Deaths

- MBRRACE-UK have recently made available the data on stillbirths and neonatal deaths in 2023 with the national report expected in June 2025. Providers and the LMNS are currently reviewing the data with a plan to present at the BSW Quality and Outcomes meeting.
- BSW stillbirth and neonatal deaths rates are lower than the UK average with stabilised and adjusted rate of 3.10 per 1000 births for stillbirths compared to UK average of 3.22 and neonatal death rate of 1.41 per 1000 births compared to national average of 1.63.

Action Plans and Continuous Improvement:

- Maternity providers continuing improvement work relating to the national Three-Year Delivery Plan for Maternity and Neonatal Services which incorporates national report recommendations (including Ockenden and East Kent reports).

4. Primary Care

- A total of 18 LFPSEs were reported in 2024-25 across 13 BSW GP practices. The Learn from Patient Safety Events service is a national NHS system for the recording and analysis of patient safety events that occur in healthcare.

3	Legal/regulatory implications
N/A	

4	Risks
All known risks monitored and managed through the N&Q risk register. Risks above 15 are escalated to the ICB corporate risk register.	

5	Quality and resources impact
Please outline any impact on Quality, Patient Experience and Safeguarding: This paper provides the current quality and safety information by exception. This report is to note 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	

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

7	Communications and Engagement Considerations
N/A	

8	Statement on confidentiality of report
This report can be shared in public.	

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

Quality and Patient Safety Exception Report to:

BSW ICB May 2025

Infection Prevention and Management

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

Achievements:

- Involvement in the Centre of Excellence in Water-Based Early-Warning Systems for Health Protection, (CWBE) at the University of Bath – this will develop a public health surveillance system to detect outbreaks of infections by testing water systems for traces of pathogens or other biomarkers at a community level.
- BSW ICB Infection Prevention and Control Lead Nurse invited to be a panel guest at the annual UKHSA South West Health Protection conference.
- Collaborating with regional Patient Safety Specialists to apply PSRIF principles to Infection Prevention and Control reviews.
- NHSE Thresholds 2024/25 - As an ICS, on track to be under trajectory for E.coli and Pseudomonas blood stream infections (BSI) and on trajectory for C.difficile infections (figures up until Feb 25).
- BSW ICS are in the top performing quarter nationally for MRSA, MSSA, E.Coli, Klebsiella BSI and C.difficile infections.
- BSW ICS are in the 2nd top performing quarter nationally for Pseudomonas BSIs.

Assure

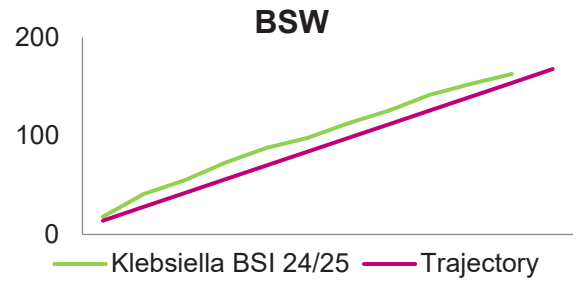
- IP&M collaborative – TOR and membership has been reviewed and continues to oversee implementation of system strategy
- Continue to review IPC surveillance / achievements / risks as part of contractual monitoring and oversight
- Nationally, hospital admissions for influenza are decreasing, and are stable for Covid. Winter planning for 2025/26 has commenced with other BSW ICB colleagues, including UEC and EPRR.

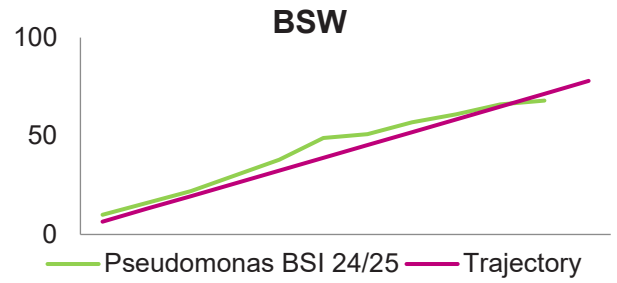
Action Plans and Continuous Improvement:

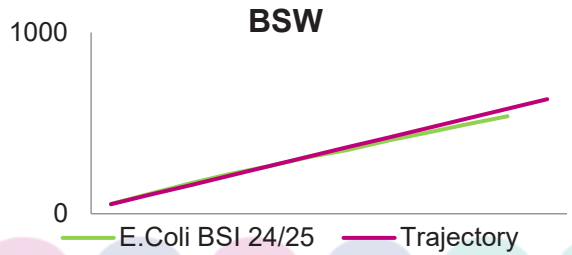
- Relaunched Primary care IPC workshops, with quarterly webinars commencing in April. Guest speakers confirmed from UKHSA and NHS England.
- Two concurrent task and finish groups (C.difficile task and finish group and Gram negative blood stream infection task and finish group) to tackle the small rise in system (and national) rates of these reportable healthcare acquired infections.

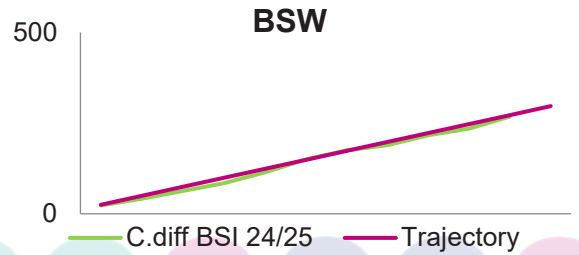
Alerts/Risks and Areas of Focus:

- We have supported a number of concurrent communicable disease incidents in collaboration with our local authority partners and UKHSA colleagues.
- Norovirus activity across the system remains high but has stabilised in recent weeks.
- New UKHSA guidance released for Candidozyma Auris - rapidly emerging fungal pathogen with a global distribution seen mostly within healthcare settings – to be discussed at next IP&M collaborative.









UEC – Handover Delays

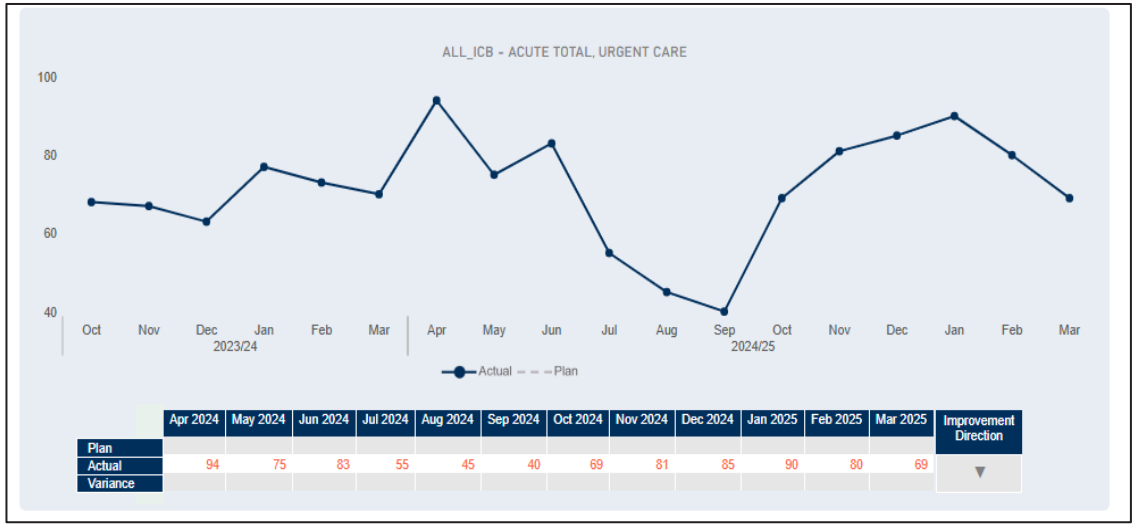
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Area of Focus/Risk:

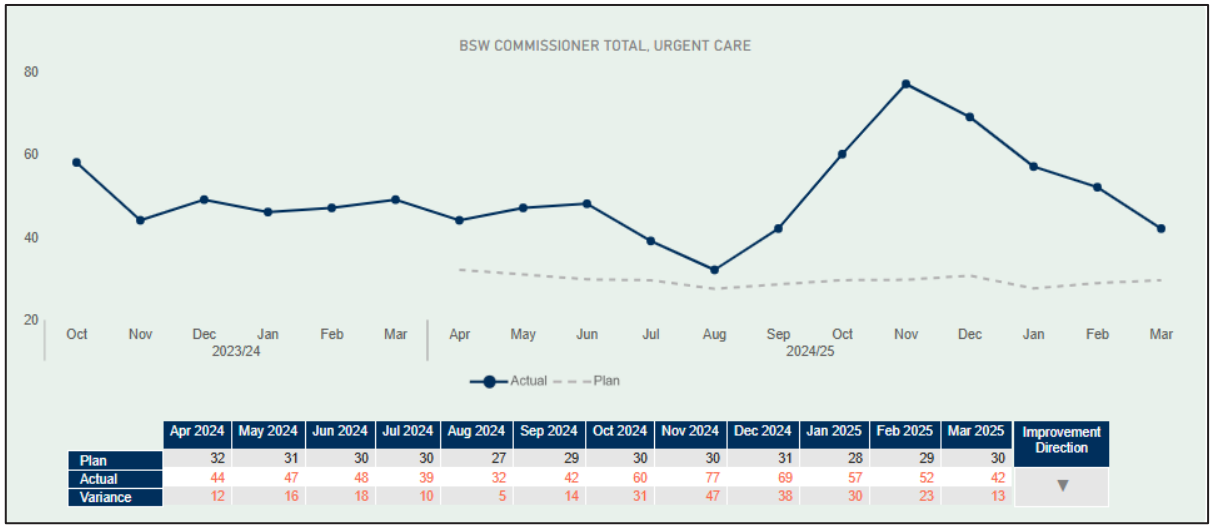
- Ambulance Handover Improvement: Progress seen in reduced handover and response times, though targets not yet fully met. Category 2 response times improved.
- Ongoing Risks: Despite improvements, ED congestion still impacts system flow
- Regulatory Oversight: Unannounced CQC inspection (08/04/25) to GWH ED following earlier inspection in March; awaiting full findings.

Assurance:

- Collaborative approach continues across BSW Quality Team, Acute Trusts, SWAST & UEC to improve information sharing and learning.
- Patient Safety Incident reviews feed into Patient Safety Meetings for shared learning and continuous improvement within the Acute Trusts and SWAST.
- All incidents escalated for action and Patient Safety Incident Investigations (PSII) undertaken where appropriate. All PSII's to be shared through the system learning and improvement group and aligns with the BSW Quality Assurance and Improvement Framework (QAF).
- Recognising patient experience as a key priority in our QAF, we have partnered with Health Watch to launch 'The Big A&E Survey.' This initiative has already garnered an impressive initial response of 500 participants, demonstrating robust community engagement. The survey will run for three months. The initial feedback so far is positive.
- Collaboration continues with UEC and Quality in the development of the systemwide UEC plan for 2025/26.



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan													
Actual	94	75	83	55	45	40	69	81	85	90	80	69	▼
Variance													



	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Improvement Direction
Plan	32	31	30	30	27	29	30	30	31	28	29	30	
Actual	44	47	48	39	32	42	60	77	69	57	52	42	▼
Variance	12	16	18	10	5	14	31	47	38	30	23	13	

Ambulance handover delays >15 mins for all acutes

Ambulance average response time (mins) Category 2 incidents

Maternity and Neonatal

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

Alerts/Risks and Areas of Focus:

All three maternity providers have declared compliance with Clinical Negligence Scheme for Trusts Maternity Incentive Scheme for Year 6 and now working towards compliance for recently launched year 7 standards.

Maternity and Neonatal Voice Partnerships (service user representatives) are pivotal, integrated strategic partners co-producing service developments. There is a risk to the involvement of MNVP due to pause to planned recruitment plans for their employment with ICB due to national reorganisation.

Action Plans and Continuous Improvement:

Maternity providers continuing improvement work relating to the national Three-Year Delivery Plan for Maternity and Neonatal Services which incorporates national report recommendations (including Ockenden and East Kent reports).

Assure:

Segmentation Outcome Framework

- GWH maternity continue to work on improvement actions related to CQC in Sept 2024.
- BSW ICB/LMNS and NHSE regional leads. SFT have been rated as good in the CQC inspection carried out in September 2024 and published in February 2025.
- Recent ICB/Local Maternity and Neonatal System and regional NHSE colleagues Insight visit in March 2025 identified significant improvements in all providers.

Outcomes Assurance Framework

Stillbirths and Neonatal Deaths

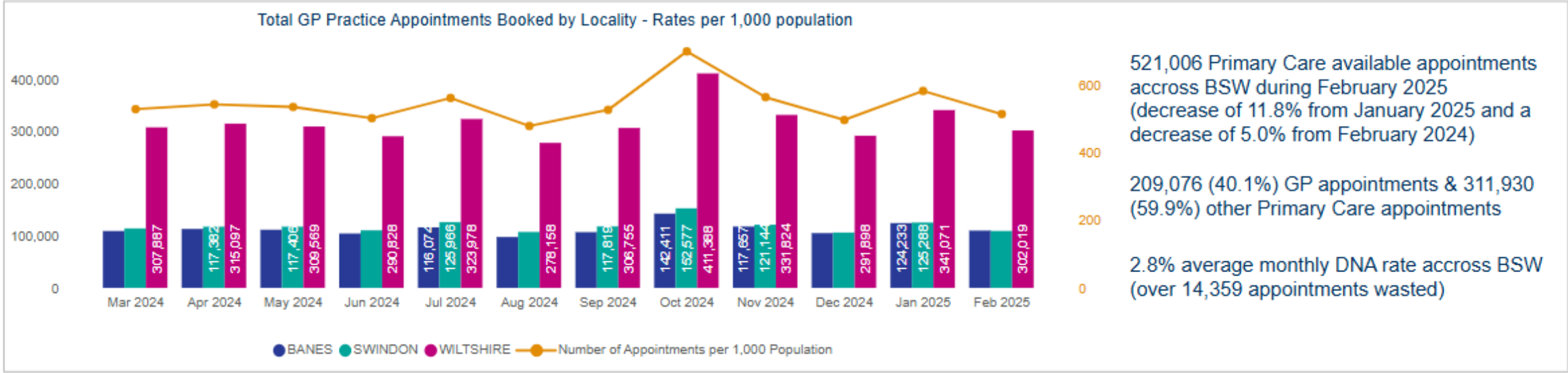
- MBRRACE-UK have recently made available the data on stillbirths and neonatal deaths in 2023 with the national report expected in June 2025. Providers and the LMNS are currently reviewing the data with a plan to present at a future meeting.
- Initial data for BSW stillbirth and neonatal deaths rates for 2023 (data released 2025) are lower than the UK average with stabilised and adjusted rate of 3.10 per 1000 births for stillbirths compared to UK average of 3.22 and neonatal death rate of 1.41 per 1000 births compared to national average of 1.63. More details expected in June once the full MBRRACE Confidential Enquiry report is published.

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

Primary Care

Current GP Appointment Data (Feb 25)

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

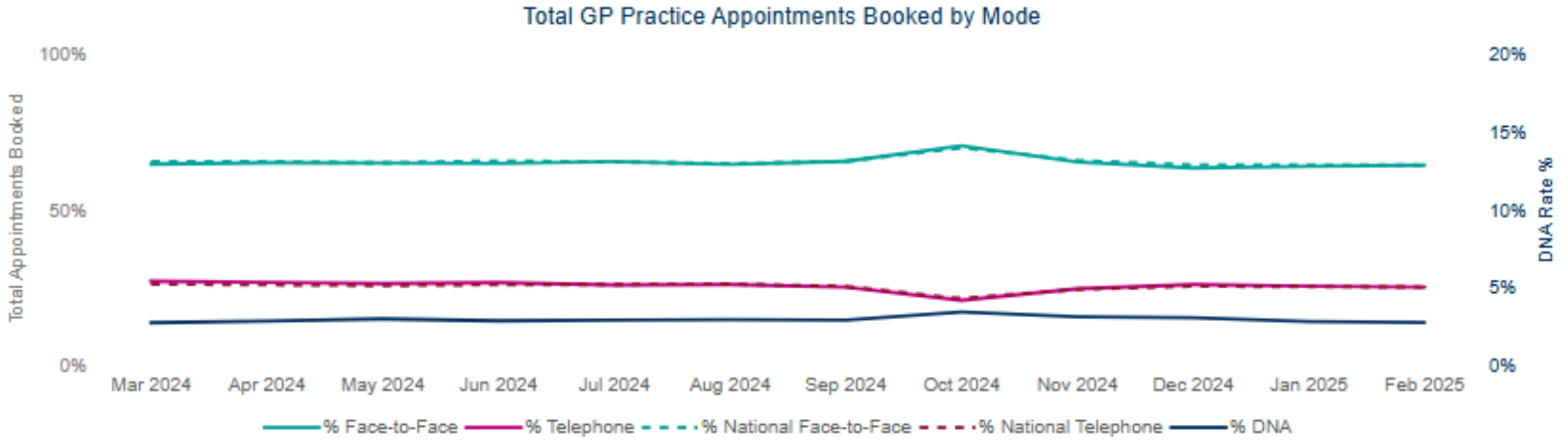


521,006 Primary Care available appointments accross BSW during February 2025 (decrease of 11.8% from January 2025 and a decrease of 5.0% from February 2024)

209,076 (40.1%) GP appointments & 311,930 (59.9%) other Primary Care appointments

2.8% average monthly DNA rate accross BSW (over 14,359 appointments wasted)

In February, 64.3% appointments were 'Face to Face' in BSW (lower than the National average of 67.4%) and 25.1% Telephone appointments (lower than the National average of 25.6%



Data Last Refreshed: 07/04/2025 06:05

Data Source: NHS Digital

Latest Revision: v1.20 01/08/2024

Community Pharmacy Assurance Framework (CPAF) Operational Plan 2024/25

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

The CPAF is a toolkit to assess compliance and quality under the Community Pharmacy Contractual Framework. Completion is a requirement under the contractor's terms of service. There are two parts to the CPAF:

Part 1 – A survey of 10 questions to be completed by all contractors. Contractors self-declare for each question the level they are operating. The expectation is that level 1 and 2 are attained, contractors who score level 3 are demonstrating exemplary practice.
Part 2 – A full survey of 103 questions, many requiring multiple responses with sub-questions. The SW CCH team assess which contractors undertake the second part of the process using criteria provided as part of the national process and using local intelligence gained from the primary care contracts team, QPE team, controlled drugs team, and the seven ICB systems. From the results of this analysis a selection of contractors are chosen to have a CPAF visit.

Summary of the 2024/25 CPAF:

Of the 109 contractors selected to complete the full survey, four were exempt (two market exits and two change of ownership).
Of the remaining 105, 103 responses were received. These have been assessed against set criteria (detailed above in Part 2) to determine which would require a visit.
A total of 29 contractors are proposed to be visited across the SW region for 2024/25, **six in BSW**. Visits are planned to take place between February and April 2025, either F2F or virtually. The decision on whether a contractor will have a face-to-face visit will be based on a risk approach.

The CPAF visits will be led by the Central Commissioning Hub (CCH) pharmacy team with support from the CCH Quality team where required to provide quality and safeguarding expertise. The SW CCH Quality team will continue to work closely with the SW CCH pharmacy team to monitor and share intelligence relating to ICB pharmacy services.

Optometry Data Summary

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

The following table contains high level activity data presented at ICB level covering NHS eyesight tests (GOS1) and NHS domiciliary eyesight tests (GOS6). This activity information is for September to December 2024 compared to the same period in 2023. Please be aware that due to the national position, domiciliary visits are recorded against the host ICB for the relevant domiciliary provider

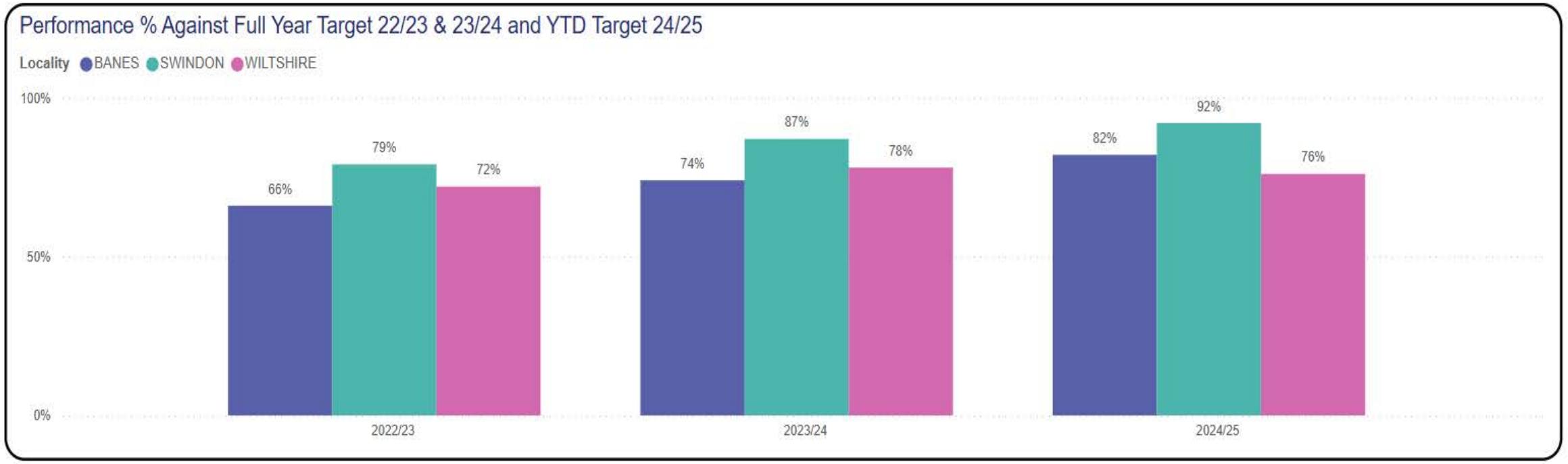
GOS1 Sept-Dec 2023	GOS1 Sept-Dec 2024	GOS6 Sept-Dec 2023	GOS6 Sept-Dec 2024
73,755	74,380	44,529	39,327

*BSW is the home ICB for a domiciliary provider with contracts across England therefore this activity reflects all sight tests delivered not just those in BSW

Quality in Optometry (QiO): Quality in Optometry is a clinical governance toolkit providing assurance regarding the delivery of Community Optometry services. This toolkit is processed over a 3-year period.

Dental Performance by locality

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



Reducing trend of tooth extractions in an acute setting for children aged under 10.

Increasing percentage of the adult population seeing an NHS dentist over a 24-month rolling period

Increasing percentage of the child population seeing an NHS dentist over a 12-month rolling period

Quality in Primary Care- Patient Safety

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

Learn From Patient Safety Events (LFPSE)

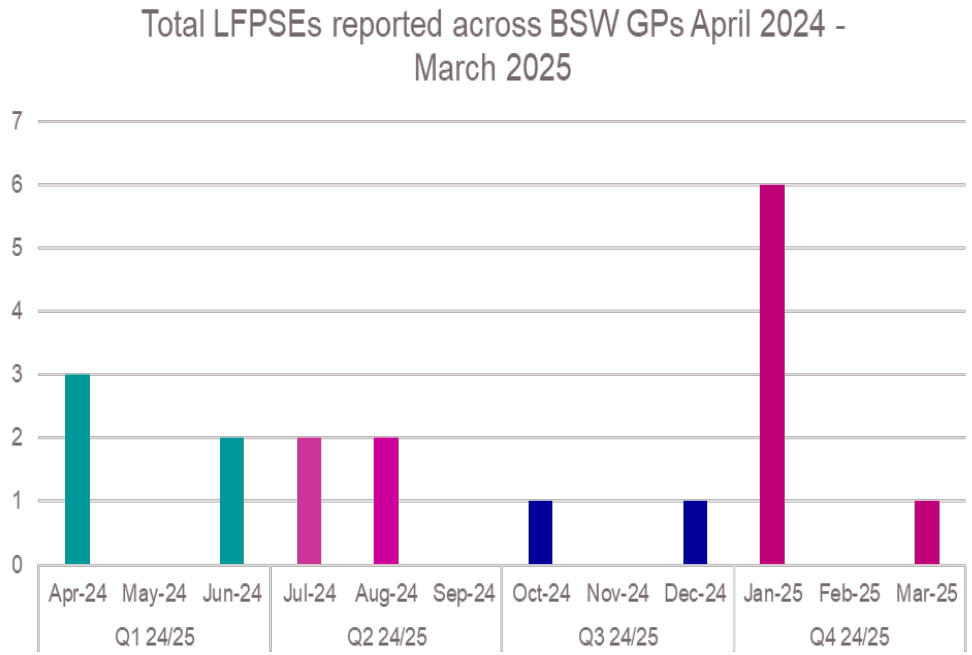
The Learn from Patient Safety Events service is a national NHS system for the recording and analysis of patient safety events that occur in healthcare. The service introduces a range of innovations to support the NHS to improve learning from the over 2.5 million patient safety events recorded each year, to help make care safer.

A total of 18 LFPSEs were reported in 2024-25 across 13 BSW GP practices.

Medication errors were the highest reported incident theme for 24/25, accounting for 12 out of 18 reported LFPSEs. Additional themes were noted as missed diagnosis and incorrect signposting to other services. The learning from these incidents is fedback via PCOG's and the medications management team.

Themes of recommendations include;
- Update of SOPs/Processes including second checks
- Encouraging the use of Ardens

Reporting of events to LFPSEs in Primary Care remains low, however education continues to promote and encourage the use of the system throughout 2025/26. The GP and Pharmacy contracts now includes: ''The contractor must register for and maintain an administrator account with the learn from patient safety events (LFPSE) service''. The Quality team will continue to support new contractors to use the LFPSE system.



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

Minutes of the BSW Integrated Care Board – Finance and Infrastructure Committee Meeting

2 April 2025, 09:00hrs via MS Teams

Members present:

Julian Kirby	Interim Finance Committee Chair - BSW ICB Non-Executive Director for Public and Community Engagement
Ade Williams	BSW ICB Non-Executive Director for Quality
Rachael Backler	BSW ICB Chief Delivery Officer
Sam Mowbray	Partner Member of the Board Local Authority Partner Member
Simon Wade	Chief Finance Officer, NHS Trusts and NHS Foundation Trusts (acutes)

Attending:

BSW ICB Deputy Chief Finance Officer
BSW ICB Assistant Corporate Secretary *(minutes)*

Paul Fox	Observer – designate NED Finance

Apologies:

Claire Feehily	BSW ICB Non-Executive Director for Audit
Laura Ambler	BSW ICB Executive Director of Place (BaNES) & LDAND, CYP
Gary Heneage	BSW ICB Chief Finance Officer
Amanda Webb	BSW ICB Chief Medical Officer
Sue Harriman	BSW ICB Chief Executive
Stephanie Elsy	BSW ICB Chair

1. Welcome and Apologies

1.1. The Chair welcomed members and officers to the meeting of the BSW Integrated Care Board (ICB) Finance and Infrastructure Committee and noted apologies.

1.2. The meeting was declared quorate

2. Declarations of Interest

2.1. The ICB holds a register of interests for all staff and Board members, no declarations were noted prior or during the meeting.

3. Minutes from the meeting held on 5 March 2025

3.1. The minutes of the meeting held on 5 March 2025 were **approved** as an accurate record.

4. Finance and Infrastructure Committee Action Tracker and matters arising

4.1. There were no outstanding actions on the Committee action tracker.

5. Recovery Board and Financial Recovery Progress

5.1 The Committee **received** the Recovery Board and Financial Recovery progress providing an overview of the M11 position for the system for finance, workforce and activity in UEC and Elective. At Month 11 there is a small adverse variance to plan driven by UEC pressures and slippage against CIP schemes.

5.2 The Recovery Board discussed the 2025-26 plans and the key challenges which remain broadly similar to last year. In particular discussion focused on elective and non-elective care transformation and how to turn high level plans into detailed implementation plans. All partners are clear as to their contribution and everyone is confident of achieving the targets.

5.3 £15m has been received from NHS England to enable the system to get to a breakeven position. The requirement to repay deficits has disappeared, meaning BSW will start 2025-26 in the position where we are not going to be subject to the risk of having to recover historic deficits.

5.4 Although there may be a potential cap on elective recovery funding (ERF) the available funding for 2025-26 looks to be largely in line with what BSW delivered this year.

5.5 Deficit funding for 2025-26 has been agreed at £23m, a reduction from the £30m available in 2024-25.

5.6 The Committee **noted** the update provided.

6. BSW ICB and System Revenue Positions 2024/25

6a. BSW ICB Position at Month 11

6a.1 The Committee **received** and **noted** the paper for the ICB Position at Month 11, the ICB has maintained its forecast and is recognising an expected £8.4m surplus. Full funding for the additional roles' reimbursement scheme supporting Primary Care has been received alongside the anticipated funding from the elective recovery scheme. This funding has de-risked the ICBs financial position.

6a.2 There has been a delay in the national rollout of the replacement finance system, which is now expected to happen on the 1st October 2025; the transition plans and training arrangements remain unknown.

6a.3 The ICB has met the mental health investment standard.

6b. BSW ICS Position at Month 11

6b.1 The Committee **received** and **noted** the paper for the ICB Position at Month 11, which was covered during item 5.

6c. NHS BSW Capital Programme –2025/26 Draft Plan Submission

6c.1 The Committee **received** and **noted** the paper for the NHS BSW Capital programme. There is slippage on National Programme funded schemes, however there is reasonable confidence that all the capital will be spent or allocated.

7. BSW Investment Panel Update

7.1 The Committee **received** and **noted** that the BSW Investment Panel in April was stood down as no investment cases required review.

8. 2025/26 Planning Update

8.1 The BSW 2025/26 Operating Plan Full submission was **received** and **noted** by the Committee.

8.2 The Committee received confirmation that the plan went to the extraordinary BSW ICB Board last week and was submitted to NHS England. The plan will now be subject to check and challenge by NHS England, where there are two main areas of concern:

- The System is not meetings the referral to treatment target for a 5% improvement in performance. This is primarily driven by the performance at RUH, where the elective recovery funding built into the plan is not enough due to the growth in the size of the RTT waiting list for them to deliver the improvement. Ongoing work with RUH is taking place to make sure that all potential ways of meeting that improvement have been considered.
- The importance of the detailed implementation plan to deliver demand reduction in the emergency department, reduction of length of stay in hospitals, and improvement in the non-criteria to reside position. There is on-going work in different forums to develop the detailed implementation plan, which was not required for submission, but will be essential for delivery.

8.3 The Committee noted the £120m efficiency savings required for the 2025/26 plan, with £18m currently unidentified. £50m of the efficiency savings will come from pay across the system, although to note this is before the latest Government announcements around ICBs, so this may change. These savings are phased equally across the year, with changes to whole time equivalents reflected in the plans. The Committee were advised of the on-going work to triangulate activity,

workforce and money. The pay triangulations and savings are fairly aligned, but the activity aspects are still being worked through.

8.4 There is a potential risk that issues may surface in the first few months of reporting which will reflect on how well the system is mobilising the delivery of schemes. An additional piece of work for all organisations will look at run rates during the first quarter to get more detail as part of the on-going assurance process.

9. Finance Risk Register

9.1 The Committee received a verbal update on the two financial risks that are included in the Corporate Risk Register, Capital adequacy and efficiency and Delivery of balanced plan. The Committee discussed revisiting the ICB risk in light of the recent government announcements and looking at the local financial risks at a future meeting.

9.2 The Committee discussed the need to reflect the current phase of transition into the risk register, acknowledging the challenges and uncertainties while maintaining focus on current responsibilities and priorities.

9.2 The Committee **noted** the verbal update.

10. BSW ICB Finance and Infrastructure Committee Forward Planner (taken as item 10)

10.1 The forward planner included within the pack detailed the upcoming agenda items until March 2026.

10.2 The Committee acknowledged the importance of continuing with the forward planner, amidst the current uncertainties and adjusting the planner as new information is received.

11. Any Other Business

11.1 No other business was raised prior or during the meeting.

11.2 The Chair closed the meeting at 10:50 hrs

Next meeting of the BSW ICB Finance and Infrastructure Committee:
Wednesday 7 May 2025, 09:00-11:30hrs via MS Teams

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

DRAFT Minutes of the BSW Integrated Care Board – Finance and Infrastructure Committee Meeting

7 May 2025, 09:00hrs via MS Teams

Members present:

Paul Fox	Chair – BSW ICB Non-Executive Director for Finance
Julian Kirby	BSW ICB Non-Executive Director for Public and Community Engagement
Gary Heneage	BSW ICB Chief Finance Officer
Amanda Webb	BSW ICB Chief Medical Officer
Ade Williams	BSW ICB Non-Executive Director for Quality
Laura Ambler	BSW ICB Executive Director of Place (BaNES) & LDAND, CYP
Sam Mowbray	Local Authority Partner Member of the Board

Attending:

BSW ICB Deputy Chief Finance Officer
BSW ICB Assistant Corporate Secretary *(minutes)*
BSW ICB Chief People Officer
BSW ICB Head of Planning and Performance Oversight - for item 7
GWH Director of Finance

Apologies:

Rachael Backler	BSW ICB Chief Delivery Officer
Sue Harriman	BSW ICB Chief Executive
Stephanie Elsy	BSW ICB Chair

1. Welcome and Apologies

1.1. The Chair welcomed members and officers to the meeting of the BSW Integrated Care Board (ICB) Finance and Infrastructure Committee.

1.2. The above apologies were noted, the Chair noted that the meeting was quorate.

1.3. The meeting would be recorded to support the production of the minutes, the recording would be deleted in line with policy.

2. Declarations of Interest

2.1 The ICB holds a register of interests for all staff and Board members. No declarations were noted prior or during the meeting.

3. Minutes from the meeting held on 2 April 2025

3.1 The minutes of the meeting held on 2 April 2025 were **approved** as an accurate record.

4. Action Tracker and Matters Arising

4.1 There were no outstanding actions on the Committee Action Tracker.

4.2 There were no further matters arising.

5. BSW ICB and System Revenue Positions 2024/25

5a. BSW ICB Position at Month 12

5a.1 The Committee **received** and **noted** the paper for the ICB Position at Month 12. The committee noted that the ICB had delivered a surplus as part of an agreed approach with wider NHS system partners, meeting statutory finance performance metrics. As part of position, there is a transitional funding arrangement in place across the system and the Committee supported not enforcing the criteria due to additional NHSE in-year funding and the operational pressures in the system to maintain safe services. The report shows more changes between month 11 and month 12 than expected, driven by some funding received at month 12.

5a.2 It is noted that there is no financial provision for the 50% announcement that has been made (reduction in running costs and programme staffing costs), this may need to be in the post balance sheet. Overspending against cash through the year resulted in an underspend against cash limit driven by late allocations in month 12.

5a.3 The committee discussion queried the meeting attendance from members and their input, the committee were assured all attendance and membership ensures a wider check and challenge and gains further assurance on how the BSW ICB will deliver the plan for 2025/26 and beyond noting the challenging operational metrics to be delivered, expected to be a challenging year ahead.

5a.4 Further discussion highlighted whether any current reports would be subject to auditing and therefore change. The committee was assured that there was no further expected changes to the current output reports following any audits, the next meeting of the Audit Committee will sit on 13 June 2025. The reports display a variable element of the acute contract on planned care and linked to ERF and paid on activity basis. Set activity targets for ED and non-elective currently over performed on areas where there is not additional funding for these activities, challenges across system on transitional funding.

5b. BSW ICS Position at Month 12

5b.1 The BSW ICS Position is included within the performance report (item 7), the committee were advised we would deliver as a system despite some deficits in RUH and SFT, as we have met the NHSE requirement to breakeven as a system.

5b.2 The Committee **noted** the ICS position report.

5c. NHS BSW Capital Programme

5c.1 The Committee **received** and **noted** the paper for the NHS BSW Capital Programme report for 2024/25 which shows an over delivering on capital. Previous months show flagging on a challenge on delivering spend and ensuring capital is not lost to the system, and this has flowed through in the reporting and is scrutinised by region.

5c.2 In terms of 2025/26, notionally allocated £40m capital for community diagnostic centres (CDC), original submission was £2m and the revised submission is £32 mil capital to be worked through and the assumption agreed with region that the depreciation and other revenue associated with those capital builds will now be funded centrally. Plans would include the expansion of CDC at Swindon and Bath, and a centre at Chippenham or Trowbridge.

5c.3 The Committee queried the assurance of central funding available; the committee was assured that this will be confirmed as part of business cases approvals. The Electronic Patient Record Programme is confirmed as part of national programme funding.

6. BSW Recovery Board

6.1 The Committee **received** and **noted** the paper for the BSW Recovery Board, as based on month 12. An Extraordinary Recovery Board meeting is to be held on Friday 9 May 2025, following a challenging plan and to address the key operational challenges which will be reported back to the June Committee meeting. These challenges include:

- Detailed Urgent and Emergency Care (UEC) delivery plan by locality, demand management schemes have been put in place
- The result of a deep dive completed by the Recovery Director and NHSE on all four organisations and their efficiency plans.
- Looking forward to the end of quarter 1 and the delay in implementation of some plans and the Q1 gap as a system and recovery actions to address the gap.
- Enhancing the delivery groups and governance around the delivery groups and is an ongoing challenge.

6.3 The committee noted a discussion regarding the Recovery Board attendees, confirmed as members from all three providers, ICB, HCRG and AWP, DoFs, Chief Executives and Managing Directors. The noted change in the structure of delivery groups has meant more accountability into Recovery Board and will continue to be a standing item on the Committee. With enhanced reporting expected from Q1 to include the Recovery Board and finances, will have a further focus on lead indicators and looking ahead for the three months.

6.4 The discussion further noted because of M1 in escalation there is a reduction in confidence for the acutes to meet the expected targets because of higher activity, and delivery expectations creating a challenging base. The acutes are working

collaboratively to continue to improve the position to meet expected targets. The Committee discussion noted that there is a difficulty in controlling demand into the acutes and ensuring safe service access, working with community provider to review the demand. Work together with all the partners to look at how we use resources and improve outcomes which includes the development of the UEC plan at a detailed level of granularity including better care fund and Section 75 looking at prevention and what schemes do with looking at flow.

6.5 The Committee was presented with slides demonstrating how the attendances to ED are made up including avoidable attendances from GP practices such as frequent attends and wound care noting how critical it is to drive demand away from ED. Primary Care reporting is part of the agreed governance structure which additionally flows through Recovery Board to provide assurance. It is noted that this is the first time having granular level of detail around plans in terms of ED avoidance. There is a shared system plan, all providers had to help create the plan and has been shared across Primary Care Networks (PCNs) and had their direct input. Including an analysis of demand profiles, we saw an increase particularly in children and young people attendances at ED.

6.6 The Committee noted that there were going to be changes within the ICBs during the year and queried if any plans would be disrupted. The committee were assured that substantive changes were not expected until quarter three. There is expected challenge as we go through what is a significant change process but the aim is to continue to deliver the plan. With a focus on delivery and robust programme management to be put in and will be escalated as appropriate including contingency planning.

ACTION – Gary Heneage - Chair (Paul Fox) to be provided with a one page on structure and how the reporting process works

7. 2025/2026 Planning Update

7.1 The Committee **received** and **noted** the paper for the 2025/26 Planning Update noting the discussion during item 6, the Committee was joined by the BSW ICB Head of Planning and Performance Oversight and highlighted:

- There was a resubmission the 30 April 2025 following our full submission on the 27 March 2025. This had been worked through with RUH around their referral to treatment (RTT) position, this is now resolved and so we are now achieving our RTT plan.
- The percentage of patients waiting under 18 weeks therefore hitting our target of 63.9%
- There was no improvement with the diagnostic position, therefore not achieving the 5% target. There remains progress and currently at 8.6% with the RUH meeting their diagnostic target, GWH and SFT have not met the target.
- The Cancer target is being met and from a performance perspective there is a positive plan despite a risk in delivery of plan and a focus to work through detailed plans with explicit KPIs to monitor and track.
- There is an increased focus in Elective Care Board around productivity metrics.

- An ED Avoidance focus is looking at schemes to reach target of 15000 attendances and reduce the growth which is impacting the 4-hour target.

8. BSW Investment Panel Update

8.1 The Investment Panel had not met since March; no investments had been recently put forward for review, the Committee **noted** the BSW Investment Panel Update.

9. Finance Risk Register

9.1 The ICB's risk register records financial risks. Risks that score 15 and above come to ICB Finance and Infrastructure Committee. Previously, the Committee considered the risks re availability / sufficiency of capital, and re the ICB's and the system's ability to meet break-even. Noted that the ICB has begun to use a new risk recording system and is working on configuring the format and content of the reports that the system generates for Committee scrutiny .

9.2 A risk re cash management previously had a risk score of six however has been re-scored to twelve which remains below the threshold for bringing the risk to the Committee's attention.

9.3 The Committee **noted** the update provided.

10. BSW ICB Finance and Infrastructure Committee Forward Planner

10.1 The Committee **received** and **noted** the paper for the Finance and Infrastructure Committee Forward Planner. The planner will be reviewed to ensure accurately updated with forthcoming items. The 3-year medium term plan (MTP) is due for Sept Meeting and there will be a process update in the July meeting.

ACTION – Ensure forward planner is updated for the year
ACTION – Move June meeting to 13 June 2025
ACTION – Gary Heneage/Matthew Hawkins - Report at the start and during of the process to create the plan for the MTP - to be created on back of guidance

10.2 The Committee **noted** the forward planner.

11. Any other business

11.1 No other business raised

11.2 The meeting closed at 10:14hrs

Next meeting of the BSW ICB Finance and Infrastructure Committee:
Friday 13 June 2025 via MS Teams

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11ai
Date of Meeting:	22 May 2025		

Title of Report:	BSW ICB and NHS Integrated Care System Revenue Position – 2024-25 Month 12
Report Author:	Michael Walker, Head of Financial Accounting - Reporting
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer
Appendices:	Month 12 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

1	Purpose of this paper

The purpose of the paper is to provide an update on the financial outturn of BSW Integrated Care System (ICS) at Month 12.

At Month 12 the system has reported a full-year break-even position. This position is after the application of support funding received in the period. During Month 12, the system delivered a financial position consistent with its revised outturn trajectory.

The reported position by organisation is:

- GWH £1.4m Surplus
- RUH £4.2m Deficit
- SFT £5.5m Deficit
- ICB £8.4m Surplus
- Consolidated ICS Position is breakeven

Please note that the stated figures are subject to external audit review and therefore may change.

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
Where a system does not deliver a breakeven position, then there is a risk that deficits will need to be repaid in a future financial period. This would result in an increase in the future efficiency requirements. Non delivery will also lead to regulatory qualifications. Deficits may mean that NHS providers will need to request additional cash support from NHSE which will lead to additional PDC charges.	

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

Month 12 (March)

Executive Summary

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

- The system financial position at M12 is breakeven (£0.0m variance).
- This position is after the recognition of the pro-rata share of £30m deficit funding and additional funding received in Month 11, £15m.
- Overall ICB year to date performance on ERF is 125.2% compared to stretch plan of 117%. Reported performance equates to c. £46.3m above target.
- Productivity continues to be above national levels.
- Please note that the stated figures are subject to external audit review and therefore may change.

Key issues for escalation

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

Alert, Assure, Advise	
Alert	• M12 YTD draft position reported as breakeven. This is after the application of both £30m deficit funding and an additional £15m of support funding. • The reported financial outturn reflects a consistent position with the previously reported trajectory. • There remain key cost drivers, including UEC pressures, non pay and slippage against efficiency schemes. • NCTR/Escalation continues to impact financial position. • An additional £1m was required for RUH to hit the year end position. • There are ongoing discussions re spec comm ERF (RUH and SFT).
Assure	• System FY forecast outturn of breakeven (Draft reporting). • The forecast for ERF has also been adjusted to reflect the ceiling and CUF adjustments, £87.5m.
Advise	• All outstanding allocations have been received from NHS England in the financial period. • £25.4m of ERF funding was received in Month 11.

ICS revised in year financial trajectories

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

	GWH				RUH				SFT				ICB				System			
	Trajectory	Actual	Variance	RAG	Trajectory	Actual	Variance	RAG	Trajectory	Actual	Variance	RAG	Trajectory	Actual	Variance	RAG	Trajectory	Actual	Variance	RAG
Financial Position (£m)*	1.4	1.4	0.0		(4.2)	(4.2)	0.0		(5.5)	(5.5)	0.0		8.4	8.4	0.0		0.0	0.0	0.0	

Month 12 Adjusted YTD financial trajectory vs Actual:

- The system is reporting a break-even position vs the revised trajectory.

The financial outturn by organisation is:

- GWH £1.4m surplus
- RUH £(4.2)m deficit
- SFT £(5.5)m deficit
- ICB £8.4m surplus

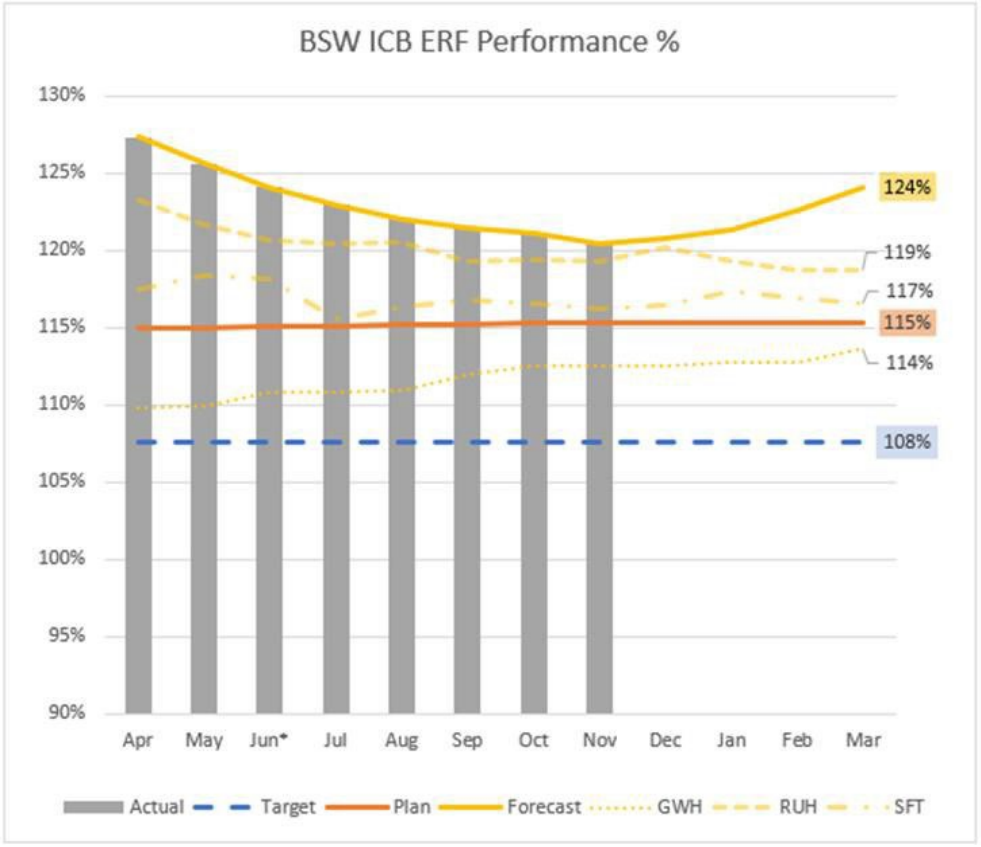
*Forecasts represent the anticipated outturn after the application of £15m ICS deficit support funding (breakeven).

RAG Ratings	
RED	Over 15% deviation against YTD plan
AMBER	Between 5-15% deviation against YTD plan
GREEN	Between 0-5% deviation against YTD plan

ERF is making a significant contribution to our position as we are over-delivering against our target

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

Elective Recovery Fund (BSWICB) - Month 11	Year to date £m				Annual £m			
	Baseline (100%)	Actual	ERF income year to date	%	Baseline (100%)	Forecast	Income above baseline	%
GWH	69.2	78.1	8.8	112.8%	75.5	85.8	10.3	113.6%
RUH	62.2	73.9	11.7	118.7%	68.5	81.3	12.8	118.8%
SFT	40.4	47.2	6.8	117.0%	44.2	51.6	7.3	116.6%
Inter	22.4	24.7	2.3	110.4%	24.6	27.2	2.6	110.4%
Independent	45.9	63.1	17.2	137.6%	50.4	71.4	21.0	141.8%
A&G BSW system	-	7.4	7.4	-	-	9.3	9.3	-
CDC Income	-	0.9	0.9	-	-	1.0	1.0	-
Total	**240.1**	**295.3**	**55.2**	**123.0%**	**263.2**	**327.6**	**64.4**	**124.5%**
Target	**258.3**	**107.6%**			**283.2**	**107.6%**		
Income above target	**37.1**	**14.4%**			**44.4**	**15.7%**		



- Overall ICB year to date performance is 125.2% compared to stretch plan of 117%. This equates to additional ERF income of c. £46.3m above target
- Performance data includes catchup funding for advice & guidence due to a previous reporting issue, and in year commissioned independent sector contracts.

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	31.9	17.3	(14.6)	54%	31.9	17.3	(14.6)	54%
Provider Non-Pay	12.1	8.9	(3.2)	73%	12.1	8.9	(3.2)	73%
Provider Income	13.3	21.3	8.0	160%	13.3	21.3	8.0	160%
Provider recurrent efficiencies	57.4	47.5	(9.9)	83%	57.4	47.5	(9.9)	83%
ICB recurrent efficiencies	13.4	13.4	0.0	100%	13.4	13.4	0.0	100%
All SYSTEM recurrent efficiencies	**70.8**	**60.9**	**(9.9)**	**86%**	**70.8**	**60.9**	**(9.9)**	**86%**
Non recurrent								
Provider Pay	13.1	13.6	0.5	104%	13.1	13.6	0.5	104%
Provider Non-Pay	6.4	3.7	(2.6)	59%	6.4	3.7	(2.6)	59%
Provider Income	2.8	5.0	2.2	181%	2.8	5.0	2.2	181%
Provider non-recurrent efficiencies	22.2	22.3	0.1	100%	22.2	22.3	0.1	100%
ICB non-recurrent efficiencies	48.9	47.7	(1.3)	97%	48.9	47.7	(1.3)	97%
All SYSTEM non-recurrent efficiencies	**71.2**	**70.0**	**(1.2)**	**98%**	**71.2**	**70.0**	**(1.2)**	**98%**
SYSTEM total efficiencies	**141.9**	**130.9**	**(11.0)**	**92%**	**141.9**	**130.9**	**(11.0)**	**92%**

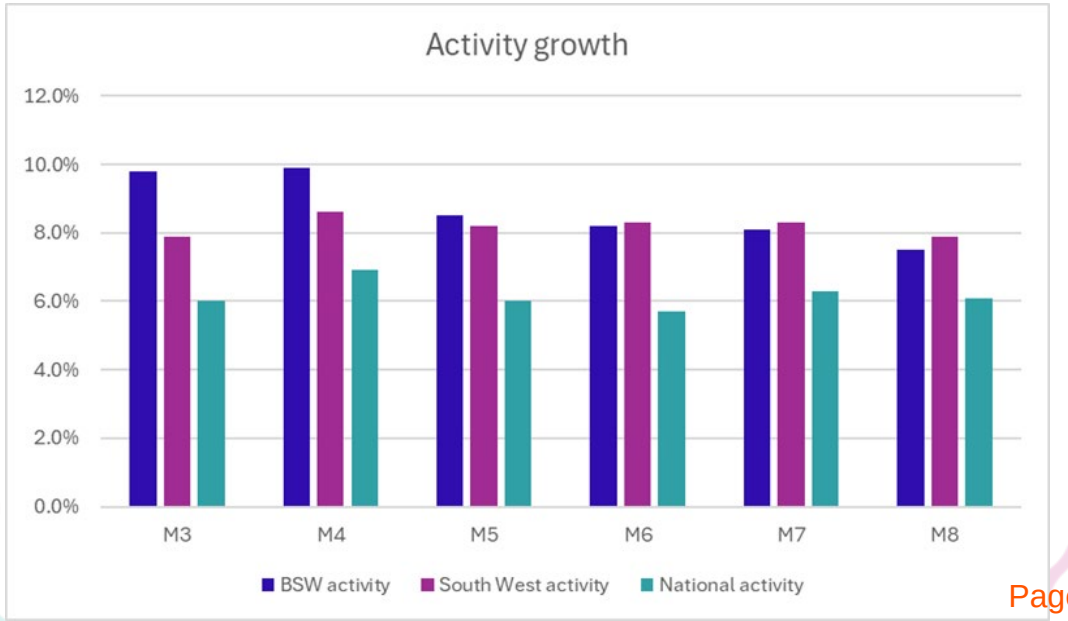
Efficiencies by Organisation	YTD Plan £m	YTD Actual £m	YTD Variance £m
GWH	21.9	18.4	(3.5)
RUH	36.6	32.8	(3.8)
SFT	21.1	18.6	(2.5)
ICB	62.3	61.1	(1.3)
	141.9	**130.9**	**(11.0)**

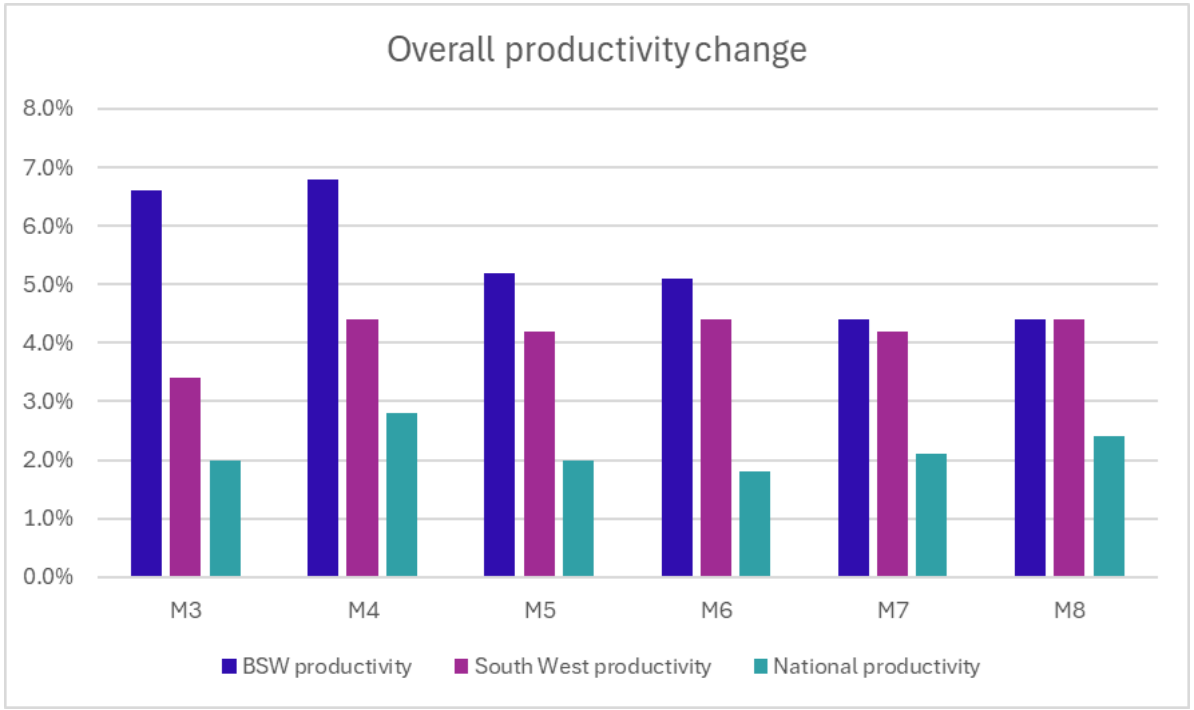
The 24/25 system plan included £141.9m of efficiencies to deliver a breakeven position. This represented 7.0% of the overall system allocation. At M12 the system has reported efficiency delivery of £130.9m, which equates to 92% achievement again plan.

Recurrent efficiency schemes accounted for 47% of total schemes at Month 12.

We continue to outperform Regional and National productivity metrics

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





A continuation to drive BSW Productivity (4.6% regional view at Month 8) is better than the Southwest average of 4.4%, and the national average of 2.4%.

And are clear on the drivers of our variance to plan

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

At Month 12, the ICS has identified the following drivers of the outturn position:

1. **Activity – Demand growth, NCTR and Bed base**
2. **Efficiency Schemes – challenging efficiency schemes given increased demand and operational challenges**

Variance Drivers:	GWH	RUH	SFT	ICB	Total **
NCTR/Beds/Pay	(5.1)	(1.0)	(7.5)	0.0	(13.6)
Efficiency schemes	(3.5)	(3.8)	(2.5)	(1.3)	(11.0)
Non Pay	0.4	0.6	5.8	5.7	12.5
ERF/Income/Other	9.6	0.0	(1.3)	4.0	12.3
Month 12 Variance	**1.4**	**(4.2)**	**(5.5)**	**8.4**	**0.0**

* Variance to break-even plan.
** Figures stated on a rounded basis, +/- £0.1m.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11aii
Date of Meeting:	22 May 2025		

Title of Report:	BSW ICB and NHS ICS Revenue Position – 2025-26 Month 1
Report Author:	Michael Walker, Finance Lead – System Planning
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer
Appendices:	M1 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

1	Purpose of this paper

The purpose of the paper is to provide an update on the system financial position as at Month 1.

At Month 1 the system is reporting £4.4m adverse to plan. The variance is driven by:

1) Delayed delivery against Identified efficiency schemes (£3.6m) and impact of non-delivery against "unidentified" CIP within plans (£1.8m).

2) Exit run-rate impacts over and above those identified within the system planning round £0.5m.
3) Adverse income drivers primarily High-Cost drugs £0.5m and ERF £0.5m.
4) The ICB has reprofiled £3.1m ERF to mitigate the timing differences reflected within the GWH and SFT positions.

Risk & Mitigations - As part of 25/26 planning, a net risk of £34m was identified. At Month 1, this has been reviewed and revised to £48.4m based on organisational estimations of the current position. The adverse movement has been driven by Income £7m, Efficiency £5m and High-Cost drug £1m risk movements.

The ICB has reported a break-even position against both CHC and Prescribing due to limited information at Month 1 (Drugs cost data is two months in arrears). It should be noted that the ICB does not have funding allocations at Month 1, and therefore we would not normally show any significant movements unless they related to the prior year. Actual line by line variances are more likely to be reported from June.

The full-year forecast outturn position for the ICS has been reported at breakeven.

2 Summary of recommendations and any additional actions required

The Board is asked to **note** the report and the Month 1 financial position of the system.

Alert, Assure, Advise	
Alert	• M1 YTD position across the Group is a deficit of £7.5m. The ICB has then brought forward efficiencies to reduce this by £3.1m (although at this stage this is down to phasing), to an adjusted deficit of £4.4m. • The key drivers are: Ongoing UEC pressures, slippage against efficiency schemes, adverse income generation and exit run-rate impacts. • RUH have escalated continued challenges within the delivery of the interventions within their plan. • NCTR/Escalation continues to have an adverse impact on the financial position. • There is a significant risk of further deterioration within Q1 without additional interventions.
Assure	• Recovery actions ongoing and will be presented at the Recovery Board on 16 May and these will be distributed ahead of the private session.
Advise	• At Month 1, there is limited national financial reporting as no allocations will be formally issued to systems until Month 2. It is anticipated that detailed variance analysis will be available from June, due to the lag in actual data. • The reported position is after the application of deficit funding (£23.4m FY-effect). • It is possible that formal intervention will be taken by NHS England.

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.

It should be noted that each organisation has individual statutory requirements to meet.

4	Risks
There is a requirement for the ICB to deliver a financial position consistent with submitted plans. Any deviation from this may have an adverse effect on the reported full-year outturn position.	

5	Quality and resources impact
N/A	
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 information stated within the report is sensitive but not confidential.	

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

NHS BSW ICS Finance Report

April 2025 (Month 1)

Key issues for escalation

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

Alert, Assure, Advise	
Alert	• M1 YTD position across the Group is a deficit of £7.5m. The ICB has then brought forward efficiencies to reduce this by £3.1m (although at this stage this is down to phasing), to an adjusted deficit of £4.4m. • The key drivers are: Ongoing UEC pressures, slippage against efficiency schemes, adverse income generation and exit run-rate impacts. • RUH have escalated continued challenges within the delivery of the interventions within their plan. • NCTR/Escalation continues to have an adverse impact on the financial position. • There is a significant risk of further deterioration within Q1 without additional interventions.
Assure	• Recovery actions ongoing and will be presented at the Recovery Board on 16 May and these will be distributed ahead of the private session.
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April 2025 (M1) Financial Position

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

	GWH				RUH				SFT				ICB				System			
	Plan	Actual	Variance	RAG	Plan	Actual	Variance	RAG	Plan	Actual	Variance	RAG	Plan	Actual	Variance	RAG	Plan	Actual	Variance	RAG
Financial Position (£m)*	0.0	(2.1)	(2.1)		0.0	(4.4)	(4.4)		0.0	(1.0)	(1.0)		0.0	3.1	3.1		0.0	(4.4)	(4.4)	

Month 1 Adjusted YTD financial trajectory vs Actual:

- Limited reporting in M1 as per national requirements.
- The system is reporting a £4.4m adverse variance against plan. This is after £2.0m of deficit funding is taken into consideration (FY £23.4m).
- The underlying position if deficit funding is excluded, represents an adjusted variance from plan of £6.4m adverse. This is after ICB phasing adjustments of £3.1m.

*** Financial values based on draft reporting, as at 9th May**

RAG Ratings	
RED	Over 15% deviation against YTD plan
AMBER	Between 5-15% deviation against YTD plan
GREEN	Between 0-5% deviation against YTD plan

Drivers

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

BSW System - M1

Summary heading	GWH £'m	RUH £'m	SFT £'m	**Group £'m**	ICB * £'m	**System £'m**
M1 Position	**(2.1)**	**(4.4)**	**(1.0)**	**(7.5)**	**3.1**	**(4.4)**
M1 Plan	0.0	0.0	0.0	**0.0**	0.0	**0.0**
M1 Variance (+ve = favourable)	**(2.1)**	**(4.4)**	**(1.0)**	**(7.5)**	**3.1**	**(4.4)**
UEC pathways			(0.3)	**(0.3)**		**(0.3)**
Elective delivery			(0.2)	**(0.2)**		**(0.2)**
Drugs	(0.2)	(0.5)	(0.1)	**(0.8)**		**(0.8)**
Unidentified Group savings		(0.4)	(0.3)	**(0.6)**		**(0.6)**
Unidentifed local savings				**0.0**	(0.2)	**(0.2)**
Non delivery of Identified efficiencies (Group & local)	(2.2)	(2.1)		**(4.3)**	(0.4)	**(4.7)**
Sulis		(0.5)		**(0.5)**		**(0.5)**
Non Pay - Facilities Management		(0.3)	(0.3)	**(0.6)**		**(0.6)**
Other	0.3	(0.6)	0.2	**(0.1)**	3.7	**3.6**

Report to:	BSW ICB Board - Meeting in Public	Agenda item:	11b
Date of Meeting:	22 May 2025		

Title of Report:	BSW Operational Plan 2025-26
Report Author:	Danielle Harris, Head of Planning and Performance Oversight
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer Gary Heneage, Chief Finance Officer Sarah Green, Chief People Officer
Appendices:	• BSW Public Board Operational plan briefing

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

Purpose:	Description	Select (x)
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
BSW ICB Extraordinary Board	24th April 2025	Approval of the resubmission changes to the operational plan submitted on the 30th April 2025
BSW ICB Public Board	20th March 2025	Update on the planning round progress
BSW ICB Extraordinary Board	25th March 2025	Approval of the full operational plan submission, submitted on the 27th March 2025
BSW ICB Board members (via email)	27th February	To be sighted on the development of the headline submission, submitted on the 27th February 2025.

1	Purpose of this paper

The purpose of this paper is to provide the members of the ICB Board with an overview of the final operational planning submission for the BSW NHS system for the financial year 2025/26. This follows the headline submission which was submitted 26th February 2025, and a full submission submitted on the 27th March to NHS England. This paper provides summary information as well as giving the Board sight of the more detailed submission documents that form part of our submission.

We note that with the late release of national planning guidance, and recent announcements relating to the future of NHSE, ICBs and a likely reduction in acute corporate services costs, this plan has been developed in a period of considerable uncertainty. This has increased the challenge for system partners in developing this plan and whilst we have made considerable progress, there is further work to do post submission to develop detailed implementation plans, and to take into account the implications of recent announcements.

The national NHS planning guidance was published on 30th January 2025 and included the following key points:

- The NHS is facing major challenges in meeting growing needs of an ageing population
- The NHS must live within their means, ensuring taxpayers money is spent wisely
- Improve services for patients, focusing on three shifts:
    - hospital to community
    - analogue to digital
    - sickness to prevention
- Maintaining quality and safety of our services
- A smaller set of headline ambitions and key enablers
- Focus needs to be improving productivity, tackling unwarranted variation, reducing delays and waste

BSW Context

The BSW NHS system is operating within a financial deficit and has been in receipt of regional support funding. We have also been under significant operational performance pressure including both UEC and Elective performance, although we have made some improvements, particularly in elective and cancer performance in recent months. As a system, we developed a medium-term financial plan in 2024 that set out a route to breakeven over two years meaning that the financial year 25/26 requires significant improvement in our financial performance.

The national planning asks for this year put additional pressure on our system as we are required to further reduce headcount and we have seen a further reduction to our System Development Funding and our Elective Recovery Funding. However, we know that we have significant productivity and efficiency opportunities (further highlighted through the national benchmarking packs) that we must take advantage

of if we are to return to living within our means. Continuing and realising the full benefits of our major strategic changes will be key to successful delivery, including the opportunities set out in the BSW Hospitals Group Case for Collaboration and the Integrated Community Based Care Model.

Executive Summary

- The 25/26 plan set out within meets the overall requirement to deliver a breakeven financial position. However, delivery of the aggregate plan and individual plans is deemed extremely challenging and we need to work at pace to turn them into detailed implementation plans.
- Delivery will be reliant on addressing some key operational challenges including the reduction in acute length of stay and acute no criteria to reside to enable the required reduction in beds and associated workforce.
- Further mitigating actions include additional support in the form of a System Recovery & Delivery Director, enhanced operational support within BSW Hospitals Group and additional programme delivery support.
- We are submitting a breakeven plan, which includes deficit funding of £23.4m. Deficit funding is conditional on a break even plan.
- The system efficiency requirement totals £125m, which is c. 5.7%. Once we include productivity improvements, this is c. 6.7%.
- Efficiencies at all organisations require rapid further development with a high level of unidentified efficiency still remaining.
- There is limited revenue for investment available in this financial year. Plans include investment in the Electronic Patient Record (EPR) of £2.4m. Additional ambulance funding of £2m is in plans. There is no investment above this as it is not affordable.
- More detailed analysis of operational performance is shown in the relevant section. We are planning on delivering the key operational performance targets.

Finance:

- In February, the ICS submitted a headline plan which reported a system deficit of £52.3m. The final submission now sets out a breakeven position.
- The plan contains £125m of efficiencies, currently 17% are unidentified.
- We have also had to make some targeted decisions to arrive at a breakeven plan (after deficit support funding). These are set out within the paper.

Operational performance:

Within this submission we are planning the following:

- We will achieve mean Ambulance handovers no more than 33 mins from June.
- We will meet the national target on the A&E 78% target, an improvement from our headline submission in February;

- We will reduce our non-criteria to reside figures to 9% at RUH and SFT and 10% at GWH- which will also see a reduction in delays between being ready for discharge and discharge.
- We will reduce our length of stay across all 3 Acute Trusts and Community Hospitals.
- We are planning to meet the requirement to increase pharmacy first consultations, which will support with GP capacity ED front door urgent care demand.
- We will maintain our recent performance in hospital at home, and plan to exceed the target occupancy of 80%.
- We have seen an improvement in Cancer performance during 2045/25, and we will go further with our performance to meet the higher standards set in 2025/26 at all 3 Acute Trusts.
- We will meet the referral to treatment target of having 1% or less patients waiting over 52 weeks by March 26.
- We will meet the target of 63.9% patients on the waiting list, waiting under 18 weeks by March 25.
- We will meet the meet target of 67% of patients waiting under 18 weeks for a first appointment.
- We will meet all national set targets for mental health, including access for children and young people due to a number of actions since the headline submission.
- We are planning to increase dental activity including meeting the new additional urgent care target.

Workforce

- We will have a system reduction in total workforce by a combined total of 536 WTE. This reduction is through a 231 WTE reduction in substantive and a 305 WTE reduction in temporary staffing in different amounts across the 3 providers
- GWH is experiencing an additional reduction of 512 WTE due to the transfer of community services staff into HCRG from 1st April 2025
- A system planning executive group (including exec and senior member across activity, finance and workforce) from the ICB and our providers has been reviewing this submission to ensure this adequately meets the identified areas of opportunity shared from NHSE regarding temporary staff and support function staff reductions

2	Summary of recommendations and any additional actions required
The board is asked to note the progress and receive the final operational plan document.	

3	Legal/regulatory implications

Delivery of the Operating Plan will support the ICB and wider system partners in delivering the national priorities as set out in the National Planning Guidance. Failure to plan for and/or deliver the required operational performance changes requested by NHSE England, may result into national intervention.

4	Risks

Risks are identified as follows:

- There is risk to delivery given that full implementation plans still require development in order to support delivery. The phasing of financial delivery means that we are already facing a financial variance at Month 1.
- Our plan net risks have increased by £4.5m to £34.3m which will need to be closely managed throughout the year.
- We are currently facing significant performance challenges and we have ambitious plans for next year. We will need to ensure that we are working collectively across BSW, to support operational delivery to meet the targets.
- The Acute group model will yield many benefits, however the model will still be developing in 25/26, which is an identified risk. We therefore need to ensure we focus where we can to accelerate plans (e.g. around unwarranted variation) and optimising the opportunities to support delivery of our plan.
- The Integrated Community Based Care contract with HCRG commenced in April 2025, which supports our commitment to moving care closer to patients, and improving the health and wellbeing of our population. Given year one will be a transitional year, this could increase the risk in delivery of the plan. We have therefore worked closely with HCRG to focus on the acceleration of plans in ensuring harmonisation of services across BSW, and prioritised roll out of integrated neighbourhood teams to support delivery of our plan.
- The ICB will be going through radical change during 25/26 which will significantly impact our workforce and our operating model. This presents a risk to delivery of our plan. Business continuity will be key in ensuring we are retaining the level of resource required to support delivery of the plan, and transitional arrangements are in place as necessary.

5	Quality and resources impact	
Any decisions made as part of our planning process could have impacts on quality and resources have been documented throughout the planning process.		
Finance sign-off	Gary Heneage, Chief Finance Officer	

6	Confirmation of completion of Equalities and Quality Impact Assessment
EQIAs have been completed as part of this planning process, including by each organisation level. An EQIA has also been completed at system level and submitted to NHS England as part of the formal submission.	

7	Communications and Engagement Considerations
This plan has been developed in conjunction will all relevant system partners, as such communication and engagement have taken place as appropriate.	

8	Statement on confidentiality of report
This report is not confidential	

Bath and North East Somerset,
Swindon and Wiltshire Partnership

Working together for your health and care

BSW 2025/26 Operating Plan
Final submission

ICB Board

May 2025

Contents

Overview

This pack provides a summary of the BSW 25/26 BSW Operational Plan following the final submission to NHS England on the 30th April 2025

The pack covers the following:

- A summary of our 25/26 Operational plan submission
- Timeline and process
- Narrative overview
- Financial plan
- Operational Performance
- Workforce plan

Executive Summary

- The 25/26 plan meets the overall requirement to deliver a breakeven financial position. However, delivery of the aggregate plan and individual plans is deemed extremely challenging and we are working at pace to turn them into detailed implementation plans.
- Delivery will be reliant on addressing some key operational challenges including the reduction in acute length of stay and acute no criteria to reside to enable the required reduction in beds and associated workforce.
- We have submitted a breakeven plan, which includes national deficit funding of £23.4m. Deficit funding has been conditional on submitting a break-even plan.
- The system efficiency requirement totals £125m, which is c. 5.7%. Once we include productivity improvements, this is c. 6.7%.
- There is limited revenue for investment available in this financial year. Plans include investment in the Electronic Patient Record (EPR) of £2.4m. Additional ambulance funding of £2m is in plans. There is no investment above this as it is not affordable.
- The system has plans to spend c. £121m on capital schemes, although elements will be conditional on approval of national bids.
- More detailed analysis of operational performance is shown on the next page and in the relevant section. We are planning on delivering most operational targets with the exception of diagnostics at system level.
- Reductions in funding have led to us needing to contain spend across a number of areas, these are set out later in this pack and were approved by board.

Summary of planned operational performance

	Our headline plan shows delivery in:	Our headline plan does not see full delivery in:
Urgent and Emergency Care	• Ambulance handovers no more than 45 mins • A&E 4 Hour Performance (78%) • A&E 12 Hour Waits reduction • Discharge ready date- reduction in delays and increasing proportion of patients discharge on DRD. • Reduction in average length of stay	
Elective	• Patients waiting <= 18 weeks (system target 63.9%) • Patients waiting <= 18 weeks for first appointment- (system target 67%) • Cancer 62-day standard (75%) • Cancer 28-day FDS (80%) • Patients waiting > 52 weeks (1%) • Patient Initiated follow ups (>= 5%)	Cancer 31 day- system Mar 26 plan is 94.4% against a 96% standard, however this does meet the current SWAG target. Diagnostics- system Mar 26 plan for 3 Acutes is 8.6% against a target of =< 5%. RUH meeting target.
Mental Health & LDAN	• Reliance on MH IP care for adults and children with a learning disability • Reliance on MH IP care for autistic adults and children • Annual health checks (75%) • Talking therapies course of treatment • Talking therapies reliable recovery • Talking therapies reliable improvement • Women accessing perinatal mental health services • Access to CYP MH Services • Average LOS in Adult Acute MH Beds (<81.8 days) • Out of area placements (0)	
Primary Care	• Increase in GP appointments • Increase in pharmacy first consultations • Increase in dental activity including the new additional urgent care target. • Lower GI Suspected Cancer referrals with an accompanying FIT result (80%)	
Community	• Community Care Contacts • Hospital at home Occupancy (>80%) • Average length of stay at community hospitals- reduce length of stay of elective and non elective • Urgent Community Response (UCR) referrals	

Summary of financial plan

- We have submitted a breakeven system plan and all NHS organisations are expected to breakeven.
- The plan is after national deficit funding of £23.4m. The deficit funding is £7m below the £30m received in 24/25.
- We have had to absorb a negative convergence adjustment of £6.0m (reduction in the BSW allocation as we are over national target funding).
- Plans will aim to deliver the Mental Health Investment Standard (MHIS) growth requirement.
- Budgets relating to the Better Care Fund (BCF) have been uplifted in line with revised targets connected with the social care minimum.
- The plans are deemed extremely challenging due to the level of efficiency, reduction in funding and the need to reduce operational demand. We need to work at pace to turn them into operationally deliverable plans.
- Delivery of the financial plan will be reliant on addressing some key operational challenges including the reduction in acute length of stay and acute no criteria to reside to enable the required reduction in beds and associated workforce. It will require all parts of the system to play a part.
- Plans are based on continued elective recovery and expect similar levels of Elective Recovery Funding (ERF) as achieved in 24/25. Funding received will depend on elective activity levels and the productivity of providers.

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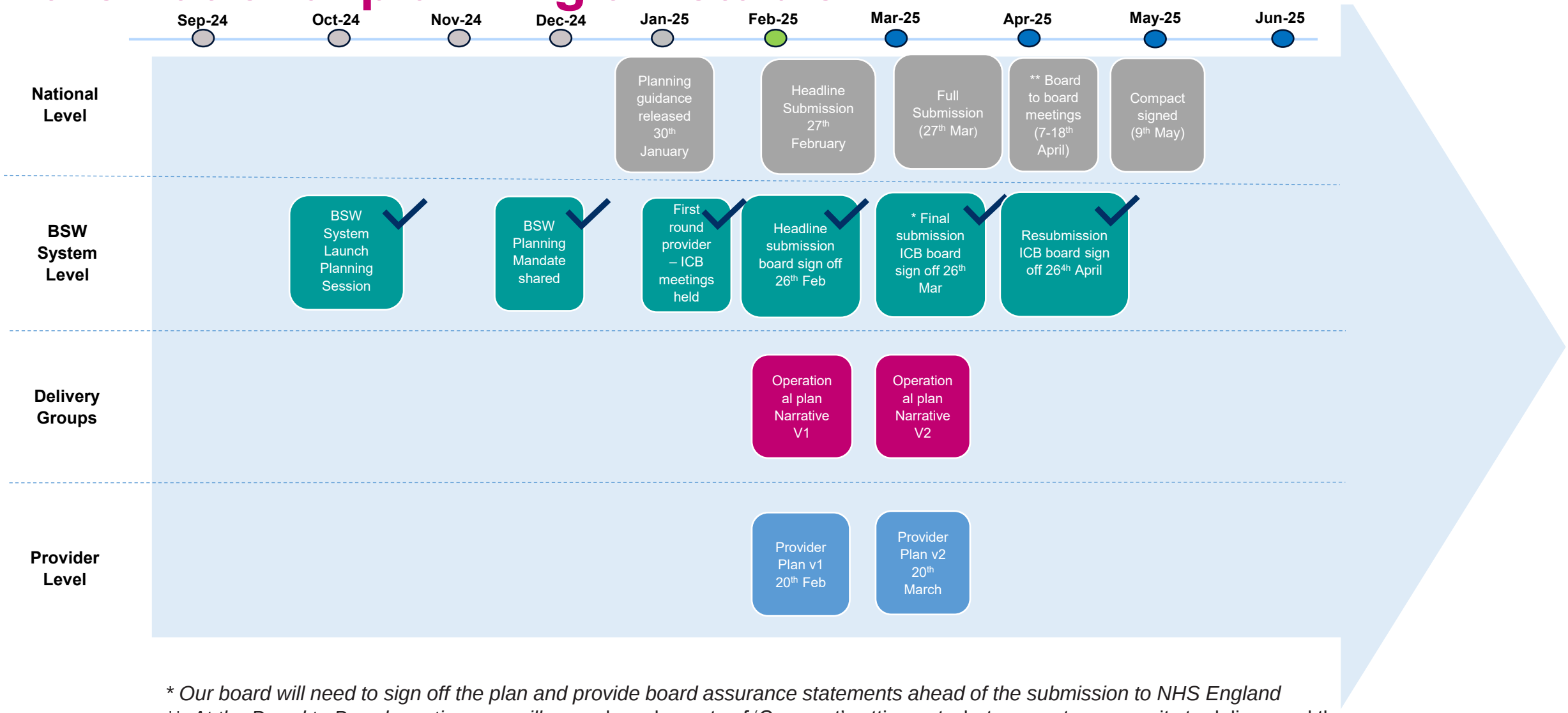
Timeline and process

We successfully delivered our operational plan against the national planning timetable

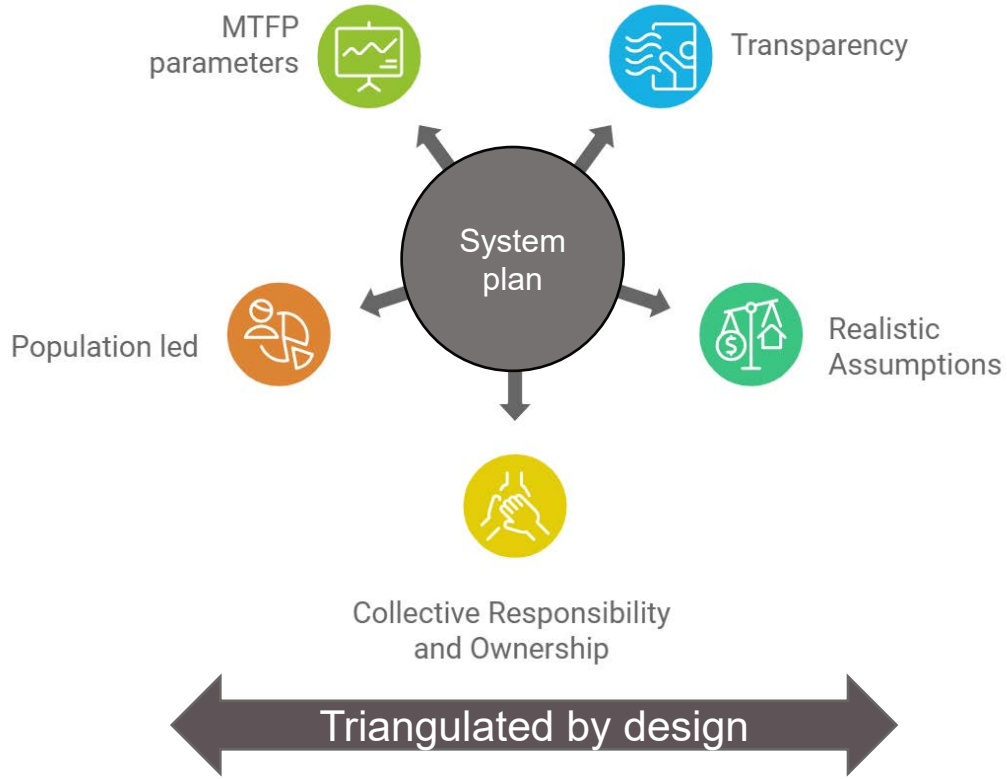


** Our board will need to sign off the plan and provide board assurance statements ahead of the submission to NHS England*

** *At the Board to Board meetings we will* agree key elements of 'Compact' setting out what our system commits to deliver, and the support NHS England will provide.

Through developing a single system operational plan

- We agreed to develop a single system plan whereby we agreed key assumptions together as NHS partners, and to work through our delivery groups to ensure that the work we are doing collectively it is embedded in our organisational plans.
- We have been working together through our System Planning and Delivery Group, and our clinical transformation delivery groups, to agree plans and ways of working.
- We acknowledge the significant financial and operational challenges that still exist in our system and are committed to working together in partnership to resolve them.



ICB Boards were asked to be assured against set criteria before approving the plan

Governance
The Board has assured the plans for 2025/26 that form the basis of the system's (ICB and partner trusts) submissions to NHS England. This included review of the partner trusts Board Assurance returns.
The Board has reviewed its quality and finance governance arrangements, and put in place a clinically led process to support prioritisation decisions.
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.
A robust quality and equality impact assessment (QEIA) informed development of the ICB's and wider system's plans and these have been reviewed by the Board.
The system's plan was developed with appropriate input from and engagement with system partners.

Plan content and delivery
The Board is assured that the system's plans address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan 'checklists' and the use of benchmarking to identify unwarranted variation / improvement opportunities.
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered across the system and are reflected in the plans of each system partner organisation.
The Board is assured that any key risks to quality linked to the system's plan have been identified and appropriate mitigations are in place.
The Board is assured of the deliverability of the system's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.

As part of our full submission, the ICB was required to submit to NHS England a number of board assurance statements, including ICB and Provider assurance statements. Ahead of this each of the NHS Board's within BSW were required to approve their own plan, and review and approve the relevant Board Assurance Statement.

And together we submitted a number of required documents to NHS England for our final submission

Submission components	Description
Delivery plan 'checklist'	A set of 'checklists' have prepared based on the key actions set out in planning guidance. These are aimed to support ICBs and providers in developing their operational delivery plans. Providers / ICBs are asked to complete the 'checklist' templates , sharing how these actions are addressed in their delivery plans.
Productivity / efficiency plan	A description of activities being put in place to deliver the opportunities shared in the productivity and efficiency data packs, with quantified impact and phasing.
Plan overview	A summary of the plan as shared with the board as part of plan sign off, including key assumptions, trade-offs, and an assessment of deliverability.
Board assurance statement	A set of statements that Integrated Care Boards (ICBs) must submit as part of the full plan submission process as well as the statements provider boards must sign off and submit to lead ICBs.
Full numerical plan submission - financial, operational, and workforce plan	A series of numerical templates will be completed with finance, activity / performance, and workforce trajectories based on the format used in previous year's operational plans.

We are now focused on delivery and need to ensure we manage the risks in our plan closely

Area	Detail
Finance	• There is risk to delivery given that full implementation plans still require development in order to support delivery. The phasing of financial delivery means that we are already facing a financial variance at Month 1. • Our plan net risks have increased by £4.5m to £34.3m which will need to be closely managed throughout the year.
Performance	• We are currently facing significant performance challenges and we have ambitious plans for next year. We will need to ensure that we are working collectively across BSW, to support operational delivery to meet the targets.
Acute Group model	• The Acute group model will yield many benefits, however the model will still be developing in 25/26, which is an identified risk. We therefore need to ensure we focus where we can to accelerate plans (e.g. around unwarranted variation) and optimising the opportunities to support delivery of our plan.
Integrated Community Based Care	• The Integrated Community Based Care contract with HCRG commenced in April 2025, which supports our commitment to moving care closer to patients, and improving the health and wellbeing of our population. Given year one will be a transitional year, this could increase the risk in delivery of the plan. We have therefore worked closely with HCRG to focus on the acceleration of plans in ensuring harmonisation of services across BSW, and prioritised roll out of integrated neighbourhood teams to support delivery of our plan.
Future of ICBs	• The ICB will be going through radical change during 25/26 which will significantly impact our workforce and our operating model. This presents a risk to delivery of our plan. Business continuity will be key in ensuring we are retaining the level of resource required to support delivery of the plan, and transitional arrangements are in place as necessary.

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Narrative overview

Our overarching system plan

- Across BSW we are working to implement our care model which is our vision for transforming and joining up care for our patients and residents.
- This is being done in the context of a significant challenge, and therefore we have also developed a medium term financial plan describes our plan to return to financial balance over the next two years.
- Working to make the most of the clinical and financial benefits of some big strategic changes during 24/25 including the establishment of the new group model and the new community contract is a key part of our plan for next year – alongside delivering on the priorities set out for us by NHS England.
- For 25/26, we have set out a number of important priorities which helps us make progress on our journey through working to deliver on the strategic changes, work together through our system delivery groups, and making sure we have the right grip and control in our organisations.

Strategic initiatives	•Delivering on strategic changes that will transform the way our system runs by implementing our BSW model of care – closer working in our Acute Hospital Alliance, implementing our MH strategy, transforming care through implementing our primary and community care delivery plan, digital transformation such as a single EPR.
Opportunities supported through system-level working	•Working together on opportunities through our delivery groups including demand management, elective productivity, mitigation of urgent care demand, procurement and corporate services consolidation.
Organisational ownership of CIPs and plan delivery	•Ensuring we have the right grip and control, delivering on our workforce plans and non-recurrent savings. Each organisation is still responsible for ownership and delivery of CIP plans, in-year forecast outturn position and respective involvement and inclusion in MTFP development and delivery.

We have already made significant progress with delivery of our strategic goals, which will also support our plan and enable better outcomes for patients

- Significant strategic initiatives now in delivery phase as part of embedding the BSW Care Model:
  - Integrated Community Based Care – with the roll out of integrated neighborhood teams
  - BSW Hospitals Group
  - Single Electronic Patient Record
  - Trowbridge Integrated Care Centre
  - South Newton
- These changes re-affirm our commitment to moving care closer to patients and improving health and wellbeing working alongside our wider system partners.
- Our plan involved right sizing our workforce alongside the reform that we need to undertake.
- The group model will help us make sure that we are reducing unwarranted variation and delivering equality of access and outcomes for our population, also addressing fragile services and corporate services.
- Through delivering these changes, we have built system relationships through recovery board and planning executive group, these have been critical to discussing and agreeing resolution of system challenges.

Our priority transformation areas

Key Priorities
1. Increase our focus on prevention, improve timeliness of access and expand diagnostic and preventative care
2. Reducing healthcare inequalities in our localities and our system
3. Implement the vision set out in the NHS elective reform plan by redesigning our elective services, improving access and outcomes for our population
4. Improve our urgent and emergency care services providing the right care at the right time in the right place
5. Deliver our medium term financial plan and return to financial balance

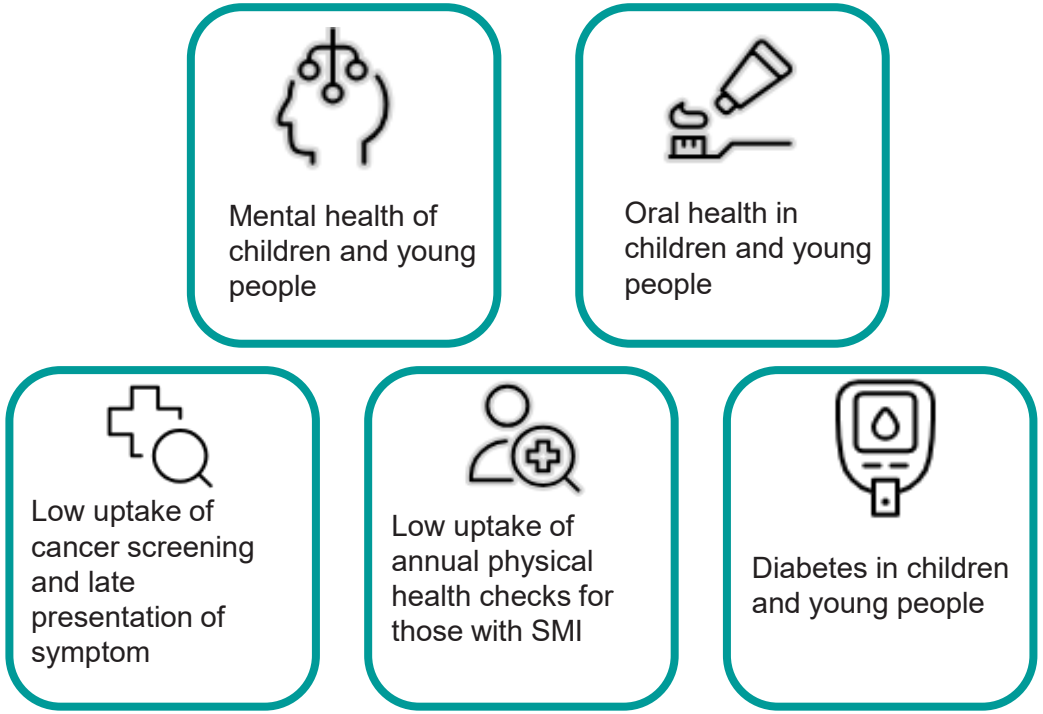
- In our implementation plan we have set out five key priorities for the next two years, aligned to our strategic objectives.
- Each of our system delivery groups has developed a plan, aligned to our financial plan, and we are in the process of ensuring we have the right membership and governance of those groups to better ensure delivery.

- We have developed a one page plan for each group which forms their delivery mandate, supported by a longer plan set out within the companion document to our implementation plan.
- Each delivery group's plan has been reviewed using our Equality and Quality Impact Assessment led by our Nursing Directorate.

Reducing inequalities in our localities and system is one of our key priorities

- The ICB has committed additional funding for both prevention and health inequalities, which will be targeted in reducing inequalities.
- In 2024/25 based on the ICS case for change **CVD was identified as a priority with a focus on hypertension**. A business case was approved and the hypertension programme planned. Implementation started in Q4 and will continue into 2025/26. The programme includes 9 interventions which aim to increase the number of patients on hypertension registers and the percentage treated according to NICE guidance. This includes interventions embedded within our Delivery Groups plans.
- Inequality priorities have been embedded in the plans of all our Delivery Groups, which will be reported and monitored throughout the year. This includes priorities aligned with Core20plus5 approach.

Five priority areas have been identified from the Core20plus5 clinical areas, funded by our health inequalities funding in 2025/26



And our plan must ensure the quality and safety of services

BSW System partners are continuously striving to improve the overall quality and safety of services, and we will continue to do so with a focus on improving elective care waiting times, ambulance response times, and A&E waiting times. In order to continuously sustain the improvement, we have to look at all the wider contributing interfaces that need to be in place to achieve improved performance and outcomes for our residents, ensuring a focus on provision of safe, effective, well led, sustainably resourced and equitable services. The care experience of the population will be positive through responsive, caring and personalised delivery.

The **BSW ICB Quality Assurance and Improvement Framework** sets out our shared goal that requires system commitment and action to ensure that we provide the highest quality health and care that is based on the principles of:

Collaboration, trust and transparency

Transformation

Equity and equality

We will work together in an integrated way to ensure that we can:

- Identify and monitor early warning signs and quality risks including a focus on elective care waiting times, ambulance response times and A&E waiting times
- Meet our statutory duties for safeguarding
- Plan and coordinate transformation locally and at a system level
- Deliver ongoing improvement of quality experience and outcomes
- Evidence effective monitoring and oversight including completion of Equality, Quality Impact Assessments (EQIA) in line with agreed BSW EQIA process.

As well as improving the experience and outcomes for patients

System Partner Principles:

We will

1. Maintain an open and transparent approach to system level oversight and assurance.
2. Ensure there is intelligence sharing across the system incorporating agreed BSW system quality assurance (QA) metrics to inform the BSW integrated performance and quality dashboard
3. Guarantee collective and timely agreement on the level of system and organisational risk, response, and escalation (aligned to NQB Quality risk, response and escalation guidance and governance structure).
4. Collaborate to maximise learning and improvement.
5. Embed Dynamic Risk Management to meet the requirements of good risk management especially when risks arise rapidly, are speculative and the consequences are unpredictable making the impact uncertain. Dynamic Risk Assessment in healthcare systems refers to the ongoing process of evaluating and managing risks associated with patient care and the overall functioning of the healthcare environment.

Governance

In line with NQB expectation BSW ICB has in place:

1. BSW System Quality Group (SQG) that meets bi-monthly, chaired by BSW ICB Chief Nursing Officer. Alignment with Regional Quality Group
2. BSW Quality Outcomes Committee Assurance committee (sub committee of ICB Board, chaired by NED)
3. Sub-committees fulfilling specific assurance functions including safeguarding quality and patient safety
4. BSW Delivery Groups, including LMNS; LDAN; MH; Community and Primary Care, Babies and CYP and Planned Care, with oversight of EQIAs as set out in agreed EQIA process.
5. Patient Safety Community of Practice

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Finance

I&E – Surplus/(deficit)

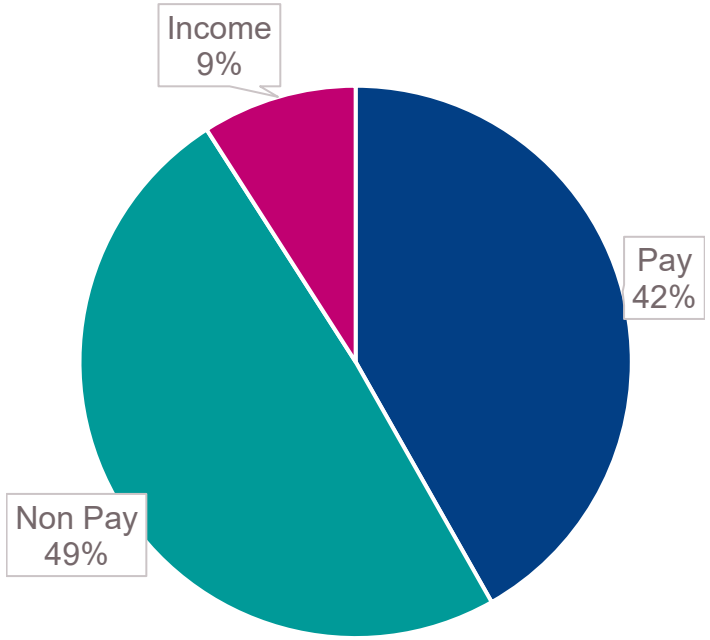
	25/26						24/25
	GWH	RUH	SFT	Group	ICB	BSW	BSW
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Net deficit	32.4	34.6	20.9	87.9	37.1	125.0	134.2
Efficiencies	(32.4)	(34.6)	(20.9)	(87.9)	(37.1)	(125.0)	(134.2)
Net surplus / (deficit)	0.0	0.0	0.0	0.0	0.0	0.0	0.0

The above includes:

- National deficit funding of £23.4m. This is conditional on a breakeven plan.
- Transitional funding arrangements between intra-system partners to support organisational balance.

Summary of Efficiencies in the Plan

	GWH	RUH	SFT	Group	ICB	BSW
	£'m	£'m	£'m	£'m	£'m	£'m
Pay	20.1	20.1	11.3	51.4	1.0	52.4
Non-Pay	8.6	12.6	5.0	26.2	31.1	57.3
Income	3.7	1.9	4.6	10.3	5.0	15.3
	32.4	**34.6**	**20.9**	**87.9**	**37.1**	**125.0**
Unidentified	6.2	9.9	3.6	19.7	1.8	21.5
	19%	29%	17%	22%	5%	17%
Non recurrent	9.2	9.9	4.0	23.1	18.5	41.6
	28%	29%	19%	26%	50%	33%



- Efficiency schemes of £125.0m. Against this, £21.5m is unidentified (17%).
- Of the efficiencies identified, 67% are recurrent.

Finance: Plans still carry a level of net risk

Risks and mitigations Description	BSW £m	ICB £m	GWH £m	RUH £m	SFT £m
Gross risks	100.4	6.8	32.2	49.5	11.9
Mitigations	(66.1)	(1.8)	(21.2)	(41.1)	(2.0)
Net risk as at 30 April	34.3	5.0	11.0	8.4	9.9

Net risks of £34.3m:

- Plans still include a level of savings where the supporting schemes are still being developed.
- Plans do not allow much scope for delay in implementing efficiency schemes.
- Mitigations are contingent on operational delivery of demand management initiatives.
- The system will only earn elective recovery funding if the level of elective activity continues at 24/25 levels.

2025/26 BSW Capital Funding

Capital Funding		Indicative Allocation £000	BSW Submission £000	Variance £000
Operational Funding	Operational Capital	38,988	38,988	0
	Primary Care BAU Capital	1,913	1,913	0
National Programmes	Primary Care Utilisation Fund	1,524	1,586	62
CIR Estates Safety	Estates Safety	10,820	10,820	0
Constitutional Standards	Diagnostics Allocation	41,000	31,790	-9,210
	Elective Allocation	6,750	7,980	1,230
Indicative Allocation	UEC Allocation	11,500	18,290	6,790
	Other adjustments - Provider	6,690	7,818	1,128
Total BSW ICS		**121,485**	**121,485**	0

Final submission

- Updated schemes which represent latest assessment of capital projects.
- Movement in provider values primarily driven by changes to Diagnostics (Revised total £32m, previously £2m) which will be subject to business case approval by NHSE and revisions to Estates Safety scheme allocation.
- Other – Includes PFI capital charges GWH £5m, SFT £0.6m, Net Zero £0.3m, Technology Schemes £9.1m

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Operational Performance

Our final submission includes planned operational performance as a system, against the national priority success measures

Measure	RUH	GWH	SFT	System
	Final/Re-sub	Final/Re-sub	Final/Re-sub	Final/Re-sub
% patients waiting 52 weeks or more	***1.0%***	***1.0%***	***0%***	***0.7%***
% patients waiting 18 weeks or less	***67.7%***	***60.1%***	***65.0%***	***64.5%***
% patients waiting 18 weeks or less to first appt	***71.7%***	***67.1%***	***67.0%***	***68.6%***
Cancer 62-day	***75.3%***	***75.3%***	***78.9%***	***76.1%***
Cancer 28-day FDS	***80.2%***	***80.6%***	***80.0%***	***80.3%***
A&E 4-hour	***72.0%*** *78% target*	***78.0%***	***78.2%***	***78.4%*** *(with uplift)*
Increase the number of additional urgent dental appointments				***13990***
Reduce on mental heath inpatient care for adults with a learning disability and/or autism (20% reduction)				***20***

Planned performance against the full set of key metrics is shown on the following slides

Urgent and Emergency Care

Area	Measure	Target	Measure	System/ICB	GWH	SFT	RUH
Urgent and Emergency Care and Acute Bed Occupancy	E.B.42 - Average handover duration	00:45:00	Latest Actual (Jan 25)		02:23:56	00:21:57	01:22:47
			25/26 Plan (Mar 26) Final		00:45:00	00:18:00	00:33:00
	E.B.45 - % patients discharged on the discharge ready date	> 24/25 YTD Average RUH = 84.8% GWH = 84.5% SFT = 84.2%	Latest Actual (Dec 24)	83.0%	82.3%	82.9%	83.9%
			25/26 Plan (Average) Final	85.8%	84.2%	84.9%	88.6%
	E.B.46 - Average delay (days) for patients not discharged on discharge ready date (DRD-Discharge)	< 24/25 YTD Average RUH = 5.3 GWH = 5.1 SFT = 19.4	Latest Actual (Dec 24)	7.6	5.0	16.7	4.8
			25/26 Plan (Mar 26) Final	6.3	4.7	12.6	3.8
	E.M.30 - % G&A Total Beds Occupied		Latest Actual (Jan 25)	96.3%	95.9%	96.9%	96.3%
			25/26 Plan (Average) Final	95.4%	97.5%	96.7%	92.2%
	E.B.43 - Non-elective Average Length of Stay	< 24/25 YTD Average RUH = 6.5 GWH = 7.2 SFT = 8.4	Latest Actual (Jan 25)	7.3	7.4	8.0	6.8
			25/26 Plan (Mar 26) Final	6.6	6.3	8.0	6.3
	E.M.11 - Total Non-elective Admissions (Annual % vs 24/25)		25/26 % vs 24/25 FOT	104.3%	102.3%	104.0%	106.2%
	E.M.11e - Total Non-elective admissions with a length of stay >= 7 days (Annual % vs 24/25)		25/26 % vs 24/25 FOT	106.7%	106.3%	98.8%	112.1%
	E.M.13 - % total attendances departing in less than 4 hours	78%	Latest Actual (Jan 25)	69.3%	73.6%	73.5%	60.5%
			25/26 Plan (Mar 26) Final	78.4%	78.0%	78.2%	72.0%
	E.M.13d - % total attendances departing after 12 hours	< 24/25 YTD Average RUH = 6.5% GWH = 12.8% SFT = 6.4%	Latest Actual (Jan 25)	12.1%	19.8%	8.0%	9.4%
			25/26 Plan (Mar 26) Final	8.2%	12.7%	5.5%	4.9%
	E.M.13 - % total attendances departing in less than 4 hours (Non-acute trusts)	78%	Latest Actual (Dec 24)	98.0%			
			25/26 Plan (Mar 26) Final	99.3%			

Community and Primary Care

Area	Measure	Target	Measure	System/ICB
Community and Primary Care	E.D.19 - Appointments in General Practice and Primary Care Networks		24/25 FOT	6,607,031
			25/26 Plan (Mar 26) Final	6,936,043
	E.B.34 - % of Lower GI suspected cancer referrals with an accompanying FIT result	80%	Latest Actual (Jan 25)	79.9%
			25/26 Plan (Mar 26) Final	80.1%
	E.T.5 - Virtual Ward Occupancy	80%	Latest Actual (Jan 25)	94.7%
			25/26 Plan (Mar 26) Final	95.4%
	E.T.10 - Community Care Contacts		24/25 FOT	1,296,124
			25/26 Plan (Mar 26) Final	1,302,992
	E.T.9 - Community waiting list of 52 weeks or more (Actuals = GWH & WHC)	0	Latest Actual (Feb 25)	7
			25/26 Plan (Mar 26) Final	n/a
	E.T.8 - Volume of UCR referrals		Latest Actual (Dec 24)	1,890
			25/26 Plan (Mar 26) Final	2,034
	E.D.22 - Percentage of resident population seen by an NHS dentist - adult		Latest Actual (Oct 24)	28.4%
			25/26 Plan (Mar 26) Final	29.1%
	E.D.23 - Percentage of resident population seen by an NHS dentist - child		Latest Actual (Oct 24)	52.4%
			25/26 Plan (Mar 26) Final	57.1%
	E.D.24 - % of dental activity delivered, from contracted activity	move towards 100%	Latest Actual (Oct 24)	82.0%
			25/26 Plan (Mar 26) Final	91.4%
	E.D.26 - Volume of pharmacy first consultations		Latest Actual (Jan 25)	6,971
			25/26 Plan (Mar 26) Final	9,115
	E.B.44 - Average length of stay at community hospitals (days)		24/25 FOT (ALoS)	20.1
			25/26 Plan (Mar 26) Final	19.5

Elective Care

Area	Measure	Target	Measure	System/ICB	GWH	SFT	RUH
Elective Care and Cancer	E.B.18 - % patients waiting 52 weeks or more	<=1%	Latest Actual (Jan 25)	2.4%	3.2%	2.3%	1.6%
			25/26 Plan (Mar 26) Final	0.7%	1.0%	0.0%	1.0%
	E.B.40 - % patients waiting 18 weeks or less	SFT >= 64.2% RUH >= 67.7% GWH >= 60.0%	Latest Actual (Jan 25)	58.3%	54.8%	60.4%	60.2%
			25/26 Plan (Mar 26) Final	64.5%	60.1%	65.0%	67.7%
	E.M.42 - % patients waiting 18 weeks or less to first appointment	SFT >= 67.0% RUH >= 71.7% GWH >= 67.0%	Latest Actual (Feb 25)	61.6%	60.8%	59.5%	64.0%
			25/26 Plan (Mar 26) Final	68.6%	67.0%	67.0%	71.7%
	E.B.35 - Patients seen within 62 days, from total patients seen.	75%	Latest Actual (Jan 25)	73.6%	75.3%	69.2%	74.9%
			25/26 Plan (Mar 26) Final	76.1%	75.3%	78.9%	75.3%
	E.B.27 - Faster Diagnosis - 28 day waits	80%	Latest Actual (Jan 25)	75.7%	80.2%	76.9%	71.3%
			25/26 Plan (Mar 26) Final	80.3%	80.6%	80.0%	80.2%
	E.B.38 - Cancer 31 day treatment	96%	Latest Actual (Jan 25)	92.1%	89.7%	95.7%	91.9%
			25/26 Plan (Mar 26) Final	94.4%	94.3%	96.3%	93.7%
	E.B.28 - % patients waiting 6 weeks or more for a diagnostic test	<=5%	Latest Actual (Dec 24)	27.7%	14.7%	21.8%	37.2%
			25/26 Plan (Mar 26) Final	8.6%	8.0%	13.0%	5.0%
	E.M.34 - % Patient initiated follow ups	>=5%	Latest Actual (Dec 24)	4.1%	5.1%	2.8%	4.2%
			25/26 Plan (Mar 26) Final	5.0%	5.9%	4.0%	5.0%
	E.B.26 - Diagnostic Test Activity (Annual % vs 24/25)		25/26 % vs 24/25 FOT	105.6%	106.0%	105.3%	105.5%
	E.M.10 - Total Elective Admissions (Annual % vs 24/25)		25/26 % vs 24/25 FOT	109.1%	113.4%	110.2%	104.0%
	E.M.40 - Total Outpatient Procedures (Annual % vs 24/25)		25/26 % vs 24/25 FOT	119.5%	136.4%	113.9%	110.2%
	E.M.41 - Total Outpatient First Attendances (Annual % vs 24/25)		25/26 % vs 24/25 FOT	103.9%	104.9%	108.5%	101.0%

Mental Health

Area	Measure	Target	Measure	System/ICB
Mental Health	E.A.5 - Active inappropriate adult acute mental health out of areas placements (OAPs)	0	Latest Actual (Feb 25)	3
			25/26 Plan (Mar 26) Final	0
	E.H.37 - Average length of stay for adult acute MH beds	<81.8 days	Latest Actual (Dec 24)	78.5
			25/26 Plan (Mar 26) Final	74.9
	E.A.4b Number of adults receiving a course of treatment	TBC	Latest Actual (Jan 25)	4,760
			25/26 Plan (Mar 26) Final	10,340
	E.A.4a Access to NHS talking therapies for anxiety and depression - reliable recovery	TBC	Latest Actual (Jan 25)	32.0%
			25/26 Plan (Mar 26) Final	48.0%
	E.A.4b Access to NHS talking therapies for anxiety and depression - reliable improvement	TBC	Latest Actual (Jan 25)	59.0%
			25/26 Plan (Mar 26) Final	67.0%
	E.H.15 - Number of women accessing specialist community PMH and MMHS services in the reporting period	TBC	Latest Actual (Jan 25)	1,140
			25/26 Plan (Mar 26) Final	1,100
	E.H.9 - Access to Children and Young People's Mental Health Services - number under 18 recieving at least 1 contact	13,830	Latest Actual (Jan 25)	8,545
			25/26 Plan (Mar 26) Final	13,830
	E.H.34 - Individual Placement Support Access	TBC	Latest Actual (Jan 25)	495
			25/26 Plan (Mar 26) Final	495

Learning Disability and Autism

Area	Measure	Target	Measure	System/ICB
Learning Disability and Autism	E.K.3 - Learning disability registers and annual health checks delivered by GPs	75%	Latest Actual (Jan 25)	59.7%
			25/26 Plan (Mar 26) Final	75.0%
	E.H.32 - Reliance on mental health inpatient care for adults with a learning disability	Combined target of <22 people	Latest Actual (Feb 25)	13
			25/26 Plan (Mar 26) Final	10
	E.H.33 - Reliance on mental health inpatient care for autistic adults		Latest Actual (Feb 25)	12
			25/26 Plan (Mar 26) Final	10
	E.K.1c - Learning Disability Inpatient Rate per Million ONS Resident Population for Children under 18 years	12 - 15 rate per M	Latest Actual (Feb 25)	41.5
			25/26 Plan (Mar 26) Final	15.6

Bath and North East Somerset,
Swindon and Wiltshire Partnership

Working together for your health and care

Workforce

BSW is planning a total reduction of 536* WTEs

*Excludes TUPE reductions to HCRG from GWH

	GWH	RUH	SFT	BSW
Total workforce change	-192	-153	-191	-536
Substantive change	0	-100	-131	-231
Bank change	-168	-51	-36	-255
Agency change	-24	-2	-24	-50

- Revised workforce plans received from SFT and RUH only with minor amendments
- Overall plan delivery is 10 WTE less than April plan
- Reduction of 231 WTE substantive staff
- Reduction of 305 WTE Temporary staff
- Primary care plan amended by 5 WTE ARRS funded GP's in response to additionally funding identified for PCN's

Priorities for Q1

- Establishing robust monitoring and the phasing of the delivery of WTE reduction against plan
- Assurance of delivery of workforce cost improvement programmes (CIP's) monthly
- Agree process for reporting and intervention
- Further considerations for corporate services reductions in response to NHSE information
- Continuation of delivery of reductions in agency and bank spend and usage

The Workforce Delivery Group will support development of implementation plans

- Delivering our overall plan and our individual plans will require workforce transformation. We note there is further work to do to phase the workforce reduction plans and fully triangulate with finance and activity.
- In order to achieve this, the workforce delivery group will be supporting clinical transformation delivery groups as they develop detailed implementation plans. This will include supporting the elective care delivery group as they work through their review of clinical service delivery for identified services.
- We are also working across the region with colleagues to explore potential use of workforce exit schemes. We require national steer on likelihood of redundancy funding.
- We also continue leading the work with region on temporary staffing through the provider collaborative, with a focus on bank and medical.
- The workforce delivery group is also working closely with the other enabling delivery groups including digital and estates to ensure we are maximising the improvement opportunities.

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

DRAFT Minutes of the BSW Commissioning Committee

Tuesday 22 April 2025, 09:30 – 11:00, via MS Teams

Members present:

Julian Kirby	Non-Executive Director for Public and Community Engagement
Ade Williams	Non-Executive Director for Quality
Paul Fox	Non-Executive Director for Finance
Pam Webb	ICB Partner member VCSE
Gill May	Chief Nurse Officer
Gary Heneage	Chief Finance Officer,
Sue Harriman	Chief Executive Officer – *from 10:30*

Attending:

Rachael Backler	Chief Delivery Officer
Kate Blackburn	Director of Public Health - Wiltshire
Richard Collinge	ICB Chief of Staff
Laura Ambler	ICB Executive Director of Place (BaNES)
Stephanie Elsy	ICB Chair
Mark Harris	ICB Director of Business Support
BSW ICB Head of Planning and Performance Oversight,	*Item 5*
BSW ICB Head of Digital Transformation,	*Item 9*
Gordon Muvuti	ICB Executive Director of Place (Swindon) *Item 10*

Apologies (members):

Will Godfrey	ICB Partner Member Local Authorities (BaNES)
Olivia Lacey	ICB Communications and Engagement Lead
Caroline Holmes	ICB Executive Director of Place (Wiltshire)

1. Welcome and Apologies

1.1 The Chair welcomed members and officers to the meeting and noted apologies.

1.2 The meeting was declared quorate.

1.3 The Committee noted that meetings held via MS Teams were being recorded, with the sole purpose to assist with the production of minutes.

2. Declaration of Interests

2.1 The ICB holds a register of interests for all staff and committee members. None of the interests registered there were deemed to be relevant for meeting business.

3. Minutes of the Commissioning Committee – CC/25-26/001

3.1 The Committee reviewed the minutes of its previous meeting on the 11th February 2025 and approved them as a true and accurate record of the meeting.

4. Action Tracker and Matters arising

4.1 There were five closed actions on the action tracker, with action 6 to remain open.

5. Operational Performance – CC/25-26/004

5.1 The ICB Head of Planning and Performance Oversight joined the meeting and presented the Operational Performance Report.

5.2 The Committee noted:

- The performance within the report is historical and reflects last year's operational plan. The new operating performance plan has been presented to the ICB Board and going forward the performance will reflect this year's operating plan.
- NHS England have circulated the draft version of the performance assurance framework, when it is finalised, this will be integrated into the report. The first formal segmentation review from NHS England is expected in July 2025.
- Ambulance response times for category 2 incidents has seen continued improvement this month, however, remains below plan. There will be increased focus on this area going forward into the 2025-26 plan.
- Care Coordination has performed on plan for several months.
- Ambulance handover times are currently at 70 minutes, with a target to reduce to 30 minutes in the 2025-26 plan.
- Non-criteria to reside at 20% remains above plan and is a risk area for the Integrated Care System, there is a dependency on it in the 2025-26 plan due to the impact on A & E performance.
- There has been significant improvement, particularly at GWH and SFT in diagnostic performance, however it remains below plan. RUH remains in tiering for diagnostics, with particular risks around ultrasound and MRI, this is partly due to the increased activity for suspected cancer referrals which impacts capacity for routine diagnostics.
- The 65+ week wait plan was not achieved at year end. Going forward into 2025-26 the focus is going to be on having patients seen under 18 weeks and those outstanding 65+ week waiters will form part of the improvement plan.

- There is recognition that the dental plan was too ambitious, therefore further work has been undertaken to improve and understand the data so that more accurate planning can be achieved for 2025-26.
- The expected improvement in Children & Young People's mental health access has not been realised. A large number of actions have been put in place for 2025-26, in particular the use of contract levers to achieve the improvements required.
- There has been a positive outcome following the contract performance notice with AWP around talking therapies; the trajectories agreed as part of the recovery plan are now being achieved.

5.3 Committee discussion noted:

- The challenges in non-criteria to reside performance, the collaborative efforts to address the issue and the importance of consistency and partnership working to achieve the desired outcomes.
- The Director for Public Health – Wiltshire raised concerns about the ambulance average response times and the need to understand the data, she suggested a collaboration with Public Health to address the issue and understand the underlying factors.
- The Director for Public Health – Wiltshire emphasised the importance of focusing on upstream preventative activities in Children and Young People's mental health services to reduce the demand for services and to ensure resources are allocated effectively.
- The ICB Non-Executive Director for Quality raised concerns about the inequalities in NHS dental care for children and the need to ensure that the 52% increase in activity addresses the needs of vulnerable populations. It was confirmed that both Swindon and Wiltshire localities have oral health as an ICA specific priority.

Action – Chief Delivery Officer to share the BSW Statement on Health Inequalities, which includes data on oral health with the Non-Executive Director for Quality.

- The ICB Partner member – VCSE informed the Committee that in relation to mental health and talking therapies voluntary organisations are being used to provide services rather than through statutory services. She highlighted one service in Swindon who are receiving an unsustainable level of referrals directly from primary care.

6. Commissioning Assurance – CC/25-26/004

6.1 The ICB Director of Business Support presented a paper detailing a collective summary of commissioning activities and issues being worked on across the ICBs portfolios.

6.2. The Committee noted:

- A new national payment mechanism for GPs requesting advice and guidance has been put in place. This has caused a challenge locally as there is a locally

commissioned service for advice and guidance already in place. Work is underway with Primary Care to transition from one system to another.

- Additional consultation is taking place on national contracts related to payment terms, to provide ICB's with the ability to set activity plans with providers to balance affordability and performance requirements.
- Work is underway to improve respiratory diagnostic performance between two providers, where one providers is doing the sleep study, and the other provider is providing the equipment.
- Screening was delegated to ICBs from NHS England on the 1st April 2025. Work is underway to understand the scope and activities to build into the ICBs work plan.

Action – ICB Director of Business Support to bring a paper on screening delegation to a future meeting for further discussion.

- The contract with HCRG for integrated community-based care services went live on the 1st April 2025. Oversight of a safe landing will take place over the next three months; governance processes have been set-up and work is underway to get agreement on the service development improvement plan, which connects to the outcomes framework.
- Specialised Commissioning delegation took place on the 1st April 2025, all delegation documents have been signed.
- Better Care Fund (BCF) assurance meetings have been held with NHS England for each locality with no concerns or additional actions required. These have been fed into the planning submissions and signed off by the relevant Health & Wellbeing Board.
- From the 1st April 2025 the Community Equipment Service has been brought in-house from GWH to Swindon Borough Council with the ICB as Co-commissioners and Home First was transferred to Wiltshire Council from Wiltshire Health & Care.

6.3 Committee discussion noted:

- That assurance for communication and engagement considerations are the responsibility of the Commissioning Committee.

6.4 The Committee **noted** the report.

7. Risk Register – CC/25-26/005

7.1 The Committee **received** and **noted** the Commissioning Committee risk register.

7.2 The Committee noted:

- The ICB has moved to a new software system for risk management, with transition underway. The output from the new software is being refined which will improve the reporting going forward.

8. Better Care Fund (BCF) – CC/25-26/006

8.1 The ICB Executive Director of Place - BaNES presented a paper to update the Committee on the successful completion of the 2025/26 Better Care Fund (BCF) planning round.

8.2 The Committee noted:

- The Better Care Fund is multiple funding streams that come together under a Section 75 agreement. It is a funding mechanism that enables Local authorities and ICB's to commission services jointly or on behalf of one another.
- The BCF has two key priorities –
    - Reform to support the shift from sickness to prevention
    - Reform to support people livening independently and the shift from hospital to home
- The Governance process for the BCF, includes locality commissioning groups that make the joint spending decisions, the integrated care alliances who have oversight of their own plans and the health and well-being boards who are required to approve the plans.
- The focus this year is on consistency and alignment of the three BCFs to avoid unwarranted variation.

8.3 Committee discussion noted:

- The differences in BCF funding contributions between localities, noting that these are largely historical, and efforts are being made to achieve a more consistent approach.
- The differences in spending on prevention across the three localities, the committee acknowledge that some of the differences are due to historical factors, which highlights the need for better evaluation and outcome measurements.

8.4 The Committee -

- **Noted** the successful completion of the 2025/26 Better Care Fund (BCF) planning process across BSW, in line with national requirements and local priorities.
- **Noted** the assurance provided regarding in-year oversight and delivery arrangements across the three localities and BSW.
- **Noted** the identified opportunities for further development of the BCF, including strengthening alignment with the Integrated Care Strategy and enhancing locality and neighbourhood integration.
- **Supported** the ongoing work to finalise the Section 75 agreements for 2025/26 in collaboration with Local Authority partners.
- **Endorsed** the next steps set out in the paper, including completion of year end reporting for 2024/25 and incorporation of learning into future planning cycles.

Business Cases

[Commercial in confidence]

11. Commissioning Intentions for 2025-26 – CC/25-26/009

11.1 The Committee **received** and **noted** an extract from the operational planning pack that sets out the high-level commissioning intentions for 2025-26. Recognising that the strategic landscape is currently in a state of change.

12. Forward Plan

12.1 The Committee **received** and **noted** the forward planner.

13. AOB

13.1 The ICB Director of Business Support provided an overview of the Procurement and contracting oversight group. Highlighting the number of procurements in progress and the challenges with provider accreditations. It was confirmed that the information contained within the report, did not include the pooled Section 75 budgets.

Action: ICB Director of Business Support and ICB Executive Director – BaNES to consider how oversight of the S75 budget can be included in future updates.

13.2 The ICB Partner member – VCSE raised concern that the workflow and activity for the Business Support Team, did not include public and community engagement considerations.

Action: ICB Director of Business Support to ensure that public and community engagement considerations is included in the procurement workflow and reported in future updates

13.3There being no other business, the chair closed the meeting at 12:30pm.

Next meeting: Tuesday 17th June 2025, 09:30- 12:30, MS Teams

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12a
Date of Meeting:	22 May 2025		

Title of Report:	BSW Performance Report
Report Author:	Jo Gallaway, Planning and Performance Oversight Lead
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	Performance Dashboard April 2025

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
SMG - verbal update	03/04/2025	ICB Senior Management reviewed performance risks
ICB Executive Management Meeting	16/04/2024	Review of performance across the oversight framework domains
ICB Commissioning Committee	22/04/2024	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 operational performance to key ICB Governance meetings, particularly the Commissioning Committee and the ICB Board.	

Performance is considered in detail at a number of executive-led meetings within the system and therefore this report presents items for assurance and where necessary, escalation, for the meetings attention.

2	Summary of recommendations and any additional actions required
The Board is asked to receive this report for assurance purposes.	

3	Legal/regulatory implications
This report is part of the BSW assurance framework including the delivery of: NHS Oversight Framework, the NHS Constitution and the NHS operational plan.	

4	Risks
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 20/11/24) that reflect the challenges to delivering Operational Performance – these are considered at the Commissioning Committee as part of their review of the performance report and associated risks.	

5	Quality and resources impact
Quality impacts linked to the performance of the system are highlighted in the Quality reporting. 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 Operational Performance

1. Introduction and purpose of report

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

2. NHSE oversight

2.1. The 2025/26 Performance Assessment framework was approved by the NHS Board in March to be consulted on and tested in Q1 with the final framework to be published at the end of Q1. The first formal segmentation of all trusts and ICBS will be undertaken and published in July.

2.2. A Q2 review was undertaken in October 2024 (based on the 2023/24 framework). NHSE have confirmed no changes in ratings with the ICB, RUH and SFT in segment 3. GWH continue in segment 2. The next review is expected to be in Q1 based on the 2025/26 framework.

2.3. GWH and SFT have improved Cancer and Diagnostics performance and met the criteria to exit Tiering in October. RUH meetings stepped up to weekly but have now moved to fortnightly. BSW have now exited shadow tiering for RTT but remain in regional oversight meetings. BSW has continued in NHSE Tier 2 (regionally led support) for UEC.

3. Operational performance exceptions

3.1. The 2024/25 NHS Operational plan metric performance is being reviewed regularly in terms of risk to meeting the targets set for the year end plan position, given the performance year to date and known concerns / challenges with improving performance to meet the plan target. A summary of the position is shown in the report using the ‘alert, assure, advise’ framework. The Alert Section of the matrix identifies the metrics that have the highest risk of not meeting the targets we have set for 2024/25. Detailed exception reports on these items is reviewed and considered at the ICB Commissioning Committee.

3.2. **Urgent care** continued to be challenged over the Winter in particular, and we are not meeting many of our operational planning targets. There has been some improvement in performance with Hospital @ Home occupancy meeting the plan since November. The implementation of the timely handover process is a significant delivery challenge for the system.

3.3. **Urgent Care – E.M.13 4 Hour % Total Attendances –** March A&E performance for BSW was 66.6%, below the original plan of 78.1% and H2 replan of 74.1%. GWH performance decreased in March to 70.1%. SFT and RUH both had increased performance; SFT 71.1% and RUH 58.5%. All providers continue to not meet plans. System recovery actions have included a pilot of senior clinical review of NHS111 dispositions to ED, that is currently being evaluated; and acute providers have been ED process mapping with the aim of implementing recovery plans for 25/26.

3.4. **Urgent Care – Amb.1 Ambulance – Average Response Time (Mins) Category 2 Incidents –** In BSW response time to category 2 incidents in March was 42 minutes, showing a continued improvement since December, however is 13 minutes above plan. SWASFT activity remained above contract plan during March at 0.85% and 4.43% YTD. Ongoing promotion of care co-ordination and more focussed daily calls to review call stacks are in place.

3.5. **Urgent Care – Amb.3 Ambulance – Average Handover Delays > 15 Minutes –** Average handover delays over 15 minutes have reduced for the second month in a row. Combined performance reduced from 80 minutes to 70 minutes in March. GWH continues to be the most challenged of the 3 acute trusts, with an average of 87-minute delays (an improvement of 12 minutes from February), RUH had an average of 73-minute delays (an improvement of 15 minutes from February) and SFT continued with the lowest delays, averaging 21-minute delays in March (an improvement of 4 minutes from February).Timely Handover Process and Wait 75 (W75) ambulance have been implemented and are being reviewed for further gains.

3.6. **Urgent Care – E.M.29 NCTR % Occupancy –** Overall BSW's NCTR occupancy is 20.0% in March. The highest NCTR occupancy % in March is at SFT at 20.8%. Increased operational management of discharges continues with daily NCTR meetings with all providers and a Care Transfer hub meeting twice daily taking a multi-agency approach.

3.7. **Elective Care – E.B.27 Cancer – 28 Days Faster Diagnosis Standard –** Cancer waiting time reporting for February shows BSW was above plan for the 28 day faster diagnostic standard with performance at 78.5%, also above the national standard of 77%. GWH performance was at 86.2% and they continued to meet their plan. RUH performance improved (73.4%) while SFT performance decreased to 75.9%, below plan for the second month in a row. RUH continue in tiering for cancer where key recovery actions to increase activity and reduce waiting times are being monitored.

3.8. **Elective Care – E.B.35 Cancer – 62 Day Referral to Treatment Standard –** The 62 day standard performance fell in February to 70.7%, which is 2.5% below plan (73.2%). All 3 acutes performance was below plan in February. GWH performance was 73.1%, 0.3% below plan. RUH performance fell the most to 69.3% which is 3.6% below plan. SFT improved their position from January to February by 0.3% with performance at 69.5% however this remains below plan by 4.3%. Executive focus and oversight for the recovery plans continues via the Elective Delivery Group.

3.9. **Elective Care – E.B.28 Diagnostics - % of WL > 6 Weeks – 9 Key Modalities –** Diagnostic (DM01) performance (the % of the waiting list over 6 Weeks - (BSW Acutes – all patients)) was 21.9% in February, an improvement from January (27.3%) but below target of 14.9%. GWH was the only acute to meet plan in February. RUH continue in tiering for diagnostics, remedial action plans continue in place across the modalities including waiting list initiatives, insourcing and maximising CDC capacity.

3.10. **Elective Care – E.M.8 Consultant-led First Outpatient Attendances –** Full year outpatient activity is 98.7% of plan however in March, first outpatient activity was above plan for all three acutes. There is a system workplan in place managed by the Elective Delivery Group to support a significant impact by March 2026.

3.11. **Elective Care – E.M.9 Consultant-led Follow-Up Outpatient Attendances –** Consultant-led follow-up attendances have not met plan for March (variance 5,292). All three acutes were over plan. Looking at this as a % of 2019/20, the acute total for February is 108.3% (9.8% above plan of 98.5%), not delivering the reduction planned. Work is underway to identify the greatest areas of variance in PIFU and first to follow up ratio, looking to share best practice across the system providers at specialty level.

3.12. **Elective Care – E.B.20 RTT – Waiting List 65+ Weeks –** RTT long waiters – There are 45 (BSW acutes) expected to be waiting at the end of April with a mix of patient choice and capacity reasons. SFT achieved clearance of all 65ww by the end of March excepting corneal transplants and patient choice meeting national criteria. GWH and RUH have identified risks and of the 45 expected in April, 25 are at GWH and 20 are at RUH.

3.13. **Primary Care – E.D.22 Dental – % of Resident Population Seen by NHS Dentist – Adults – 24 Month Rolling and Primary Care – E.D.23 Dental – % of Resident Population Seen by NHS Dentist – Child – 12 Month Rolling –** % of resident population seen by NHS dentist – both Adult and Children metrics are below plan at January 2025. The ICB is working to deliver the Government plan to recover and reform NHS dentistry. Actions underway include a rapid recommissioning process to replace contract hand backs and a project to understand dental activity needs by patient demographics enabling focus on core 20 plus and deprived populations.

3.14. **Mental Health – E.H.9 CYP Mental Health Access –** CYP access (12 month rolling) in February is 8,665 people which is 64.3% of the planned 13,468. Newer providers are receiving targeted supported from NHSE and ICB to improve the accuracy of their MHSDS submissions. Development of Mental Health Support Teams workplan in progress and CYP access target apportionment to providers and improvement plans to deliver the target are also in development across all providers. This will be formalised via contract variation.

3.15. **Mental Health – E.A.S.1 Dementia Diagnosis Rate –** Performance in February is 61.4% and remains below the plan trajectory of 66.1% (national target is 66.7%). Swindon locality diagnosis rates are the lowest across BSW though improved on 23/24. Additional staff are having an impact on access, but this is slower than had been anticipated. AWP have initiated a Wiltshire and Swindon Memory Service Improvement Project, expected delivery Q4 25/26.

3.16. **Mental Health – E.A.4 Talking Therapies (TT) – Number of Adults Receiving a Course of Treatment –** 4,885 people had completed a course of treatment in 12 months to February, not meeting the plan of 6,440. The work

required by the TT service to bring key metrics in line with trajectory, as well as recruitment requirement is significant. Work within AWP has been prioritised and improvement is already evident. The Mental Health Delivery Group monitors the monthly performance.

3.17. **Mental Health – E.A.4a Talking Therapies – Reliable Recovery Rate –** Reliable Recovery rate remains below plan in February (47.0% compared to plan of 49.2%), with a variance of 2.9%. Continually not met plan this financial year. The CPN and associated action plan is showing positive outcomes and improved performance. In addition to operational plan metrics, the numbers of people completing treatment is rising, referrals received is at its' highest since pre-April'22 and there has been a 3-month fall in DNA rates.

3.18. **Learning Disability and Autism – E.K.1b_rate Inpatients (Rate per Million) All Age –** Total Inpatient numbers across BSW are above the agreed trajectory but mitigations are in place as described below to bring inpatient levels in line with plan. There has been a decrease between and February (41) and March (37) (rate per million), above the plan of 25. A thematic review of CYP admissions is being concluded and the findings and recommendations will be presented to the April BSW LDAN Delivery Group. Direct management of inpatients through the weekly practice forum continues to deliver increased oversight of BSW ICB commissioned patients and discharge plans. All quality assurance visits and inpatient Care and Treatment Reviews (CTRs) are up to date for ICB commissioned patients.

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 expressed as a WTE continues to be below the planned levels submitted in the workforce plan, however performance does vary.

5.2. National targets relate to agency as a % of pay bill and is set at a target of less than 3.2%. All providers are significantly lower. This is alongside the reduction of off framework usage and improving price cap compliance, and a move towards NHSE price cap rates. BSW providers are adhering to this metric but there was a slight decrease in compliance in month.

5.3. Bank usage is above plan and continues to fluctuate with a slight reduction in the monthly amount of bank shifts used in month. This continues to be significantly above planned usage in all trusts and is a key driver of workforce spend above plan.

5.4. Reported vacancy rate is reported at 2.4% in February ’25. A continued improvement on previous months, however work continues to be undertaken within the ICB with trusts to review reporting of WTE to ensure accuracy.

5.5. Sickness in month and for the 12 month period is consistent but slightly below target

5.6. The 12 month rolling turnover remains consistently within the 12% target over the last year. In March it was reported as 10.6% across the ICB acutes. In month turnover within providers is also below target alongside the rolling turnover.

5.7. Further interrogation of workforce data including temporary staff usage, is reported as part of the monthly Workforce Assurance Report which reports to the System Planning Exec and Recovery Board

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

BSW Operational Performance Report
May 2025

ICB Board, 22/05/2025

BSW Operational Performance Dashboard

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

The following slides provide the latest published position on system-level key performance metrics. The data shows performance as appropriate for the metric for the BSW population, or the population being treated by BSW Acute providers.

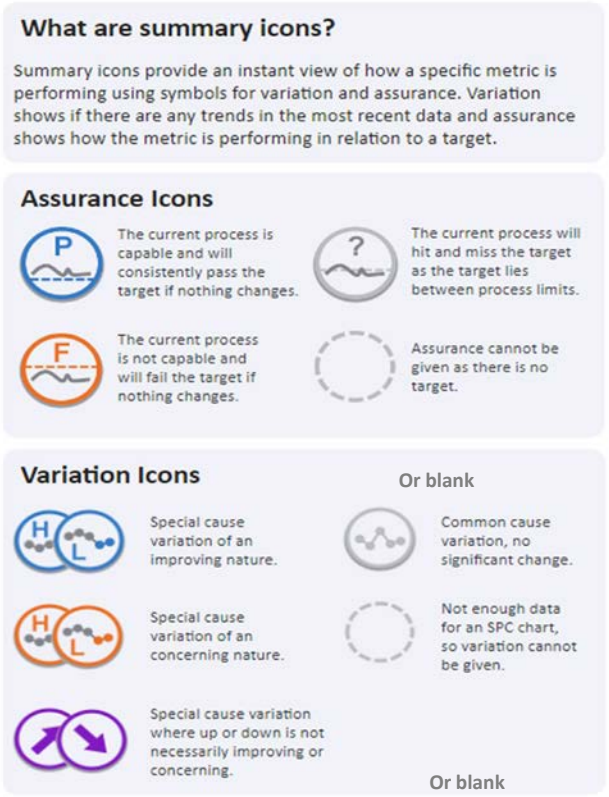
The data is taken from the NHS oversight framework* (SOF) and wider system metrics against the targets set out in the BSW 24/25 Operating Plan plus additional in year ambitions set by NHSE and BSW system partners.

Each metric is supported by a statistical process control chart (SPC charts). SPC charts are constructed by plotting data in time order, calculating and displaying the average (the mean) and some data comparisons known as the upper and lower control limits as lines. These limits, which are a function of the data, give an indication by means of chart interpretation rules as to whether the process exhibits common cause (predictable) variation or whether there are special causes.

The summary icons shown in the dashboard indicate how a specific metric is performing using symbols for variation and assurance – more detail is shown on the right. The assurance icons are looking at delivering the target shown and are based on the actual numbers only and will not always reflect local knowledge.

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

The dashboard shows where the indicator is also a 2023/24 NHS oversight framework metric* (latest version) * – see next slide for more information on the NHS oversight framework. This will be replaced by the NHS Performance Assessment Framework once finalised expected from the end of Q1 2025/26.



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 performing - green, Intermediate - amber, Lowest performing- red.

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

Latest update: February 2025
Benchmarking through the SOF has now ceased, final report was in February 2025. New reporting is being developed for the new 2025/26 Performance Assessment framework. Additional benchmarking is being used to supplement the SOF data where the data is available.

NHS Oversight Framework: BSW 24/25 Q2 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 consultation earlier this year and was expected to be shared during Quarter 2 but this has been further delayed. 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. In October it was agreed that GWH and SFT have met the exit criteria and can leave tiering.

2024/25 Q2	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	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		

- 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.
- NHSE ran a **Q2 review in October 2024**, and requested updates from the ICB against the previously identified areas of concern, noted above. We have been informed that there will be no changes to the ratings following the Q2 review.
- The 2025/26 Performance Assessment framework was approved by the NHS Board in March to be consulted on and tested in Q1 with the final framework to be published at the end of Q1. The first formal segmentation of all trusts and ICBS will be undertaken and published in July.

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

Alert Advise Assure

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Oversight of operational plan metric performance in terms of risk to meeting the year end plan position and in year delivery is shown below. Where there are multiple related metrics, core metrics have been identified for each area.

	Urgent Care	Elective Care	Primary care / Community	Mental Health	LDAN
Alert **- performance off plan now and most of year to date** **- high risk of not meeting year end target**	4 Hour % Total Attendances	Diagnostics - % of WL over 6 Weeks (9 Key Modalities)	% of Resident Population Seen by NHS Dentist - Adult - 24 month rolling	CYP Mental Health Access	LD - Inpatients (Rate per Million) All Age
	Ambulance - Average Response Time (Mins) Category 2 Incidents	Outpatient Transformation Consultant-led First Outpatient Attendances	% of resident population seen by an NHS dentist - Child - 12 month rolling	Dementia Diagnosis Rate	
	Ambulance – Average Handover Delays > 15 Minutes	Outpatient Transformation Consultant-led Follow-Up Outpatient Attendances	GP appointments where time from booking to appointment was two weeks or less %	Talking Therapies - Number of Adults Receiving a Course of Treatment	
	NCTR % Occupancy	RTT Long Waiters – 65+ Weeks		Talking Therapies - Reliable Recovery Rate	
		RTT Long Waiters – 52+ Weeks		Inappropriate Acute Mental Health Out of Area Placements	
Advise **- performance off plan or inconsistent or data issues** **- risk to meeting year end target**	G&A Bed Occupancy - Adult %	Cancer - 28 Days Faster Diagnosis Standard	Units of dental activity delivered		
		Cancer - 62 Day Referral to Treatment Standard	GP Appointments		
		Cancer - Suspected cancer seen on a non-specific symptom's pathway	% lower GI suspected cancer referrals with FIT result		
			UCR Referrals – under review		
			Community Waiting List >52 Weeks		
Assure **- performance meeting plan** **- lower risk of not meeting year end target**		ERF (Elective Recovery Fund) - % Against 19/20 Baseline	Hospital @ Home: Average Occupancy %	Specialist Community Perinatal Mental Health Access	LD - % Annual Health Checks Carried Out
				SMI Health Checks %	
				Access to Transformed Community Mental Health Services	

BSW Integrated Performance Dashboard

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URGENT CARE

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan) *	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
4 hour % total Attendances SOF	ALL_ICB - ACUTE TOTAL	26 of 42 I	Mar-25	66.3%	66.6%	▲	78.1%	No	78.0%	▲		
4 Hour % Total Attendances (Uplift)	ALL_ICB - ACUTE TOTAL		Mar-25	70.1%	67.7%	▼	81.2%	No	78.0%	▲		
Ambulance - Average Handover Delays > 15 mins	ALL_ICB - ACUTE TOTAL		Mar-25	80	70	▼			25	▼		
Ambulance - Average Response Time (Mins) Category 2 Incidents SOF	BSW COMMISSIONER TOTAL	SWASFT level only	Mar-25	52	42	▼	30	No	30	▼		
Ambulance - Total Conveyances	ALL_ICB - ACUTE TOTAL		Mar-25	5,116	5,726	▲				▼		
Average number of adult patients in an acute hospital bed for 21 days and over	ALL_ICB - ACUTE TOTAL		Mar-25	261	247	▼	160	No		▼		
Discharges - Total	ALL_ICB - ACUTE TOTAL		Mar-25	5,923	6,402	▲				▲		
NCTR % Occupancy SOF	ALL_ICB - ACUTE TOTAL	35 of 42 L	Mar-25	19.7%	20.0%	▲	8.6%	No	10.0%	▼		
NCTR Beds Occupied	ALL_ICB - ACUTE TOTAL		Mar-25	293	295	▲	126	No		▼		

OCCUPANCY

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
G&A Bed Occupancy - Adult % SOF	ALL_ICB - ACUTE TOTAL	38 of 42 L	Mar-25	98.0%	96.9%	▼	96.2%	No	92.0%	▼		
G&A Bed Occupancy - Paeds %	ALL_ICB - ACUTE TOTAL		Mar-25	75.0%	70.8%	▼	81.7%	Yes		▼		
G&A Bed Occupancy - Total %	ALL_ICB - ACUTE TOTAL		Mar-25	97.0%	95.7%	▼	95.4%	No		▼		

* Latest Value (plan)- Based on submitted 2425 operational plans, and not updated to reflect H2 review

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

KEY for reading direction markers – on all dashboards:
▲▼ **Improvement Direction** - a fixed icon showing the direction for improvement for the metric – higher or lower.
▲▼ **Change** – the direction of the arrow denotes whether the latest value is higher or lower than the previous value
▲ the colour orange denotes the change is not in the direction for improvement
▲ the colour blue denotes the change is in the direction for improvement

BSW Integrated Performance Dashboard

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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	Improvement Direction	Variation	Assurance
	Cancer - 28 Days Faster Diagnosis Standard SOF	BSW COMMISSIONER TOTAL	22 of 42 I	Feb-25	76.1%	78.6%	▲	75.9%	Yes	77.0%	▲		
	Cancer - 31 Day Decision to Treat to Treatment Standard	BSW COMMISSIONER TOTAL		Feb-25	90.2%	92.2%	▲			96.0%	▲		
	Cancer - 62 Day Pathways SOF	ALL_ICB - ACUTE TOTAL	25 of 42 I	Mar-25	299	264	▼				▼		
	Cancer - 62 Day Referral to Treatment Standard	BSW COMMISSIONER TOTAL		Feb-25	73.4%	67.1%	▼	73.7%	No	70.0%	▲		
*	Cancer - Suspected cancer seen on a non-specific symptoms pathway	BSW COMMISSIONER TOTAL		Mar-25	16	29	▲	87	No		▲		
	Cancer - Waits >104 Days	ALL_ICB - ACUTE TOTAL		Mar-25	86	70	▼				▼		
	Diagnostics - % of WL over 13 weeks - All Modalities	BSW COMMISSIONER TOTAL		Feb-25	6.0%	6.0%	◀▶			0.0%	▼		
	Diagnostics - % of WL over 6 Weeks - 9 Key Modalities	BSW COMMISSIONER TOTAL		Feb-25	25.6%	20.6%	▼	15.2%	No	5.0%	▼		
	Diagnostics - % of WL over 6 Weeks - All Modalities SOF	BSW COMMISSIONER TOTAL	31 of 42 I	Feb-25	25.5%	20.7%	▼			5.0%	▼		
	ERF (Elective Recovery Fund) - % Against [illegible] Baseline SOF	BSW COMMISSIONER TOTAL	1 of 42 H	Dec-24	122.1%	122.5%	▲	110.4%	Yes	107.1%	▲		
	Outpatient Clock Stop Activity %	BSW COMMISSIONER TOTAL		Mar-25	46.3%	49.6%	▲	45.4%	Yes	46.0%	▲		
	Outpatient Reduction in Follow Up Attendances	BSW COMMISSIONER TOTAL		Mar-25	109.1%	107.8%	▼	99.1%	No	75.0%	▼		
	RTT - Waiting List 52 Weeks+	BSW COMMISSIONER TOTAL		Feb-25	2,450	2,324	▼	417	No		▼		
	RTT - Waiting List 65 Weeks+ SOF	BSW COMMISSIONER TOTAL	13 of 42 I	Feb-25	79	68	▼	0	No	0	▼		
	RTT - Waiting List 78 Weeks+	BSW COMMISSIONER TOTAL		Feb-25	12	11	▼			0	▼		

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

* Please note
Suspected Cancer seen on a non-specific symptoms (NSS) pathway - the data is confirmed as correct by the receiving Trusts, the NSS pathway development has been changed / delayed since planning and hence the low data.

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	Improvement Direction	Variation	Assurance
Beds closed due to D&V/norovirus like symptoms (Avg p/d)	ALL_ICB - ACUTE TOTAL		Mar-25	53	8	▼				▼		
IPC c.Diff Infection Rate SOF	BSW COMMISSIONER TOTAL	30 of 42 I	Mar-24	172.5%	168.8%	▼			100.0%	▼		
IPC E.coli Infection Rate SOF	BSW COMMISSIONER TOTAL	9 of 42 H	Mar-24	136.8%	137.4%	▲			100.0%	▼		
IPC MRSA Infection Rate SOF	BSW COMMISSIONER TOTAL	20 of 42 I	Mar-24	5	5	◀▶			0	▼		
Number of Never Events	ALL_ICB - ACUTE TOTAL		Mar-25	1	1	◀▶			0	▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE	GWH 11(J) of 119 H	Nov-24		2					▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE	RUH 11(J) of 119 H	Nov-24		2					▼		
SHMI Rating (Summary Hospital Level Mortality Indicator) SOF	ALL_ICB - BY ACUTE	SFT 11(J) of 119 H	Nov-24		2					▼		
Mixed-Sex Accomodation Breaches	BSW COMMISSIONER TOTAL		Feb-25	607	707	▲				▼		

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
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Integrated Care Board

QUALITY – Patient Experience

Metric	Group	Benchmarking from NHSOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Friends and Family Test (A&E) Percentage Positive	BSW COMMISSIONER TOTAL		Jan-25	81.0%	85.0%	▲				▲		
Friends and Family Test (Inpatient) Percentage Positive	BSW COMMISSIONER TOTAL		Jan-25	94.0%	93.0%	▼				▲		
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.

BSW Integrated Performance Dashboard

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

COMMUNITY

	Metric		Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
	Community Bed Occupancy		BSW COMMISSIONER TOTAL		Mar-25	95.9%	79.4%	▼	95.3%	Yes		◄►		
*	Community Waiting List - Local		BSW COMMISSIONER TOTAL		Mar-25	12,327	1,397	▼				▼		
	Community Waiting List >52 Weeks		BSW COMMISSIONER TOTAL		Mar-25	7	8	▲	0	No		▼		
	Community Waiting List >52 Weeks (Adult)		BSW COMMISSIONER TOTAL		Mar-25	7	8	▲	0	No		▼		
	Community Waiting List >52 Weeks (CYP)		BSW COMMISSIONER TOTAL		Mar-25	0	0	◄►	0	Yes		▼		
	Hospital at Home: Average Occupancy %	SOF	BSW COMMISSIONER TOTAL	8 of 42 H	Mar-25	99.3%	101.1%	▲	94.9%	Yes	80.0%	▲		
	Hospital at Home: Capacity		BSW COMMISSIONER TOTAL		Mar-25	175	175	◄►	175	Yes	175	▲		
	UCR % 2hour Response	SOF	BSW COMMISSIONER TOTAL	34 of 42 L	Jan-25	79.0%	77.0%	▼			70.0%	▲		
	UCR Referrals		BSW COMMISSIONER TOTAL		Jan-25	1,895	1,985	▲	2,027	No		▲		

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

* January – March data is not complete as HCRG data not available while they were undertaking a review of community paediatric waiters to move methodology from RTT to Community waiting list in line with national requirement. March data has been impacted by the changeover to ICBC, post mobilisation this will be updated.

BSW Integrated Performance Dashboard

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

PRIMARY CARE

	Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
	GP Appointments	BSW COMMISSIONER TOTAL		Feb-25	590,592	521,006	▼	559,234	No		▲		
*	GP appointments where time from booking to appointment was two weeks or less % SOF	BSW COMMISSIONER TOTAL	34 of 42 L	Feb-25	86.3%	85.6%	▼	93.1%	No	85.0%	▲		
	IIF: Primary Care - % Lower GI Suspected Cancer referrals with an accompanying FIT result (CAN-02)	BSW COMMISSIONER TOTAL		Jan-25	79.3%	79.9%	▲	78.0%	Yes		▲		
	Percentage of resident population seen by an NHS dentist - Adult - 24 month rolling	BSW COMMISSIONER TOTAL		Jan-25	28.4%	28.4%	▲	35.2%	No		▲		
	Percentage of resident population seen by an NHS dentist - Child - 12 month rolling	BSW COMMISSIONER TOTAL		Jan-25	52.9%	53.2%	▲	61.5%	No		▲		
	Units of dental activity delivered	BSW COMMISSIONER TOTAL		Jan-25	63,514	74,010	▲	75,425	No		▲		

* The ICB commissioned additional GP appointments in January and February 2025 (not yet reported) in response to the system pressures and as requested at the gold call chaired by CEO on 31.12.24. We are still evaluating the impact, but this was circa 6,000 appointments in January and 5,000 in February 25. This activity was focused on same day appointments in response to respiratory illnesses, mainly in adults as the CYP hubs were already established.

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

BSW Integrated Performance Dashboard

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

MENTAL HEALTH

	Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
	Access to Transformed Community Mental Health Services	BSW COMMISSIONER TOTAL		Feb-25	6,095	6,205	▲	6,192	Yes	6,114	▲		
	CYP Mental Health Access SOF	BSW COMMISSIONER TOTAL	40 of 42 L	Feb-25	8,545	8,665	▲	13,468	No	13,830	▲		
	Dementia Diagnosis Rate SOF	BSW COMMISSIONER TOTAL	33 of 42 L	Feb-25	61.3%	61.4%	▲	66.1%	No	66.7%	▲		
	Inappropriate Acute Mental Health Out of Area Placements	BSW COMMISSIONER TOTAL		Feb-25	5	10	▲	1	No	0	▼		
*	SMI Health Checks %	BSW COMMISSIONER TOTAL		Dec-24	Q2 – 55.0%	56.0%		50.0%	Yes	60.0%	▲		
	Specialist Community Perinatal Mental Health Access SOF	BSW COMMISSIONER TOTAL	9 of 42 H	Feb-25	1,140	1,140	◀ ▶	1,130	Yes	985	▲		
	Talking Therapies - Number of Adults Receiving a Course of Treatment	BSW COMMISSIONER TOTAL		Feb-25	4,760	4,885	▲	6,440	No	9,651	▲		
**	Talking Therapies - Reliable Improvement Rate	BSW COMMISSIONER TOTAL		Feb-25	59.0%	69.0%	▲	67.9%	Yes	67.0%	▲		
**	Talking Therapies - Reliable Recovery Rate	BSW COMMISSIONER TOTAL		Feb-25	32.0%	47.0%	▲	49.9%	No	48.0%	▲		

* SMI Health Checks – This metric is reported quarterly There has been a national change in the data source from Q2 which has seen a reduction in the results published both regionally and nationally. The BSW change is not expected to reflect a reduction in local performance. The changes continue to be reviewed.

** Although the data has flowed correctly for February 2025, there was an issue with national data upload at AWP for January 2025 for both TT Reliable Recovery and Reliable Improvement and January is still showing incorrectly.

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

LEARNING DISABILITY AND AUTISM

Metric	Group	Benchmarking from SOF	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
LD - % Annual Health Checks Carried Out SOF	BSW COMMISSIONER TOTAL	26 of 42 l	Feb-25	59.7%	67.6%	▲	66.7%	Yes	75.0%	▲		
LD - Adult Inpatients - Total (Rate per million) SOF	BSW COMMISSIONER TOTAL	15 of 42 l	Mar-25	40	36	▼	29	No	30	▼		
LD - Children Inpatients - Total (Rate per million)	BSW COMMISSIONER TOTAL		Mar-25	42	42	◀▶	10	No	10	▼		
LD - Inpatients	BSW COMMISSIONER TOTAL		Mar-25	37	34	▼	23	No	23	▼		
LD - Inpatients (Rate per million)	BSW COMMISSIONER TOTAL		Mar-25	41	37	▼	25	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 provide assurance on this performance format.

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

BSW Integrated Performance Dashboard

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

WORKFORCE

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Agency Usage % - all staff	ALL_ICB - ACUTE TOTAL		Mar-25	1.0%	1.1%	▲			2.0%	▼		
Bank Usage % - all staff	ALL_ICB - ACUTE TOTAL		Mar-25	6.2%	6.5%	▲			4.0%	▼		
Sickness Rate - 12m	ALL_ICB - ACUTE TOTAL		Mar-25	4.4%	4.4%	▲			4.0%	▼		
Sickness Rate - in month	ALL_ICB - ACUTE TOTAL		Mar-25	4.8%	4.3%	▼			4.0%	▼		
Turnover Rate - 12m	ALL_ICB - ACUTE TOTAL		Mar-25	10.6%	10.5%	▼			12.0%	▼		
Turnover Rate - in month	ALL_ICB - ACUTE TOTAL		Mar-25	0.7%	1.0%	▲			1.0%	▼		
Vacancy Rate - all staff	ALL_ICB - ACUTE TOTAL		Mar-25	2.3%	2.4%	▲			6.0%	▼		

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

BSW Integrated Performance Dashboard

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

FINANCE

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
Agency Spend vs agency ceiling (% over plan YTD)	ALL_ICB - ACUTE TOTAL		Jan-25	-3.0%	2.0%	▲			0.0%	▼		
Agency Spend vs agency ceiling (% over plan YTD)	BSW NHS ICS - TOTAL		Jan-25	-3.0%	2.0%	▲			0.0%	▼		
Efficiencies % recurrent Actual	ALL_ICB - ACUTE TOTAL		Jan-25	80.0%	79.0%	▼			79.0%	▼		
Efficiencies % recurrent Actual	BSW COMMISSIONER TOTAL		Jan-25	100.0%	100.0%	◄►			79.0%	▼		
Efficiencies % recurrent Actual	BSW NHS ICS - TOTAL		Jan-25	84.0%	83.0%	▼			79.0%	▼		
Financial efficiency - variance from efficiency (?m YTD)	ALL_ICB - ACUTE TOTAL		Jan-25	£-7.2	£-11.2	▼			0	▼		
Financial efficiency - variance from efficiency (?m YTD)	BSW COMMISSIONER TOTAL		Jan-25	£-2.0	£-1.6	▲			0	▼		
Financial efficiency - variance from efficiency (?m YTD)	BSW NHS ICS - TOTAL		Jan-25	£-9.2	£-12.8	▼			0	▼		
Financial stability - variance from plan (?m YTD)	ALL_ICB - ACUTE TOTAL		Jan-25	£-19.5	£-9.5	▲			0	▼		
Financial stability - variance from plan (?m YTD)	BSW COMMISSIONER TOTAL		Jan-25	£6.6	£7.6	▲			0	▼		
Financial stability - variance from plan (?m YTD)	BSW NHS ICS - TOTAL		Jan-25	£-12.9	£-1.9	▲			0	▼		
Mental Health Investment - variance from plan (?m YTD)	BSW COMMISSIONER TOTAL		Jan-25	0	0	◄►			£1.0	▲		

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12b
Date of Meeting:	22 May 2025		

Title of Report:	Standing Financial Instructions (SFI) confirmation, and Scheme of Reservations and Delegations (SoRD) update
Report Author:	Anett Loescher, Associate Director of Governance, Compliance and Risk
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	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
ICB Board	21/11/2024	Endorsement of delegation of specialised services commissioning under a Principal Commissioner model
ICB Board	20/03/2025	Approved delegation of specialised commissioning responsibilities from 1 April 2025

1	Purpose of this paper
With effect from 1 April 2025, under section 65Z5 of the NHS Act NHSE has delegated to ICBs the functions of commissioning certain Specialised Services.	

Somerset ICB was agreed as the Principal Commissioner to whom the Southwest ICBs delegate the entirety of the delegated specialised portfolio, functions, powers and allocations. The ICB's Scheme of Reservations and Delegations (SoRD) needs to be updated to reflect this.

Upon its establishment, BSW ICB adopted the nationally issued model Standing Financial Instructions (SFIs) for ICBs. The SFIs are part of the ICB's control environment for managing the organisation's financial affairs. The SFI should be reviewed regularly to ensure they remain current and fit for purpose. This review point has been reached. While there are no recommendations for change or updates, the Board should confirm the continued validity of the ICB's SFI.

The approval of documents related to the ICB's Constitution – such as the SoRD and the SFIs –, and amendments of these documents, is a matter reserved to the ICB Board.

2	Summary of recommendations and any additional actions required

The Board is asked to

a. **Approve** the update to the BSW ICB SoRD to reflect the delegation of specialised commissioning functions from BSW ICB to the Principal Commissioner, and the exercise of these functions through a Joint Committee.
b. **Approve** the BSW ICB SFI in their current form.

3	Legal/regulatory implications

ICBs must have a Governance Handbook that describes how the ICB organises itself, and how it discharges its functions incl. through its governance and decision-making arrangements. The SoRD and the SFIs are part of the ICB's Governance Handbook.

4	Risks

If the ICB's Governance Handbook or its components are not regularly reviewed, updated and maintained, then there is no clarity (and transparency) as to who can make what decisions. As a consequence, the ICB's decision-making may be vulnerable to challenge.

5	Quality and resources impact	
All benefit from clear governance and decision-making arrangements.		
Finance sign-off		N/A

6	Confirmation of completion of Equalities and Quality Impact Assessment

n/a

7	Communications and Engagement Considerations
The SoRD and the SFI are published on the ICB's website, as part of the ICB's Governance Handbook.	

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

Standing Financial Instructions (SFI) confirmation, and Scheme of Reservations and Delegations (SoRD) update

1. Updates to the ICB's Scheme of Reservations and Delegations (SoRD) in light of specialised commissioning delegations

1.1. NHS England (NHSE) has statutory functions (duties and powers) conferred on it by legislation to make arrangements for the provision of prescribed services known as Specialised Services. These services support people with a range of rare and complex conditions.

1.2. NHSE is able to delegate responsibility for carrying out its Commissioning Functions to an ICB. With effect from 1 April 2025, under section 65Z5 of the NHS Act NHSE has delegated to ICBs the functions of commissioning certain Specialised Services.

1.3. Somerset ICB was agreed as the Principal Commissioner to whom the Southwest ICBs delegate the entirety of the delegated specialised portfolio, functions, powers and allocations. The delegated functions are exercised through the South-West Joint Specialised Services Committee, which is constituted as a committee of the Principal Commissioner's (Somerset ICB's) Board.

1.4. To reflect the delegation of functions from BSW ICB to the Principal Commissioner, the BSW ICB's SoRD has been updated. The previous provisions as below

Ref	Policy Area	Decision	ICB Board Matters reserved to the Board are listed separately	Committee or Sub-Committee
27	Commissioning (joint specialised services)	Make joint decisions in relation to the planning and commissioning of Specialised Services, and any associated commissioning or statutory functions, for the South West population. This includes approval of commissioning strategies and plans.		x, South West Joint Working Committee (Specialised Commissioning)
28	Commissioning (joint specialised services)	Develop and agree the approach to intervention with Specialised Services Providers where there are quality or contractual issues. (By implication, take decisions re the management of providers providing inadequate standards of patient care; and the management of poorly performing services providers)		x, South West Joint Working Committee (Specialised Commissioning)

have been replaced with the all-encompassing

Ref	Policy Area	Decision	ICB Board Matters reserved to the Board are listed separately	Committee or Sub-Committee
27	Commissioning (joint specialised services)	Exercise and manage the entirety of the delegated specialised portfolio, functions, powers and allocations as set out in the Delegation Agreement between NHS England and Bath & North East Somerset, Swindon and Wiltshire ICB in relation to Specialised Commissioning Functions, and as set out in the Collaboration Agreement between the SW ICBs. In particular, make joint decisions in relation to the planning and commissioning of the Joint Specialised Services, and any associated commissioning or statutory functions, for the South West population.		x, South-West Joint Specialised Services Committee (constituted as a sub-committee of the Principal Commissioner's [Somerset ICB's] Board

1.5. The Board is asked to **approve** this update of the BSW ICB's SoRD. The updated SoRD will be published on the ICB's website.

1.6. No other amendments to the ICB's governance handbook are required.

2. BSW ICB Standing Financial Instructions (SFI)

2.1. Upon its establishment, BSW ICB adopted the nationally issued model SFIs for ICBs. 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. The SFI describe the key responsibilities of the ICB's chief officers, and in particular the Chief Finance Officer, with regards to ensuring that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically.

2.2. The SFI should be reviewed regularly. There are no recommended changes or updates to the SFIs, and the Board is asked to **approve** that the SFI remain in their current form. As before, the SFI will be published on the ICB's website.

3. Recommendations

3.1. The Board is asked to

c. **Approve** the update to the BSW ICB SoRD to reflect the delegation of specialised commissioning functions from BSW ICB to the Principal Commissioner, and the exercise of these functions through a Joint Committee.

d. **Approve** the BSW ICB SFI in their current form.

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

BSW ICB Audit Committee Annual Report - 1 April 2024 to 31 March 2025

1. Summary for the Year

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

2. Membership

The members of the Committee for the period 1 April 2024 to 31 March 2025 were as follows:

BSW ICB Non-Executive Director (Audit and Governance)	Dr Claire Feehily
BSW ICB Non-Executive Director (Remuneration and People)	Suzannah Power
BSW ICB Non-Executive Director (Public and Community Engagement)	Julian Kirby
Local Authority Partner Member of the Board	*No attendance and role removed from Committee Membership – September 2024*
Community Provider Partner Member of the ICB Board	*Vacant role upon the ICB Board for reporting period, and role removed from Committee Membership – September 2024*

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

- ICB Chief Executive – Sue Harriman
- ICB Chief Financial Officer – Gary Heneage
- ICB Chief Nurse Officer – Gill May
- ICB Chief Delivery Officer – Rachael Backler
- Associate Director of Governance, Compliance and Risk – Anett Loescher
- Head of Internal Audit – KPMG representatives
- External Auditors – Grant Thornton representatives
- Security Management – TIAA representatives
- Local Counter Fraud – KPMG representatives

3. Frequency of Meetings

The Committee has met six times throughout the reporting period.

Attendance at meetings was as follows:

BSW ICB NED for Audit and Governance	6
BSW ICB NED for Public and Community Engagement	5
BSW ICB NED for Remuneration and People	6
Local Authority Partner Member – Swindon	*No attendance and role removed from Committee Membership – September 2024*
Community Provider Partner Member	*Vacant role upon the ICB Board for reporting period, and role removed from Committee Membership – September 2024*

4. Principal Review Areas

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

Integrated governance and systems risk

In order to fulfil this duty, the Committee has:

- Undertaken a review of the Annual Governance Statement to ensure that it is consistent with the ICB's systems of internal control. It has sought comment from the Internal Auditors, External Auditors and other appropriate independent bodies in order to gain assurance that the ICB's system of internal control is working effectively.
- Maintained oversight of the risk management arrangements and the extent to which these are developing, embedding and operating as intended throughout the organisation. The revised ICB Risk Management Framework was endorsed by the Committee at its meeting in March 2025, and recommended it to the ICB Board for approval and adoption.
- Sought assurance regarding financial management and systems, including the finance protocol adopted by the NHS system, and the completion of the HMFA checklist as part of NHS England finance protocols.
- Received a report to its December 2024 meeting to summarise the outcomes of the ICB's review of its governance and decision-making arrangements, and steps underway to implement the refreshed arrangements following approval by the ICB Board at its meeting on 19 September 2024.

Internal audit

KPMG have been the internal auditors for this reporting period.

In accordance with the Committee's terms of reference, an annual review of internal audit services was undertaken in March/April 2025 - to aid the future delivery of services, help set the service expectations, and ensure they add value.

Throughout the reporting period, the Committee has worked effectively with Internal Audit to strengthen the ICB's internal control processes, and welcomed the flexible approach to the Audit Plan in recognition of the working context and financial pressures seen in year. The Committee has also in year:

- Considered the major findings of the following Internal Audit reviews and is assured that management have responded in an appropriate manner.

Area of Audit	**Level of Assurance Given**
Health Inequalities Data Quality (May 2024)	Partial assurance with improvements Required
Community Services Procurement – Part 1 (May 2024)	N/A – advisory review
Primary Care Commissioning Assurance Framework (May 2024)	Partial assurance with improvements required
Care Packages (September 2024)	Partial assurance with improvements required
Emergency Department Data Quality (December 2024)	Significant assurance with minor improvement opportunities
Secondary Employment (including Conflicts of Interest) (March 2025)	Significant assurance with minor improvement opportunities
Integrated Community Based Care - Transition Plan Governance and Risk Management (March 2025)	Significant assurance with minor improvement opportunities

- Continued to challenge Executives on making sure that Internal Audit recommendations and actions are adhered to in a timely manner. Action deadlines can now only be altered following discussion and agreement by the Executive Team.
- Noted that the BSW ICB draft Head of Internal Audit Opinion for the period 1 April 2024 to 31 March 2025 was one of *'Significant assurance with minor improvements'.*

The Internal Audit Plan for 2025-26 is to be presented for approval to the May 2025 Committee meeting.

External audit

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

In accordance with the Committee's terms of reference, an annual review of external audit services was undertaken in March/April 2025.

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

The external auditors will be producing their opinion of the BSW ICB Annual Report and Accounts which will be reported through their Findings Report (ISA 260 report). This will be reported to the Audit Committee in June 2025, allowing the Committee to recommend the accounts and annual report to the ICB Board for approval.

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

The Grant Thornton External Audit Plan for 2024-25 was approved by the Committee at its March 2025 meeting.

The Committee has continued to have oversight of the progress made against the Auditors Annual Report Recommendations, receiving updates to each meeting, and has sought assurance that systems, processes, and supporting corporate documentation are being improved and strengthened as required.

Other assurance functions

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

During the reporting period, the Committee also received overview reporting against the following

- Management consultancy and interim contractual arrangements – six-monthly reporting to provide assurance that oversight over staffing support acquired and improvements being made to ICB processes.
- System and ICB cyber security – six-monthly reports to ensure the Committee is sighted on the progress and action taken to improve cyber security posture and arrangements.
  The Committee also received specific assurance regarding the ICB's participation in the Sapphire Willow cyber incident to its March 2025 meeting.
- Emergency Preparedness, Resilience and Response Core Assurance updates – to give oversight to the Committee on the EPRR activity and provide assurance that each organisation is working to seek full compliance.

Counter fraud and security management

KPMG's counter fraud team continued to provide counter fraud services for this reporting period. Security Management services continued to be provided by TIAA.

The Committee reviewed the in-depth reports provided by KPMG and TIAA and took assurance from these that the ICBs counter fraud and security management arrangements are sufficient and comprehensive. No significant fraud or security incidents have been reported.

The Counter Fraud Annual Report for 2023-24 was received by the Committee in May 2024, noting the ICB's overall rating against the Government Functional Standard on Counter Fraud as 'green'.

The KPMG Local Counter Fraud Service Plan for 2025-26 is to be presented to the Committee for approval at its meeting in May 2025. The TIAA Security Management Workplan for 2025-16 was approved by the Committee at its March 2025 meeting.

Financial Reporting

The Committee will review the draft BSW ICB Annual Report and Financial Statements for 2024-25 at its April 2025 meeting, and will review the final draft in June 2025 prior to submission to the ICB Board for final approval.

During this reporting period BSW as a system voluntarily moved into national finance protocol measures due to deviation from its agreed financial target for 2024-25. The Committee received updates against the completion of the HMFA checklist and validation via an internal audit process, as a requirement as part of these national finance protocols.

Information Governance

The Committee receives escalation reports from the Information Governance Steering Group (IGSG) as required, and noted the IGSG Annual Report for 2023-24 at its May 2024 meeting. The Committee will continue to seek assurance from the Group on compliance ahead of the submission of the Data Security Protection Toolkit in June 2025.

Conflicts of Interest

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

Reports concerning the ICB's Corporate Registers and ICB's Policy Register were reviewed by the Committee at meetings held in May 2024 and December 2024. The Declarations of Interest register is shared with the ICB Board also, and published on the ICB's website.

Freedom to Speak Up

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

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

Management and Communication

There were some changes to executive portfolios as part of the Project Evolve organisational change programme. Evolve concluded in September 2024. These executive changes have not directly impacted upon the Committee membership or arrangements.

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

5. Effectiveness of the Audit Committee

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

An effectiveness review of the Committee (and the ICB Board and its other sub-committees) is being planned for quarter four of 2025-26.

6. Conclusion

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

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13b
Date of Meeting:	22 May 2025		

Title of Report:	BSW ICB Board Assurance Framework review
Report Author:	Anett Loescher, Associate Director of Governance, Risk and Compliance
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	1 – Draft BSW ICB BAF

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	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
ICB Board	Various	Discussion of proposed approach to and format of BSW ICB BAF
ICB Executive Management Meeting and ICB Senior Management Group	Various	Discussion, endorsement of the proposed risk articulations for the BAF; socialisation of the BAF in its new format / content
ICB Audit Committee	06/03/2025	

1 Purpose of this paper

At its meeting on 17/10/2024, the Board considered proposals to review the Board Assurance Framework (BAF) and the information that it presents. The Board agreed in principle all proposed amendments and changes to presentation and content of the BAF. Based on the Board's feedback and subsequent discussions with Executives, we have developed the draft BAF in App 1 that includes:

- new descriptors and threshold risk scores for risk appetite, per the recently approved ICB Risk Management Framework

- a new strategic objective re financial sustainability; and the strategic priorities for 2025/26 as articulated in the Implementation Plan;
- reframed articulations of the BAF risks;
- dashboard; threat map/s; summary narrative / assessment of developments in the past quarter. These will be populated and updated quarter-on-quarter, starting with Q1 2025/26;
- detailed BAF risk analysis incl. assurance assessment re adequacy of controls and assurances, and assessment of progress and effectiveness of mitigation actions;
- mapping of BAF risks to strategic objectives, and to relevant ICB operational risks

The BAF is a departure from the BAF that the organisation has been used to. Presentationally, it moves away from a list view. The proposed content aims to offer regular at-a-glance assessments of the risk environment and risk developments, combined with a detailed analytical narrative per risk that supports strategic decision-making (incl. decision-making re the strategic objectives themselves).

Over time, the intention is to correlate and triangulate more clearly horizon-scanning, stated delivery plans and intentions, performance data, and risk. We also seek to align the ICB BAF with those of system partners (in particular with regards to terminology) in order to support aligned and strategic approaches to system risks.

The ICB is entering into a period of significant organisational change. We anticipate that the risks as articulated in the BAF will be reviewed quite frequently in the months ahead.

Per the BSW ICB's Scheme of Reservations and Delegations (SoRD), it is the Board's prerogative to approve the BAF.

2	Summary of recommendations and any additional actions required

The Board is asked to **approve** the BAF.

3	Legal/regulatory implications

The ICB is required to have in place adequate risk management processes and mechanisms. NHS organisations are required to maintain a BAF so that the Board can be assured that and how the organisation is managing the major strategic risks that could prevent it from achieving its objectives.

4	Risks

No risks associated with the review of the BAF. The BAF is a risk mitigation in its own right in that it reflects to the ICB's senior decision-makers the risks that arise

from the ICB's operating environment and supports decision-makers with managing those risks.

5	Quality and resources impact
All will benefit from the ICB's ability to recognise and identify risks early and to manage such risks appropriately.	
Finance sign-off	n/a

6	Confirmation of completion of Equalities and Quality Impact Assessment
n/a	

7	Communications and Engagement Considerations
n/a	

8	Statement on confidentiality of report
This paper contains no confidential information and can be shared publicly.	

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

BSW ICB Board Assurance Framework

14 May 2025

Contents

1 Overview

Background

The BSW Integrated Care Partnership and the BSW ICB Board agreed the BSW Integrated Care Strategy in May 2023. The Strategy sets out our Strategic Objectives, and the BAF is structured around those. Section 2 summarises the strategic framework as articulated in the BSW Integrated Care Strategy.

The Board Assurance Framework (BAF)

The Board Assurance Framework (BAF) is intended as a tool to focus the ICB Board on those risks which might compromise the achievement of our agreed Strategic Objectives (SO). When we identify and assess such risks, we take into consideration the controls that we have in place to mitigate the likelihood and / or impact of a risk, and the sources of assurance which the ICB Board can rely on to determine the effectiveness of those controls. Where we identify gaps in controls or assurances, we identify actions to address those gaps. The aim of comprehensive controls, together with other agreed mitigating actions, is to reduce the likelihood and / or impact score of the risk towards the stated target risk score. The target risk score is aligned with our Risk Appetite Statement (Appendix 1 of our ICB Risk Management Framework and replicated as Appendix 1 of this BAF, for ease of reference).

The BAF is a dynamic document, and we will continue to develop and improve it so that it truly fulfils its purpose as a tool for strategic risk-informed discussions.

Summary assessment for Q1 2025/26

- The **top strategic risks** for this quarter are BAF06, Financial delivery, and BAF09, Future of the ICB. Both risks score L4xI5=20.

- BAF06, Financial delivery, has the **highest number of linked operational risks** (11) whereas BAF04, Health inequalities, BAF06 Wider determinants of health and BAF07, Health outcomes, have the **lowest number of linked operational risks** (0, respectively).

- TO BE COMPLETED FROM Q2 ONWARDS. There are [no / x number of actions] (re gaps in controls and assurances, or re mitigations) **assessed as 'Problematic'** at this time. There is [x number of actions] **assessed as 'Delayed'**; this / these action/s pertain/s to BAF##, [name].

- Strategic Objective 03, Deliver excellent health and care services, and Strategic Objective 04, Financial recovery and sustainability are the most at-risk and threatened, with 9 risks against them respectively.

- 8 strategic risks have a **partial assurance** rating, 1 strategic risk has a **no assurance** rating.

Recommendations – Q1 2025/26

The Board is asked to
- Confirm that the risk articulations are appropriate.
- Confirm that the Q1 risk scores and assessments are an accurate reflection of the position
- Approve the BAF as a whole

Additional information

- We use these keys throughout for progress on actions rating and assurance assessment ratings:

Assurance Assessment Ratings		
	Significant Assurance	High level of confidence in appropriateness, effectiveness, delivery of BAF risk mgt.
	Acceptable Assurance	Confidence in appropriateness, effectiveness, delivery of BAF risk mgt., possible to improve
	Partial Assurance	Some areas of concern re appropriateness, effectiveness, delivery of BAF risk mgt.
	No Assurance	No confidence in appropriateness, effectiveness, delivery of BAF risk mgt.

Actions – progress assessment (PA)		
	Complete / BAU	Action completed, now business as usual
	On Track	Improvement on trajectory, on track, near completion
	Delayed	Delivery remains feasible. Actions not completed; further interventions required
	Problematic	Off track / trajectory / milestone breached. Recovery plan required

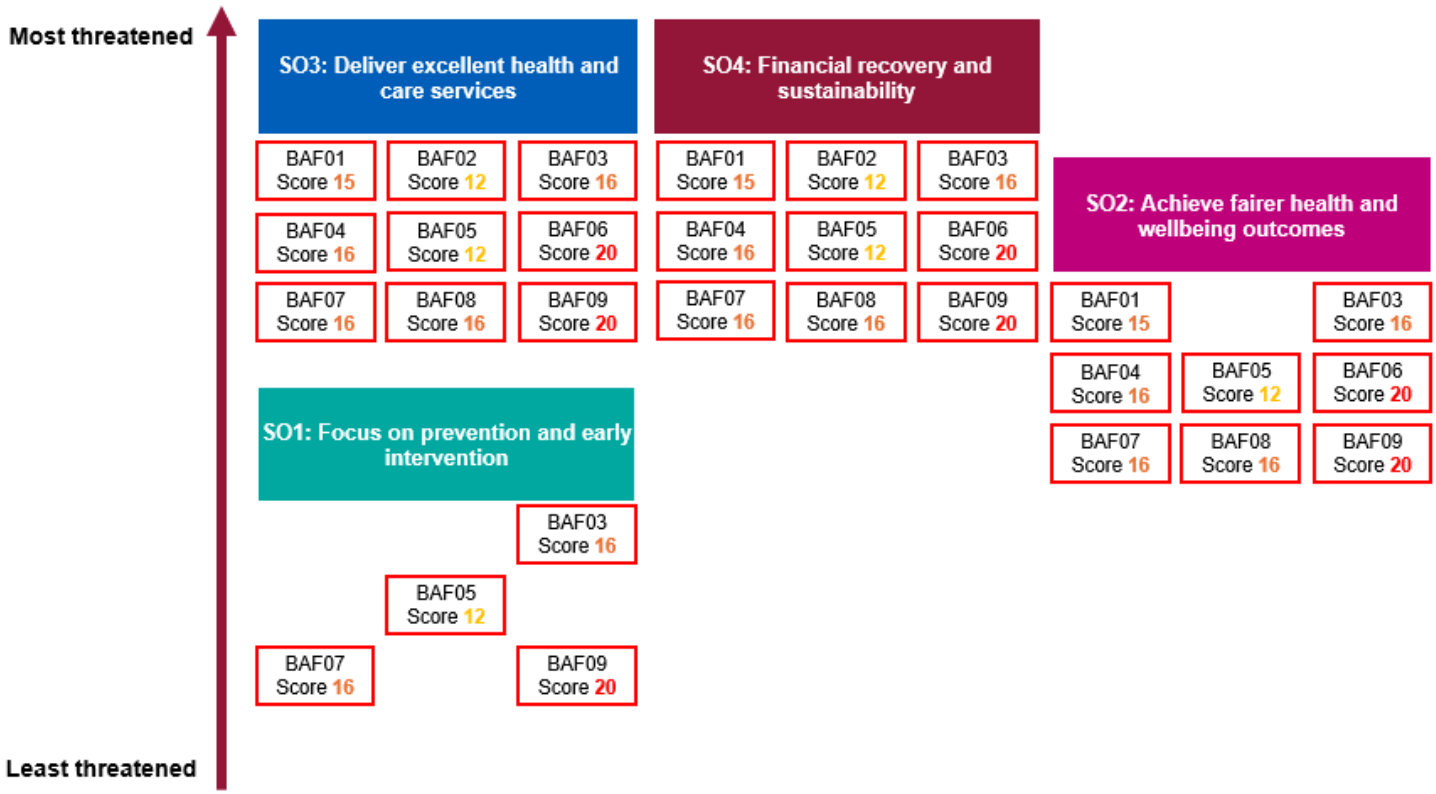
2 BSW Strategic Framework

The BSW Integrated Care Strategy describes our vision and strategic objectives; our Implementation Plan describes our strategic priorities for 2025/26. In summary:

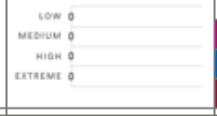
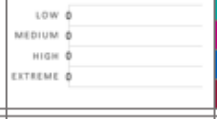
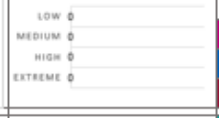
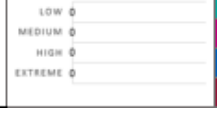
Healthy pregnancy, birth and neonatal care	Start well 0-25 years	Live well 25-64 years	Age well +64 years	Die well	What achievement of our strategic objectives will mean
Mothers have a healthy pregnancy and a good birth experience Babies are born in good health Parents approach parenting with confidence	Children, young people and families have a healthy environment in which they can grow up in Mental health support is available for children and young people who need it The most vulnerable children and young people are well-supported, incl. those in and leaving care, and those who need to be kept safe Children are ready to start education There are better links between health and care services and schools	Individuals are supported to look after their own health and wellbeing All residents benefit from living and working in places that promote health and wellbeing Those with physical disabilities, learning disabilities and mental health conditions are in good health. Their care and support includes access to opportunities such as accommodation, housing and employment	Older people feel that they are happy, independent and in control of their own care The health and wellbeing of carers is prioritised and supported When needed, health and care services are delivered at home, or as close to home as possible	Individuals are consulted on where they would like their life to end and how they would like to be cared for in the final months of their life Individuals feel that their wishes are respected by staff and those around them Comprehensive support services are provided for individuals and their loved ones through palliative care, incl. bereavement support for families.	

	Our strategic objectives, and priorities for 2025/26
SO1 Focus on prevention and early intervention	SP1 Increase our focus on prevention, improve timeliness of access and expand diagnostic and preventative care
SO2 Achieve fairer health and wellbeing outcomes	SP3 Reducing healthcare inequalities in our localities and our system
SO3 Deliver excellent health and care services	SP4 Implement the NHS elective reform plan: redesign our elective services & improve access and outcomes for our population SP5 Improve our urgent and emergency care services, providing the right care at the right time in the right place
SO4 Financial recovery and sustainability	SP6 Deliver our medium-term financial plan and return to financial balance

3 Threats to our strategic objectives and strategic priorities – assessment for Q1 2025/26



4 Board Assurance Framework dashboard Q1 2025/26

Ref	Risk title	Q1			Q2			Q3			Q4			Target			Date	Risk moves	Assurance assessmt	Action status	Linked op. risks	Threat to Strategic Objectives
		L	I	S	L	I	S	L	I	S	L	I	S	L	I	S						
BAF 01	Urgent and Emergency Care	3	5	15										2	3	6	31/03/2026		partial			SO2 SO4 SO3
BAF 02	Elective care	3	4	12										2	3	6	31/03/2026		partial			SO4 SO3
BAF 03	Prevention	4	4	16										3	3	9	31/03/2026		partial			SO1 SO2 SO4 SO3
BAF 04	Health inequalities	4	4	16										3	3	9	31/03/2026		partial			SO2 SO4 SO3
BAF 05	Workforce	3	4	12										3	3	9	31/03/2026		partial			SO1 SO2 SO4 SO3
BAF 06	Financial delivery	4	5	20										3	4	12	31/03/2026		partial			SO2 SO4 SO3
BAF 07	Wider determinants of health	4	4	16										3	3	9	31/03/2026		none			SO1 SO2 SO4 SO3
BAF 08	Health outcomes	4	4	16										3	3	9	31/03/2026		partial			SO2 SO4 SO3
BAF 09	Future of the ICB	4	5	20										3	5	15	31/03/2026		partial			SO1 SO2 SO4 SO3

5 Board Assurance Framework – Analysis

BAF01: Urgent and Emergency Care

Commissioning Committee | ICB Chief Nurse Officer | 22/04/2025

Risk description

- **IF** (likelihood / probability) Urgent and Emergency Care (UEC) does not have sufficient and appropriate capacity across the entire system pathway to meet demand and support flow,
- **THEN** we will not achieve ambulance targets, will not reduce NCTR, will not get patients into the most appropriate care settings, will not free up hospital capacity for elective care, patients will come to harm, system performance incl. financial will deteriorate.
- As a **CONSEQUENCE** (impact), we will continue to focus system resources on managing pressures instead of routing resources into the transformation of care, and we will not achieve our strategic objectives SO2, Fairer health and wellbeing outcomes; SO3, Excellent health and care services; and SO4, A sustainable health and care system.

Impact on strategic objectives and strategic priorities for the year

SO1 Focus on prevention and early intervention		**SO2 Achieve fairer health and wellbeing outcomes**	•	**SO3 Deliver excellent health and care services**	•	**SO4 Achieve financial recovery and a long-term sustainable health and care system**	•
SP1 Transform community services, improving timeliness of access and expanding diagnostic and preventative care		**SP3 Reducing healthcare inequalities in our localities and our system**		**SP4 Implement the NHS elective reform plan: redesign our elective services & improve access and outcomes for our population**		**SP6 Deliver our medium-term financial plan and return to financial balance**	
				SP5 Improve our urgent and emergency care services, providing the right care at the right time in the right place			

Risk movement over time and current score (Q x)

	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)	Target score / date		Agreed treatment	Linked operational risks		
Likelihood	3				2	31/03/2026	Treat	Low		
Impact	5				3			Mod		
Score	15				6			High		
Movement	-							Extreme		

Rationale for current risk score and progress made in the quarter

- In Q1, we assessed the likelihood of this risk materialising as 3, possible and fairly likely to occur. The rationale for this is that:
    - The new community contract (with HCRG) is in place, this means we're able to progress transformation of services towards care closer to home and to drive the neighbourhood services development

    - CareCo has been enabling us to reduce attendance and footfall in A&E which is tentatively leading to a relief in A&E capacity pressures
    - There is increased focus on the frailty pathway and efforts to reduce ambulance call-outs and prevent hospital admissions through targeted preventative care and actions
- In Q1, we assessed the impact of this risk materialising as 5, catastrophic incl. possibility of fatalities and significant financial loss. The rationale for this is that:
    - The BSW Planning submission commits the system to achieving the 45-minute handover target and to reducing NCTRs to 9% – if BSW does not deliver on this, the impact will be massive incl. on elective care, see below; the likelihood of such impact is greater if the acutes don't accept patients or don't manage their internal processes
    - There is a knock-on effect on community and primary care where demand increases as people seek alternatives to hospital and A&E visits at a time when GPs and community pharmacies are at capacity / struggle to offer appointments
    - There is a knock-on effect on elective care when hospital capacity focusses on A&E and does not allow for increase of elective performance, and we see waiting lists stagnate and beginning to deteriorate
    - If the risk materialises, the likelihood of increased NHSE oversight and intervention increases. This will impact on our ability to self-determine our plans, which in turn will reduce our ability to achieve our strategic objectives.

Key controls

- BSW Implementation Plan 2025/26
- BSW Outcomes Framework
- NHS Planning Guidance 2025/26
- NHS statutory targets
- Daily System Control Centre (SCC) calls and battle rhythm of Gold calls
- UEC Delivery Group oversight of immediate action plans to increase flow
- BSW Winter Plan (for winter)
- BSW Quality Assurance Framework
- System Quality Group

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4	Commentary
1st line (ICB)	-					
2nd Line (system)	Regular performance reports incl. recommended adjustments of plans	🟢				
	Monthly performance reports from UEC Delivery Group to PDEG	🟡				
	Monthly system performance report to EMM, QOC, FIC and Board	🟢				
	Winter Plan assurance by UEC Delivery Group, acutes, QOC					
	Patient safety reports	🟡				
3rd Line (external)	NHSE regional assurance meetings	🟢				
	NQB oversight of incidents, patient experience, learning – ICB attendance and SQG reports by exception	🟡				
Overall assessment		🟡				

Assurance Assessment Ratings		
	Significant Assurance	High level of confidence in appropriateness, effectiveness of controls & assurances to manage risk
	Acceptable Assurance	Confidence in appropriateness, effectiveness of controls & assurances to manage risk, possible to improve
	Partial Assurance	Some areas of concern re appropriateness, effectiveness of controls & assurances to manage risk.
	No Assurance	No confidence in appropriateness, effectiveness of controls & assurances to manage risk

Gaps in controls and / or assurances

Controls:

- Gaps identified:
  - BSW has no urgent and emergency care strategy.
  - The SWASFT contract is managed by Dorset ICB on behalf of the SW ICBs. We are somewhat removed from this and believe that we should have more visibility of / tighter control over the SWASFT contract to ensure SWASFT delivers / contractual levers are deployed as and when appropriate.

Assurances:

- Gaps identified:
  - We don't have good data (complete, up-to-date) for out-of-hospital capacity where patients could either be treated / cared for or be discharged to in order to improve flow.

Mitigating actions

Actions that we take to address gaps in controls and / or assurances, and to reduce likelihood and / or impact of the risk.

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
1	Develop a BSW UEC strategy	Identification of problems, drivers and solutions; clear measurable objectives and targets; buy-in and commitment from health and non-health organisations to deliver to objectives	Jo Williamson	30 June 2025		
2	Facilitate greater oversight of SWASFT contract	Firmer grip on contract will enable earlier identification of issues and enable intervention to bring contract performance back on track	Claire Croxton	30 May 2025		
3	Develop / enhance dedicated focus on infection prevention and control	Reduce number and impact of outbreaks such as ward / bed closures to maximise hospital capacity	Connie Timmins	30 May 2025		
4	Establish oversight of out-of-hospital capacity	Better understanding of out-of-hospital capacity and subsequent ability to address issues incl. by defining and monitoring clear	Jo Williamson	30 April 2025		

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
		measurable objectives, targets and KPI;				

Actions – progress assessment (PA)		
	Complete / BAU	Action completed, now business as usual
	On Track	Improvement on trajectory, on track, near completion
	Delayed	Delivery remains feasible. Actions not completed, further interventions required
	Problematic	Off track / trajectory / milestone breached. Recovery plan required

BAF02: Elective Care

Commissioning Committee | Caroline Holmes | dd/mm/yyyy

Risk description and impact on strategic objective / s

- **IF** (likelihood / probability) the system fails to deliver on the specific expectations set out in the elective care reform plan,
- **THEN** cancer and planned care waiting times will not reduce in line with national expectations.
- As a **CONSEQUENCE** (impact), there will be patient harm, reputational damage to the ICS, a loss of Elective Recovery Fund (ERF), continued increased demand for urgent and emergency care and primary care, continued operational systems pressures, and we will not achieve our strategic objectives SO3, Excellent health and care services; and SO4, A sustainable health and care system.

Impact on strategic objectives and strategic priorities for the year

SO1 Focus on prevention and early intervention		SO2 Achieve fairer health and wellbeing outcomes		SO3 Deliver excellent health and care services	●	SO4 Achieve financial recovery and a long-term sustainable health and care system	●
SP1 Move care closer to our communities		SP3 Reducing healthcare inequalities in our localities and our system	●	SP4 Implement the NHS elective reform plan: redesign our elective services & improve access and outcomes for our population	●	SP6 Deliver our medium-term financial plan and return to financial balance	●
SP2 Prioritise prevention activities working through and with localities and communities				SP5 Improve our urgent and emergency care services, providing the right care at the right time in the right place			

Risk movement over time and current score (Q x)

	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)	Target score / date		Agreed treatment	Linked risks		
Likelihood	4					31/03/2026	Treat	Low		
Impact	4							Mod		
Score	16							High		
Movement								Extreme		

Rationale for current risk score and progress made in the quarter

- The elective care plan is developed however is only in the first stage of implementation
- Contracts and indicative activity plans are agreed to support system recovery but will require ongoing close management throughout the year to deliver planned improvement trajectories.

Key controls

- BSW Implementation Plan 2025/26
- BSW Outcomes Framework
- NHS Planning Guidance 2025/26
- NHS Elective Reform Plan

- NHS statutory targets
- NHS tiering per oversight framework

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4	Commentary
1st Line (ICB)	Contract review meetings with providers					
2nd Line (system)	Regular performance reports incl. recommended adjustments of plans					
	Monthly performance reports from Elective Care Delivery Group					
	Bi-monthly system performance report to EMM, Commissioning Committee and Board					
3rd Line (external)	NHSE regional assurance meetings with ICB involvement					

Assurance Assessment Ratings		
	Significant Assurance	High level of confidence in appropriateness, effectiveness of controls & assurances to manage risk
	Acceptable Assurance	Confidence in appropriateness, effectiveness of controls & assurances to manage risk, possible to improve
	Partial Assurance	Some areas of concern re appropriateness, effectiveness of controls & assurances to manage risk.
	No Assurance	No confidence in appropriateness, effectiveness of controls & assurances to manage risk

Gaps in controls and / or assurances

Controls:

- Gap identified: None

Assurances:

- Gap identified:
  - Contract review meetings to be strengthened in terms of frequency, scope and seniority of attendees

Mitigating actions

Actions that we take to address gaps in controls and / or assurances, and to reduce likelihood and / or impact of the risk.

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
1	Contract review meeting plan to be developed	More robust oversight and management of contracts	Jane Rowland	30 June 2025		
2	Indicative activity plans developed for all providers to meet trajectories and cost envelope	Activity aligned with performance	Jane Rowland, Mark Harris	30 June 2025		

Actions – progress assessment (PA)		
	Complete / BAU	Action completed, now business as usual
	On Track	Improvement on trajectory, on track, near completion
	Delayed	Delivery remains feasible. Actions not completed, further interventions required
	Problematic	Off track / trajectory / milestone breached. Recovery plan required

BAF03: Prevention

Quality and Outcomes Committee | ICB Chief Medical Officer | 22/04/2025

Risk description

- **IF** (likelihood / probability) we do not take the right actions and provide the right incentives for residents to stay healthy,
- **THEN** we will not prevent disease, injury or ill-health or avoidable complications associated with long-term conditions.
- As a **CONSEQUENCE** (impact), we will continue to see operational pressures on our health and care system, and will not deliver the intended improvements in population health. We will not achieve our strategic objectives SO1 Focus on prevention and early intervention. SO2, Fairer health and wellbeing outcomes; SO3, Excellent health and care services; and SO4, A sustainable health and care system.

Impact on strategic objectives and strategic priorities for the year

SO1 Focus on prevention and early intervention	●	**SO2 Achieve fairer health and wellbeing outcomes**	●	**SO3 Deliver excellent health and care services**	●	**SO4 Achieve financial recovery and a long-term sustainable health and care system**	●
SP1 Move care closer to our communities		**SP3 Reducing healthcare inequalities in our localities and our system**		**SP4 Implement the NHS elective reform plan: redesign our elective services & improve access and outcomes for our population**		**SP6 Deliver our medium-term financial plan and return to financial balance**	
SP2 Prioritise prevention activities working through and with localities and communities				**SP5 Improve our urgent and emergency care services, providing the right care at the right time in the right place**			

Risk movement over time and current score (Q x)

	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)	Target score / date		Agreed treatment	Linked risks		
Likelihood	4				3	31/03/2026	Treat	Low		
Impact	4				3			Mod		
Score	16				9			High		
Movement								Extreme		

Rationale for current risk score and progress made in the quarter

- The key underlying driver for the risk score is that prevention is not enshrined as an ICB statutory function, nor is prevention part of national or statutory metrics – BSW system essentially has to consciously / proactively choose to deliver other metrics (e.g. reduced number of CVD diagnoses) through prevention.
- The NHS' annual planning and budgeting cycle does not enable us to appropriately plan for / invest in prevention and does not allow us to 'wait' for the RoI of investment: the effects of good prevention materialise 10-20 years after investment, not within 1 to 5 years.

- The areas in system where we need to invest for prevention are different to the areas where ROI would be felt – we need to shift funding and have no clear mechanism for doing that.
- Prevention is shared territory between local government and NHS.
- If prevention activity is not planned and delivered, and we are therefore unable to prevent disease, then we will over time not achieve regionally and / or nationally set targets. This will impact on our ability to self-determine our plans, which in turn will reduce our ability to achieve our strategic objectives.

Key controls

- BSW Implementation Plan 2025/26
- BSW Outcomes Framework
- NHS Planning Guidance 2025/26
- NHS statutory targets

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4	Commentary
1st Line (ICB)	Delivery Groups / Programme specific performance reports					
2nd Line (system)	Vaccination rates report to NHSE					
	Screening rates (national screening programmes) reports					
3rd Line (external)	Data collation into NHSE and mirrored back to ICB/s					
Overall assessment	Although the above are in place, we assess that the controls and assurance framework for this risk requires significant improvement.					

Assurance Assessment Ratings		
	Significant Assurance	High level of confidence in appropriateness, effectiveness of controls & assurances to manage risk
	Acceptable Assurance	Confidence in appropriateness, effectiveness of controls & assurances to manage risk, possible to improve
	Partial Assurance	Some areas of concern re appropriateness, effectiveness of controls & assurances to manage risk.
	No Assurance	No confidence in appropriateness, effectiveness of controls & assurances to manage risk

Gaps in controls and / or assurances

Controls:

- Gaps identified:
  - Although the BSW Implementation Plan 2025/26 states prevention as a priority and the outcomes framework is in place, we have not yet developed a BSW prevention strategy that commits the system / system partners to clearly defined, measurable prevention targets

Assurances:

- Vaccination rates are being reported to NHSE, also screening rates (national screening programmes) are monitored and reported. There is some data re prevalence, prevention of smoking and obesity, and re the impact of smoking cessation and obesity reduction / prevention.

- Gaps identified:
  There is considerable room for improvement re what, in terms of prevention activities and impact, is monitored and reported. In particular:

- Significant gap in assurances in that there is no real reporting re prevention. Where there is a specific prevention programme e.g. hypertension we report on it (albeit that measures incl. metrics, KPI, outcomes are not always clearly defined). There is no clear approach or mechanisms to monitor wider prevention activities and measure their impact.
- BSW does not have a dedicated delivery arm for prevention.
- Data completeness and data quality are of concern.

Mitigating actions

Actions that we take to address gaps in controls and / or assurances, and to reduce likelihood and / or impact of the risk.

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
1	Develop and implement a BSW prevention strategy	Clarity on the areas of prevention that BSW intends to focus on vis-à-vis other strategic objectives and population needs and trends; clarity of system partners' roles and accountabilities for identified prevention activities, determination of ROI of prevention activities in the long-term (10-15 year horizon), would create the framework / mandate for future implementation / operational plans re prevention	Amanda Webb, CMO	30 July 2025		
2	Develop, agree, implement a BSW prevention reporting approach and mechanism/s	Clarity on the areas of prevention that BSW will strategically focus on.	Amanda Webb, CMO	30 July 2025		
3	Articulate, implement, monitor clear measurable prevention KPIs / metrics / outcomes / targets for Delivery Groups	Short-term: clarity re delivery groups' prevention targets and if / how delivery groups achieve them; mid-term: establish and develop over time data collection re impact of prevention activities	Amanda Webb, CMO	30 July 2025		

Actions – progress assessment (PA)		
	Complete / BAU	Action completed, now business as usual
	On Track	Improvement on trajectory, on track, near completion
	Delayed	Delivery remains feasible. Actions not completed, further interventions required
	Problematic	Off track / trajectory / milestone breached. Recovery plan required

BAF04: Health inequalities

Quality and Outcomes Committee | ICB Chief Medical Officer | dd/mm/yyyy

Risk description

- **IF** (likelihood / probability) we do not focus our efforts on improving health inequalities and addressing unwarranted variation,
- **THEN** we will have little or no impact on the health and outcomes of those who are adversely affected by current ways of working.
- As a **CONSEQUENCE** (impact), there will be sustained or increased health inequalities, worsening health and wellbeing of the population, potentially increased cost of health and care, and worsened quality of service experienced. We will not achieve our strategic objectives SO2, Fairer health and wellbeing outcomes; SO3, Excellent health and care services; and SO4, A sustainable health and care system.

Impact on strategic objectives and strategic priorities for the year

SO1 Focus on prevention and early intervention		SO2 Achieve fairer health and wellbeing outcomes	•	SO3 Deliver excellent health and care services	•	SO4 Achieve financial recovery and a long-term sustainable health and care system	•
SP1 Move care closer to our communities		SP3 Reducing healthcare inequalities in our localities and our system		SP4 Implement the NHS elective reform plan: redesign our elective services & improve access and outcomes for our population		SP6 Deliver our medium-term financial plan and return to financial balance	
SP2 Prioritise prevention activities working through and with localities and communities				SP5 Improve our urgent and emergency care services, providing the right care at the right time in the right place			

Risk movement over time and current score (Q x)

	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)	Target score / date		Agreed treatment	Linked risks		
Likelihood	4				3	31/03/2026	Treat	Low		
Impact	4				3			Mod		
Score	16				9			High		
Movement								Extreme		

Rationale for current risk score and progress made in the quarter

- We assess the likelihood of this risk materialising as 4, this is because
  - Root causes for inequalities are multi-factorial and complex, addressing them is an all-system task and requires organisations to work together. We do not have sufficiently coherent strategies or plans to commit system partners to mutually agreed targets and actions to achieve them, or indeed to harness the benefits from collective efforts
  - Local authorities, as key partners here, don't have dedicated monies for addressing inequalities;

    - Addressing inequalities needs to involve the populations / communities affected – we do not have sufficiently sophisticated mechanisms to reach, engage and involve relevant populations / communities and / or individuals or organisations that could facilitate access to and engagement with relevant populations / communities
- We assess the impact of the risk materialising as 4, this is because
    - Inequalities do not affect the entire BSW population; while impact on affected populations is high, impact on the system overall is moderate

Key controls

- BSW Implementation Plan 2025/26 with clearer strategic commitment to tackling health inequalities
- BSW Outcomes Framework
- Core20PLUS5 (adults) and Core20PLUS5 (children)
- NHS Planning Guidance 2025/26 but note that compared with other performance metrics, metrics re inequalities are not sufficiently clearly defined

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4	Commentary
1st Line (ICB)	Delivery Groups programme specific performance reports	🔴				
	Regular reports on impact of health inequalities monies	🟢				
2nd Line (system)	Bi-monthly system performance report to EMM, Committees and Board	🟢				
3rd Line (external)						
Overall assessment	We assess that the controls and assurance framework for this risk is weak.	🟡				

Assurance Assessment Ratings		
	Significant Assurance	High level of confidence in appropriateness, effectiveness of controls & assurances to manage risk
	Acceptable Assurance	Confidence in appropriateness, effectiveness of controls & assurances to manage risk, possible to improve
	Partial Assurance	Some areas of concern re appropriateness, effectiveness of controls & assurances to manage risk.
	No Assurance	No confidence in appropriateness, effectiveness of controls & assurances to manage risk

Gaps in controls and / or assurances

Controls:

- Gap identified:
    - The strategic commitment to addressing health inequalities that is set out in the Implementation Plan has not yet been translated into clear and robust plans

Assurances:

- Outcomes Framework commitment re health inequalities is being developed into an inequalities dashboard (dashboard will be an assurance tool), and work needed that planned work and objectives do strategically get done in such a way as to strategically address picture shown by dashboard
- Inequalities data that is available
- Gap identified:
    - 'Inequalities' is not always linked to specific outcomes; is not measurables apart from Core20PLUS5 criteria and metrics – absence of clear KPIs, measures, metrics means that assurance are necessarily weak

Mitigating actions

Actions that we take to address gaps in controls and / or assurances, and to reduce likelihood and / or impact of the risk.

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
1	Determine measurable targets, KPIs, outputs re inequalities	Clarifies expectations re objectives and targets, provides data to monitor delivery of objectives, provides data to assess impact of inequalities activities on inequalities and health outcomes	Amanda Webb	30/05/2025		
2	Develop, implement inequalities dashboard	Clarifies what populations / communities BSW focusses on, clarifies BSW's approach to / perception of causality of inequalities and outcomes, builds data to monitor impact of inequalities activities on inequalities and health outcomes	Amanda Webb	30/05/2025		
3	Develop BSW inequalities strategy and mechanisms to commit all relevant partners to it, develop plans to realise strategy incl. mechanisms to influence organisations' budgeting and planning	Creates coherent all-BSW framework re intent to tackle inequalities, rationale for this, and actions to achieve it	Amanda Webb	30/07/2025		

Actions – progress assessment (PA)		
	Complete / BAU	Action completed, now business as usual
	On Track	Improvement on trajectory, on track, near completion
	Delayed	Delivery remains feasible. Actions not completed, further interventions required
	Problematic	Off track / trajectory / milestone breached. Recovery plan required

BAF05: Workforce

Remuneration and People Committee | ICB Chief People Officer | 22/04/2025

Risk description

- **IF** (likelihood/probability) we do not develop and implement a longer term workforce plan to support delivery of our current plans and strategies,
- **THEN** workforce gaps will increase, employee health and wellbeing will be affected, and turnover may increase; and the future pipeline will destabilise.
- As a **CONSEQUENCE** (impact) we will be unable to meet the requirements of the NHS Long Term Workforce Plan, will see a deterioration of employee health, wellbeing and retention, and experience actual or potential impact on service delivery and quality of care, including detrimental impacts on quality of care that typically arise when workforce is less inclusive. We may continue to see use of high-cost agency staff, with adverse effects on BSW finances.

Impact on strategic objectives and strategic priorities for the year

SO1 Focus on prevention and early intervention	•	SO2 Achieve fairer health and wellbeing outcomes	•	SO3 Deliver excellent health and care services	•	SO4 Achieve financial recovery and a long-term sustainable health and care system	•
SP1 Move care closer to our communities		SP3 Reducing healthcare inequalities in our localities and our system		SP4 Implement the NHS elective reform plan: redesign our elective services & improve access and outcomes for our population		SP6 Deliver our medium-term financial plan and return to financial balance	
SP2 Prioritise prevention activities working through and with localities and communities				SP5 Improve our urgent and emergency care services, providing the right care at the right time in the right place			

Risk movement over time and current score (Q 1)

	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)	Target score / date		Agreed treatment	Linked risks		
Likelihood	3				3	31/03/2026	Treat	Low		
Impact	4				3			Mod		
Score	12				9			High		
Movement	-							Extreme		

Rationale for current risk score and progress made in the quarter

- For Q1, we assess the likelihood of the risk materialising as 3, fairly likely to occur, because
  - the NHS reorganisation already diverts significant capacity from planning and delivering workforce changes into understanding and planning the reorganisation of the ICB
  - continuing operational pressures mean that we have not, and likely will not in the foreseeable future, move beyond discharge / flow / provider performance conversations
  - there is uncertainty about the NHS workforce plan and its validity going forward – we do not know if / how the NHS 10-year plan may supersede the workforce plan in part or entirely – this could undo

and progress we have already made or require us to significantly rethink our strategic and operational workforce approach
    - across all partners, as infrastructure is removed in a drive to make efficiency savings, there is less and less capability and capacity to drive any workforce reform
- For Q1, we assess the impact of the risk materialising as 4, major, because
    - Failure to have and deliver a workforce plan will directly and negatively impact our ability to achieve strategic objectives SO1, SO2 and SO3

Key controls

- BSW Implementation Plan 2025/26
- NHS Planning Guidance 2025/26
- NHS staff survey (WRES & WDES)
- Get Britain Working white paper (health integration)
- SW Inclusion Strategy
- NHS EDI high impact plan
- Public Sector Equalities Duty
- Skills for Care Strategy
- Neighbourhood Health policy recommendations re workforce

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4	Commentary
1st Line (ICB)	Workforce Delivery Group highlight reports	🔴				
2nd Line (system)	Employee wellbeing reports incl. oversight and benchmarking of staff survey results across BSW and SW	🟡				
	System and SW benchmarks re sexual violence and aggression	🟡				
	Recovery Board oversight reports re workforce	🟡				
3rd Line (external)	NHSE regional assurance meetings (regional workforce delivery group, SW regional people board)	🟡				

Assurance Assessment Ratings		
	Significant Assurance	High level of confidence in appropriateness, effectiveness of controls & assurances to manage risk
	Acceptable Assurance	Confidence in appropriateness, effectiveness of controls & assurances to manage risk, possible to improve
	Partial Assurance	Some areas of concern re appropriateness, effectiveness of controls & assurances to manage risk.
	No Assurance	No confidence in appropriateness, effectiveness of controls & assurances to manage risk

Gaps in controls and / or assurances

Controls:

- Gaps identified:
    - There is no system oversight of education strategy, of strategic intent for education is not joint up; BSW has no strategy or plan re how to use education partnerships to address workforce risks
    - BSW has no approach or mechanisms to pull local authorities, employers, education into workforce planning

Assurances:

- Gaps identified:
  - there is a lot of assurance activity, but it is not clear who is accountable for driving delivery of workforce strategy / plans as enabler
  - workforce data is NHS-centric, we don't have good data, or access to good data, for care and voluntary sector workforce

Mitigating actions

Actions that we take to address gaps in controls and / or assurances, and to reduce likelihood and / or impact of the risk.

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
1	Develop, implement a BSW approach to workforce planning that commits key partners / organisations to active involvement in health and care workforce planning	Gauge extend to which partners / organisations understand impact they have or can make on health and care workforce planning, identify means to engage partners / organisations in health and care workforce planning, obtain partners' / organisations' buy-in to health and care workforce planning and relevant actions pertaining to partners / organisations	Sarah Green	30/08/2025		
2	As part of the BSW approach (action 1), develop, implement a strategy / plan to utilise education and education providers for purposes of workforce planning and delivery	Understand any education and / or education providers' plans, activities etc already in place that are relevant to health and care workforce planning, establish strategic relationships with education and education providers to support creation of workforce pipelines etc	Sarah Green	30/08/2025		
3	Develop, expand workforce data capture to care and voluntary sectors	Gain clearer view of capacity and capability in non-NHS health and care workforce, build nuanced data to enable workforce projections and trends, and to inform workforce planning incl. targeted interventions	Sarah Green	30/08/2025		

Actions – progress assessment (PA)		
	Complete / BAU	Action completed, now business as usual
	On Track	Improvement on trajectory, on track, near completion
	Delayed	Delivery remains feasible. Actions not completed, further interventions required
	Problematic	Off track / trajectory / milestone breached. Recovery plan required

BAF06: Financial delivery

Finance and Infrastructure Committee | ICB Chief Finance Officer | 22/04/2025

Risk description

- **IF** financial cost pressures are not controlled leading to BSW overspending / breaching our revenue or capital plan,
- **THEN** we will not achieve our statutory financial duties.
- As a **CONSEQUENCE,** there may be discretionary or compulsory (financial / regulatory) intervention from NHSE including reduced local discretionary decision making, reduced capital resources, reduced opportunity to apply for additional funds. We will not be able to achieve our strategic objectives SO2, Fairer health and wellbeing outcomes; SO3, Excellent health and care services; and SO4, A sustainable health and care system.

Impact on strategic objectives and strategic priorities for the year

SO1 Focus on prevention and early intervention		**SO2 Achieve fairer health and wellbeing outcomes**	●	**SO3 Deliver excellent health and care services**	●	**SO4 Achieve financial recovery and a long-term sustainable health and care system**	●
SP1 Move care closer to our communities		**SP3 Reducing healthcare inequalities in our localities and our system**		**SP4 Implement the NHS elective reform plan: redesign our elective services & improve access and outcomes for our population**		**SP6 Deliver our medium-term financial plan and return to financial balance**	
SP2 Prioritise prevention activities working through and with localities and communities				**SP5 Improve our urgent and emergency care services, providing the right care at the right time in the right place**			

Risk movement over time and current score (Q x)

	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)	Target score / date		Agreed treatment	Linked risks		
Likelihood	4				3	31/03/2026	Treat	Low		
Impact	5				4			Mod		
Score	20				12			High		
Movement	-							Extreme		

Rationale for current risk score and progress made in the quarter

- Our current assessment is driven by the following:
  - Inherent risks in the submitted plan incl. unidentified efficiencies and overall net risk
  - Risks to delivery resulting from pending NHS reorganisation incl. staffing consequences of pending reduction by 50% in ICB and provider running costs
  - Plans are reliant on delivery groups mobilising from April, and achieving their objectives

- Underlying deficit for system is not reducing significantly / fast enough, suggesting that recovery plans / activities are not effective

Key controls

- BSW Implementation Plan 2025/26
- BSW Operating Plan 2025/26
- BSW Capital Plan 2025/26
- NHS Planning Guidance 2025/26
- NHS statutory targets
- Oversight and monitoring reports incl. monthly finance report / performance against budget, monitoring of operational performance
- Need for national permission to move forecast

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4	Commentary
1st Line (ICB)	Monthly performance reports from Delivery Groups	🔴				
2nd Line (system)	Regular finance reports incl. recommended adjustments of plans	🟡				
	Bi-monthly system finance report to EMM, Finance and Infrastructure Committee, and Board	🟡				
3rd Line (external)	NHSE regional assurance meetings for finance (monthly)	🟡				

Assurance Assessment Ratings		
	Significant Assurance	High level of confidence in appropriateness, effectiveness of controls & assurances to manage risk
	Acceptable Assurance	Confidence in appropriateness, effectiveness of controls & assurances to manage risk, possible to improve
	Partial Assurance	Some areas of concern re appropriateness, effectiveness of controls & assurances to manage risk.
	No Assurance	No confidence in appropriateness, effectiveness of controls & assurances to manage risk

Gaps in controls and / or assurances

Controls:

- Gap identified:
  - Inadequate / incomplete data to support real-time and effective decision-making
  - No roadmap to deliver the efficiency requirements for 2025/26, no pipeline for efficiency savings 2026/27
  - There is no clear set of agreed actions that we will take in order to reduce the underlying deficit, or a timeline within which to reduce the deficit
  - Root cause for structural deficit has not been identified and addressed

Assurances:

- Gap identified:
  - Lack of data / gaps in data can be a barrier

Mitigating actions

Actions that we take to address gaps in controls and / or assurances, and to reduce likelihood and / or impact of the risk.

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
1	Agreement over minimum data set and data format required in order to effectively identify the root cause of BSW's strategic deficits	Clarity over the cause of current operational and financial deficits, and ability to set / agree appropriate actions incl. as part of 2026/27 planning round	Rachael Backler	31/10/2025		
2	Development of a clear set of operational actions to reset BSW and set milestones for recovery / sustainability	Clarity of interventions required, of scale and time horizon to deliver interventions and to see their impact materialise; ability to inform 2026/27 planning round accordingly	Rachael Backler	31/10/2025		

Actions – progress assessment (PA)		
	Complete / BAU	Action completed, now business as usual
	On Track	Improvement on trajectory, on track, near completion
	Delayed	Delivery remains feasible. Actions not completed, further interventions required
	Problematic	Off track / trajectory / milestone breached. Recovery plan required

BAF07: Wider determinants of health

Board | ICB Chief Executive Officer | 01/05/2025

Risk description

- **IF** (likelihood / probability) we and our partners do not manage to address wider determinants of health (housing, employment opportunities, education and others)
- **THEN** people will not have the opportunities and means to stay healthy.
- As a **CONSEQUENCE**, we will continue to see high and increased demand for health and care services, operational pressures, inequalities of access and health outcomes. We will not achieve our strategic objectives SO1 Prevention and early intervention; SO2, Fairer health and wellbeing outcomes; SO3, Excellent health and care services; and SO4, A sustainable health and care system.

Impact on strategic objectives and strategic priorities for the year

SO1 Focus on prevention and early intervention	•	**SO2 Achieve fairer health and wellbeing outcomes**	•	**SO3 Deliver excellent health and care services**	•	**SO4 Achieve financial recovery and a long-term sustainable health and care system**	•
SP1 Move care closer to our communities		**SP3 Reducing health inequalities in our localities and our system**		**SP4 Implement the NHS elective reform plan: redesign our elective services & improve access and outcomes for our population**		**SP6 Deliver our medium-term financial plan and return to financial balance**	
SP2 Prioritise prevention activities working through and with localities and communities				**SP5 Improve our urgent and emergency care services, providing the right care at the right time in the right place**			

Risk movement over time and current score (Q x)

	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)	Target score / date		Agreed treatment	Linked risks		
Likelihood	4				3	31/03/2026	Treat	Low		
Impact	4				3			Mod		
Score	16				9			High		
Movement	-							Extreme		

Rationale for current risk score and progress made in the quarter

- We assess the likelihood of the risk materialising as 4, likely i.e. more likely to occur than not. This is due to the absence of a BSW-agreed strategy / approach to determine the wider determinants of health that BSW seeks to focus on vis-à-vis the stated objectives of the Integrated Care Strategy
- We assess the impact of the risk materialising as 4, major, because not addressing wider determinants of health will see a continuation of existing health and disease trends which will in turn lead to a continuation of increased demands on the health and care system

Key controls

- BSW Implementation Plan 2025/26

- BSW Outcomes Framework

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4	Commentary
1st Line (ICB)	None					
2nd Line (system)	None					
3rd Line (external)	none					
Overall assurance						

Assurance Assessment Ratings		
	Significant Assurance	High level of confidence in appropriateness, effectiveness of controls & assurances to manage risk
	Acceptable Assurance	Confidence in appropriateness, effectiveness of controls & assurances to manage risk, possible to improve
	Partial Assurance	Some areas of concern re appropriateness, effectiveness of controls & assurances to manage risk.
	No Assurance	No confidence in appropriateness, effectiveness of controls & assurances to manage risk

Gaps in controls and / or assurances

Controls:

- Gap identified:
  - We do not have a system understanding / agreement of the wider determinants of health that BSW collectively seeks to focus on.
  - We do not have a system overview of partners' plans and activities to address wider determinants of health.

Assurances:

- Gap identified:
  - Lack of join up re system understanding and approach on wider determinants of health and ill / good health and / or health outcomes, and impact of measures that address wider determinants of health. Potential for ICP to lead work in this area.

Mitigating actions

Actions that we take to address gaps in controls and / or assurances, and to reduce likelihood and / or impact of the risk.

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
1	Secure system-wide agreement re the wider determinants of health that BSW will focus on, develop corresponding strategy / plan to drive such focus on wider determinants of health		Sue Harriman			

Actions – progress assessment (PA)		
	Complete / BAU	Action completed, now business as usual

	On Track	Improvement on trajectory, on track, near completion
	Delayed	Delivery remains feasible. Actions not completed, further interventions required
	Problematic	Off track / trajectory / milestone breached. Recovery plan required

BAF08: Health outcomes

Board | ICB Chief Delivery Officer | 01/05/2025

Risk description

- **IF** (likelihood / probability) we cannot ensure high quality, equitable and safe patient care,
- **THEN** we will be unable to achieve high standards of quality and safety,
- As a **CONSEQUENCE,** there will be actual or potential harm to patients, loss of reputation, intervention from regulators. We will fail to deliver our statutory quality duties and we will see increased costs associated with poor standards of care. We will not achieve our strategic objectives SO2, Fairer health and wellbeing outcomes; SO3, Excellent health and care services; and SO4, A sustainable health and care system.

Impact on strategic objectives and strategic priorities for the year

SO1 Focus on prevention and early intervention		SO2 Achieve fairer health and wellbeing outcomes	•	SO3 Deliver excellent health and care services	•	SO4 Achieve financial recovery and a long-term sustainable health and care system	•
SP1 Move care closer to our communities		SP3 Reducing health inequalities in our localities and our system		SP4 Implement the NHS elective reform plan: redesign our elective services & improve access and outcomes for our population		SP6 Deliver our medium-term financial plan and return to financial balance	
SP2 Prioritise prevention activities working through and with localities and communities				SP5 Improve our urgent and emergency care services, providing the right care at the right time in the right place			

Risk movement over time and current score (Q x)

	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)	Target score / date		Agreed treatment	Linked risks		
Likelihood	4				3	31/03/2026	Treat	Low		
Impact	4				3			Mod		
Score	16				9			High		
Movement	-							Extreme		

Rationale for current risk score and progress made in the quarter

- We assess the likelihood of the risk materialising as 4, likely i.e. more likely to occur than not. This is because performance metrics suggest that while we intervene earlier through service offers, people's life-styles work against us i.e. people continue to make poor choices when it comes to looking after their own health
- We assess the impact of the risk materialising as 4, major, because we will see a continuation of existing health and disease trends which will in turn lead to a continuation of increased demands on the health and care system

Key controls

- BSW Implementation Plan 2025/26
- BSW Outcomes Framework
- Outcomes based ICBC contract, ICAs and joined-up work
- Integrated Care Strategy
- Core20PLUS5 framework and targets
- National targets
- BSW Quality Framework

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4	Commentary
1st Line (ICB)	ICB performance report					
2nd Line (system)	Reporting against outcomes framework					
	Reporting against implementation plan					
	Reporting against outcomes in ICBC framework					
3rd Line (external)	-					

Assurance Assessment Ratings		
	Significant Assurance	High level of confidence in appropriateness, effectiveness of controls & assurances to manage risk
	Acceptable Assurance	Confidence in appropriateness, effectiveness of controls & assurances to manage risk, possible to improve
	Partial Assurance	Some areas of concern re appropriateness, effectiveness of controls & assurances to manage risk.
	No Assurance	No confidence in appropriateness, effectiveness of controls & assurances to manage risk

Gaps in controls and / or assurances

Controls:

- Gap identified: None

Assurances:

- Gap identified: None

Mitigating actions

Actions that we take to address gaps in controls and / or assurances, and to reduce likelihood and / or impact of the risk.

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
1	Delivery programmes must determine specified and measurable deliverables		Claire Bullock	30/05/2025		
2	Engage closely with ICAs to ensure focus		Place Directors	30/06/2025		

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
	on and delivery of committments					

Actions – progress assessment (PA)		
	Complete / BAU	Action completed, now business as usual
	On Track	Improvement on trajectory, on track, near completion
	Delayed	Delivery remains feasible. Actions not completed, further interventions required
	Problematic	Off track / trajectory / milestone breached. Recovery plan required

DRAFT BAF09: Future of the BSW ICB

Board | ICB Chief Executive Officer | 01/05/2025

Risk description

- **IF** as a result of implementing the mandate to cut 50% of ICB running costs, the ICB is unable to successfully maintain and deliver its statutory functions and ensure it contributes to the four core purpose of an ICS,
- **THEN**
  - Delivery of our operational and implementation plan will not succeed, resulting in poorer outcomes for our population and poor delivery against our financial and operational targets;
  - colleagues may be displaced or made redundant, and with them knowledge, expertise, specialist skills and professional networks that are essential for the delivery of ICB functions;
  - there is an opportunity to re-imagine at-scale and place-based strategic commissioning, and with it opportunities for exploiting, building up and creating (new) specialist capabilities – there is also a risk that we do not grasp and exploit these opportunities
- **As a CONSEQUENCE**, the ICB may not be able to drive the achievement of the strategic objectives or planned objectives as set out in the Integrated Care Strategy and the Implementation Plan. Achievement / delivery of the intended improvements in health and care services and / or health outcomes for the BSW population may be in jeopardy, as may the recovery / transformation / sustainability of the health economy in BSW.

Impact on strategic objectives and strategic priorities for the year

SO1 Focus on prevention and early intervention	●	SO2 Achieve fairer health and wellbeing outcomes	●	SO3 Deliver excellent health and care services	●	SO4 Achieve financial recovery and a long-term sustainable health and care system	●
SP1 Move care closer to our communities	●	SP3 Reducing health inequalities in our localities and our system	●	SP4 Implement the NHS elective reform plan: redesign our elective services & improve access and outcomes for our population	●	SP6 Deliver our medium-term financial plan and return to financial balance	●
SP2 Prioritise prevention activities working through and with localities and communities	●			SP5 Improve our urgent and emergency care services, providing the right care at the right time in the right place	●		

Risk movement over time and current score (Q x)

	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)	Target score / date		Agreed treatment	Linked risks		
Likelihood	4				3	30/05/2026	Treat	Low		
Impact	5				5			Mod		
Score	20				15			High		
Movement	-							Extreme		

Rationale for current risk score and progress made in the quarter

- We assess the likelihood of the risk materialising as 4, likely i.e. more likely to occur than not. This is because at present we do not have sufficient information as to future design of ICBs, and of BSW ICB specifically.
- We assess the impact of the risk materialising as 5, catastrophic, because the impact (if unmitigated) on both services and the BSW population will be significant in the short-, medium- and long-term.

Key controls

- Nationally issued model ICB framework
- Strategic options appraisal with NHSE (SW and national) and with SW ICBs re the form and functions of future ICB covering BSW
- Strategic conversations with BSW partners, in particular Hospital Group and Local Authorities, re delivery of strategic and planned objectives despite NHS structural change incl. via delegation and / or transfer of functions
- BSW ICB organisational change process
- NHSE Boundary change and mergers guidance for ICBs

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4	Commentary
1st Line (ICB)	Formal change programme and its plans					
	Regular change programme progress reports to EMM and Board					
	Regular ICB performance reports					
2nd Line (system)	Regular performance reports					
3rd Line (external)	NHSE (SW, national) guidance on and through change process					

Assurance Assessment Ratings		
	Significant Assurance	High level of confidence in appropriateness, effectiveness of controls & assurances to manage risk
	Acceptable Assurance	Confidence in appropriateness, effectiveness of controls & assurances to manage risk, possible to improve
	Partial Assurance	Some areas of concern re appropriateness, effectiveness of controls & assurances to manage risk.
	No Assurance	No confidence in appropriateness, effectiveness of controls & assurances to manage risk

Gaps in controls and / or assurances

Controls:

- Gap identified:
    - Formal programme plan to manage all aspects of the change

Assurances:

- Gap identified: None

Mitigating actions

Actions that we take to address gaps in controls and / or assurances, and to reduce likelihood and / or impact of the risk.

No.	Action Required	Intended outcome of action	Assigned to	Due Date	Quarterly Progress Report	RAG
1	Develop options for future footprint, functions and strategic objectives of ICB, explore opportunities offered by strategic commissioner business model	Agreed option to move towards will provide certainty when planning and implementing the change process	Sue Harriman	30 May 2025		
2	Develop a programme plan to manage the change	Clarity on timelines, deliverables and accountabilities re developing and implementing the target ICB, ability to assess progress towards readiness to operate as target ICB	Rachael Backler	30 May 2025		
3	Develop plan/s to facilitate retention and delivery of as many strategic and planned objectives for the benefit of the BSW population as possible	Limited impact of NHS change on BSW population, ability to secure intended health outcomes for BSW population, ability to ensure stability / sustainability of the health economy in BSW	Sue Harriman	31 July 2025		

Actions – progress assessment (PA)		
	Complete / BAU	Action completed, now business as usual
	On Track	Improvement on trajectory, on track, near completion
	Delayed	Delivery remains feasible. Actions not completed, further interventions required
	Problematic	Off track / trajectory / milestone breached. Recovery plan required

Appendix 1 – Risk Appetite

The ICB Board has agreed its risk appetite within 7 risk categories

Risk category	Strategic / Executive Lead	Risk appetite	Threshold score
Quality	Chief Nurse Officer	CAUTIOUS	8 (L2xI4, or L4xI2)
Safety	Chief Nurse Officer	CAUTIOUS	8 (L2xI4, or L4xI2)
Regulation and Governance	Chief Delivery Officer	CAUTIOUS	8 (L2xI4, or L4xI2)
Finance	Chief Finance Officer	OPEN	12 (L3xI4, or L3xI4)
Workforce	Chief People Officer	BALANCED	10 (L2xI5, or L5xI2)
Performance and Delivery	Chief Delivery Officer	OPEN	12 (L3xI4, or L3xI4)
Engagement and Partnership working	Chief Executive Officer	OPEN	12 (L3xI4, or L3xI4)

Risk Appetite	Description
MINIMAL	Avoidance of any risk or uncertainty. Every decision will be with the aim of terminating the risk.
CAUTIOUS	Preference for safe delivery options but is able to tolerate low level risk and uncertainty. Every decision will be with the aim of mitigating the level of risk.
BALANCED	Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.
OPEN	Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.
HUNGRY	Eager to be innovative and take on risk to achieve strategic objectives. Will chose the option with greater reward and will accept any loss as the price for the reward.

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13c
Date of Meeting:	22 May 2025		

Title of Report:	BSW ICB Data Security and Protection Toolkit
Report Author:	Susannah Long, Compliance Partner
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer, SIRO
Appendices:	Appendix 1 -BSW ICB Information Governance Framework

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	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
Information Governance Steering Group	Monthly since September 2024	Oversight of the ICB's completion of the annual DSPT
ICB Audit Committee	1 May 2025	Assurance of DSPT progress, consideration of the ICB's IG Framework

1 Purpose of this paper

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

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

This paper sets out a summary of progress with this year's DSPT. A detailed document setting out the assertions, and the ICB's performance against them is available on request should Board members require further information (please note it is very detailed and contains sensitive information).

As was the case last year, we also seek delegation from the ICB Board to the ICB Executive Meeting for the final approval of the DSPT submission by 30 June 2025. This is necessary due to timings: we anticipate completion of the DSPT, including auditors' finalised report, at the end of May / beginning of June which takes us outside of scheduled Board business meetings.

As part of our work to complete this year's DSPT, we are undertaking reviews of the ICB's information governance and data security policies. The IG Framework is the umbrella policy for all the ICB's information governance and data security policies. It has been updated to fully align with and reflect the DSPT. Approval of the IG Framework is a matter reserved to the Board, and we ask that the Board approves the updated ICB IG Framework.

2	Summary of recommendations and any additional actions required

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

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

The Board is asked to **approve** the updated ICB IG Framework.

3	Legal/regulatory implications

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

4	Risks

Information Governance risks and cyber risks are held on the ICB's risk register. The IGSG regularly reviews these risks.
DSPT successful completion is on the IG risk register. Failure to reach 'Standards Met' will impact on the ICB's ability to receive and handle data and may cause a loss of trust by other organisations and the public.

5	Quality and resources impact

Systematic and controlled handling of data is vital.

Finance sign-off	

6	Confirmation of completion of Equalities and Quality Impact Assessment

n/a

7	Statement on confidentiality of report

Paper can be made available to the public.

Data Security and Protection Toolkit (DSPT) update

1. Introduction

1.1. On an annual basis the ICB is required to self-assess against the latest version of the Data Security & Protection Toolkit (DSPT) to provide assurance that the organisation is meeting the requirements of Data Protection Legislation and NHS practice. For the 2024/25 self-assessment, the NHS has adopted the National Cyber Security Centre's Cyber Assessment Framework (CAF) as the basis for the DSPT, which was a complete update to the Toolkit.

1.2. This paper details progress with the assessment and highlights the challenges that are currently being managed.

2. Background and wider context

2.1. Under Section 250 of the Health & Social Care Act 2012 all organisations that have access to NHS patient data and systems must use the Data Security and Protection Toolkit to provide assurance that they are practising good data security, and that personal data is handled correctly. The DSPT also ensures compliance with the Data Protection Act 2018 and UK GDPR.

2.2. As the DSPT has developed, it has increasingly included criteria linked to cyber security. The 2023 Health & Care Cyber Security Strategy committed to adopt the Cyber Assessment Framework (CAF) as the principal cyber standard, leading to a new DSPT for 24/25 that is a health and care overlay of CAF.

2.3. The DSPT, released at the end of August 2024, is made up of five objectives, each supported by Principles and expanded into specified Outcomes. The DSPT requires organisations to self-assess against and achieve compliance with the Outcomes without the Toolkit being prescriptive of how each should be achieved. NHSE has identified a Profile that the organisation must achieve to reach 'Standards met'. There is no expectation that all Outcomes will be reached within the first year, the Profile deliberately setting some Objectives at 'not achieved'.

3. Current activities

3.1. **Scoping:** The starting point for the DSPT self-assessment is to confirm what ICB information, systems and networks are essential and therefore in scope of the assessment. NIS guidance suggests that everything supports the essential functions of the ICB, and so is in scope. ICBs are allowed to challenge this presumption.

The ICB is utilising the Data Flow Mapping and Information Asset Register (DFM/IAR) exercise from 23/24 to look for systems and flows that do not contain personal identifiable data or where the previous Business Impact Analysis has identified that the ICB is able to continue without the asset or flow for a reasonable period of time. IGSG will confirm that these are out of scope for the assessment.

3.2. **Data Flow Mapping and Information Asset Register (DFM/IAR):** The existing DFM/IAR template has been reviewed against the requirements of the DSPT, and additional information will be required. The template has also been re-ordered to give a more sensible flow to the information requested. The IG Audit previously embedded in the template has been removed and will be managed as a separate task.

Along with the movements reflecting Evolve, the changes to the template are making the transfer of existing information from the 23/24 record a time-consuming task. However, it is hoped that the new pre-populated DFM/IAR will make the IAO/IAA task less onerous.

At the time of writing this report, the release of the DFM/IAR to IAO/IAA, with a detailed training slide pack, was imminent, with a three-week deadline for review and completion. The SCW CSU IG Team is available to support IAO/IAA with their questions on completion.

Once completed, SCW CSU will audit and provide a report to SIRO. The DFM/IAR will then be released and be a live document for IAO/IAA to maintain.

3.3. **IAO and IAA Introduction:** Post Evolve the portfolio structure of the ICB has changed. Information Asset Owners (IAO) and Information Asset Administrators (IAA) were identified in support of the new structure. Approximately 25% of these individuals are new to their roles. During February 2025 all IAO/IAA were asked to attend a brief training session to run through their role, tasks and sources of information advice. A ‘wash up’ session was held in April for the few individuals who were unable to attend although less than 10 remain outstanding.

3.4. **Independent audit:** The ICB is required to arrange an independent audit of 8 mandatory Outcomes. The organisation must also choose 4 additional Outcomes for audit. This aims to test the veracity and completeness of the self-assessment. KPMG undertook the audit commencing on 22 April 2025. The terms of reference have been reviewed and agreed by SIRO.

SCW CSU is working with key departments (IT, EPRR, Contracts & IG) to collect the evidence. The evidence requirement is detailed as there is the expectation

that the ICB verifies their arrangements/processes against 'Indicators of good practice' supporting each Outcome.

Evidence will be uploaded to the KPMG EFT Portal. A DPIA for the portal has been undertaken given the sensitive nature of the IT security information to be uploaded. It has been confirmed that there is 2 factor authentication in place to first access the portal.

3.5. **Full submission:** The DSPT self-assessment will need to be completed and submitted on-line by 30 June 2025. Each Outcome will require supporting evidence and a supporting statement. IGSG in June will be provided with a report to detail the findings of the self-assessment. The DSPT requires SIRO to approve the submission. SIRO will report to EMM prior to submission to seek support for the self-assessment outcome.

4. Next steps

4.1. Evidence continues to be reviewed and filed to support both the audit and the full submission.

4.2. KPMG is concluding its DSPT audit and will prepare an audit report.

4.3. IAO and IAA will be asked to complete the DFM/IAR exercise.

5. Identified risks

5.1. There is considerable work to complete the requirements of the DSPT and this will require input from across the organisation and key suppliers (for systems not supported by the ICB IT Team). The DSPT self-assessment occurs when ICB colleagues are also working to key deadlines for planning, contracting rounds, and the annual report and accounts and this is likely to impact on the availability of staffing resources and on prioritisation. Anticipated significant reorganisation of the NHS will exacerbate existing capacity pressures.

5.2. The KPMG auditors have been working to new and untested audit guidance against the new DSPT. There is likely to be some discussion about the detail and interpretation of DSPT requirements that may impact on the resulting audit report.

6. Recommendations

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

6.2. Due to the timing of the final submission, due by 30 June 2025, it will not be possible to bring the final complete self-assessment to the Board for consideration and approval before submission.

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

6.4. As part of our work to complete this year's DSPT, we are undertaking reviews of the ICB's information governance and data security policies. The IG Framework is the umbrella policy for all the ICB's information governance and data security policies. It has been updated to fully align with and reflect the DSPT, this has not required any significant changes. The Audit Committee considered the updated IG Framework, and recommends its approval. Approval of the IG Framework is a matter reserved to the Board. We ask that the Board **approves** the updated ICB IG Framework.

Appendix 1

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

BSW ICB Information Governance Framework

BSW ICB policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Policy Title

Purpose	Framework for BSW ICB information governance activities, management and governance
Document type	Policy
Reference Number	IGP01
Version	V4D3
Name of Approving Body	BSW ICB Board
Operational Date	16 March 2023
Document Review Date	~~June 2026~~ February 2028
Document Sponsor (Job Title)	~~BSW ICB Executive Director of Planning and Performance~~ BSW ICB Chief Delivery Officer/SIRO
Document Manager (Job Title)	~~BSW ICB Information Governance and Assurance Manager~~ BSW ICB Compliance Partner
Document developed in consultation with	SCW CSU IG consultant BSW Information Governance Steering Group
Intranet Location	https://intranet.bsw.icb.nhs.uk/tools-and-resources/resource-library/policies-and-guidance/information-governance-policies
Website Location	Not applicable
Keywords (for website/intranet uploading)	Information governance, IT, data protection, data flow, information asset

BSW ICB Information Governance Framework

Review Log

Version Number	Review Date (date when approval was given)	Name of reviewer	Approval Process	Reason for amendments
1	09/04/2020		IGSG review Jan 2020 BSW CCG Governing Body approval 09/04/2020	Addition of IAO/IAA nomination letters & ToR; Addition of TNA; Addition of IG Decision Log
1.1	10/03/2021		BSW CCG IGSG	Removal of formal appointment for IAO/IAA, update to TNA V3 & Minor changes
2	06/05/2021		BSW CCG Finance Committee	No amendments; annual review
2.1	April 2022		BSW CCG IGSG	Minor changes: ref to Internal Audit; update to TNA
3	01/07/2022		BSW ICB Board approval 01/07/2022	Adoption of framework for BSW ICB purposes
4	16/03/2023	Information Governance & Assurance Manager	BSW IGSG review 14/01/2023. BSW ICB Board approval 16/03/2023	regular review; updates reflect establishment of BSW ICB, updated remit of IGSG and its reporting to BSW ICB Audit Committee, current legal / regulatory environment
4.1	Dec 23	Chief Delivery Officer	Minor Amendment Approval	Date of policy review amended to three years as per the Policy on Policies. Update of TNA approved at IGSG Nov23
4.3	Feb 25	Compliance Partner	Update to TNA (approved IGSG Jan'25)	Review in line with DSPT v7

BSW ICB Information Governance Framework

Summary of Policy

The information governance framework and its associated policies give clarity and context for BSW ICB information governance activities.

The Information Governance Steering Group is the primary group with oversight and management responsibilities for information governance within BSW ICB. IGSG is chaired by SIRO and attended by the Caldicott Guardian and Data Protection Officer. The IGSG reports to the Audit and Risk Committee.

The Information Governance Steering Group leads on the programme for management of information governance and monitoring of activities, arrangements and progress.

The ICB completes a self-assessment against the Data Security and Protection Toolkit (DSPT) on an annual basis which is signed off by the ICB before submission to NHS England.

The ICB has relevant policies in place to support information governance.

Information Asset Owners (IAO) and Information Asset Administrators (IAA) have specific duties within the ICB to support the information governance arrangements and champion behaviours (Terms of Reference appended, and detailed further in the IAO/IAA IG Handbook)

The ICB has registers of data flows and information assets.

All colleagues are required to complete training in accordance with the Training Needs Analysis (TNA) which as a minimum is annual completion of the Data Security Awareness training available through ConsultOD.

BSW ICB Information Governance Framework

Contents

INTRODUCTION & PURPOSE

1. This framework sets out the approach taken within BaNES, Swindon and Wiltshire (BSW) ICB for embedding information governance and details the continuous improvements that BSW is working towards. The organisation must have a robust information governance management framework to provide the clarity and context for its information governance activities.

2. The framework identifies how BSW will deliver its strategic information governance responsibilities by identifying the accountability structure, processes, interrelated policies, procedures, improvement plans, reporting hierarchy and training within the organisation. BSW will also ensure that the future management and protection of organisational information is in compliance with legislation and Government process and procedure ~~including the NHS Digital 10 Data Security Standards~~.

SCOPE

3. This document applies to all directly and indirectly employed colleagues within BSW ICB and other persons working within or on behalf of the organisation. This document applies to all third-party contractors or those with similar relationships through their contractual agreement with the organisation.

4. 'Information governance' describes the approach taken within which information standards are developed, implemented and maintained by the organisation and ensures best practice applies, in particular to all information relating to the organisation and individuals.

5. Information governance management ensures that data is sourced, held and used legally, securely, efficiently and effectively, in order to deliver the best possible care in compliance with legislation and advice received from bodies including NHS England. Information is a vital asset to the organisation supporting the effective management of commissioned services and resources. Therefore, it is essential that all organisational information be managed effectively within a robust information governance management framework.

6. The organisation requires accurate, timely and relevant information to enable it to commission the highest quality healthcare and to operate effectively and meet its objectives. It is the responsibility of all colleagues to ensure that information is accurate and current and is used proactively in the conduct of its business. Accurate information that is dependable plays a key role in both corporate and clinical governance, strategic risk, performance management and service planning.

DEFINITIONS

7. In order to assist colleagues with understanding their responsibilities under this framework, the following types of information and their definitions are applicable:

Personal Data (derived from the UK GDPR)	Any information relating to an identified or identifiable natural person ('data subject'); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.
'Special Categories' of Personal Data (derived from the UK GDPR)	'Special Categories' of Personal Data is different from Personal Data and consists of information relating to: (a) The racial or ethnic origin of the data subject (b) Their political opinions (c) Their religious beliefs or other beliefs of a similar nature (d) Whether a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1998 (e) Genetic data (f) Biometric data for the purpose of uniquely identifying a natural person (g) Their physical or mental health or condition (h) Their sexual life.
Personal Confidential Data	Personal and Special Categories of Personal Data owed a duty of confidentiality (under the common law). This term describes personal information about identified or identifiable individuals, which should be kept private or secret. The definition includes dead as well as living people and 'confidential' includes information 'given in confidence' and 'that which is owed a duty of confidence'. The term is used in the Caldicott 2 Review: Information: to share or not to share (published March 2013).
Commercially Confidential Information	Business/Commercial information, including that subject to statutory or regulatory obligations, which may be damaging to BSW ICB or a commercial partner if improperly accessed or shared. Also as defined in the Freedom of Information Act 2000 and the Environmental Information Regulations.

PROCESS

Implementation objectives

8. To develop information quality assurance standards in alignment with the content of this framework to support:
   - Corporate governance (which ensures organisations achieve their business objectives and meet integrity and accountability standards);
   - Clinical governance (ensuring continuous improvements in the quality of healthcare);
   - Research governance (which ensures compliance with ethical standards).

9. The strategic implementation of this framework will promote continuous improvements in information handling underpinned by clear standards. BSW will be able to ensure that all colleagues manage personal information in compliance with NHS England regulations for governance.

10. Colleagues will be aware that their records will not be disclosed inappropriately, which will lead to greater confidence in NHS working practices.

11. The information governance framework should be seen as a tool that will aid the organisation in embedding a 'robust governance framework'. Information governance contributes to other standards by ensuring that data required to support decisions, processes and procedures is accurate, available and endures.

Reporting

12. The Information Governance Steering Group (IGSG) reports to the BSW ICB Audit and Risk Committee; the IGSG Terms of Reference detail the group's responsibilities, remit and membership. The IGSG will present a report to the BSW ICB Audit and Risk Committee, usually in quarter one of each year, including details of the annual Data Security and Protection Toolkit self-assessment submission, an annual report of its activities, and a high-level workplan for the year.

13. In line with its oversight function, the IGSG will receive updates on progress with information governance audits, training and toolkit evidence requirements, Data Protection Impact Assessments (DPIA), IG incidents that may have occurred, and will take decisions on information governance issues within its remit and authority. The group will also identify any associated resource implications incurred by the implementation of the information governance framework across BSW ICB governance information activities, bringing this to the attention of the Audit and Risk Committee where resource implications pose a significant risk.

14. Any internal audit of information governance shall be reported to the Audit and Risk Committee together with any recommendations identified and the associated improvement plans.

15. ~~Minutes of~~ Discussions at IGSG will routinely be reported to the Audit and Risk Committee.

Improvement programme

16. Risks and issues will be identified where they may impact upon delivery of the IG improvement programme which will be monitored by the IGSG.

17. Implementation of robust information governance arrangements will deliver improvements in information handling by following the Department of Health standards (known as the 'HORUS' model), these standards require that information will be:

Held securely and confidentially
Obtained fairly and efficiently
Recorded accurately and reliably
Used effectively and ethically
Shared appropriately and lawfully

18. Information governance is a framework to provide consistency and best practice for the many different information handling requests and associated guidance. These principles are equally supported by the Caldicott Principles which have been subsumed into the NHS Code of Confidentiality.

19. There are five interlinked principles, which serve to guide these information governance responsibilities:

    - Openness
    - Legal compliance
    - Information security
    - Quality assurance
    - Proactive use of information.

20. Where it is necessary to make a high-level decision regarding the acquiring, processing, sharing, storage or deletion of information outside the DPIA process, Caldicott Guardian, SIRO and DPO will record their decision(s) in an IG Decision Log.

ROLES & RESPONSIBILITIES

Accountable Officer

21. The Accountable Officer, ICB Chief Executive, is the 'information governance lead' and has overall responsibility for compliance with information governance legislation and best practices, and the requirements within the Data Security & Protection toolkit (DSPT). The Accountable Officer is responsible for the overall management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Information governance is a key to supporting this within the organisation.

Senior Information Risk Owner (SIRO)

22. The SIRO is a member of the Executive Management Team, chairs the Information Governance Steering Group and is accountable to the Audit and Risk Committee for the use of information. They ensure that the organisation conducts its business in an open, honest and secure manner, updating the Audit and Risk Committee in respect to the annual report, the statement of internal controls and any changes in the law or potential risks. The SIRO is supported by the Caldicott Guardian, the Deputy SIRO, and the Information Asset Owners (IAO).

Caldicott Guardian

23. The Caldicott Guardian is a member of the Executive Management Team and a senior health or social care professional with responsibility for promoting clinical governance or equivalent functions. The Caldicott Guardian, acting as the conscience of the organisation, plays a key role in ensuring that the organisation satisfies the highest practical standards for handling patient/colleague identifiable information. The Caldicott Guardian is supported by the Deputy Caldicott Guardian.

Data Protection Officer (DPO)

24. This role has the responsibilities as set out in the UK GDPR. The Data Protection Officer (DPO) reports directly to the ICB Board in matters relating to data protection assurance and compliance, without prior oversight by their line manager. The DPO must ensure that their responsibilities are not influenced in any way and should a potential conflict of interest arise, report this to the highest management level.

25. Their primary duties are to:

- Inform and advise the organisation and colleagues of their IG responsibilities;
- Monitor compliance with the UK GDPR and the DPA 2018;
- Provide advice, where requested, regarding Data Protection Impact Assessments, and monitor performance;
- Cooperate with the supervisory authority;
- Be the contact point with the Information Commissioners Office;
- Ensure that where an incident is likely to result in a risk to the rights and freedoms of Data Subjects, that the ICO is informed no later than 72 hours after the organisation becomes aware of the incident.

26. They must give due regard to the risks associated with the processing of data undertaken by the organisation and work with the SIRO and Caldicott Guardian to achieve processing with the least risk.

Information asset owners (IAO)

27. Within BSW, IAO are senior colleagues who are owners of one or more identified information assets or data flows of the organisation (Terms of Reference at Appendix C). There are IAO working in a variety of senior roles to support the SIRO by recording and risk assessing their assets in order to:

- Provide assurance to the SIRO on the security and use of these assets through contribution to the DSPT and an annual report;
- Understand and address risks to the information assets and flows that they ‘own’ facilitated by the completion and ongoing management of DPIA;
- Ensure that appropriate Data Sharing Agreements and/or Data Processing Agreements are in place.
- Ensure that IG Spot Checks and Confidentiality & Safe Haven Audits are completed on an annual basis.

- Ensure Consent Checklists are completed to record where consent is relied upon under UK GDPR or under Common Law Duty of Confidentiality.

Information Asset Administrator (IAA)

28. IAA are colleagues, within BSW, who assist IAO in the management of their Information Assets (Terms of Reference at Appendix C). IAA serve as local records managers and are responsible for assisting in the co-ordination of all aspects of information governance requests in the execution of their duties, which include:

    - providing support to their IAO
    - train departmental colleagues in local IG arrangements and monitor training
    - ensuring that policies and procedures are followed
    - recognising potential or actual IG security incidents
    - consulting their IAO on incident management
    - undertaking relevant IG audit tasks including access audits
    - ensuring that data flow maps and information asset registers are accurate and maintained
    - managing departmental records including data subject access requests.

BSW ~~Information Governance~~ Compliance Team

29. The team manages IG transactional and development arrangements for BSW ICB.

SCW CSU Information Governance service

30. SCW provides IG support services in line with the information governance service specification under any Service Level Agreement for IG Services to customers. ~~The~~ Trained SCW CSU staff ~~Senior IG Consultant, IG Consultant and Senior IG Officer~~ will undertake all operational activities in support of the Service Level Agreement.

The Information Governance Steering Group (IGSG)

31. Reports to the BSW ICB Audit and Risk Committee. Provides assurance to the Committee on the ICB compliance with information governance legislation / regulation / guidance, national and organisational requirements and standards, and good practice; and on the effectiveness of information governance mechanisms and processes that are in place in the ICB. Provides oversight of information governance arrangements within the BSW ICB and develops and drives the ICB information governance agenda.

TRAINING

32. It is the responsibility of the organisation to ensure that all new colleagues are provided with information governance, information security, freedom of information and records management training as part of their induction. The Information Governance Handbook is issued upon notification of a new starter. Requirements for initial and ongoing IG training,

which is periodically reviewed by the IGSG, is detailed in Appendix B to this document and from the latest Training Needs Analysis available on the intranet.

33. All new colleagues must use the NHS Digital E-Learning for Health (e-LfH) online IG training tool: nhsdigital.e-lfh.org.uk to undertake the Data Security Awareness training and they will generally access this through the ConsultOD learning and development portal.

34. This on-line training must be undertaken annually on expiry of their certification.

35. BSW, through its learning and development commitment ensures that appropriate annual training is made available to colleagues and completed as necessary to support their duties. In addition to the Data Security Awareness annual training all IAO, all IAA, the DPO, the Caldicott Guardian and SIRO and their deputies, and key ICB colleagues are required to have undertaken any additional training associated with their identified roles as detailed in the BSW IG Training Needs Analysis (TNA) Protocol (Appendix B).

36. Following an incident, further training may be delivered as a mandatory requirement. Disciplinary procedures may be used where it is proven that a colleague has acted in breach of the terms of their contract reflecting the ICB's 'Just Culture'.

EQUALITY IMPACT ASSESSMENT

37. An Equality Impact Assessment (EIA) has been completed for this framework and no significant issues were identified.

MONITORING EFFECTIVENESS

38. The performance of the framework will be monitored in two ways:

- Against the criteria set in the Data Security and Protection Toolkit, using the annual submission on 30 June (or alternative dates as notified) and associated improvement plan.
- The internal audit process and subsequent report to the Audit and Risk Committee.

REVIEW

39. This document is considered annually to ensure it reflects current IG arrangements, and will be formally reviewed after three years unless organisational changes, legislation or guidance prompt an earlier review. Recurrent instances of non-compliance will be investigated to ascertain the source of non-compliance. If it is found that the document itself is a source of non-compliance, e.g. is not sufficiently clear, this will also trigger a review.

REFERENCES AND LINKS TO OTHER DOCUMENTS

Legislation

40. All colleagues are required to comply with Data Protection Legislation. This includes:
- the General Data Protection Regulations (GDPR); UK GDPR in most circumstance, but may have to comply with EU GDPR (2018) also if operating in both UK and EU;
- the Data Protection Act (DPA) 2018;
- the Freedom of Information Act (FOIA) 2000;
- the Access to Health Records Act (AHRA) 1990;
- the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time.

41. In addition, consideration will also be given to all applicable law concerning privacy confidentiality, the processing and sharing of personal data including:
- the Human Rights Act 1998;
- the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015 and subsequent amendments;
- the common law duty of confidentiality; and
- the Privacy and Electronic Communications (EC Directive) Regulations.

42. Consideration must also be given to the:
- Computer Misuse Act 1990 and as amended by the Police and Justice Act 2006 (Computer Misuse);
- Copyright, Designs and Patents Act 1988;
- Regulation of Investigatory Powers Act 2000;
- Electronic Communications Act 2000;
- Other relevant Health and Social Care Acts;
- Fraud Act 2006;
- Bribery Act 2010;
- Criminal Justice and Immigration Act 2008;
- Equality Act 2010;
- Civil Contingencies Act 2004;
- Terrorism Act 2006;
- Malicious Communications Act 1988;
- Counter-Terrorism and Security Act 2015;
- Digital Economy Act 2010 and 2017.

Guidance

- ICO Guidance
- Data Security and Protection Toolkit
- Records management: Code of Practice for Health & Social care
- Confidentiality: NHS Code of Practice - Publications - Inside Government - GOV.UK
- Confidentiality: NHS Code of Practice - supplementary guidance
- NHSX Information Governance

Other documents

43. BSW ICB policies associated with the BSW Information Governance Framework:

- **Confidentiality and Safe Haven Policy**

  This document describes the organisational policy on data protection and confidentiality together with colleagues' responsibilities for the safeguarding of confidential information held both manually (non-computer in a structured filing system) and on computers. This policy also aims to ensure that ~~the organisation operates procedures to safeguard the privacy and confidentiality of information by ensuring that~~ information sent to or from the organisation is handled in such a way as to minimise the risk of inappropriate access or disclosure and details arrangements for consent.

- **Individual Rights Policy**

  This document details how the organisation will handle requests for personal information including health records for living persons (Subject Access Request), deceased persons (Access to Records) and colleague employment records, as well as the other rights under the UK GDPR. This policy will be accompanied by a standard operating procedure to support colleagues in processing such requests and a standard operating procedure on the Release of Staff Information.

- **Information Security Policy**

  The purpose of this Information Security Policy is to protect, to a consistently high standard, all information assets, including patient and colleague records and other NHS corporate information, from all potentially damaging threats, whether internal or external, deliberate or accidental.

- **Records Management Policy**

  This policy is written to give the organisation clear information and a records management framework, which includes advice and guidance on all aspects of records management and data quality to inform colleagues of their operational and legal responsibilities.

- **Acceptable Use of IT Policy**

  BSW recognises the need to secure its data, protect its colleagues and patients and have strict control over data in transit. This policy describes how we must use our IT systems and equipment to communicate both internally and externally in a safe, consistent and professional manner.

- **Data Quality Policy**

  BSW ICB recognises that all its decisions, whether clinical, managerial or financial need to be based on information that is of the highest quality. Data quality is crucial and the availability of complete, accurate and timely data is important in supporting patient care, clinical governance, management and service agreements for healthcare planning and accountability.

- **Freedom of Information Policy**

  This policy outlines the organisation's responsibilities in complying with the Freedom of

Information Act (2000), the Environmental Information Regulations (2004), the Re-use of Public Sector Information and the relation to the Data Protection Legislation. This policy is a statement of what the organisation intends to do to ensure and maintain compliance with the Act and regulations. It is not a statement of how compliance will be achieved; this will be a matter for operational procedures.

- **Use of Generative AI Policy**

  This policy is designed to ensure that the use of Generative AI (Artificial Intelligence) is ethical, complies with all applicable laws, regulations and ICB policies, and complements the ICBs existing, information and security policies. This policy does not cover the use of AI for any medical purpose.

- **Management of Vexatious Applicants Policy**

  This policy aims to provide colleagues with a clear and fair process for dealing with situations where an applicant under FOI or Individual Rights might be considered to be a persistent, habitual, prolific or vexatious applicant and to recommend agreed ways of handling those situations.

- **Risk Stratification Policy**

  Risk stratification tools use relationships in historic population data to estimate the use of health care services for each member of a population. This policy provides detail of the principles by which the ICB will utilise risk stratification within the ICS.

- **Information Technology (IT) Services Policies**

  IT services provide and support the information systems and networks used by the organisation. IT services are currently provided by BSW IT. This includes a suite of policies covering various aspects of IT and information security.

- **Integrated Care System (ICS) Wide Policies**

  Policies that organisations that contribute to or benefit from ICB central arrangements must abide by.

APPENDICES

A – BSW Information Governance Framework and associated policies at a glance

B – Training Needs Analysis Protocol: Information Governance

1. Introduction and purpose

BaNES, Swindon and Wiltshire Integrated Care Board (BSW ICB) must ensure and demonstrate that personal information is handled legally, securely, efficiently, effectively and ethically in line with Data Protection legislation.

The Department of Health has mandated that as part of the NHS England Data Security and Protection Toolkit (DSPT), training and awareness activities form part of organisational mandatory training requirements with a Training Needs Analysis covering all staff roles. It is therefore prudent to ensure that all colleagues and colleagues in key roles have appropriate training.

This document details:

- BSW colleague training requirements; and
- BSW monitoring and reporting arrangements.

2. Scope

This protocol applies to all BSW colleagues, including members of the Board ~~(this does not include partner members)~~ and contracted/non-contracted, honorary, secondments, agency, students, volunteers, interim and temporary colleagues.

3. Training Needs Analysis (TNA)

The Training Needs Analysis (TNA) is available to BSW colleagues on the intranet.

3.1 Standard training

It is a mandatory requirement of the DSPT that all staff have an appropriate understanding of information governance and cyber security, therefore training must be completed by all individuals in scope of this protocol (see above).

Line Managers must ensure that all individuals working within their teams are registered with ConsultOD, which is part of NHS South, Central and West Commissioning Support Unit (SCW CSU). Registration is undertaken by completing the form available on the ConsultOD home page. Existing colleagues are asked to complete their Data Security Awareness Level 1 training annually on expiration of their certification. New starters must complete the training within their first 2 weeks.

The Data Security Awareness training is accessed via www.consultod.co.uk\ .

The Senior Information Risk Officer (SIRO) and the Caldicott Guardian (CG) and their deputies are key roles for Information Governance and require appropriate training refreshed on at least a three yearly basis.

The BSW Data Protection Officer (DPO) and their deputy are also key roles and must have suitable and sufficient knowledge and experience to provide independent advice and challenge within the organisation. To facilitate this, they must undertake specialist data protection training and refresh this training on at least a three yearly basis to ensure that their knowledge is up to date.

BSW relies on the Information Asset Owners (IAO) and Information Asset Administrators (IAA) to support the Information Governance Framework within the ICB. IAO and IAA will be provided with training when they take on their role and will be expected to refresh this training on at least a three yearly basis. In addition, there will be annual training regarding ~~their duties~~ completion of the Data Flow Map & Information Asset Register (DFM/IAR). This may be provided by South Central and West Commissioning Support Unit (SCW CSU) or the ICB Compliance Team.

~~IAA need to attend IAA training each year due to the complexity of completing Data Flow Mapping (DFM) and Information Asset Register (IAR) tools on an annual basis. There is also additional training available to promote the use of Data Protection Impact Assessments.~~ Lead IAA need to attend this additional training each year due to the complexity of completing Data Flow Mapping (DFM) and Information Asset Register (IAR) tools. IAO are strongly advised to attend this annual training so that they are fully appraised of the DSPT requirements for that year. There is also additional optional training available to promote the use of Data Protection Impact Assessments.

The ~~BSW Head of Risk Management and Information Governance supported by the BSW Information Governance and Assurance Manager~~ Compliance Team will manage information governance and records management arrangements on a day-to-day basis. In addition to the Data Security & Awareness training, they will be expected to undertake such training as is required by their Personal Development Plan to equip them to achieve their objectives. ~~The SCW CSU IAO and IAA training and SIRO training are recommended.~~ The TNA highlights mandated training and suggested training.

3.2 Subject Access Request training, ~~and~~ Freedom of Information Request training and Consent training

The ICB has identified that key cohorts of ICB colleagues handle patient records and are therefore more likely to receive and process consent and SAR requests. Also, some departments are more likely to receive FOI requests. The ICB is providing targeted training ~~for SAR and FOI~~ to ensure understanding of these areas.

3.3 IT and Cyber training

The ICB's IT Team is instrumental in protecting the organisation from cyber incidents and for overseeing information security. It is important that key roles within IT have appropriate training to equip them with the knowledge and skills they require to undertake their duties.

The Cyber Security Specialist, where one is in post within the ICB, will be expected to be trained to industry standard levels and refresh training as required. IT Team members

undertaking threat analysis will require the skills, understanding and awareness to investigate alerts and threats.

3.4 Additional training available

The organisation will be made aware of any additional training requirements or opportunities and will consider these for BSW colleagues.

3.5 Reactive training

Where a security breach or a serious incident involving information assets has taken place SIRO, supported by the Information Governance Steering Group (IGSG) may deem it necessary that additional Information Governance training is undertaken by relevant colleagues. This training may be simply the repeat of the Data Security Awareness training or may involve input from SCW CSU.

3.5 ICO training

The Information Commissioner's office has launched IG training modules that are available on their website. The ICB has provided links to these modules and has encouraged ICB colleagues to access this training.

4. Other training and awareness activities

Other informal training and awareness activities will support continued awareness and can be used in combination with more formal methods to meet the required outcomes for the organisation. The IG Training & Awareness Planner is the tool which the ICB will use to manage informal methods of training and awareness.

5. Monitoring, evaluation and reporting arrangements

The IGSG will, on at least a quarterly basis, receive a report detailing colleague compliance with the Data Security Awareness training and the timely completion of DSA training by new starters. SIRO, on behalf of IGSG, will contact IAO to draw their attention to non-compliance of their team members.

Colleagues persistently failing to complete their Data Security Awareness training may, at the discretion of the SIRO, have access revoked to BSW systems.

It is important that line managers contact ConsultOD to close accounts of colleagues who have left BSW to avoid errors in the compliance reporting.

Contact scwcsu.consultod@nhs.net to remove colleagues who have left BSW employment.

A compliance report will be generated as close as possible to the Data Security and Protection Toolkit (DSPT) submission date as evidence for the Toolkit and to inform the final submission figure.

Other training identified within the TNA will support the DSPT submission. DPO, SIRO and CG (and deputies) will be expected to provide training certificates as evidence of successful completion.

IGSG will evaluate the effectiveness of the ICB's approach to training to ensure staff have an appropriate understanding of information governance and cyber security. This will be evaluated by regular review of the ICB's Incident Report Log, incident trend analysis and the Information Governance Risk Register.

C – BSW ICB Information Asset Owner (IAO) and Information Asset Administrators (IAA) Terms of Reference

The responsibilities of IAO/IAA fall into four main categories:

Culture

- Positively promote a culture that values, protects and uses information as a strategic asset for the organisation and for public good;
- Regularly discuss Information Governance at team meetings sharing promotional materials where available;
- Play an active role in the development of IG campaigns across BSW;
- Champion best practices to help ensure colleagues understand the importance of effective data security and protection; and
- Exchange methods and good practice with other IAO/IAA.

Compliance

- Keep up to date with policy development and where possible contribute to the process to ensure that any gap between policy and practice is closed;
- Participate in the collating of evidence for the DSP Toolkit for the team;
- Ensure team members undertake appropriate Data Protection Impact Assessments (DPIA) before embarking on any project, scheme or development and that these are reviewed;
- Monitor team members completion of mandatory and recommended IG training;
- Audit access to information and systems;
- Process requests made by SCW CSU to meet data subject rights under the UK GDPR (DSAR and FOI) and in line with the BSW Individual Rights Policy;
- Assist colleagues to seek permission from their IAO to transfer personal and sensitive information; and
- Process requests for folder access and new folders in the file structure, and for MS Teams Channels;
- Ensure team members quickly report information governance incidents and near misses.

Understanding assets and information flows

- Maintain an understanding of all ‘owned’ Information Assets (IA) and how they are used;
- Keep the Information Asset Register (IR) and Data Flow Map (DFM) up to date;
- Serving as local records managers ensuring the accurate storage and retention of records and their content;
- Identify and record information assets for disposal in line with the Records Management Policy – Retention & Disposal Schedule;

Addressing risks

- Raising areas of concern at team meetings or directly with the IAO;
- Auditing compliance where directed;
- Seeking advice from data security and protection subject matter experts in a timely manner.

Please refer to BSW IAO/IAA IG Handbook for further detail.